

# Chinese Notifiable Infectious Diseases Surveillance Report

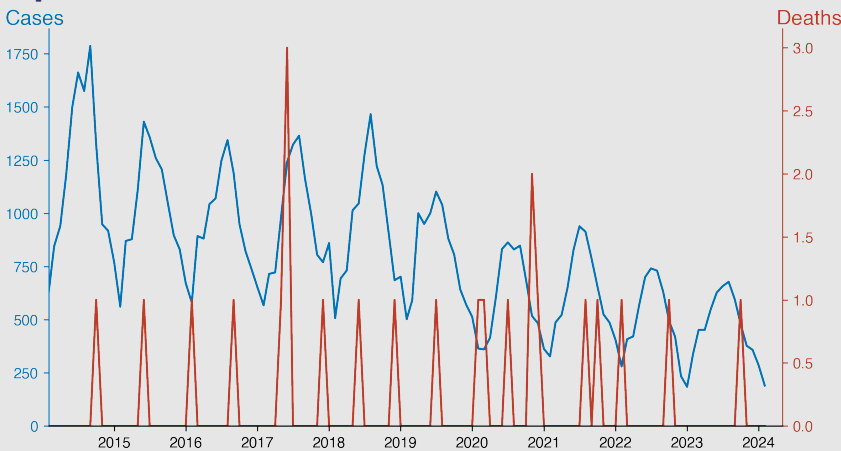
## Typhoid fever and paratyphoid fever

February 2024

### Introduction

Typhoid and paratyphoid fevers are caused by the bacteria *Salmonella Typhi* and *Salmonella Paratyphi*, respectively. These systemic infections are characterized by fever, headache, constipation or diarrhea, rose-colored spots on the chest, and an enlarged spleen and liver. Transmission occurs primarily through ingestion of contaminated food or water. These diseases are endemic in regions with inadequate sanitation. Typhoid fever can lead to severe complications and death if not treated promptly, typically with antibiotics. Preventative measures include vaccination and ensuring safe drinking water and food practices.

### Temporal Trend



### Highlights

- Steady decline in typhoid and paratyphoid fever cases from 2014 to 2024, with higher incidences typically in summer months (June-August).
- Low mortality rate, with deaths sporadically occurring over the decade.
- Lowest case count recorded in February 2024 with 190 cases and no deaths, indicative of continued decline.
- Possible seasonal pattern with case spikes in warmer months, suggesting a relationship with temperature or behavioral changes.

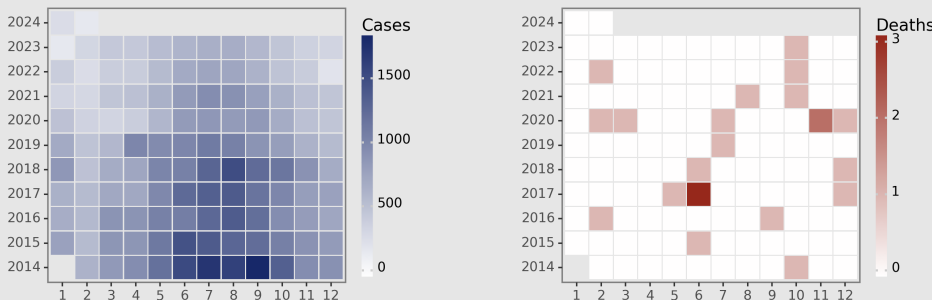
### Cases Analysis

From 2014 to 2024, a marked cyclical pattern emerges in the reported Typhoid and Paratyphoid fever cases, with yearly peaks occurring typically in the summer months, from June through September, and valleys observed generally in winter months, from December to February. The highest number of cases was recorded in July 2014 with 1662 cases, while the lowest was in February 2024 at 190 cases. Despite minor variances, over the ten-year period a gradual year-on-year decrease in reported cases is observed, indicating a potentially effective disease intervention strategy.

### Deaths Analysis

The mortality data reveals a very low death count associated with Typhoid and Paratyphoid fevers, with only 12 deaths reported over the near-decade span. Isolated fatalities occurred sporadically without a clear temporal pattern. The highest number of deaths in a single month was 3, observed in June 2017. The low fatality rates suggest effective clinical management and treatment of diagnosed cases. However, the presence of deaths underscores the need for continuous surveillance, vaccination, and water sanitation measures to control and prevent outbreaks.

### Distribution



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