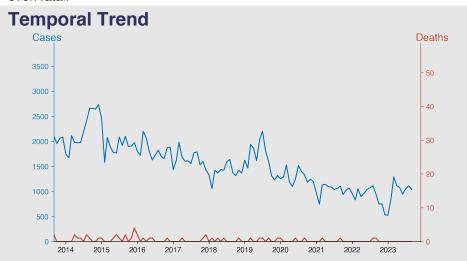
Chinese Notifiable Infectious Diseases Surveillance Report

Hepatitis A

September 2023

Introduction

Hepatitis A is an infectious disease of the liver caused by the Hepatitis A virus (HAV). It is typically transmitted through the ingestion of contaminated food or water or through direct contact with an infectious person. The virus causes an acute infection, with symptoms ranging from mild to severe, including jaundice, fatigue, abdominal pain, loss of appetite, nausea, diarrhea, and fever. Vaccination can prevent infection, and improved sanitation and hygiene are crucial in controlling the spread of the virus. Most infected individuals recover fully with no lasting liver damage, although rare cases can be more severe or even fatal.



Highlights

There has been a notable overall reduction in Hepatitis A cases in mainland China from 2010 to 2023, illustrating successful disease containment measures.

- A seasonal trend of increased cases from July to September is observed over years, indicating its role as a critical period for intervention.
- Despite high case numbers, death rates retained a consistently low trend, indicating effective case management strategies nationwide.
- Presently (September 2023), consistent with historic trends, case numbers began to rise but no fatalities were reported, indicating a controllable disease situation.

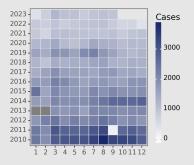
Cases Analysis

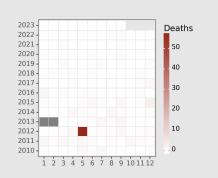
The data details Hepatitis A cases in China spanning from 2010 to 2023. In that time, case numbers fluctuated typically between 1000-3000 monthly cases. A sharp reduction in cases can be observed starting from 2015, with numbers mostly ranging between 1400-2100. By 2021, a further decrease is seen with case numbers consistently falling below 1150 each month. Such decrease in disease prevalence might indicate effective public health interventions, including vaccination and sanitation improvements.

Deaths Analysis

Over the same time period, deaths due to Hepatitis A remained quite low, with most months reporting 0-2 fatalities. A notable exception is May 2012 with an unusual spike of 56 deaths. Post 2012, fatalities didn't exceed 4 per month. Since 2017, most months reported no fatalities. The low mortality rate may be attributed to improved healthcare provision, and early diagnosis and treatment. It's also possible that mass vaccination greatly affected infection severity, reducing fatal outcomes.

Distribution





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