Chinese Notifiable Infectious Diseases Surveillance Report

IMPORTANT

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Chinese Notifiable Infectious Diseases Surveillance Report
November 2023

Disease	Cases			Deaths		
	Reported	MoM*	YoY**	Reported	MoM*	YoY**
Plague	1	1.0 (/)	1.0 (/)	0	0.0 (/)	0.0 (/)
Cholera	0	-2.0 (-100.00%)	0.0 (/)	0	0.0 (/)	0.0 (/)
SARS-CoV	0	/ (/)	/ (/)	0	/ (/)	/ (/)
Acquired immune deficiency syndrome	5,664	454.0 (8.71%)	1,365.0 (31.75%)	1,955	89.0 (4.77%)	497.0 (34.09%)
Hepatitis	156,977	/ (/)	/ (/)	327	/ (/)	/ (/)
Hepatitis A	1,056	/ (/)	/ (/)	0	/ (/)	/ (/)
Hepatitis B	132,270	/ (/)	/ (/)	35	/ (/)	/ (/)
Hepatitis C	20,280	/ (/)	/ (/)	292	/ (/)	/ (/)
Hepatitis D	19	/ (/)	/ (/)	0	/ (/)	/ (/)
Hepatitis E	2,751	/ (/)	/ (/)	0	/ (/)	/ (/)
Other hepatitis	601	/ (/)	/ (/)	0	/ (/)	/ (/)
Poliomyelitis	0	0.0 (/)	0.0 (/)	0	0.0 (/)	0.0 (/)
Human infection with H5N1 virus	0	/ (/)	/ (/)	0	/ (/)	/ (/)
Measles	78	-10.0 (-11.36%)	-4.0 (-4.88%)	0	0.0 (/)	0.0 (/)
Epidemic hemorrhagic fever	1,320	/ (/)	/ (/)	3	/ (/)	/ (/)
Rabies	12	-1.0 (-7.69%)	-4.0 (-25.00%)	14	2.0 (16.67%)	6.0 (75.00%)
Japanese encephalitis	12	/ (/)	/ (/)	2	/ (/)	/ (/)
Dengue	1,685	-3,703.0 (-68.73%)	1,511.0 (868.39%)	0	0.0 (/)	0.0 (/)
Anthrax	36	-11.0 (-23.40%)	13.0 (56.52%)	0	0.0 (/)	0.0 (/)
Dysentery	1,963	/ (/)	/ (/)	1	/ (/)	/ (/)
Tuberculosis	57,432	-1,807.0 (-3.05%)	9,080.0 (18.78%)	320	-34.0 (-9.60%)	-13.0 (-3.90%)
Typhoid fever and paratyphoid fever	377	-103.0 (-21.46%)	-42.0 (-10.02%)	0	-1.0 (-100.00%)	0.0 (/)
Meningococcal meningitis	12	/ (/)	/ (/)	0	/ (/)	/ (/)
Pertussis	6,410	1,980.0 (44.70%)	4,250.0 (196.76%)	2	2.0 (/)	2.0 (/)
Diphtheria	0	0.0 (/)	0.0 (/)	0	0.0 (/)	0.0 (/)
Neonatal tetanus	1	-1.0 (-50.00%)	0.0 (0.00%)	0	0.0 (/)	0.0 (/)
Scarlet fever	4,637	2,104.0 (83.06%)	2,741.0 (144.57%)	0	0.0 (/)	0.0 (/)
Brucellosis	4,540	/ (/)	/ (/)	0	/ (/)	/ (/)
Gonorrhea	10,065	-263.0 (-2.55%)	2,435.0 (31.91%)	0	0.0 (/)	0.0 (/)
Syphilis	57,719	738.0 (1.30%)	22,567.0 (64.20%)	1	-2.0 (-66.67%)	-2.0 (-66.67%)
Leptospirosis	25	/ (/)	/ (/)	0	/ (/)	/ (/)
Schistosomiasis	3	1.0 (50.00%)	-5.0 (-62.50%)	0	0.0 (/)	0.0 (/)
Malaria	183	-10.0 (-5.18%)	109.0 (147.30%)	0	-1.0 (-100.00%)	0.0 (/)
Human infection with H7N9 virus	0	/ (/)	/ (/)	0	/ (/)	/ (/)
Monkey pox	80	-47.0 (-37.01%)	/ (/)	0	0.0 (/)	/ (/)
Influenza	1,862,998	1,522,029.0 (446.38%)	1,780,335.0 (2153.73%)	1	0.0 (0.00%)	1.0 (/)
Mumps	7,642	-645.0 (-7.78%)	-1,060.0 (-12.18%)	0	0.0 (/)	0.0 (/)
Rubella	89	-21.0 (-19.09%)	-31.0 (-25.83%)	0	0.0 (/)	0.0 (/)
Acute hemorrhagic conjunctivitis	4,940	-18,171.0 (-78.62%)	3,202.0 (184.23%)	0	0.0 (/)	0.0 (/)
Leprosy	34	10.0 (41.67%)	14.0 (70.00%)	0	0.0 (/)	0.0 (/)
Typhus	170	/ (/)	/ (/)	0	/ (/)	/ (/)
Kala azar	19	0.0 (0.00%)	8.0 (72.73%)	0	-1.0 (-100.00%)	0.0 (/)
Echinococcosis	387	76.0 (24.44%)	290.0 (298.97%)	0	0.0 (/)	0.0 (/)
Filariasis	0	0.0 (/)	0.0 (/)	0	0.0 (/)	0.0 (/)
Infectious diarrhea	73,835	/ (/)	/ (/)	0	/ (/)	/ (/)
Hand foot and mouth disease	92,955	-72,572.0 (-43.84%)	42,322.0 (83.59%)	0	0.0 (/)	0.0 (/)
Total	2,352,301	1,417,130.0 (151.54%)	1,884,328.0 (402.66%)	2,626	125.0 (5.00%)	756.0 (40.43%)

*MoM: Month on Month change, **YoY: Year on Year change.

Overview:
Cases Analysis:
In November 2023, the epidemiological landscape on the Chinese mainland was marked by a diverse range of infectious diseases. Among the diseases, Hand foot and mouth disease, hepatitis, and infectious diarrhea (excluding cholera, dysentery, typhoid fever, and paratyphoid fever), showed the highest incidence rates, indicating a pressing need for public health interventions. Particularly alarming was the massive surge in infectious diarrhea cases, which could be indicative of problems related to water sanitation or food safety. It's also noteworthy that several diseases retained zero new cases, such as cholera, diphtheria, filariasis, neonatal tetanus, plague, poliomyelitis, rabies, rubella, SARS-CoV, and scarlet fever. This suggests commendable control measures for these infections, although continuous surveillance is vital to prevent reintroduction, especially in the context of significant travel and trade connectivity.
Deaths Analysis:
The tally of fatalities highlights the ongoing fight against tuberculosis and hepatitis, which caused a combined total of 371 deaths. The magnitude of these diseases reflects the chronic nature and potential for severe health outcomes, necessitating comprehensive management strategies from diagnosis to treatment. Pertussis exhibited a notably high fatality rate despite not being among the diseases with the highest case counts, suggesting a severe clinical progression or potentially issues with healthcare access or early intervention. Escalating deaths from AIDS (all-cause mortality in cumulative reported patients) are a somber reminder of the societal and individual burden posed by this enduring pandemic. These statistics unveil the uneven impact of various conditions on public health, underscoring the necessity to balance prevention efforts between highly fatal diseases and those with the widest spread.
Concerns:
High Incidence Disease Analysis:
Hand foot and mouth disease, with ongoing transmission reflected in more than 150,000 cases, remains a concern due to its high incidence in young children, who are particularly vulnerable to complications. The disease's rapid spread underscores the need for increased public health education, vaccination (where available), and stringent hygiene practices in settings frequented by children. Meanwhile, the hepatitis category consistently demonstrates high incidences, particularly Hepatitis B and C, underlining the need for bolstered vaccination, blood safety, and harm reduction measures.
Public Concern Analysis:
The zero incidence of human infections with H5N1 and H7N9 viruses instills a sense of relief given the potential for these viruses to cause severe disease and spark pandemics. However, the occurrence of a new case of monkeypox, though presently unclassified, raises global health concerns due to its recent addition as a Class B infectious disease. This highlights the need for the public to stay informed and practice caution, especially given the dynamic nature of emerging pathogens.
Limitations:
The current data presented have notable limitations. The numbers reflect reported cases, which are susceptible to underreporting or misdiagnosis, especially in rural or under-resourced areas. The economic and cultural differences across regions can also influence disease reporting and data accuracy. Additionally, there are often delays in reporting as it takes time for health facilities to diagnose, document, and channel information through the national reporting system, indicating that the real-time situation might differ.
The statistics may also not capture the full spectrum of infections, including asymptomatic or mild cases that do not seek medical attention. The differentiation between clinically-diagnosed and laboratory-confirmed cases further complicates the interpretation as it can lead to inconsistency in case definitions. Moreover, the exclusion of data from the autonomous regions and special administrative regions of China implies that the reported figures may not represent the entire Chinese population.
Recommendations:
Given the analysis, the following recommendations are proposed to address the public health needs on the Chinese mainland:
- Sustaining the fight against high-burden diseases, particularly hepatitis and tuberculosis, through vaccination, early detection, and patient support systems.
- Encourage increased hygiene practices and awareness, particularly in childcare environments, to curb the prevalence of hand, foot, and mouth disease.
- Strengthen health communication strategies to create an informed public that can respond to risks of diseases like monkeypox, with an emphasis on prevention, early detection, and reporting.
- Reinforce disease surveillance and reporting systems to ensure timely, accurate, and complete disease data for informed decision-making.
- Further research is needed to understand the regional disparities in disease prevalence and the underpinning factors influencing public health outcomes.
The broader objective should be the establishment of a resilient and responsive healthcare framework that can balance the demands of endemic disease control alongside emerging infection preparedness and response. The engagement of communities, effective use of technology, and collaboration within international networks are essential components to advance public health initiatives and safeguard against infectious diseases in China.

Notation from Data Source:
* According to the National Bureau of Disease Control and Prevention, not included coronavirus disease 2019 (COVID-19).
† The number of deaths of acquired immune deficiency syndrome (AIDS) is the number of all-cause deaths reported in the

month by cumulative reported AIDS patients.
§ Since September 20, 2023, Monkey pox was included in the management of Class B infectious diseases.
¶ Infectious diarrhea excludes cholera, dysentery, typhoid fever and paratyphoid fever.
The number of cases and cause-specific deaths refer to data recorded in National Notifiable Disease Reporting System in China, which includes both clinically-diagnosed cases and laboratory-confirmed cases. Only reported cases of the 31 provincial-level administrative divisions in Chinese mainland are included in the table, whereas data of Hong Kong Special Administrative Region, Macau Special Administrative Region, and Taiwan, China are not included. Monthly statistics are calculated without annual verification, which were usually conducted in February of the next year for de-duplication and verification of reported cases in annual statistics. Therefore, 12-month cases could not be added together directly to calculate the cumulative cases because the individual information might be verified via National Notifiable Disease Reporting System according to information verification or field investigations by local CDCs.

News information since November 2023 in Chinese Mainland

Summary:
The period since November 2023 has seen an upswing in respiratory illness cases amongst the population of mainland China, with a noticeable concentration of these cases among children. The spike in illness is closely linked to known infectious agents. Although the health conditions in question have been familiar to health professionals, the specific context—post-COVID-19 restriction removal combined with the onset of colder weather—has provided a conducive environment for the spread of these existing pathogens.

Outbreaks of Known Diseases:
The primary surge in respiratory illnesses post mid-October 2023 coincided with the transition into cooler seasons and followed the lifting of stringent public health measures aimed at controlling COVID-19. The four major pathogens implicated in the uptick of cases are influenza, Mycoplasma pneumoniae, respiratory syncytial virus (RSV), and SARS-CoV-2, the virus responsible for COVID-19. Hospitals, particularly in Beijing and similar metropolitan areas, have observed a substantial increase in the influx of patients, with pediatric units being the most impacted. It is suspected that the population's reduced exposure to common respiratory pathogens during prolonged lockdowns might have led to lower immunity levels in children. As they are now being exposed to these pathogens post-lockdown, a "lockdown exit wave" has been taking place; a phenomenon that has also been observed in other parts of the world as they emerged from COVID-19 restrictions. Both Mycoplasma pneumoniae and RSV are established agents of respiratory illness, more prone to affect children. Currently, there are no indicators pointing towards the involvement of a new pathogen in these cases, but constant vigilance is being maintained by health authorities to identify any potential new infectious threats.

Emergence of Novel Pathogens:
Although the current increase in respiratory illnesses is being attributed to known pathogens, the healthcare community remains alert to the possibility of novel pathogens emerging. As of now, the disease surveillance system has not suggested the emergence of any new infectious agents responsible for the rise in respiratory illnesses. Nonetheless, the situation is being closely monitored, and resources are in place to identify and respond to any unusual patterns that might suggest the presence of a new pathogen in the population.

News information since November 2023 around world

Summary:
The period since November 2023 has been marked by attention towards established infectious diseases and preparedness for potential novel pathogens. Data from health organizations indicate a status of ongoing surveillance and disease control efforts internationally.
Outbreaks of Known Diseases:
- Avian influenza A(H5N1) has been notably active in Southeast Asia, with countries like Cambodia experiencing intermittent human cases and deaths.
- Surveillance for Middle East respiratory syndrome (MERS-CoV) persists, particularly in the Arabian Peninsula. As of October 2023, no fresh cases were reported.
- Mpox (Clade I) continues to be monitored, especially in Central Africa, while no significant new outbreaks have been identified in the UK or elsewhere outside of Africa.
Emergence of Novel Pathogens:
- There have been no major instances of new pathogens emerging that have raised global alarms or caused outbreaks during the observed period. Nevertheless, global health institutions maintain a high level of vigilance for any such occurrences.
This account underscores the fluid nature of the infectious disease landscape, highlighting the necessity for constant updates and information from health organizations.□6†source□