Chinese Notifiable Infectious Diseases Surveillance Project

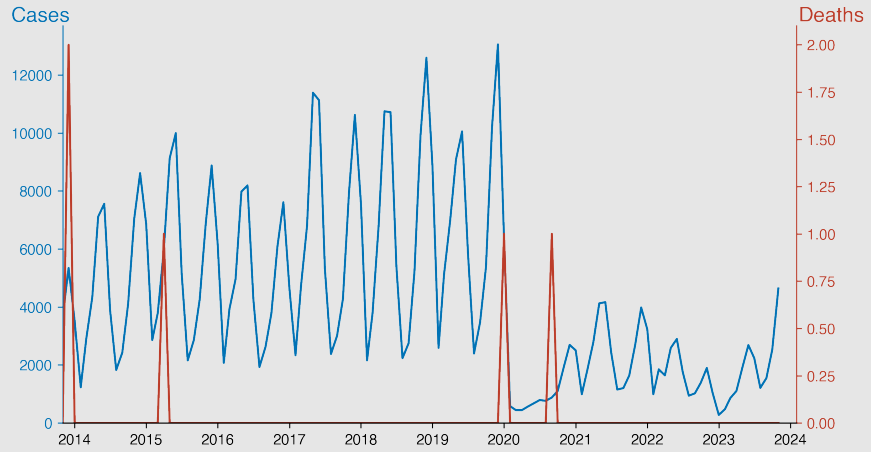
Scarlet fever

November 2023

Introduction

Scarlet fever, also known as scarlatina, is a bacterial illness that primarily affects children. It is caused by Group A Streptococcus bacteria, the same bacteria responsible for strep throat. Symptoms typically include a sore throat, fever, and a distinctive red rash that feels like sandpaper. Previously a severe and deadly disease, scarlet fever is now less threatening thanks to antibiotics which reduce severity and spread, though it can still pose serious complications if untreated. Vaccines are currently under development to combat this illness.

Temporal Trend



Highlights

- After a sharp decline in reported cases in 2020, possibly due to COVID-19 interventions, Scarlet fever cases in mainland China show a rising trend from 2021 to November 2023.
- Despite increases in case numbers, the overall mortality appears to remain consistently low, with no deaths reported since the start of 2021.
- The peak incidence periods consistently occur around May to July each year, noting a high of 4,637 cases in November 2023, suggesting a seasonal pattern in Scarlet fever occurrences.
- The current disease situation as of November 2023 indicates a need for close monitoring, especially considering the increase in cases post-pandemic restrictions, to prevent potential outbreaks.

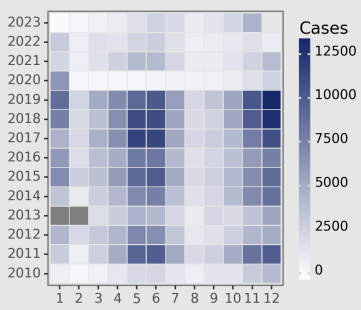
Cases Analysis

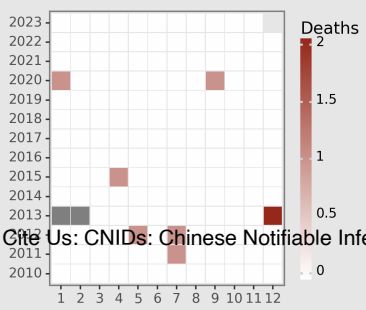
Scarlet fever cases in the Chinese mainland from January 2010 to November 2023 exhibit a notable seasonality, with peaks typically during June and December, coinciding with school term times when group transmission is more likely. A sharp increase is observed from 2010 to 2011, with a peak in June 2011 at 9,773 cases. Subsequent years continue to demonstrate high infection rates, with a record high in December 2019 at 13,053 cases. The substantial drop in cases in early 2020 may partly reflect public health interventions during the COVID-19 pandemic.

Deaths Analysis

Scarlet fever resulted in few deaths despite high case counts, suggesting effective clinical management and possible low virulence of the circulating strains. The first reported death occurred in July 2011 and was followed by isolated fatalities in May and July 2012, with a small spike of two deaths in December 2013. A notable feature is the low fatality rate even in years with high incidence. The years 2014 to 2023 reported very few deaths relative to the number of cases, indicating sustained clinical effectiveness in treatment and management of the disease.

Distribution





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