

# Chinese Notifiable Infectious Diseases Surveillance Project

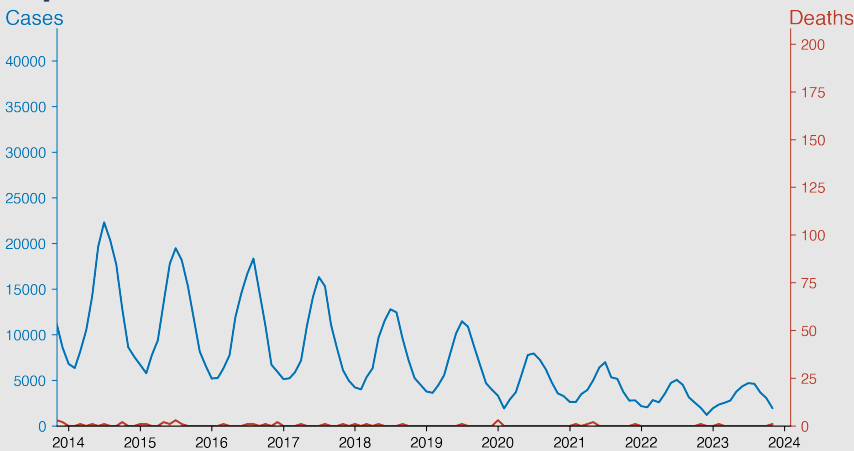
## Dysentery

November 2023

### Introduction

Dysentery is an infectious disease caused by bacteria, viruses, or parasites, primarily characterized by severe diarrhea with the presence of blood or mucus. The two main types, amoebic and bacillary, are caused by a single-celled parasite *Entamoeba histolytica* and bacteria of the *Shigella* group, respectively. It is typically contracted through consumption of contaminated food or water, often in areas with poor sanitation. While treatable with antibiotics and amoebicides, it remains a significant global health issue, particularly in developing regions, often leading to dehydration, malnutrition, and in severe cases, death.

### Temporal Trend



### Highlights

- Consistent seasonal pattern with case peaks during summer months (June, July, August) indicating potential seasonal transmission factors, such as higher temperatures or specific local habits during this period.
- Overall, a decline in both cases and deaths from Dysentery observed over the 13-year span, possibly due to improved sanitation, public health policies, or increased community awareness.
- Specific spike in deaths in September 2012 (198 deaths) is an anomaly in the data, warranting investigation for potential outbreak or data recording errors.
- As of November 2023, the incidence of Dysentery continues to be low, with 1963 cases and 1 death, suggesting ongoing effective disease management and control strategies.

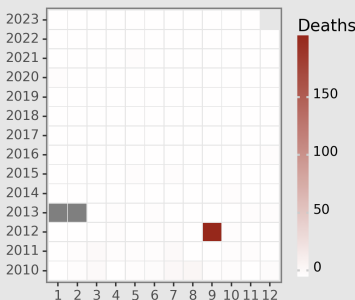
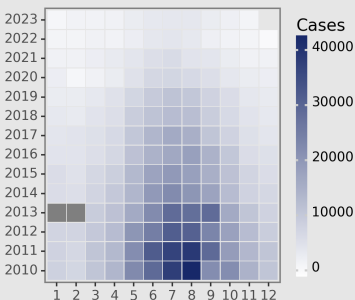
### Cases Analysis

The data for dysentery cases in Chinese mainland from 2010 to 2023 shows a clear seasonality pattern, with cases peaking during the summer months (June-August) and declining towards the winter. Starting in 2010 with nearly 9,000 cases in January, there has been a general downward trend over the years, with seasonal peaks decreasing in magnitude. However, a notable spike occurred in September 2012. By 2023, case numbers have significantly reduced, with under 5,000 cases by July and dropping steadily thereafter.

### Deaths Analysis

Dysentery-related deaths in the same period are remarkably low compared to case numbers, with most months recording zero or one death. The fatality rate appears to have decreased over time, with a distinct anomaly in September 2012 where deaths spiked to 198. Apart from this outlier, the data demonstrates a generally low and stable mortality rate, even when case numbers were substantially higher in earlier years. The decrease in cases has not significantly impacted the already low death count observed monthly.

### Distribution



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