

# Chinese Notifiable Infectious Diseases Surveillance Report

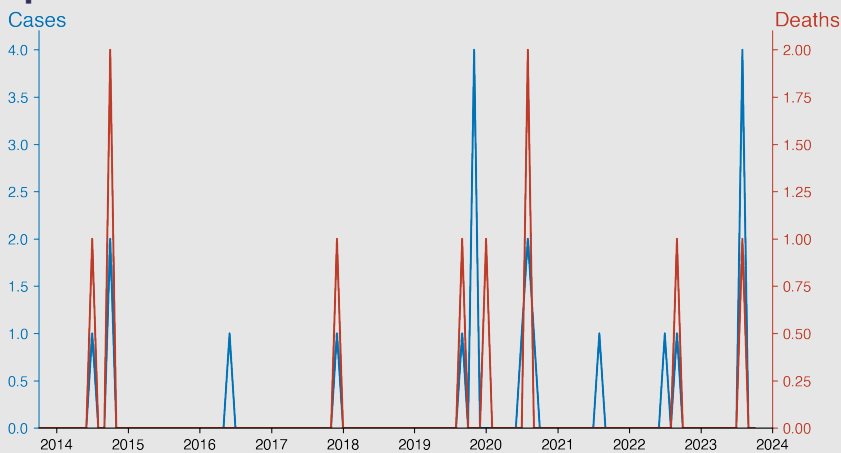
## Plague

October 2023

### Introduction

Plague is an infectious disease caused by the bacterium *Yersinia pestis*, typically found in small mammals and their fleas. It can manifest in three different forms: bubonic, septicemic, and pneumonic. The bubonic form is most common, characterized by swollen lymph nodes or "buboes." Transmission occurs through flea bites or direct contact with contaminated fluids or tissues and, for pneumonic plague, through inhalation of infected droplets. Historically, plague has caused widespread pandemics, including the Black Death in the 14th century. It is treatable with antibiotics if diagnosed early.

### Temporal Trend



### Highlights

Sporadic cases of plague have occurred in China with 15 reported incidents from 2010-2023, suggesting low endemicity but persistence of risk.

- Mortality was recorded in 9 out of 15 occurrences, indicating a high case-fatality rate when infections do happen.

- Notable spikes in cases and deaths were seen in November 2019 and August 2020, emphasizing periodic surges in transmission or reporting.

- The most recent surge in August 2023, with 4 cases and 1 death, signals the need for continued surveillance and prompt public health response.

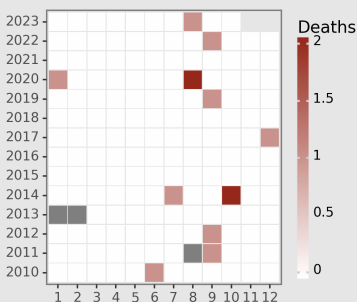
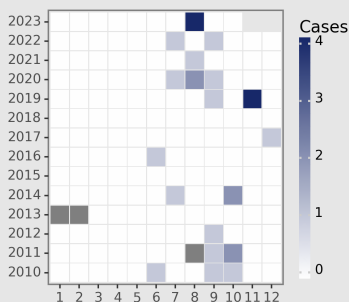
### Cases Analysis

Plague cases in mainland China from 2010 to 2023 demonstrate sporadic occurrences with a total of 21 reported cases over this 13-year span. Notably, cases occurred singularly in various months across the years, without clear seasonality or a sustained outbreak pattern. 2019 and 2020 showed relative peaks with four and three cases, respectively. The temporal distribution indicates random, isolated cases without an indication of a progressive endemic or epidemic trend within these years.

### Deaths Analysis

Mortality data reveals a total of 10 deaths from 2010 to 2023, signifying a high case-fatality ratio, common for plague without prompt treatment. Deaths occurred in the same month as cases about 50% of the time, suggesting rapid disease progression or coinciding discovery and reporting of cases already at a terminal stage. Limited data provided does not establish a trend of increasing lethality or frequency of lethal cases over time, which may reflect constant mortality risks or effective responses in isolated cases.

### Distribution



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