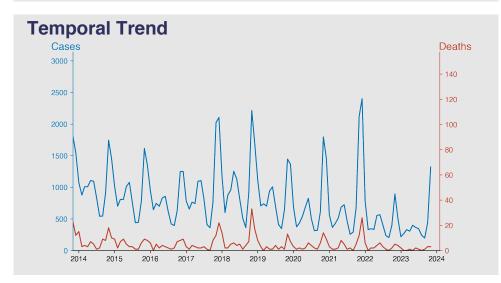
Chinese Notifiable Infectious Diseases Surveillance Report

Epidemic hemorrhagic fever

November 2023

Introduction

Epidemic Hemorrhagic Fever, also known as Hantavirus, is a severe infectious disease characterized by fever, fatigue, and hemorrhagic symptoms. It is primarily transmitted through rodent vectors, carried by their droppings, urine, or saliva. Humans can contract the illness through inhaling aerosolized particles contaminated by the virus. Potential complications include cardiovascular and renal damage which can result in severe patient outcomes. Early diagnosis and supportive care are vital in managing this zoonotic infection.



Highlights

Seasonal Trend: The data consistently indicates a peak of cases in the autumn and winter months, with November typically the high point.

- 2. Overall Case Decline: There has been a general decrease in Epidemic hemorrhagic fever cases since 2010, with a significant drop over the last three years.
- 3. Low Mortality: Despite variations in case numbers, mortality related to the disease appears to be relatively low.
- 4. Current Situation: As of November 2023, case numbers are below historical highs but suggest an upward trend from previous months, a pattern consistent with the seasonal trend

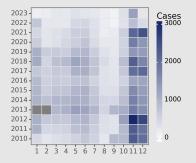
Cases Analysis

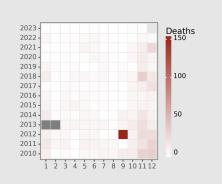
The reported cases of Epidemic hemorrhagic fever in mainland China show clear seasonality, with annual peaks usually observed from November to January. The maximum number of cases was most significantly observed in November 2012 with 3000 cases. The reported cases started declining from the year 2015 onward, especially from April to November, suggesting effective preventive measures or changes in disease transmission dynamics. However, a notable influx of cases is still seen in the winter months, underlining the requirement for continuous vigilance and control efforts.

Deaths Analysis

Over the reported period, deaths due to Epidemic Hemorrhagic Fever remained generally low, demonstrating its lower lethality or efficient treatment. An unusual peak occurred in September 2012, with 150 deaths, an anomaly as it sharply diverges from the rest of the data. This could be due to various factors like reporting error, major outbreak, or changes in virus strain and merits further investigation. Beyond this peak, mortality linked to the disease appear to follow the disease trends with elevated death counts reported during peak infection months.

Distribution





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