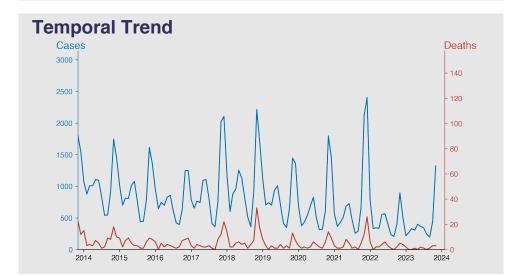
Chinese Notifiable Infectious Diseases Surveillance Project

Epidemic hemorrhagic fever

November 2023

Introduction

Epidemic Hemorrhagic Fever (EHF), also known as Korean Hemorrhagic Fever, is an acute viral disease that primarily affects the kidneys, causing fever, hemorrhagic symptoms, and shock. It is mainly transmitted by rodents and is prevalent in Eastern Asia, particularly in Korea and China. The disease typically manifests as symptoms of kidney failure, bleeding diathesis, and sometimes severe shock. The virus that causes EHF belongs to the Hantavirus genus, part of the Bunyaviridae family.



Highlights

- There is a clear annual cycle with cases peaking in the summer months (June to August) and reaching a higher peak in November each year.
- The morbidity and mortality pattern has remained relatively consistent over the years, with no significant long-term increase or decrease in cases or deaths.
- The year 2023 shows a decrease in both cases and deaths in comparison to the previous peaks, suggesting an improved control or reporting of Epidemic hemorrhagic fever.
- Notably, a single spike in deaths occurred in September 2012, which could indicate an outbreak that significantly deviates from the otherwise consistent mortality rate.

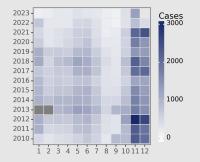
Cases Analysis

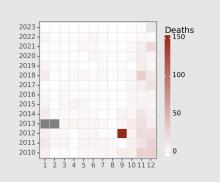
Epidemic hemorrhagic fever presented with noticeable seasonality, with cases peaking mainly towards the end of each year, particularly from October to December. This trend suggests a cyclical pattern possibly influenced by ecological or human behavioral factors. The highest number of cases was recorded in November 2012 with a total of 3000, indicating potential outbreak conditions or improved surveillance and reporting. A gradual decrease in the number of cases is observable starting from January 2023, reflecting either successful intervention measures or annual variability.

Deaths Analysis

The death toll from epidemic hemorrhagic fever also exhibits seasonality, mirroring the trends seen in case numbers with elevated fatalities towards the year's end. The highest mortality was reported in September 2012 with an anomalous spike of 150 deaths which significantly deviates from the overall pattern. This could be attributed to an especially virulent strain, an outbreak of cases, reporting errors, or changes in population susceptibility. Death rates begin decreasing in 2023, consistent with the drop in cases, perhaps indicating effective public health responses or natural disease progression dynamics.

Distribution





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