

# Chinese Notifiable Infectious Diseases Surveillance Report

## Typhoid fever and paratyphoid fever

March 2024

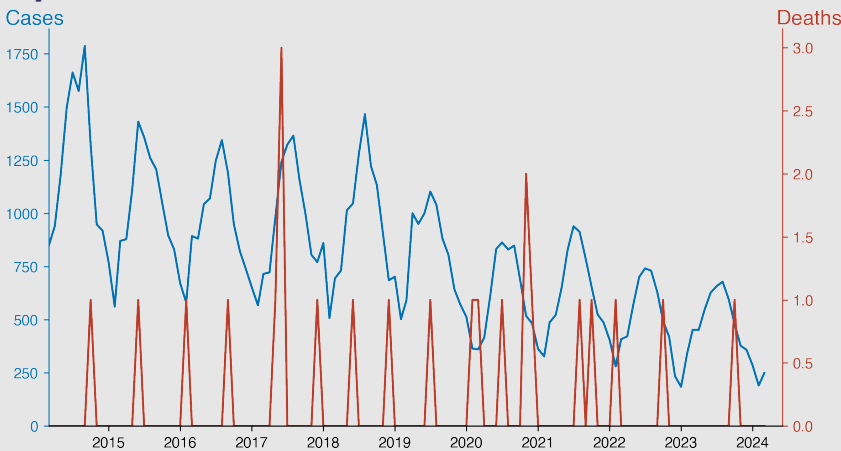
### Introduction

Typhoid and paratyphoid fevers are systemic illnesses, primarily contracted through contaminated food or water. Both are caused by related bacteria: Typhoid by *Salmonella Typhi* and Paratyphoid by *Salmonella Paratyphi*. Symptoms often include high fever, weakness, stomach pain, and loss of appetite. The diseases may be severe or even fatal, especially if untreated. They are more prevalent in areas with poor sanitation, and although less common in developed countries, pose risks to travelers visiting endemic areas.

### Highlights

- There's a clear seasonal trend in typhoid and paratyphoid fever cases in mainland China, with an increase typically starting around April-May and peaking during July-August.
- The total cases have significantly decreased over the years; from a peak of 1787 in September 2014 to a low of 249 in March 2024 showing successful disease control.
- Mortality remains relatively low over the years of observation, with no clear correlation to the number of cases.
- In recent years (from 2020 onwards), the number of cases shows a gradual decrease in the peak months suggesting ongoing control measures may be effectively further reducing case incidence.

### Temporal Trend



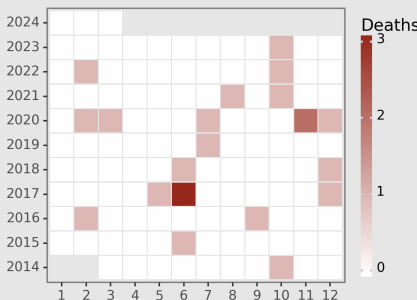
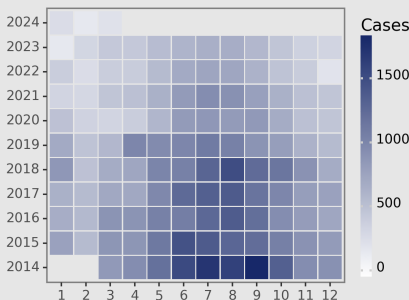
### Cases Analysis

Over the span of 10 years, the data illustrates a significant fluctuation of Typhoid and Paratyphoid fever cases reported in mainland China. The number of cases is always highest from June to August and gradually decreases heading towards winter. In reviewing the annual figures, it becomes pronounced that there's been a general decrease in reported cases: 2014(13067), 2015(12415), 2016(11578), 2017(10943), 2018(10853), 2019(9286), 2020(6889), 2021(7815), and 2022(5935). This suggests that the interventions and control measures taken have had a positive impact, although the issue is far from resolved.

### Deaths Analysis

Despite the large number of cases each year, the mortality rate for Typhoid and Paratyphoid fever is extremely low, with only sporadic months reporting deaths. Except for June 2017, which saw 3 deaths, only one death or none were reported each month. Interestingly, most deaths occurred towards the later phase of the epidemic when the case count was on the decline. This suggests that the health system is able to manage the majority of the cases effectively, though there may be room for improvement in the handling of complicated or severe cases towards the end of the epidemic cycle.

### Distribution



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