Chinese Notifiable Infectious Diseases Surveillance Report

Typhoid fever and paratyphoid fever

April 2024

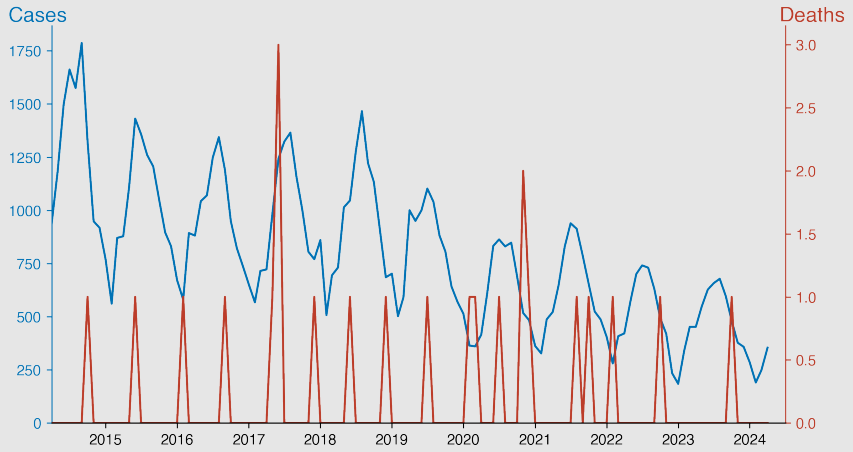
Introduction

Typhoid and paratyphoid fever are infectious diseases caused by the bacteria Salmonella typhi and Salmonella paratyphi, respectively. Both illnesses are characterized by high fevers, abdominal pain, and other severe symptoms, transmitted through contaminated food, water, or close contact. They remain major health concerns worldwide, particularly in developing regions with poor sanitation. While antibiotics are effective treatment options, vaccination provides the best preventive measure. Increasing antimicrobial resistance, however, complicates treatment efforts for these diseases.

Highlights

- There's a clear seasonal pattern for Typhoid and Paratyphoid fever in mainland China, with a peak in warmer months (April-September).
- Over the decade, cases have generally decreased, from a high of 1787 in September 2014 to 354 in April 2024.
- Deaths are consistently low and do not correlate with case numbers, suggesting effective treatment approaches.
- As of April 2024, the disease situation is manageable, with 354 cases and no reported deaths.

Temporal Trend



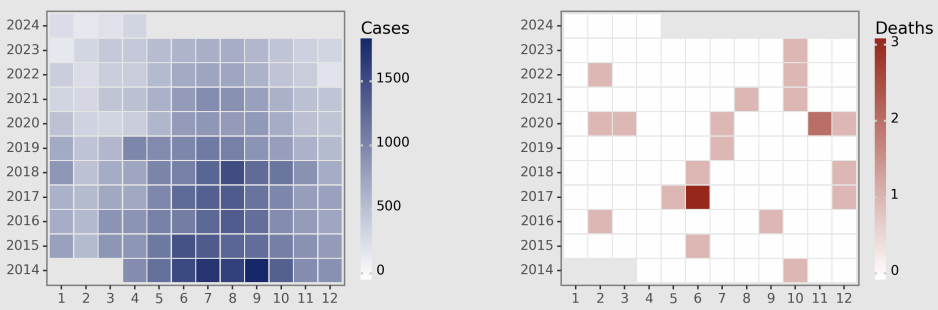
Cases Analysis

Over this decade, there is a noticeable fluctuation trend in reported cases of both typhoid and paratyphoid fever. However, an overall decline is observed, with 1787 cases in September 2014 gradually reducing to 354 in April 2024. Albeit fluctuations, a pattern emerges as case numbers peak during summer months (June to August), indicating a higher transmission rate during warmer periods. The lowest cases reported were 184 in January 2023, followed by a gradual increase towards the warmer months, reaffirming the seasonality influence on incidence rates.

Deaths Analysis

In the same period, deaths due to these fevers have been relatively scarce despite the fluctuating number of cases, demonstrating the effectiveness of modern therapeutic interventions and the healthcare system's capacity to manage these infections. Notably, the deaths seem randomly distributed rather than correlating with the peak case periods. While the reasons for this distribution pattern aren't immediately clear from the data, it may be connected with factors such as individual health conditions, timely access to healthcare, or effectiveness of treatment received.

Distribution



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