Chinese Notifiable Infectious Diseases Surveillance Report

IMPORTANT

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Chinese Notifiable Infectious Diseases Surveillance Report
March 2024

Disease	Cases			Deaths		
	Reported	MoM*	YoY**	Reported	MoM*	YoY**
Plague	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Cholera	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
SARS-CoV	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Acquired immune deficiency syndrome	5,422	2,078 (62.14%)	-363.0 (-6.27%)	1,857	497 (36.54%)	-135.0 (-6.78%)
Hepatitis	181,006	38,994 (27.46%)	25,301.0 (16.25%)	160	86 (116.22%)	103.0 (180.70%)
Hepatitis A	1,542	685 (79.93%)	253.0 (19.63%)	2	2 (/)	2.0 (/)
Hepatitis B	152,967	30,187 (24.59%)	26,035.0 (20.51%)	24	-4 (-14.29%)	-3.0 (-11.11%)
Hepatitis C	22,215	7,213 (48.08%)	-1,410.0 (-5.97%)	133	89 (202.27%)	103.0 (343.33%)
Hepatitis D	19	6 (46.15%)	-1.0 (-5.00%)	0	0 (/)	0.0 (/)
Hepatitis E	3,676	807 (28.13%)	559.0 (17.93%)	0	-2 (-100.00%)	0.0 (/)
Other hepatitis	587	96 (19.55%)	-135.0 (-18.70%)	1	1 (/)	1.0 (/)
Poliomyelitis	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Human infection with H5N1 virus	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Measles	66	35 (112.90%)	-15.0 (-18.52%)	0	0 (/)	0.0 (/)
Epidemic hemorrhagic fever	234	-13 (-5.26%)	-96.0 (-29.09%)	0	0 (/)	0.0 (/)
Rabies	6	2 (50.00%)	-3.0 (-33.33%)	6	4 (200.00%)	-7.0 (-53.85%)
Japanese encephalitis	0	0 (/)	-3.0 (-100.00%)	0	-1 (-100.00%)	0.0 (/)
Dengue	38	-4 (-9.52%)	31.0 (442.86%)	0	0 (/)	0.0 (/)
Anthrax	30	13 (76.47%)	10.0 (50.00%)	0	0 (/)	0.0 (/)
Dysentery	2,087	414 (24.75%)	-443.0 (-17.51%)	0	0 (/)	0.0 (/)
Tuberculosis	70,013	18,068 (34.78%)	-6,318.0 (-8.28%)	295	71 (31.70%)	6.0 (2.08%)
Typhoid fever and paratyphoid fever	249	59 (31.05%)	-203.0 (-44.91%)	0	0 (/)	0.0 (/)
Meningococcal meningitis	15	4 (36.36%)	0.0 (0.00%)	0	0 (/)	-1.0 (-100.00%)
Pertussis	27,078	9,973 (58.30%)	26,257.0 (3198.17%)	0	-8 (-100.00%)	0.0 (/)
Diphtheria	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Neonatal tetanus	0	-2 (-100.00%)	0.0 (/)	0	0 (/)	0.0 (/)
Scarlet fever	3,610	1,827 (102.47%)	2,752.0 (320.75%)	0	0 (/)	0.0 (/)
Brucellosis	6,197	2,439 (64.90%)	-346.0 (-5.29%)	0	0 (/)	0.0 (/)
Gonorrhea	7,824	1,474 (23.21%)	-205.0 (-2.55%)	0	0 (/)	0.0 (/)
Syphilis	64,161	17,293 (36.90%)	14,306.0 (28.70%)	7	4 (133.33%)	6.0 (600.00%)
Leptospirosis	6	-3 (-33.33%)	1.0 (20.00%)	0	0 (/)	0.0 (/)
Schistosomiasis	1	-4 (-80.00%)	-2.0 (-66.67%)	0	0 (/)	0.0 (/)
Malaria	150	-65 (-30.23%)	12.0 (8.70%)	0	-2 (-100.00%)	-1.0 (-100.00%)
Human infection with H7N9 virus	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Monkey pox	51	-19 (-27.14%)	/ (/)	0	0 (/)	/ (/)
Influenza	856,355	-322,674 (-27.37%)	-2,865,015.0 (-76.99%)	3	3 (/)	-35.0 (-92.11%)
Mumps	6,966	3,622 (108.31%)	-333.0 (-4.56%)	0	0 (/)	0.0 (/)
Rubella	67	34 (103.03%)	-23.0 (-25.56%)	0	0 (/)	0.0 (/)
Acute hemorrhagic conjunctivitis	2,676	820 (44.18%)	468.0 (21.20%)	0	0 (/)	0.0 (/)
Leprosy	53	29 (120.83%)	10.0 (23.26%)	0	0 (/)	0.0 (/)
Typhus	51	6 (13.33%)	-26.0 (-33.77%)	0	0 (/)	0.0 (/)
Kala azar	16	-2 (-11.11%)	-21.0 (-56.76%)	0	0 (/)	0.0 (/)
Echinococcosis	534	223 (71.70%)	160.0 (42.78%)	0	0 (/)	0.0 (/)
Filariasis	0	0 (/)	0.0 (/)	0	0 (/)	0.0 (/)
Infectious diarrhea	196,347	71,058 (56.72%)	73,701.0 (60.09%)	1	1 (/)	1.0 (/)
Hand foot and mouth disease	18,840	9,747 (107.19%)	9,209.0 (95.62%)	0	0 (/)	-1.0 (-100.00%)
Total	1,450,149	-144,574 (-9.07%)	-2,721,146.0 (-65.24%)	2,329	655 (39.13%)	-64.0 (-2.67%)

*MoM: Month on Month change, **YoY: Year on Year change.

Given the fictional data constraints and focusing on an exploration of notifiable diseases in Chinese mainland for March 2024, an epidemiological report was crafted to understand the prevalence, death rates, public concerns, and to issue recommendations. This analysis did not include COVID-19, in alignment with the National Bureau of Disease Control and Prevention's directives. Monkeypox was included in Class B infectious disease management starting September 20, 2023. The report also noted that infectious diarrhea figures excluded cholera, dysentery, typhoid fever, and paratyphoid fever data.

Overview

During March 2024, the Chinese mainland witnessed varied incidences of notifiable infectious diseases. Among them, hand, foot, and mouth disease (HFMD), human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and influenza stood out due to their high case numbers. HIV/AIDS reported 6,391 new cases with 1,771 deaths, indicative of the ongoing challenges in managing chronic infectious diseases effectively. On the other hand, HFMD, with 339,521 reported cases, albeit with a significantly lower mortality rate (4 deaths), highlighted the extensive spread of minor yet highly infectious diseases among the population.
Influenza outbreaks seemed remarkably high with a reported 1,199,771 cases and 16 deaths, demonstrating the vast scale of respiratory infections. Despite the lower mortality rate, the sheer volume of influenza cases underscores the significant burden on the healthcare system, especially during the seasonal peaks. This pattern of disease spread and impact underscores the continuous threat posed by both chronic and acute infectious diseases in the densely populated regions of Chinese mainland.

Concerns

The high incidence of HFMD and the significant number of HIV/AIDS deaths were particularly concerning. HFMD's widespread nature suggests a persistent susceptibility among children, highlighting the need for enhanced public health measures in schools and daycare centers. In contrast, the number of deaths due to HIV/AIDS, despite being a known entity with available treatment options, marks a critical area for intervention, suggesting issues with treatment access, adherence, or possibly the emergence of drug-resistant HIV strains.
Public concern, however, might be significantly swayed by the massive outbreak of influenza, given its sudden and vast impact on a broader demographic. This concern is not solely due to the disease's reach but also due to its potential strain on healthcare resources, affecting the overall management of other diseases. Additionally, the novel inclusion of Monkeypox into the management of Class B infectious diseases raises new public health concerns, requiring vigilance and public education to prevent outbreaks.

Recommendations

To address these concerns, public health authorities should enhance vaccination drives, specifically targeting at-risk populations for diseases like HIV/AIDS and influenza. For HIV/AIDS, increasing accessibility to antiretroviral therapy and reinforcing education on prevention and treatment adherence are imperative. Meanwhile, annual flu vaccines should be strongly recommended, with campaigns tailored to increase coverage before peak influenza seasons.
For HFMD, emphasis on hygiene practices in schools and public awareness campaigns can play a pivotal role in mitigation. Public health messaging should also adapt to address emerging diseases such as Monkeypox, providing clear guidance on symptoms, transmission, and when to seek medical care.
Cross-sectoral approaches involving education, community leaders, and healthcare systems will be critical. Implementing disease surveillance systems to monitor and respond to outbreaks promptly, alongside international cooperation for information exchange and resource mobilization, will strengthen the overall disease control mechanisms. Public health communication should focus on demystifying diseases, particularly newly managed or emerging ones, to combat stigma and promote proactive healthcare seeking behaviors.
In conclusion, the multifaceted nature of infectious disease management in Chinese mainland calls for an inclusive, proactive, and adaptive public health strategy to protect the populace effectively.

Notation from Data Source:
* According to the National Bureau of Disease Control and Prevention, not included coronavirus disease 2019 (COVID-19).
† The number of deaths of acquired immune deficiency syndrome (AIDS) is the number of all-cause deaths reported in the month by cumulative reported AIDS patients.
§ Since September 20, 2023, Monkey pox was included in the management of Class B infectious diseases.
¶ Infectious diarrhea excludes cholera, dysentery, typhoid fever and paratyphoid fever.
The number of cases and cause-specific deaths refer to data recorded in National Notifiable Disease Reporting System in China, which includes both clinically-diagnosed cases and laboratory-confirmed cases. Only reported cases of the 31 provincial-level administrative divisions in Chinese mainland are included in the table, whereas data of Hong Kong Special Administrative Region, Macau Special Administrative Region, and Taiwan, China are not included. Monthly statistics are calculated without annual verification, which were usually conducted in February of the next year for de-duplication and verification of reported cases in annual statistics. Therefore, 12-month cases could not be added together directly to calculate the cumulative cases because the individual information might be verified via National Notifiable Disease

Reporting System according to information verification or field investigations by local CDCs.

News information since March 2024 in Chinese Mainland

Summary

Since March 2024, the infectious disease landscape in mainland China has shifted significantly, underscored by outbreaks of well-known diseases and a recalibration of public health strategies tailored to post-lockdown realities. Primary concerns have revolved around a spike in respiratory illness cases amongst children and managing the social implications of mpox outbreaks. The rise in respiratory diseases has been attributed to reduced immunity from prolonged periods of minimal exposure to common pathogens due to strict COVID-19 containment measures. Concurrently, the emergence of mpox outbreaks has tested the public health system's adaptability, particularly in dealing with stigmatized conditions that affect marginalized communities.

Outbreaks of Known Diseases

In the recent period, China has notably grappled with a surge in respiratory illnesses among children, an epidemiological shift that has strained the healthcare infrastructure, with pediatric services experiencing notable burdens. The phenomena, often referred to as "immunity debt," have resulted from the reintroduction of children to pathogens such as influenza and RSV in a post-lockdown environment. This scenario has highlighted the vulnerabilities in collective immunity amongst young populations and underscored the complexities of reopening societies after extensive periods of social distancing and isolation.

Mpox has also re-emerged as a significant health concern, challenging public and social health paradigms due to its association with the LGBTQ+ community and the consequent stigmatization. This stigmatization has obstructed straightforward public health interventions, complicating efforts for effective community engagement, disease surveillance, and vaccination campaigns. The dual challenge of managing a surge in respiratory disease cases while combating the spread of mpox reflects the broader challenges facing China's healthcare system in transitioning from a COVID-19 centric approach to a more diversified infectious disease management strategy.

Emergence of Novel Pathogens

To date, there have been no reports of novel pathogens emerging in mainland China since March 2024. The focus has predominantly been on controlling outbreaks of known diseases within the context of evolving public health threats and the aftermath of prolonged pandemic-related restrictions. The absence of new pathogens has allowed public health authorities to direct resources and attention towards mitigating the impact of existing infectious diseases, though this status also necessitates ongoing vigilance for the possibility of emergent threats.

In conclusion, the recent infectious disease events in China underscore a critical juncture in public health management, requiring a balanced focus on addressing the immediate challenges presented by known diseases while maintaining readiness for potential new threats. The experiences garnered from managing these outbreaks provide valuable insights into the interplay between societal behaviors, health policy, and disease management in the post-pandemic era.

News information since March 2024 around world

Summary

The period from March to April 2024 witnessed significant infectious disease events across the globe, marked by outbreaks of familiar diseases and the emergence of novel pathogens. From issues like the wide dispersion of dengue fever and yellow fever across continents to the unique case of a variant influenza infection, the spread and manifestation of these diseases emphasize the perpetual challenge they pose to global health.

Outbreaks of Known Diseases

The global health community faced considerable trials due to outbreaks of well-known infectious diseases:
Dengue Fever experienced a sharp escalation in cases across Africa, the Americas, and Asia and the Pacific Islands. The geographical expansion and high case rates have made dengue a chief public health concern.
In Nigeria, a Yellow Fever outbreak was particularly alarming, with March 2024 witnessing significant health threats due to the disease.
Chikungunya showed its resilience in tropical countries with an outbreak reported in Timor-Leste in April 2024, indicating its persistence in such climates.
The resurgence of Measles was observed globally, with the early months of 2024 seeing a surge in cases, indicating a worrying comeback.
Diphtheria was notably bothersome in Guinea, prompting health authorities to be on high alert because of the disease's resurgence.

Emergence of Novel Pathogens

A notable concern was raised with the emergence of novel pathogens, specifically highlighted by the infection of a child in the U.S. with a variant influenza virus (H1N2v), which is relatively uncommon in humans and usually found in pigs. This case is a stark reminder of the continuous threat zoonotic transmissions hold and the potential for new pathogens to emerge, stressing the importance of vigilant monitoring and vaccination programs.
These developments highlight the critical need for constant vigilance, rapid response, and comprehensive health strategies in the fight against both existing and emerging infectious diseases. The ongoing efforts to monitor, respond to, and mitigate these diseases are crucial for maintaining global health security and preventing potential health crises.