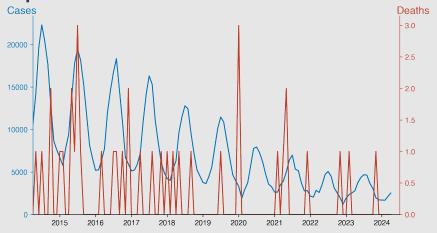
Chinese Notifiable Infectious Diseases Surveillance Report

Dysentery April 2024

Introduction

Dysentery is an intestinal infection causing severe diarrhea with blood or mucus. Being highly infectious, it's usually transmitted through contaminated food or water. There are two main types: Bacillary dysentery, caused by Shigella bacteria, and amoebic dysentery, caused by Entamoeba histolytica, a parasite. Symptoms include stomach pain and frequent, urgent bowel movements. If untreated, it can lead to dehydration, critical illness, and even death. Treatment pertains to maintaining hydration, adequate nutrition and, if severe, antibiotics may be used. Prevention revolves around good hygiene practices, avoiding contaminated water, and vaccination in areas of high risk.

Temporal Trend



Highlights

- There's a clear seasonality in Dysentery cases in Chinese mainland, with spikes from May to August each year.
- Since the high of over 20,000 cases in mid-2014, a steady decline has resulted in a ten-year low of 2,522 cases as of April 2024.
- Despite the fluctuation in infection rates, mortality has remained extremely low, demonstrating effective clinical management.
- As of April 2024, there were 2,522 recorded cases with zero deaths; consistent vigilance is required due to seasonally increasing case numbers.

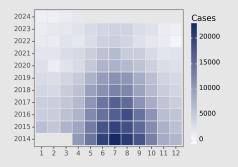
Cases Analysis

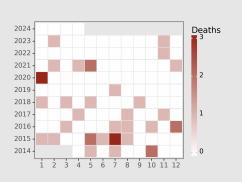
From 2014 to 2024, there's been a downward trend in cases of Dysentery in mainland China although there's a clear cyclical pattern with cases peaking from June to August every year. The highest number of cases recorded in a month was in July 2014 with 22,311 cases, seeing a steady drop since. The past decade sees an overall lower incidence rate, suggesting potentially improved sanitary conditions, medical interventions, or public awareness involving transmission prevention which seems to be effective in controlling the spread of the disease.

Deaths Analysis

While the overall mortality due to dysentery is low, the pattern is less discernible. Deaths do not seem to spike in the months with the highest incidence of disease, indicating effective measures for preventing death despite high illness rates. Furthermore, disease-related deaths appear to have reduced significantly over the studied period. For example, eight deaths were reported in the year 2015, while only two deaths have been recorded in the early months of 2024. This could be attributed to improvements in healthcare treatments and early diagnosis schemes. However, the persistence of occasional deaths suggests the disease still possesses lethal risks in specific cases.

Distribution







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