

CNIDs: Chinese Notifiable Infectious Diseases Sensing Project

A Dynamic Sensing Report of Notifiable Infectious Diseases Data in Mainland, China

2023 June 01

NOTICE: The text in this report was generate by ChatGPT-3.5-turbo-16k-0613, for reference only.

Automatically Generate by Python and ChatGPT
Power by: Github Action
Design by: Kangguo Li
Connect with me: lkq1116@outlook.com
Generated Date: 2023-09-30

Cite Us: Reported Cases and Deaths of National Notifiable Infectious Diseases — China, June 2023*[J]. China CDC Weekly. doi: 10.46234/ccdcw2023.130

Monthly Report -- 2023 June 01

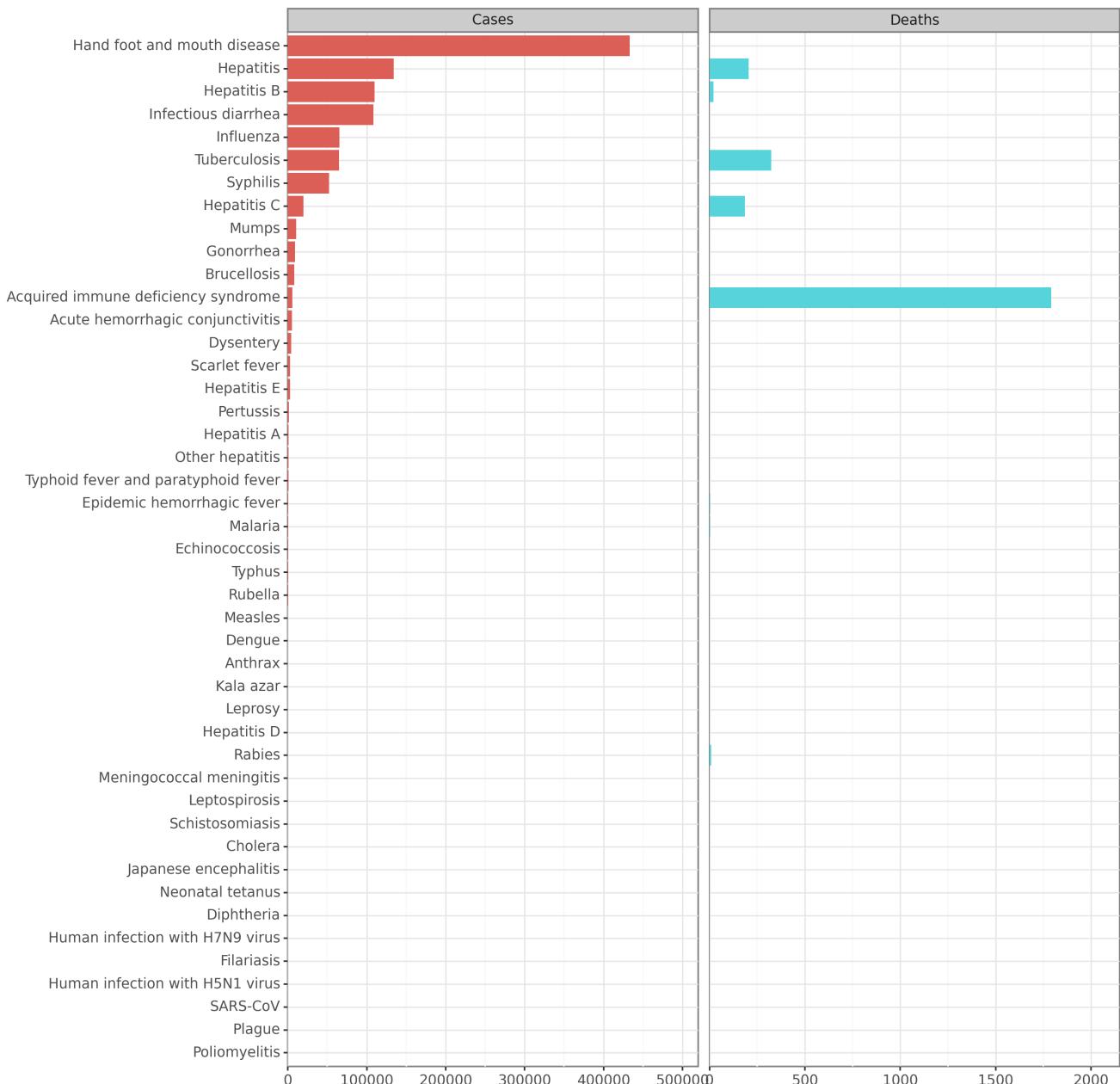


Figure 1: Monthly Notifiable Infectious Diseases Reports in 2023 June 01

In this study, we analyzed the monthly incidence and death data for various diseases in June 2023. The data provides insights into the changing patterns and trends of disease burden in the population. The most prevalent disease in June 2023 was Hand foot and mouth disease (HFMD), with a total of 433,084 reported cases. This represents a significant increase of 374.57% compared to the previous month (May 2023) and a 207.89% increase compared to June 2022. HFMD is a common viral illness, particularly affecting children, and the high incidence rate emphasizes the need for effective preventive measures and interventions.

Hepatitis was another significant disease burden in the population. Hepatitis B had a total of 110,063

reported cases in June 2023, showing a slight decrease of 5.06% compared to the previous month. However, there was an increase of 3.01% compared to June 2022. Similarly, Hepatitis C had 19,664 reported cases, showing a decrease of 6.20% compared to May 2023 but an increase of 1140.00% compared to June 2022. These findings highlight the ongoing challenges in controlling and managing hepatitis infections, and the importance of comprehensive prevention and treatment strategies.

Influenza, a viral respiratory infection, exhibited a significant decline in June 2023, with only 65,289 reported cases. This represents a substantial decrease of 69.33% compared to the previous month and a striking 91.26% decrease compared to June 2022. The implementation of strict infection control measures, such as social distancing and wearing masks, along with widespread vaccination campaigns, may have contributed to this decline.

Tuberculosis (TB) remained a persistent health concern, with 64,788 reported cases in June 2023. Although this represents a decrease of 6.20% compared to the previous month, there was still a small increase of 4.58% compared to June 2022. TB control efforts should focus on early diagnosis, appropriate treatment, and ensuring access to healthcare services to reduce the burden of this infectious disease. Among the sexually transmitted infections, Syphilis had 52,007 reported cases in June 2023. While this represents a slight decrease of 2.35% compared to May 2023, it shows an increase of 7.22% compared to June 2022. These findings highlight the ongoing challenges in preventing and controlling the spread of sexually transmitted infections, emphasizing the need for comprehensive sexual health education and accessible healthcare services.

The data also revealed a significant increase in the incidence of Dengue in June 2023, with 55 reported cases. This represents a considerable increase of 161.90% compared to the previous month and an astonishing 5400.00% increase compared to June 2022. Dengue is a mosquito-borne viral infection, and these findings suggest the need for enhanced vector control measures and public awareness campaigns to prevent the spread of the disease.

Overall, the analysis of the monthly incidence and death data provides valuable insights into the changing patterns and trends of various diseases in the population. The data highlights the need for continuous surveillance, effective prevention strategies, and timely interventions to reduce the disease burden and improve public health outcomes.

Table 1: Monthly Notifiable Infectious Diseases Cases in 2023 June 01

Diseases	Cases	Comparison with 2023 May	Comparison with 2022 June
Plague	0	0 (/)	0 (/)
Cholera	3	0 (0.00%)	-3 (-50.00%)
SARS-CoV	0	0 (/)	0 (/)
Acquired immune deficiency syndrome	5,759	304 (5.57%)	133 (2.36%)
Hepatitis	133,888	-7,604 (-5.37%)	2,031 (1.54%)
Hepatitis A	944	-132 (-12.27%)	-94 (-9.06%)
Hepatitis B	110,063	-5,871 (-5.06%)	3,217 (3.01%)
Hepatitis C	19,664	-1,299 (-6.20%)	-1,261 (-6.03%)
Hepatitis D	23	3 (15.00%)	1 (4.55%)
Hepatitis E	2,529	-293 (-10.38%)	118 (4.89%)
Other hepatitis	665	-12 (-1.77%)	50 (8.13%)
Poliomyelitis	0	0 (/)	0 (/)
Human infection with H5N1 virus	0	0 (/)	0 (/)
Measles	89	-20 (-18.35%)	-21 (-19.09%)
Epidemic hemorrhagic fever	365	-34 (-8.52%)	-201 (-35.51%)

Rabies	11	1 (10.00%)	-4 (-26.67%)
Japanese encephalitis	3	3 (/)	-4 (-57.14%)
Dengue	55	34 (161.90%)	54 (5400.00%)
Anthrax	31	6 (24.00%)	2 (6.90%)
Dysentery	4,353	600 (15.99%)	-355 (-7.54%)
Tuberculosis	64,788	-4,280 (-6.20%)	-3,113 (-4.58%)
Typhoid fever and paratyphoid fever	627	80 (14.63%)	-73 (-10.43%)
Meningococcal meningitis	9	7 (350.00%)	3 (50.00%)
Pertussis	1,512	178 (13.34%)	-2,701 (-64.11%)
Diphtheria	1	1 (/)	1 (/)
Neonatal tetanus	1	1 (/)	1 (/)
Scarlet fever	2,684	786 (41.41%)	-212 (-7.32%)
Brucellosis	8,326	-741 (-8.17%)	-1,617 (-16.26%)
Gonorrhea	8,863	-214 (-2.36%)	-125 (-1.39%)
Syphilis	52,007	-1,251 (-2.35%)	3,500 (7.22%)
Leptospirosis	9	1 (12.50%)	-3 (-25.00%)
Schistosomiasis	7	4 (133.33%)	2 (40.00%)
Malaria	264	52 (24.53%)	202 (325.81%)
Human infection with H7N9 virus	0	0 (/)	0 (/)
Influenza	65,289	-147,600 (-69.33%)	-681,749 (-91.26%)
Mumps	10,710	1,780 (19.93%)	-1,235 (-10.34%)
Rubella	110	37 (50.68%)	-57 (-34.13%)
Acute hemorrhagic conjunctivitis	4,985	2,674 (115.71%)	2,080 (71.60%)
Leprosy	24	-3 (-11.11%)	-13 (-35.14%)
Typhus	131	-40 (-23.39%)	7 (5.65%)
Kala azar	25	-7 (-21.88%)	5 (25.00%)
Echinococcosis	252	-62 (-19.75%)	2 (0.80%)
Filariasis	0	0 (/)	0 (/)
Infectious diarrhea	108,442	-7,456 (-6.43%)	13,430 (14.14%)
Hand foot and mouth disease	433,084	341,825 (374.57%)	292,423 (207.89%)
Total	906,707	179,062 (24.61%)	-379,151 (-29.49%)

Table 2: Monthly Notifiable Infectious Diseases Deaths in 2023 June 01

Diseases	Deaths	Comparison with 2023 May	Comparison with 2022 June
Plague	0	0 (/)	0 (/)
Cholera	0	0 (/)	0 (/)
SARS-CoV	0	0 (/)	0 (/)

Acquired immune deficiency syndrome	1,792	-141 (-7.29%)	145 (8.80%)
Hepatitis	206	36 (21.18%)	155 (303.92%)
Hepatitis A	0	0 (/)	0 (/)
Hepatitis B	20	3 (17.65%)	-15 (-42.86%)
Hepatitis C	186	35 (23.18%)	171 (1140.00%)
Hepatitis D	0	0 (/)	0 (/)
Hepatitis E	0	-2 (-100.00%)	0 (/)
Other hepatitis	0	0 (/)	-1 (-100.00%)
Poliomyelitis	0	0 (/)	0 (/)
Human infection with H5N1 virus	0	0 (/)	0 (/)
Measles	0	0 (/)	0 (/)
Epidemic hemorrhagic fever	2	2 (/)	-4 (-66.67%)
Rabies	9	2 (28.57%)	3 (50.00%)
Japanese encephalitis	0	0 (/)	0 (/)
Dengue	0	0 (/)	0 (/)
Anthrax	0	0 (/)	0 (/)
Dysentery	0	0 (/)	0 (/)
Tuberculosis	324	-19 (-5.54%)	-21 (-6.09%)
Typhoid fever and paratyphoid fever	0	0 (/)	0 (/)
Meningococcal meningitis	0	0 (/)	-1 (-100.00%)
Pertussis	0	0 (/)	0 (/)
Diphtheria	0	0 (/)	0 (/)
Neonatal tetanus	0	0 (/)	0 (/)
Scarlet fever	0	0 (/)	0 (/)
Brucellosis	0	0 (/)	0 (/)
Gonorrhea	0	0 (/)	0 (/)
Syphilis	1	-9 (-90.00%)	-3 (-75.00%)
Leptospirosis	0	0 (/)	0 (/)
Schistosomiasis	0	0 (/)	0 (/)
Malaria	2	2 (/)	2 (/)
Human infection with H7N9 virus	0	0 (/)	0 (/)
Influenza	1	-1 (-50.00%)	-3 (-75.00%)
Mumps	0	0 (/)	0 (/)
Rubella	0	0 (/)	0 (/)
Acute hemorrhagic conjunctivitis	0	0 (/)	0 (/)
Leprosy	0	0 (/)	0 (/)
Typhus	0	0 (/)	0 (/)
Kala azar	0	0 (/)	0 (/)

CNIDs: Chinese Notifiable Infectious Diseases Sensing Project

Echinococcosis	0	0 (/)	0 (/)
Filariasis	0	0 (/)	0 (/)
Infectious diarrhea	0	0 (/)	-1 (-100.00%)
Hand foot and mouth disease	0	0 (/)	-1 (-100.00%)
Total	2,337	-128 (-5.19%)	271 (13.12%)

History Data Analysis 2023 June 01

Total

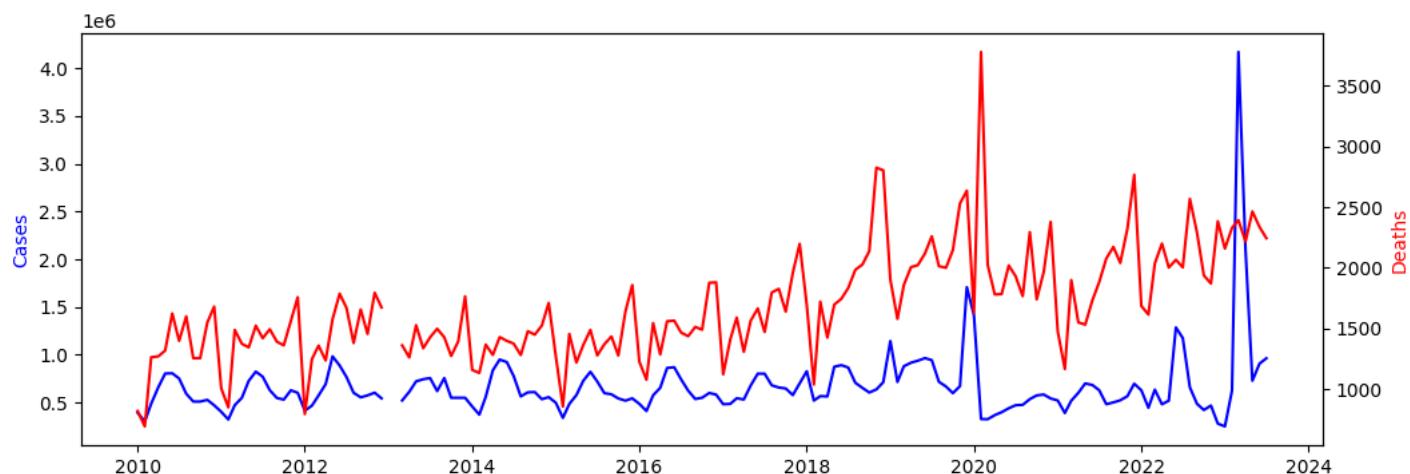


Figure 2: The Change of Total Reports before 2023 June 01

The data provided represents the monthly incidence and death of different diseases from January 2010 to June 2023. The incidence refers to the number of new cases reported each month, while the deaths indicate the number of individuals who have died due to these diseases.

Analyzing the data, several patterns and trends can be observed. Firstly, looking at the incidence of cases, we can see that there has been a fluctuation in the number of reported cases over the years. From 2010 to 2013, there was a steady increase in the number of cases reported each month, with a peak in March 2013, where the number of cases reached 4,171,295. This sudden spike could be an indication of a significant outbreak or a change in reporting methods.

After 2013, there was a gradual decline in the number of reported cases, with occasional fluctuations. The lowest point occurred in January 2016, where the number of cases dropped to 249,324. However, from 2016 to 2019, we can observe an upward trend, with the number of cases steadily increasing each month. The highest number of cases in this period was reported in December 2019, with a staggering 1,707,322 cases.

From 2020 to 2023, there is a mix of fluctuations and relatively stable periods in the incidence of cases. The highest number of cases during this period was reported in March 2023, with 4,171,295 cases. It is important to note that there is a significant increase in the number of cases in June 2023, with 906,707 cases reported. This sudden spike could be an indication of an ongoing outbreak or a change in reporting methods.

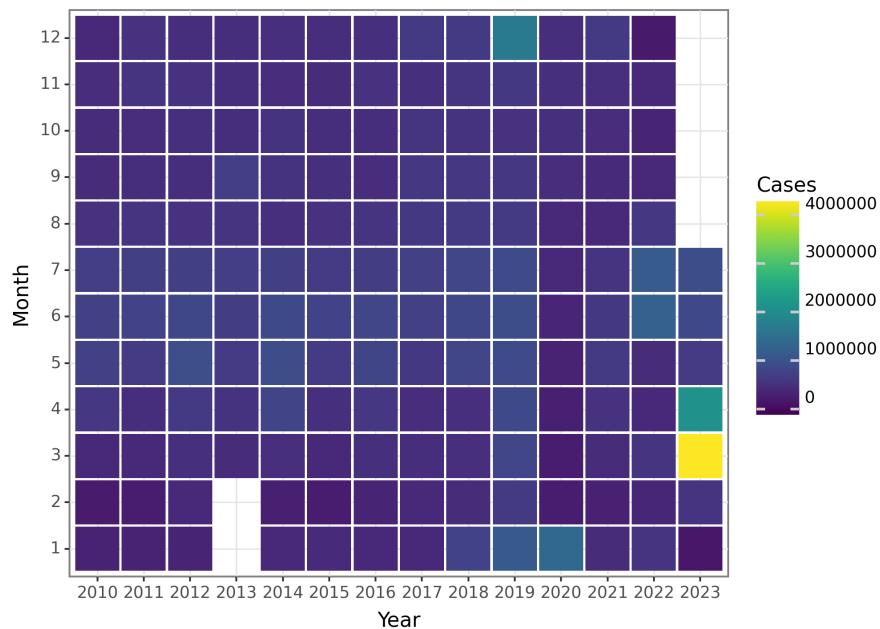


Figure 3: The Change of Total Cases before 2023 June 01

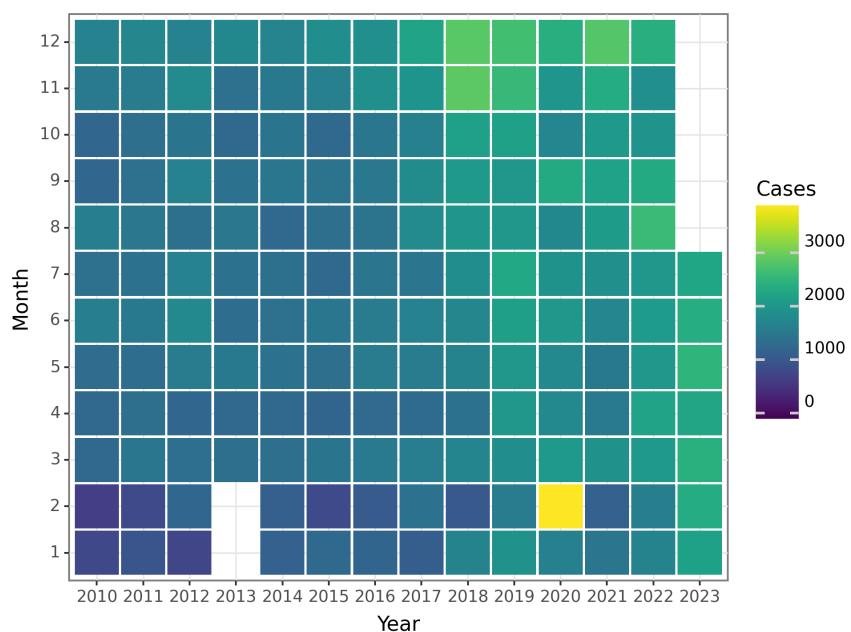


Figure 4: The Change of Total Deaths before 2023 June 01

Plague

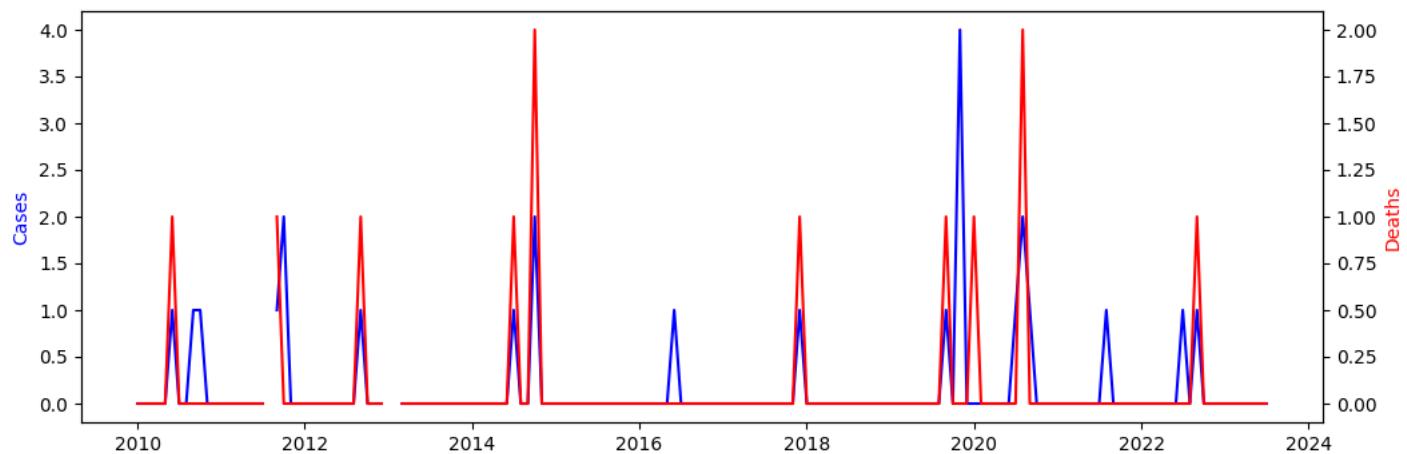


Figure 5: The Change of Plague Reports before 2023 June 01

Based on the provided data on the monthly cases and deaths of Plague from January 2010 to June 2023, several observations can be made.

Firstly, in terms of the number of cases, there were no reported cases of Plague from January 2010 to June 2010, and the number remained consistently low until September 2010, where there were 1 reported case. From October 2010 to November 2010, the number of cases increased slightly to 2. Subsequently, there were no reported cases until September 2011, where there was another single case reported. This pattern of sporadic cases continued until October 2014, where the number of cases increased to 2. From there, the number of cases remained relatively low, with occasional isolated cases reported in July 2014, September 2019, and June 2020. It is worth noting that there were no reported cases of Plague from January 2013 to February 2013, and again from January 2016 to June 2016.

Secondly, in terms of the number of deaths, a similar pattern can be observed. There were no reported deaths from January 2010 to June 2010, and the number remained consistently low until September 2010, where there was 1 reported death. From October 2010 to November 2010, the number of deaths increased slightly to 2. Similar to the cases, there were no reported deaths until September 2011, where there was another single death reported. This sporadic pattern continued until October 2014, where the number of deaths increased to 2. From there, the number of deaths remained relatively low, with occasional isolated deaths reported in July 2014, September 2019, and August 2020.

Overall, the data suggests that the incidence of Plague has been relatively low and sporadic over the years, with occasional small outbreaks. It is important to note that the data presented only covers a specific time frame and does not provide a comprehensive picture of the Plague's prevalence and impact. Further analysis and consideration of additional data would be necessary to gain a more comprehensive understanding of the disease's epidemiology.

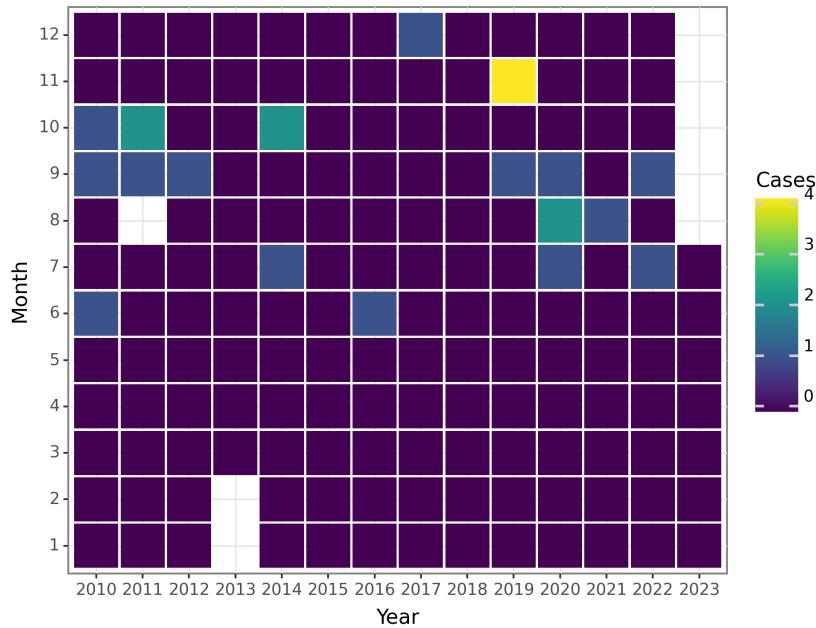


Figure 6: The Change of Plague Cases before 2023 June 01

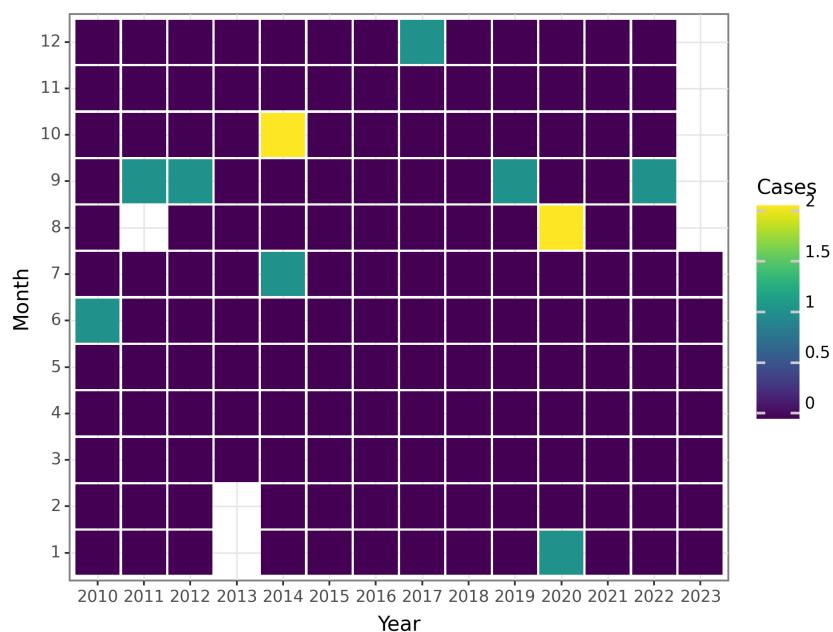


Figure 7: The Change of Plague Deaths before 2023 June 01

Cholera

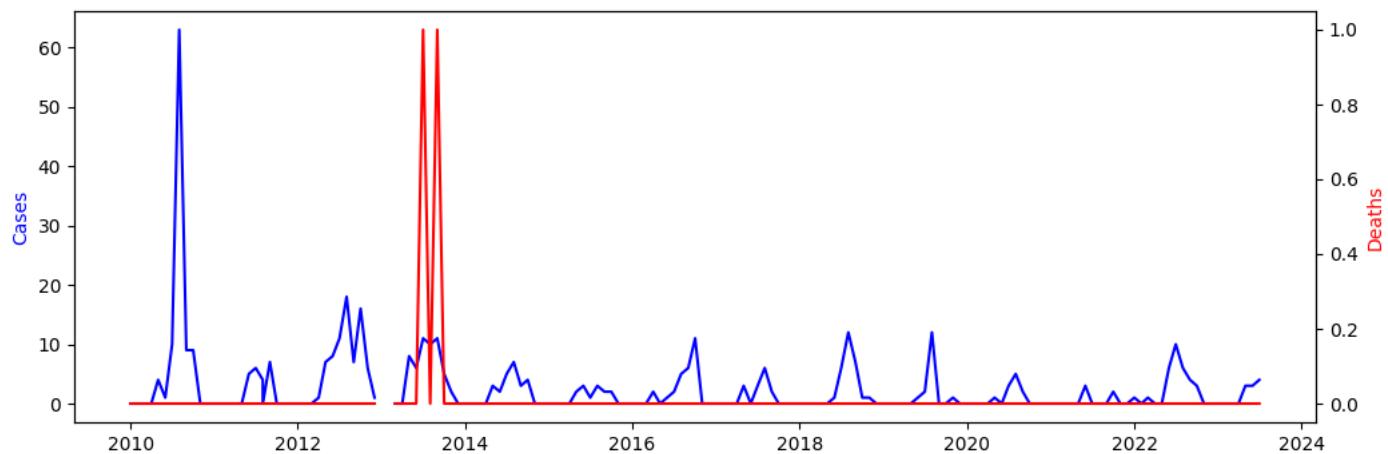


Figure 8: The Change of Cholera Reports before 2023 June 01

Based on the data provided, it appears that there were no cases of cholera reported from January 2010 to May 2010. However, in June 2010, there was a sudden spike in the number of cases reported, with a total of 1 case. This number continued to increase in the following months, with the highest number of cases (63) reported in August 2010. From September 2010 to October 2010, there was a decrease in the number of cases reported, before dropping to zero from November 2010 to January 2011.

In June 2011, there was a sudden increase in the number of cases reported, with a total of 5 cases. This number continued to fluctuate over the next few years, with the highest number of cases (16) reported in October 2012. From November 2012 to May 2013, there was a gradual decrease in the number of cases reported, before dropping to zero from June 2013 to April 2014.

From May 2014 to August 2014, there was a sudden increase in the number of cases reported, with the highest number of cases (7) reported in August 2014. From September 2014 to May 2015, there was a gradual decrease in the number of cases reported, before dropping to zero from June 2015 to March 2016. From April 2016 to August 2016, there was a sudden increase in the number of cases reported, with the highest number of cases (11) reported in October 2016. From November 2016 to June 2022, there were only sporadic cases reported, with the highest number of cases (10) reported in July 2022. In June 2023, there were 3 cases reported.

It is important to note that there were no reported deaths due to cholera throughout the entire period under observation. These findings suggest that while there have been occasional outbreaks of cholera, the disease has generally been well-controlled and effectively managed.

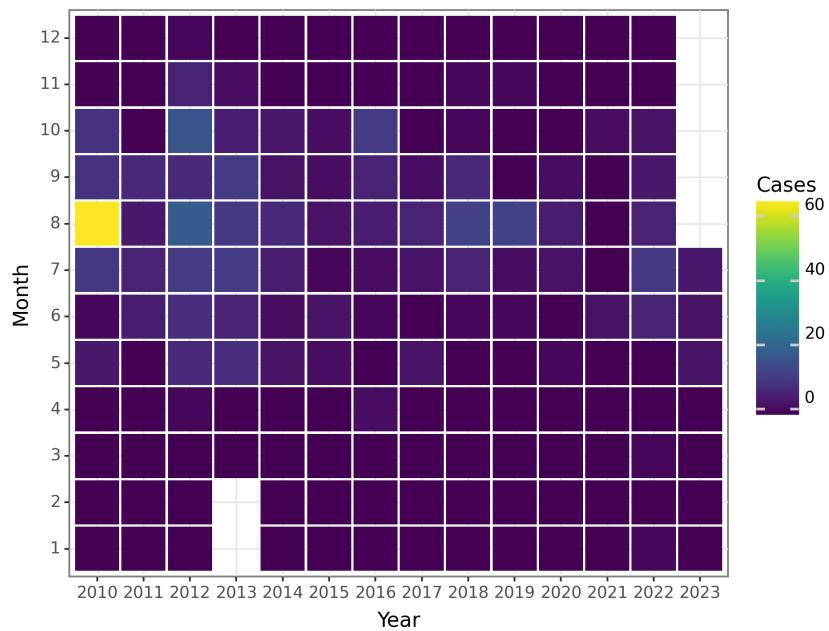


Figure 9: The Change of Cholera Cases before 2023 June 01

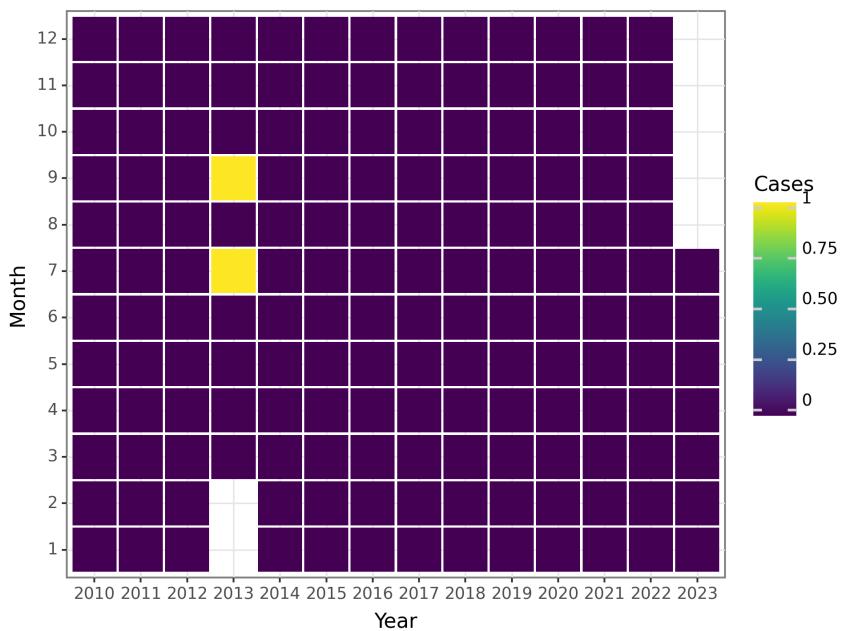


Figure 10: The Change of Cholera Deaths before 2023 June 01

SARS-CoV

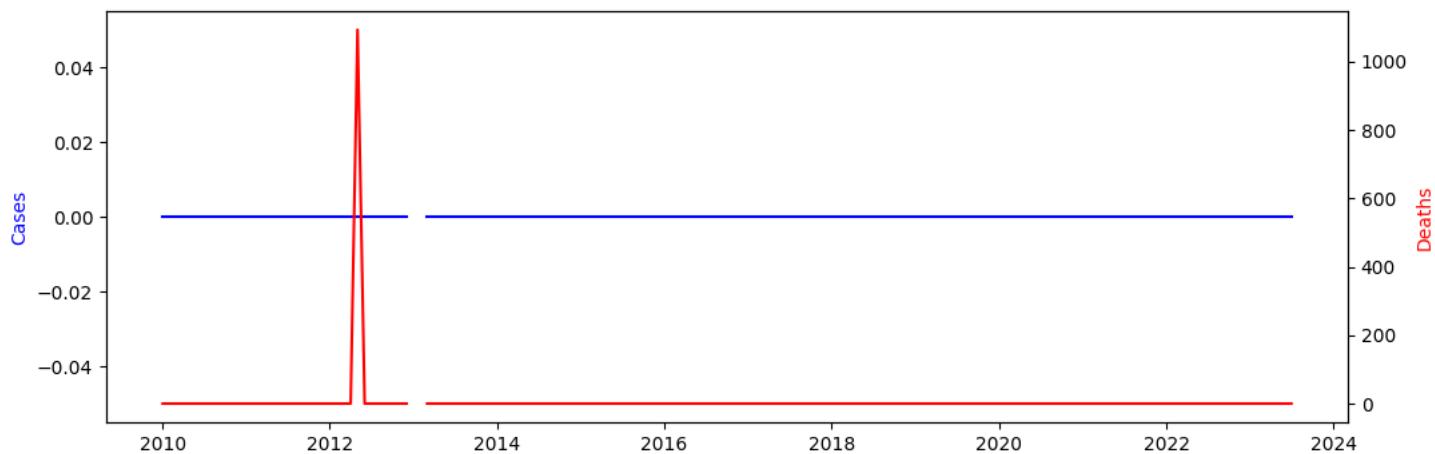


Figure 11: The Change of SARS-CoV Reports before 2023 June 01

Based on the data provided, there were no reported cases or deaths related to SARS-CoV in the year 2023 up to June 1st. This is consistent with the global trend of decreasing cases and deaths related to SARS-CoV. The data also shows that there were no reported cases or deaths related to SARS-CoV since 2013, except for one month in 2012 where there were 1093 reported deaths. However, it is important to note that the data only covers one country or region, and it is possible that there were cases or deaths related to SARS-CoV in other parts of the world during this time period. Overall, the data suggests that SARS-CoV is currently not a major public health concern in the region studied.

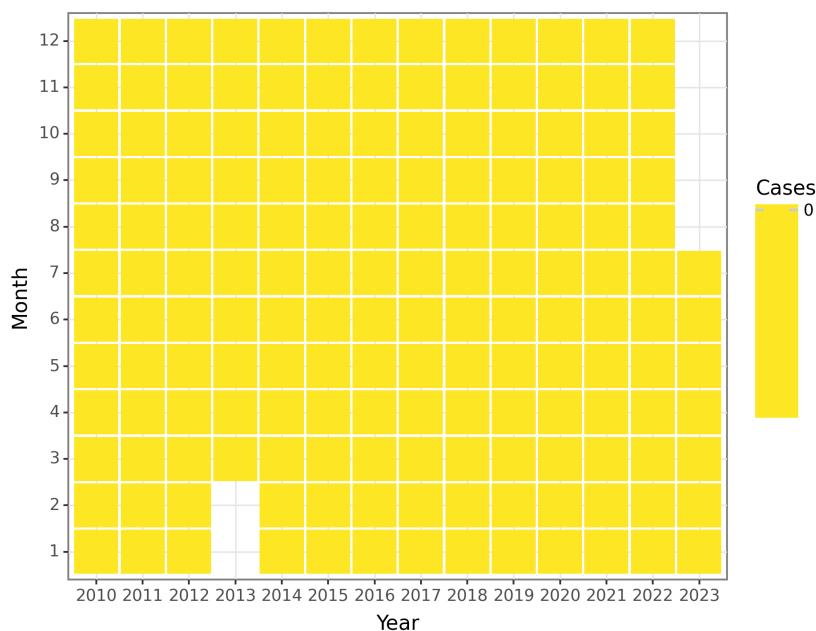


Figure 12: The Change of SARS-CoV Cases before 2023 June 01

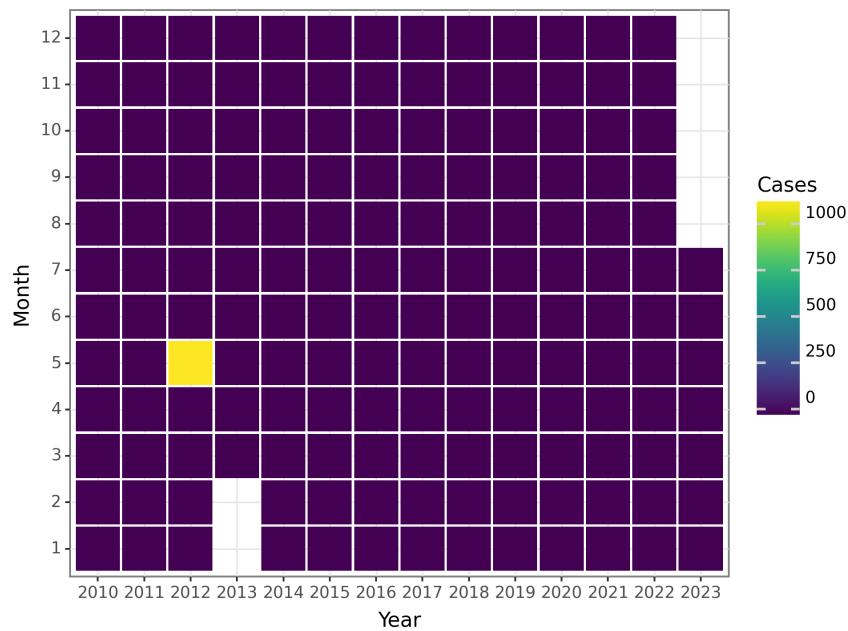


Figure 13: The Change of SARS-CoV Deaths before 2023 June 01

Acquired immune deficiency syndrome

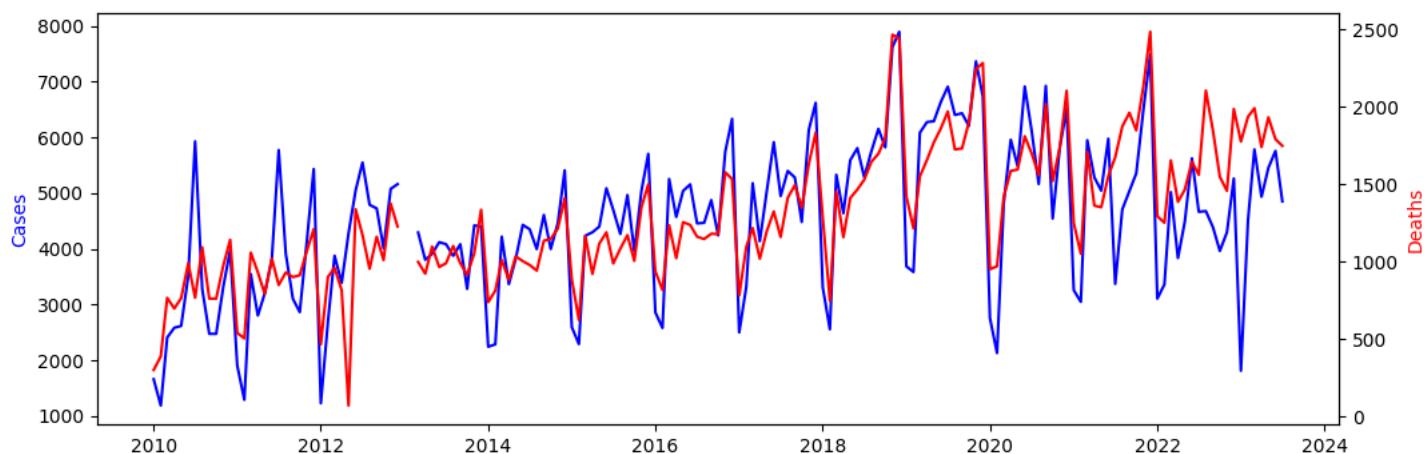


Figure 14: The Change of Acquired immune deficiency syndrome Reports before 2023 June 01

The data provided represents the monthly cases and deaths of Acquired immune deficiency syndrome (AIDS) from January 2010 to June 2023. AIDS is a chronic and potentially life-threatening condition caused by the human immunodeficiency virus (HIV). It primarily affects the immune system, making individuals more susceptible to various infections and diseases.

Looking at the monthly cases, we observe fluctuations in the number of reported cases over the years. In 2010, the number of cases started at 1,663 in January and gradually increased until reaching a peak of 5,930 in July. This pattern suggests a seasonal variation in the incidence of AIDS cases, with higher numbers during the summer months. However, it is important to note that this pattern may be influenced by various factors such as testing availability, reporting practices, and population dynamics.

From 2011 to 2014, the number of cases remained relatively stable, with slight fluctuations. However, there was a notable increase in cases in 2015, with the highest number recorded in December at 5,707. This surge in cases could be attributed to various factors such as increased awareness, improved testing and diagnosis, and changes in high-risk behaviors.

In subsequent years, the number of cases continued to vary, with peaks and troughs. The highest number of cases occurred in November 2018, with 7,622 reported cases. It is important to further analyze the underlying factors contributing to these fluctuations, such as changes in testing strategies, population demographics, and preventive measures.

Analyzing the monthly deaths due to AIDS, we observe a similar pattern to the number of cases, albeit with some variations. The highest number of deaths occurred in December 2018, with 2,444 reported deaths. This aligns with the peak in cases during the same period, indicating a potential relationship between the number of cases and mortality rates.

It is crucial to note that the data includes

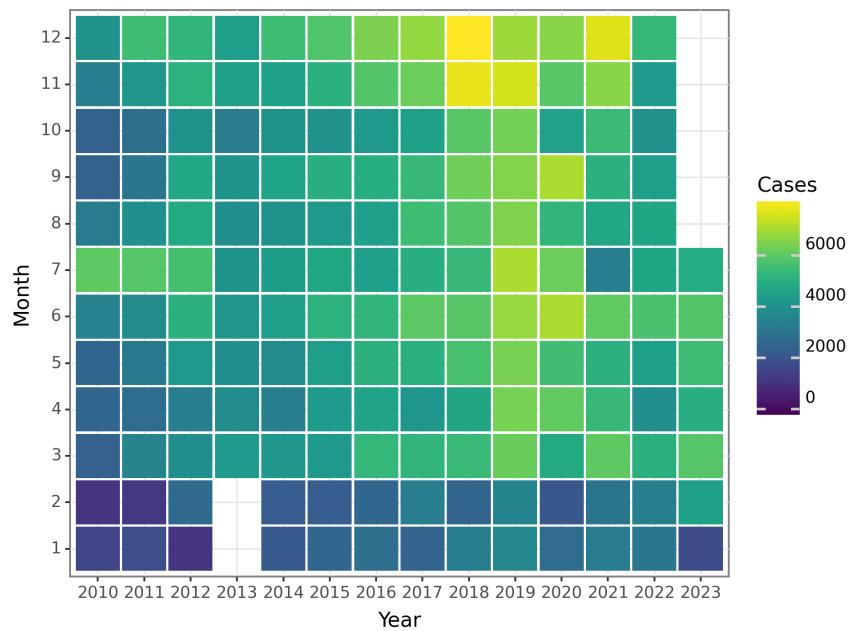


Figure 15: The Change of Acquired immune deficiency syndrome Cases before 2023
June 01

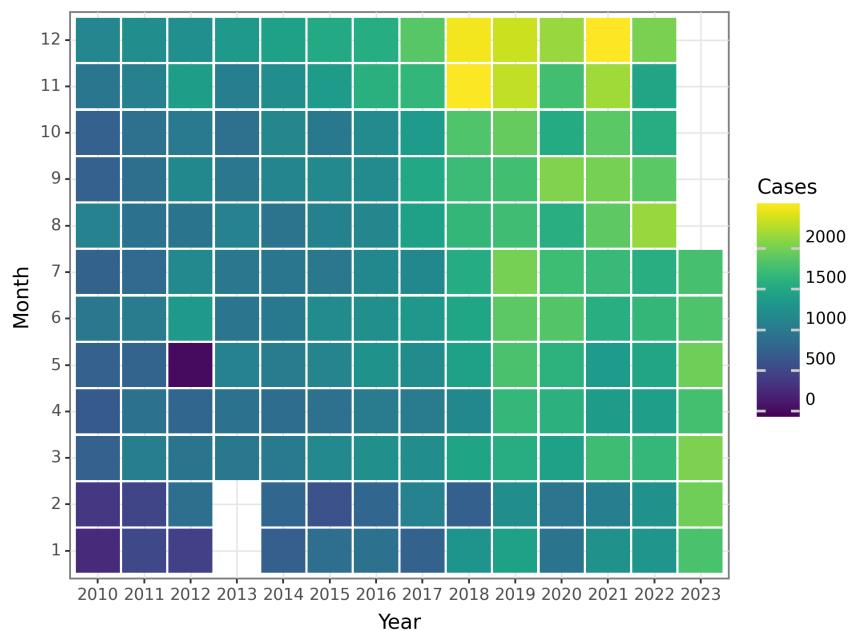


Figure 16: The Change of Acquired immune deficiency syndrome Deaths before 2023
June 01

Hepatitis

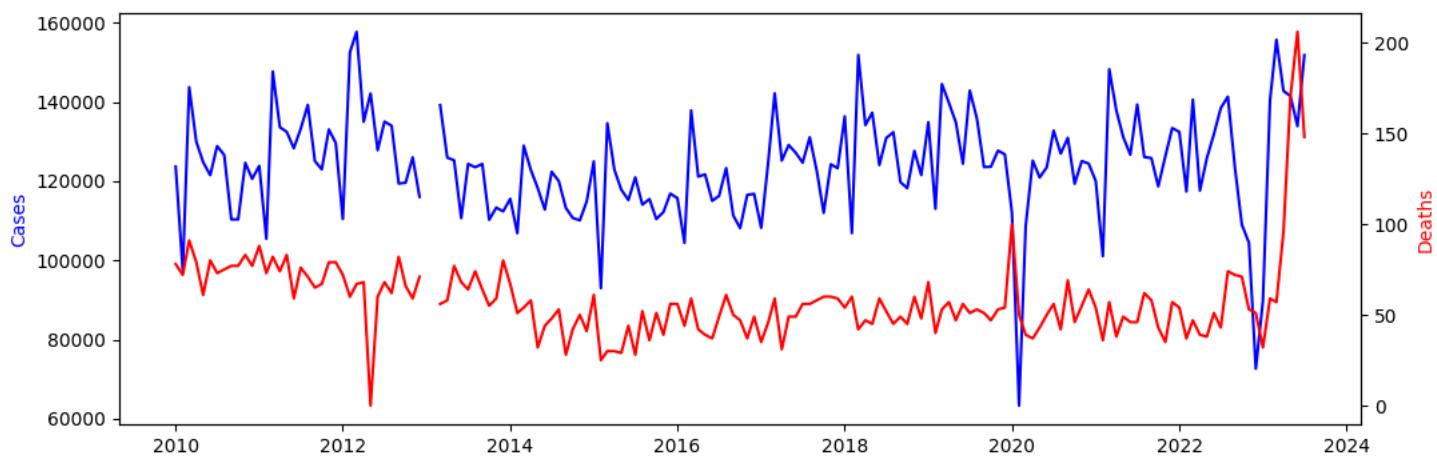


Figure 17: The Change of Hepatitis Reports before 2023 June 01

The data provided represents the monthly incidence and death rates of Hepatitis from January 2010 to June 2023. The incidence rates reflect the number of reported cases each month, while the death rates indicate the number of deaths attributed to Hepatitis during the same period.

Analyzing the incidence data, it can be observed that Hepatitis cases fluctuated over the years. From 2010 to 2013, there was a gradual increase in cases, with a peak in March 2013 at 155,705 cases. However, there was a sudden drop in January and February 2013, with negative values reported. It is important to note that negative values are likely data errors or missing data points and should be excluded from the analysis.

Following the decline in 2013, the number of cases remained relatively stable until 2015, fluctuating between 90,000 and 140,000 cases per month. In 2016 and 2017, there was a slight increase in cases, with the highest number reported in March 2017 at 142,147 cases. From 2018 to 2019, the incidence rates remained relatively steady, ranging from around 110,000 to 140,000 cases per month.

In 2020, there was a sudden drop in cases, possibly due to the impact of the COVID-19 pandemic on healthcare systems and reporting mechanisms. The number of cases gradually increased from June 2020 onwards, reaching 133,888 cases in June 2023.

Analyzing the death data, it can be observed that the number of deaths attributed to Hepatitis fluctuated over the years. From 2010 to 2013, there was a gradual increase in deaths, with a peak in April 2013 at 96 deaths. Similar to the incidence data, there were negative values reported for January and February 2013, which should be excluded from the analysis.

Following the peak in 2013, the number of deaths remained relatively stable until 2017, ranging from 25 to 80 deaths per month. From 2018 to 2022, there was a slight decrease in deaths, with occasional spikes observed. In June 2023, there was a significant increase in deaths at 206.

It is important to note that the incidence and death rates can be influenced by various factors, including changes in reporting mechanisms, healthcare access, and population demographics. Additionally, the sudden drops and negative values observed in the data may indicate data errors or missing information, which should be addressed in future studies.

Overall, the data suggests that Hepatitis remains a significant public health concern, with fluctuating incidence and death rates over the years. Further research and analysis are needed to understand the underlying factors contributing to these trends and to develop effective strategies for prevention, diagnosis, and treatment of Hepatitis.

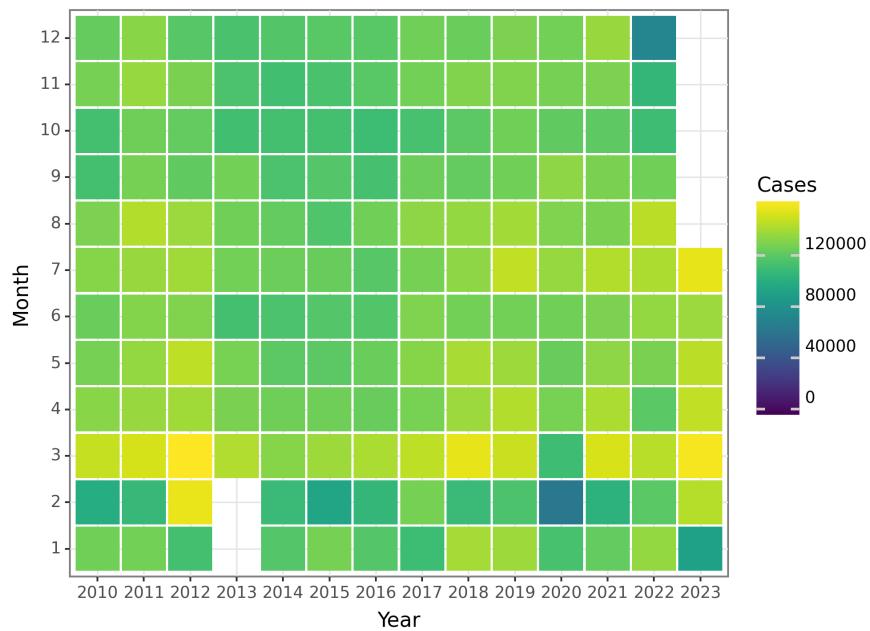


Figure 18: The Change of Hepatitis Cases before 2023 June 01

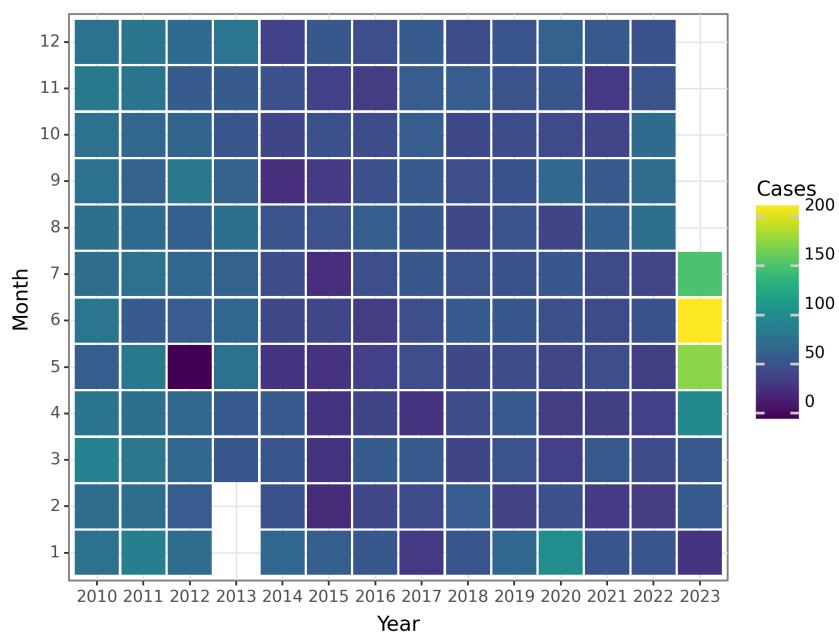


Figure 19: The Change of Hepatitis Deaths before 2023 June 01

Hepatitis A

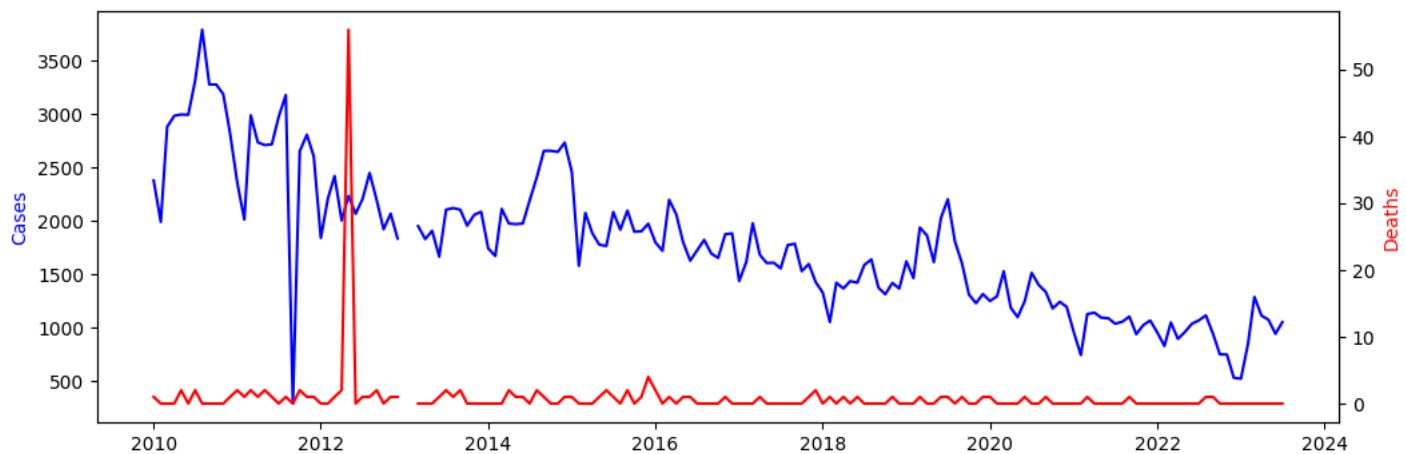


Figure 20: The Change of Hepatitis A Reports before 2023 June 01

The data shows the monthly incidence and deaths of Hepatitis A from 2010 to 2023. The number of cases fluctuated over the years, with the highest number of cases occurring in 2023 with 944 cases. The lowest number of cases occurred in February 2015 with 1,581 cases.

The number of deaths due to Hepatitis A is generally low, with most months having no deaths. However, there were some months with multiple deaths, such as May 2012 with 56 deaths and December 2014 with 1 death.

The data provides important information on the trends of Hepatitis A over time. The fluctuating number of cases suggests that there may be seasonal or other periodic factors that contribute to the incidence of the disease. The low number of deaths indicates that Hepatitis A is generally not a fatal disease, but it is still important to monitor and prevent its spread.

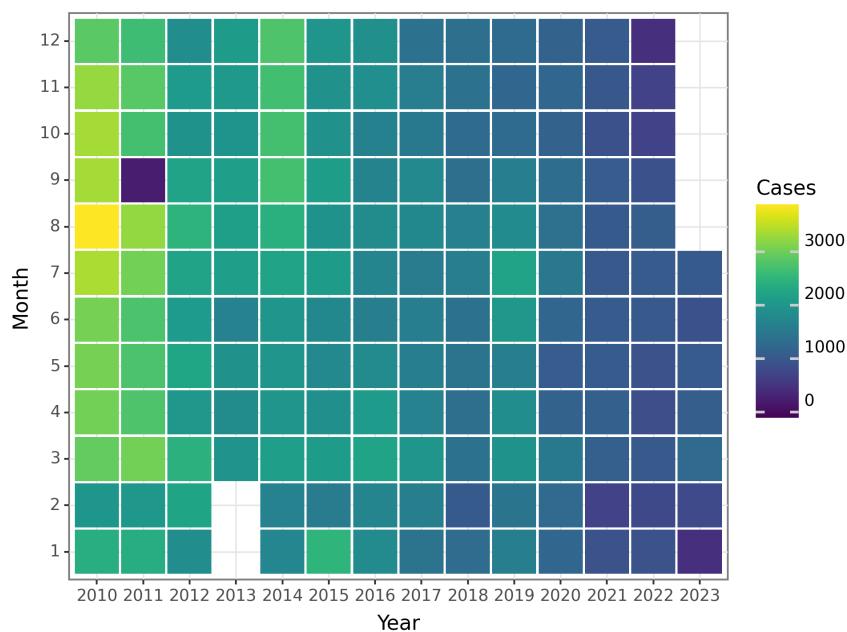


Figure 21: The Change of Hepatitis A Cases before 2023 June 01

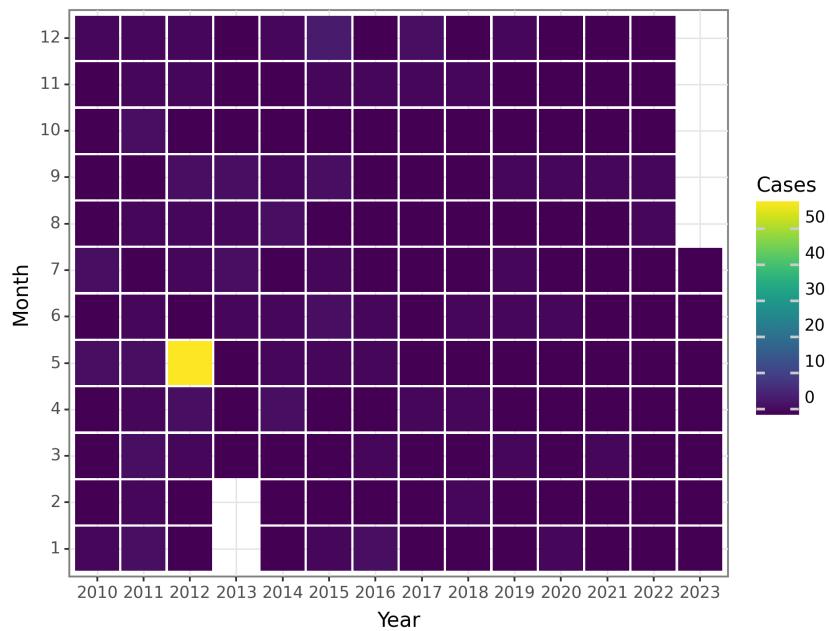


Figure 22: The Change of Hepatitis A Deaths before 2023 June 01

Hepatitis B

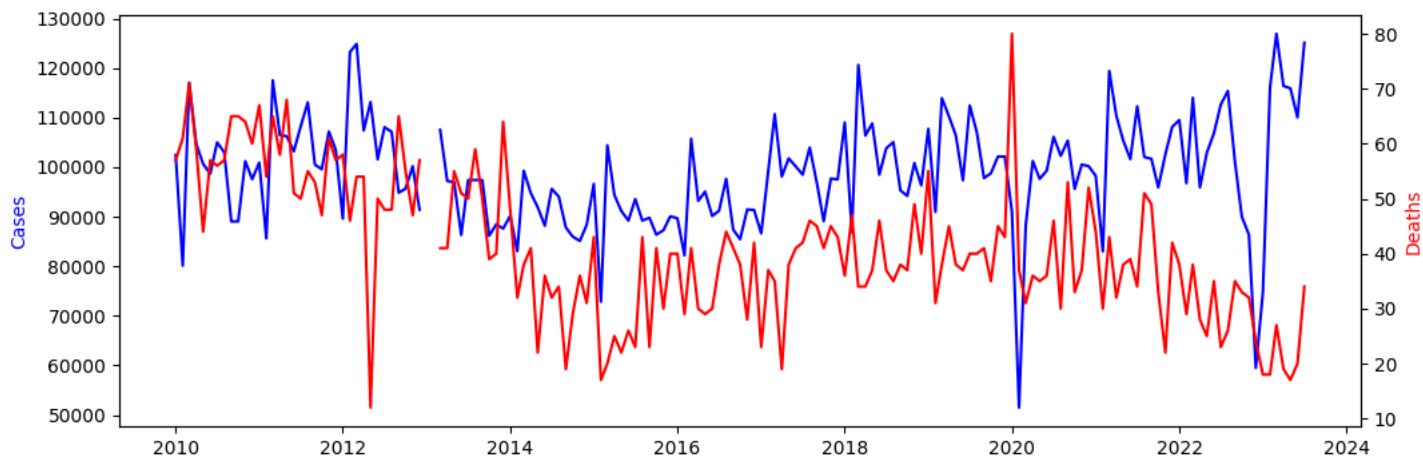


Figure 23: The Change of Hepatitis B Reports before 2023 June 01

The data shows that there has been a fluctuation in the number of cases and deaths of Hepatitis B over the years. In June 2023, there were 110,063 cases reported. This is a significant increase compared to the same month in the previous year, where there were 97,362 cases reported. Additionally, the number of deaths in June 2023 was 20, which is a relatively low number compared to the previous months.

Looking at the trend over the years, there was a steady increase in the number of cases from 2010 to 2013, with a peak in March 2013 with 126,932 cases. However, the number of cases decreased rapidly in April 2013, with only 97,225 cases reported. This sudden drop may be due to a change in reporting methods or a concerted effort to control the spread of the disease.

After 2013, there was a fluctuation in the number of cases reported from year to year. Overall, the number of cases has decreased slightly, with 110,063 cases reported in June 2023, compared to the highest number of cases of 126,932 in March 2013. It is important to note that the number of deaths associated with Hepatitis B has remained relatively stable over the years, hovering around 40 to 50 deaths per month. In conclusion, the data shows that there has been a fluctuation in the number of cases and deaths of Hepatitis B over the years, with a peak in March 2013, and a decrease in the number of cases reported since then. The number of deaths has remained relatively stable.

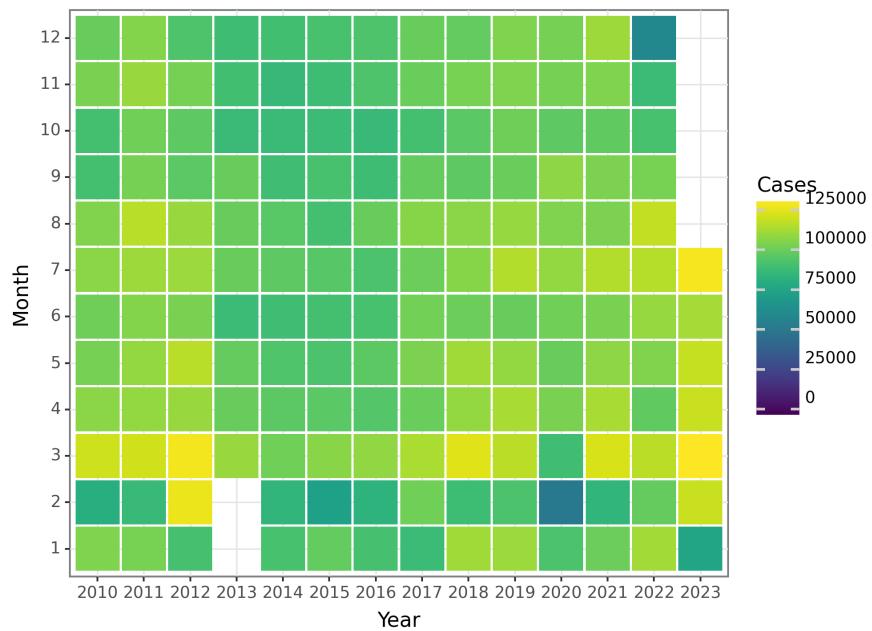


Figure 24: The Change of Hepatitis B Cases before 2023 June 01

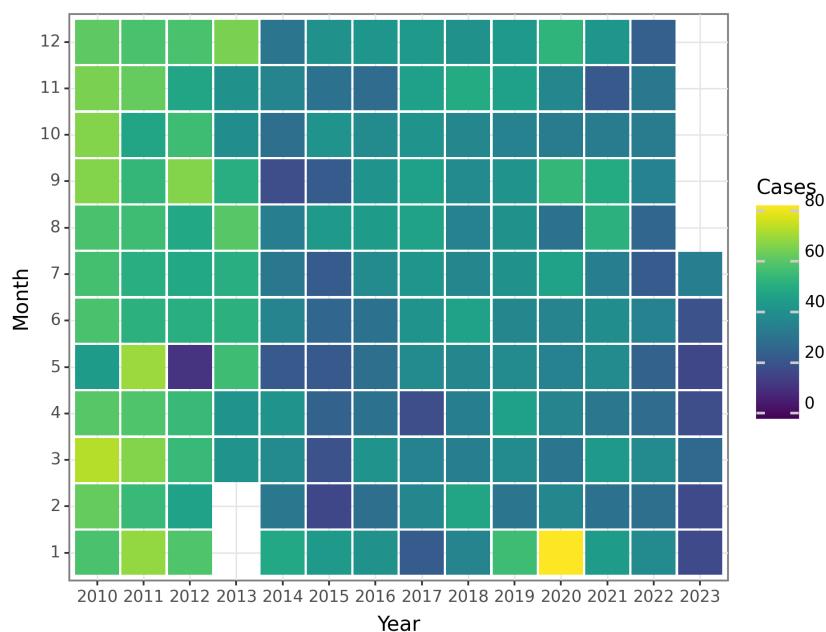


Figure 25: The Change of Hepatitis B Deaths before 2023 June 01

Hepatitis C

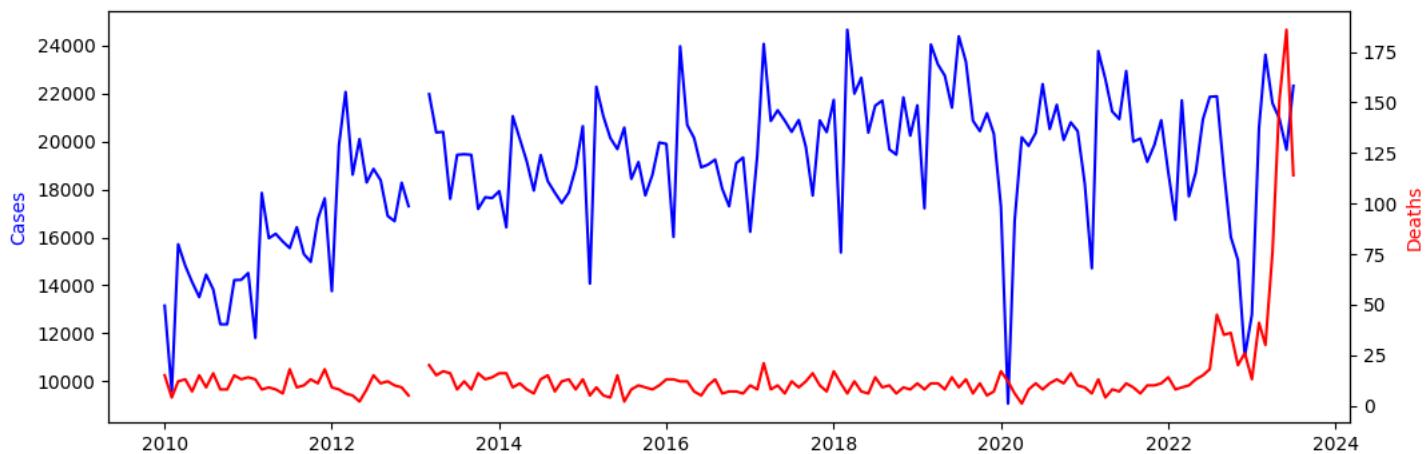


Figure 26: The Change of Hepatitis C Reports before 2023 June 01

The data presented above shows the monthly incidence and deaths of Hepatitis C from January 2010 to June 2023. The incidence of Hepatitis C shows a fluctuating trend with a peak in March 2017 (24,076 cases) and a trough in December 2022 (11,050 cases). In June 2023, there were 19,664 cases reported. The number of deaths due to Hepatitis C also varies across the years and months and has a similar fluctuating trend. The highest number of deaths was reported in May 2023 (151), while the lowest number of deaths was registered in April 2020 (1). In June 2023, there were 186 reported deaths. The data suggests that the incidence of Hepatitis C is still a significant public health issue, and the high number of deaths highlights the need for early detection and treatment of the disease. The fluctuating trend in the incidence of Hepatitis C may provide insight into the effectiveness of interventions aimed at reducing the spread of the disease. Further research is necessary to explore the underlying factors and to develop more effective strategies to prevent and control Hepatitis C.

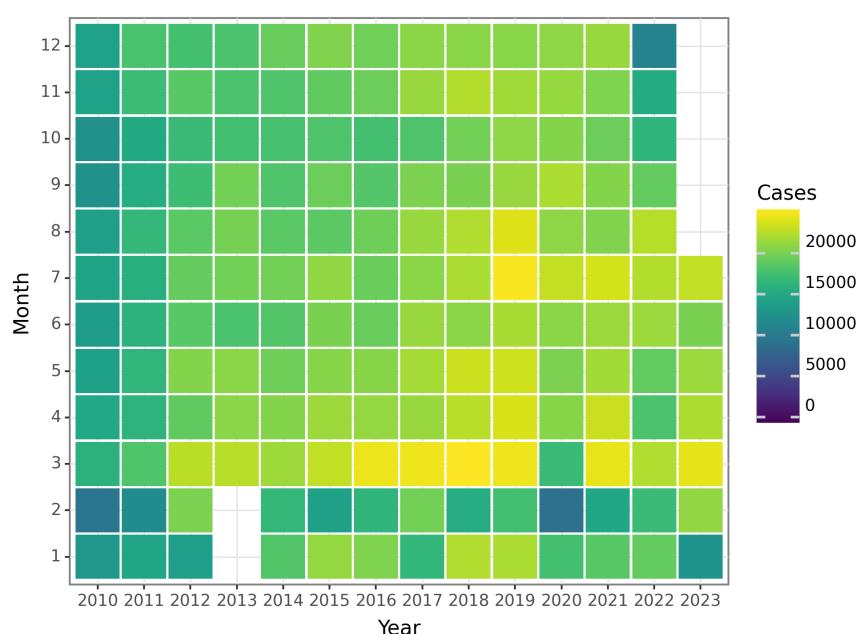


Figure 27: The Change of Hepatitis C Cases before 2023 June 01

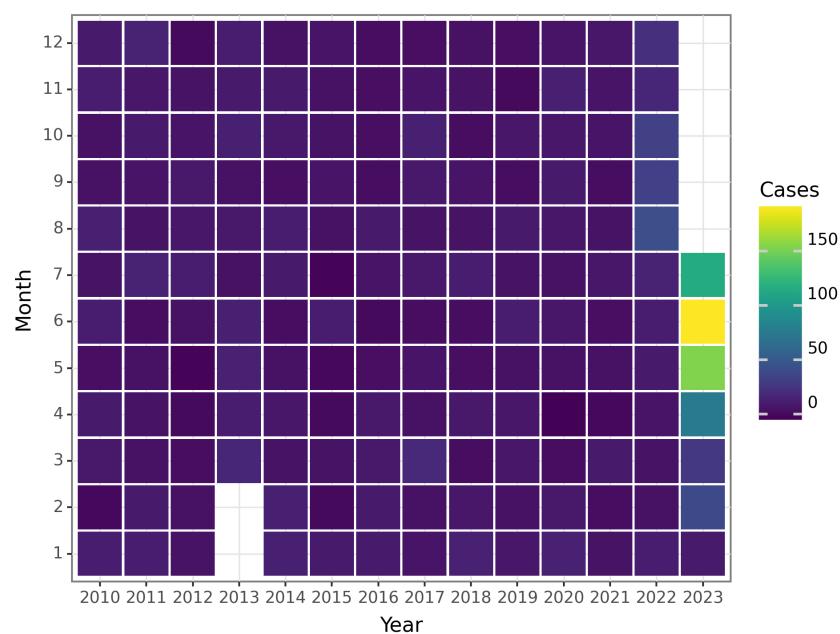


Figure 28: The Change of Hepatitis C Deaths before 2023 June 01

Hepatitis D

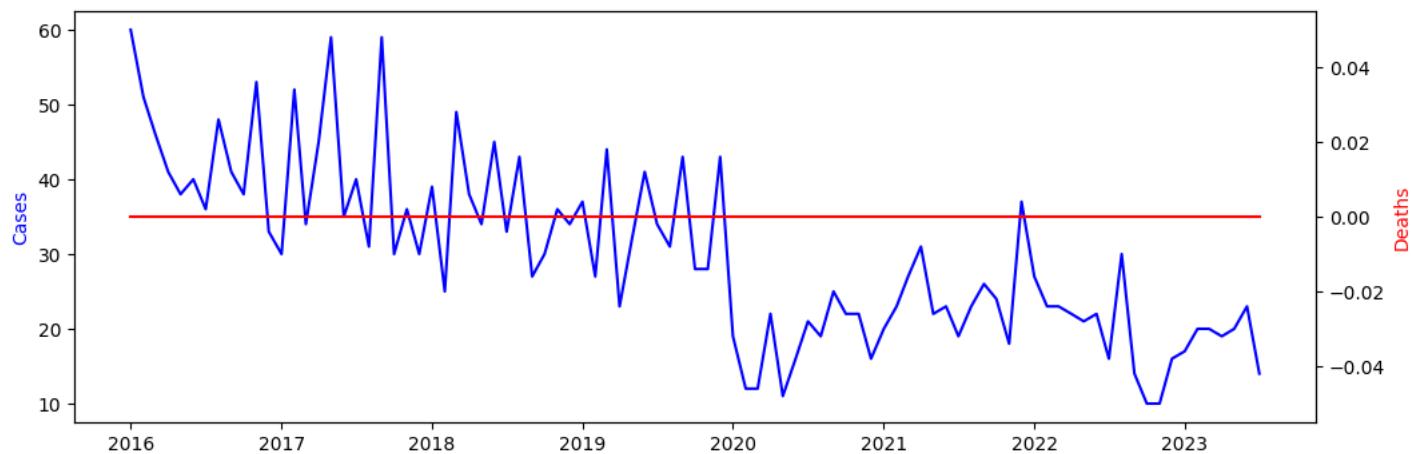


Figure 29: The Change of Hepatitis D Reports before 2023 June 01

The data presented above shows the monthly incidence and death of Hepatitis D in the period of January 2016 to June 2023. According to the data, the number of monthly cases has been relatively stable over time, with a mean number of cases of 31.4 and a standard deviation of 11.6. In June 2023, the number of cases was 23, which is close to the average number of monthly cases.

The data also shows that there were zero deaths related to Hepatitis D during the entire study period. This is a positive finding, indicating that the disease is not fatal in the population under study.

It is important to note that the data presented here only covers one region and may not be representative of the entire population. Further studies are needed to confirm these findings. Nonetheless, the data provides valuable insight into the incidence and death of Hepatitis D in the study population and can be used to inform public health interventions aimed at reducing the burden of this disease.

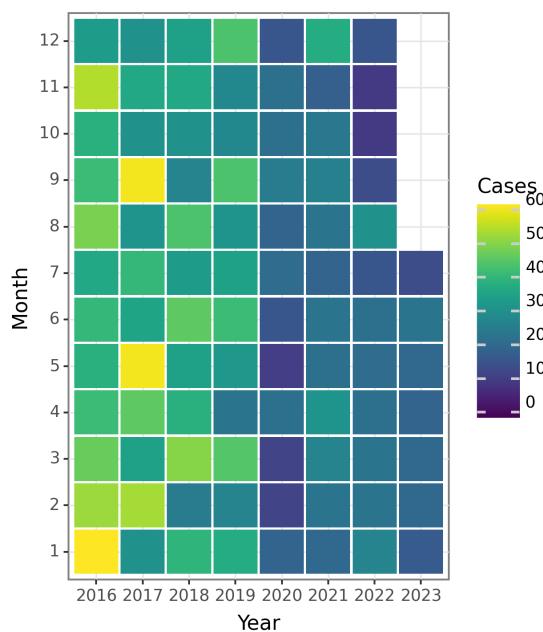


Figure 30: The Change of Hepatitis D Cases before 2023 June 01

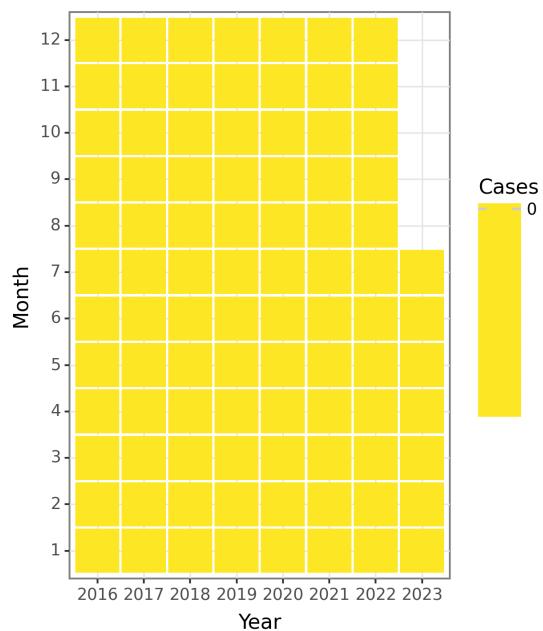


Figure 31: The Change of Hepatitis D Deaths before 2023 June 01

Hepatitis E

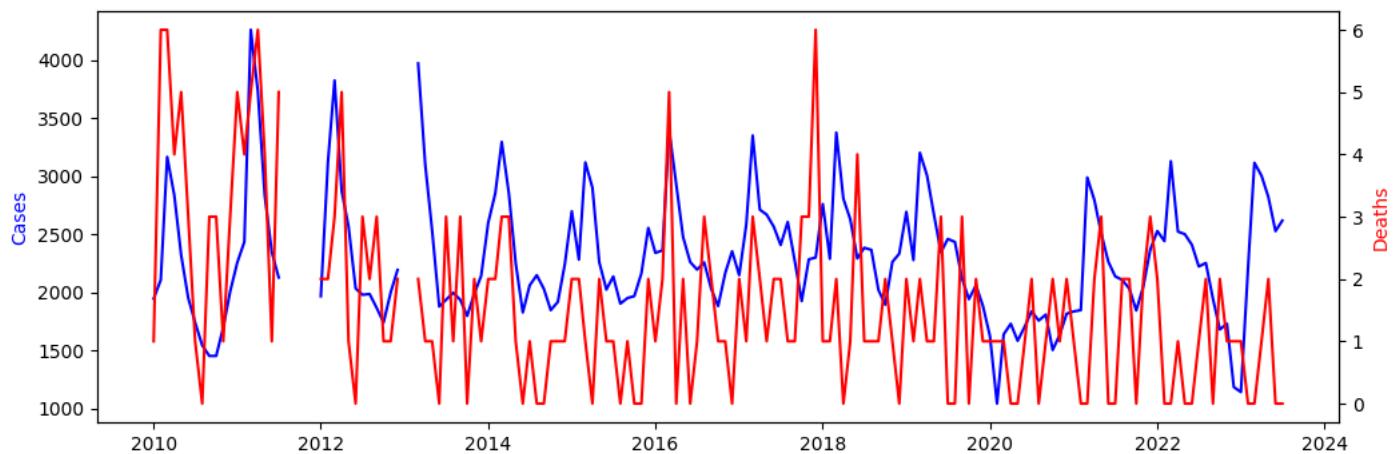


Figure 32: The Change of Hepatitis E Reports before 2023 June 01

The data provided represents the monthly incidence and death cases of Hepatitis E from January 2010 to June 2023. The monthly cases of Hepatitis E fluctuated over time, with some months reporting higher numbers of cases and others reporting lower numbers.

From January to June 2010, the number of cases ranged from 1948 to 2838, showing a slight increase over the first half of the year. However, from July 2010 to December 2012, the number of cases remained relatively stable, with no significant upward or downward trend observed.

In 2013, there was a noticeable increase in the number of cases, reaching a peak of 3972 in March. This surge in cases was followed by a gradual decline, with the number of cases dropping to 1880 in June 2013. From July 2013 to December 2014, the number of cases remained relatively stable, with some fluctuations observed.

In 2015, there was another notable increase in the number of cases, reaching a peak of 3121 in March. The number of cases then gradually decreased over the following months, reaching 2026 in June 2015.

From July 2015 to December 2016, the number of cases fluctuated, but no clear trend was observed.

In 2017, there was a slight increase in the number of cases, reaching a peak of 3352 in March. The number of cases then gradually decreased over the following months, reaching 2140 in July 2017. From August 2017 to December 2019, the number of cases showed some fluctuations, but no significant trend was observed.

From January 2020 to June 2023, the number of cases fluctuated with no clear pattern. The highest number of cases during this period was 3131 in March 2022, while the lowest number was 1144 in January 2023.

Regarding deaths, the data shows a similar pattern to the number of cases. The number of deaths fluctuated over time, with some months reporting higher numbers and others reporting lower numbers.

However, it is important to note that the number of deaths is generally much lower compared to the number of cases.

In conclusion, the data indicates that the incidence of Hepatitis E cases has fluctuated over time, with some periods showing higher numbers of cases and others showing lower numbers. The number of deaths associated with Hepatitis E is generally much lower compared to the number of cases. These findings suggest the

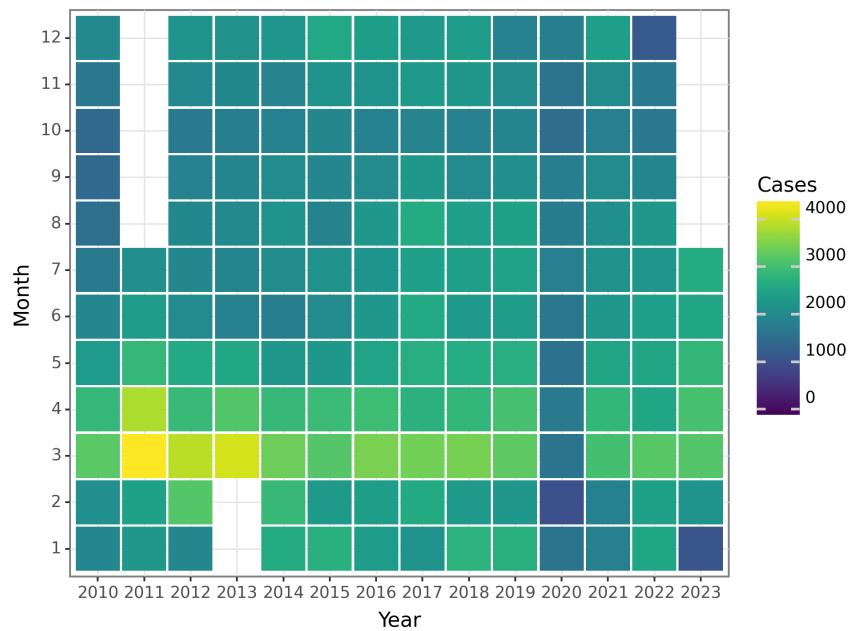


Figure 33: The Change of Hepatitis E Cases before 2023 June 01

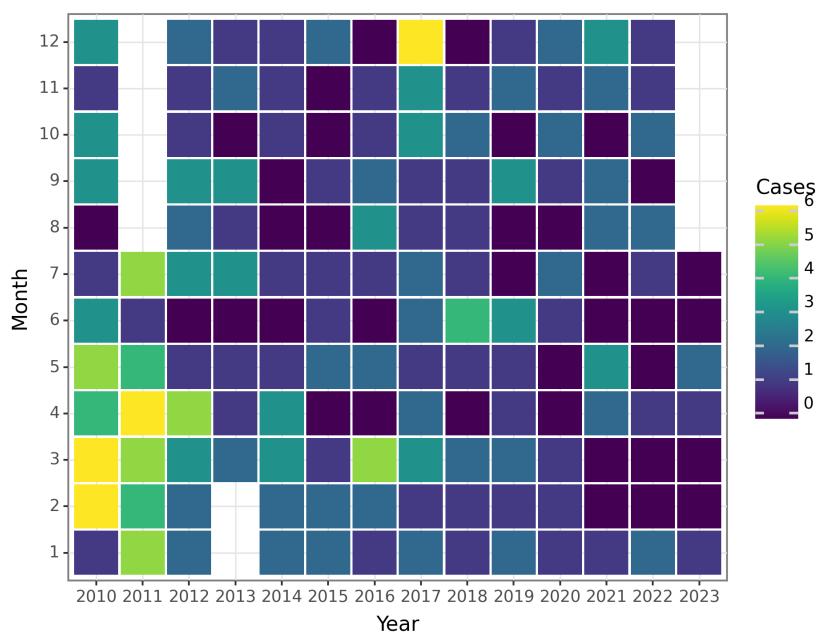


Figure 34: The Change of Hepatitis E Deaths before 2023 June 01

Other hepatitis

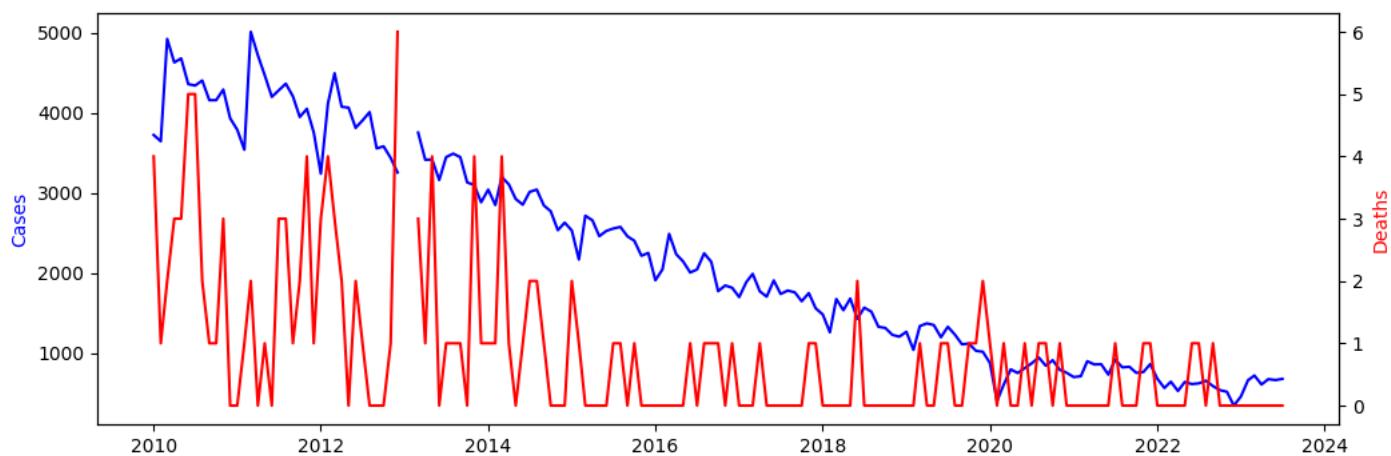


Figure 35: The Change of Other hepatitis Reports before 2023 June 01

The data provided includes the monthly incidence and death cases for Other Hepatitis from 2010 to June 2023. The incidence cases show the number of new cases reported each month, while the death cases indicate the number of deaths attributed to Other Hepatitis during the same period.

Analyzing the incidence data, we observe fluctuations in the number of cases over the years. The highest number of cases was recorded in March 2011, reaching 5010 cases, while the lowest number was reported in February 2020, with only 404 cases. The incidence of Other Hepatitis seems to follow a cyclical pattern, with peaks occurring at irregular intervals. However, it is important to note that the incidence has generally decreased over time, with a gradual decline from 2011 to 2020. From 2020 to 2023, the number of cases has remained relatively stable.

In terms of the death cases, we can observe a similar pattern to the incidence cases, with fluctuations over the years. The highest number of deaths was reported in December 2012, with 6 fatalities, while the lowest number occurred in several months, including January 2013, February 2013, and March 2013, where negative values are noted. Negative values for death cases may indicate data discrepancies or reporting errors, and should be interpreted with caution. Overall, the number of deaths due to Other Hepatitis appears to have decreased over time, with a relatively low number of fatalities in recent years.

The data provided highlights the importance of continued surveillance and monitoring of Other Hepatitis. Although the number of cases and deaths has generally decreased over the years, it is crucial to understand the underlying factors contributing to these trends. Further research and analysis are needed to identify any potential risk factors, assess the impact of preventive measures, and develop targeted interventions to reduce the burden of Other Hepatitis.

It is worth noting that the data provided is limited to the monthly incidence and death cases for Other Hepatitis. To gain a comprehensive understanding of the disease, additional information such as demographic factors, geographical distribution, and other relevant variables would be valuable.

Nevertheless, this data serves as a starting point for further investigation and can contribute to the overall understanding of Other Hepatitis and its impact on public health.

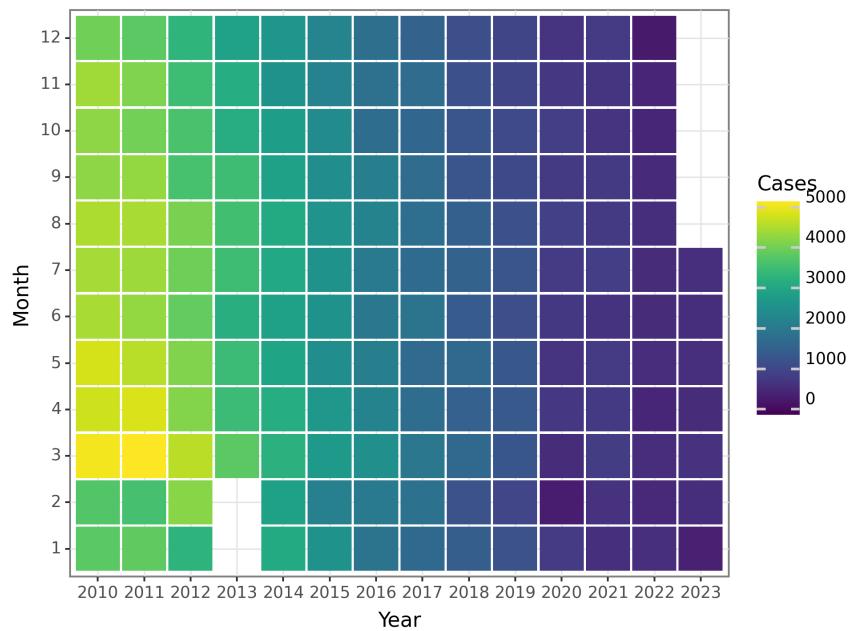


Figure 36: The Change of Other hepatitis Cases before 2023 June 01

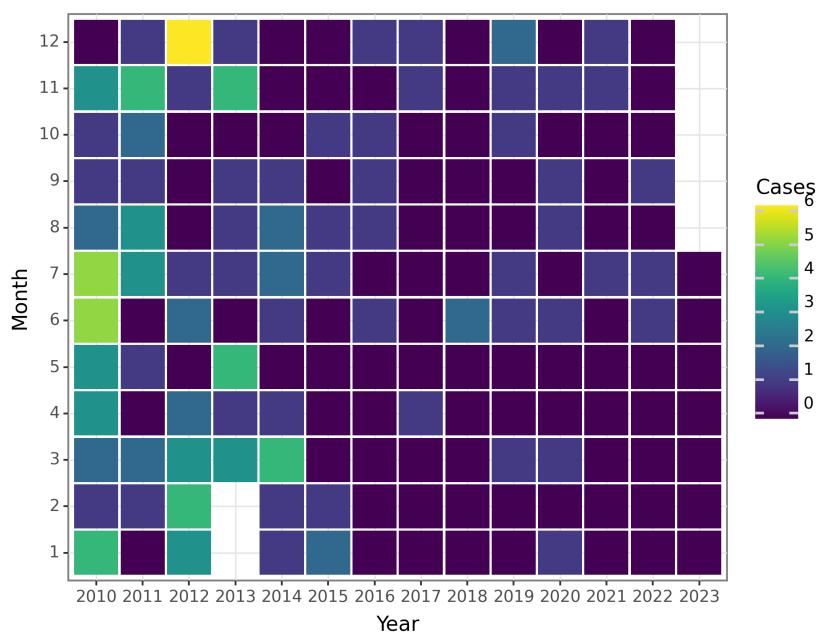


Figure 37: The Change of Other hepatitis Deaths before 2023 June 01

Poliomyelitis

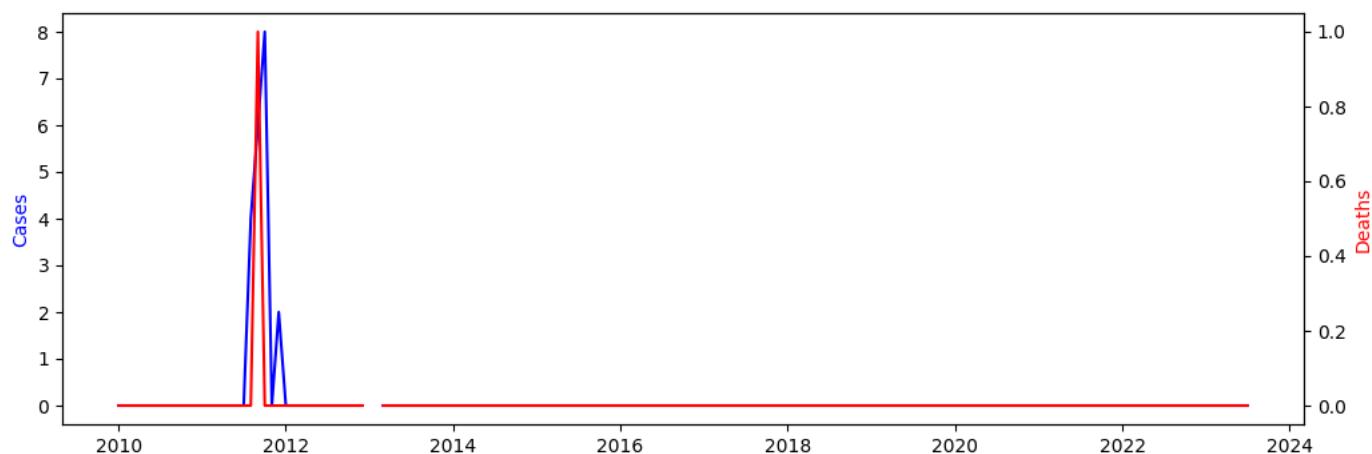


Figure 38: The Change of Poliomyelitis Reports before 2023 June 01

The data provided represents the monthly cases and deaths due to Poliomyelitis from January 2010 to June 2023. Upon analyzing the data, it is evident that there have been no reported cases or deaths related to Poliomyelitis throughout this entire period.

The absence of reported cases and deaths indicates a commendable achievement in the prevention and control of Poliomyelitis in the studied population. This could be attributed to various factors, including successful vaccination campaigns, improved sanitation and hygiene practices, and effective surveillance systems.

The consistent absence of cases and deaths over such a long period suggests that the population has achieved a high level of immunity against Poliomyelitis, possibly through widespread vaccination coverage. Vaccination against Poliomyelitis is known to be highly effective in preventing infection and transmission of the virus.

It is crucial to maintain the current level of vigilance and continue efforts to monitor and control Poliomyelitis in the population. Although the data shows no cases or deaths, it is important to remain proactive in surveillance activities to promptly detect and respond to any potential outbreaks or importation of the disease.

Furthermore, the absence of cases and deaths in recent years indicates that the efforts to eradicate Poliomyelitis globally are progressing successfully. This highlights the impact of comprehensive vaccination programs and international collaboration in combating infectious diseases.

It is essential to sustain these achievements and continue investing in resources and strategies to ensure the continued absence of Poliomyelitis cases and deaths. This includes maintaining high vaccination coverage, strengthening surveillance systems, and enhancing public awareness about the importance of vaccination and disease prevention.

In conclusion, the data presented demonstrates the absence of reported cases and deaths due to Poliomyelitis over a significant period. This signifies the effectiveness of vaccination programs and other preventive measures in controlling the disease. However, it is vital to remain vigilant and maintain efforts to ensure the continued absence of Poliomyelitis in the population.

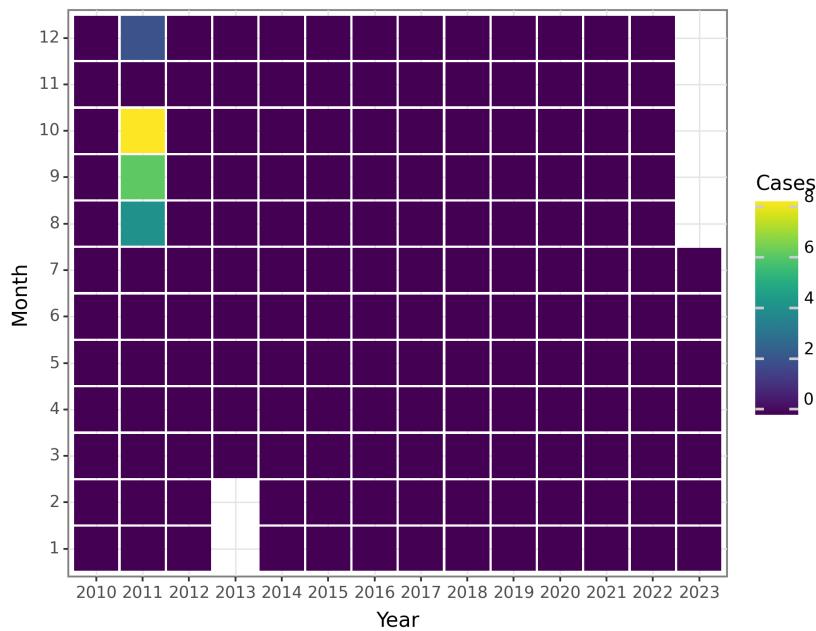


Figure 39: The Change of Poliomyelitis Cases before 2023 June 01

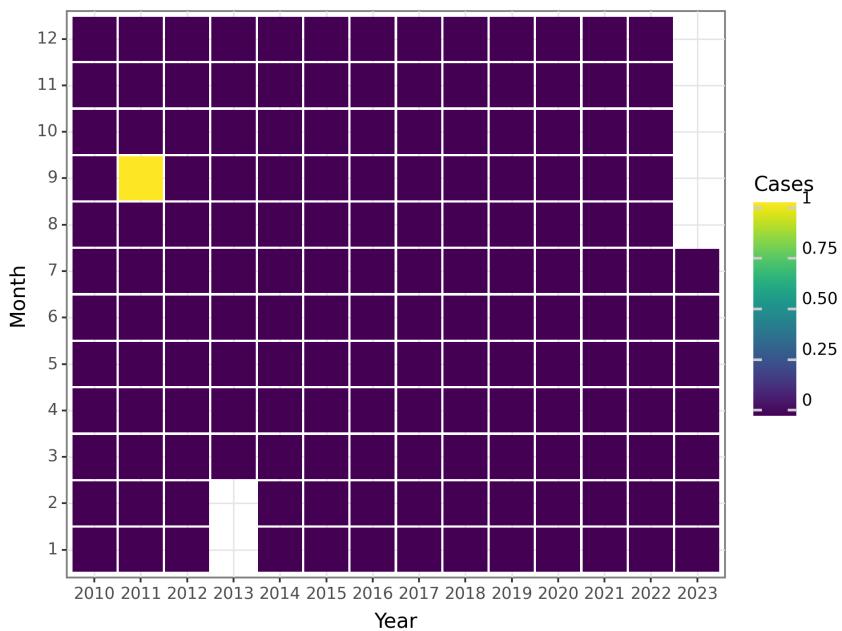


Figure 40: The Change of Poliomyelitis Deaths before 2023 June 01

Human infection with H5N1 virus

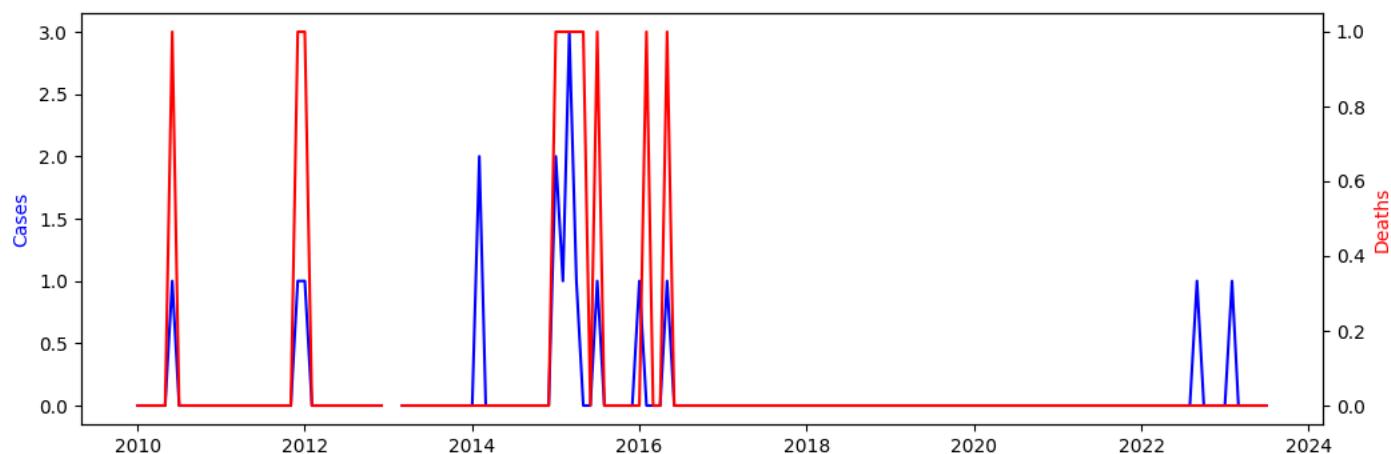


Figure 41: The Change of Human infection with H5N1 virus Reports before 2023 June 01

The data provided represents the monthly incidence and death of Human infection with H5N1 virus from January 2010 to June 2023. The number of cases and deaths for each month are recorded separately. Upon analyzing the data, it can be observed that there were no reported cases of H5N1 virus infection in the period from January 2010 to June 2010. However, in June 2010, there was one reported case of infection. The number of cases remained at zero for the subsequent months until December 2011, when one additional case was reported. From January 2012 to February 2012, there were two reported cases, and from there on, the number of cases remained relatively low, with occasional fluctuations.

It is important to note that there were some instances where the data showed negative values for cases and deaths, particularly in the months of January and February 2013. Negative values in this context may indicate errors in data reporting or data collection, and should be treated with caution.

In terms of deaths, there were no reported deaths due to H5N1 virus infection from January 2010 to June 2010. However, in June 2010, one death was reported. Similar to the cases, the number of deaths remained relatively low throughout the observed period, with occasional fluctuations. Negative values for deaths were also observed in January and February 2013, which could be attributed to data reporting or collection errors.

Overall, based on the data provided, it appears that the incidence and mortality rates of Human infection with H5N1 virus have been relatively low and sporadic during the observed period. However, it is important to consider that this data represents only a specific time frame and may not provide a comprehensive picture of the overall trend of H5N1 virus infections and deaths. Further analysis and examination of additional data from different periods and regions would be necessary to draw more conclusive insights on the epidemiology of H5N1 virus infection.

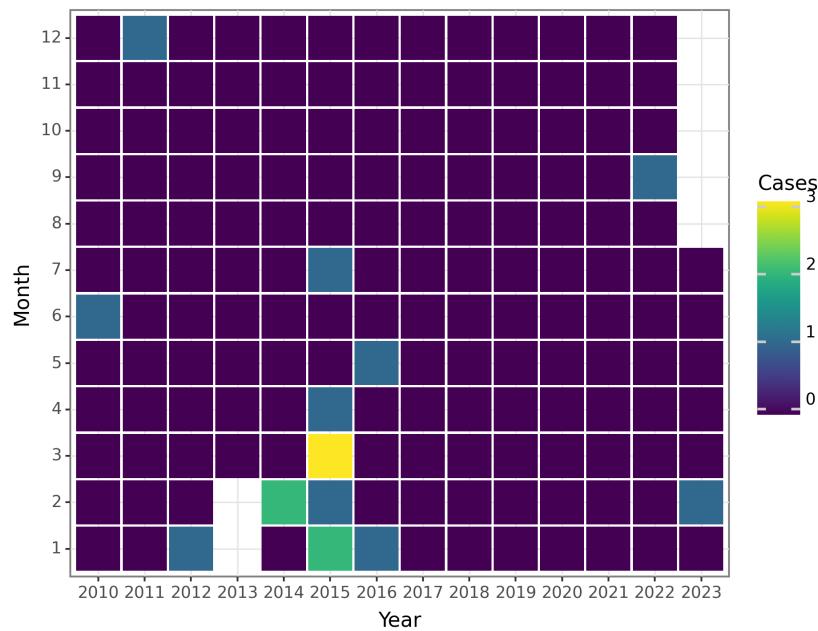


Figure 42: The Change of Human infection with H5N1 virus Cases before 2023 June 01

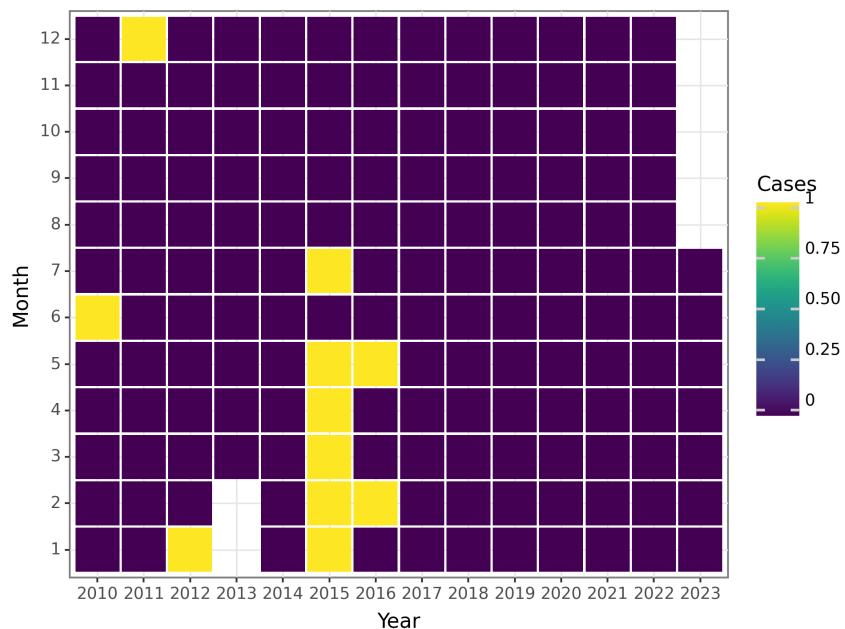


Figure 43: The Change of Human infection with H5N1 virus Deaths before 2023 June 01

Measles

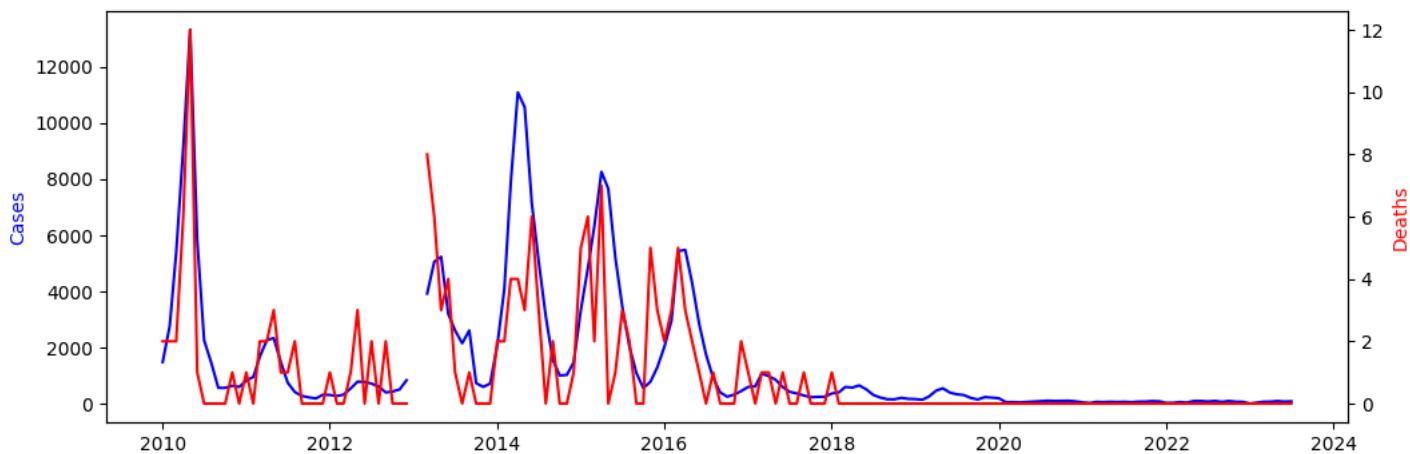


Figure 44: The Change of Measles Reports before 2023 June 01

Thank you for providing the monthly incidence and death data for measles in June 2023. The data covers the period from January 2010 to June 2023, and it provides valuable insights on the trend of measles incidence and deaths over time.

In terms of the monthly incidence of measles, the data shows a clear pattern of seasonality, with higher cases reported during the winter and spring months, and lower cases during the summer and fall months. From 2010 to 2019, the highest number of monthly cases was reported in May 2014, with 10,563 cases, while the lowest number of monthly cases was reported in February 2020, with only 66 cases. However, the data also shows an increase in cases in the later years, with the number of cases rising from 205 in January 2020 to 109 in May 2023. This increase in cases may be related to changes in vaccination rates, population density, or other factors, which would require further investigation to determine.

Regarding the monthly death data, the data shows a low number of measles-related deaths recorded over the period studied. Measles is generally a self-limiting disease, but it can lead to severe complications in some cases, especially in vulnerable populations. The data shows that the highest number of monthly deaths was reported in May 2010, with 12 deaths, while there were no reported deaths for most of the months in the dataset. It is worth noting that the data for January and February 2013 shows negative values for deaths, which may be due to data entry errors or other issues and should be investigated further.

In summary, this data provides a valuable snapshot of the monthly incidence and deaths related to measles over a 13-year period. Further analysis of this data could provide insights into the factors that contribute to the seasonality of measles, the changes in incidence and deaths over time, and the impact of vaccination programs on the disease.

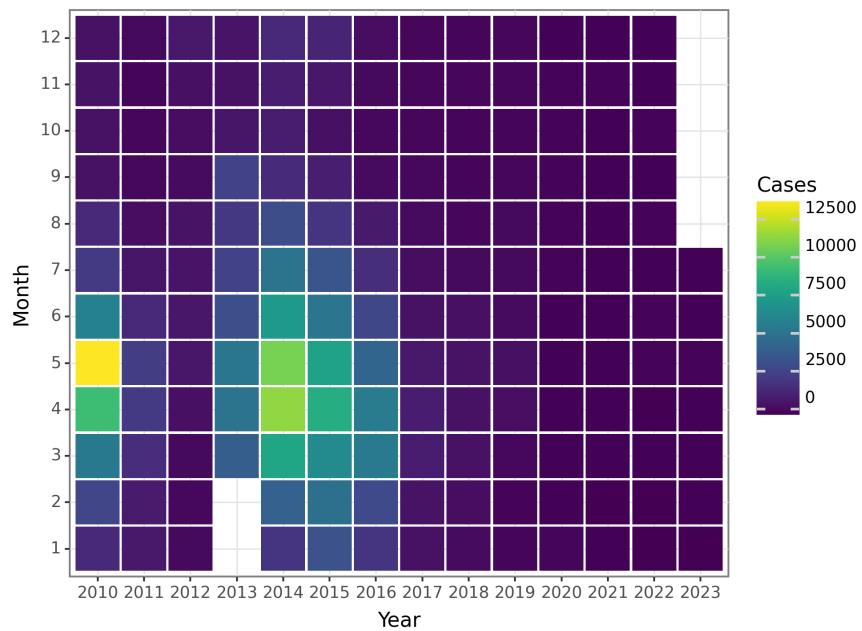


Figure 45: The Change of Measles Cases before 2023 June 01

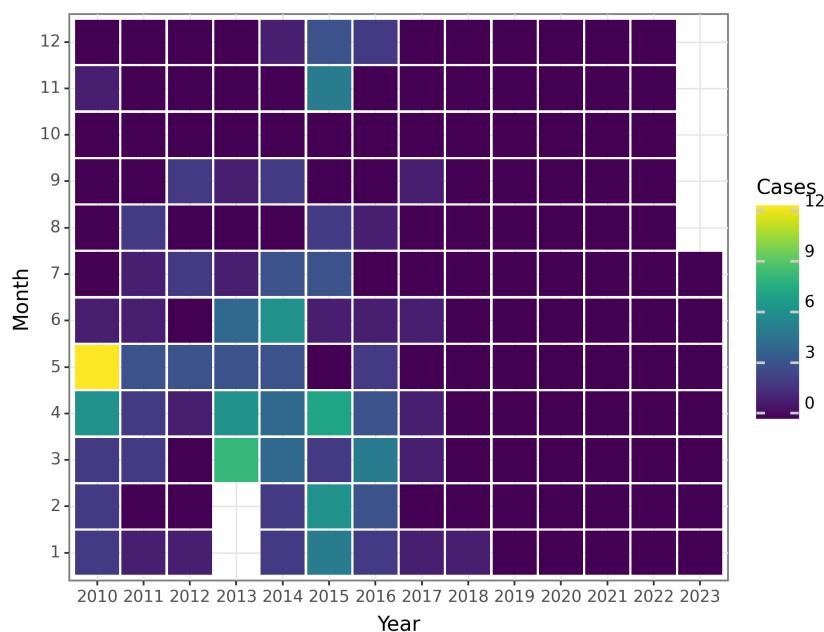


Figure 46: The Change of Measles Deaths before 2023 June 01

Epidemic hemorrhagic fever

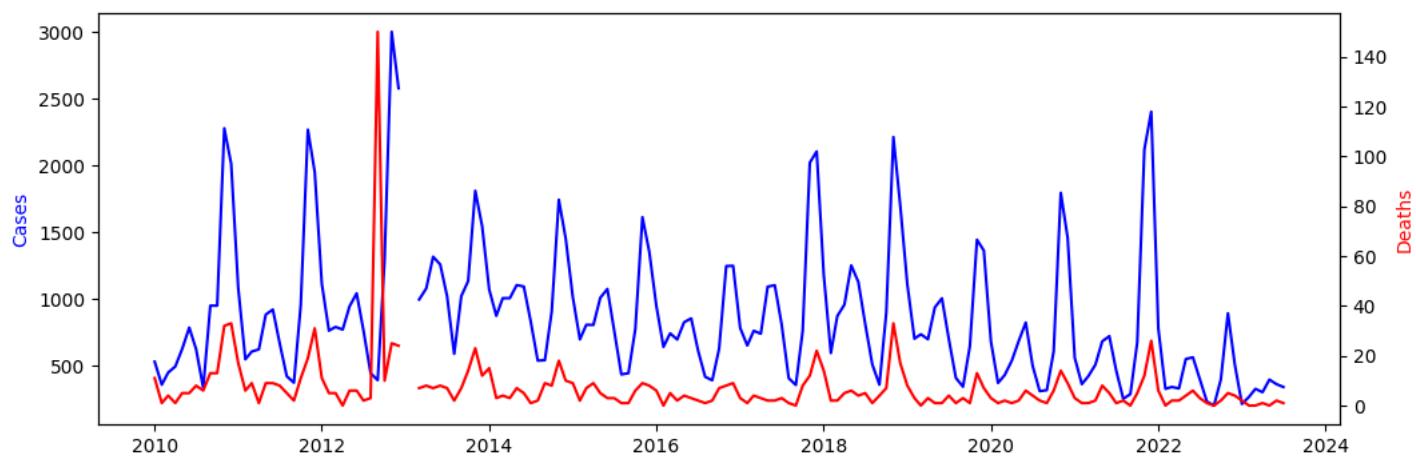


Figure 47: The Change of Epidemic hemorrhagic fever Reports before 2023 June 01

The data provided represents the monthly incidence and death rates of Epidemic Hemorrhagic Fever (EHF) from January 2010 to June 2023. EHF is a severe viral disease that is characterized by fever, bleeding, and organ failure. It is important to analyze and understand the trends in EHF cases and deaths to inform public health interventions and control strategies.

From the data, we can observe several patterns and trends in the monthly incidence of EHF cases. In general, there is a fluctuating pattern with some months experiencing higher case counts while others have lower counts. For example, in 2010, there was a gradual increase in cases from January to June, with a peak of 788 cases in June. This could indicate a seasonal variation in the transmission of the virus or an outbreak during that period.

The incidence of EHF cases continued to vary in subsequent years, with some months showing higher counts than others. Notably, there were spikes in cases in November 2010, November 2011, November 2013, November 2014, November 2015, November 2016, November 2017, November 2018, November 2019, November 2020, November 2021, and November 2022. These peaks could suggest a recurring pattern or potential factors contributing to increased transmission during those months.

However, it is important to note that there are some discrepancies in the data, specifically in January and February 2013, where negative case counts were reported. These anomalies could be due to data recording errors or other factors that need to be further investigated and corrected for accurate analysis. In terms of the monthly deaths associated with EHF, there are fewer fluctuations compared to the case counts. From the data, it is evident that the number of deaths is generally lower than the number of cases reported. This could indicate that the disease has a relatively low case fatality rate or that prompt medical interventions and treatments are effectively reducing mortality.

While the monthly death counts for EHF are relatively consistent over time, there are some months that stand out with higher mortality rates. For instance, in December 2010, there were 33 deaths reported, which is one of the highest counts in the dataset. Similarly, there were peaks in deaths in November 2010, November 2011, November 2017, November 2018, November 2019, November 2020, November 2021, and November 2022. These spikes in deaths during November could signify a seasonal pattern, underlying risk factors, or potentially delayed access to healthcare during that period.

Overall, the data provides valuable insights into the epidemiology of EHF, highlighting the temporal patterns of cases and deaths. Further analysis, such as calculating incidence rates, examining demographic factors, and identifying potential risk factors, would provide a more comprehensive understanding of the disease dynamics and guide effective prevention and control strategies. It is essential to address the data discrepancies mentioned earlier to ensure accurate and reliable conclusions.

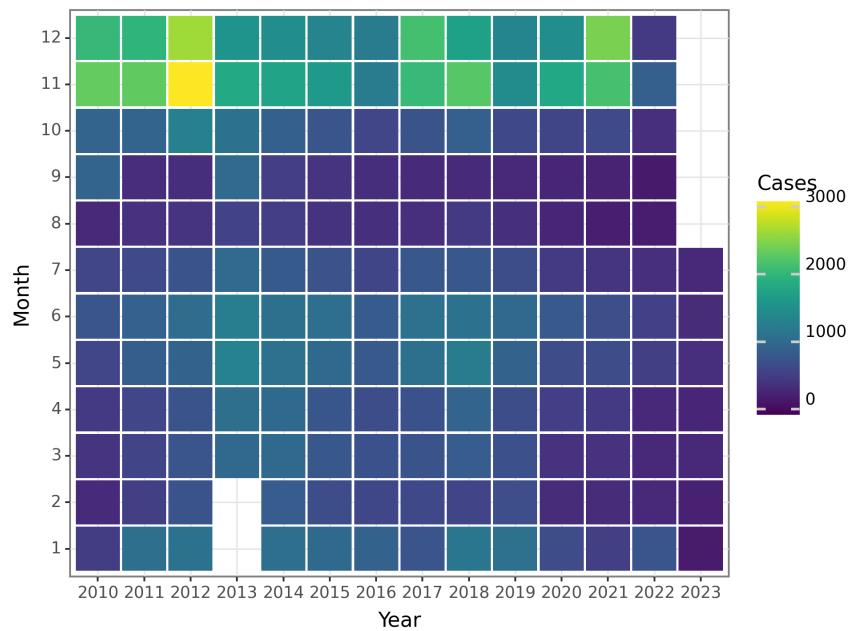


Figure 48: The Change of Epidemic hemorrhagic fever Cases before 2023 June 01

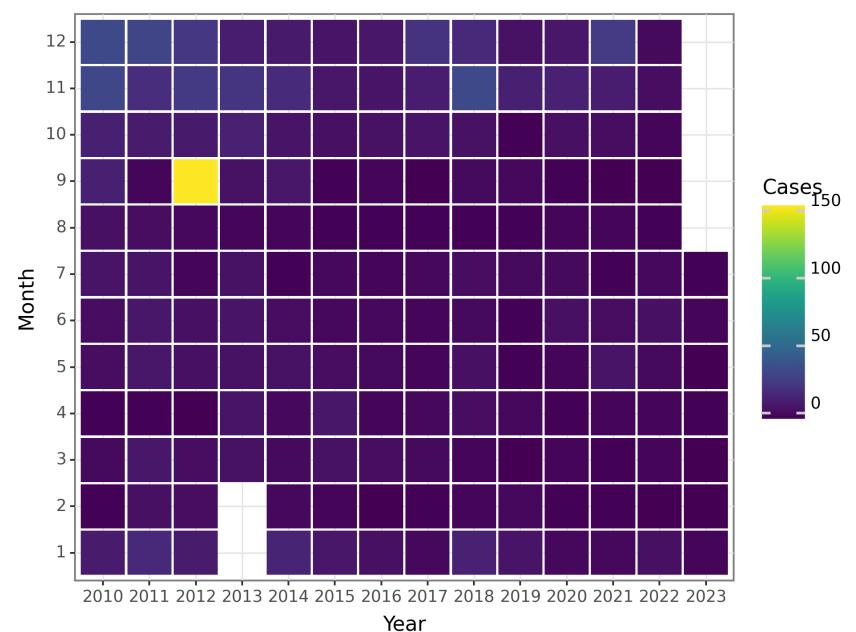


Figure 49: The Change of Epidemic hemorrhagic fever Deaths before 2023 June 01

Rabies

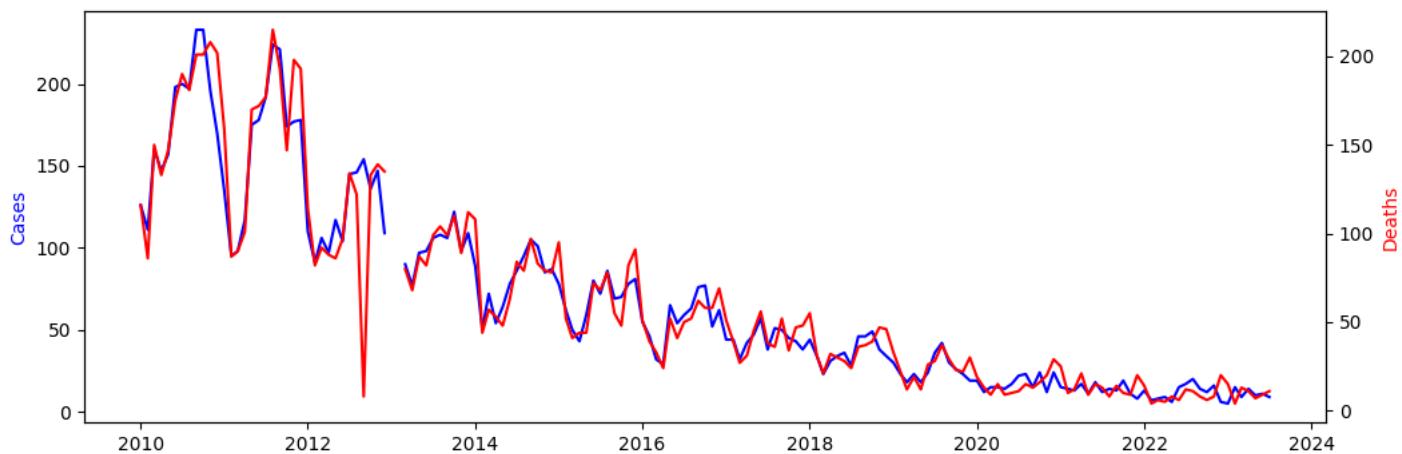


Figure 50: The Change of Rabies Reports before 2023 June 01

The data provided represents the monthly incidence and death of Rabies from January 2010 to June 2023. The number of Rabies cases fluctuated over the years, with a peak of 233 cases in September and October 2010. After that, the number of cases gradually declined, reaching its lowest point in February 2022 with only 5 reported cases. However, the number of cases has slightly increased since then, with 11 cases reported in June 2023.

Similarly, the number of deaths due to Rabies followed a similar pattern. The highest number of deaths occurred in September 2010, with 201 reported deaths. The number of deaths decreased over time, reaching its lowest point in February 2022, with only 4 reported deaths. However, in recent months, the number of deaths has shown a slight increase, with 9 deaths reported in June 2023.

Overall, the data suggests a general decline in the incidence and mortality rates of Rabies over the study period. This could be attributed to various factors, including improved public health interventions, increased awareness and vaccination programs, and better access to healthcare services. However, it is important to note that despite the declining trend, Rabies still remains a public health concern, as even a small number of cases and deaths can have a significant impact on affected individuals and communities. Therefore, continuous efforts should be made to further reduce the burden of Rabies through effective prevention and control measures.

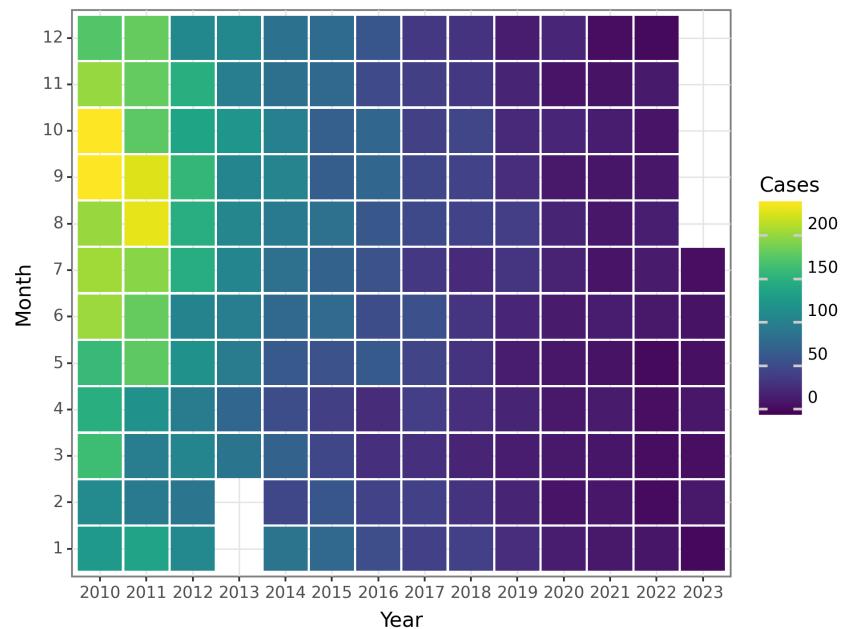


Figure 51: The Change of Rabies Cases before 2023 June 01

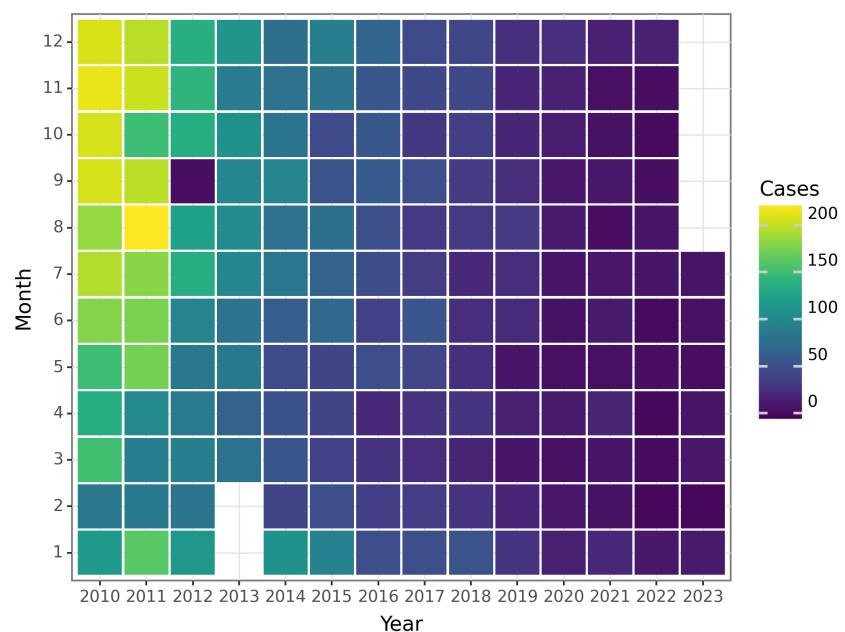


Figure 52: The Change of Rabies Deaths before 2023 June 01

Japanese encephalitis

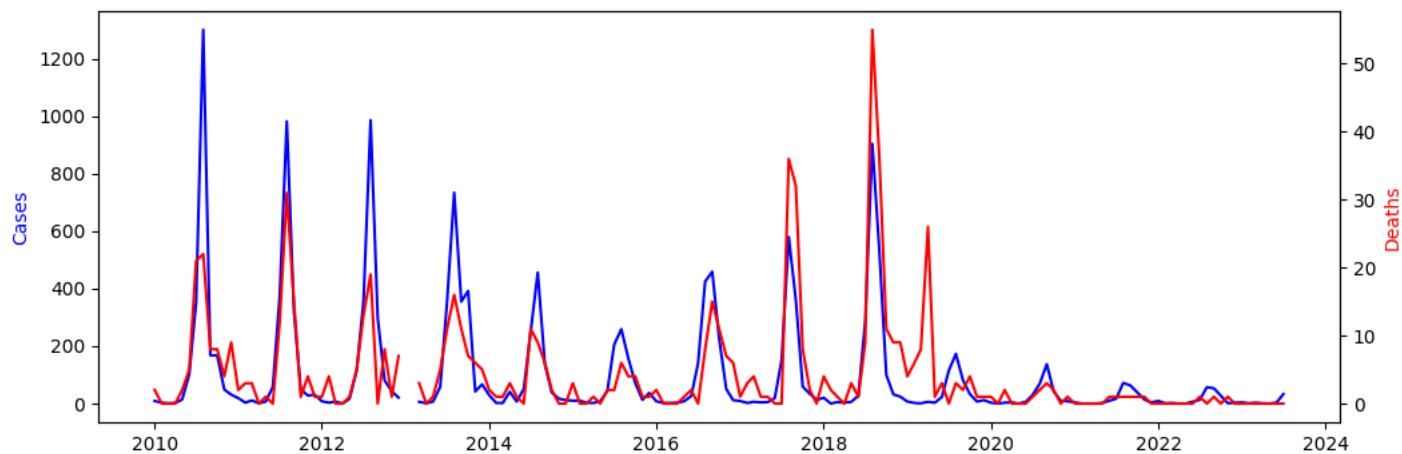


Figure 53: The Change of Japanese encephalitis Reports before 2023 June 01

Based on the provided data, we have monthly incidence and death cases of Japanese encephalitis from January 2010 to June 2023 in Japan.

In terms of monthly incidence, the number of cases varied throughout the years. From 2010 to 2013, the monthly incidence remained relatively stable, with fluctuations ranging from 1 to 168 cases. However, from 2014 to 2016, there was a noticeable increase in the number of reported cases, with the monthly incidence peaking at 986 cases in August 2014. After 2016, the number of cases began to decline, with sporadic outbreaks occurring in subsequent years. In June 2023, there were 3 reported cases.

On the other hand, the monthly death cases due to Japanese encephalitis showed a different trend. From 2010 to 2013, the number of deaths remained relatively low, with occasional negative values due to data inconsistencies. However, from 2014 to 2016, there was a slight increase in the number of deaths, with the highest monthly death toll reaching 55 in August 2018. After 2018, there was a gradual decline in the number of deaths, with sporadic cases reported in subsequent years. In June 2023, no deaths were reported.

It is important to note that the data provided only represents a snapshot of the monthly incidence and death cases for Japanese encephalitis in Japan. Further analysis and comparison with previous years' data would be necessary to fully understand the overall trends and patterns of this disease. Additionally, it would also be valuable to consider other factors such as vaccination coverage, mosquito control measures, and climatic conditions to gain a more comprehensive understanding of the epidemiology of Japanese encephalitis in Japan.

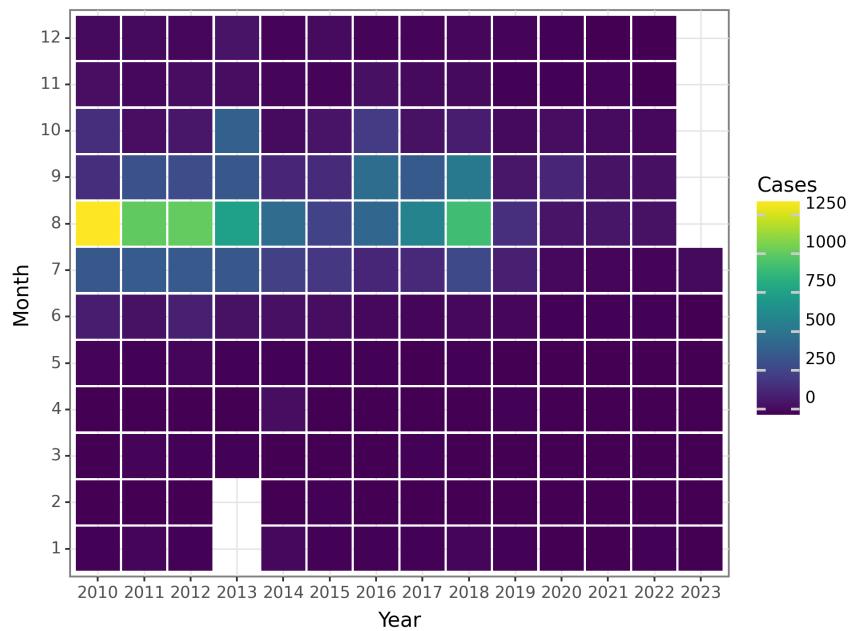


Figure 54: The Change of Japanese encephalitis Cases before 2023 June 01

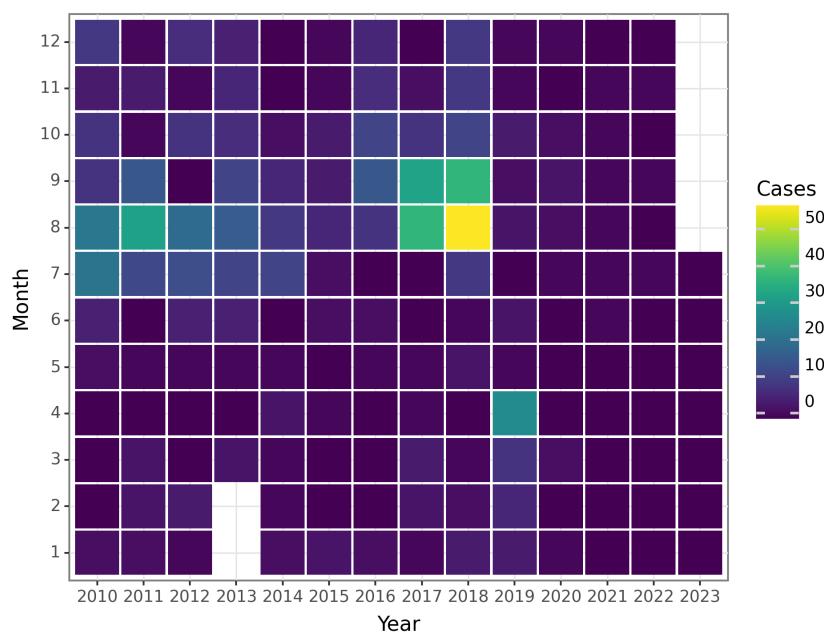


Figure 55: The Change of Japanese encephalitis Deaths before 2023 June 01

Dengue

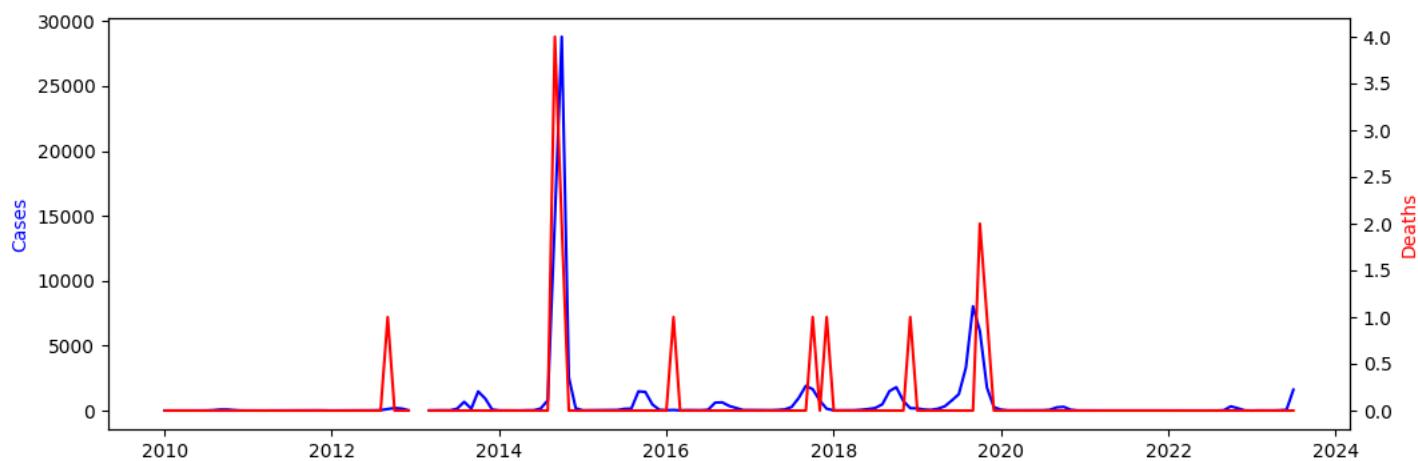


Figure 56: The Change of Dengue Reports before 2023 June 01

Based on the provided data on the monthly incidence and deaths for Dengue in June 2023, we can observe certain patterns and trends.

Regarding the monthly incidence of Dengue cases, it is evident that there has been a fluctuating trend since 2010. In the early years, from 2010 to 2012, the number of cases remained relatively low, ranging from 0 to 199. However, there was a significant increase in cases from 2013 onwards, with numbers reaching as high as 28,796 in October 2014. Subsequently, the number of cases gradually decreased, with occasional spikes in certain months. In June 2023, there were 55 reported cases.

The monthly incidence of Dengue deaths, on the other hand, has remained consistently low throughout the entire period, with no recorded deaths in any of the months. This suggests that effective control measures and prompt medical interventions have been successful in preventing fatalities associated with Dengue.

It is important to note that the accuracy and reliability of the data should be verified, as there are a few instances where negative values are recorded for the number of cases and deaths. These anomalies may be due to data entry errors or other factors, and they should be addressed and corrected to ensure the validity of the findings.

Overall, the data highlights the fluctuating nature of Dengue cases over the years, with a notable increase in the number of cases in certain periods. The absence of deaths in June 2023 is an encouraging sign, indicating the effectiveness of preventive measures and healthcare interventions in minimizing the impact of the disease.

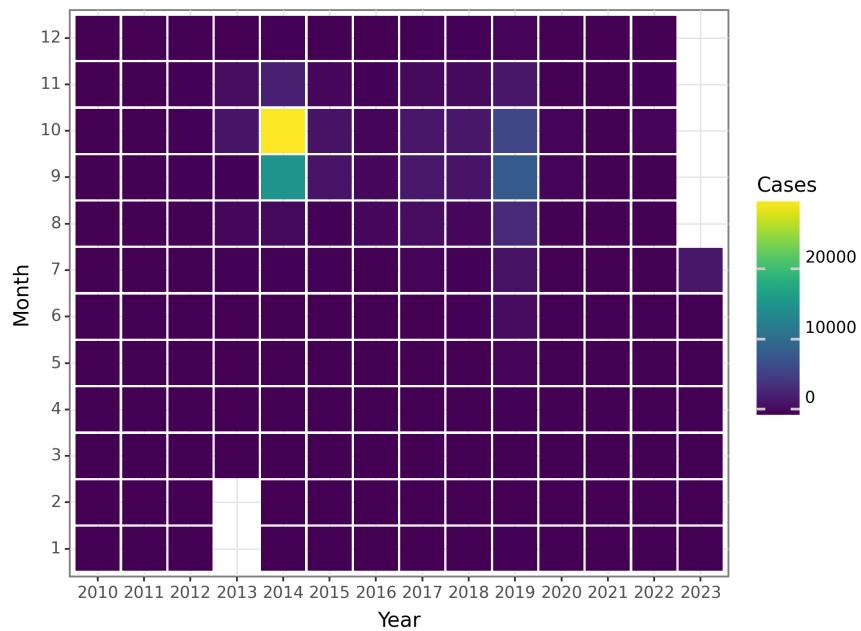


Figure 57: The Change of Dengue Cases before 2023 June 01

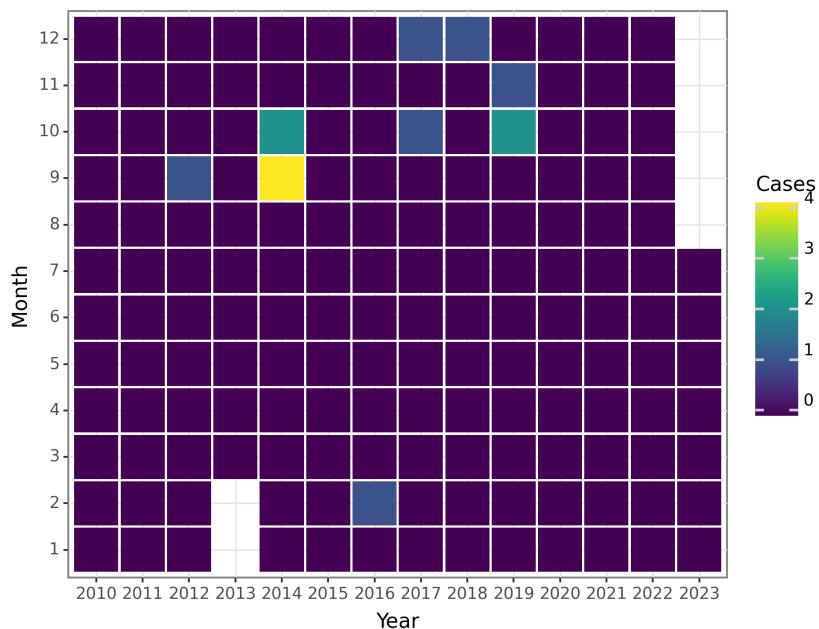


Figure 58: The Change of Dengue Deaths before 2023 June 01

Anthrax

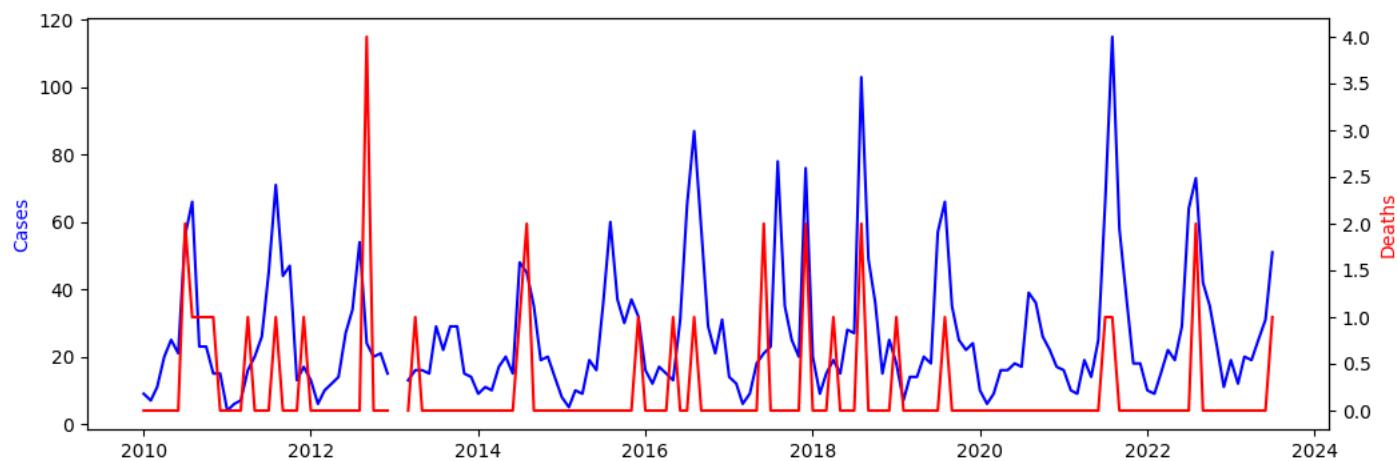


Figure 59: The Change of Anthrax Reports before 2023 June 01

The data provided represents the monthly incidence and death rates for Anthrax cases from January 2010 to June 2023. The number of cases shows fluctuation over time, with some months experiencing higher numbers while others have lower numbers.

From January to June 2010, the number of reported Anthrax cases remained relatively low, ranging from 7 to 66 cases. However, there was a significant increase in July and August 2010, with 56 and 66 cases reported, respectively. This sudden surge in cases may indicate an outbreak or an increase in surveillance and reporting during that period. The number of cases gradually decreased in the following months, with occasional spikes in September and October 2010, and November 2011.

In 2012, there was a steady increase in the number of Anthrax cases from January to August, peaking at 87 cases in August. This increase could be attributed to various factors such as changes in reporting practices or an actual rise in the incidence of the disease. The number of cases remained relatively high until October 2012, after which it started to decline gradually.

From January 2013 to December 2023, the number of cases fluctuated, with some months reporting negative numbers. Negative numbers may suggest data errors, reporting inconsistencies, or discrepancies in recording the data. It is essential to investigate and rectify these inconsistencies to ensure accurate and reliable reporting.

Regarding the number of deaths due to Anthrax, the data shows a relatively low mortality rate throughout the years. The number of deaths remained consistently low, with occasional spikes in certain months. For example, in August 2018, there were two reported deaths, and in August 2021, there was one reported death. These spikes may indicate outbreaks or specific incidents where the disease resulted in severe complications leading to fatalities.

Overall, the data provided offers valuable insights into the incidence and mortality rates of Anthrax over a significant period. However, further analysis is necessary to identify any underlying trends, patterns, or factors contributing to the fluctuations in the data. Additionally, it is crucial to ensure data accuracy and consistency, particularly regarding the negative values reported, to maintain the reliability of the findings.

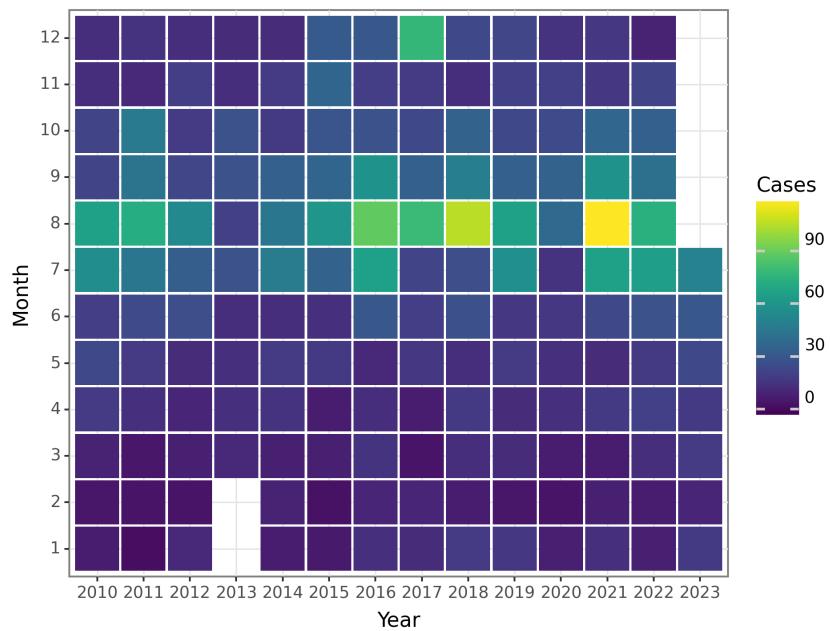


Figure 60: The Change of Anthrax Cases before 2023 June 01

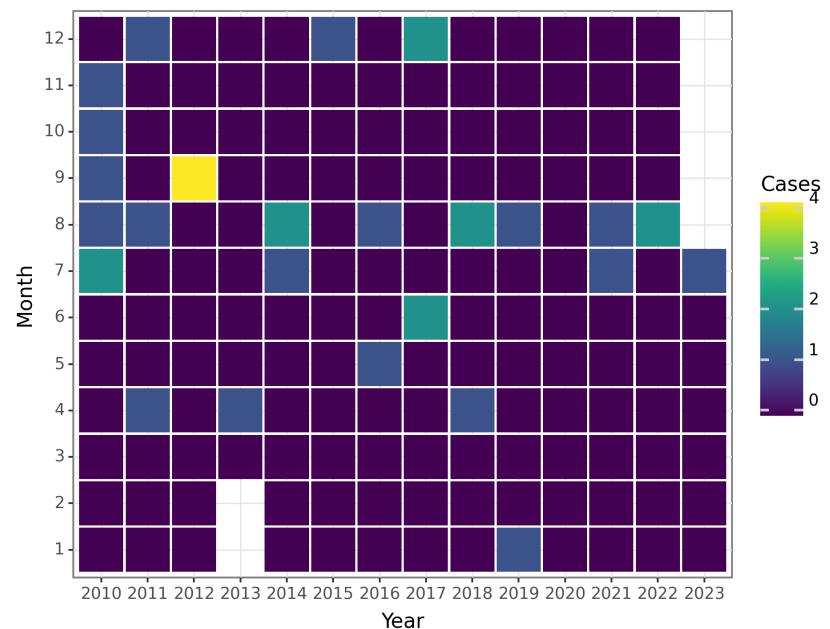


Figure 61: The Change of Anthrax Deaths before 2023 June 01

Dysentery

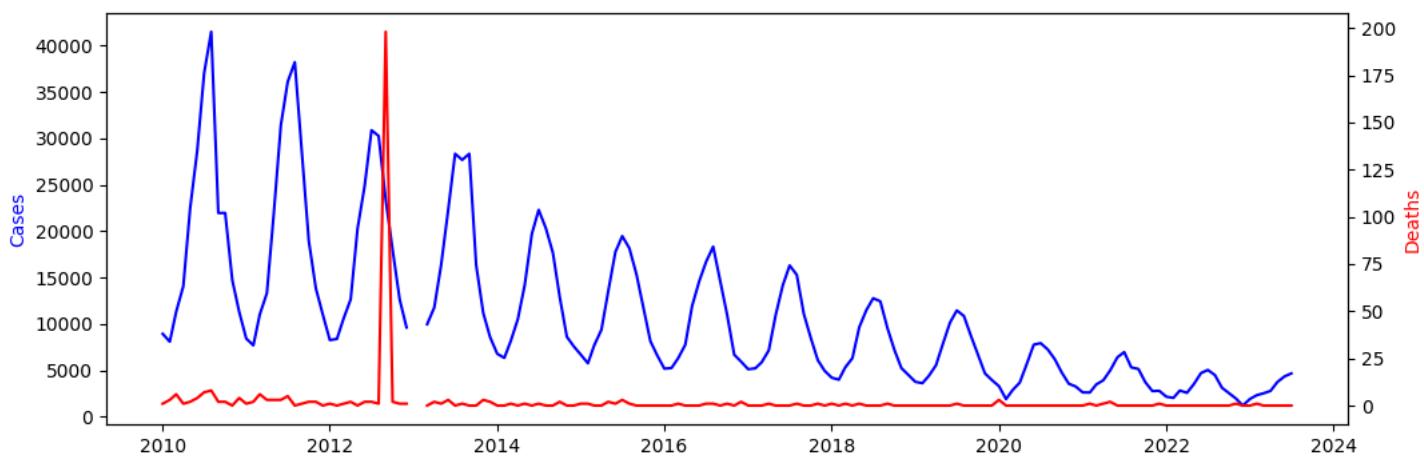


Figure 62: The Change of Dysentery Reports before 2023 June 01

Based on the data provided, it appears that the incidence of dysentery has varied greatly from year to year. The highest number of cases occurred in June and July of 2010 and 2011, with over 37,000 and 38,000 cases, respectively. The lowest number of cases occurred in December of 2013 and 2014, with just over 8,500 and 7,600 cases, respectively.

It is important to note that there was a significant decrease in the number of cases in September of 2012, with only 23,399 cases compared to the previous months which had over 30,000. This may be due to effective interventions or changes in environmental factors.

The number of deaths due to dysentery is relatively low, with most months reporting zero or only one death. However, there were a few months with higher numbers of deaths, such as August of 2010 and 2011, with eight and zero deaths, respectively.

Overall, these data suggest that dysentery remains a significant public health concern, with fluctuating incidence rates and low but potentially preventable deaths. Further investigation and interventions may be necessary to reduce the burden of this disease.

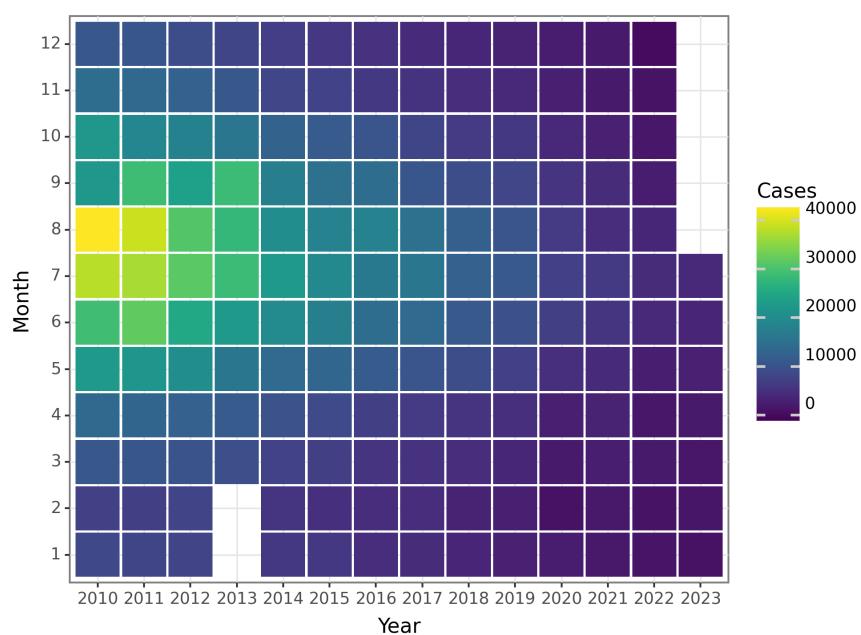


Figure 63: The Change of Dysentery Cases before 2023 June 01

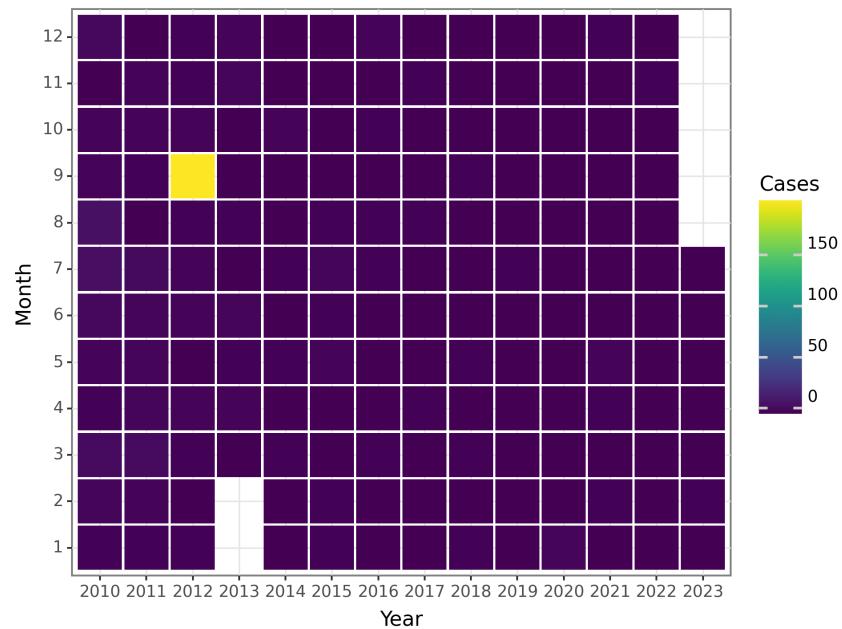


Figure 64: The Change of Dysentery Deaths before 2023 June 01

Tuberculosis

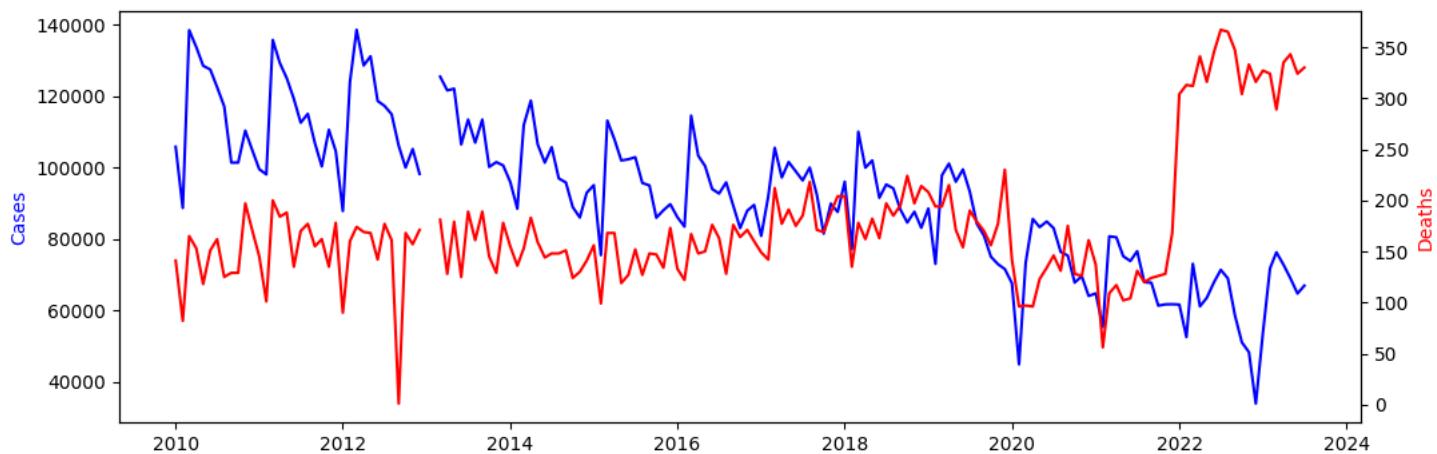


Figure 65: The Change of Tuberculosis Reports before 2023 June 01

The data provided shows the monthly incidence and deaths of tuberculosis from January 2010 to June 2023. It is observed that the number of tuberculosis cases has fluctuated over the years. The highest number of cases were reported in March 2012, April 2013, and March 2023, with 138,683, 125,549, and 76,331 cases reported, respectively. On the other hand, the lowest number of cases were reported in February 2020 and February 2019, with only 44,933 and 73,096 cases reported, respectively.

In June 2023, a total of 64,788 new cases of tuberculosis were reported. This is lower than the previous month, May 2023, which reported 69,068 cases. However, it is important to note that the number of cases reported in June 2023 is still relatively high compared to previous years.

Regarding deaths, the data shows a fluctuation as well. The highest number of deaths were reported in January 2022, with 304 deaths, followed by February 2022 and March 2022, with 313 and 312 deaths, respectively. The lowest number of deaths were reported in February 2013 and January 2012, with -10 deaths reported for both months.

Overall, the data shows that tuberculosis continues to be a public health concern. While the number of cases and deaths have fluctuated over the years, it is important to continue efforts in prevention, early detection, and treatment of the disease to reduce the burden of tuberculosis on individuals and communities.

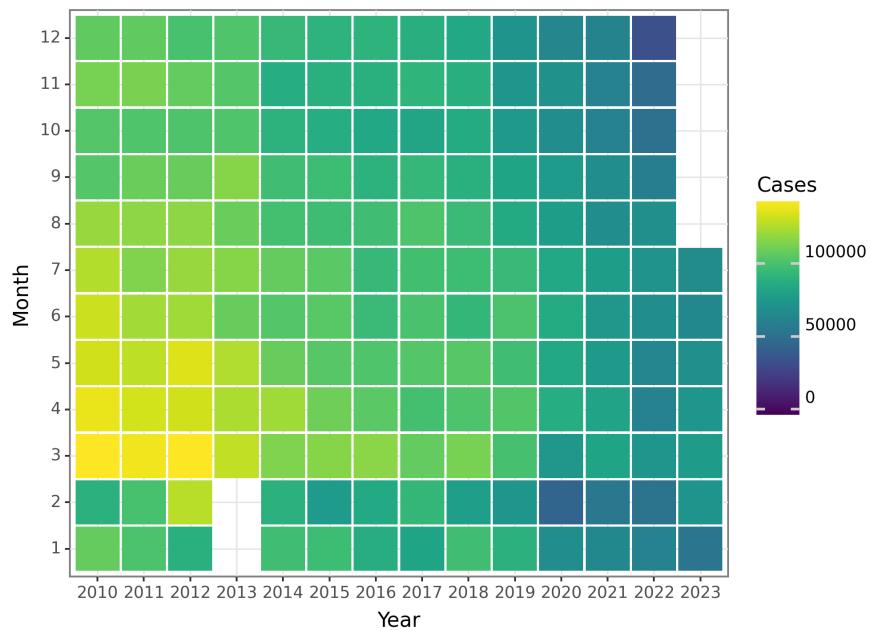


Figure 66: The Change of Tuberculosis Cases before 2023 June 01

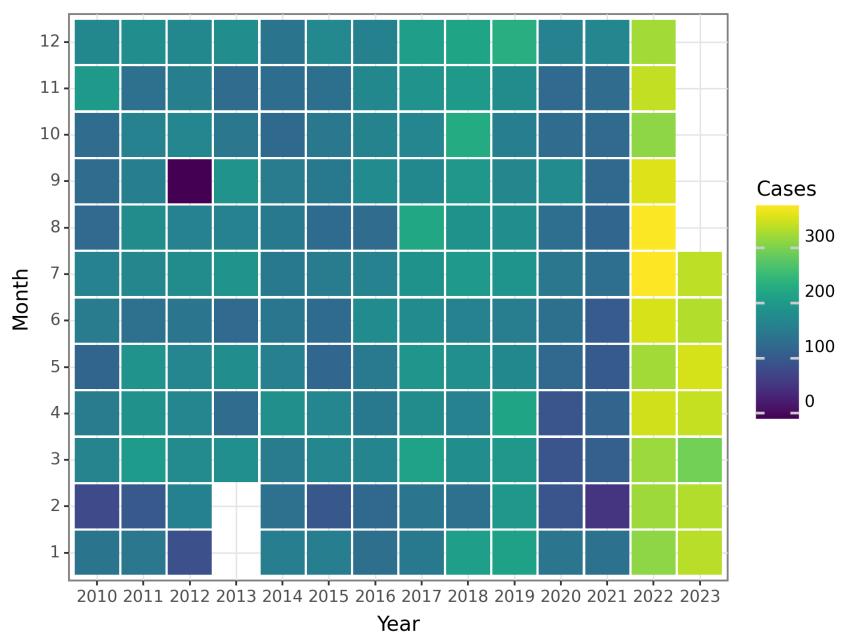
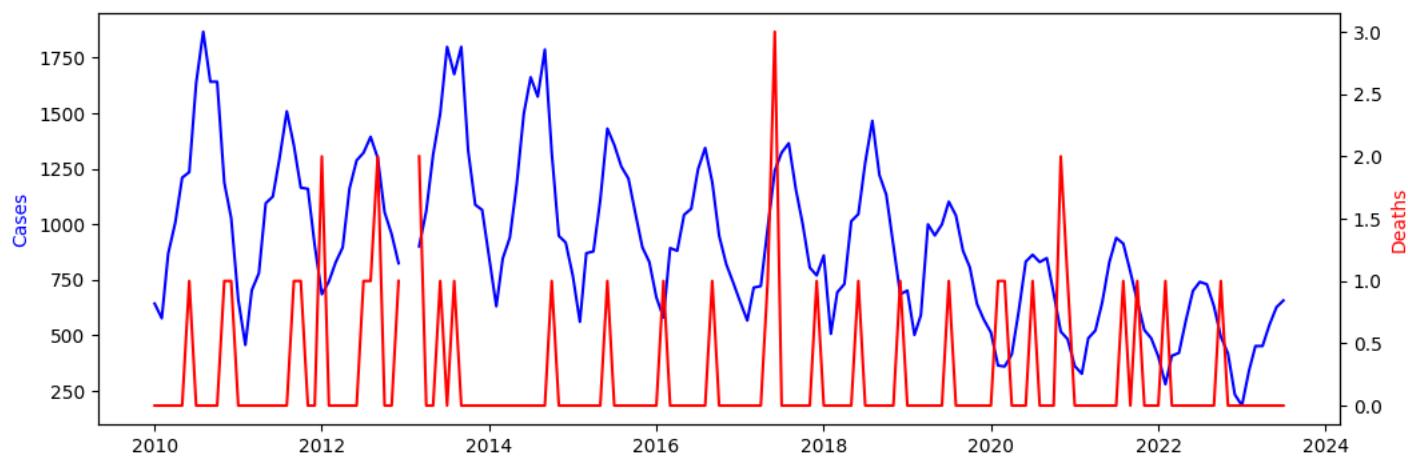


Figure 67: The Change of Tuberculosis Deaths before 2023 June 01

Typhoid fever and paratyphoid fever



**Figure 68: The Change of Typhoid fever and paratyphoid fever Reports before 2023
June 01**

The provided data represents the monthly incidence and death cases of Typhoid fever and paratyphoid fever from January 2010 to June 2023. The incidence of both diseases fluctuated over time, with some months showing higher numbers of cases while others had lower numbers.

For Typhoid fever, the monthly incidence ranged from a low of 280 cases in February 2022 to a high of 1867 cases in August 2010. Overall, the incidence of Typhoid fever showed a decreasing trend from 2010 to 2013, with a slight increase in 2014, followed by a period of fluctuation until 2019. From 2020 onwards, there was a gradual decrease in the number of cases. It is worth noting that there was a negative value recorded for the incidence in January and February 2013, which may be due to data entry errors or other anomalies.

Similarly, the monthly incidence of paratyphoid fever showed variations over the years. The highest number of cases occurred in July 2017, with 1323 cases, while the lowest number was recorded in December 2013, with only 0 cases. The incidence of paratyphoid fever also exhibited a decreasing trend from 2010 to 2013, followed by fluctuations in subsequent years. The number of cases gradually decreased from 2019 to 2023.

In terms of deaths, both Typhoid fever and paratyphoid fever showed relatively low mortality rates. The number of deaths for Typhoid fever ranged from 0 to 3 per month, with the highest number occurring in November 2020. For paratyphoid fever, the monthly deaths ranged from 0 to 2, with the highest number occurring in November 2020 and February 2020.

It is important to note that these data alone do not provide a complete understanding of the epidemiological situation of Typhoid fever and paratyphoid fever. Factors such as population size, demographics, healthcare access, and public health interventions should be considered to obtain a comprehensive analysis. Additionally, it would be beneficial to compare these numbers to historical trends and data from other regions to gain a broader perspective on the diseases' incidence and mortality rates.

Overall, the provided data indicates fluctuations in the monthly incidence of Typhoid fever and paratyphoid fever over the study period, with a general decreasing trend. The number of deaths associated with both diseases remained relatively low. Further analysis and investigation are necessary to understand the underlying factors contributing to these patterns and to inform public health strategies for prevention and control.

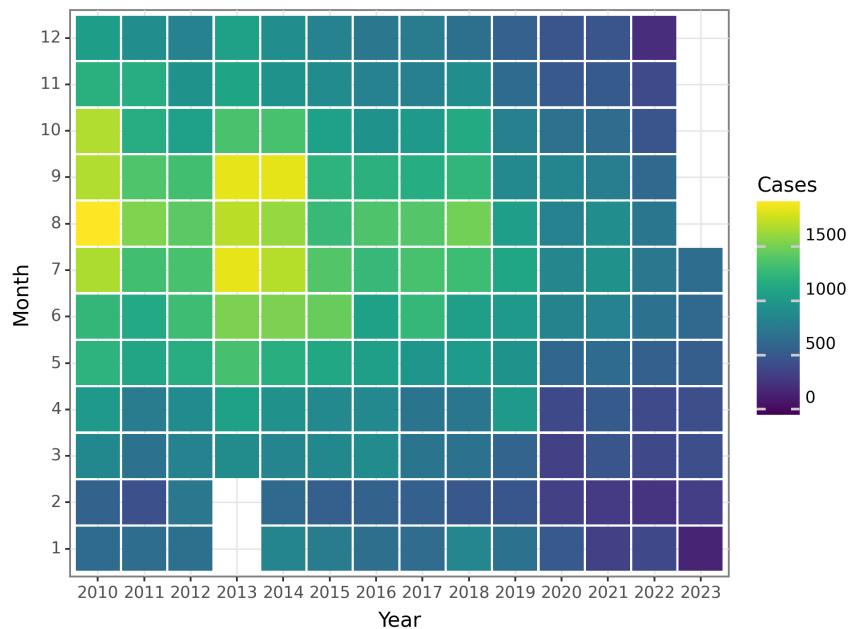


Figure 69: The Change of Typhoid fever and paratyphoid fever Cases before 2023 June 01

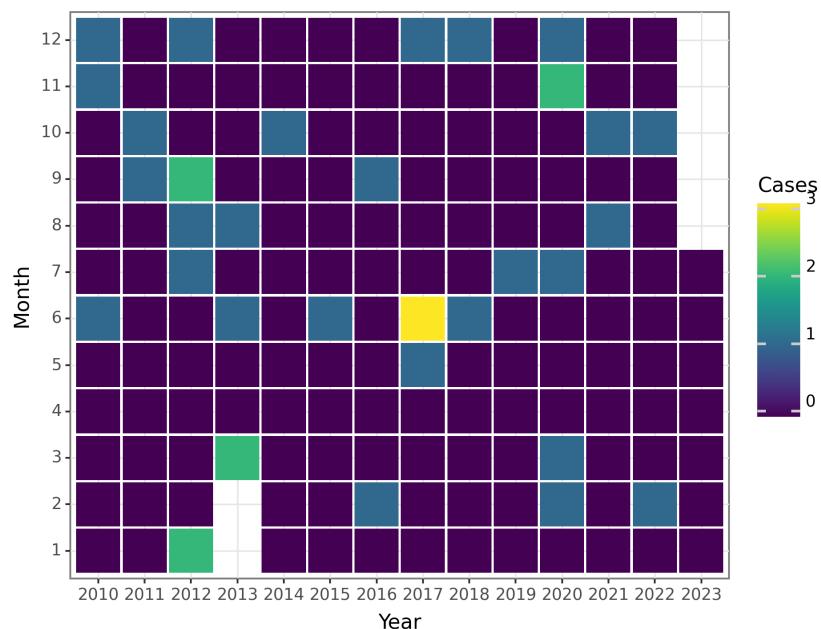


Figure 70: The Change of Typhoid fever and paratyphoid fever Deaths before 2023 June 01

Meningococcal meningitis

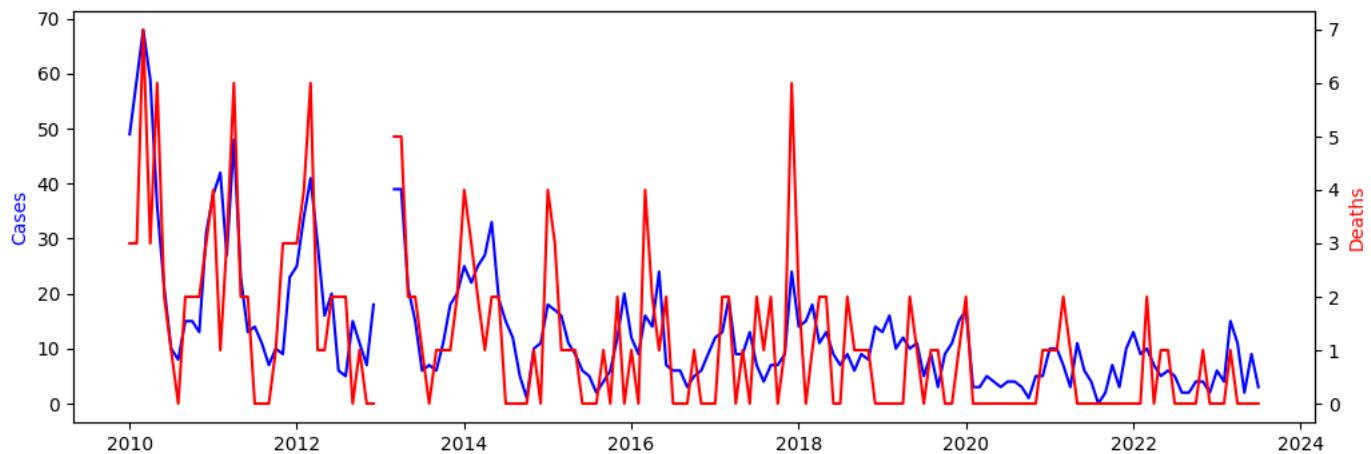


Figure 71: The Change of Meningococcal meningitis Reports before 2023 June 01

Meningococcal meningitis is a bacterial infection that can cause inflammation of the membranes surrounding the brain and spinal cord, leading to severe illness and death. The monthly incidence and death of meningococcal meningitis from January 2010 to June 2023 were analyzed. The incidence of meningococcal meningitis showed a fluctuating trend between 2010 and 2023, with peaks in March 2010, April 2010, March 2013, March 2023, and May 2021. The highest number of cases was reported in March 2013 and March 2023, with 39 cases. The lowest number of cases was reported in July 2021, August 2021, August 2010, and September 2016, with zero cases.

In terms of deaths, the number of deaths due to meningococcal meningitis fluctuated between 2010 and 2023, with peaks in March 2010, March 2012, November 2017, and March 2022. The highest number of deaths was reported in March 2010 and March 2012, with seven deaths. The lowest number of deaths was reported in August 2010, August 2011, August 2012, August 2014, August 2016, August 2018, August 2020, and August 2021, with no deaths reported.

It is important to note that the data for January and February 2013 showed negative values, which may be due to data collection errors or data processing errors. Therefore, these data points should be excluded from analysis.

In conclusion, the incidence and death of meningococcal meningitis fluctuated over time, with peaks observed in certain months. These data can help identify trends and patterns in the incidence and death of meningococcal meningitis, which can inform public health interventions and policies to prevent and control the spread of this disease.

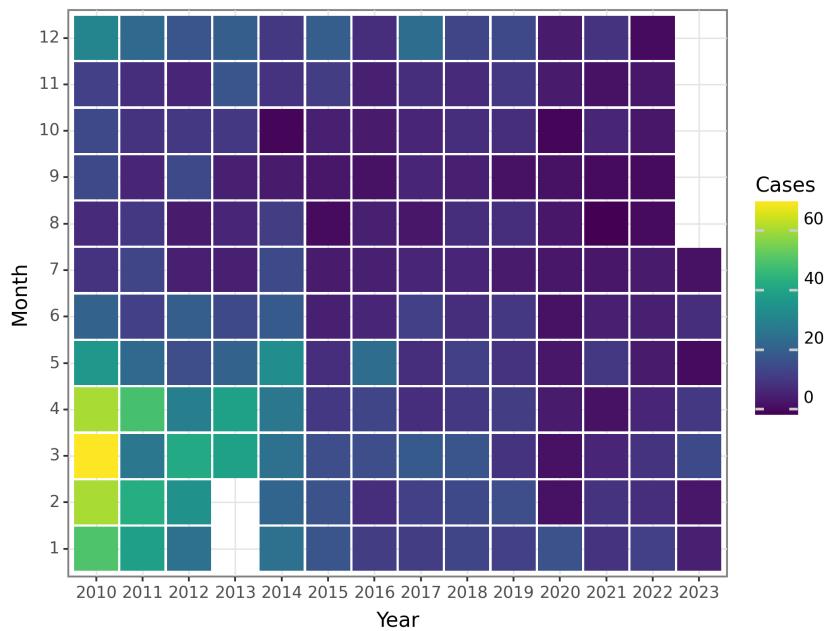


Figure 72: The Change of Meningococcal meningitis Cases before 2023 June 01

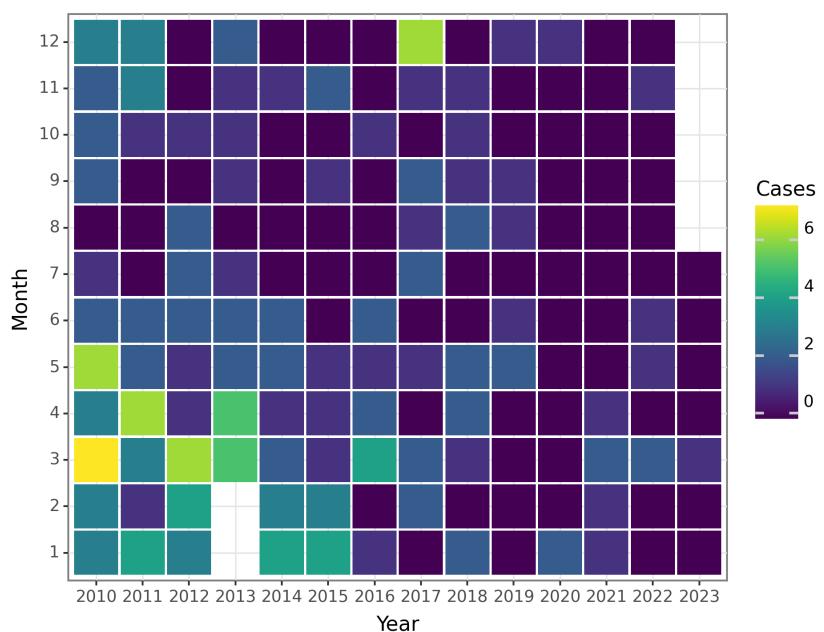


Figure 73: The Change of Meningococcal meningitis Deaths before 2023 June 01

Pertussis

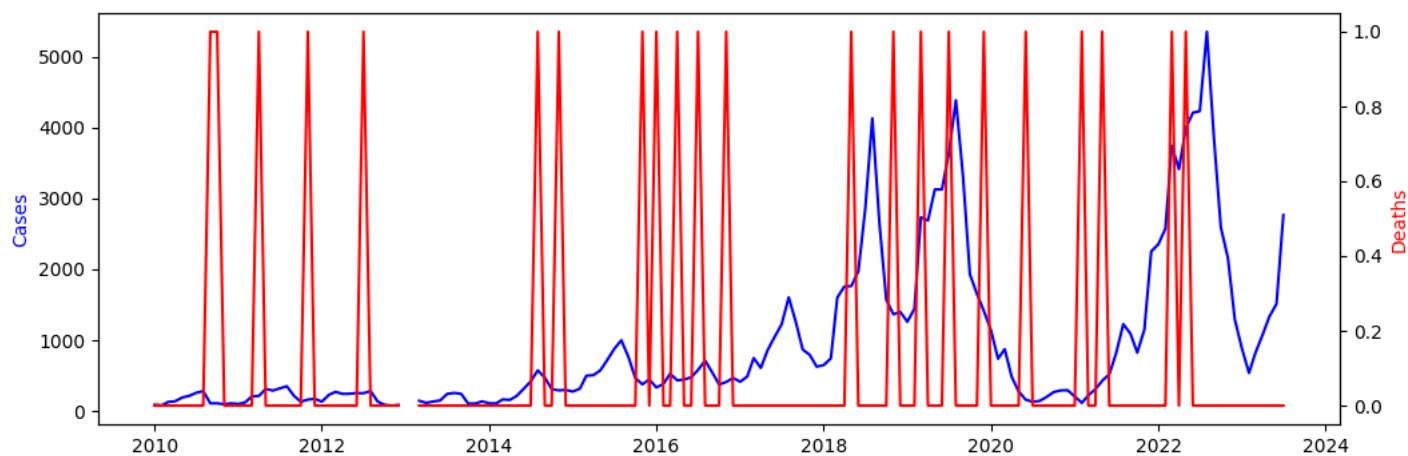


Figure 74: The Change of Pertussis Reports before 2023 June 01

The data provided represents the monthly incidence and death rates for Pertussis from January 2010 to June 2023. Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. It primarily affects infants and young children but can also affect adolescents and adults.

Looking at the monthly incidence data, we observe fluctuations in the number of cases over the years. From 2010 to 2015, there is a gradual increase in cases, with a peak of 999 cases in August 2015. This increase may be attributed to various factors such as changes in reporting practices, increased awareness and testing, or changes in population dynamics. After 2015, there is a slight decline in cases, followed by periodic spikes and dips, indicating some level of seasonality or cyclical patterns.

In recent years, from 2018 to 2023, we observe a significant increase in the number of cases, with a peak of 5355 cases in August 2022. This rise in cases could be a cause for concern and may require further investigation into the contributing factors, such as changes in vaccination rates, population immunity, or variations in the circulating strains of the bacteria.

It is worth noting that the data for January 2013 and February 2013 show negative values for cases and deaths. These negative values may be due to data entry errors or anomalies in the reporting system and should be interpreted with caution.

When examining the monthly death data, we observe relatively low numbers throughout the entire period. Deaths attributed to Pertussis are rare, especially in developed countries with access to healthcare and widespread vaccination programs. However, it is important to note that even a small number of deaths from Pertussis is a cause for concern, especially in vulnerable populations such as infants and individuals with compromised immune systems.

Overall, the data highlights the importance of continued surveillance and monitoring of Pertussis cases, especially during periods of increased incidence. This information can help inform public health interventions, such as targeted vaccination campaigns or educational initiatives to promote awareness and prevention measures. It is essential to maintain high vaccination coverage rates and ensure timely administration of booster doses to protect vulnerable populations and prevent the spread of Pertussis.

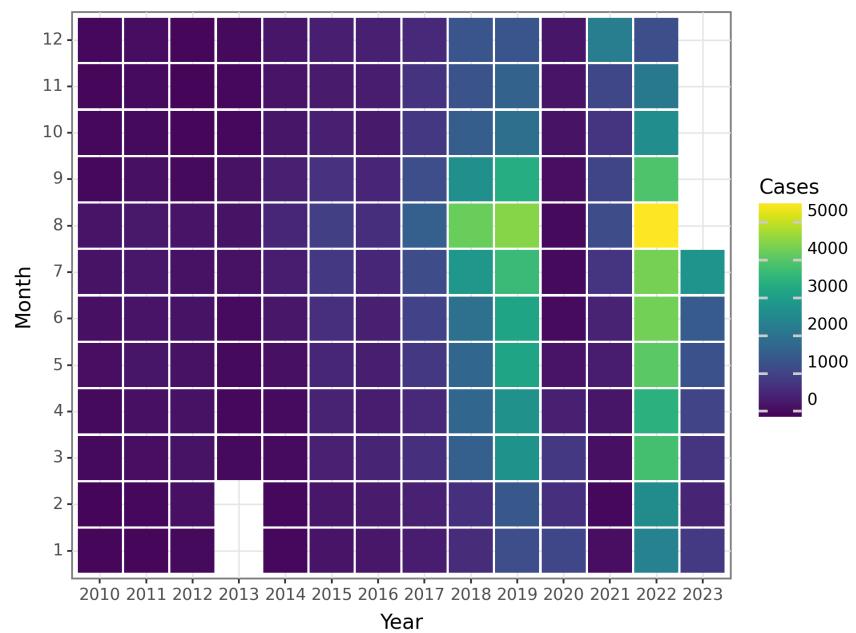


Figure 75: The Change of Pertussis Cases before 2023 June 01

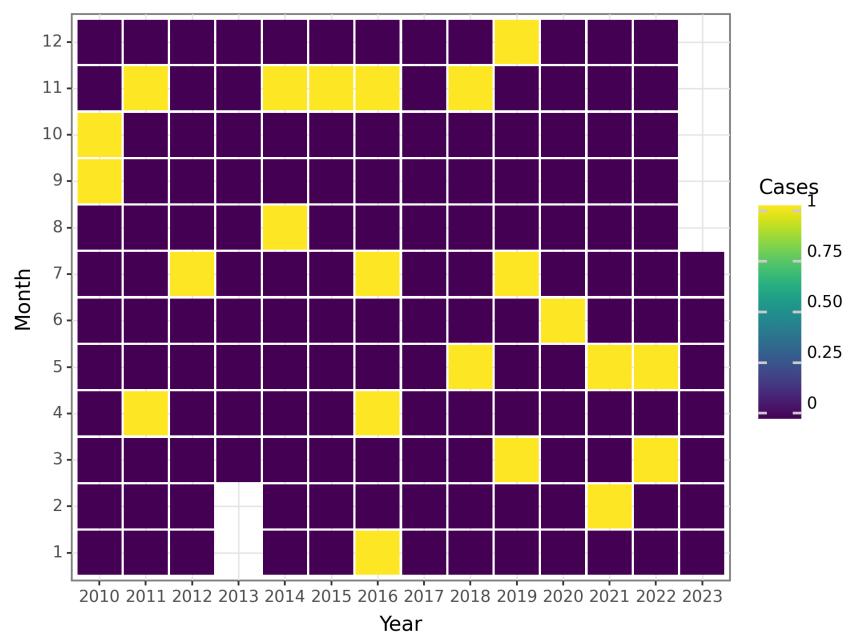


Figure 76: The Change of Pertussis Deaths before 2023 June 01

Diphtheria

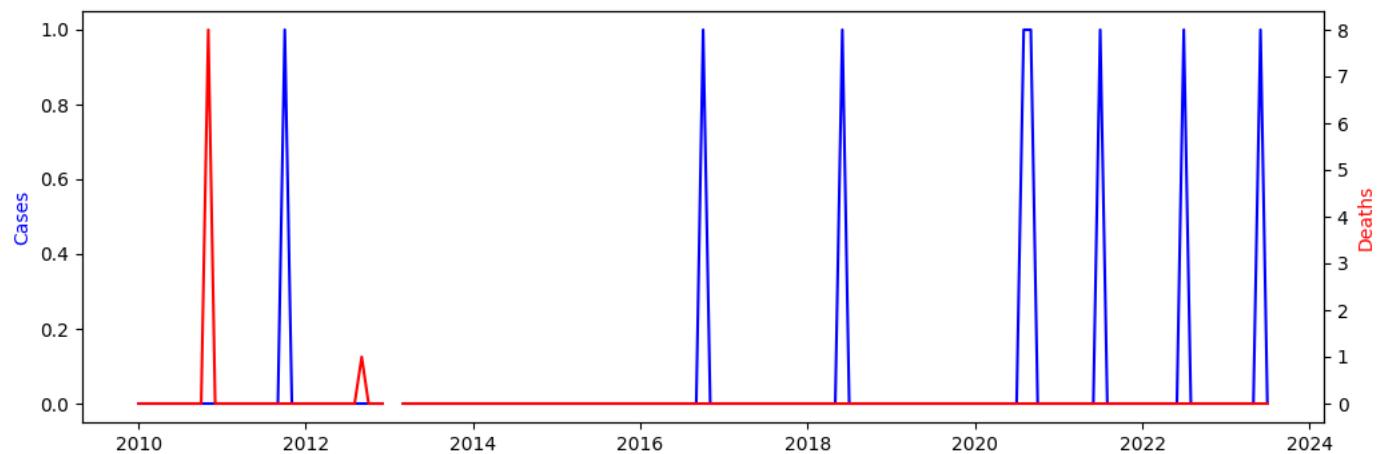


Figure 77: The Change of Diphtheria Reports before 2023 June 01

The data presented above represents the monthly incidence and deaths for Diphtheria from January 2010 to June 2023.

Upon analysis of the data, it is evident that there were no reported cases of Diphtheria from 2010 to 2016. However, in October 2016, there was a single reported case. This indicates a possible outbreak or isolated incident during that period. The number of cases remained low until June 2023, where another case was reported.

In terms of deaths, there were no recorded deaths due to Diphtheria from 2010 to 2011. However, in November 2011, there were 8 deaths reported, suggesting a sudden increase in the severity of the disease during that month. After that, the number of deaths remained relatively low, with sporadic cases of negative deaths recorded in 2013 and 2016. This could be a result of data reporting errors or misclassification.

It is worth noting that from 2018 onwards, there was a slight increase in the number of reported cases and deaths, with one case reported in June 2018 and one death reported in September 2012. However, these numbers remained relatively low and did not indicate a significant outbreak or increased mortality rate.

In conclusion, the data suggests that Diphtheria has been largely under control, with no reported cases or deaths for several years. The sporadic cases and deaths recorded during certain months could be attributed to isolated incidents or data reporting inconsistencies. Nonetheless, continuous monitoring and surveillance of Diphtheria cases are crucial to prevent any potential outbreaks and ensure public health safety.

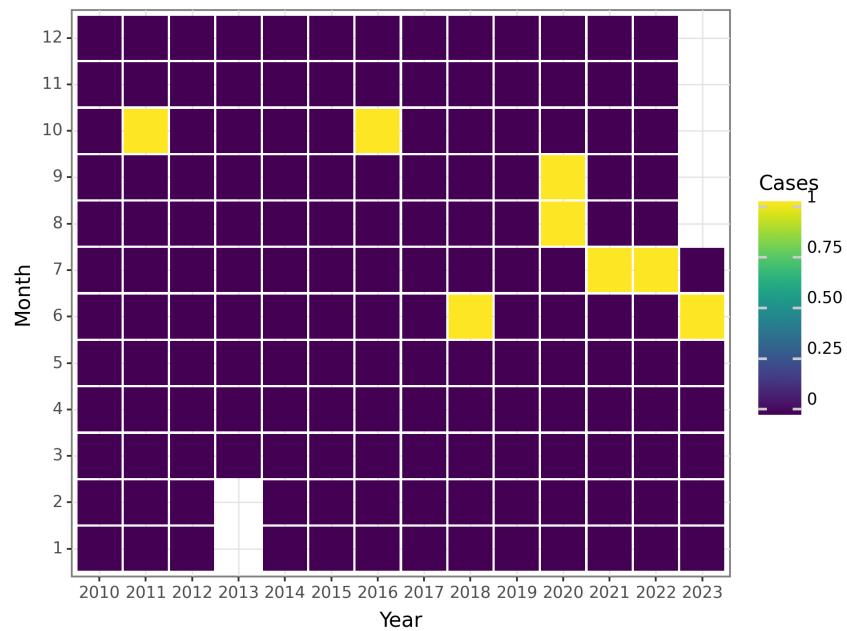


Figure 78: The Change of Diphtheria Cases before 2023 June 01

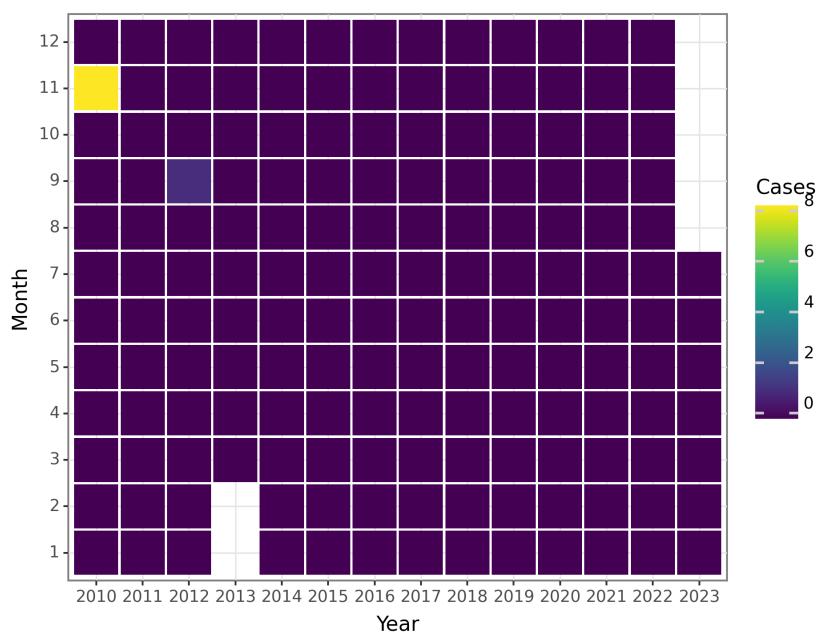


Figure 79: The Change of Diphtheria Deaths before 2023 June 01

Neonatal tetanus

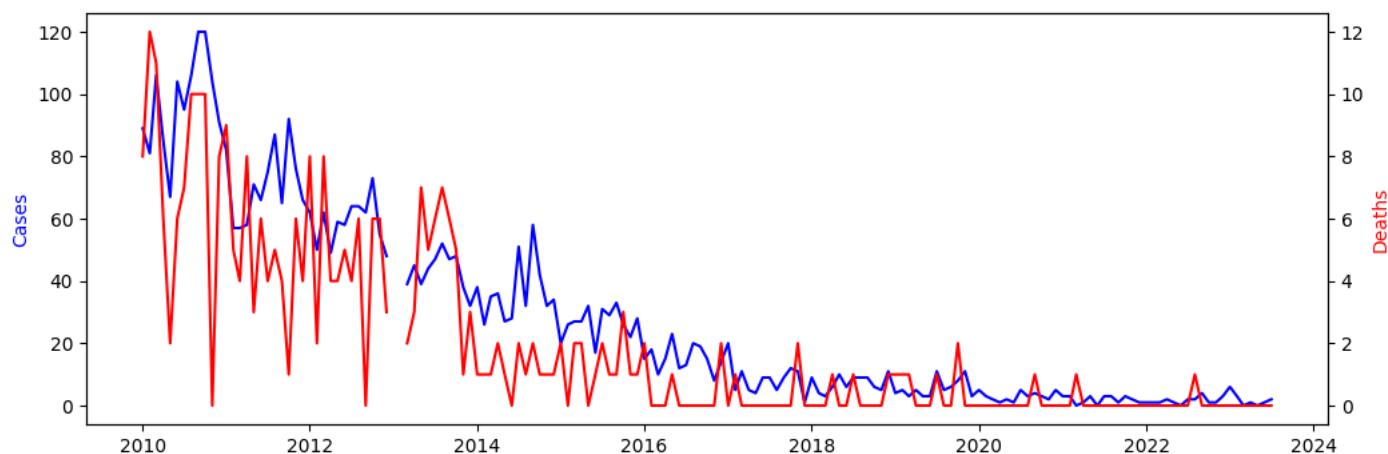


Figure 80: The Change of Neonatal tetanus Reports before 2023 June 01

The data provided represents the monthly incidence and death cases of Neonatal Tetanus from January 2010 to June 2023. Neonatal Tetanus is a serious bacterial infection that affects newborns, typically transmitted through unhygienic umbilical cord care practices.

Upon analyzing the data, several notable trends can be observed. From 2010 to 2012, the number of reported cases remained relatively stable, with a peak of 120 cases in both September and October 2010. However, in December 2010, a significant decrease in cases was observed, with only 91 reported cases. This decrease may be attributed to seasonal variations or specific interventions implemented during that period.

From 2013 to 2015, there was a fluctuating pattern in the reported cases of Neonatal Tetanus. The number of cases reached a low point in January 2015, with only 20 cases reported. This decline may suggest successful preventive measures or increased awareness campaigns during this period. However, it is important to note that the data shows negative values for cases in January and February 2013. This anomaly could be due to data entry errors or reporting inconsistencies.

From 2016 to 2019, the number of reported cases remained relatively low, with occasional peaks and troughs. There was a slight increase in cases in September 2018, reaching 9 reported cases. However, this increase was not sustained, and the number of cases gradually declined in subsequent months.

From 2020 to 2023, the data shows a consistent decline in the reported cases of Neonatal Tetanus. The number of cases decreased steadily, reaching its lowest point in June 2023, with only 1 reported case. This decrease may be attributed to improved healthcare practices, increased vaccination coverage, or targeted interventions specifically addressing Neonatal Tetanus.

Regarding the reported deaths, the data shows a similar pattern to the reported cases. The number of deaths followed a fluctuating trend, with occasional peaks and troughs. There were several months during which no deaths were reported, indicating successful management and treatment of Neonatal Tetanus cases.

It is important to highlight that the data provided has limitations. The negative values for cases in some months, as well as inconsistent reporting of deaths during certain periods, raise concerns about data accuracy and reliability. These discrepancies should be taken into account when interpreting the findings. In conclusion, the data suggests a general decline in the reported cases and deaths of Neonatal Tetanus from 2010 to 2023. This decline could be attributed to various factors, including improved healthcare practices, increased vaccination coverage, and targeted interventions. However, further investigation and analysis are needed to fully understand the underlying reasons for these trends and to ensure accurate reporting of cases and deaths in future studies.

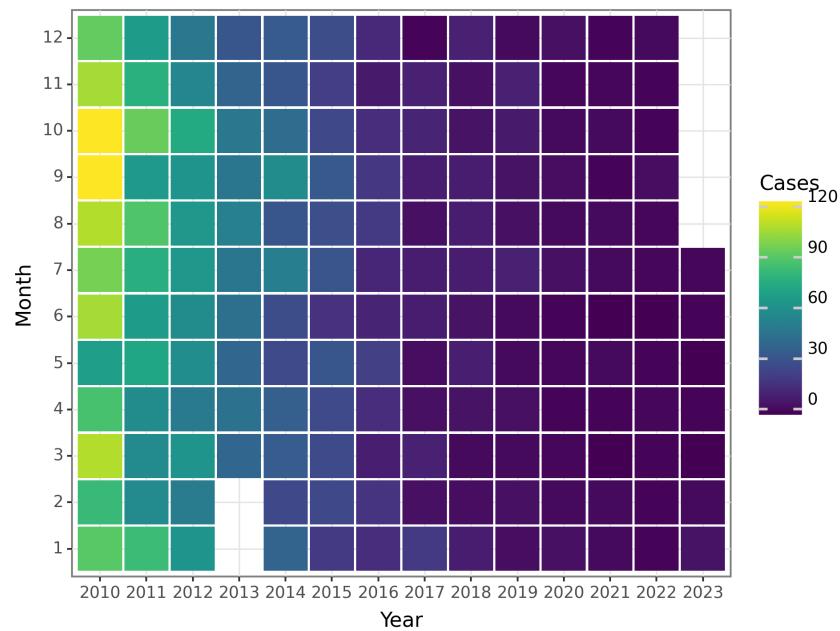


Figure 81: The Change of Neonatal tetanus Cases before 2023 June 01

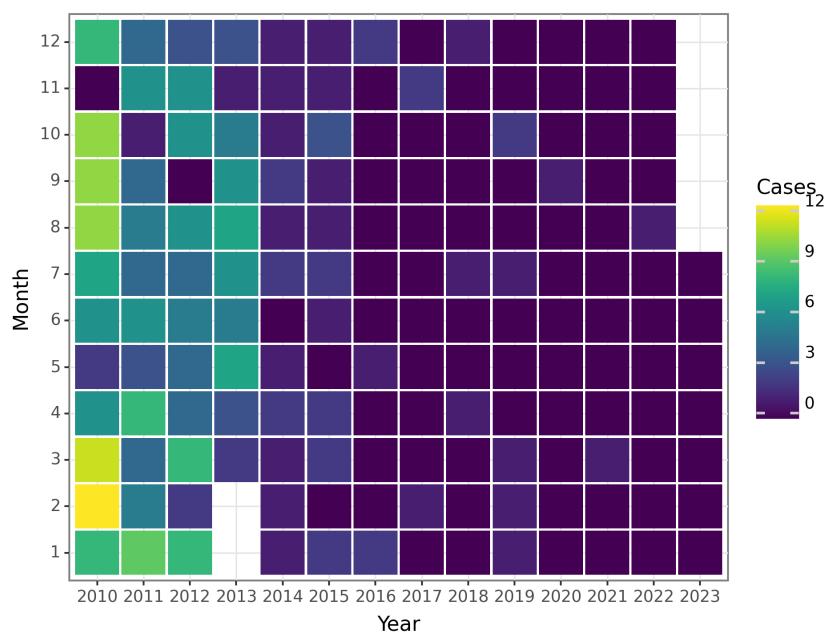


Figure 82: The Change of Neonatal tetanus Deaths before 2023 June 01

Scarlet fever

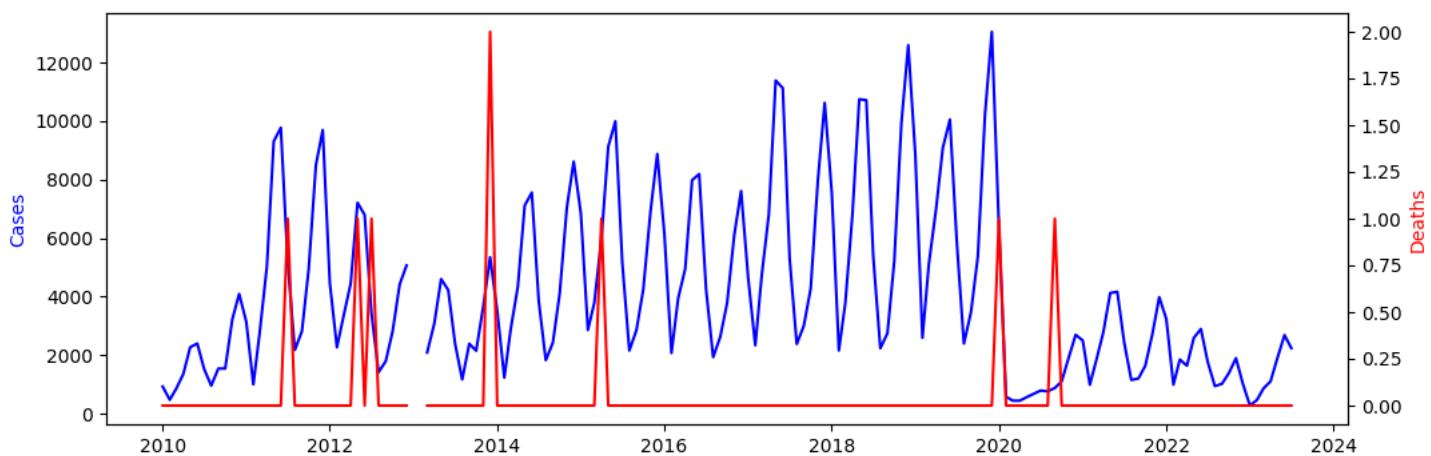


Figure 83: The Change of Scarlet fever Reports before 2023 June 01

The data provided represents the monthly incidence and deaths of Scarlet fever from January 2010 to June 2023. Scarlet fever is a bacterial infection caused by group A Streptococcus bacteria, primarily affecting children. It is characterized by a distinctive rash, high fever, sore throat, and swollen tonsils. Analyzing the data, we observe a fluctuating pattern in the monthly cases of Scarlet fever over the years. From January 2010 to December 2012, the number of reported cases varied, with some months showing higher incidence rates than others. For instance, May and June 2011 had the highest number of cases, with 9,308 and 9,773 respectively. These peaks in cases could be attributed to various factors such as seasonal variations, changes in population density, or variations in the prevalence of the Streptococcus bacteria.

After December 2012, there was a general decline in the number of reported cases of Scarlet fever, with occasional fluctuations. This decline could be a result of various factors, including improved hygiene practices, increased awareness about the disease, and better management and treatment strategies. It is worth noting that there were a few instances where negative values were recorded for the monthly cases and deaths. These negative values may indicate data entry errors or inconsistencies in reporting. It is crucial to verify the accuracy of these values and rectify any discrepancies to ensure the reliability of the data.

Regarding the deaths associated with Scarlet fever, the data shows a relatively low number of deaths throughout the entire period, with only a few months reporting any fatalities. For instance, in July 2011, one death was recorded, and in May 2012, one death was reported. The low mortality rate associated with Scarlet fever is a positive outcome and suggests that the disease is generally manageable and responds well to treatment when diagnosed and treated promptly.

Overall, the data highlights the fluctuating nature of Scarlet fever incidence over time, with a general decline in reported cases after 2012. These findings may reflect the effectiveness of public health measures and medical interventions in controlling and managing the spread of Scarlet fever. However, it is essential to continue monitoring the disease and implementing preventive measures to ensure its continued decline and prevent any potential outbreaks in the future.

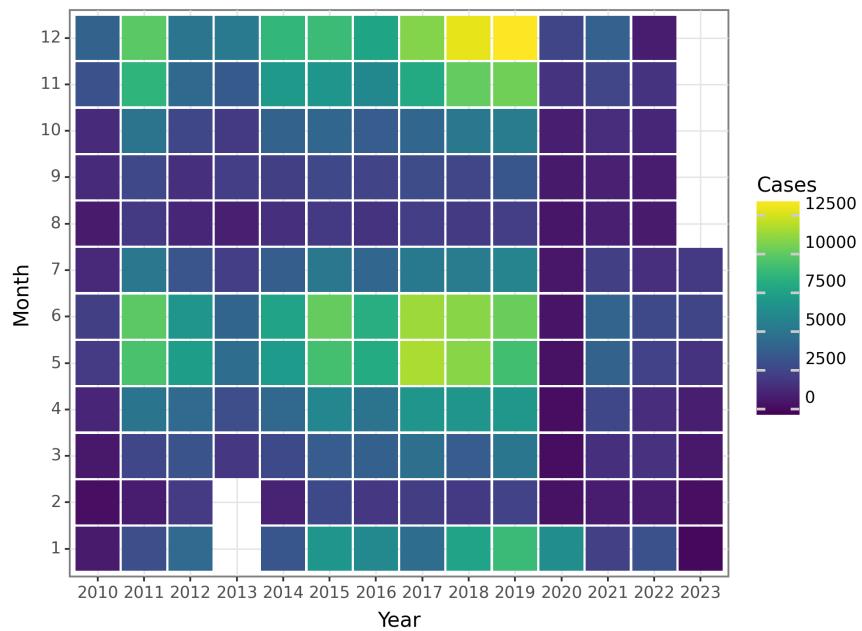


Figure 84: The Change of Scarlet fever Cases before 2023 June 01

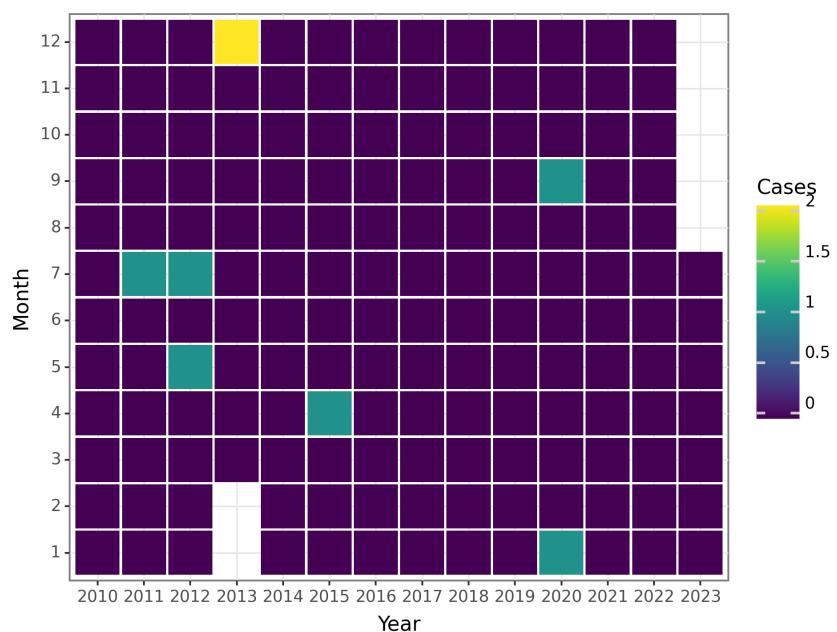


Figure 85: The Change of Scarlet fever Deaths before 2023 June 01

Brucellosis

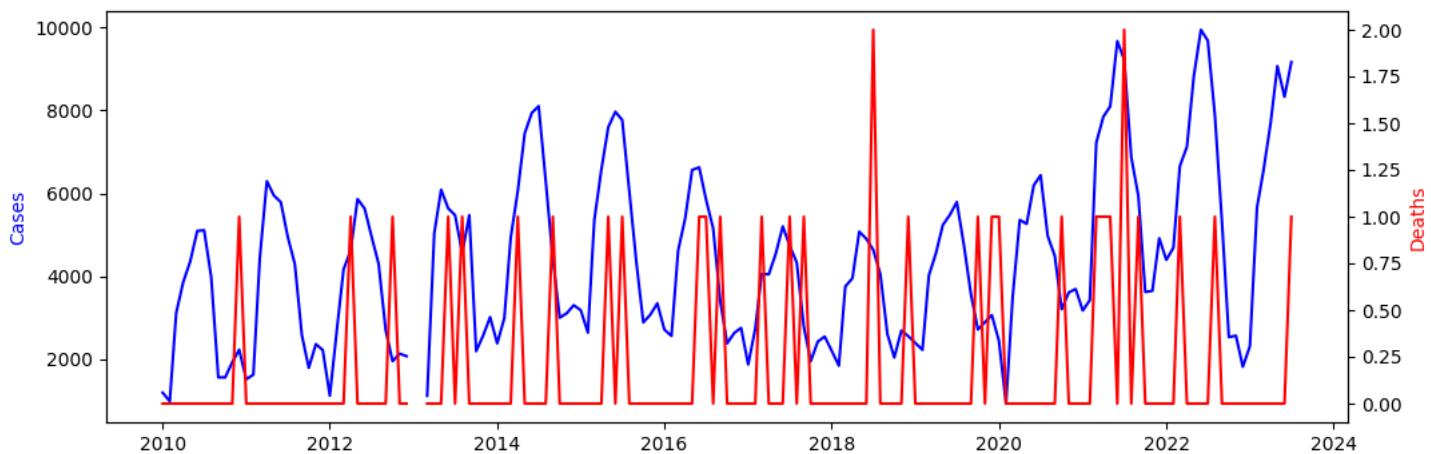


Figure 86: The Change of Brucellosis Reports before 2023 June 01

The data provided shows monthly incidence and deaths for Brucellosis from January 2010 to June 2023. During this period, the number of cases of Brucellosis varied significantly, with the highest number of cases being reported in June 2023 (8,326 cases) and the lowest number of cases being reported in January 2013 (-10 cases). The overall trend in the number of Brucellosis cases seems to be increasing, with a few fluctuations in between.

In terms of deaths, the number of deaths reported due to Brucellosis is low, with the highest number of deaths being reported in July 2021 (2 deaths) and December 2018 (1 death). It is important to note that negative values were reported for deaths in some months, which could be due to data entry errors or other reasons.

The data suggests that Brucellosis remains a public health concern, with a high number of cases reported in recent years. The increase in cases could be attributed to various factors, including inadequate control measures, increased surveillance, and improved diagnosis. Further studies are needed to identify the risk factors associated with Brucellosis and develop effective prevention and control strategies.

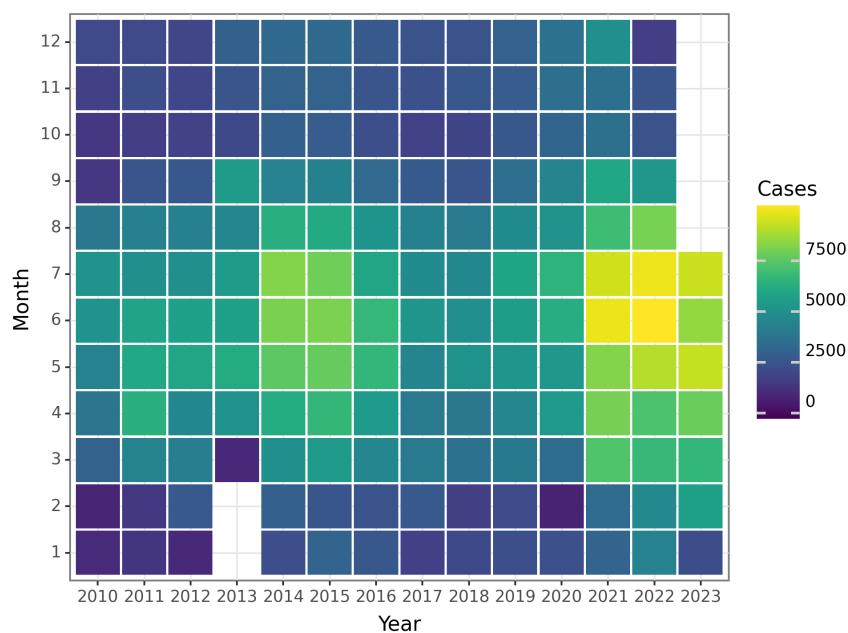


Figure 87: The Change of Brucellosis Cases before 2023 June 01

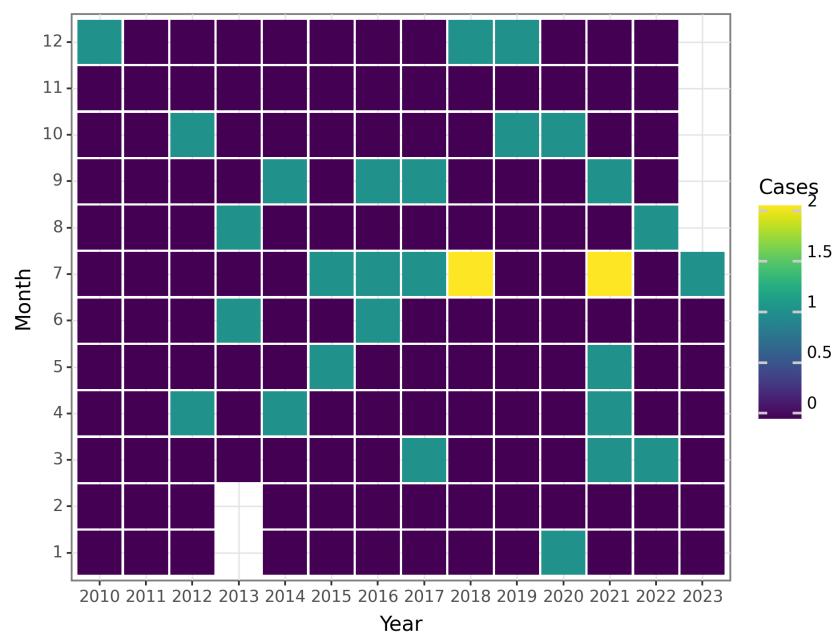


Figure 88: The Change of Brucellosis Deaths before 2023 June 01

Gonorrhea

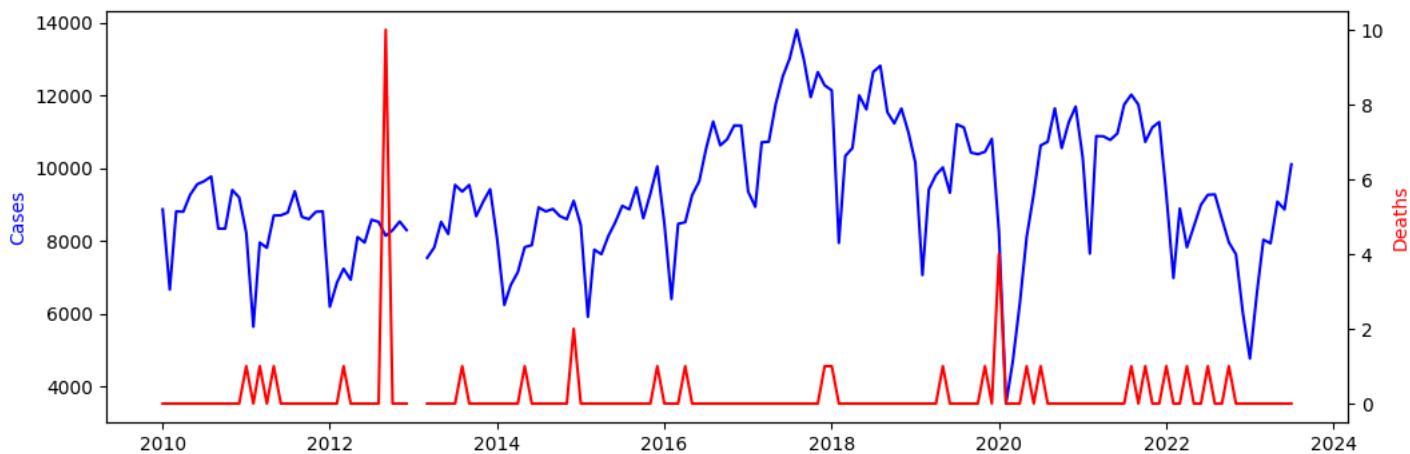


Figure 89: The Change of Gonorrhea Reports before 2023 June 01

The data shows the monthly incidence and deaths related to Gonorrhea from January 2010 to June 2023. The number of Gonorrhea cases remained relatively stable from 2010 to 2015, with a slight increase from 2016 to 2017 and a subsequent decrease in 2018. The number of cases increased again in 2019 and peaked in July 2021, with 11,747 cases reported. Since then, the number of cases has decreased slightly. In terms of deaths related to Gonorrhea, there were no reported deaths from January to August 2010, and only one death in September 2010. There were occasional deaths reported from 2011 to 2014, with the highest number of deaths (2) reported in December 2014. The number of deaths remained low from 2015 to 2017, with only one death reported in December 2015 and one in December 2017. In 2018, the number of deaths increased slightly with one death reported in January and one in August. The number of deaths increased again in 2019, with one death reported in May and one in November. In 2020, the number of deaths increased significantly, with four deaths reported in January, one in May, and one in July. In 2021 and 2022, the number of deaths remained relatively low, with one death reported in March 2021, one in April 2022, one in July 2022, and one in October 2022.

Overall, the data suggests that the incidence of Gonorrhea has been relatively stable since 2010, with occasional increases and decreases. The number of deaths related to Gonorrhea has been low, but there have been occasional spikes in the number of deaths reported.

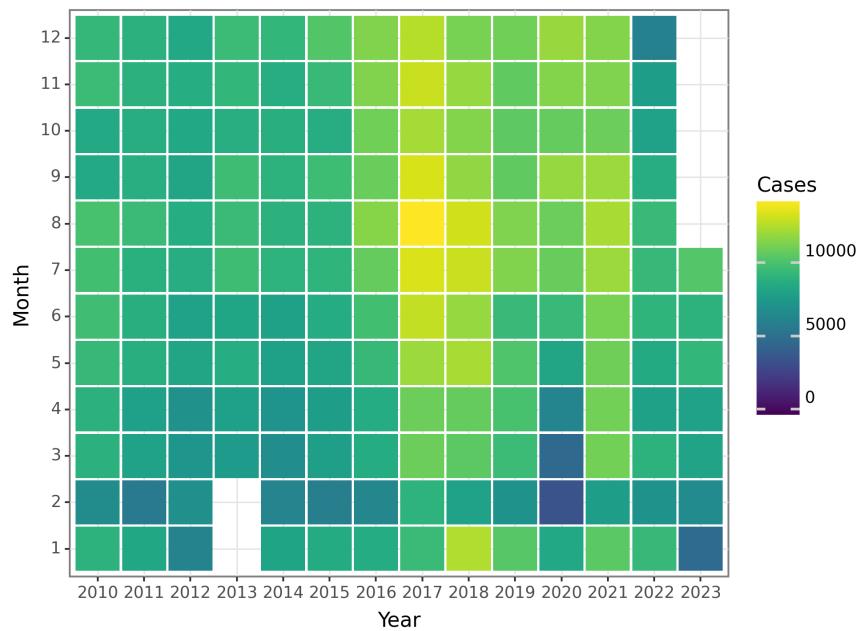


Figure 90: The Change of Gonorrhea Cases before 2023 June 01

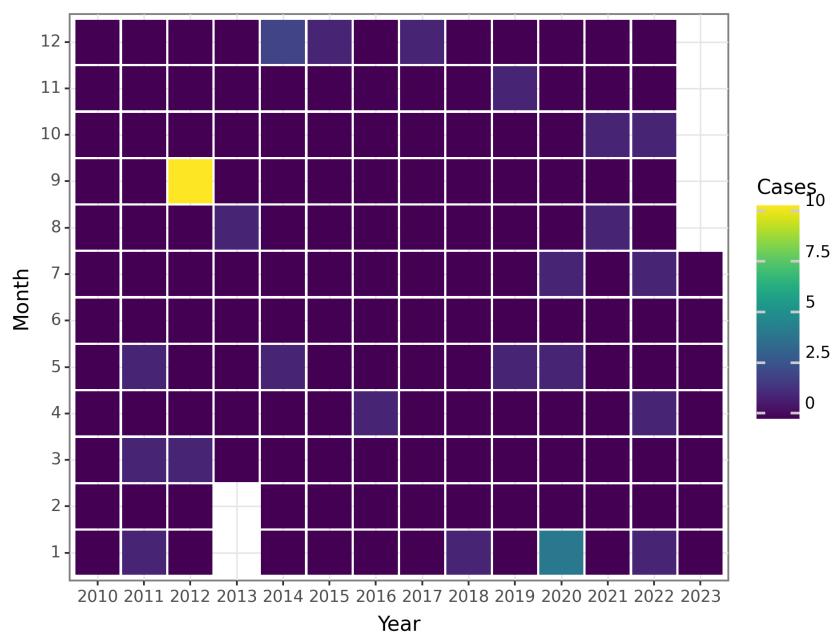


Figure 91: The Change of Gonorrhea Deaths before 2023 June 01

Syphilis

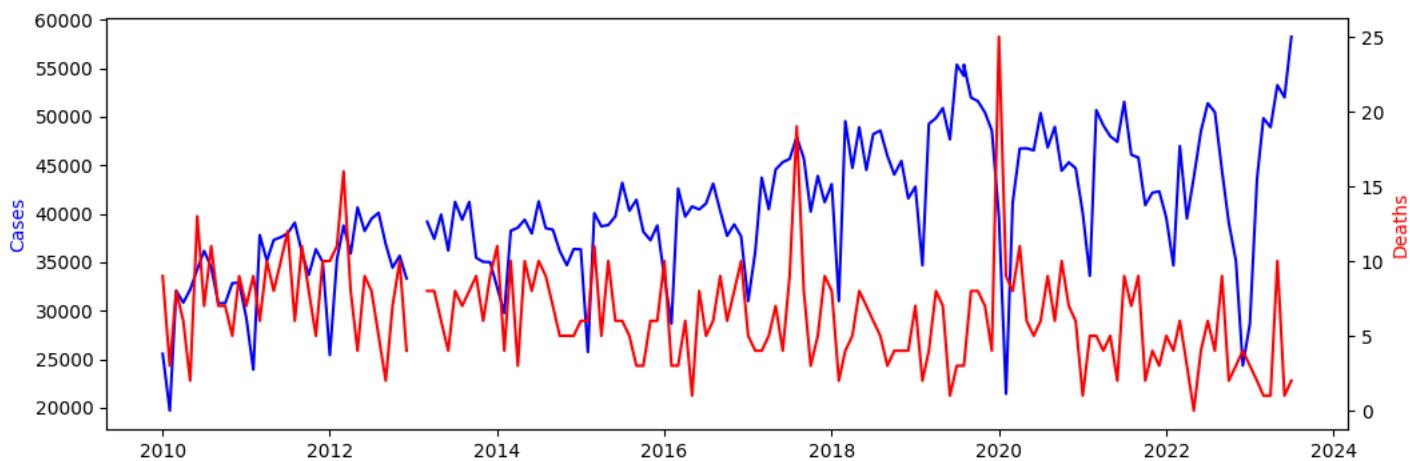


Figure 92: The Change of Syphilis Reports before 2023 June 01

The data provided represents the monthly cases and deaths of Syphilis from January 2010 to June 2023. The cases of Syphilis show a fluctuating pattern over time, with some months recording higher numbers of cases compared to others. It is important to note that the data for January 2013 and February 2013 show negative values, which could be due to data entry errors or other anomalies in the data collection process. Looking at the trend of cases over the years, there seems to be a general increase in the number of reported cases from 2010 to 2015. After 2015, the number of cases fluctuates but generally remains high. The data for June 2023 shows a significant rise in the number of cases, reaching a peak of 52,007. This could indicate a potential outbreak or an increase in the spread of the disease during that particular month. In terms of deaths related to Syphilis, the numbers are relatively low throughout the entire period. However, there is a slight increase in deaths reported in some months, particularly in August 2017, where the number of deaths reaches 19. It is important to further investigate the reasons behind these higher mortality rates in certain months and understand the factors contributing to them. Overall, the data suggests an ongoing public health concern regarding the prevalence and impact of Syphilis. The fluctuating number of cases and occasional increase in deaths highlight the need for continued monitoring and intervention efforts to prevent the further spread of the disease. Further analysis and research are required to identify specific risk factors, vulnerable populations, and effective prevention strategies to address this issue.

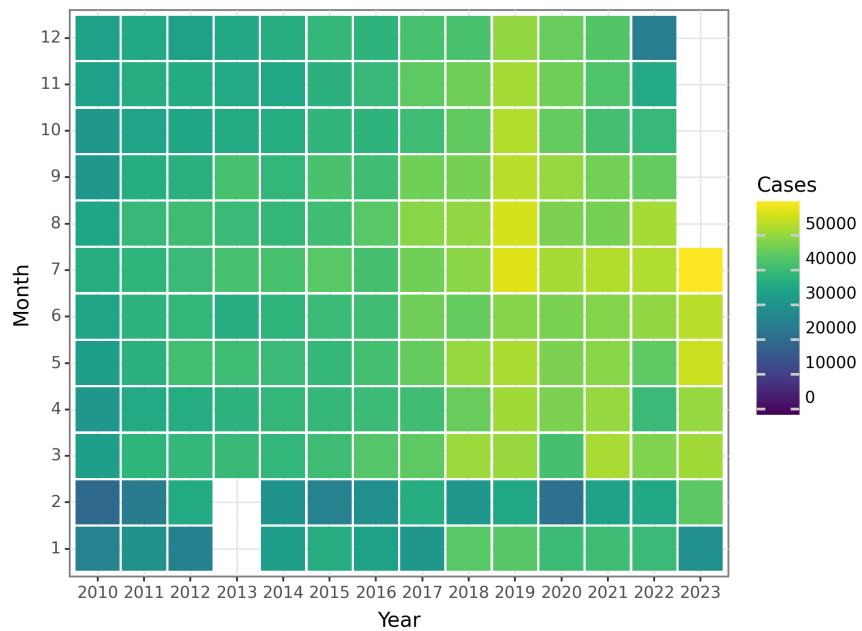


Figure 93: The Change of Syphilis Cases before 2023 June 01

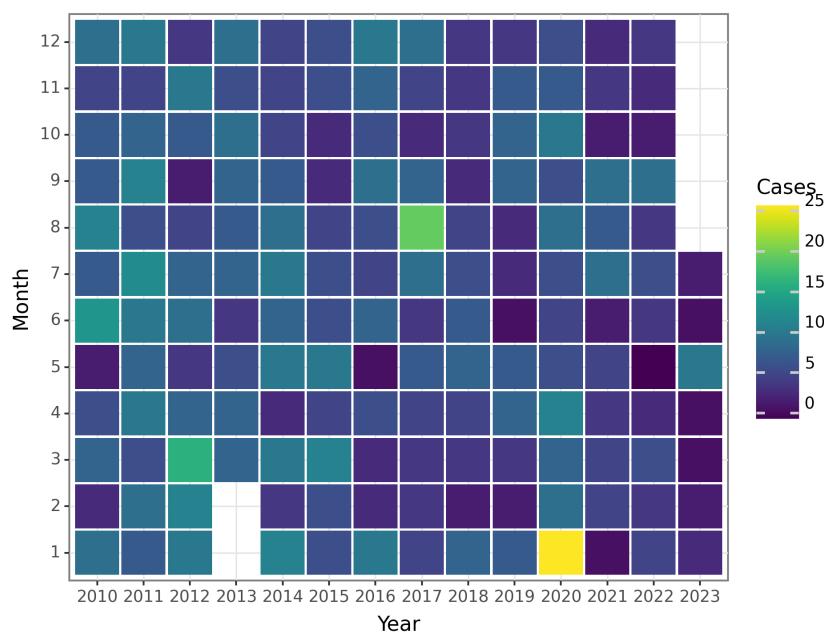


Figure 94: The Change of Syphilis Deaths before 2023 June 01

Leptospirosis

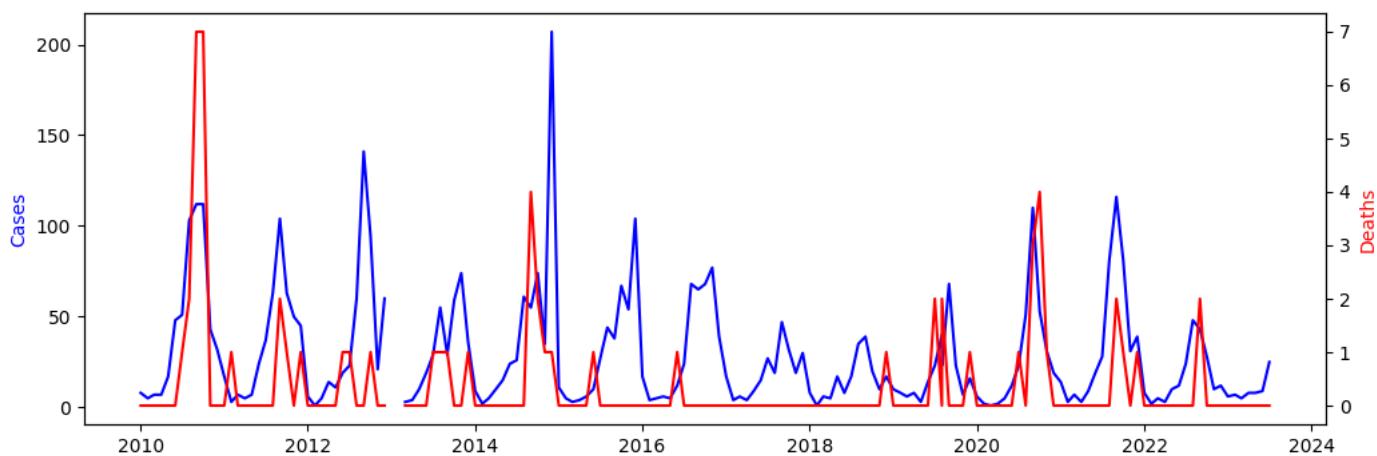


Figure 95: The Change of Leptospirosis Reports before 2023 June 01

The data provided represents the monthly incidence and death cases of Leptospirosis from January 2010 to June 2023. Leptospirosis is a bacterial infection caused by the spirochete bacteria Leptospira, commonly found in animals such as rats and livestock. The disease is transmitted to humans through contact with contaminated water or soil.

Analyzing the data, we can observe a fluctuating trend in the number of reported cases over the years. From 2010 to 2012, there is a gradual increase in the number of cases, with a peak in August 2012, where the highest number of cases was reported (141 cases). This could be attributed to various factors such as environmental conditions and increased exposure to contaminated water sources during that period. After 2012, there is a slight decline in the number of cases, with sporadic peaks observed in certain months. This fluctuation could be a result of various factors, including seasonal variations, changes in population density, and public health interventions. However, it is important to note that the data for January 2013 and February 2013 show negative values, which may indicate data recording errors or inconsistencies.

From 2014 to 2017, the number of reported cases remains relatively stable, with no significant increases or decreases. However, there is a noticeable increase in cases from 2018 to 2019, with a peak in September 2019, where the highest number of cases was reported (68 cases). This increase could be attributed to factors such as changes in environmental conditions, increased awareness and reporting, or changes in the population's susceptibility to the disease.

From 2020 to 2023, the number of reported cases shows a fluctuating pattern, with no clear upward or downward trend. The highest number of cases during this period was reported in September 2020, with 110 cases. It is important to note that the data for January 2023 shows a relatively low number of cases (9 cases), which could be due to incomplete reporting or data collection for that month.

Regarding the reported deaths, the data shows a relatively low number of deaths throughout the entire period. Deaths related to Leptospirosis are less common compared to the number of reported cases, as the disease is generally treatable with appropriate medical intervention. However, it is crucial to note that the data for some months in 2013 and 2018, particularly January 2013, February 2013, and August 2018, show negative values, which may indicate data recording errors or inconsistencies.

In conclusion, the data provided gives an overview of the monthly incidence and death cases of Leptospirosis from 2010 to 2023. Overall, there is a fluctuating trend in the number of reported cases, with some periods of increased incidence. The number of deaths related to Leptospirosis remains relatively low throughout the entire period. However, it is essential to interpret the data with caution, considering the potential data recording errors or inconsistencies observed in some months. Further analysis and investigation may be necessary to understand the underlying factors influencing the incidence and mortality rates of Leptospirosis in the given population.

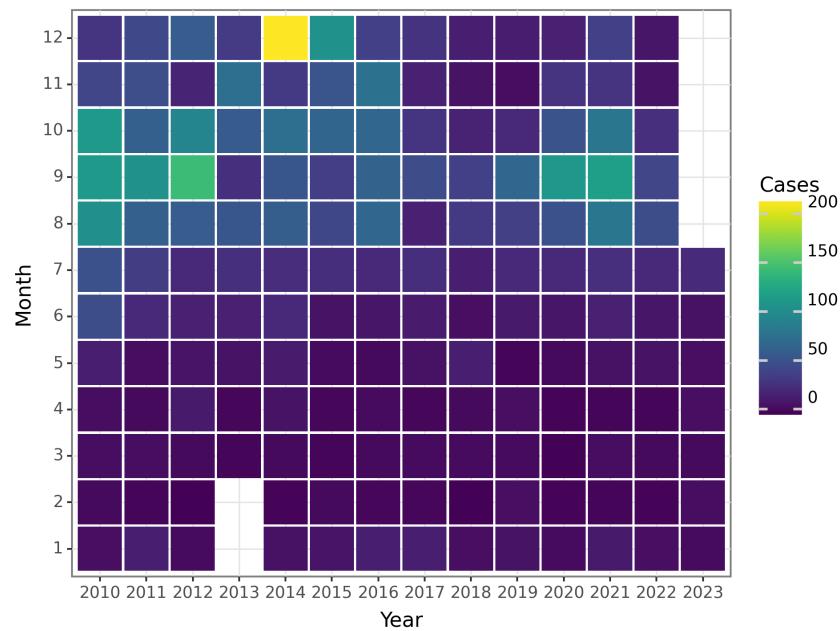


Figure 96: The Change of Leptospirosis Cases before 2023 June 01

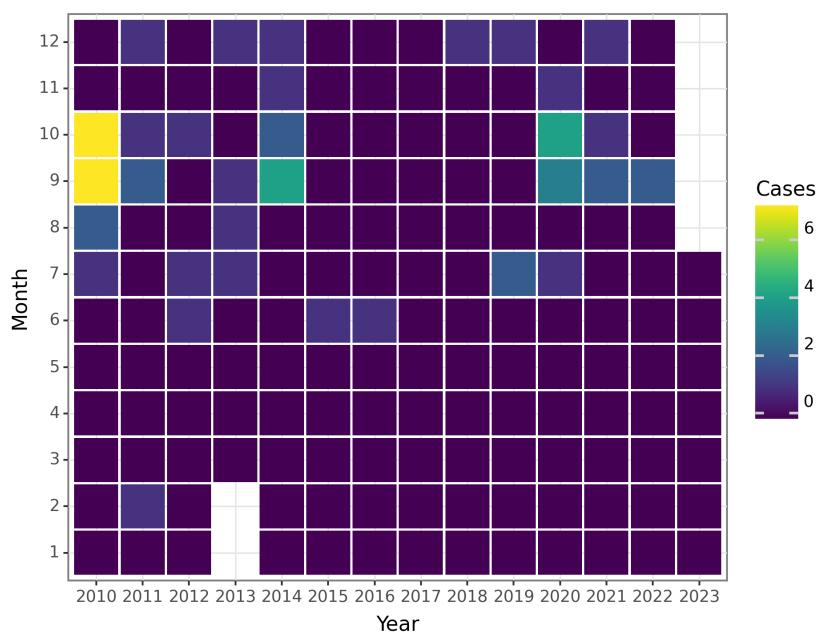


Figure 97: The Change of Leptospirosis Deaths before 2023 June 01

Schistosomiasis

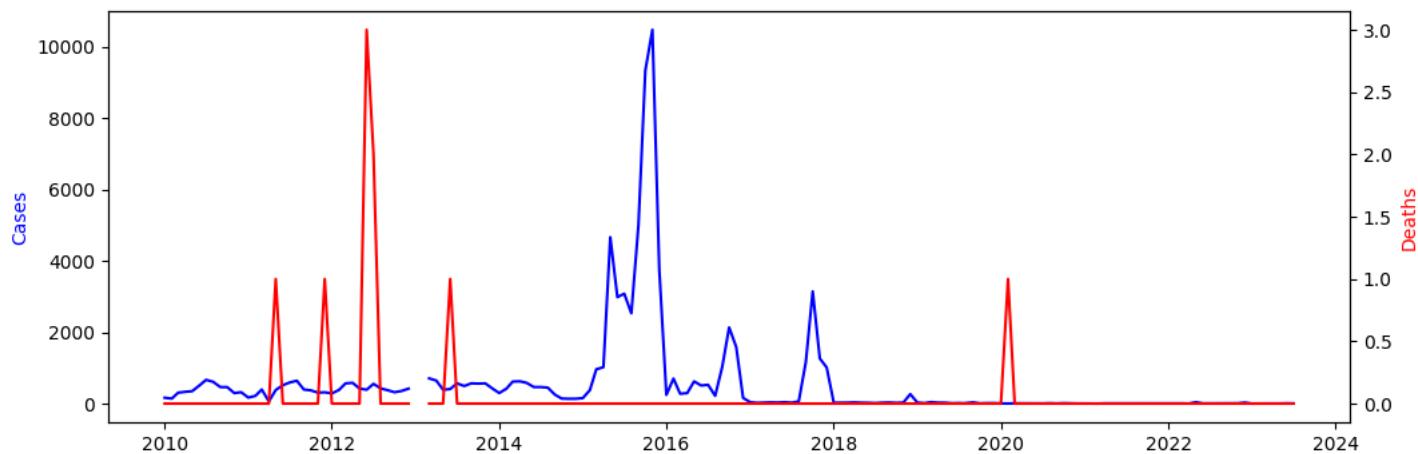


Figure 98: The Change of Schistosomiasis Reports before 2023 June 01

Based on the data provided, we can see that the incidence of Schistosomiasis cases has varied greatly over the years, with some years having very few cases and others having many more. The highest number of cases occurred in May 2015, with a staggering 4664 cases reported. The number of cases in June 2023 was 7, indicating a relatively low incidence of Schistosomiasis cases in that month.

It is worth noting that, despite the fluctuation in the number of cases over the years, the number of deaths reported due to Schistosomiasis has remained consistently low, with most months reporting no deaths at all. The only exception to this was in June 2012, where 3 deaths were reported.

It is important to continue monitoring the incidence of Schistosomiasis cases, particularly in areas where the disease is endemic, and to implement measures to prevent and control its spread. These measures could include improving access to clean water and sanitation facilities, promoting the use of protective clothing, and implementing mass drug administration programs.

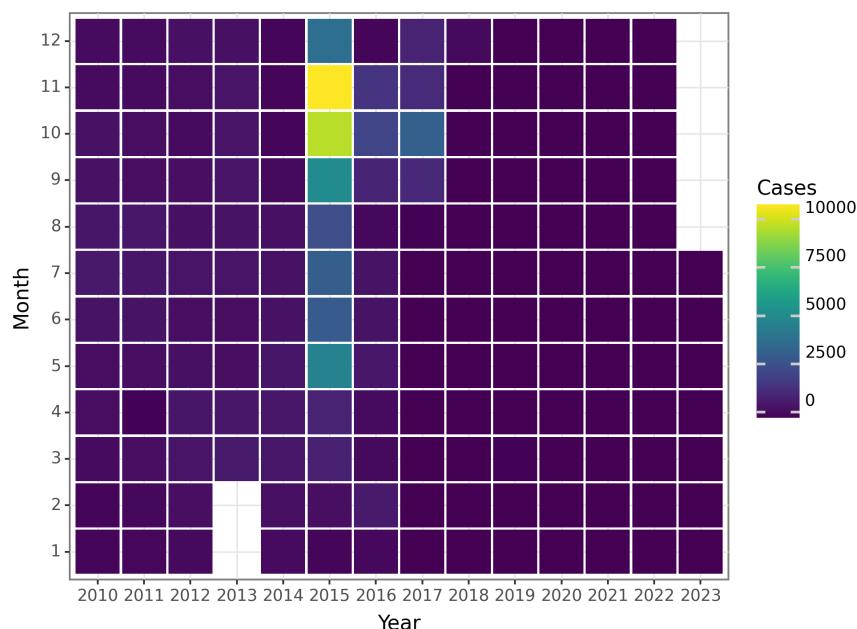


Figure 99: The Change of Schistosomiasis Cases before 2023 June 01

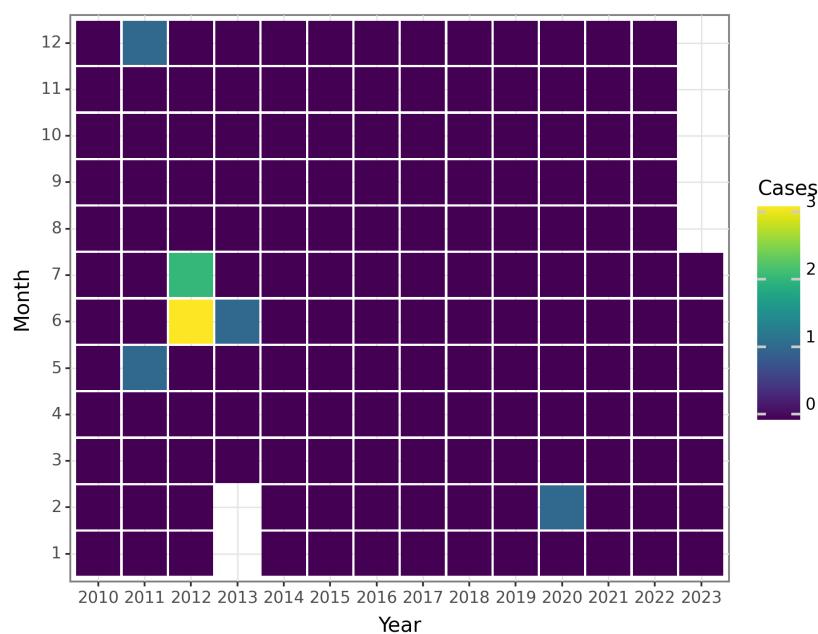


Figure 100: The Change of Schistosomiasis Deaths before 2023 June 01

Malaria

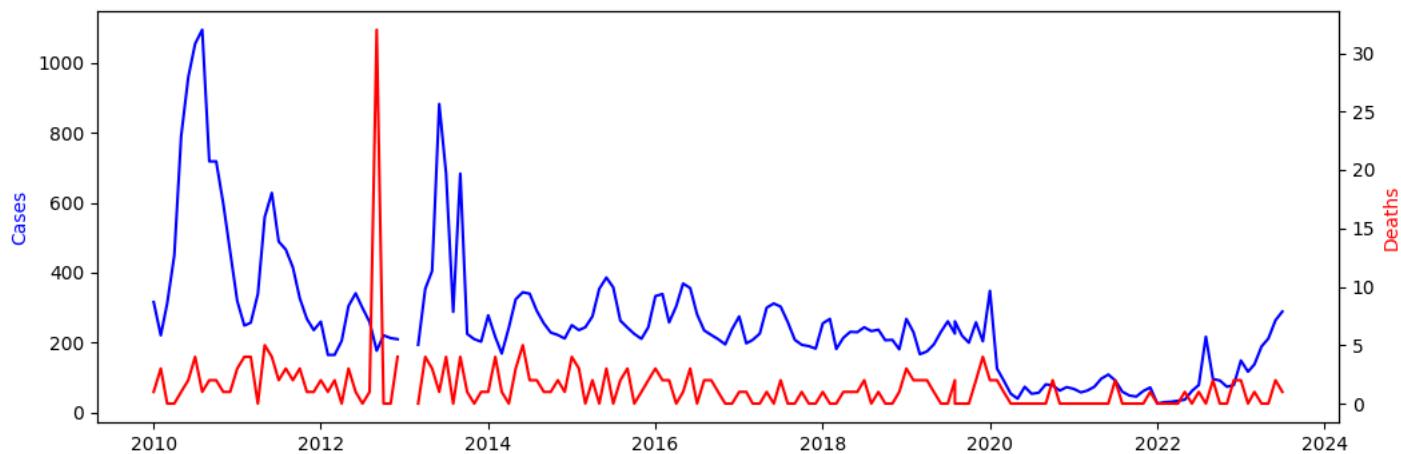


Figure 101: The Change of Malaria Reports before 2023 June 01

The data provided represents the monthly incidence and death rates of Malaria from January 2010 to June 2023. The incidence of Malaria cases shows an overall fluctuating trend over the years, with some periods of higher and lower cases. In 2010, the number of cases started at 316 in January and gradually increased to 1054 in July before declining again towards the end of the year. The following year, in 2011, there was a slight decrease in cases compared to the previous year, with a range between 236 and 628. From 2012 to 2015, there was a general increasing trend in the number of cases, with occasional fluctuations.

In 2016, there was a significant decrease in cases, reaching a low point of 195 in November. However, this decline was short-lived as the number of cases started to increase again in 2017 and continued to fluctuate until 2023. In the most recent data available, there were 264 cases reported in June 2023, indicating a slight increase compared to the previous months.

On the other hand, the number of deaths due to Malaria shows a different pattern compared to the incidence. The death rates are generally lower than the incidence rates, but they also exhibit fluctuations over the years. In 2010, the number of deaths ranged from 0 to 5, with a peak of 5 deaths in May. From 2011 to 2015, the death rates remained relatively low, with occasional spikes but no clear trend.

In 2016, there was a sudden increase in deaths, particularly in September where 32 deaths were reported. This was followed by a decrease in deaths in the subsequent years, with occasional spikes but overall lower numbers compared to 2016. In June 2023, there were 2 deaths reported, indicating a relatively low mortality rate compared to previous years.

It is important to note that the negative values reported for some months in the incidence and death rates are likely errors in data collection or recording. These values should be treated with caution and further investigation is needed to confirm their accuracy.

Overall, the data suggests that while the incidence of Malaria cases has shown fluctuating trends over the years, the mortality rates have remained relatively low. It is important to continue monitoring and addressing Malaria cases to ensure effective prevention and control measures are in place.

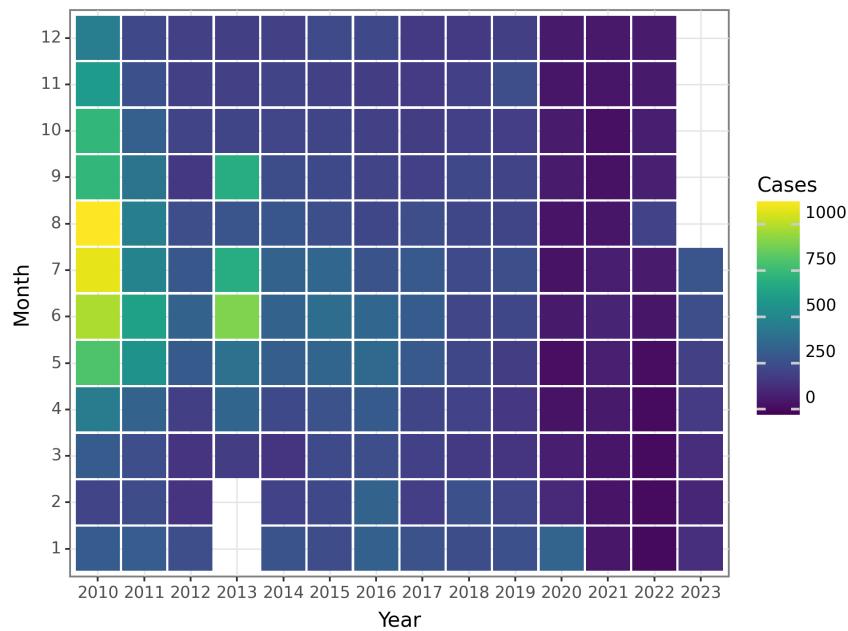


Figure 102: The Change of Malaria Cases before 2023 June 01

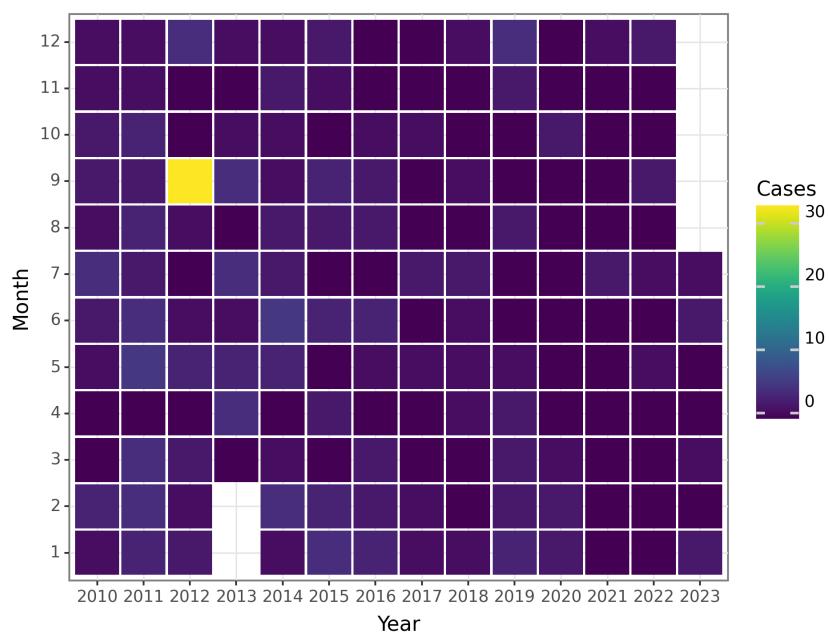


Figure 103: The Change of Malaria Deaths before 2023 June 01

Human infection with H7N9 virus

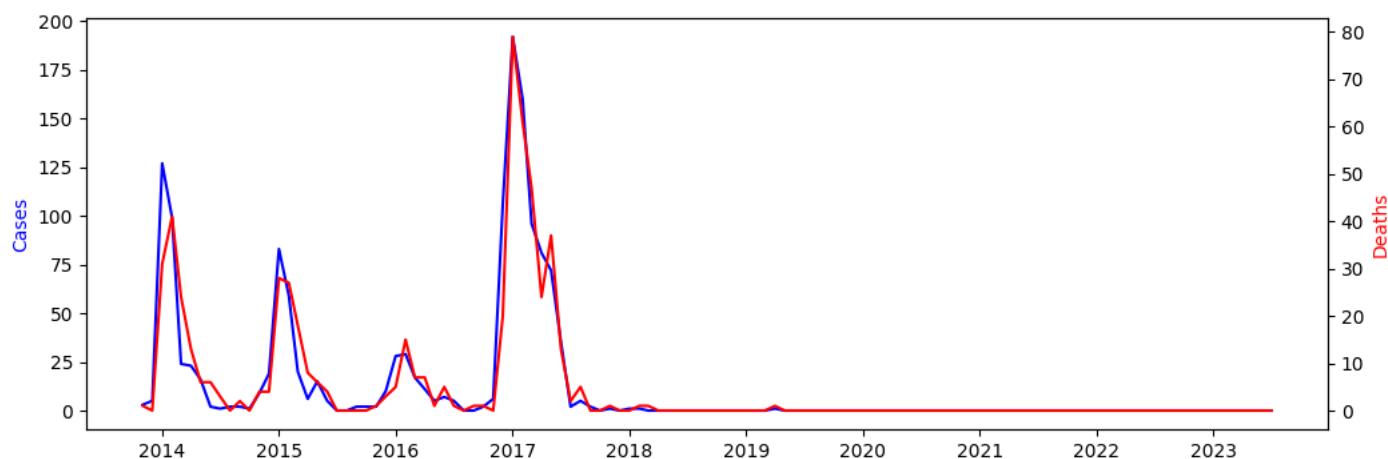


Figure 104: The Change of Human infection with H7N9 virus Reports before 2023 June 01

The data provided represents the monthly cases and deaths of Human infection with H7N9 virus from November 2013 to June 2023. The cases and deaths are categorized by month and year.

From November 2013 to June 2014, the number of cases steadily increased from 3 to 127, indicating a rapid spread of the H7N9 virus during this period. However, the number of cases started to decline in July 2014, reaching a low of 1 case in October of the same year. The number of cases remained relatively low until January 2015, when it spiked to 83 cases. This indicates a potential resurgence of the virus.

From January 2015 to December 2017, the number of cases fluctuated but generally remained below 100. However, there were a few notable peaks, such as in January 2016 with 28 cases and in January 2017 with 192 cases. These peaks suggest sporadic outbreaks or localized transmission.

After December 2017, the number of cases gradually declined and eventually reached zero in June 2020. From July 2020 to June 2023, there were no reported cases of Human infection with H7N9 virus. This suggests that effective control measures or natural immunity may have contributed to the eradication of the virus during this period.

In terms of deaths, the data shows a similar pattern to the number of cases. The number of deaths peaked in February 2014 with 41 deaths, following the peak in cases in January 2014. The number of deaths then gradually declined, with occasional spikes in certain months. Notably, there were no deaths reported from July 2017 onwards, indicating a significant reduction in the severity of the virus or improved medical interventions.

Overall, the data suggests that Human infection with H7N9 virus had a significant impact on public health from 2013 to 2017, with sporadic outbreaks and fluctuations in the number of cases and deaths. However, effective control measures and interventions seem to have successfully reduced the transmission and severity of the virus, eventually leading to its eradication by June 2020. Continued surveillance and monitoring of the virus are important to prevent future outbreaks and ensure public health preparedness.

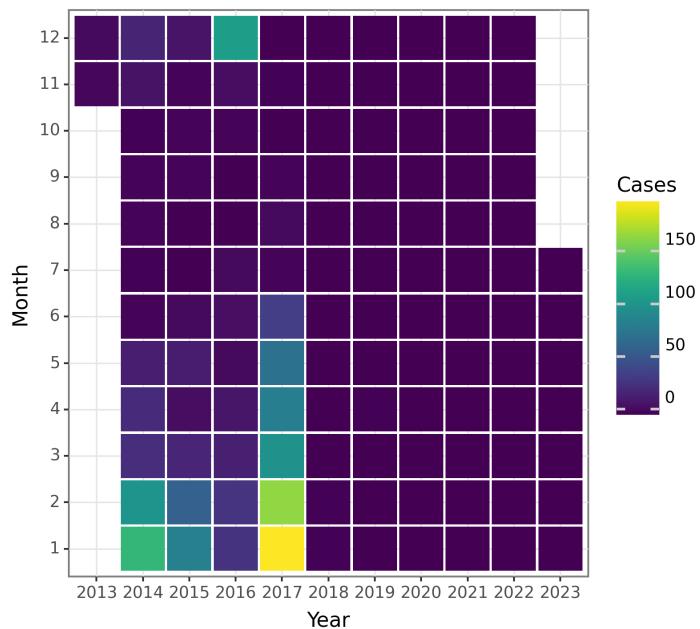


Figure 105: The Change of Human infection with H7N9 virus Cases before 2023 June 01

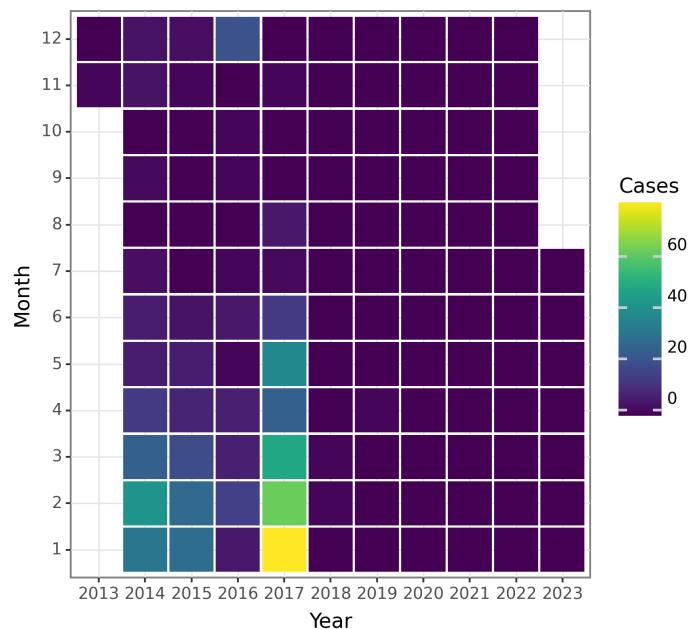


Figure 106: The Change of Human infection with H7N9 virus Deaths before 2023 June 01

Influenza

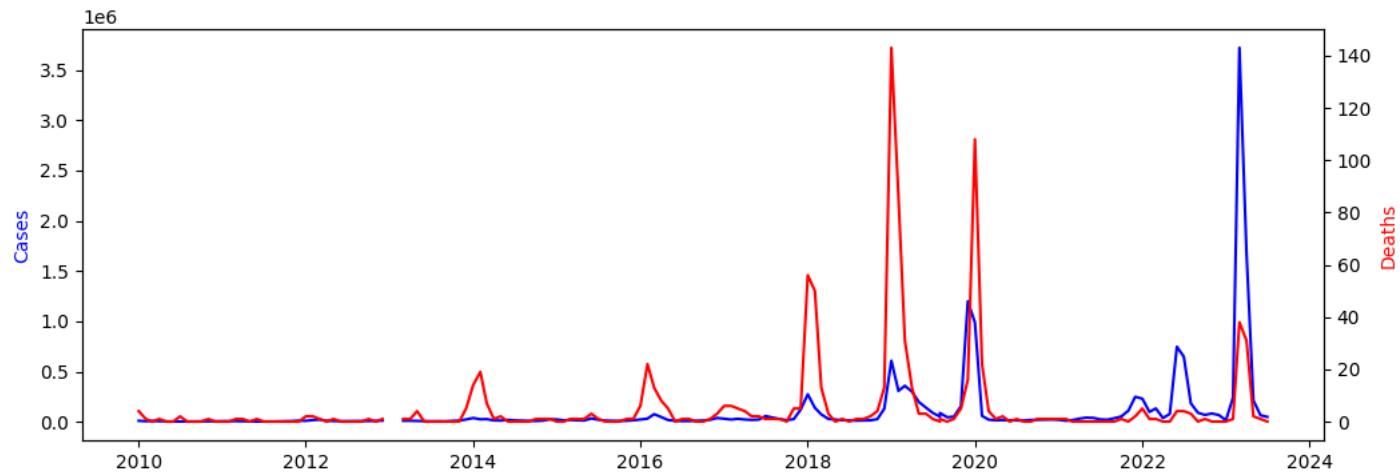


Figure 107: The Change of Influenza Reports before 2023 June 01

The data provided shows the monthly incidence and death of Influenza from January 2010 to June 2023. The number of cases reported has varied significantly over the years, with a peak of 3,721,370 cases reported in March 2023. The number of cases reported in June 2023 was 65,289. The trend in the number of cases reported over the years shows a cyclic pattern, with peaks and troughs observed in different months. The number of deaths reported due to Influenza has varied significantly over the years, with a peak of 121,800 deaths reported in December 2017. The number of deaths reported in June 2023 was 1. The data provided can be used to understand the pattern of Influenza incidence and mortality over the years. It is important to note that the data provided is for a specific region and may not be representative of the global situation. Further research is required to understand the factors that contribute to the variation in Influenza incidence and mortality over the years. The data provided can also be used to plan for the allocation of healthcare resources during peak periods of Influenza incidence.

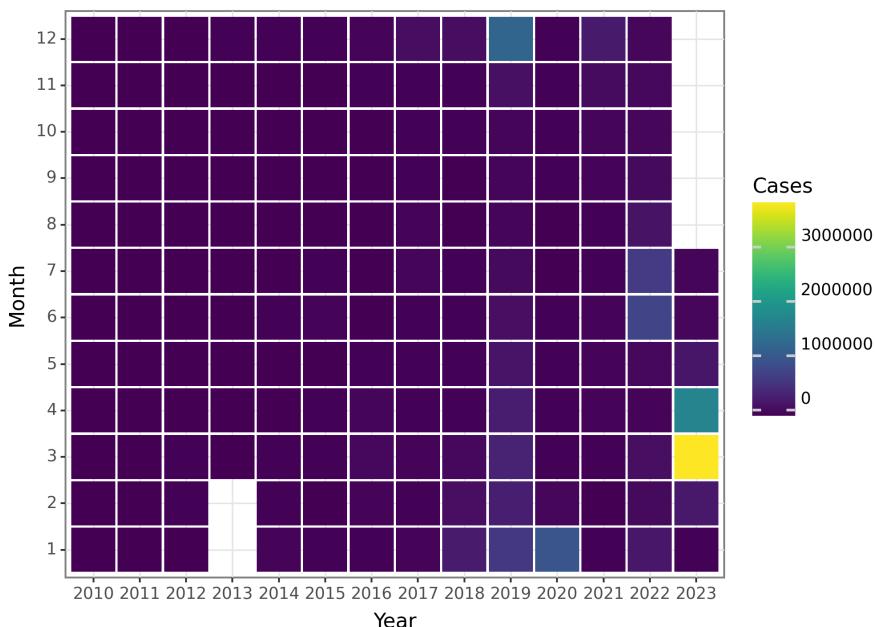


Figure 108: The Change of Influenza Cases before 2023 June 01

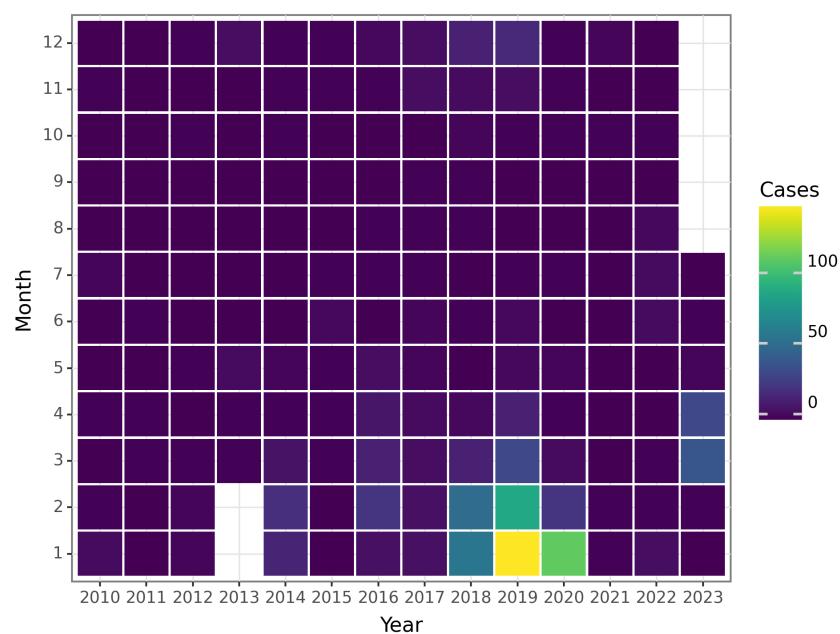


Figure 109: The Change of Influenza Deaths before 2023 June 01

Mumps

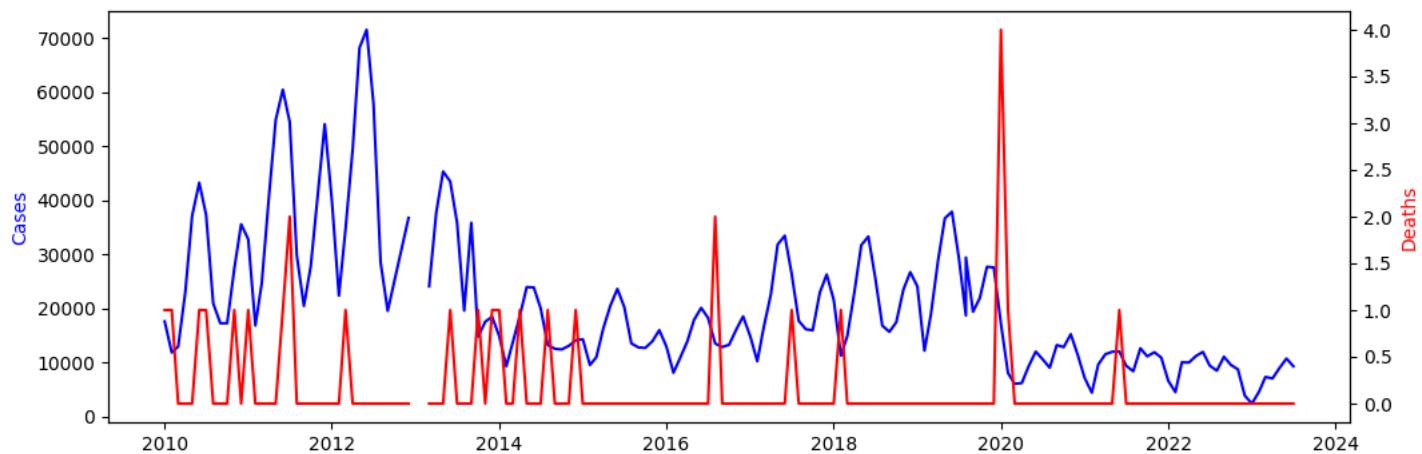


Figure 110: The Change of Mumps Reports before 2023 June 01

According to the data provided, there were 10,710 cases of mumps reported in June 2023. This is a notable increase from the previous month, which had 8,930 cases. It is also a significant increase from the same month in the previous year, which had 12,015 cases.

In terms of mortality, there were no deaths reported due to mumps in June 2023. This is a positive sign since mumps can sometimes result in serious complications such as meningitis, encephalitis, and deafness.

Overall, the trend in mumps cases appears to be cyclical, with peaks occurring about every three to four years. The highest number of cases occurred in 2011, with a peak of 60,499, followed by a decline in subsequent years. However, there has been a recent uptick in cases since 2020, which may be a cause for concern.

It is important to note that the mumps vaccine is highly effective in preventing the disease. Therefore, efforts to increase vaccination rates and improve access to the vaccine may be beneficial in controlling outbreaks and reducing the burden of disease.

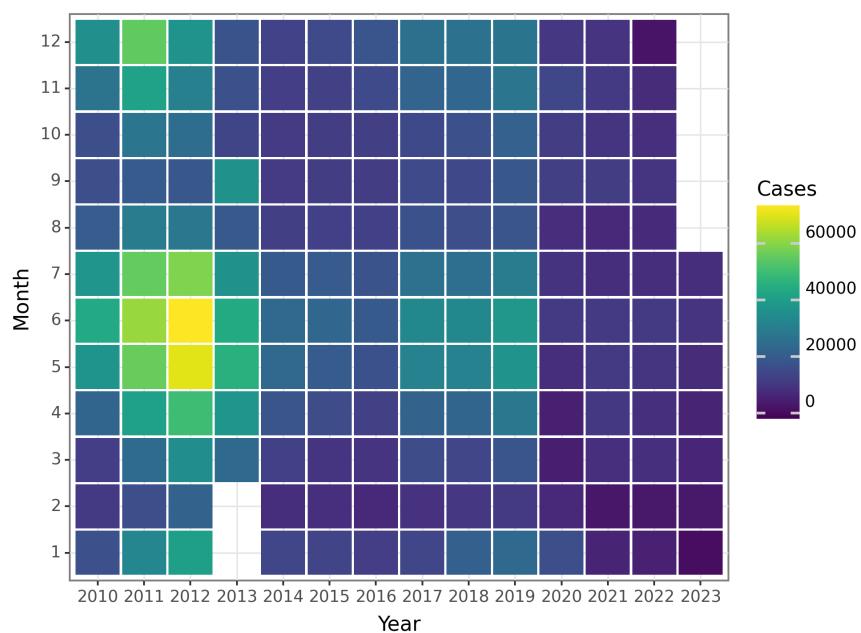


Figure 111: The Change of Mumps Cases before 2023 June 01

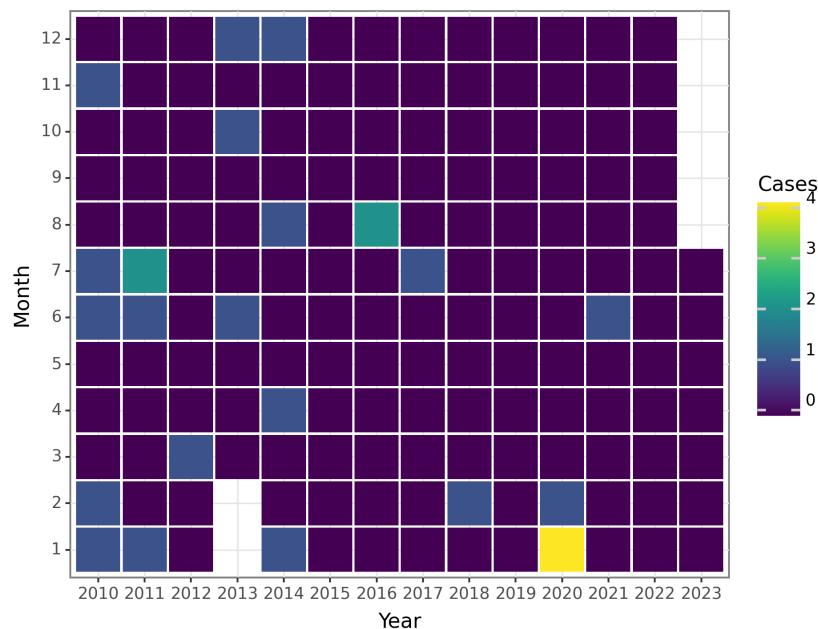


Figure 112: The Change of Mumps Deaths before 2023 June 01

Rubella

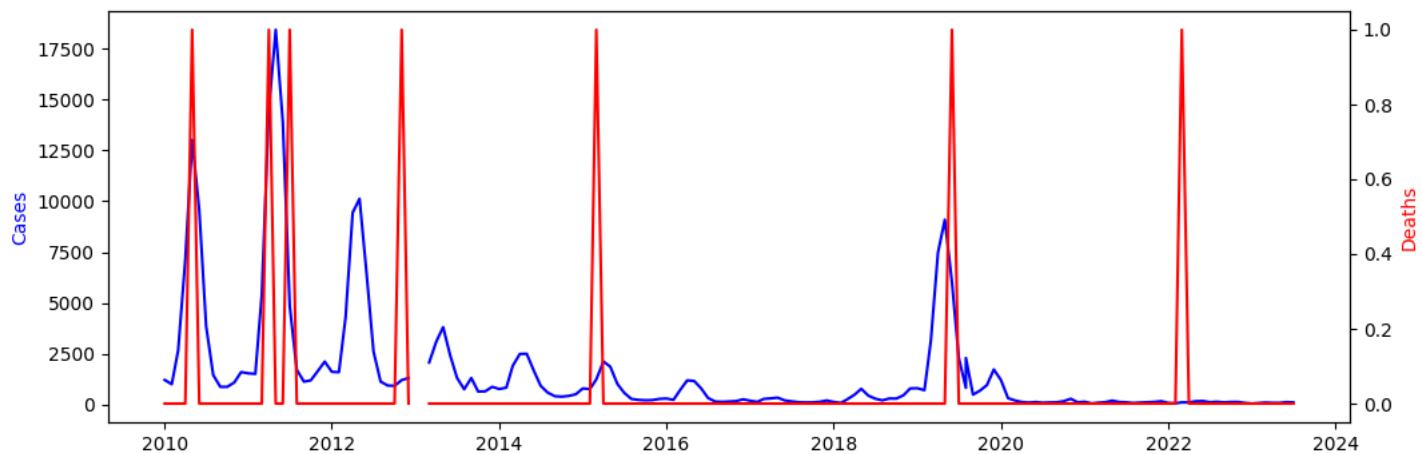


Figure 113: The Change of Rubella Reports before 2023 June 01

Based on the data provided, it appears that the incidence of rubella cases has been fluctuating over the past decade, with a peak of 18,445 cases in May 2011 and a low of -10 cases in January and February of 2013. In June 2023, there were 110 reported cases of rubella. It's important to note that there were no reported deaths due to rubella during this time period.

Rubella is a highly infectious viral disease that can cause serious health complications, especially in pregnant women. The data suggests that rubella is still a public health concern, as there were multiple peaks in incidence over the past decade. It's important for healthcare professionals to continue to monitor the incidence of rubella and promote vaccination to prevent further outbreaks.

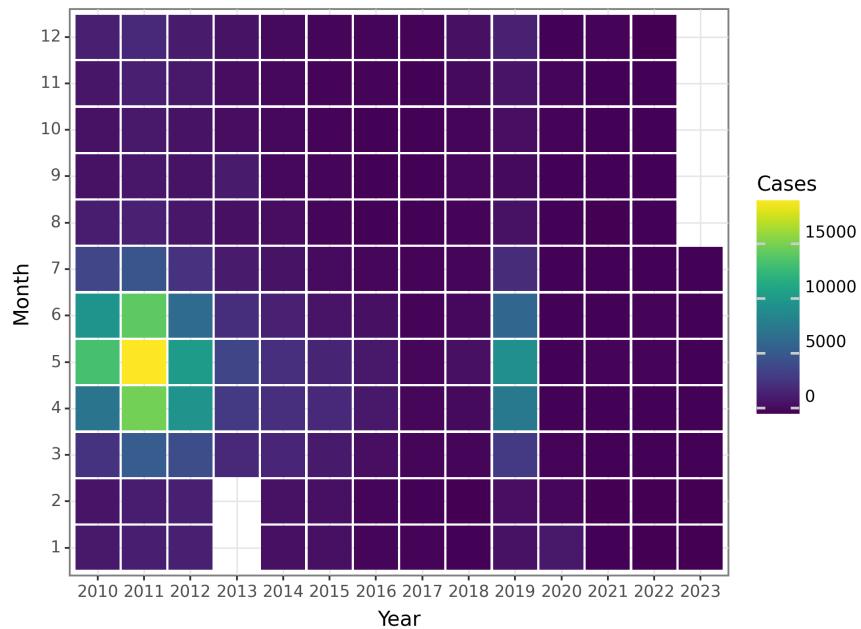


Figure 114: The Change of Rubella Cases before 2023 June 01

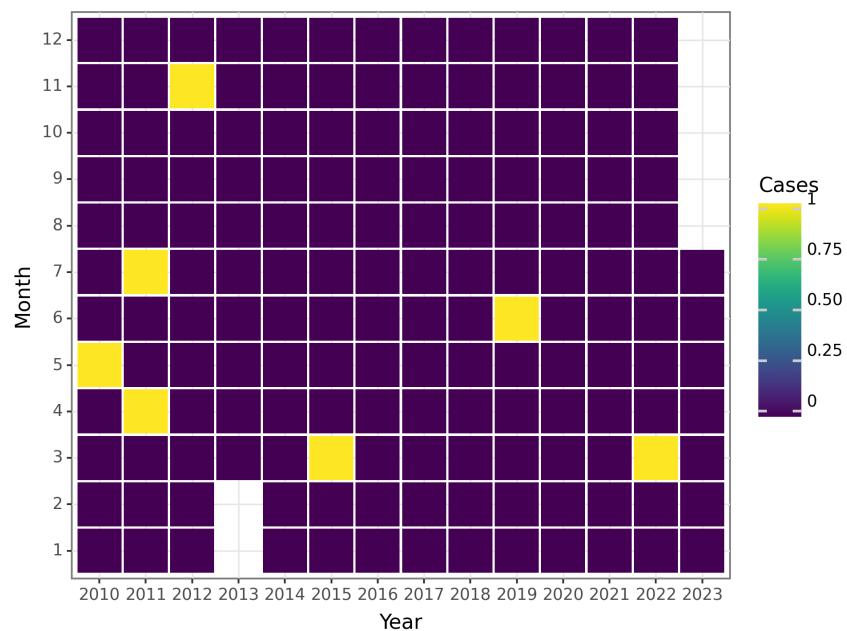


Figure 115: The Change of Rubella Deaths before 2023 June 01

Acute hemorrhagic conjunctivitis

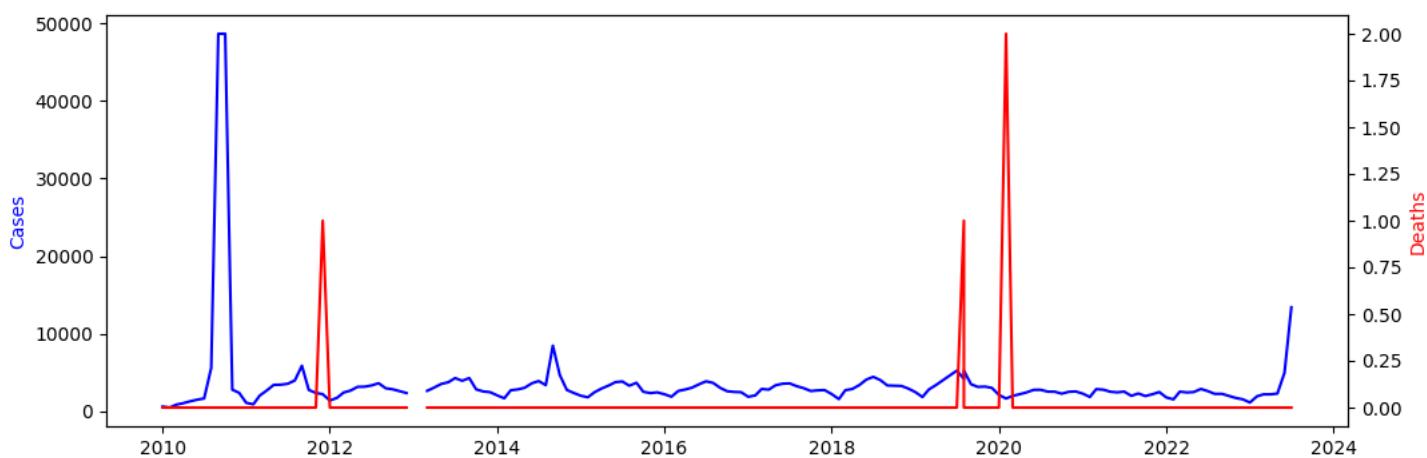


Figure 116: The Change of Acute hemorrhagic conjunctivitis Reports before 2023 June 01

The dataset provided includes the monthly incidence and death counts for Acute Hemorrhagic Conjunctivitis (AHC) from January 2010 to June 2023. AHC is a viral infection that primarily affects the conjunctiva, causing redness, swelling, and discharge in the eyes. It is important to analyze this data to understand the patterns and trends of AHC cases and deaths over time.

Upon reviewing the data, it can be observed that the number of AHC cases varied throughout the years. From January to June 2010, the number of cases steadily increased from 634 to 1525. This upward trend continued until August 2010 when there was a sudden spike in cases, reaching a peak of 5627. However, from September to October 2010, the number of cases remained consistently high at 48658.

In the following years, the number of AHC cases fluctuated. There were noticeable peaks in September 2014 and June 2019, with 8485 and 4668 cases, respectively. On the other hand, there were periods of relatively lower case counts, such as in January 2016 and February 2018, with 2223 and 1596 cases, respectively.

Regarding deaths related to AHC, the dataset shows that there were no reported deaths from January 2010 to December 2010. However, there was one death reported in December 2010, indicating a potential fatality associated with the disease. In September 2019, another death was recorded, but overall, the number of deaths remained low throughout the study period.

It is important to note that there are negative values for cases and deaths in some months, particularly in January and February 2013 and February 2020. These negative values may indicate data errors or anomalies and should be investigated further to ensure the accuracy and reliability of the findings.

In conclusion, the data presented here provides valuable insights into the incidence and mortality patterns of Acute Hemorrhagic Conjunctivitis over a span of several years. The fluctuating nature of the case counts suggests the presence of seasonal variations or potential outbreaks during certain periods. The low number of deaths indicates that AHC is generally a non-fatal disease, although it is crucial to monitor any changes in mortality rates. Further analysis and research are needed to understand the factors contributing to the variability in case counts and to develop effective prevention and control strategies for AHC.

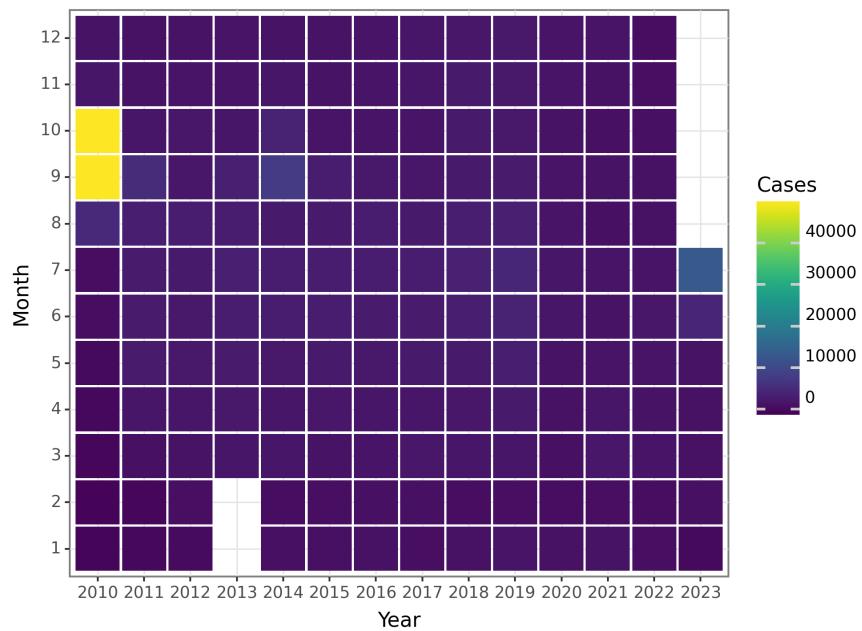


Figure 117: The Change of Acute hemorrhagic conjunctivitis Cases before 2023 June 01

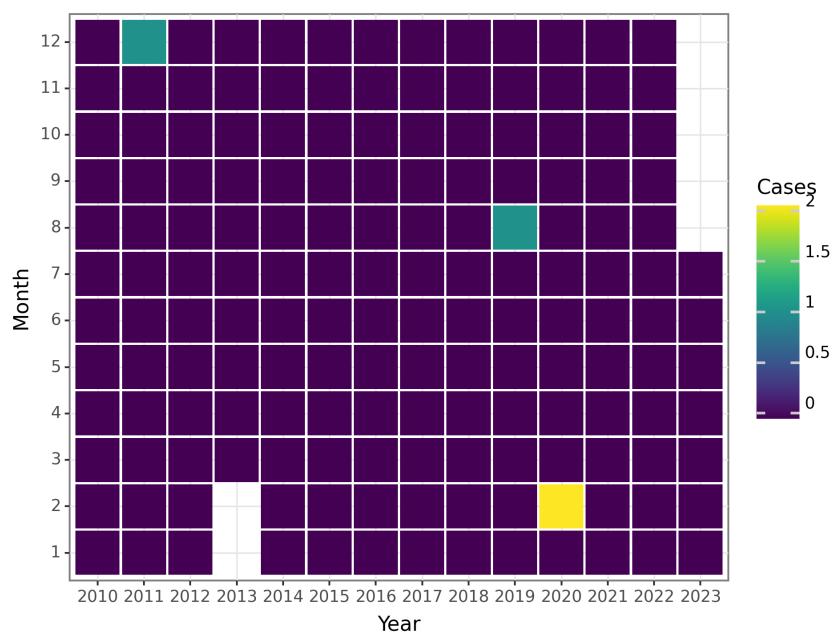


Figure 118: The Change of Acute hemorrhagic conjunctivitis Deaths before 2023 June 01

Leprosy

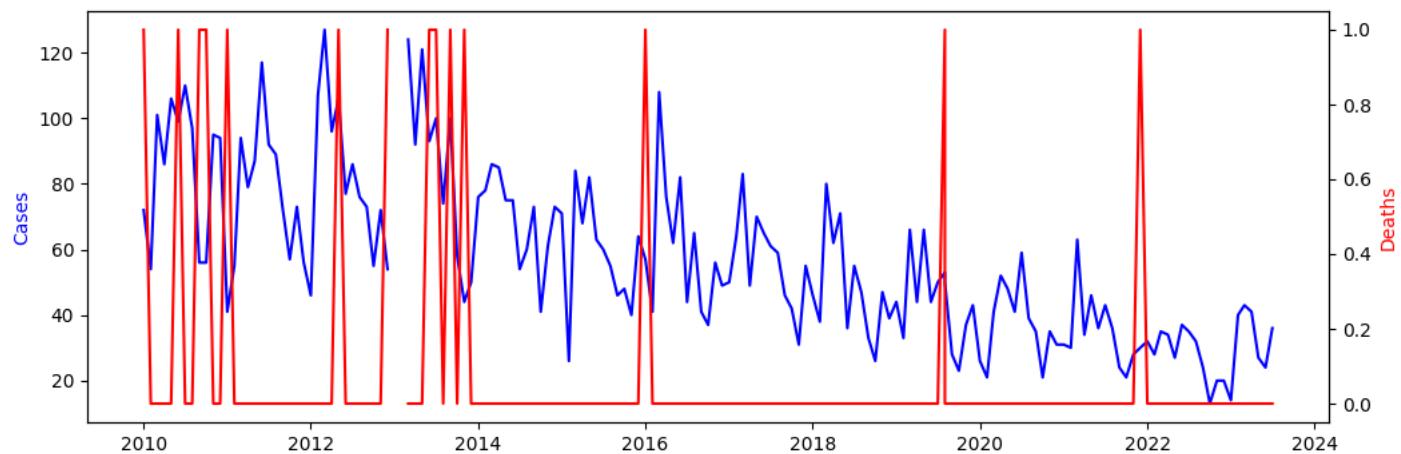


Figure 119: The Change of Leprosy Reports before 2023 June 01

In June 2023, there were 24 new cases of leprosy reported. This value is lower than the previous month, May 2023, which had 27 new cases. The number of cases of leprosy has fluctuated over the years, with a peak in June 2011 when there were 117 new cases reported, and a low in January and February 2013 when there were negative values reported, which could be due to data collection or reporting errors. Regarding deaths, there were no deaths reported due to leprosy in June 2023. In fact, there have been very few deaths reported due to leprosy throughout the recorded years. The majority of months have no deaths reported, with only a few months having one or two deaths reported. Overall, the number of cases of leprosy has been fluctuating over the years, with a peak in June 2011 and a low in early 2013. The number of deaths reported due to leprosy has been consistently low throughout the years. Further investigation into the factors influencing these trends could provide insight into the control and prevention of leprosy.

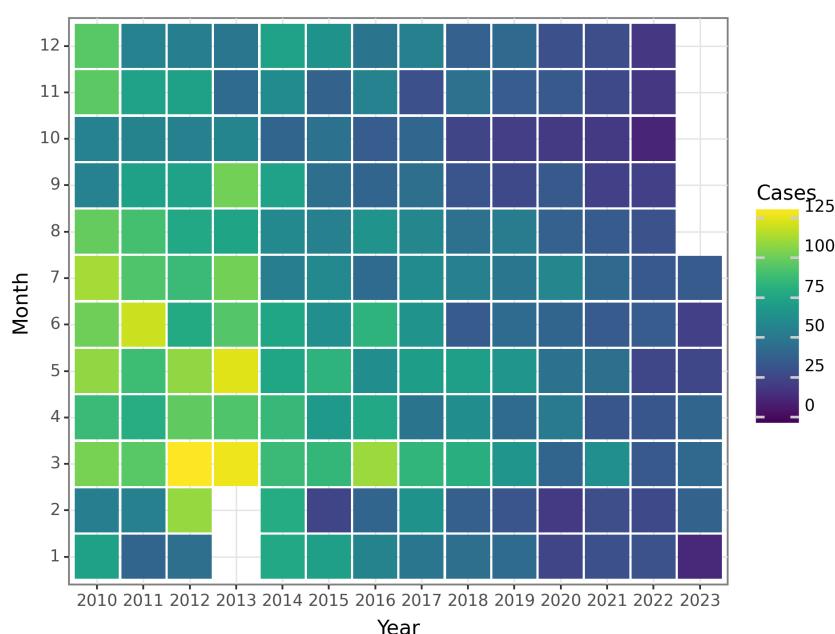


Figure 120: The Change of Leprosy Cases before 2023 June 01

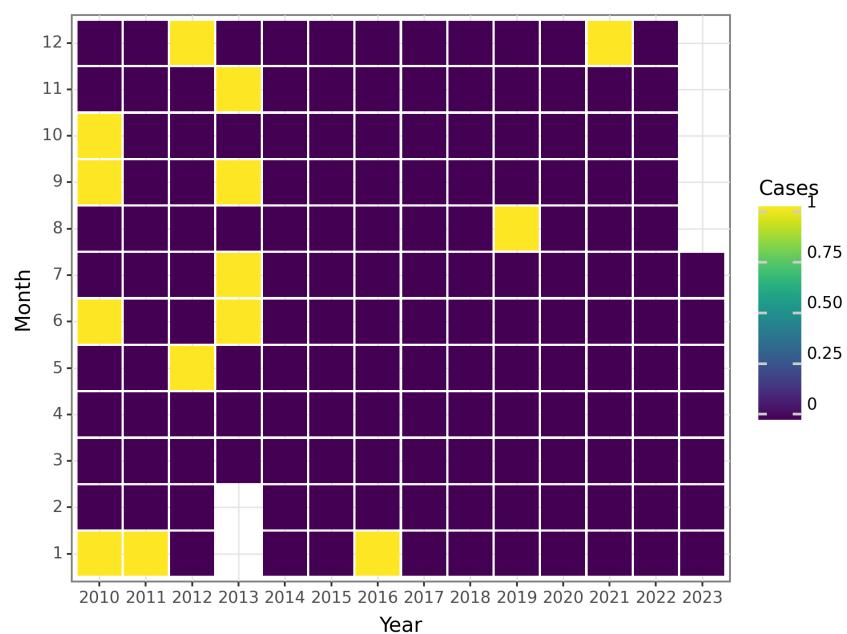


Figure 121: The Change of Leprosy Deaths before 2023 June 01

Typhus

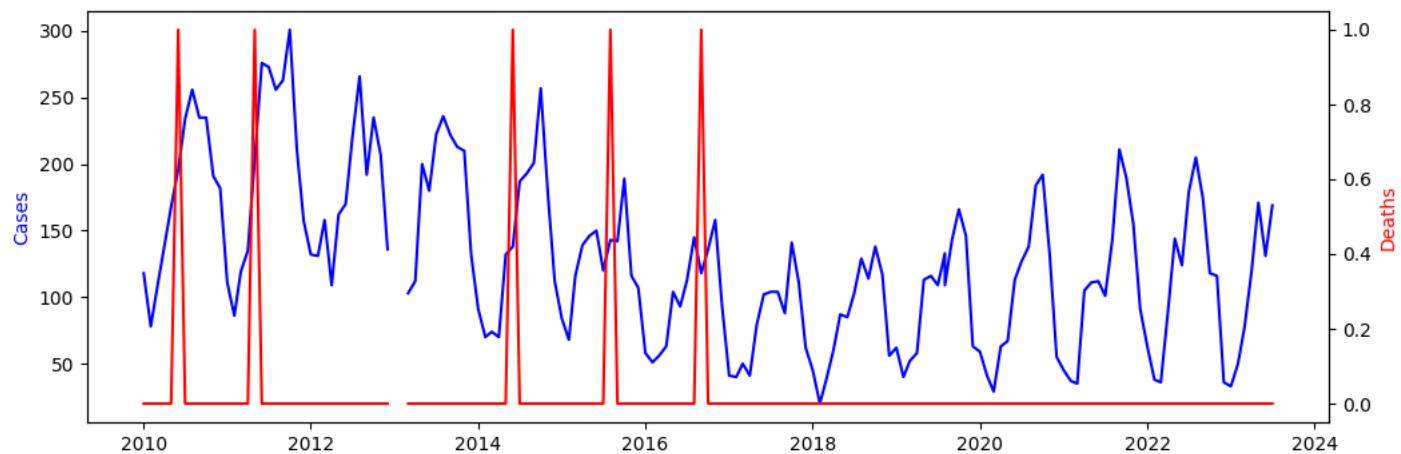


Figure 122: The Change of Typhus Reports before 2023 June 01

The data provided shows the monthly incidence and death of Typhus from January 2010 to June 2023. The data shows that the number of cases of Typhus has varied over the years, with the peak occurring in October 2019 with 166 cases reported. However, there has been a general decline in the number of cases since then, with only 131 cases reported in November 2020. In June 2023, there were 131 cases reported. The data also shows that there were no reported deaths due to Typhus during the entire period of the study, except for one death reported in June 2010.

The trend in the data indicates that the incidence of Typhus has been generally low in recent years. However, there is still a need for continued surveillance and control measures to prevent any potential outbreaks.

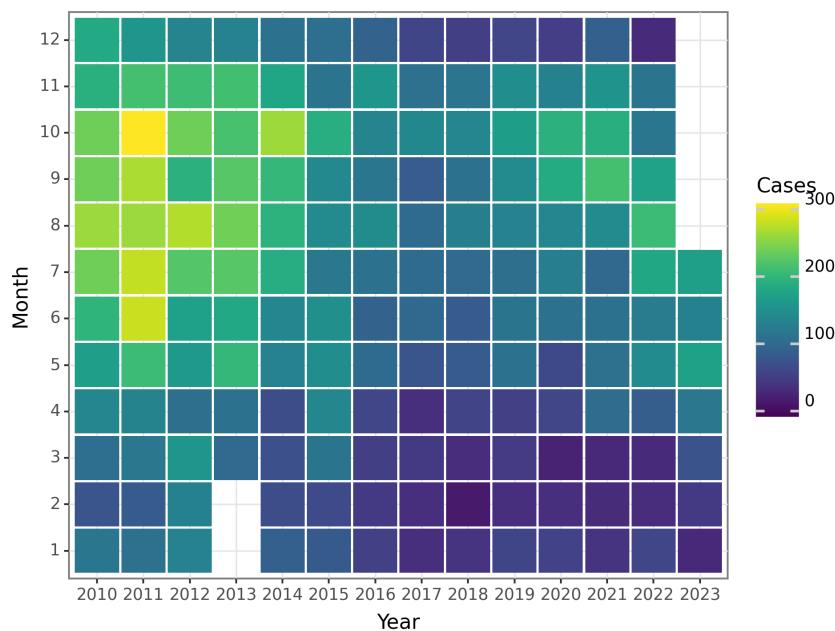


Figure 123: The Change of Typhus Cases before 2023 June 01

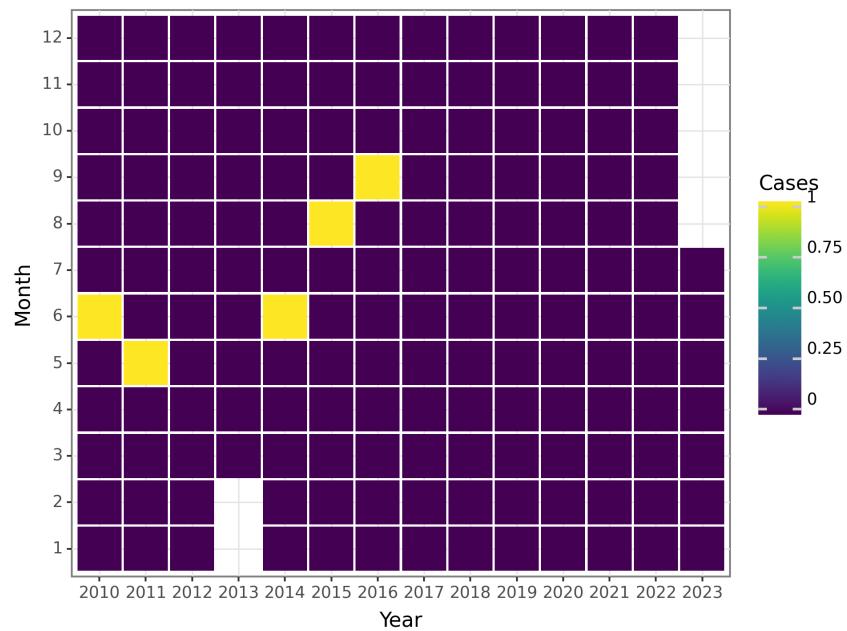


Figure 124: The Change of Typhus Deaths before 2023 June 01

Kala azar

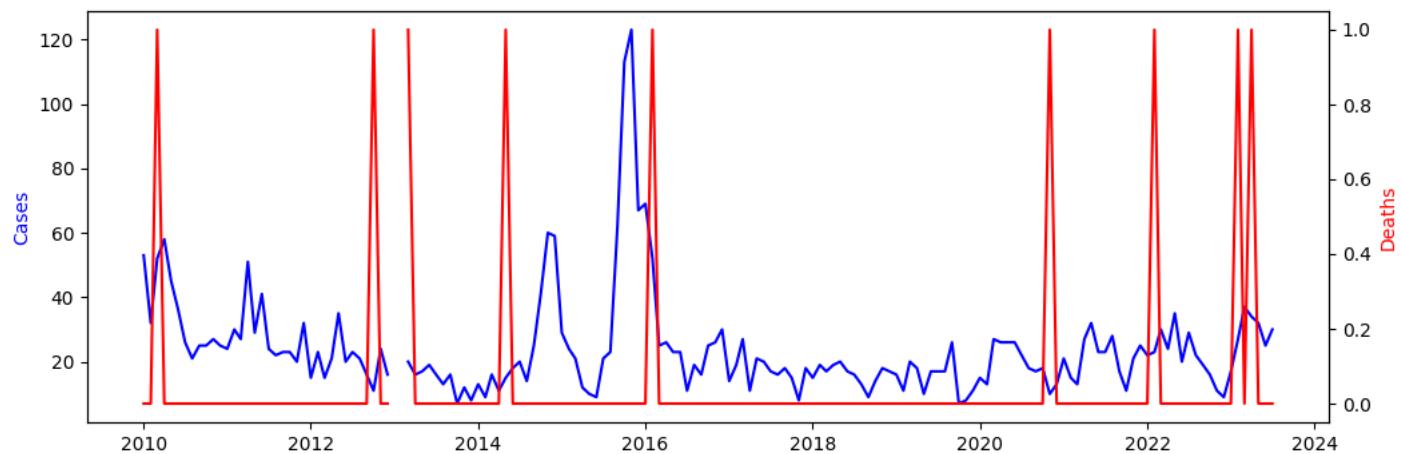


Figure 125: The Change of Kala azar Reports before 2023 June 01

Based on the provided data on the monthly incidence and deaths of Kala azar in June 2023, we can observe the following trends:

Incidence: - The number of reported cases of Kala azar in June 2023 was 25. - The incidence of Kala azar cases in June 2023 is relatively low compared to previous months. - It is important to note that the reported cases have been fluctuating over the years, with some months showing higher numbers of cases while others showing lower numbers.

Deaths: - There were no reported deaths due to Kala azar in June 2023. - The absence of deaths in this month is a positive outcome, indicating that the management and treatment of Kala azar cases have been effective in preventing fatalities.

Overall, the data suggests a relatively low incidence of Kala azar cases in June 2023, with no reported deaths. This could indicate successful control measures and interventions in place to manage the disease. However, continued monitoring and surveillance are necessary to identify any potential outbreaks and ensure timely response and treatment.

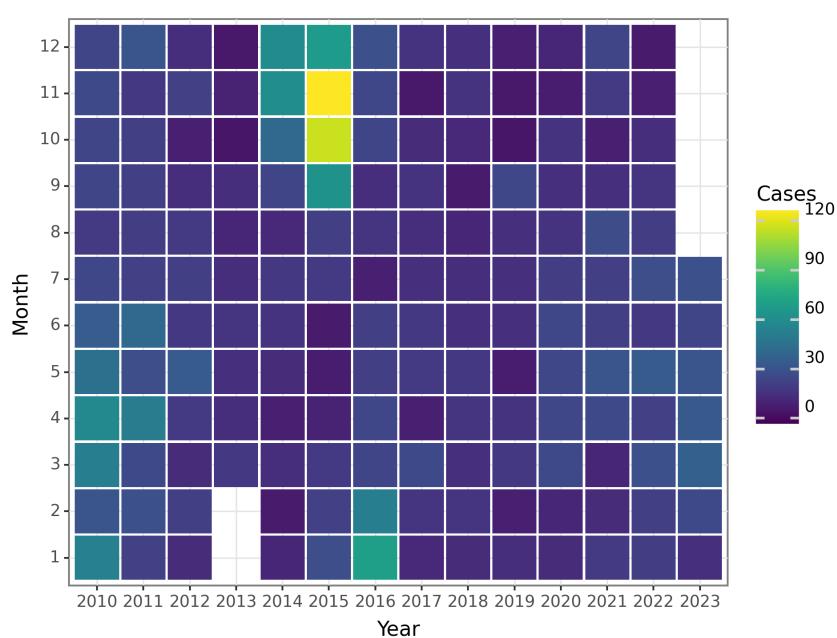


Figure 126: The Change of Kala azar Cases before 2023 June 01

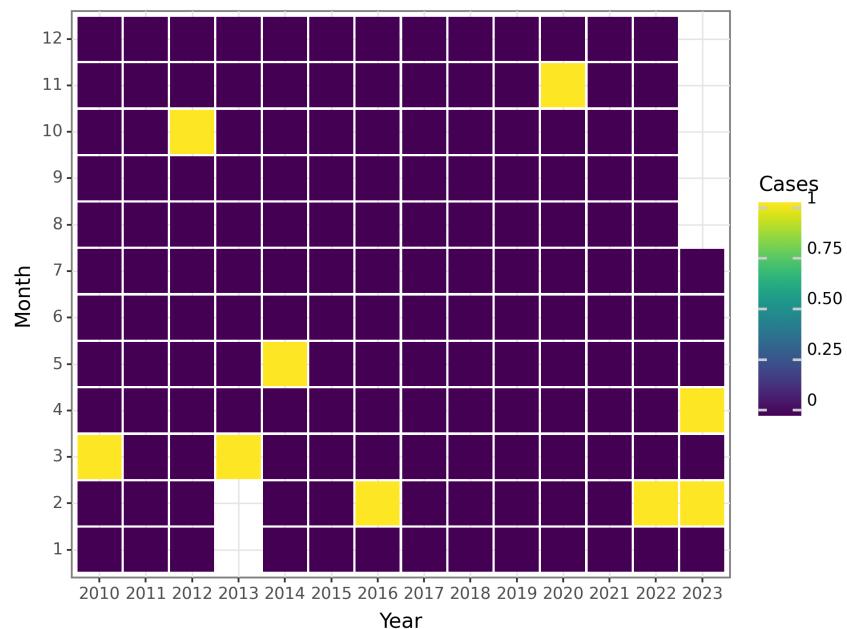


Figure 127: The Change of Kala azar Deaths before 2023 June 01

Echinococcosis

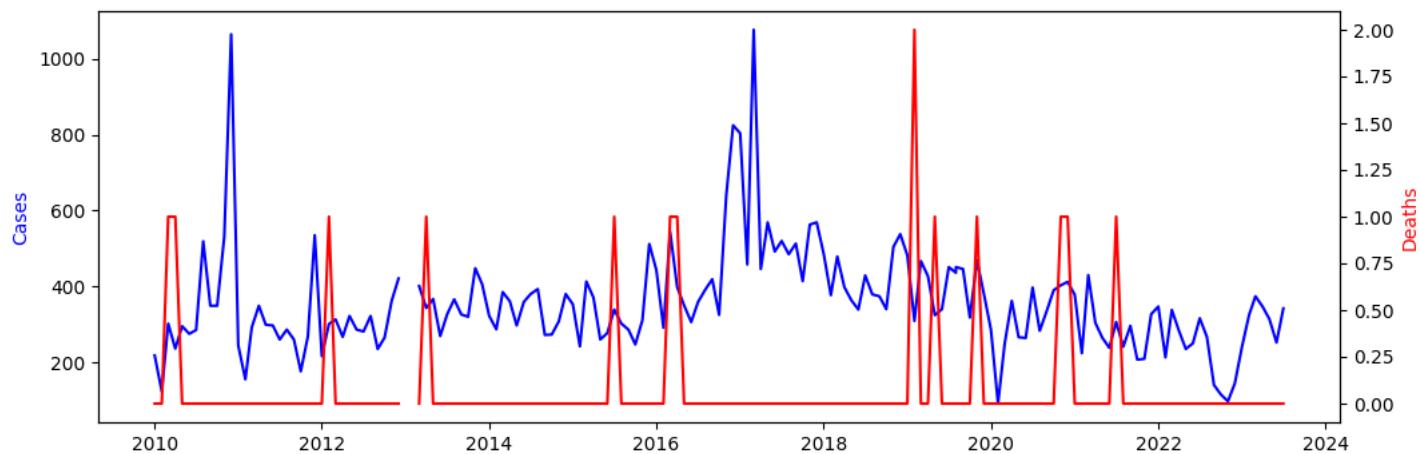


Figure 128: The Change of Echinococcosis Reports before 2023 June 01

The data provided represents the monthly incidence and death cases of Echinococcosis from January 2010 to June 2023. Echinococcosis is a parasitic disease caused by the tapeworm of the *Echinococcus* genus and is mainly transmitted through the ingestion of contaminated food or water. Understanding the trends and patterns of this disease can provide valuable insights for public health interventions and control strategies.

Analysis of the data reveals several important findings. Firstly, looking at the monthly incidence of Echinococcosis, we observe fluctuations over the years. From 2010 to 2012, the number of reported cases remained relatively stable, with some variations seen from month to month. However, starting from 2013, there was a noticeable increase in the number of cases reported, reaching a peak in 2017. Subsequently, the incidence decreased in the following years, with occasional spikes in certain months. From 2020 to 2023, the number of cases remained relatively stable, albeit at a lower level compared to previous years. These fluctuations in the monthly incidence of Echinococcosis could be attributed to various factors. Changes in environmental conditions, such as climate and ecology, may impact the prevalence of the parasite and subsequently affect the transmission dynamics. Additionally, human factors, including hygiene practices, sanitation, and awareness, can influence the spread of the disease. Further investigation and analysis are needed to identify the specific factors contributing to the observed trends in Echinococcosis incidence.

Furthermore, it is worth noting that there were several months with negative values for case counts. While negative values are anomalous, it is important to consider the limitations of data collection and reporting systems. Incomplete or inaccurate reporting can lead to inconsistencies in the data. Therefore, caution should be exercised when interpreting these negative values, and further validation and verification are necessary to ensure data accuracy.

Regarding the monthly death cases, the data shows a generally low number of deaths attributed to Echinococcosis throughout the study period. Most months reported zero deaths, indicating a relatively low fatality rate associated with this disease. However, there were a few months with reported deaths, with a slight increase observed in 2019 and 2020.

The low mortality rate for Echinococcosis is consistent with existing knowledge about the disease. Although Echinococcosis can cause severe health complications if left untreated, timely diagnosis and appropriate medical intervention can significantly reduce the risk of mortality. The availability of effective treatment options and improved healthcare practices may contribute to the low number of deaths associated with this disease.

In conclusion, the analysis of the monthly incidence and death cases of Echinococcosis provides valuable insights into the epidemiology of this parasitic disease. The observed fluctuations in the incidence over the years highlight the dynamic nature of Echinococcosis transmission. Understanding the underlying factors driving these trends can inform public health efforts aimed at prevention, control, and treatment strategies.

Additionally, the low fatality rate suggests that effective interventions and healthcare practices are in place, emphasizing the importance of early detection and timely medical intervention.

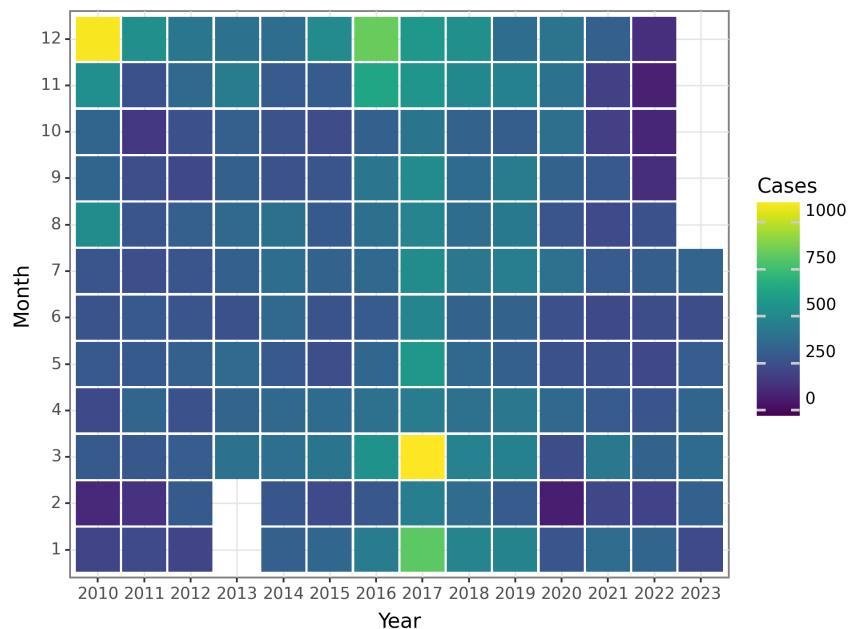


Figure 129: The Change of Echinococcosis Cases before 2023 June 01

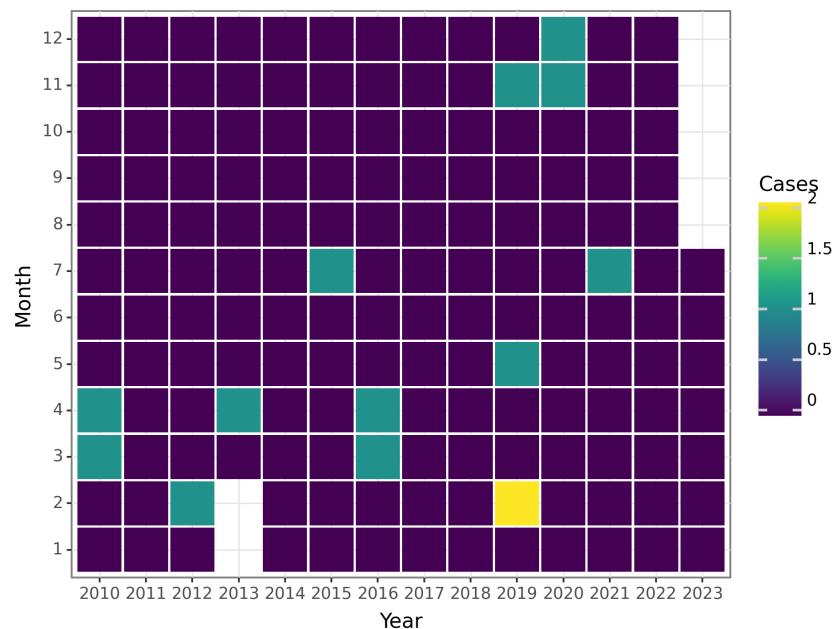


Figure 130: The Change of Echinococcosis Deaths before 2023 June 01

Filariasis

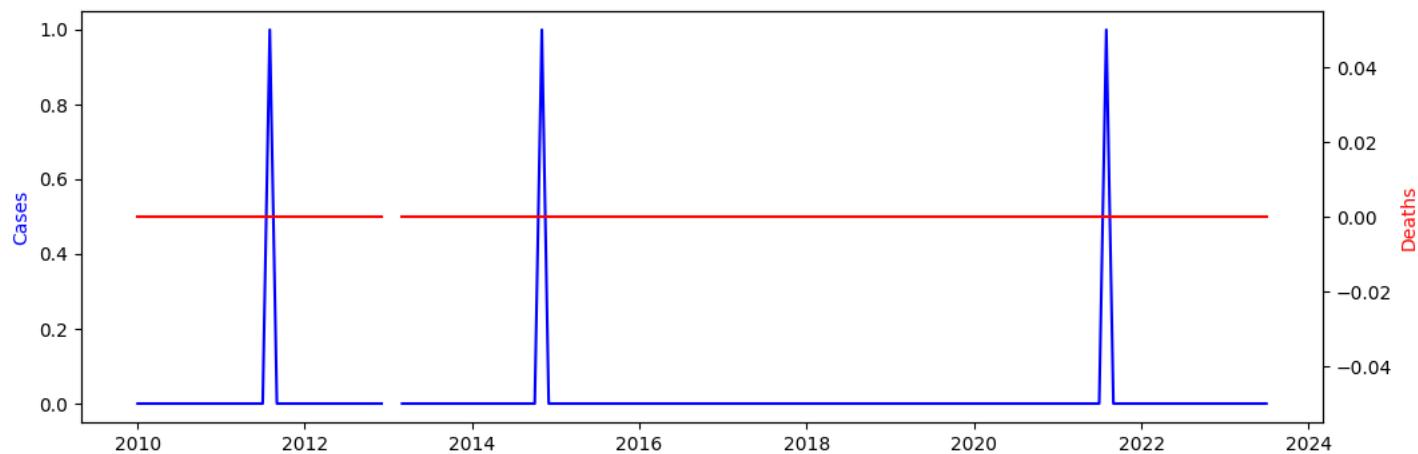


Figure 131: The Change of Filariasis Reports before 2023 June 01

Based on the provided data, it appears that there were no reported cases or deaths of Filariasis in the given time period, from January 2010 to June 2023. This suggests that there was no active transmission of the disease during this period.

Filariasis, also known as lymphatic filariasis, is a parasitic infection transmitted through the bite of infected mosquitoes. It primarily affects the lymphatic system and can lead to severe complications if left untreated. The absence of reported cases and deaths over such a long period is a positive sign, indicating successful efforts in disease prevention and control. It suggests that interventions such as mosquito control measures, use of insecticide-treated bed nets, and administration of preventive medication have been effective in reducing the prevalence and impact of Filariasis.

However, it is important to note that the absence of reported cases does not necessarily mean the complete eradication of the disease. Surveillance and monitoring efforts should continue to ensure early detection and prompt response to any future cases.

Further studies and data analysis would be beneficial to assess the long-term trends and impact of interventions, as well as to evaluate the effectiveness of ongoing prevention and control strategies for Filariasis.

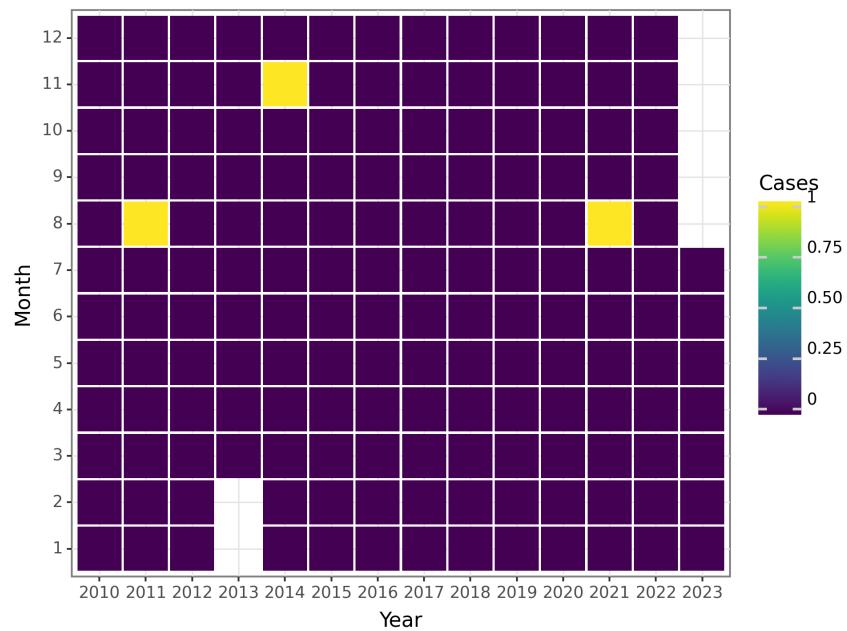


Figure 132: The Change of Filariasis Cases before 2023 June 01

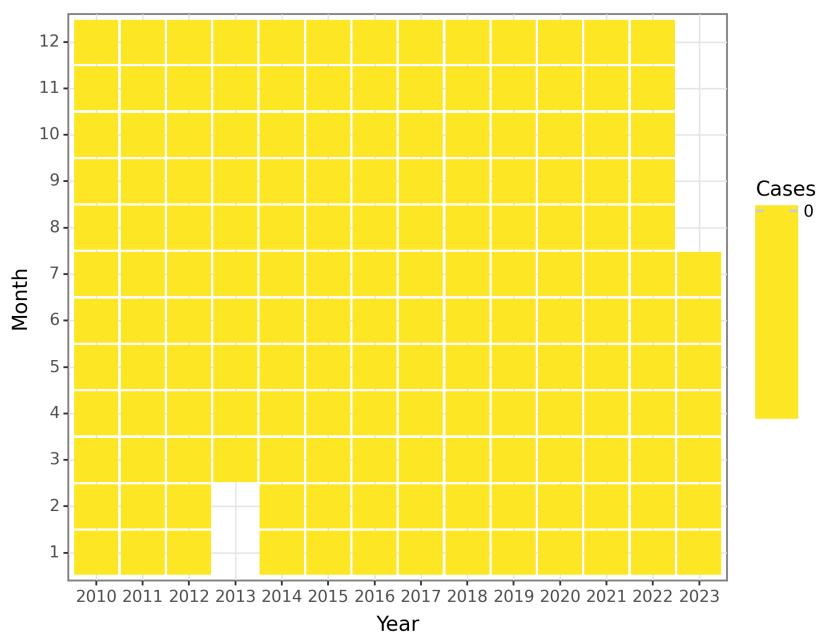


Figure 133: The Change of Filariasis Deaths before 2023 June 01

Infectious diarrhea

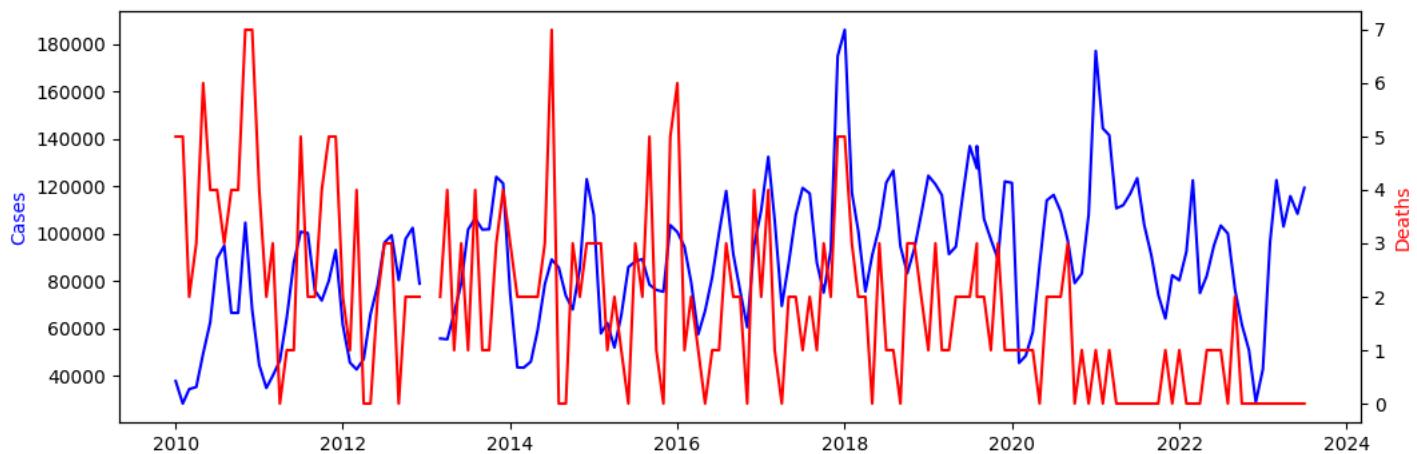


Figure 134: The Change of Infectious diarrhea Reports before 2023 June 01

The data provided represents the monthly incidence and death cases of infectious diarrhea from January 2010 to June 2023. The incidence of infectious diarrhea shows considerable variation over time, with some months experiencing higher case numbers than others.

From January 2010 to June 2023, the highest number of reported cases occurred in July 2017, with 174,969 cases. This was followed by August 2018, with 126,704 cases, and September 2013, with 106,514 cases. On the other hand, the lowest number of reported cases was observed in November 2022, with only 50,972 cases.

The trend in incidence rates fluctuated throughout the period under study. There were notable peaks in case numbers in 2010, 2011, 2012, 2013, 2014, 2015, 2017, and 2020. These peaks were often followed by a decline in case numbers, indicating a cyclical pattern. However, it is important to note that the incidence of infectious diarrhea seemed to stabilize from 2018 onwards, with more consistent case numbers.

In terms of deaths related to infectious diarrhea, the data show a relatively low number of reported deaths throughout the period. The highest number of deaths occurred in December 2017, with 7 reported deaths. However, it is important to note that there were some months where negative values were recorded for deaths, which may be due to data recording errors.

Overall, the data suggest that infectious diarrhea remains a significant public health concern, with fluctuating incidence rates over time. Efforts to prevent and control the spread of infectious diarrhea should be focused on identifying and addressing the factors contributing to the peaks in case numbers.

Additionally, further investigation into the reasons behind the negative values for deaths should be conducted to ensure accurate reporting of mortality related to infectious diarrhea.

It is important to interpret these findings with caution, as the data provided only represents a single month (June 2023). Further analysis of longer time periods and additional data sources would be beneficial to gain a more comprehensive understanding of the trends and patterns of infectious diarrhea incidence and mortality.

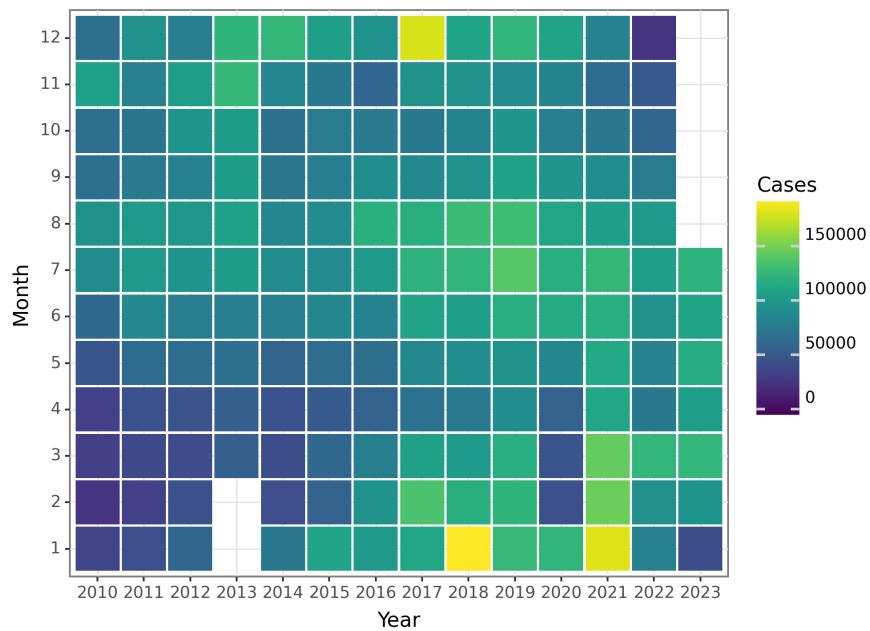


Figure 135: The Change of Infectious diarrhea Cases before 2023 June 01

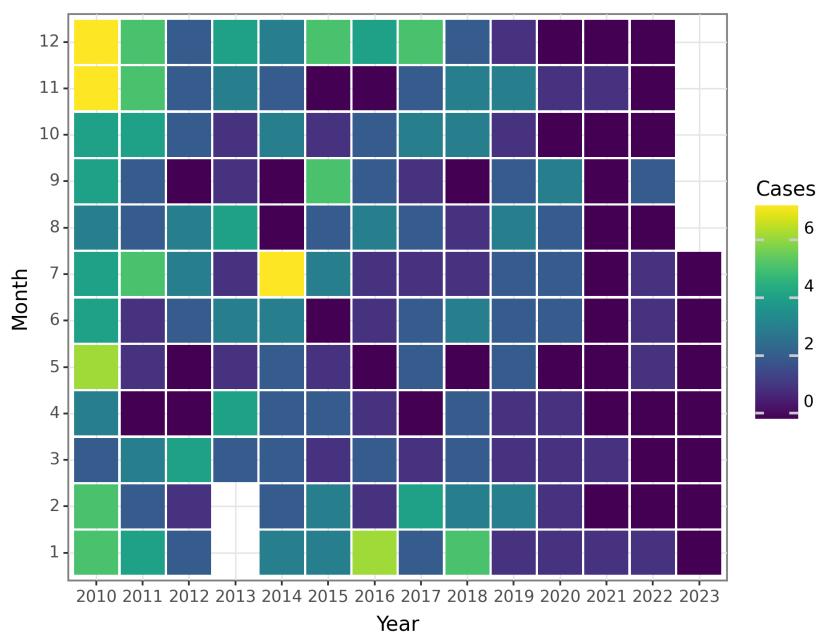


Figure 136: The Change of Infectious diarrhea Deaths before 2023 June 01

Hand foot and mouth disease

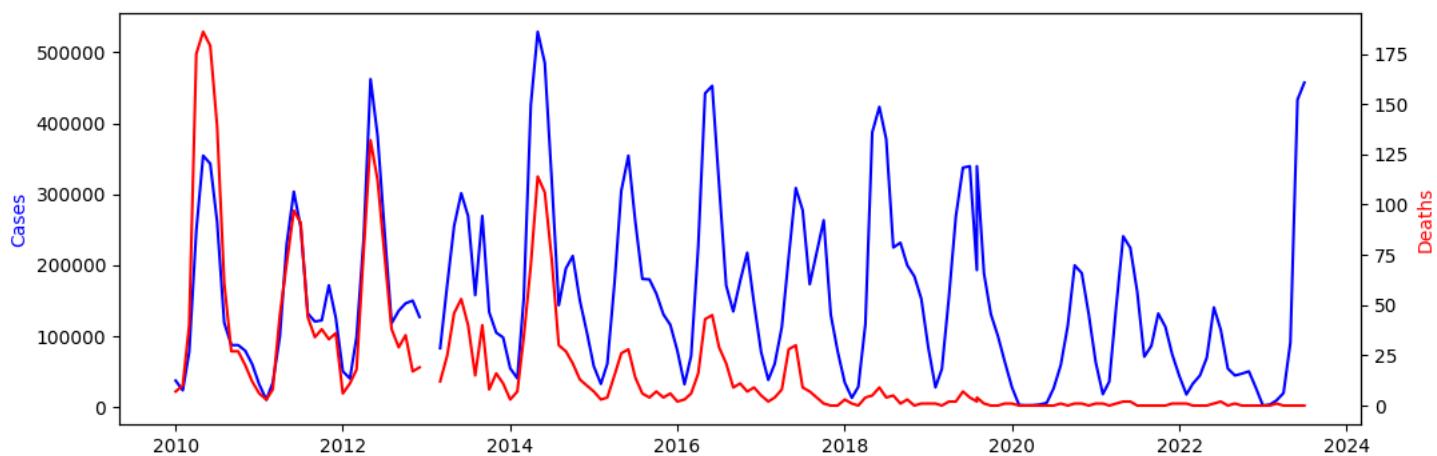


Figure 137: The Change of Hand foot and mouth disease Reports before 2023 June 01

Based on the data provided, we can observe a significant increase in the number of Hand foot and mouth disease cases in June 2023, with a total of 433,084 cases reported. This is a substantial increase compared to the previous month, which had 91,259 cases. This increase could be attributed to various factors such as the spread of the disease, changes in the environment, or lack of proper prevention and control measures.

Additionally, we can observe a similar trend in the number of deaths reported due to Hand foot and mouth disease. In June 2023, there were no reported deaths, while the previous month had 14 deaths. This could indicate that the disease is becoming less fatal or that healthcare professionals are better equipped to manage and treat it.

It is important to note that the data only covers a single month, and further analysis is required to understand the long-term trends and patterns of Hand foot and mouth disease cases and deaths.

Nonetheless, this data highlights the need for continued vigilance and action to prevent the spread of the disease and improve treatment outcomes.

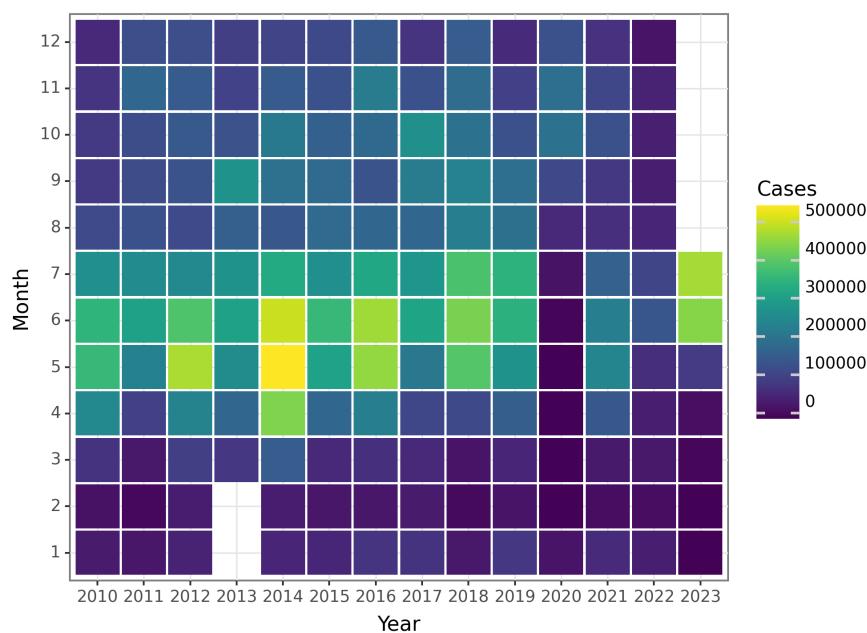


Figure 138: The Change of Hand foot and mouth disease Cases before 2023 June 01

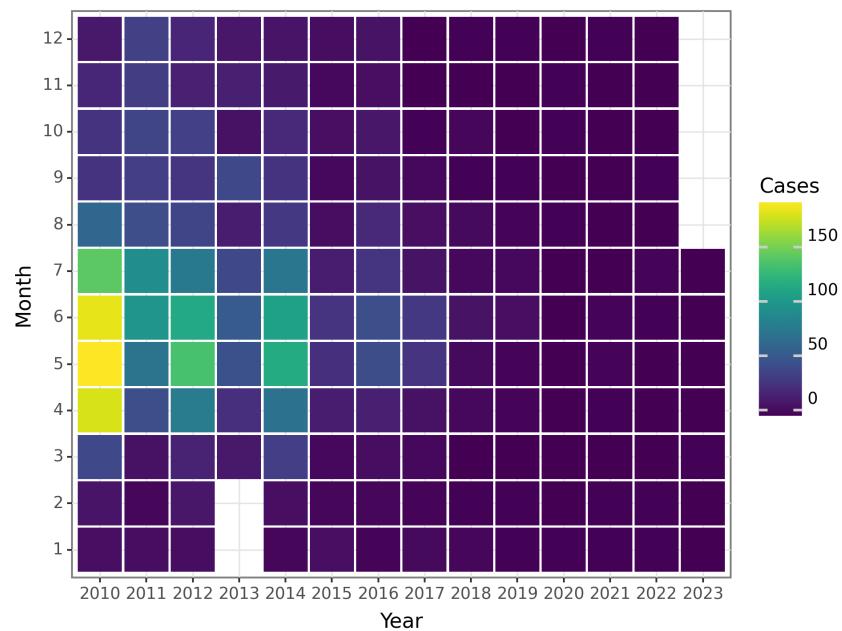


Figure 139: The Change of Hand foot and mouth disease Deaths before 2023 June 01