Chinese Notifiable Infectious Diseases Surveillance Report

Dysentery

March 2024

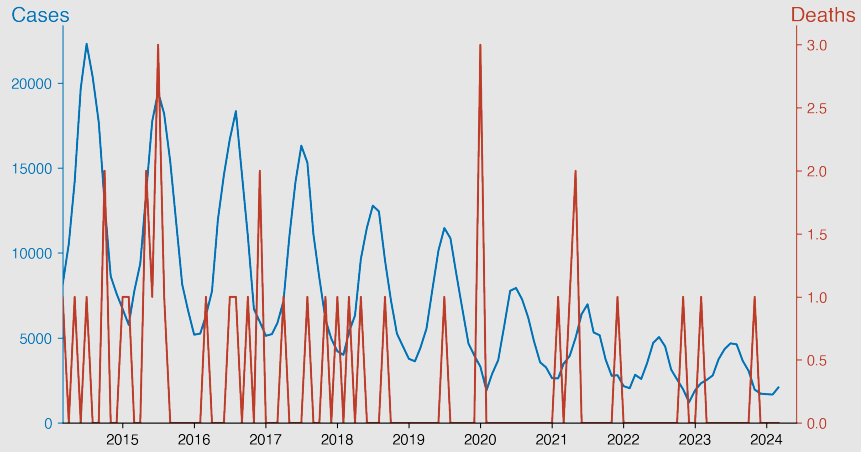
Introduction

Dysentery is an infectious disease associated with severe diarrhea accompanied by blood or mucus in the feces. It's typically caused by Shigella bacteria (bacillary dysentery) or amoeba, particularly Entamoeba histolytica (amoebic dysentery). Transmission predominantly occurs due to poor hygiene, often through contaminated food or water. The condition results in stomach cramps, fever, and dehydration. The disease is prevalent in tropical and sub-tropical regions with poor sanitation. Prevention includes good personal hygiene, proper sanitation, and safe food and water practices.

Highlights

- Data shows a clear seasonal pattern of dysentery in mainland China with peaks during summer, and notably reduced cases over the decade from 2014 to 2024.
- Despite peak seasons, no specific trends in the low fatality counts are observed.
- As of March 2024, there were 2087 cases and no deaths, suggesting ongoing reduction in case incidence.
- The continual yearly decrease suggests improved strategies in dysentery prevention and control.

Temporal Trend



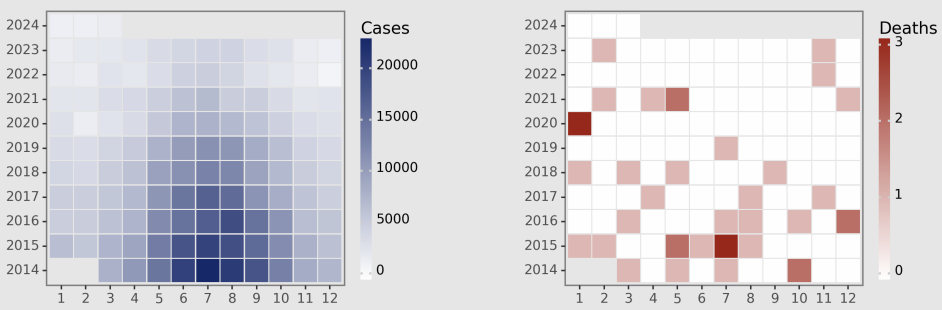
Cases Analysis

Dysentery cases in Chinese mainland show a cyclical pattern, with peaks during summer (May to August) and dips during winter (December to March), yearly from 2014 to 2024. Chronic analysis reveals a downward trend in the number of cases across the decade. For instance, in the peak months of July 2014 and 2015, there were over 22,000 and 19,000 cases respectively, which steadily declined to just over 5,000 by July 2024. This consistent trend in seasonal fluctuations and overall reduction in cases may indicate effective control measures implemented over the period.

Deaths Analysis

Mortality due to Dysentery across this period is remarkably low compared to the incidence rates. Such differential may indicate that either the strain of Dysentery present is less virulent, or health services are effective in treating the disease in a timely manner. Deaths are scattered across all months without a discernible pattern or peak, and most months report zero deaths. While the absolute number of deaths fluctuates, the death rate per case decreases over the timeframe, suggesting improving health outcomes for those affected.

Distribution



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