

Chinese Notifiable Infectious Diseases Surveillance Report

Typhus

April 2024

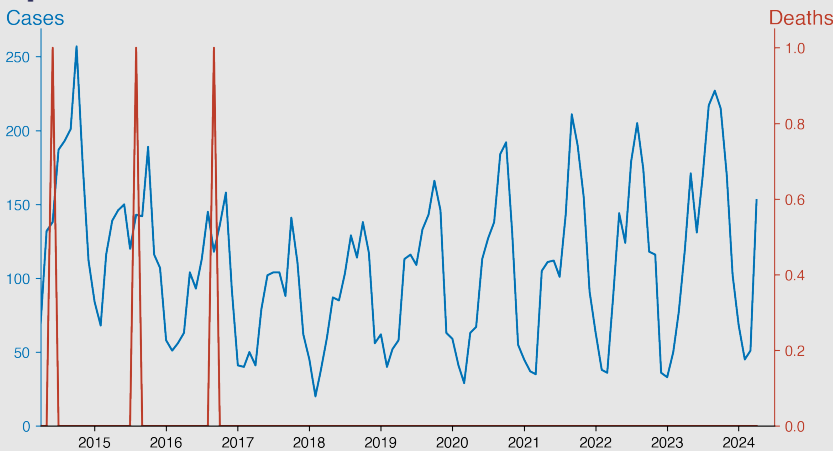
Introduction

Typhus is a disease caused by rickettsial bacteria and transmitted by lice or fleas. It has two major types: epidemic and endemic (or murine). Epidemic typhus, spread by body lice, can cause high fever, delirium, and even death. Murine typhus, spread by fleas from rats, is usually less severe. Symptoms typically include fever, headache, and rash. Vaccines exist but are unavailable in most areas. Antibiotics can effectively treat typhus if diagnosed early. Prevention often involves controlling rodent and lice populations and improving sanitation.

Highlights

- Typhus cases in mainland China show an annual cycle, peaking between August and October then decreasing to March.
- A general decreasing trend was observed until 2021, after which cases increased again.
- Death rates from typhus remain very low, implying the effective disease management.
- In April 2024, a notable rise to 153 cases without any associated deaths was reported, requiring potential reasons to be identified.

Temporal Trend



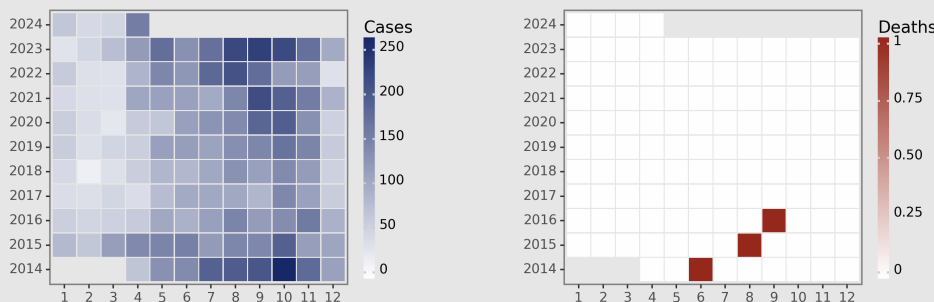
Cases Analysis

From 2014 to 2024, reported cases of Typhus on the Chinese mainland exhibited seasonal fluctuations. Peaks often occurred between July and October, attributable to favorable conditions for lice, the main disease vector. Over this ten-year period, there was, however, a slow yet visible increase in case numbers, hinting at a possible longer-term trend. Specific yearly surges became especially prominent in the latter part of the timeline. The highest reported case number was witnessed in September 2023 with 227 cases. The increment could be related to multiple factors, such as increased susceptibility in the population or enhanced surveillance and reporting.

Deaths Analysis

From the data, nearly all documented instances of Typhus from April 2014 till April 2024 showed no resultant deaths. The low fatality rate may imply an effective treatment regimen or early detection methods. There are only 3 recorded death incidences dated June 2014, August 2015, and September 2016, each accounting for just a single death amidst much higher reported cases. This reinforces the observation that while the rate of infection can be high, the associated risk of death is comparatively minimal.

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