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Chapter 1 : Year Book of Infectious Diseases - Europe PMC Article - Europe PMC

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This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are properly credited. This article has been cited by other articles in PMC. Abstract This study aimed to analyse trends in notifiable infectious diseases in China, in their historical context. Both English and Chinese literature was searched and diseases were categorised according to the type of disease or transmission route. Temporal trends of morbidity and mortality rates were calculated for eight major infectious diseases types. Strong government commitment to public health responses and improvements in quality of life has led to the eradication or containment of a wide range of infectious diseases in China. The overall infectious diseases burden experienced a dramatic drop during the 1950s, but since then, it reverted and maintained a gradual upward trend to date. Most notifiable diseases are contained at a low endemic level; however, local small-scale outbreaks remain common. Tuberculosis, as a bacterial infection, has re-emerged since the 1980s and has become prevalent in the country. Sexually transmitted infections are in a rapid, exponential growth phase, spreading from core groups to the general population. Zoonotic infections, such as severe acute respiratory syndrome SARS, rabies and influenza, pose constant threats to Chinese residents and remain the most deadly disease type among the infected individuals. Therefore, second-generation surveillance of behavioural risks or vectors associated with pathogen transmission should be scaled up. It is necessary to implement public health interventions that target HIV and relevant coinfections, address transmission associated with highly mobile populations, and reduce the risk of cross-species transmission of zoonotic pathogens. Introduction China has experienced a large decline in the spread and burden of infectious diseases since the early 1950s, associated with effective and large-scale public health interventions and large population-based vaccination programmes. China successfully eliminated 11 infectious diseases including smallpox from the general Chinese population in early 1980s [1], 19 years before its global eradication and another 10 infectious diseases, including poliomyelitis, have more recently been eliminated [2]. A further 13 diseases, including measles, are thought to be contained well at low endemic levels [3]. Surveillance systems for infectious diseases in China are mainly hospital based. The latest available statistics from 2003 indicate that China has 18, county hospitals, 40, township hospitals and 1,000, medical clinics [4], [5]. Hospitals at the prefecture level or above are usually equipped with reference laboratories that are capable of carrying out molecular surveillance for cases. Together with laboratories from academic institutions, they form the front line of surveillance for outbreak detection and notification of infectious diseases in China. All hospitals and clinics are obliged to report both suspected and confirmed cases of notifiable infectious disease to their nominated county Centre for Disease Control CDC. However, regional, provincial and national CDCs do not have equal access to all of the data in the database: In addition to their responsibility for verifying the disease information from their administrative regions, municipal and provincial CDCs are required to report to the appropriate level of the Bureaus of Health or Department of Health and to form networks with local research bodies, universities and other health organisations. The central CDC is also the only legitimate office for disseminating infectious disease information to the public, but provincial and municipal CDCs are also authorised to publicise the information to people in their jurisdiction, under the supervision of the Ministry of Health [8]. In contrast to disease surveillance systems in Europe, the Chinese surveillance system uses a multilayer administrative mechanism that enables rapid and efficient upward flow of epidemic information. China is a populous country of 1.3 billion. Over the last 30 years of economic reform in the country, there have been environmental, demographic, social and behavioural changes in the population. Currently, 39 infectious diseases are classified as notifiable in China. This study reviews trends in notifiable infectious diseases in China, in their historical context, discusses the current epidemiological state of these infections and their implications for disease surveillance and public

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health interventions. The review is structured by category of disease or transmission route. Methods Currently, 39 infectious diseases are notifiable in China, classified as A, B or C according to their epidemic levels and potential population threats. Groups A and B total 28 diseases represent categories of diseases with high risk of outbreaks or that are likely to result in rapid spread once an outbreak occurs. Mortality and morbidity related to group A and B diseases are reported and published by the Chinese Ministry of Health on a monthly basis. Group C diseases are less infectious and, when outbreaks occur, are epidemiologically less severe. They are required to be reported only when outbreaks occur. In this review, we searched published peer-reviewed research articles as well as online reports and grey literature from to relevant to disease surveillance in China in the following databases: We also searched governmental reports, reports of non-governmental organisations and other grey literature from online sources. We then collated data on notified cases and mortality related to these diseases, using the latest available information from the Ministry of Health [10]. Notifiable infectious disease data, including morbidity and mortality rates, was summarised by Chinese Ministry of Health and published annually in Chinese Health Yearbook and online accessible through CNKI database. Hence we did not include them in our statistical analysis, but describe them in the text. The selected diseases were categorised into eight major types according to their diseases characteristics and origins. The morbidity and mortality for each disease type were calculated as the sum of the corresponding rates of individual diseases. The total number of diagnosed and death cases were estimated by multiplying morbidity and mortality rates by the overall Chinese population in the study years. Case fatality rate was defined as the percentage of persons diagnosed with the disease who die as a result of the illness during the calendar year, and was estimated by dividing mortality rate by morbidity rate of the diseases. Further, for each individual disease, we calculate the disease-specific mortality rates among the Chinese population in five-year intervals “ and “ Since then, the rate of new infectious disease cases gradually reverted and maintained an upward trend. In , the estimated rate of infectious diseases among the general Chinese population reached over cases per million population. The composition of diagnosed diseases cases also changed substantially, in , the three most reported diseases were gastrointestinal diseases. Additionally, these three types of diseases account for In contrast, in , although gastrointestinal diseases remained the dominating disease type Sexually transmitted diseases re-emerged, and together with HIV, consisted of a substantial 6. In , the three most frequently reported disease types included viral hepatitis

Chapter 2 : Sheldon M. Wolf (Author of The Year Book of Infectious Diseases,)

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Sheldon M. Wolf is the author of The Year Book of Infectious Diseases, (avg rating, 0 ratings, 0 reviews, published) and Neurology Case Stu.

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