



Disease Surveillance Express

Weekly Data of Notifiable Infectious Diseases (by week of diagnosis)

| Case diagnosis week | | Week 37 | | As of Week 37 (Cumulative Total) | |
|------------------------|---|---------|------|-------------------------------------|------|
| Classification | Disease Diagnosed ¹ | 2011 | 2010 | 2011 | 2010 |
| Category I | Anthrax | 0 | 0 | 0 | 0 |
| | H5N1 Influenza | 0 | 0 | 0 | 0 |
| | Plague | 0 | 0 | 0 | 0 |
| | Rabies | 0 | 0 | 0 | 0 |
| | SARS | 0 | 0 | 0 | 0 |
| | Smallpox | 0 | 0 | 0 | 0 |
| Category II | Acute Flaccid Paralysis | 0 | 2 | 27 | 36 |
| | Acute Viral Hepatitis type A | 2 | 3 | 93 | 93 |
| | Amoebiasis | 0 | 6 | 174 | 180 |
| | Chikungunya Fever | 0 | 0 | 1 | 11 |
| | Cholera | 0 | 1 | 2 | 3 |
| | Dengue Fever | 47 | 67 | 313 | 434 |
| | Dengue Hemorrhagic Fever/Dengue Shock Syndrome | 1 | 1 | 4 | 4 |
| | Diphtheria | 0 | 0 | 0 | 0 |
| | Enterohemorrhagic E. coli Infection | 0 | 0 | 0 | 0 |
| | Epidemic Typhus Fever | 0 | 0 | 0 | 0 |
| | Hantavirus Pulmonary Syndrome | 0 | 0 | 0 | 0 |
| | Hemorrhagic Fever with Renal Syndrome | 0 | 0 | 0 | 1 |
| | Malaria | 1 | 1 | 12 | 14 |
| | Measles | 0 | 0 | 33 | 12 |
| | Meningococcal Meningitis | 0 | 0 | 4 | 5 |
| | Paratyphoid Fever | 0 | 0 | 6 | 12 |
| | Poliomyelitis | 0 | 0 | 0 | 0 |
| | Rubella | 0 | 0 | 59 | 15 |
| | Shigellosis | 1 | 15 | 147 | 101 |
| Typhoid fever | 1 | 0 | 23 | 27 | |
| West Nile Fever | 0 | 0 | 0 | 0 | |
| Category III | Acute Viral Hepatitis type B | 1 | 0 | 107 | 123 |
| | Acute Viral Hepatitis type C | 0 | 0 | 17 | 10 |
| | Acute Viral Hepatitis type D | 0 | 0 | 0 | 1 |
| | Acute Viral Hepatitis type E | 0 | 0 | 7 | 6 |
| | Acute Viral Hepatitis untype | 1 | 0 | 9 | 9 |
| | Congenital Rubella Syndrome | 0 | 0 | 0 | 0 |
| | Enteroviruses Infection with Severe Complications | 1 | 0 | 9 | 15 |
| | Haemophilus Influenza type b Infection | 0 | 0 | 7 | 7 |
| | Japanese Encephalitis | 0 | 0 | 21 | 31 |
| | Legionellosis | 1 | 3 | 66 | 61 |
| | Mumps ² | 33 | 17 | 883 | 829 |
| | Neonatal Tetanus | 0 | 0 | 0 | 0 |
| | Pertussis | 3 | 3 | 51 | 50 |
| | Tetanus | 0 | 0 | 0 | 0 |
| Category IV | Botulism | 0 | 0 | 6 | 11 |
| | Cat-scratch Fever | 2 | 0 | 22 | 41 |
| | Complicated Influenza | 0 | 47 | 1159 | 645 |
| | Endemic Typhus Fever | 0 | 0 | 21 | 32 |
| | Herpesvirus B Infection | 0 | 0 | 0 | 0 |
| | Invasive Pneumococcal Disease | 16 | 11 | 632 | 520 |
| | Leptospirosis | 3 | 1 | 28 | 39 |
| | Lyme Disease | 0 | 0 | 0 | 0 |
| | Melioidosis | 2 | 0 | 17 | 19 |
| | New Delhi metallo-β-lactamase -1 Enterobacteriaceae | 0 | 0 | 1 | 0 |
| | Q Fever | 1 | 3 | 31 | 80 |
| | Scrub Typhus | 15 | 4 | 255 | 234 |
| | Toxoplasmosis | 0 | 0 | 5 | 3 |
| | Tularremia | 0 | 0 | 1 | 0 |
| Varicella ² | 159 | 142 | 7433 | 6574 | |
| Category V | Ebola Hemorrhagic Fever | 0 | 0 | 0 | 0 |
| | Ebola-Marburg Hemorrhagic Fever | 0 | 0 | 0 | 0 |
| | Lassa Fever | 0 | 0 | 0 | 0 |
| | Rift Valley Fever | 0 | 0 | 0 | 0 |
| | Yellow Fever | 0 | 0 | 0 | 0 |

1. The following 8 chronic diseases are excluded from the table: MDR-TB, Tuberculosis, Syphilis, Gonorrhoea, HIV Infection, AIDS, Hansen Disease and Creutzfeldt-Jakob Disease.

2. Reported cases.



Suspected Clusters

- In regard to disease clusters, 6 outbreak events were reported, including 1 influenza-like infection cluster in the North Area, 1 upper respiratory infection cluster in the Central Area, 2 dengue fever clusters in the Taipei Area and the South Area, and 2 pertussis clusters in the Taipei Area and the Kao-Ping Area.

Imported Infectious Diseases

- 3 new infectious cases were imported from 2 countries during week 37 of 2011.

- A total of 388 infectious cases were imported from 33 countries in 2011.

- Top 3 imported diseases : DF (104), Shigellosis (91), Amoebiasis (77)

- Top 3 countries responsible for most imported cases : Indonesia (133), Vietnam (53), China (44)

| Disease/Country | Indonesia | India | Total |
|-----------------|-----------|-------|-------|
| Dengue Fever | 1 | | 1 |
| Malaria | | 1 | 1 |
| Amoebiasis | 1* | | 1 |
| Total | 2 | 1 | 3 |

Note: * One amoebiasis case was confirmed on August 22, but it is excluded from the statistics for week 37 (September 11-September 17).

Summary of This Week

- **Enterovirus** : The overall ER consultation rate for enterovirus infection slightly decreased, and it is lower than the epidemic threshold. However, in the Taipei Area, the Kao-Ping Area and the East Area, the rate continued to rise. Although coxsackie A is still the dominant enterovirus strain currently circulating in the community according to the respiratory virus surveillance data, sporadic detections of mild cases of enterovirus 71 and cases of enterovirus infection with severe complications have been reported. Taiwan CDC advises the public to stay vigilant against enterovirus and the agency will continue to closely monitor the epidemic situation. All levels of schools have already resumed, which presents an opportunity to increase interaction among students and the risk of enterovirus transmission among infants and young children. Hence, parents are reminded to pay attention to personal, child and infant hygiene and maintain good hand-washing habits in order to reduce the risk of enterovirus infection. For more detailed reports, please visit Enterovirus Weekly Reports:

http://www.cdc.gov.tw/sp.asp?xdurl=disease/disease_content.asp&id=1662&mp=1&ct



node=1498#01.

- **Dengue Fever** : Indigenous cases of dengue fever continued to increase. Most of the cases live in Lingya District, Kaohsiung City. However, some of the confirmed cases were also found in the surrounding districts. The majority of the cases were geographically related to Lingya District, and most of them were infected with dengue virus type 2. Cases of other dengue virus types have also been reported in other districts in Kaohsiung City, Pingtung County and Tainan City. In addition, geographic clusters of indigenous dengue fever cases have been reported in Taipei City and Tainan City. Taiwan CDC will continue to closely monitor the epidemic situation. According to the surveillance data, the epidemic season has begun. Taiwan CDC advises the public to strengthen the removal of vector breeding sources in order to prevent transmission of the disease.
- **Melioidosis** : The number of melioidosis cases significantly increased in the Kao-Ping Area after Typhoon Nanmadol. Most of the cases live in Nanzih District, Kaohsiung City and their residences are near the riverside park or streams. In the past, melioidosis outbreaks had occurred in southern Taiwan after typhoon. Taiwan CDC advises the public to avoid contact with contaminated environment, and people in high-risk areas who experience fever and other discomforts should seek immediate medical attention.
- **Travel Notification** : Taiwan CDC advises all people traveling abroad to pay attention to the public health status of their chosen destination. Taiwan CDC urges travelers experiencing discomfort during the trip or upon arrival to contact quarantine services at the airport and seek immediate medical attention. Informing doctors of the personal travel history does not only facilitate diagnosis, but also implementation of subsequent measures by the health authority to prevent further spread of diseases. For more information, please visit the health information for international travel website: <http://www.cdc.gov.tw/sp.asp?xdurl=travel/travel00.asp&mp=1&ctNode=1448>.

