



Disease Surveillance Express

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

Classification	Case diagnosis week Disease Diagnosed ¹	Week 20		Week 1—20	
		2014	2013	2014	2013
Category I	H5N1 Influenza	0	0	0	0
	Plague	0	0	0	0
	Rabies	0	1	0	1
	SARS	0	0	0	0
	Smallpox	0	0	0	0
Category II	Acute Flaccid Paralysis	0	1	11	14
	Acute Viral Hepatitis type A	2	6	56	61
	Amoebiasis	2	6	91	92
	Anthrax	0	0	0	0
	Chikungunya Fever	0	0	5	7
	Cholera	0	0	0	2
	Dengue Fever	2	1	107	124
	Dengue Hemorrhagic Fever/Dengue Shock Syndrome	0	0	2	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	1	0
	Malaria	1	0	6	7
	Measles	0	0	12	4
	Meningococcal Meningitis	0	0	2	2
	Paratyphoid Fever	0	0	6	6
	Poliomyelitis	0	0	0	0
	Rubella	1	0	4	2
	Shigellosis	3	2	60	61
Typhoid fever	1	0	9	11	
West Nile Fever	0	0	0	0	
Category III	Acute Viral Hepatitis type B	3	5	37	42
	Acute Viral Hepatitis type C ⁵	10	0	104	3
	Acute Viral Hepatitis type D	0	0	0	0
	Acute Viral Hepatitis type E	1	0	6	2
	Acute Viral Hepatitis untype	0	0	2	1
	Congenital Rubella Syndrome	0	0	0	0
	Enteroviruses Infection with Severe Complications	0	1	2	3
	Haemophilus Influenza type b Infection	0	0	2	2
	Japanese Encephalitis	0	0	0	0
	Legionellosis	4	2	40	30
	Mumps ²	25	39	314	411
	Neonatal Tetanus	0	0	0	0
	Pertussis	2	0	13	29
	Tetanus ²	0	1	1	11
Category IV	Botulism	0	0	0	0
	Brucellosis	0	0	0	0
	Complicated Influenza	15	26	1510	476
	Complicated Varicella ⁴	0	0	27	0
	Endemic Typhus Fever	1	0	5	6
	Herpesvirus B Infection	0	0	0	0
	Invasive Pneumococcal Disease	4	9	315	324
	Leptospirosis	0	2	12	20
	Lyme Disease	0	0	0	0
	Melioidosis	0	0	8	7
	Q Fever	2	1	19	20
	Scrub Typhus	4	0	58	93
	Toxoplasmosis	0	0	5	5
	Tularemia	0	0	0	0
Category V	Ebola Hemorrhagic Fever	0	0	0	0
	Ebola-Marburg Hemorrhagic Fever	0	0	0	0
	H7N9 Influenza	0	0	3	1
	Lassa Fever	0	0	0	0
	Rift Valley Fever	0	0	0	0
	Middle East Respiratory Syndrome Coronavirus	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, Gonorrhea, HIV Infection, AIDS, Hansen Disease and Creutzfeldt-Jakob Disease.

2. Reported cases.

3. The epidemiological week calendar established by the World Health Organization is adopted for calculating each week's cumulative total.

4. Since 2014/1/1, "Varicella" was modified to "Complicated Varicella".

5. Since 2014/3/6, the case definition for confirmed Acute hepatitis C was changed from "meet the clinical **and** laboratory conditions" to "meet the clinical **or** laboratory conditions".

For more details, please visit: <http://www.cdc.gov.tw/professional/downloadmanual.aspx?fid=82DB2EDE7C867BBA>



Suspected Clusters

- In regard to disease clusters, 3 outbreak events were reported, including 2 upper respiratory tract infection clusters and 1 varicella cluster.

Imported Infectious Diseases

- 11 confirmed infectious cases were imported from 6 countries during week 20 of 2014.

Disease	Country						Total
	Indonesia	Kenya	Macau	Japan	China	Nepal	
Shigellosis	4 [★]						4
Amoebiasis			1	1			2
Typhoid fever						1	1
Hepatitis E					1		1
Malaria		1					1
Hepatitis A	1						1
Dengue Fever	1						1
Total	6	1	1	1	1	1	11

Note: The statistics listed in this table include imported cases that were either confirmed or updated[★] in the previous week.

- A total of 236 infectious cases were imported from 25 countries in 2014.
- Top 3 imported diseases : Dengue fever (67), Amoebiasis (49), Shigellosis (47).
- Top 3 countries responsible for most imported cases : Indonesia (127), Malaysia (23), Philippines (22).

Summary of This Week

- **Enterovirus** : During week 20, 1 case of enterovirus 71 infection with severe complications was confirmed. Thus far this year, 2 cases of enterovirus infection with severe complications have been confirmed (1 CA2 and 1 EV71). As we have reached the peak of the epidemic season, the ER consultation rate for enterovirus infection has continued to increase. Coxsackie A virus is currently the dominant virus strain circulating in the community. Educational institutions are urged to strengthen health education and children are advised to practice proper hand hygiene and rest at home when suspicious symptoms develop. When children develop prodromal symptoms of severe enterovirus infection, they should seek immediate medical care at a large hospital in order to ensure prompt treatment.

