



Disease Surveillance Express

Weekly Data of Notifiable Infectious Diseases

Classification	Case diagnosis week Disease Diagnosed ¹	Week 27		Week 1-27	
		2012	2011	2012	2011
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	2	1	38	24
	Acute Viral Hepatitis type A	3	6	45	64
	Amoebiasis	5	2	131	126
	Chikungunya Fever	0	0	0	0
	Cholera	0	0	0	1
	Dengue Fever	7	4	147	72
	Dengue Hemorrhagic Fever/Dengue Shock Syndrome	0	0	0	0
	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	0
	Malaria	1	0	5	8
	Measles	0	0	8	33
	Meningococcal Meningitis	0	0	3	3
	Paratyphoid Fever	0	0	6	4
	Poliomyelitis	0	0	0	0
	Rubella	1	4	9	55
Shigellosis	7	8	73	112	
Typhoid fever	1	0	15	15	
West Nile Fever	0	0	0	0	
Category III	Acute Viral Hepatitis type B	2	2	60	71
	Acute Viral Hepatitis type C	1	0	28	8
	Acute Viral Hepatitis type D	0	0	0	0
	Acute Viral Hepatitis type E	0	0	5	6
	Acute Viral Hepatitis untype	0	1	3	7
	Congenital Rubella Syndrome	0	0	0	0
	Enteroviruses Infection with Severe Complications	7	0	102	0
	Haemophilus Influenza type b Infection	0	0	3	6
	Japanese Encephalitis	2	1	20	3
	Legionellosis	2	3	34	52
	Mumps ²	24	21	554	647
	Neonatal Tetanus	0	0	0	0
	Pertussis	1	1	29	37
	Tetanus ²	0	0	5	4
Category IV	Botulism	0	0	0	3
	Cat-scratch Fever	0	1	26	5
	Complicated Influenza	57	0	1441	1121
	Endemic Typhus Fever	0	0	15	14
	Herpesvirus B Infection	0	0	0	0
	Invasive Pneumococcal Disease	13	8	444	525
	Leptospirosis	1	1	21	12
	Lyme Disease	0	0	1	0
	Melioidosis	1	1	10	8
	New Delhi metallo-β-lactamase -1 Enterobacteriaceae	0	0	0	1
	Q Fever	0	1	28	23
	Scrub Typhus	11	12	155	104
	Toxoplasmosis	0	0	7	3
	Tularremia	0	0	0	0
Varicella ²	112	158	4266	5919	
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, 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.



Suspected Clusters

- In regard to disease clusters, 16 outbreak events were reported, including 5 upper respiratory infection clusters in the Central Area, the Kao-ping Area and the East Area, 4 influenza-like illness clusters in the North Area and the South Area, 2 shigellosis clusters and 2 scrub typhus clusters in the Taipei Area and the Central Area, 1 enterovirus infection with severe complications cluster and 1 dengue fever cluster in the South Area and 1 pertussis cluster in the East Area.

Imported Infectious Diseases

- 20 confirmed infectious cases were imported from 8 countries during week 27 of 2012.

Country Disease	Indonesia	China	Vietnam	Philippines	Myanmar	Cambodia	Thailand	India	Total
Shigellosis	4*		1	1					6
Amoebiasis	4*						1		5
Dengue Fever	1			1	1	1			4
Hepatitis B			1						1
Legionellosis		1							1
EVSC		1							1
Typhoid Fever								1	1
Malaria					1				1
Total	9	2	2	2	2	1	1	1	20

Note: *Two shigellosis and two amoebiasis cases were confirmed between June 8 and June 28, but it is excluded from the table on page 1.

- A total of 283 infectious cases were imported from 17 countries in 2012.
- Top 3 imported diseases : Dengue fever (90), Amoebiasis (76), Shigellosis (62).
- Top 3 countries responsible for most imported cases : Indonesia (159), the Philippines (34), China (19).

Summary of This Week

- **Enterovirus** : The ER consultation rate for enterovirus infection has continuously



decreased for two weeks. The number of enterovirus infections with severe complications has increased continuously, but the increase in the number of reported enterovirus infection cases has slowed down. Although the EV71 positive rate has gradually decreased, enterovirus 71 remains the dominant virus strain circulating in the community. The enterovirus epidemic is still at its peak. Therefore, parents are reminded to pay attention to personal, child and infant hygiene in order to reduce the risk of enterovirus infection. If children develop precursor symptoms of enterovirus infection with severe complications, they should be immediately sent to a large hospital for medical attention in order to grasp the best treatment timing. For more detailed reports, please visit Enterovirus Weekly Reports: [Weekly Report of Enterovirus Infection](#)

- **Influenza** : Cases of influenza complications and the ER consultation rate for influenza-like illness have been on the rise in recent weeks. In addition, the majority of the cases are infected with AH3 virus, which is the dominant virus strain currently circulating in the community.
- **Dengue fever** : The number of indigenous dengue cases has been on the rise in Tainan City and Kaohsiung City. Since the beginning of this dengue season, a cumulative total of 25 cases have been reported respectively in Tainan City (19 cases) and Kaohsiung City (6 cases). As we have entered the dengue season and the recent climate has been hot and humid, the conditions favor the breeding of vector mosquitoes. Hence, the public is urged to clean and remove indoor and outdoor water containers, and doctors are advised to be vigilant to prevent further spread of the disease.
- **Japanese encephalitis** : The Japanese encephalitis season has approached. The epidemic peak usually occurs in June and July. A cumulative total of 20 cases have been reported this year. Therefore, the public is urged to avoid visiting pig and other animal pens or doing activities in the vicinity of vector mosquitoes during the peak period; if unavoidable, please be sure to take measures against mosquito bites.
- **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: [Travel Epidemic Information](#)

