



Disease Surveillance Express

Weekly Data of Notifiable Infectious Diseases

| Classification | Case diagnosis week Disease Diagnosed ¹ | Week 2 | | Week 1-2 | |
|------------------------|---|--------|------|----------|------|
| | | 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 | 1 | 1 | 3 | 2 |
| | Acute Viral Hepatitis type A | 1 | 0 | 1 | 3 |
| | Amoebiasis | 9 | 7 | 13 | 10 |
| | Chikungunya Fever | 0 | 0 | 0 | 0 |
| | Cholera | 0 | 0 | 0 | 0 |
| | Dengue Fever | 15 | 9 | 41 | 18 |
| | 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 | 0 | 1 | 0 | 1 |
| | Measles | 0 | 0 | 0 | 0 |
| | Meningococcal Meningitis | 0 | 0 | 0 | 0 |
| | Paratyphoid Fever | 0 | 0 | 0 | 0 |
| | Poliomyelitis | 0 | 0 | 0 | 0 |
| | Rubella | 0 | 0 | 0 | 1 |
| Shigellosis | 3 | 3 | 7 | 5 | |
| Typhoid fever | 2 | 0 | 2 | 0 | |
| West Nile Fever | 0 | 0 | 0 | 0 | |
| Category III | Acute Viral Hepatitis type B | 1 | 1 | 2 | 1 |
| | Acute Viral Hepatitis type C | 2 | 0 | 3 | 1 |
| | Acute Viral Hepatitis type D | 0 | 0 | 0 | 0 |
| | Acute Viral Hepatitis type E | 1 | 0 | 1 | 0 |
| | Acute Viral Hepatitis untype | 0 | 0 | 0 | 0 |
| | Congenital Rubella Syndrome | 0 | 0 | 0 | 0 |
| | Enteroviruses Infection with Severe Complications | 3 | 0 | 6 | 0 |
| | Haemophilus Influenza type b Infection | 1 | 0 | 2 | 2 |
| | Japanese Encephalitis | 0 | 0 | 0 | 0 |
| | Legionellosis | 3 | 0 | 9 | 1 |
| | Mumps ² | 17 | 14 | 24 | 23 |
| | Neonatal Tetanus | 0 | 0 | 0 | 0 |
| | Pertussis | 0 | 3 | 0 | 3 |
| | Tetanus | 0 | 0 | 0 | 0 |
| Category IV | Botulism | 0 | 1 | 0 | 1 |
| | Cat-scratch Fever | 0 | 1 | 1 | 2 |
| | Complicated Influenza | 141 | 72 | 282 | 94 |
| | Endemic Typhus Fever | 0 | 1 | 0 | 1 |
| | Herpesvirus B Infection | 0 | 0 | 0 | 0 |
| | Invasive Pneumococcal Disease | 18 | 25 | 45 | 43 |
| | Leptospirosis | 0 | 0 | 2 | 1 |
| | Lyme Disease | 0 | 0 | 0 | 0 |
| | Melioidosis | 0 | 0 | 0 | 0 |
| | New Delhi metallo-β-lactamase -1 Enterobacteriaceae | 0 | 1 | 0 | 1 |
| | Q Fever | 0 | 0 | 0 | 1 |
| | Scrub Typhus | 8 | 9 | 14 | 20 |
| | Toxoplasmosis | 1 | 0 | 1 | 0 |
| | Tularremia | 0 | 0 | 0 | 0 |
| Varicella ² | 233 | 269 | 399 | 531 | |
| 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, 5 outbreak events were reported, including 2 upper respiratory infection clusters in the South Area and the East Area, 1 diarrhea cluster in the Taipei Area, 1 influenza- like illness cluster in the Central Area, and 1 dengue fever cluster in the North Area.

Imported Infectious Diseases

- 19 confirmed infectious cases^{**} were imported from 6 countries during week 2 of 2012.

| Disease/Country | Indonesia | Vietnam | Philippines | Bhutan | China | Italian | Total |
|-----------------|----------------|---------|-------------|--------|----------------|---------|-------|
| Dengue Fever | 2 | 3 | 2 | | | | 7 |
| Shigellosis | 3 [*] | 1 | | | 1 [*] | | 5 |
| Amoebiasis | 4 [*] | | | | | | 4 |
| Syphilis | | | | 2 | | | 2 |
| Scrub Typhus | | | | | | 1 | 1 |
| Total | 9 | 4 | 2 | 2 | 1 | 1 | 19 |

Note: ^{*}Three shigellosis cases and two amoebiasis cases were respectively confirmed between Dec. 27, 2011 and Jan. 6, 2012, but excluded from the statistics for week 2 (Jan. 8 – Jan. 14).

^{**}Cases were diagnosed or based on imported case data in the last week. The following cumulative number was statistical by the week of onset.

- A total of 11 infectious cases were imported from 4 countries in 2012.
- Top 3 imported diseases : DF (7), Shigellosis (2), Amoebiasis (2).
- Top 3 countries responsible for most imported cases : Indonesia (4), Vietnam (3), Malaysia (1).

Summary of This Week

- **Influenza** : The overall level of influenza activity has peaked, and influenza type B virus is currently the dominant influenza virus strain circulating in the community. The influenza activity may reach the highest level around the Lunar New Year. Taiwan CDC continues to closely monitor the development of the influenza epidemic.
- **Enterovirus** : The enterovirus 71 infection epidemic has been on the rise. The ER consultation rate for hand-foot-and-mouth disease has remained high, and the threat of



enterovirus 71 still persists as mild cases of enterovirus 71 and cases of enterovirus infection with severe complications have still been detected. 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:

http://www.cdc.gov.tw/sp.asp?xdurl=disease/disease_content.asp&id=1662&mp=1&ctNode=1498#01

- **Dengue Fever** : The dengue fever epidemic has been slowing down overall. Sporadic cases have still been reported in Kaohsiung, Penghu and Tainan.
- **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>.

