

## Notifiable Infectious Diseases Reports

## Reported Cases and Deaths of National Notifiable Infectious Diseases — China, September 2022

Diseases	Cases	Deaths
Plague	1	1
Cholera	4	0
SARS-CoV	0	0
Acquired immune deficiency syndrome*	4,389	1,847
Hepatitis	123,318	72
Hepatitis A	945	1
Hepatitis B	101,083	35
Hepatitis C	18,740	35
Hepatitis D	14	0
Hepatitis E	1,946	0
Other hepatitis	590	1
Poliomyelitis	0	0
Human infection with H5N1 virus	1	0
Measles	78	0
Epidemic hemorrhagic fever	205	0
Rabies	14	8
Japanese encephalitis	53	1
Dengue	28	0
Anthrax	42	0
Dysentery	3,134	0
Tuberculosis	58,638	347
Typhoid fever and paratyphoid fever	631	0
Meningococcal meningitis	2	0
Pertussis	3,849	0
Diphtheria	0	0
Neonatal tetanus	4	0
Scarlet fever	1,020	0
Brucellosis	5,311	0
Gonorrhea	8,598	0
Syphilis	44,470	9
Leptospirosis	43	2
Schistosomiasis	8	0
Malaria	96	2
Human infection with H7N9 virus	0	0
COVID-19†	7,172	0
Influenza	90,089	0
Mumps	11,041	0

Continued

Diseases	Cases	Deaths
Rubella	98	0
Acute hemorrhagic conjunctivitis	2,273	0
Leprosy	24	0
Typhus	174	0
Kala azar	19	0
Echinococcosis	140	0
Filariasis	0	0
Infectious diarrhea <sup>§</sup>	76,490	2
Hand, foot and mouth disease	44,872	1
<b>Total</b>	<b>486,329</b>	<b>2,292</b>

\* The number of deaths of acquired immune deficiency syndrome (AIDS) is the number of all-cause deaths reported in the month by cumulative reported AIDS patients.

† The data were from the website of the National Health Commission of the People's Republic of China.

§ Infectious diarrhea excludes cholera, dysentery, typhoid fever and paratyphoid fever.

The number of cases and cause-specific deaths refer to data recorded in National Notifiable Disease Reporting System in China, which includes both clinically-diagnosed cases and laboratory-confirmed cases. Only reported cases of the 31 provincial-level administrative divisions in the mainland of China are included in the table, whereas data of Hong Kong Special Administrative Region, Macau Special Administrative Region, and Taiwan are not included. Monthly statistics are calculated without annual verification, which were usually conducted in February of the next year for de-duplication and verification of reported cases in annual statistics. Therefore, 12-month cases could not be added together directly to calculate the cumulative cases because the individual information might be verified via National Notifiable Disease Reporting System according to information verification or field investigations by local CDCs.

doi: [10.46234/ccdcw2022.214](https://doi.org/10.46234/ccdcw2022.214)