

Notifiable Infectious Diseases Reports

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

Diseases	Cases	Deaths
Plague	0	0
Cholera	0	0
SARS-CoV	0	0
Acquired immune deficiency syndrome*	4,490	1,466
Hepatitis	125,758	38
Hepatitis A	960	0
Hepatitis B	102,912	25
Hepatitis C	18,720	13
Hepatitis D	21	0
Hepatitis E	2,503	0
Other hepatitis	642	0
Poliomyelitis	0	0
Human infection with H5N1 virus	0	0
Measles	110	0
Epidemic hemorrhagic fever	553	4
Rabies	6	8
Japanese encephalitis	0	0
Dengue	2	0
Anthrax	19	0
Dysentery	3,520	0
Tuberculosis	63,590	316
Typhoid fever and paratyphoid fever	566	0
Meningococcal meningitis	5	1
Pertussis	3,991	1
Diphtheria	0	0
Neonatal tetanus	1	0
Scarlet fever	2,588	0
Brucellosis	8,824	0
Gonorrhea	8,395	0
Syphilis	43,751	0
Leptospirosis	10	0
Schistosomiasis	39	0
Malaria	37	1
Human infection with H7N9 virus	0	0
COVID-19†	7,547	166
Influenza	78,687	0
Mumps	11,151	0

Continued

Diseases	Cases	Deaths
Rubella	155	0
Acute hemorrhagic conjunctivitis	2,509	0
Leprosy	27	0
Typhus	144	0
Kala azar	35	0
Echinococcosis	235	0
Filariasis	0	0
Infectious diarrhea [§]	82,369	1
Hand, foot and mouth disease	70,042	0
Total	519,156	2,002

* 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/ccdcw2022.127](https://doi.org/10.46234/ccdcw2022.127)