Disease Surveillance Practice on Zoonosis with Focus on Vectors and Reservoirs in China

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If we neglect this threat, we will pay a heavy price for it. Zoonoses





Outline

- Zoonoses: Communicable Diseases
- Legislation
- Surveillance Systems
- Examples
- Other Information



Legislation

- Regulation on the Control of Communicable Diseases, 1956?
- Regulation on the Control of Acute Communicable Disease, 1959.
- Law for Control and Prevention of Communicable Diseases, 1989.
- Amended Law for Control and Prevention of Communicable Diseases
 - Approved by National People's Congress in Aug. 28 2004,
 - > Implementing in Dec.1, 2004
 - Diseases for notification (3 groups- 37 diseases)
 - Punishment for delinquent reporting

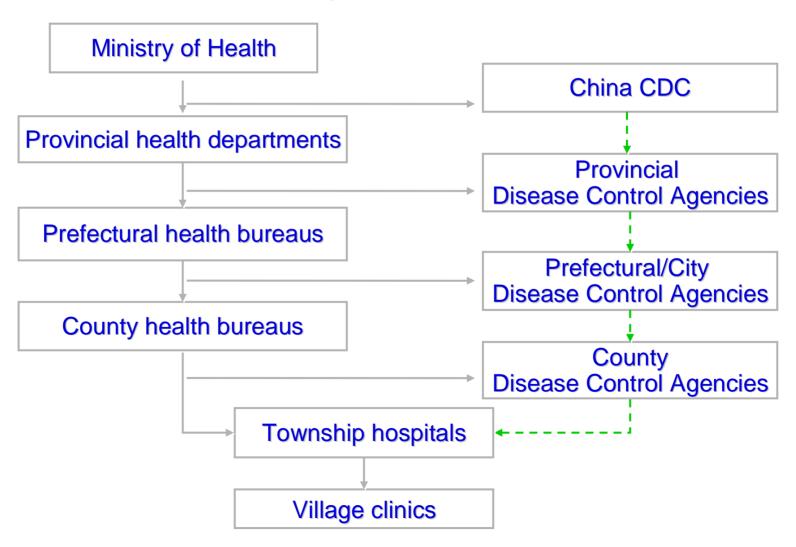
National Statutory Notifiable Communicable Diseases

- Group A: Plague, Cholera
- Group B: SARS, AIDS, Viral hepatitis, Poliomyelitis, HPAI,
 Measles, HFRS, Rabies, Japanese encephalitis, Dengue fever,
 Anthrax, Bacillary & amebic dysentery, TB,
 Typhoid fever/Paratyphoid fever, Meningococcal Meningitis,
 Pertussis, Diphtheria, Neonatal Tetanus, Scarlet fever,
 Brucellosis, Gonorrhea, Syphilis, Leptospirosis,
- Group C: Influenza, Mumps, Rubella, Acute hemorrhagic Conjunctivitis, Leprosy, Epidemic typhus/Endemic typhus, kala-azar, Echinococcosis, Filariasis, Infectious diarrhea

Schistosomiasis, Malaria



Public Health Service Agencies in China





Infrastructures for Communi. Dis. Surveillance

- Central: CCDC
 - Office of Dis. Control & Emer.Res.
 - Center for Public Health Surveillance & Infor. Ser.
 - NIP, TB Center, HIV/AIDS Center
 - Institute for Communi. Dis. Contr. & Prev.
 - Institute for Viral Dis. Cont. & Prev.
 - Institute for Food Safety and Public Nutrition
- Provincial CDCs/TB Centers
- Prefecture/Municipal CDCs/TB Centers
- County/District CDCs/TB Centers
- Hospitals, Clinics, Community Health Centers, Blood Banks, Quarantine Agencies

Communicable Disease Surveillance Systems -Old System

- National Notifiable Communicable Diseases Report System
 - Aggregative data reporting monthly level by level
 - too late for Identifying of outbreak
 - too roughly Information for CDCs above County level
- Diseases Surveillance Points (DSPs) System
 - Since 1978
 - 145 points selected randomly nationwide
 - Coverage 10 million of Population
 - Birth and death registry and reporting, vital statistics
 - Class A, B and C statutory notifiable infectious dis. Reporting
 - Class C reporting only in the DSPs
 - Conducting health surveys
- Specific Diseases Surveillance System: TB, HIV/AIDS, STD, plague, VPD,

Communicable Disease Surveillance System - New Structure

Statutory Notifiable Diseases Reporting System (3 group, 37 diseases)

Enhanced Communicable Disease Surveillance

- •Plaque, Cholera, Rabies, HRFS, Dengue, TB, AIDS/HIV, VPD, Brucellosis, etc..
 - •Case Investigation and/or Lab. Diagnosis

Sentinel Surveillance

- Influenza/ILI, STIs/HIV in Population at High Risk

SARS and Avian Flu. Early Alert Surveillance

- Cause-unknown pneumonia surveillance based on all levels hospitals.
- Infect. dis. related death reporting based on county and above levels hospitals

Laboratory or environmental surveillance

-Pulse-net, Food-net

Disaster related health condition and public health emergency reporting System

- Disaster related public health and sanitary condition
- Dis outbreak, chemical leaking, environmental pollution, food poisoning, etc.



Reporting System of Statutory Notifiable Communicable Diseases (3 groups-37 dis.)

- Launched since January 2004
- Internet-based real-time (quasi real-time) case reporting system
- Timing of reporting (new guideline will be issued next month)
 - Group A and SARS, HPAI, Polio, pulmonary anthrax: within 2 hours
 - Group B and C: within 24 hours
- Method of reporting
 - Online reporting if Internet available
 - ➤ For Clinic and hospital which internet unavailable: Fax, mailing cards or telephone reporting to County CDC and input through Internet by County CDC



Reporting System of Statutory Notifiable Communicable Diseases

- Enabling early Detection of outbreak/epidemic
- Detailed case data at each level CDC and HD.
- Real-time online or offline analysis/Statistics and table/graph making
- Feedback and dissemination of surveillance information
 - (DRNCDA) Daily Report of Notifiable Communicable Disease and Adverse Health Events: to MoH and CCDC subcenter
 - (WRNCDA) Weekly Report of Notifiable Communicable Disease and Adverse Health Events: to MoH, CCDC subcenter, Provincial HD and CDC
 - (MRNCDA) Monthly Report of Notifiable Communicable Disease and Adverse Health Events: to MoH, CCDC Subcenter, HD and CDC at Each level
 - (ARNCDA) Annually Report of Notifiable Communicable Disease and Adverse Health Events: to MoH, CCDC Subcenter, HD and CDC at Each level





中国疾病预防控制信息系统

CHINA INFORMATION SYSTEM FOR DISEASES CONTROL AND PREVENTION



CDC

选项:

鼠疫防治管理信息系统 HIV/AIDS专报系统 数据分年度管理

地区编码:

用户编码:

密码:

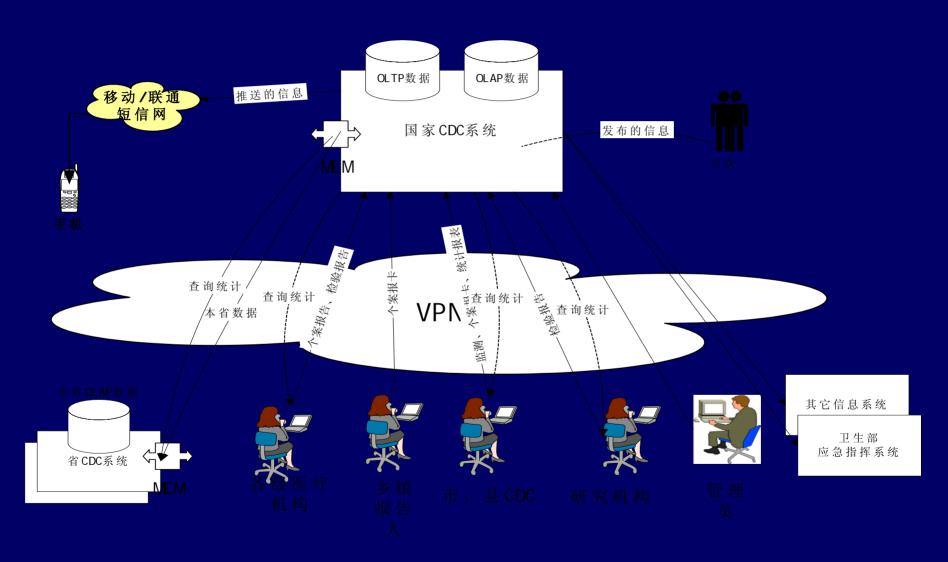
登录

中国疾病预防控制中心 , All Rights Reserved.



Topology of Reporting System of Statutory Notifiable Communicable Diseases







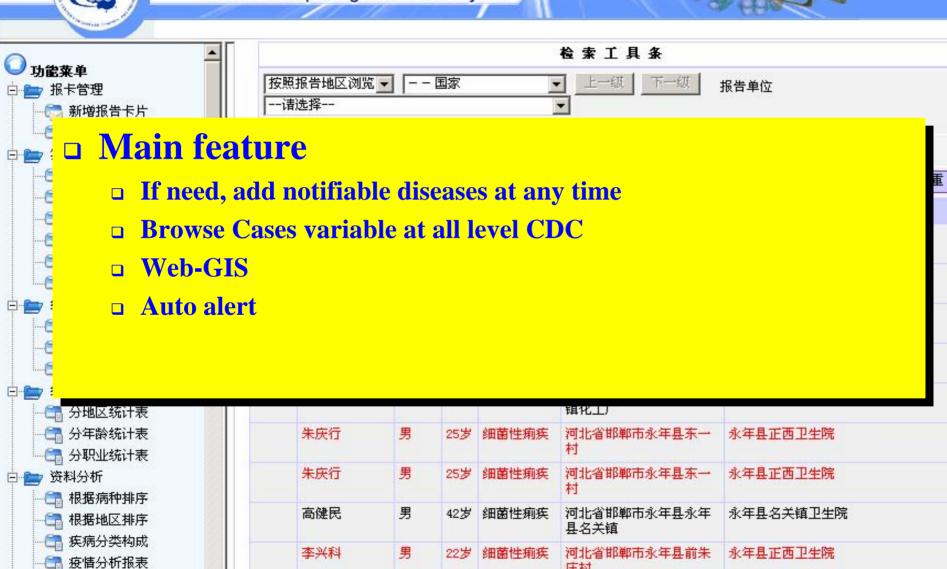


🦳 高发地区分析

疾病监测信息报告管理系统

コルエキャ

Diseases Reporting Information System



庄村

COLL AMERICAN

○★JI.2940×6十つ。/モロコ./エ

3. 大日 万米 株 田 山崎



数 发泵



■Main function

地区名

国家

北京市

CASE query

■ Real time online or offline analysis/Statistics and table/graph making

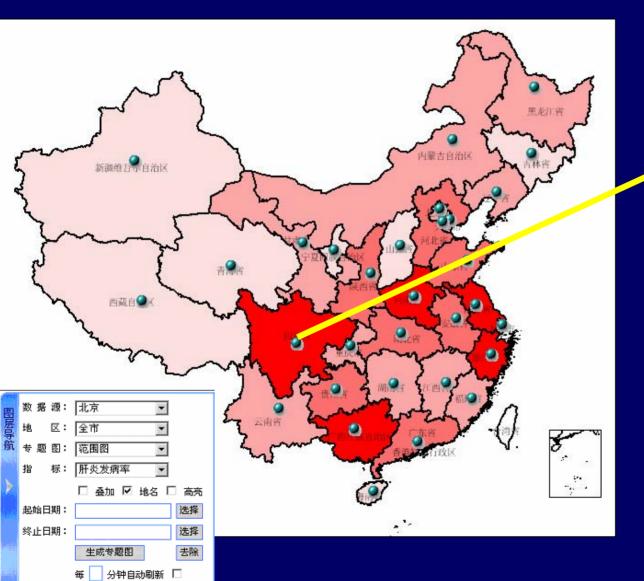
Analysis on daily, weekly, monthly and yearly basis

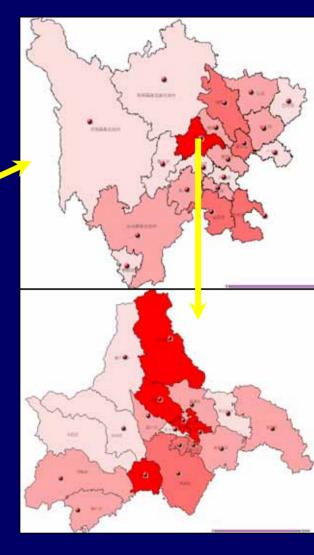
Dictionary management

エキナ															1 1/
天津市	212		131				- ''		0		14		52		
河北省	3117	2	1478	1	41	-	1224	1	31	-	59	-	123	1	:
山西省	1174	1	485	-	29	-	409	-	21	-	1	-	25	-	
内蒙古	1303	-	669	-	32	-	569	-	39	-	1	-	28	-	
辽宁省	1756	2	710	1	106	-	348	-	68	-	86	1	102	-	
吉林省	1491	-	491	-	34	-	345	-	62	-	3	-	47	-	
黑龙江	2436	3	936	2	48	-	738	2	84	-	17	-	49	-	
上海市	991	17	318	-	14	-	57	-	-	-	6	-	241	-	
江苏省	3077	4	938	-	101	-	483	-	29	-	55	-	270	-	
J BEST AS	3970	<u> </u>	13/17		76	<u> </u>	1008		22		53		188		

Web-GIS Platform

-Display Case Incidence from National to Township Level





Weekly

全国传染病与突发公共卫生事件 监测周报 (第39周)

中国疾病预防控制中心

2004年9月27日-10月3日

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=,	重点疫情分析	4
	(一) 霍乱	4
	(二)流行性乙型脑炎	4
	(三)细菌性痢疾	4
	(四) 伤寒及副伤寒	5
	(五) 炭疽	5
	(六) 间日疟	6
	(七)钩端螺旋体病	7
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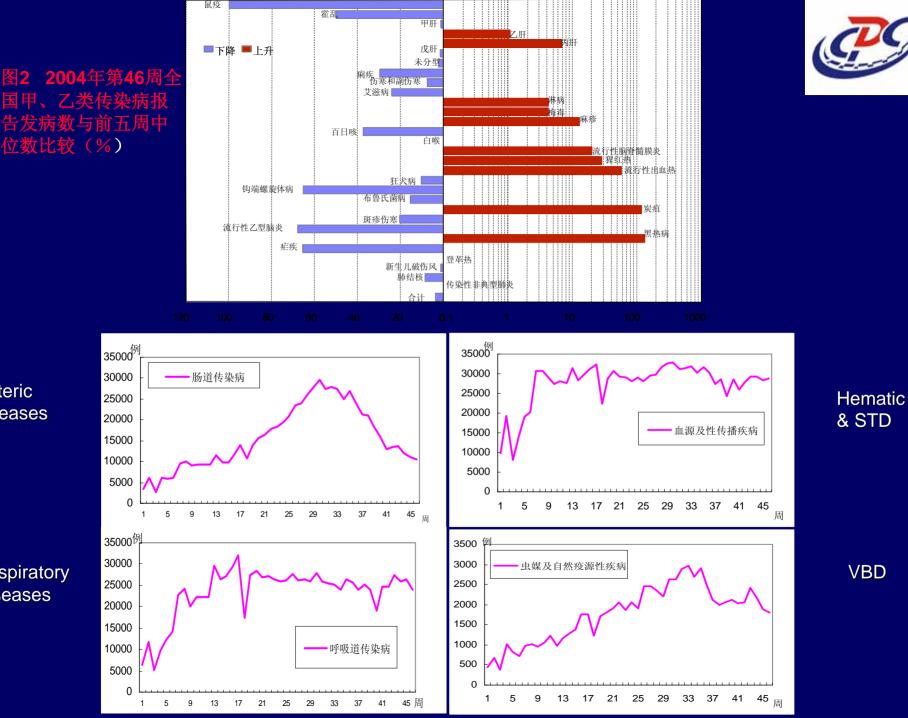


□Disseminated to MOH, CCDC institutes and subcenters/, Provincial HD&CDC

□Summary

- □Disease outbreak/epidemic
- Other aberration detected
- **Adverse Health Events**
- International outbreak news
- important implication





VBD

位数比较(%)

Enteric

diseases

Respiratory

Diseases



Enhanced Disease Surveillance

- Plague, Cholera, Rabies, HRFS, Dengue, etc.
- EPI-target diseases
- Character and feature
 - Based on statutory reporting of cases
 - Case investigation and sample collection
 - Lab diagnosis
 - Active surveillance for some diseases
 - Environmental and risk factor surveillance for some diseases

Disease with Related Animal Surveillance

- Plague:
- Rabies
- HRFS
- Dengue
- Malaria
- Japanese encephalitis
- Anthrax
- Leptospirosis

- kala-azar
- Echinococcosis
- Filariasis
- Schistosomiasis
- SARS
- HPAI
- Brucellosis
- TB
- Epidemic typhus/Endemic typhus

Plague Surveillance and Alert System



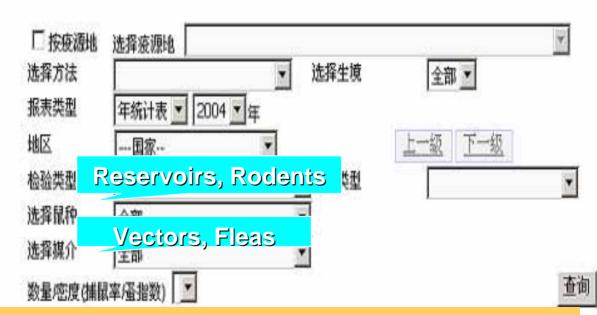


鼠疫监测预警预报信息系统

Rat Epidemic Disease Forcasting Information System





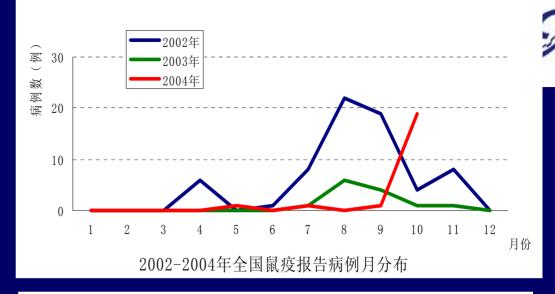


Animal & Human Surveillance

- Control activities/process management and monitoring
- Real time analysis/Statistics and table/graph making
- Analysis on daily, weekly, monthly and yearly basis
- Real-time Alert

Plaque

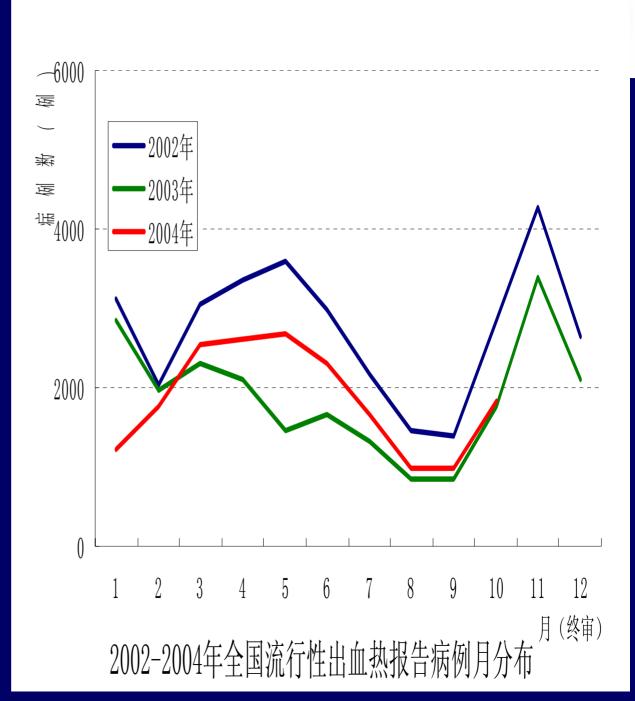
By Nov 25, 2004, 22 palque cases were reported fromQinghai(20), Gansu(1) and Neimenggu(1)





Hemorrhagic Fever with Renal Syndrome (HFRS)

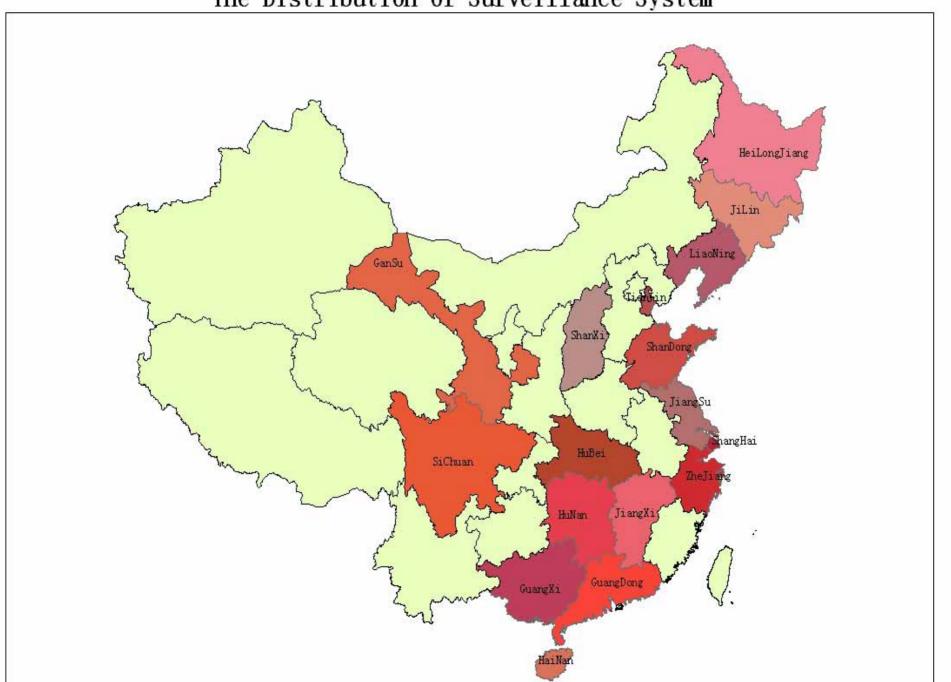
- Jan,1 Nov,14, 21539 cases, and 183 deaths.
- Number of cases in 5
 Provinces take 70% of total cases (LN, SD, HeB,HLJ, JL)
- Animals: Rodents



A New Comprehensive Vector Surveillance System in China

- Launched in 2005
- New protocols
- Program management
- The targeted vectors: mosquitoes, flies, cockroaches, rodents
- The pilot provinces: 17 provinces
- The scenarios: 40 cities

The Distribution of Surveillance System





Challenge

- Weak designing and evaluation of surveillance system
- Analysis, interpretation of surveillance data need being improved
- Lack of methodology and technique to use information to facilitate decision-making
- Low capability to detecting and identifying emerging infection
- Laboratory surveillance very weak

媒介生物可持续控制国际论坛 International Forum For Sustainable Management Of Disease Vectors

21st-23rdApril, 2006, Beijing Central Garden Hotel 中苑宾馆



媒介生物可持续控制国际论坛 组织机构 Organization



主办: 中华预防医学会

Organizer: Chinese Preventive Medicine Association

承办: 中华预防医学会媒介生物及控制分会

Sponsor: Society for Vector Biology & Control, CPMA

协办: 中华预防医学会医学寄生虫学分会

Co-sponsor: Society for Medical Parasitology, CPMA

中华预防医学会铁路分会

Society for Railway Health, CPMA



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会议主题及议题

会议主题: 媒介生物可持续控制

- •主要议题:
 - 1. 新发和再度爆发的媒介生物性疾病
 - 2. 媒介生物监测及控制方法和策略
 - 3. 媒介生物抗药性的治理
 - 4. 媒介生物入侵的防御和管理
 - 5. 媒介生物及媒介生物性疾病的风险评估
 - 6. 大型活动媒介生物控制保障
- •会议期间同时进行国际媒介生物控制技术及产品展示



The Theme: Sustainable Management of Disease Vectors

Topic Themes:

- Emerging and re-emerging vector-borne diseases.
- Updates for techniques and strategies on vector surveillance and control.
- Management of resistance of disease vectors to pesticides.
- Strategy and technique for managing disease vector invasions.
- Risk assessment on vector and vector borne diseases for civil engineering
- Pest management for wellbeing of big events

Exhibitions of Techniques and Products for Vector Management

During the Forum



论坛网址website:

www.Chinavbc.cn/forum

媒介生物可持续控制国际论坛

INTERNATIONAL FORUM FOR SUSTAINABLE MANAGEMENT OF DISEASE VECTORS



中国·北京 BEIJING CHINA 2006

【中文 English 】

主办单位:中国预防医学会

承办单位:中华预防医学会媒介生物及控制分会



中 文 English

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2006年4月21-23日

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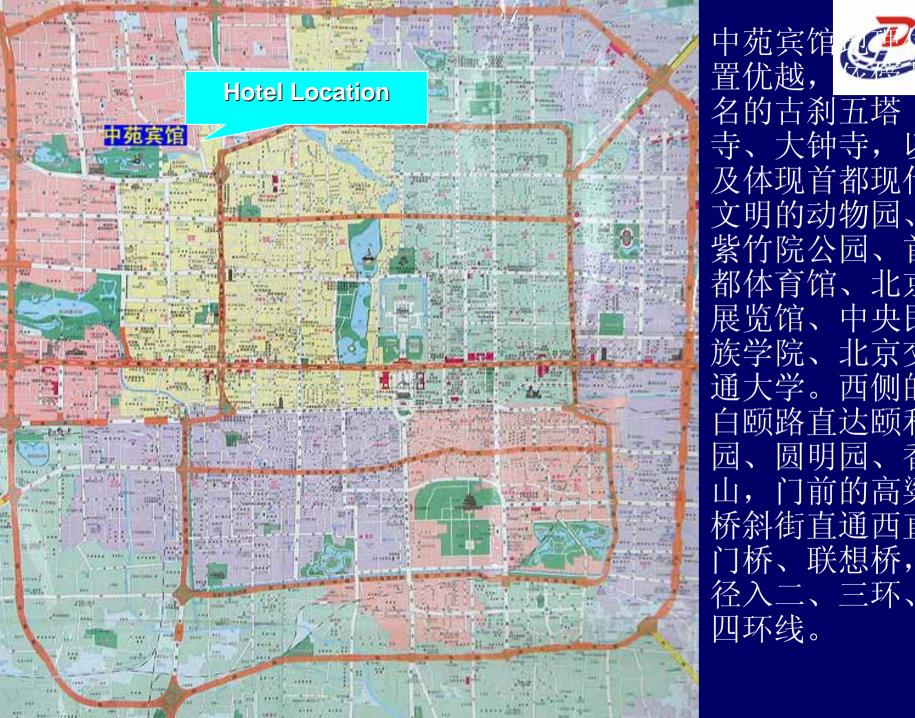
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中华预防医学会铁路分会

协办媒体:

中国媒介生物学及控制杂志

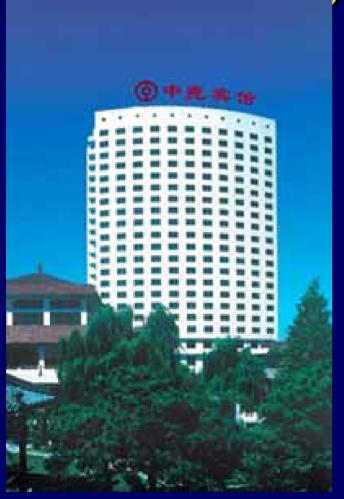
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中苑宾馆 置优越, 名的古刹五塔 寺、大钟寺,以 及体现首都现代 文明的动物园、 紫竹院公园、首 都体育馆、北京 展览馆、中央民 族学院、北京交 通大学。西侧的 白颐路直达颐和 园、圆明园、香 山,门前的高粱 桥斜街直通西直 门桥、联想桥,



中苑宾馆环境





外部环境

内部环境



中苑宾馆大堂



insect1

中苑宾馆大堂采用透明屋顶的设计,阳光充足,大堂多采用朱红、明黄的、黑色、金色的装修主色调,由显最高贵典雅、金碧辉煌。

在中苑大堂中各个服务设施分布其中,总台、会议报道台、大堂吧、商务中心、商场、邮局、航空公司、保险室等,随时为您提供方便、快捷的服务。

设在大堂西侧的总台率先采用坐式服务,使客人更加轻松的办理各项手续,体现了以人为本的管理方式。 meijie, 10/26/2005



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豪华单人间

标准双人间

