

# Arboviral Surveillance and Response Capacity Survey 2021

## Section I: Respondent details

### 1. Country

China

### 2. Respondent/person to be contacted for clarification, if needed (last name, first name, e-mail address)

### 3. Professional title and affiliation

### 4. Date (dd/mm/yyyy)

29/5/2021

## Section II: Arboviral disease surveillance system

### 5. Which arboviruses have circulated in your country at any time since the year 2000? This refers only to arboviruses with autochthonous i.e., local mosquito-borne transmission.

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Chikungunya	Not selected
Dengue	Yes
Yellow fever	Not selected
Zika	Not selected

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### 6. Do you have any written arbovirus surveillance and control plan(s) and/or guideline(s) for your country?

Yes, we have arbovirus-specific plans(s) or guidelines(s)

**6b. For which of the following arboviruses do you have written surveillance and control plans for your country? Please choose all that apply.**

Chikungunya	Yes
Dengue	Yes
Yellow fever	Yes
Zika	Yes

**6c. Please upload surveillance and control plan(s) or protocol(s), or guideline(s)**

5 file(s) submitted

**7. Is there a specific national programme for arboviral diseases surveillance or is it integrated in another programme? Please select the appropriate answer:**

Specific programme

**7b. Please specify the programme into which arboviral diseases is integrated**

**8. For which level of the health structure are individual and aggregated data available? (Select all relevant levels)**

	Individual level	Aggregated
Primary health care level	Yes	Yes
District level	Yes	Yes
Regional level	Yes	Yes
National level	Not selected	Yes

**9. What are the tools used for recording case data for surveillance purposes? Select all that apply**

National	Électronic
State/provincial	Mixed methods
District	Mixed methods

**10. Which training has been provided to the staff working on arboviral disease surveillance data?**

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One-time basic training on data capture and analysis (MS Excel, MS Access, EpiInfo) and/or geographic information systems (GIS)	Not selected
Repeated/continuing basic training on data capture, analysis, and/or GIS	Yes
One-time advanced training on statistical software for data analysis (e.g. STATA, R, SAS, Tableau, etc)) and GIS	Not selected
Repeated/continuing training on advance statistical software for data analysis (eg STATA, R, SAS, etc) and GIS	Not selected
No training	Not selected

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**11. Is reporting mandatory for any arboviral disease cases in your country?**

Yes

**11b. For which of the following arboviral disease cases is reporting mandatory in your country?**

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Chikungunya	Mandatory reporting of all suspect cases
Dengue	Mandatory reporting of all suspect cases
Yellow fever	Mandatory reporting of all suspect cases
Zika (non-congenital)	Mandatory reporting of all suspect cases
Zika (congenital)	Mandatory reporting of all suspect cases

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**11c. For which other arboviral diseases is reporting mandatory?**

**11d. Please upload document(s) containing surveillance case definitions used for reporting of arboviral diseases**

3 file(s) submitted

**12. In the last 2 years, did your country conduct national epidemiological surveillance for human cases of arboviral disease?**

Yes

**12b. How frequently are surveillance data reported to the national level?**

daily and annual

**12c. What type of national epidemiological surveillance was conducted?**

Combination of active and passive

For reference, here are the relevant definitions:

**Active surveillance** is defined as having dedicated systems and staff that routinely and with effort survey for cases of disease or detection of vectors and associated pathogens by the public health department.

**Passive surveillance** is defined as having a reporting system where physicians, laboratories, mosquito control districts, academic institutions or others routinely report cases of disease or detection of vectors and associated pathogens to the public health department.

**12d. If available, please upload the most recent report(s) on arboviral surveillance in humans**

0 file(s) submitted

**13. Does your country provide regular training sessions for healthcare workers on notification of *Aedes*-borne arboviral diseases?**

Yes : Training course on the epidemiological investigation, laboratory detection, diagnosis of *Aedes*-borne arboviral diseases were usually provided once or twice a year at national level.

**14. What do the arboviral disease surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges to arboviral disease surveillance in humans?**

An awareness of suspected cases, be able to sample in time and require laboratory testing. Population samples could be collected regularly according to the related standard to carry out laboratory monitoring, and evaluate the population epidemic situation.

### **Section III: Arbovirus laboratory capacity**

**15. Is arbovirus diagnostic laboratory testing performed for confirmation of suspected cases in your country? (Please select the applicable option during outbreak periods and during non-outbreak periods, respectively)**

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Outbreak periods	All suspect cases tested
Non-outbreak periods	All suspect cases tested

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**15b. On average, for what percentage of suspected arboviral disease cases your country is laboratory confirmatory testing performed? Please indicate for outbreak and non-outbreak periods, respectively**

Non-outbreak (routine) percentage in a year	80
During outbreaks percentage per identified cluster	85

**16. In the last two years, were the positive cases of arboviruses confirmed by a national reference laboratory?**

Yes, but only for some arboviral infections. Please specify them:

Dengue, Chikungunya

**16b. If your country does not have capacity to type and serotype arboviruses, do you send samples for typing to other countries?**

Yes. Please specify where:

NA

**17. Overall, what arboviral testing capacity(ies) is(are) available in your country? Please check all applicable boxes**

	Antigen testing	IgM antibody testing	IgG antibody testing	Neutralizing antibody testing	Virus isolation	RT-PCR or other nucleic acid amplification test	Viral gene/genome Sequencing
Chikungunya		Yes	Yes	Yes	Yes	Yes	Yes
Dengue	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Yellow fever		Yes	Yes	Yes	Yes	Yes	Yes
Zika		Yes	Yes	Yes	Yes	Yes	Yes
Other							

**18. Which additional resources are most needed for your country to perform adequate testing for arboviral diseases? Please describe what would be needed for each checked resource in the adjacent comment field**

Additional personnel: Yes

Estimate of number of full-time staff: 3

**19. Do you perform virological surveillance on humans, ie, tracking of prevailing genotypes/serotypes? Please select all that apply**

Yes, using virus isolation: NA

Yes, using RT-PCR: NA

Yes, using other acid nucleic tests. Please specify: NA

Yes, using serological testing. Please specify: NA

**19b. Which samples do you use for virological surveillance?**

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Samples from suspected arboviral diseases routinely notified	Yes
Samples routinely collected from patients with fever of unknown origin	Yes

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**19c. For which viruses do you perform virological surveillance? (check all that apply)**

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Chikungunya virus	Yes
Dengue viruses	Yes
Yellow fever virus	Yes
Zika virus	Yes

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**19d. Does your country provide regular training sessions for healthcare workers on arboviruses virological surveillance?**

Yes

**20. What do the arboviral diagnostic laboratory staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to laboratory testing for arboviral infections?**

Standardization, quality control and assurance of laboratory testing for arboviral infections are key factors contributing to the success. Neutralizing antibody testing and bioinformatic analysis were usually considered to be challenges.

## **Section IV: Management of arboviral disease cases**

**21. Does your country have clinical guidelines for healthcare workers on diagnosis and clinical management of cases and severe cases of *Aedes*-borne arboviral diseases?**

Yes

**21b. Please upload the clinical guideline(s) for arboviral disease management**

4 file(s) submitted

**22. Are severe cases of arboviral diseases managed in a special area (part of the hospital, isolation beds)?**

Yes

**23. How many hospital beds are available per 100,000 population?**

**24. Does your country provide regular training sessions for healthcare workers on clinical diagnosis and management of *Aedes*-borne arboviral diseases?**

Yes, specific training is provided. If so, please specify:

one or two times national training course a year

**25. What do the arboviral disease surveillance/clinical staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to case management?**

Finding of suspected cases, early detection, early diagnosis and early treatment

## **Section V: Routine vector surveillance and control**

**26. Is there a disease programme, agency, or service in charge of arbovirus vector surveillance in your country?**

Yes. If so, please specify in the comment field.

China CDC

**27. Which institution/department is in charge of reporting entomologic surveillance data to the national ministry of health/health department? (Check all that apply)**

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State/provincial health agencies	Yes
Other national agency	Not selected
City/country health departments	Yes
Local mosquito control districts or similar organisations	Not selected
Universities or academic institutions	Not selected
Private companies	Not selected

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**28. For the last 2 years, did your country conduct entomologic surveillance for arboviral infections in mosquito vectors?**

Yes

**28b. Please upload the most recent national vector surveillance report**

0 file(s) submitted

**28c. Did the entomologic surveillance entail country wide programmes or was it restricted to specific locations?**

Restricted to specific locations . Please specify where:

Selected monitoring points at country wide

**28d. How many sentinel surveillance sites do you have?**

103

**28e. How often was the surveillance conducted? Please choose one of the following:**

monthly

**29. Do you conduct adult mosquito surveillance?**

Yes

**30. Do you conduct larval/pupal mosquito surveillance?**

Yes

**31. Are trapped mosquitoes identified to species?**

Yes

**32. Does your country either calculate minimum infection rates (MIR) for any *Aedes*-borne arboviruses with your mosquito data or receive such data from other agencies? Please choose only one of the following:**

Yes, the MIR are estimated by another institution.If so, please specify:

NA



**33. Which laboratories performed testing for arboviruses on mosquito pools collected in your country in the last two years? (check all that apply)**

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National public health laboratory	Yes
State/provincial/regional public health laboratory	Yes
Local health department laboratory	Not selected
University or academic institution	Yes
Local MCD (if different from county health dep't)	Not selected
Mosquito surveillance done, but no testing done on mosquito pools	Not selected
Not applicable (no mosquito surveillance done)	Not selected

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**34. Is there a record of *Aedes aegypti* or *Aedes albopictus* being found in your country in the past 5 years? Please choose only one of the following**

Yes, both *Aedes aegypti* and *Aedes albopictus*

**34b. Please describe the potential public health threat from *Aedes aegypti* in your country**

*Aedes aegypti* populations are stable in select areas and pose a significant threat

**34c. Please describe the potential public health threat from *Aedes albopictus* in your country**

*Aedes albopictus* populations are spreading and pose a significant public health threat

**35. Over the past two years, did your country use any of the following vector control methods in local jurisdictions (either using government staff and resources, or subcontracting to a different entity to do so)? Please select all that apply**

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Adulticiding (insecticide application against adult mosquitoes)	Yes
Larviciding	Yes
Insect growth regulators (eg , pyriproxyfen)	Not selected
Wolbachia method	Yes
Sterile insect release	Not selected
None	Not selected

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**35b. Would your country have conducted or financially supported adulticiding/larviciding or source reduction activities in the last two years if sufficient funding were available?**

**35c. Which adulticides and/or larvicides (brand and product name) were used?**

Permethrin and allethrin; Deltamethrin; CIS cypermethrin; Cyhalothrin; Bendio-carb; Pyrimidine methyl phosphate; Pyrimidine methyl phosphate; Beta cypermethrin; Permethrin; Deltamethrin; Bifenthrin; Cyhalothrin; Assassin Bisulfite Fenthion Bacillus thuringiensis (subspecies Israel) Pyriproxyfen

**36. Does your country provide regular training sessions for staff in charge of vector control and vector surveillance?**

Yes, for both

**37. For the last two years, did your country have a plan for mosquito-borne disease control that includes a threshold (eg, level of vector mosquito abundance or minimum infection rate) that would result in a recommendation for mosquito adulticiding/other mosquito reduction measures?)**

Yes, have a threshold that does not require concurrent human cases

**37b. Which indicator(s) is(are) used as threshold(s)?**

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Concurrent human cases	Yes
Minimum infection rate	Not selected
Vector density	Yes
Breteau Index	Yes
House Index	Not selected
Container Index	Not selected

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**38. Overall, are data on any of the following arboviral outbreak risk factors routinely collected and analysed? (Select all that apply)**

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House Index	Yes
Breteau Index	Yes
Container Index	Yes
Temperatures	Yes
Rainfall	Yes
Migration of a non-immune population	Yes
None	Not selected

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**39. Is there a surveillance system in place for monitoring *Aedes* resistance to the insecticide(s) used?**

Yes

**40. What do the vector surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to vector surveillance and control in the country?**

Standardization of specimen collection, identification, laboratory testing and reporting

## **Section VI: Animal surveillance**

**41. During the last 2 years, did your country conduct national epidemiological surveillance for arboviral disease in animals (eg, epizootic surveillance for yellow fever in endemic areas)?**

No

**41b. How often was the animal surveillance conducted?**

**41c. What type of surveillance was conducted in animals?**

**41d. Please upload a report on the animal surveillance**

**42. Does your country (or local jurisdictions within the country) perform sentinel animal surveillance or epizootic surveillance, eg, for yellow fever in nonhuman primates in endemic regions?**

I don't know

**42b. For which viruses is sentinel surveillance conducted and in which animal species?**

**42c. Please upload the most recent report(s) on sentinel animal surveillance**

## **Section VII: Community sensitization and participation**

**43. Does your country have a community outreach program that also covers arboviral diseases?**

Yes

**43b. What entity(ies) is(are) in charge of the outreach program in your country?**

The national and provincial health administrative departments are responsible for the establishment of the program, and the community health service centers are responsible for the implementation,

**43c. What is the geographical coverage of the outreach program in your country?**

Only selected areas. Please specify where:

In southern China, local transmission of dengue fever continues for years, such as Guangdong Province.

**43d. Is the community outreach/social mobilization program sufficiently funded to cover staff time, prevention and outreach activities as needed?**

No

**43e. Which resources would help ensure adequate capacity?**

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Educational materials for the public	Yes
Educational and reference materials for providers	Yes
Educational and reference materials for local health departments	Not selected
Additional staff	Not selected
Staff training	Yes

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**44. Did your national arboviral disease program issue notifications to the public about local transmission risk and/or possible vector-control activities (eg larviciding, adulticiding, community mobilization and participation, etc) as a prevention message for arboviral diseases within last 2 years? (Check all that apply)**

	During outbreaks	During non-outbreak periods
Issued by national public health agency	Yes	Yes
Issued by state/local health agencies	Yes	Yes
No risk in the past two years	Not selected	Not selected
No notifications even though risk was present	Not selected	Not selected

**44b. Which means does your program use for community sensitization, mobilisation and acceptance of interventions in your country? (Check all that apply)**

Press releases to electronic and printed media	Yes
Public service announcements on television or radio	Yes
Passive distribution of informational brochures	Yes
Active distribution of informational brochures	Yes
Town, community, or neighborhood meetings	Yes
Posting information on the home page of your agency's website	Yes
Social media outlets (Facebook, Twitter, etc)	Yes
Door-to-door outreach in selected locations	Yes
Participation in community clean-ups	Yes
Modification of messages for all local languages	Yes

**45. Does your country provide regular training sessions for staff in charge of community sensitization, mobilisation and acceptance of interventions dedicated to control arboviral diseases?**

I don't know

**46. What do the community outreach staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to community participation**

a)Responsibility, government attention, necessary communication skills and sufficient technical materials. b)The understanding of the masses and the mobilization ability of the community

## Section VIII: Preparedness for arboviral outbreaks/epidemics

**47. Is there either a surveillance and outbreak response committee in your country, or a steering committee for that purpose?**

Yes

**48. Does your country have a contingency plan to organize healthcare services during an outbreak (including outbreaks of arboviral diseases)?**

Yes

**48b. Please upload the contingency plan**

1 file(s) submitted

**49. Are there defined or established criteria for declaring an outbreak of arboviral disease outbreak in your country?**

Yes. If so, in the comments field, please briefly describe the criteria or reference the document in which those are sta

NA

**50. Do you have established collaborations with national/regional research institutions / international agencies that are planned to be activated in case of arboviral outbreak?**

Yes. If so, please specify institutions/agencies in the comments field:

NA

**51. What vector control interventions are deployed in case of an emergency?**

Monitoring, effect evaluation, killing adult mosquitoes, environmental cleaning

**52. For the last 2 years, which of the following government levels had an emergency fund or a specified emergency funding mechanism for arbovirus outbreak response?**

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National level	Yes
State/local level	Yes
None	Not selected

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**53. Does your country provide regular training sessions for staff/committee in charge of preparedness for arboviral outbreaks/epidemics?**

Yes

**54. What do the arboviral disease surveillance staff perceive as factors contributing to the a) success and b) barriers/challenges with respect to preparedness of arboviral diseases epidemics in your country?**

Aedes mosquito borne diseases in China have the characteristics of local transmission caused by import. Timely detection of suspected cases, timely laboratory detection and proper management of cases, as well as the ability of vector monitoring and control, and the preparation of relevant materials are the key to deal with the epidemic situation of mosquito borne diseases.

## **Section IX: Arboviral disease surveillance data**

**55. Please provide total number of cases and deaths for the following arboviral diseases from 2015 to 2020 (if available).**

	Dengue	Chikungunya	Yellow fever	Zika
2015 Cases	3868	NA	NA	NA
2015 Deaths	0	NA	NA	NA
2016 Cases	2050	NA	NA	NA
2016 Deaths	0	NA	NA	NA
2017 Cases	5893	NA	NA	NA
2017 Deaths	2	NA	NA	NA
2018 Cases	5136	NA	NA	NA
2018 Deaths	1	NA	NA	NA
2019 Cases	22188	NA	NA	NA
2019 Deaths	3	NA	NA	NA
2020 Cases	778	NA	NA	NA
2020 Deaths	0	NA	NA	NA

(NA = Not Available)

**55b. Were cases of other mosquito-borne arboviruses, not listed in the previous question, reported in your country from 2015-2020?**

Yes

55c. Please select any of the following other mosquito-borne viruses that have been reported in your country from 2015-2020

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Japanese encephalitis	Yes
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55d. Please provide total number of cases and deaths due to each of the following other arboviruses that you selected from 2015-2020

56. Please provide the number of cases of locally acquired, mosquito-borne *Aedes*-borne arbovirus infections by case classification for 2020 and, if not available, for 2019

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	Suspect cases	Probable cases	Confirmed cases	Deaths
Chikungunya	0	0	0	0
Dengue	5	214	564	0
Yellow Fever	0	0	0	0
Zika	0	0	0	0

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57. Do arbovirus surveillance staff have any perceived reasons for increasing trends in arboviral disease incidence? Check all answers that apply.

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Climate change (as evidenced by changes in meteorological data)	Yes
Construction activities	Yes
Population migration (within the country or between countries)	Yes
Increased availability of peri-domestic water-bearing containers suitable for mosquito egg deposition	Yes

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## Section X: Surveillance staffing

58. During 2019 (prior to the Covid-19 pandemic), indicate below the number of arbovirus surveillance staff at the national level.



**59. Indicate below how many total staff persons are needed at the national level in your country to achieve full epidemiology and laboratory capacity\* to conduct arbovirus surveillance.**

**60. Optional comments to explain responses to questions 58 and 59 above**

In China, there are infectious disease hospitals at the provincial and municipal levels, and infectious diseases departments are established in county level hospitals, which are responsible for the treatment of diseases transmitted by Aedes. Currently, mosquito borne diseases are not the main public health burden in most areas, and these diseases are managed by related infectious disease doctors and general practitioners. The Centers for disease control at all levels are responsible for epidemiological investigation and laboratory testing. There are endemic areas of dengue fever all year round, and the hospital laboratory department also undertakes the corresponding testing work.

**61. The national health authority/ministry of health has access to expertise in clinical management of arboviruses (Check all that apply)**

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Within the ministry of health (eg, public health medical officers, clinicians in state hospitals)	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Yes
Private hospitals	Yes
Does not have access	Not selected

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**62. The national health authority/ministry of health has access to expertise in arbovirus epidemiology (Check all that apply)**

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Within the ministry of health	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Yes
Does not have access	Not selected

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**63. The national health authority/ministry of health has access to expertise in arbovirus laboratory diagnosis (Check all that apply)**

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Within the ministry of health (e.g., public health laboratory scientists)	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Yes
Does not have access	Not selected

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**64. The national health authority/ministry of health has access to expertise in entomology (Check all that apply)**

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Within the ministry of health	Yes
Through other national agency with regulatory authority	Yes
Through academic institution(s)	Yes
Does not have access	Not selected

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**65. Optional comments to explain responses to any of Questions 61-64**

**Section XI: Survey conclusion**

**66. If you have any further comments to add regarding arbovirus surveillance and control in your country, including whether arboviruses other than *Aedes*-borne arboviruses are of higher priority, please do so in the text field below**