National Novel Coronavirus Infection Epidemic Situation

2023-03-25

1. Infection Surveillance Data

(1) Nucleic acid test results of the new coronavirus among the reporting population nationwide.

, 2022 Since December of of positive COVID 9 the positive rate of the reported population in various provinces have shown a trend nucleic acid tests and 19 then . decreasing - , the first number and increasing It dropped to 3575 test positive rate 2022 ,) on December 25 , reached its peak (% , and then fluctuated downward, and 2023 29.2 on March ; the 23 it was 0.7% (Figure 1-1).

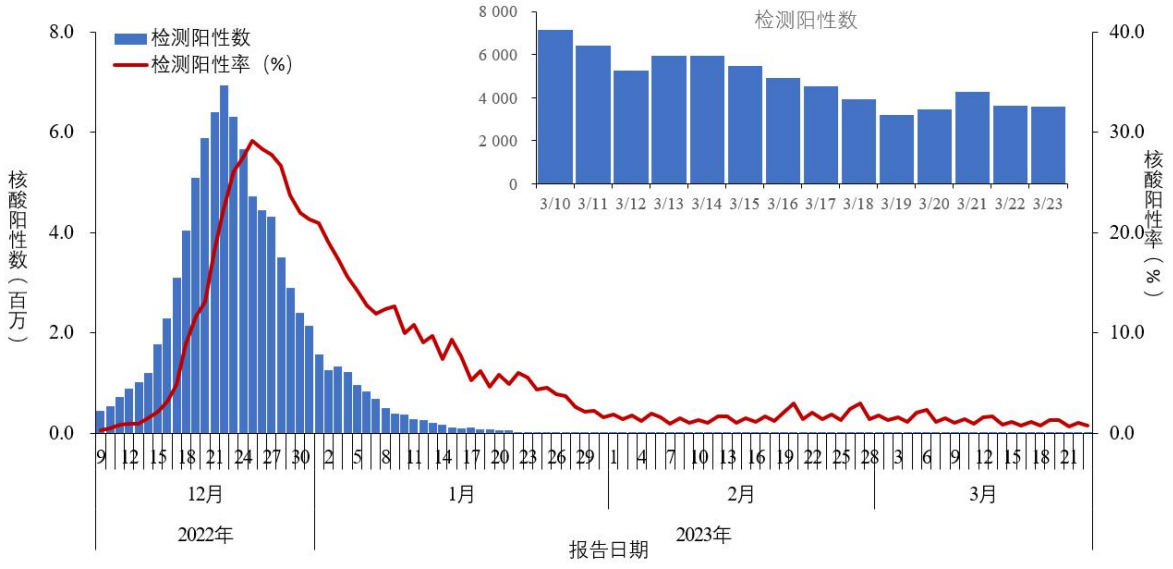

Figure 1-1 The trend of the positive number and positive rate of the new coronavirus nucleic acid test in the national reporting population

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

(2) Antigen test results of the new coronavirus among the national reporting population.

new coronavirus antigen tests showed a decreasing trend of fluctuations, from a 2022 , on December 19 number of peak of 1.89 million fluctuations March . 23 on to 40,000 The provinces reported that the rate of the new coronavirus antigen test , 2022 on from December 9) on rose rapidly December (positive 22 , reached a peak (337,000 , 21.3% , and then fluctuated downward, and 2023 , March The positive number and positive 23 the positive number dropped to 165 rate)) (0.4% Figure 1-2) .

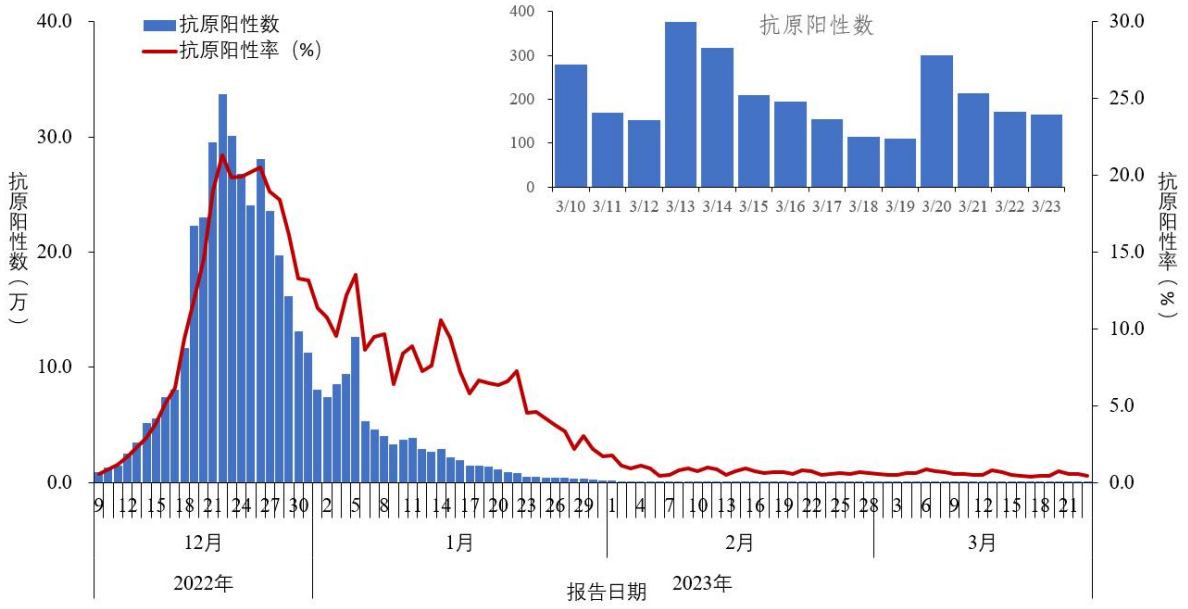

Figure 1-2 The trend of the positive number and positive rate of the new coronavirus antigen test among the national reporting population

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

2. Diagnosis and treatment of fever clinics (clinics) across the country

(1) The results of the overall number of outpatients .) across the country (excluding Hong Kong, Macao and Taiwan) reached a peak of 2.867 million on , the after 2023 January 23, 2022 , and then continued to decline; number 23 clinics The number of visits to fever clinics (, of visits showed low fluctuations , nearly 4 weeks (February 24 December Day -March 23) fluctuated on the platform after the increase in volatility, on March 2-1 23 with 455,000 person-times , a drop of 84.1% from the peak (Figure) .

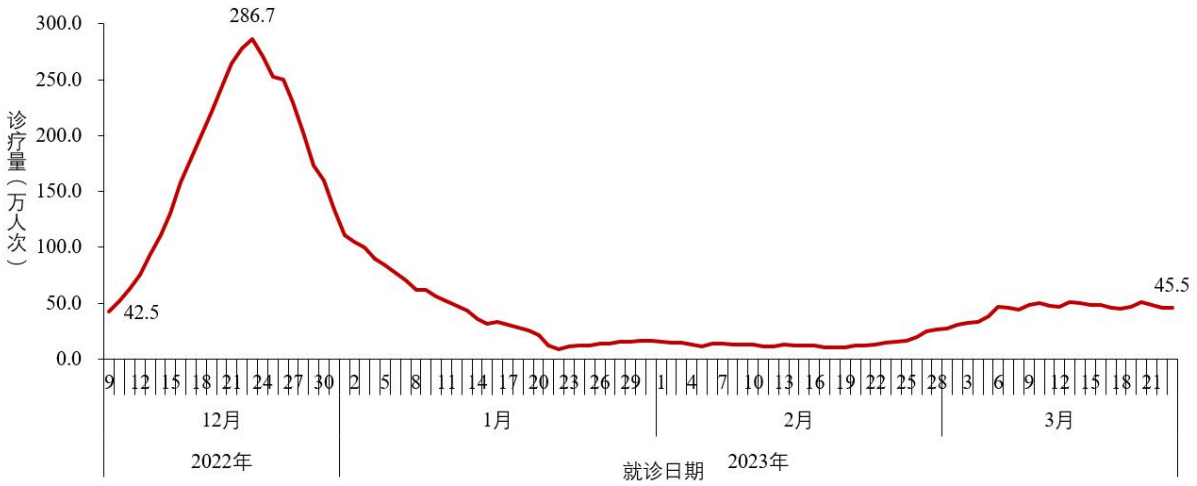

Figure 2-1 Trends in the Number of Diagnosis and Treatment in Fever Outpatient Clinics (Consultation Rooms) across the Country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

Note: From , 2022 centers and December from December 9 , monitor the number of fever clinics in medical institutions above the second level; , increase monitoring of the number of fever clinics in community health service township health 21 centers (excluding village clinics and community clinics) health service station).

(2) Results of the number of visits to fever clinics (offices) in rural areas. number of visits to fever clinics in township health centers across the country , 2022 2023 on December 23 23 reached a peak of 922,000 , and then fluctuated downward; , March 4 it , showed low fluctuations, showing a trend of The weeks (February January 24 after - . 23) Fluctuations increased, March with 23 109,000 passengers on , a drop of 88.2% from the peak (Figure 2-2) .

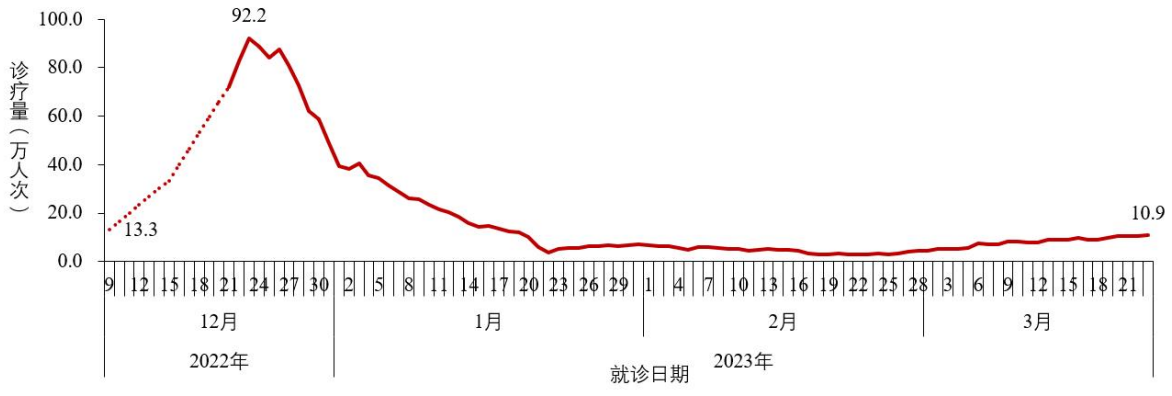

Figure 2-2 Trend of number of visits to fever clinics (offices) in township health centers in rural areas across the country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

Note: The amount of diagnosis and treatment of fever patients in rural areas is the number of diagnosis and treatment of fever clinics in township health centers (excluding village clinics)

(3) Results of the number of visits to fever clinics in cities. clinics (clinics) in medical institutions above the second level and urban community health service centers across the country 2022 22 and then 1.954 , million on December visits to fever of peak declined continuously reached The number of , a ; 24th visits on -March 23) fluctuations after the fluctuations increased, March showed platform 23 with 346,000 , a drop of 82.3% from the peak (Figure 2-3).

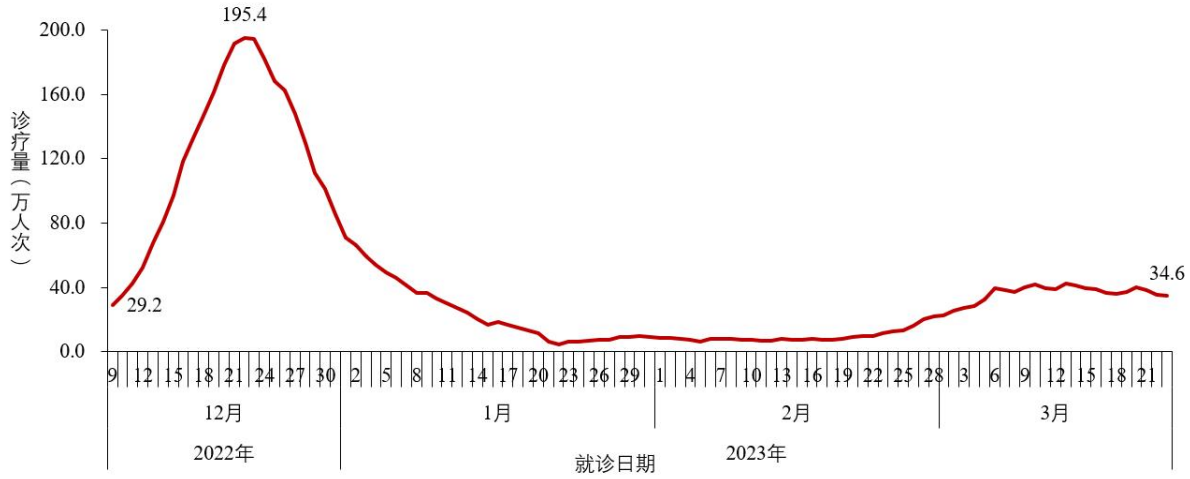

Figure 2-3 Trend of number of visits to fever clinics (offices) in cities across the country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

Note: Diagnosis and treatment of fever clinics in cities include medical institutions above the second level and community health service centers (excluding community health service stations).

(4) Surveillance results of sentinel hospitals. 2022 , the weekly number of flu-like September From to early December flu-like sentinel hospitals across the country is cases (body temperature ≥ 38 ℃, with cough or sore throat) in stable at around 100,000 , and flu-like cases account for outpatient (emergency) clinic visits The ratio of the number of people fluctuates in the range of 2.7%-3.6% . week the 50th (December) , 12-18 , In it rose significantly to 8.5% , dropped reached a maximum of 12.1% in the 51st

week and rapidly the 52nd from 13-19 week of week. In the 7th 2023 ( ) 10th , proportion of influenza-like cases (%) began to show an increasing trend, and in the week (March 6-12) 1.8 February the it reached the stage peak (9.1%) and then began to decline. the 11th week (March the proportion 13-19) , In of influenza-like cases was 8.8% . (Figure 2-4) .

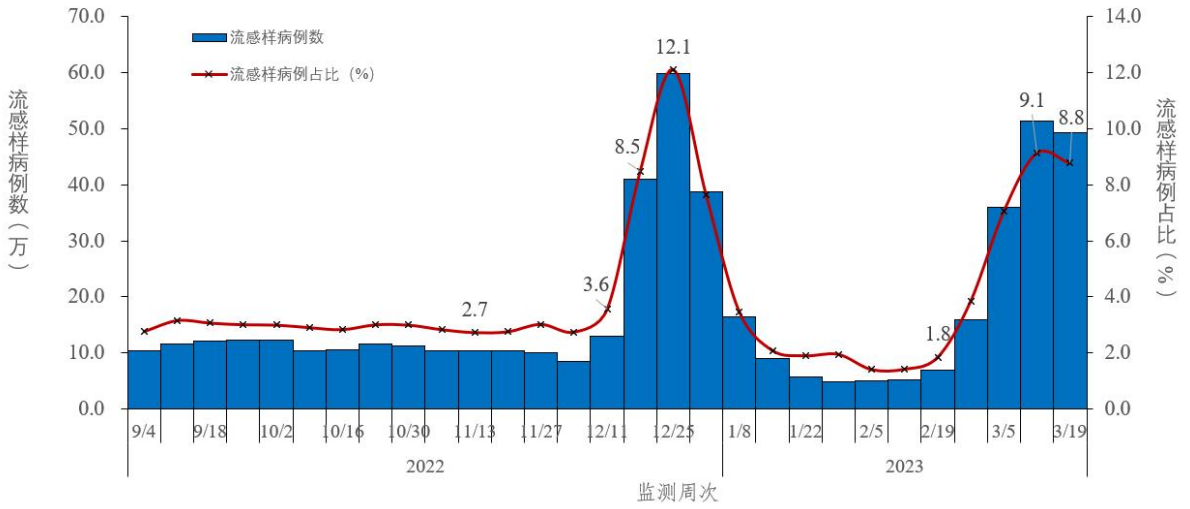

图2-4 全国哨点医院报告的流感样病例数及占比变化趋势

（数据来源于824家哨点医院）

9 week of In the 49th 2022 ( ) December , the positive rate of the new crown virus of influenza-like cases began to increase gradually, and the peak during the 51st and 52nd weeks. In week of 2023 the seventh (February continued to decline after reaching 13-19) The virus positive rate dropped to 3.4% , then rebounded slightly, and (continued to decline in the past 3 weeks. In the March 13-19) week , 11th the new coronavirus positive rate was 1.9% . 2022 week of Since the 49th , the positive rate of influenza virus has gradually decreased, and 2022 from late December to 2023 it early February at an extremely low level (less than) ; of 2023 the sixth week (February % 1.0 6-12 will be) Since then, the positive rate of influenza virus has continued to rise, and after the 10th week (March upward 6-12) , the , the positive rate was 53.2% trend slowed down significantly, in the 11th reaching 53.5% week (Figure 2-5) .

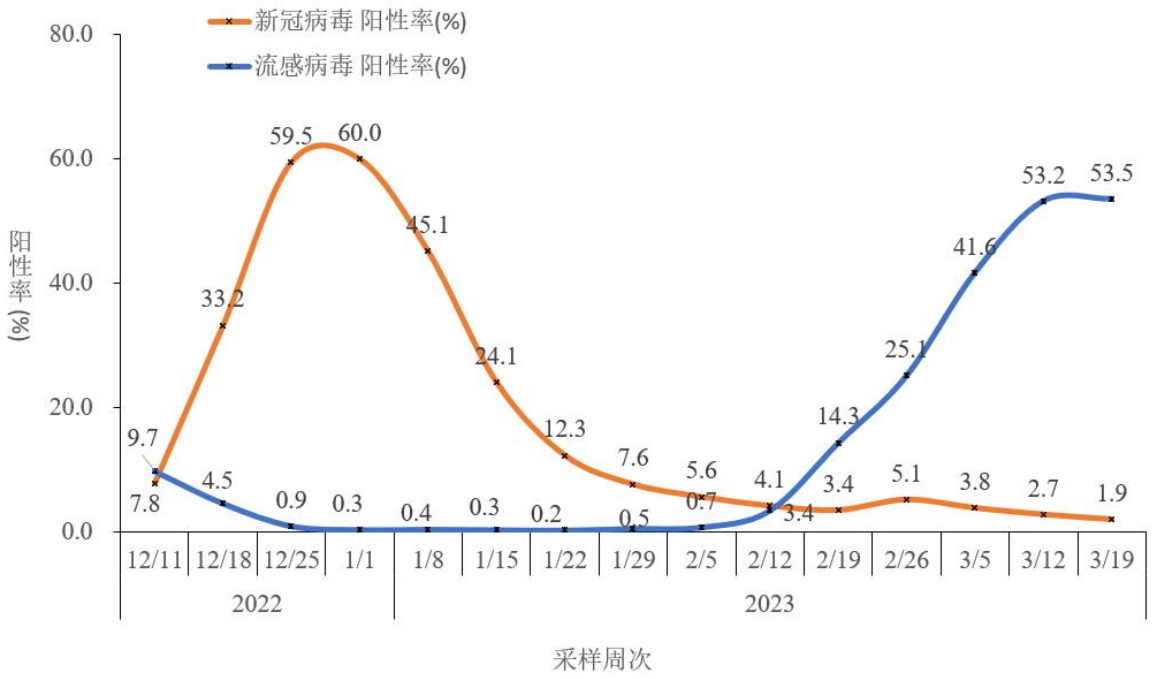

Figure 2-5 across the country Changes in the positive rate of influenza-like cases of new crown and influenza virus in sentinel hospitals

（数据来源于402家网络实验室）

三、住院诊疗情况

（一）在院新冠病毒感染者结果。全国在院新冠病毒感染者于2023年1月5日达到峰值162.5万人，随后持续下降；3月23日下降至5881，较峰值减少了99.6%（图3-1）。

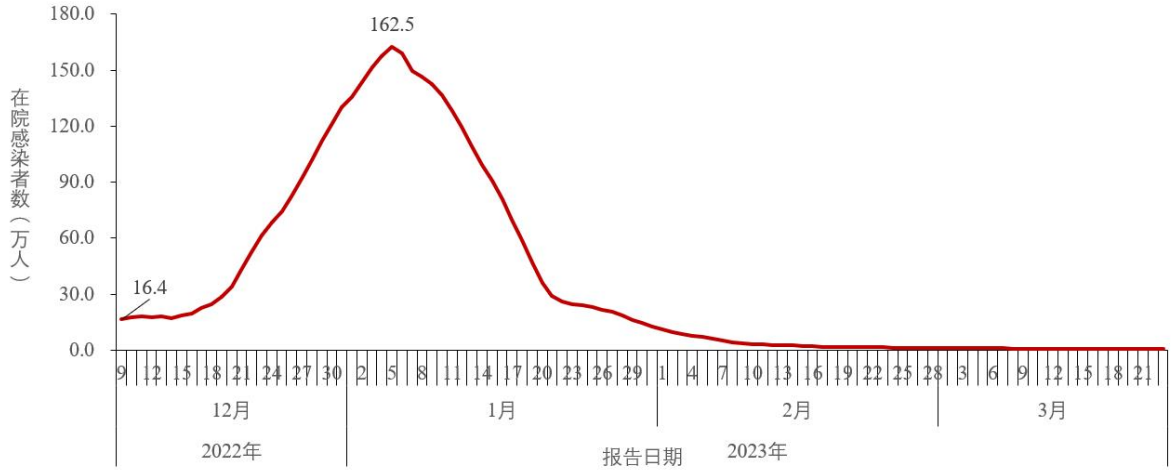

Figure 3-1 Daily changes in patients infected with the new coronavirus in hospitals across the country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

(2) Results of critically ill patients with positive COVID-19 infection in the

hospital. Among the patients infected with the new coronavirus in hospitals nationwide 3 increase 2022 January to , decreased , the number of severe patients increased 2023. , The 10,000 per day December January 4 by , significantly on 27 nearly from and reached After the peak of 128,000 , it continued to decline, and on March and 4 23 it dropped to 5 case of severe new coronavirus infection cases (including 1 of severe basic disease combined with new coronavirus infection , cases) (Figure 3-2) .

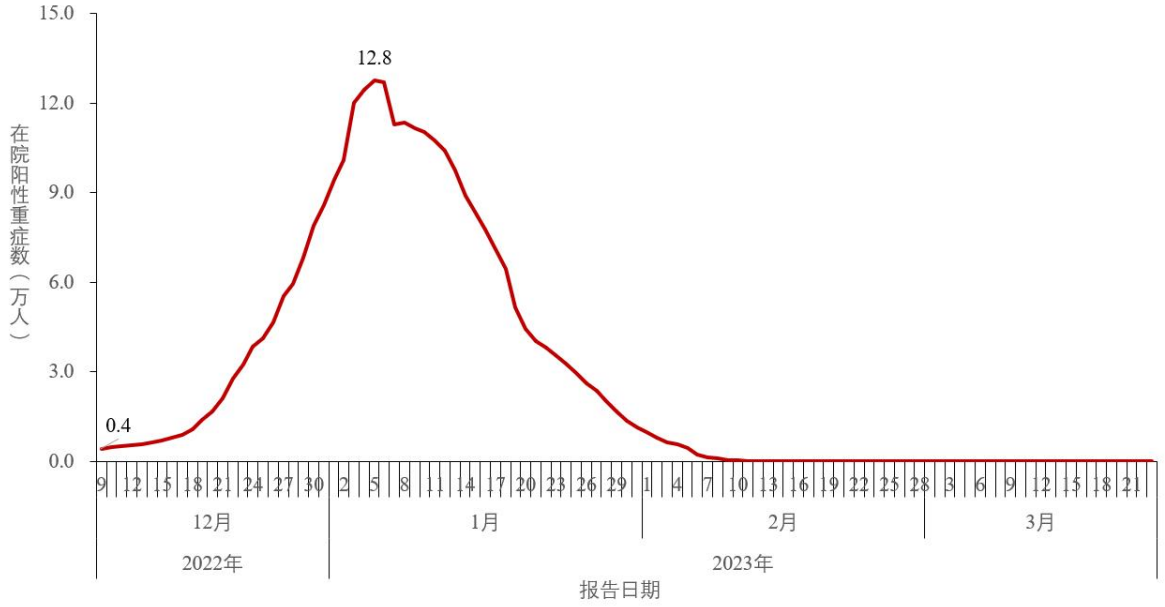

Figure 3-2 Changes in severe patients positive for new coronavirus infection in hospitals across the country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

(3) Deaths from COVID-19 infection in hospitals. number of deaths from COVID-19 infection in hospitals January 3-3 4 reached a daily peak of on , and then continued to decline, March 4,273 23 on reaching 0 (Figure The). From March related to new coronavirus infection in hospital . 17 to March medical 23 , institutions in 31 provinces (autonomous regions and municipalities) and the Xinjiang Production and Construction Corps accumulatively had no death cases

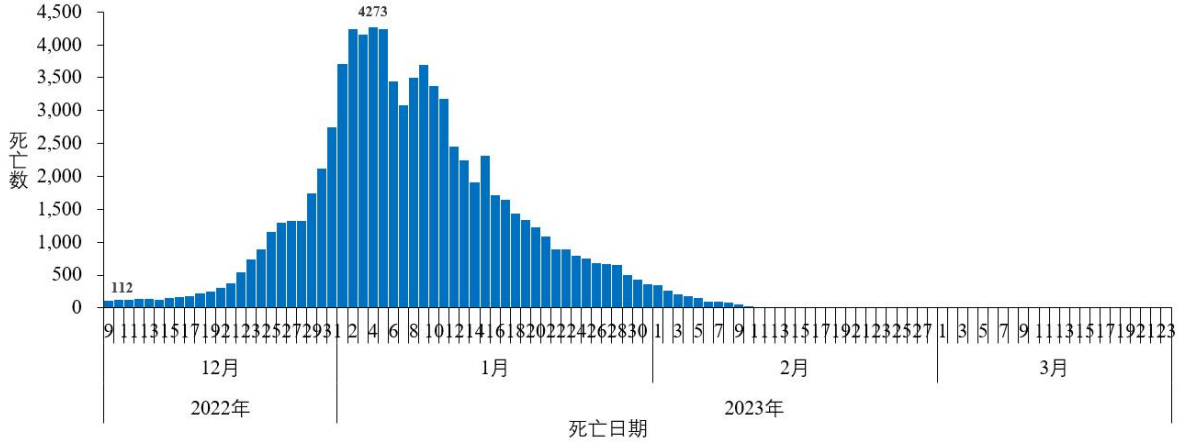

Figure 3-3 Changes in death cases of new coronavirus infection in hospitals across the country

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

4. Surveillance of virus variation in local cases of new coronavirus infection

(1) Overall situation. 2022 , From September , a total 26 to , 2023 , all of March which were mutant strains of 23 local cases of the new coronavirus genome valid sequences were reported nationwide of 35,513 Omicron, with a total of 113 evolutionary branches, and the main epidemic strain was BA. 5.2.48 (45.4%), BF.7.14 (24.3%), BA.5.2.49 (9.6%) and DY.1 (8.5%). BF.7.14.1 evolutionary branches such as 26 The composition ratio of is between 0.1%-3.0% , and the composition ratio of 83 evolutionary branches is less than 0.1% in total (0.8%) (Figure 4-1).

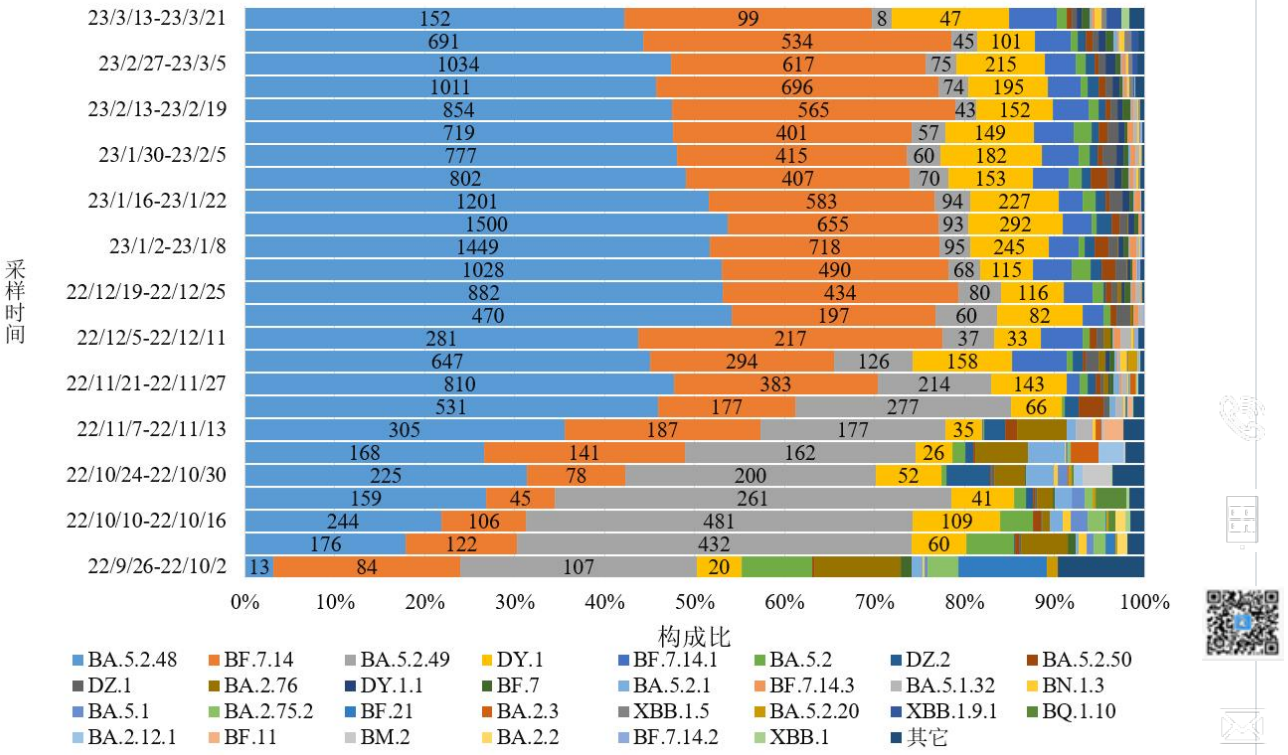

Figure 4-1 Trend chart of the variation of new coronavirus strains across the country

: 1. Sampling date 2022 , September : 26 to 2023 March , . 21 Instructions

2. The numbers marked in the figure are the effective genome sequence numbers of BA.5.2.48 , BF.7.14 , BA.5.2.49 and DY.1 clades respectively.

3. "Others" refers to of Omicron with a proportion of less than 0.1% evolutionary branches mutant strains nationwide .

(2) . Surveillance of local virus variant strains since December , 2022 all of which were mutant strains of From December , a total 1 to , 2023 March of , 23 local cases of the novel coronavirus genome valid sequences were reported across the country 26,816 Omicron, with a total of 68 evolutionary branches. The main prevailing strains are BA.5.2.48 (49.5%), BF.7.14 (26.9%) and DY.1 (9.0%) (Table 4-1). local variant strains of special concern were found A total of 120 , including 4 cases of BQ.1 , 2 cases of BQ.1.1 , 1 case case of BQ.1.1.17 , 1 of BQ.1.1.38 , 2 cases of BQ.1.1.66 , 1 case of BQ.1.1.69 , 8 cases of BQ.1.2 , 2 cases of BQ.1.8 , 1 case of CH.1.1 , 1 case case of CH.1.1.1 , 1 of DT.2 , 1 case of EA.1 , 6 cases of XBB.1 , 2 cases of XBB.1.11.1 , 1 case of XBB.1.12 , 36 cases of XBB.1.5 , 1 case of XBB.1.5.5 , 7 cases of XBB.1.5.7 , 2 cases of XBB.1.9 , 31 cases of XBB.1.9.1 , 5 cases of XBB.1.9.2 , 2 cases of XBB.2.3 and 2 cases of XBB.3 .

Table 4-1 Situation of variant strains of new coronavirus in the whole country

(2022 , December , 1 to 2023) March _ 23 _

Omicron evolutionary branch	Constituent ratio (%)
BA.5.2.48	49.5
BF.7.14	26.9
DY.1	9.0
BA.5.2.49	3.9
BF.7.14.1	3.7
BA.5.2	1.1
DZ.1	1.0
DZ.2	1.0
BA.5.2.50	0.9
DY.1.1	0.6
BF.7	0.5
BF.7.14.3	0.4
BA.5.1.32	0.3
BN.1.3	0.1
XBB.1.5	0.1
BA.5.2.1	0.1
XBB.1.9.1	0.1
BA.2.76	0.1
BA.5.2.20	0.1
BF.7.14.2	0.1
BA.5.2.6	0.1
other	0.4

Omicron evolutionary branch	Constituent ratio (%)
total	100.0

(3) The mutation of the new coronavirus by province. Overall, BF.7 and subclades are the dominant strains in Beijing, Inner Mongolia and Tianjin; BA.5.2 and subclades are the dominant strains in other provinces (Figure 4-2).

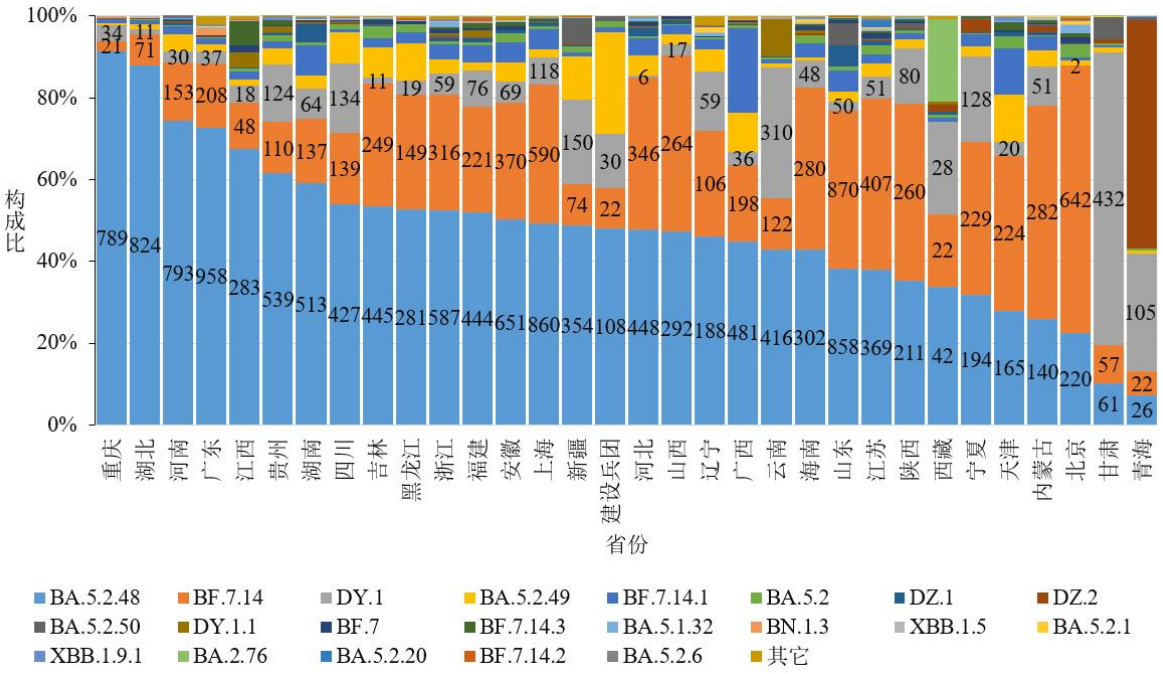

Figure 4-2 Surveillance of new coronavirus mutations in various provinces

: 1. Sampling time 2022 ; December - 1 , 2023 March , : 21 Instructions

2. The numbers marked in the figure are of BA.5.2.48 , BF.7.14 and DY.1 the effective genome sequence numbers evolutionary branches respectively ;

3. "Others" refers to of Omicron with a proportion of less than 0.1% evolutionary branches mutant strains nationwide .

5. The progress of the new crown virus vaccination

As of 2023 , March provinces (autonomous regions, municipalities directly under the Central Government) and the Xinjiang Production and Construction 23 , 31 of COVID-19 vaccines Corps have reported a total of 3,493,465,000 doses (Figure 5-1). The total number of people vaccinated was 1,310.449 people had completed the full course of

vaccination million, 1,277,020,000 people had completed the first dose of booster immunization , and 827,606,000 . The first-dose and full-course vaccination coverage rates of the whole population reached 93.0% and 90.6% respectively (Figure 5-2). total of the new crown virus vaccine have been reported to be received by the elderly over the age of 60. The 680.44 million doses A total of number of 241.702 vaccinations is million .

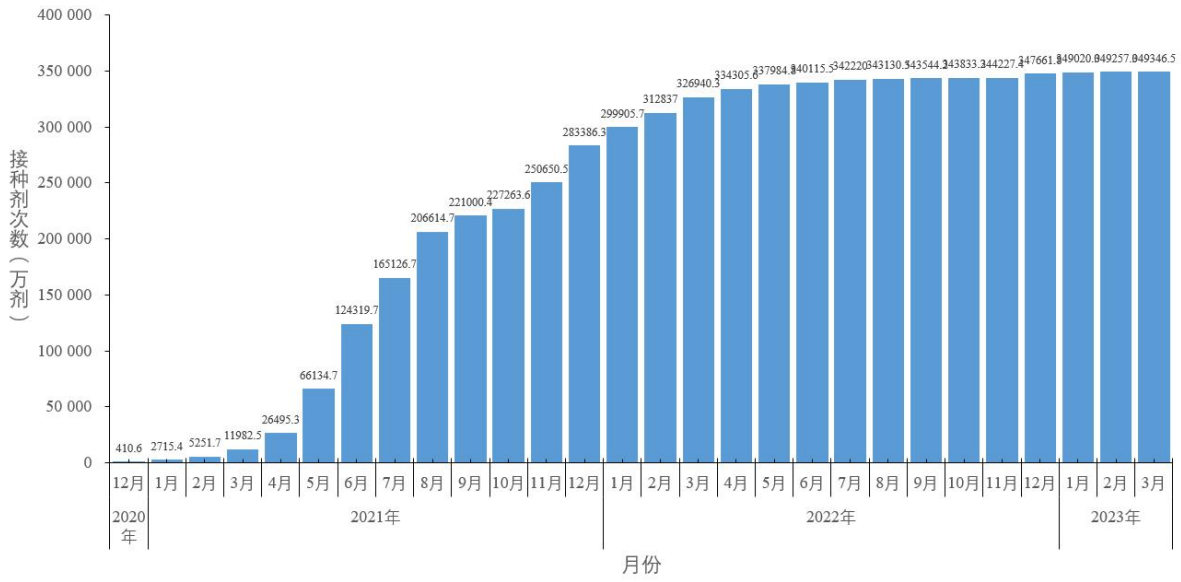

Figure 5-1 Monthly Cumulative Inoculation Dosages of New Coronavirus Vaccine

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

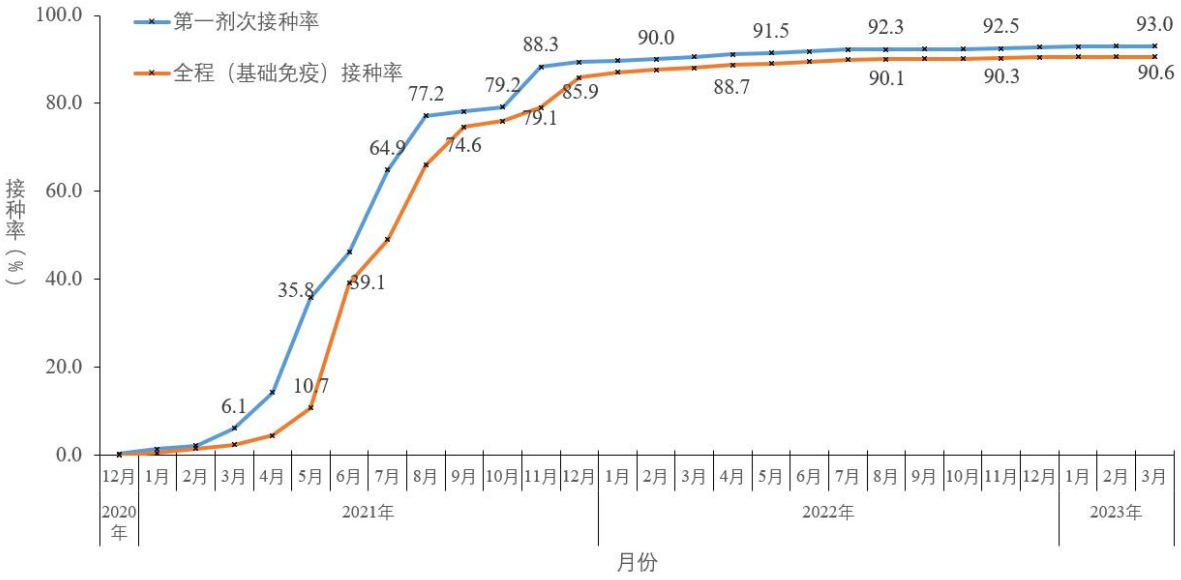

Figure 5-2 Monthly coverage of the first dose of vaccination and basic immunization

in the whole population

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

Based 23 on statistics based on the population of the national special investigation of the elderly at the end of 2022, as of , March , with the 2023 the number of people over the age of 60 first dose of vaccination coverage accounted for 96.1% of the elderly . population The number of immunizations accounted for 96.7% and 92.5% of the elderly population who met the vaccination intervals respectively (Figure 5-3).

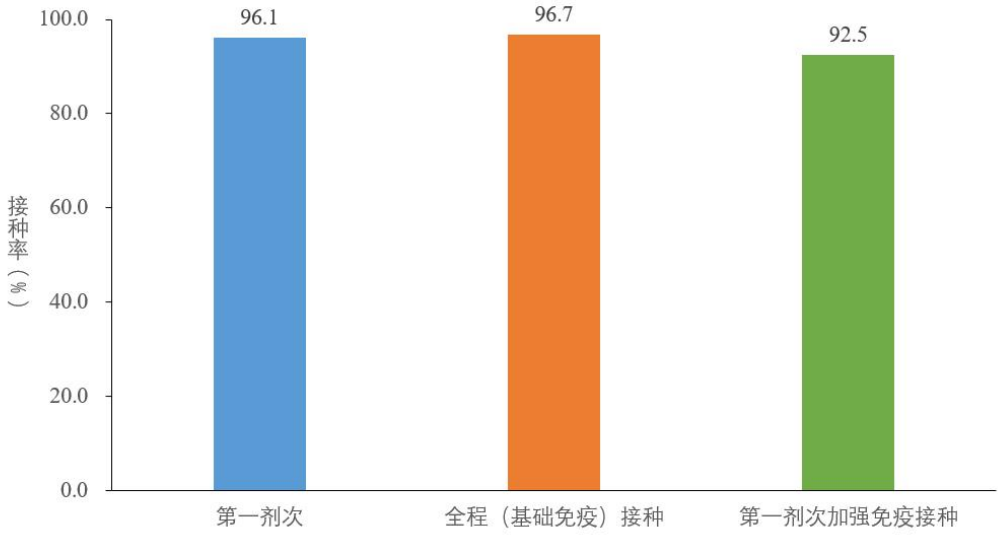

Figure 5-3 Years Old Based on Censored Population 60 Novel Coronavirus Vaccination Rate of People Over

(Data comes from 31 provinces (autonomous regions, municipalities) and Xinjiang Production and Construction Corps reports)

Note: 1. the new coronavirus vaccine that is currently on the market with conditions or emergency use, and the first dose of vaccination rate is the elderly population who have been vaccinated with at least one dose of 2022 , December The numerator in the calculation of the 10 denominator is the registered population of the elderly reported by each province on . 2. doses of inactivated vaccine received 2 adenovirus vector vaccine , 1 dose of , and 3 The numerator in the calculation of the full vaccination rate is the elderly population who doses of recombinant protein vaccine. The denominator is 1 dose of adenovirus vector vaccine. dose of inactivated vaccine and 1 doses and 2 doses of recombinant protein vaccine 2 Elderly population with , and the interval after vaccination is 28 days (4 weeks). 3. doses of inactivated vaccine The calculation numerator of the first dose of booster immunization rate is the elderly population who

completed the first dose of booster immunization, the denominator is the elderly population who received 2 adenovirus vector vaccine and 1 dose of , and the interval after the whole vaccination Full 3 months. (Due to the short time for booster immunization with recombinant protein vaccines, the population who received 3 doses of recombinant protein vaccines is currently not included in the denominator) .

Related documents:

File Attachments:

site navigation Related units of the State Co Provincial disease control de Foreign related units

中国疾病预防控制中心 版权所有 Chinese Center for Disease Control and Prevention Copyright Copyright (http://www.chinacdc.cn/ljnr/201104/t20110413_41770.html) and Disclaimer Beijing ICP No. 11024750-1 (https://beian.miit.gov.cn) Beijing Public Network Security No. 11011402013004 (https://www.beian.gov.cn/)

China CDC Information Center content management and technical support It is recommended to use 1366*768 resolution and browsers above IE9.0

Address: No. 155, Changbai Road, Changping District, Beijing | Zip code: 102206 | Administrative duty telephone: 010-58900001 | Health consultation telephone: 12320