

愛媛県 全数把握感染症 2011年 第5週 (2011.1.31~2.6)

| 類 型<br>疾病名 | 二類            |           | 三類感染症      |              |                    |             |              | 四類感染症       |             |                 |             |            |             |                   |               |              |               |              |               |               | 五類感染症          |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|------------|---------------|-----------|------------|--------------|--------------------|-------------|--------------|-------------|-------------|-----------------|-------------|------------|-------------|-------------------|---------------|--------------|---------------|--------------|---------------|---------------|----------------|--------------|-------------|--------------|-------------|----------------|-----------------|---------------|----------------------------------|-------------|--------------------|----------------------|-----------------------|-------------------|---------------|-----------------|-------------------|------------|-------------|-------------|--------------------------|-------------------------|---------------|---------------|--|---|--|--|--|---|
|            | (1)<br>急性灰白髄炎 | (2)<br>結核 | (1)<br>コレラ | (2)<br>細菌性赤痢 | (3)<br>腸管出血性大腸菌感染症 | (4)<br>腸チフス | (5)<br>パラチフス | (1)<br>E型肝炎 | (3)<br>A型肝炎 | (4)<br>エキノコックス症 | (6)<br>オウム病 | (10)<br>Q熱 | (11)<br>狂犬病 | (12)<br>コクシジオイデス症 | (18)<br>つつが虫病 | (19)<br>デング熱 | (23)<br>日本紅斑熱 | (24)<br>日本脳炎 | (28)<br>ブルセラ症 | (30)<br>発疹チフス | (32)<br>ボツリヌス症 | (33)<br>マラリア | (34)<br>野兔病 | (35)<br>ライム病 | (38)<br>類鼻疽 | (39)<br>レジオネラ症 | (40)<br>レプトスピラ症 | (1)<br>アメーバ赤痢 | (2)<br>ウイルス性肝炎<br>(-E型及びA型肝炎を除く) | (3)<br>急性脳炎 | (4)<br>クリプトスポリジウム症 | (5)<br>クロイツフェルト・ヤコブ病 | (6)<br>劇症型溶血性レンサ球菌感染症 | (7)<br>後天性免疫不全症候群 | (8)<br>ジアルジア症 | (9)<br>髄膜炎菌性髄膜炎 | (10)<br>先天性風しん症候群 | (11)<br>梅毒 | (12)<br>破傷風 | (13)<br>感染症 | (14)<br>バンコマイシン耐性黄色ブドウ球菌 | (14)<br>バンコマイシン耐性腸球菌感染症 | (14-2)<br>風しん | (14-3)<br>麻しん |  |   |  |  |  |   |
| 第5週報告数     | 愛媛県           | 3         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 保健所別          |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 四国中央          |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 西条            |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 今治            |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 松山市           | 2         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 宇和島           | 1         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
| 週推移        | 愛媛            |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 5週            | 3         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 4週            | 6         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               | 1              |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  | 1 |  |  |  |   |
|            | 3週            | 8         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
| 2週         | 1             |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
| 2011年累積数   | 愛媛県           | 25        |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  | 1 |
|            | 保健所別          |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  | 1 |
|            | 四国中央          |           |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 西条            | 5         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 今治            | 2         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 松山市           | 10        |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |
|            | 宇和島           | 5         |            |              |                    |             |              |             |             |                 |             |            |             |                   |               |              |               |              |               |               |                |              |             |              |             |                |                 |               |                                  |             |                    |                      |                       |                   |               |                 |                   |            |             |             |                          |                         |               |               |  |   |  |  |  |   |

・表中の報告数は医療機関からの届出数を保健所ごとに集計したもので、患者の住所を示すものではありません。  
 ・医療機関からの報告日をもとに集計。集計日以降の報告数は、次週以降の累積に反映されます。

(2.9集計)