

REPORT DISEASE AND HEALTH HAZARD NEWS OF INTEREST ALONG THE BORDER

March 14 - 20, 2024

WEEKLY EVENTS

- On March 22, 2024, Vietnam reported a case of H5Nx avian influenza (subtype unspecified). Subsequently, on March 23, 2024, the patient passed away, and laboratory testing confirmed the presence of the H5N1 avian influenza virus, the first case of the year. The deceased was a 21-year-old male university student in Yajiang. He had a history of hunting in the forest several months prior. The patient experienced fever and cough since March 11, which worsened over time, leading to hospital admission on March 17 at Khanh Hoa Hospital. Laboratory results from Yajiang Pasteur Institute confirmed the H5Nx avian influenza infection on March 20. Control measures were implemented, including disinfection at the hospital and monitoring of close contacts. Currently, no cases of avian influenza have been found among the contacts. There have been no reports of sick or dead poultry or wild birds in the deceased's residence area. However, an outbreak of H5N1 avian influenza in poultry occurred on February 28, 2024, in Sui Dian Town, approximately 20 kilometers away from Yajiang.
- On March 20, 2024, the Japan Times reported that the National Infectious Diseases Institute of Japan confirmed its first case of human-transmission of Severe Fever with Thrombocytopenia Syndrome (SFTS), a viral disease normally spread via ticks. A hospital patient exhibited fever and thrombocytopenia and later passed away. The physician caring for the patient subsequently fell ill and was diagnosed with SFTS. Genetic testing revealed that the virus was genetically identical to the one found in the deceased. This physician had a history of performing surgery in close proximity to the deceased without adequate protective equipment. Although cases of SFTS transmission from person to person have been reported previously in China and South Korea, this is the first case reported in Japan.

TOGETHER WE CAN END TUBERCULOSIS

The Week 11 Department of Disease Control Report from the Ministry of Public Health (March 11-17, 2024) indicated that there have been five severe cases of multi-drug resistant tuberculosis (MDR-TB), one of which resulted in death. All reports were confirmed via laboratory tests. The deceased was a 55-year-old Thai female with a history of diabetes. Additionally, one case of MDR-TB was reported from a Myanmar national, a 25-year-old female. According to the Department of Disease Control's surveillance report from February 26th to March 3rd, there were three severe cases of MDR-TB, one of which was a Myanmar national.

There has been an increase in the number of MDR-TB cases in the past month, despite Thailand's goal to eradicate tuberculosis by 2035. Consequently, the Ministry of Public Health has enhanced various aspects of tuberculosis treatment, especially due to the significant number of severe MDR-TB cases imported from neighboring countries. In 2018, MDR-TB was ranked the 13th most dangerous infectious disease. Mandatory isolation for treatment of patients in hospitals is practiced to thus prevent the spread of tuberculosis to the community. Hospitals have prepared treatment plans to ensure patients complete their medication regimen. Treatment in hospitals typically lasts around 30 days until confirmation of the absence of the tuberculosis bacteria and patients continue to receive regular medication until the treatment plan is complete. These measures aim to reduce the overall number of tuberculosis cases in Thailand.



RECOMMENDATIONS FOR OFFICIALS

Local authorities should coordinate with public health officers to provide information to the public, focusing on tuberculosis patients and their family members about the causes of drug-resistant tuberculosis. Training should be provided to healthcare personnel as well as community health volunteers in monitoring drug-resistant tuberculosis patients in the community. If detected, they should follow the "Guidelines for Tuberculosis Latent Infection, 2016" prepared by the Tuberculosis Division, Department of Disease Control, Ministry of Public Health. For residents diagnosed with tuberculosis, the public health authorities should conduct home visits to encourage patients to take medication according to the treatment plan and to see a doctor for follow-up appointments to monitor treatment progress. This is to prevent the spread of the disease to the community while providing knowledge about proper practices for household members living with patients. Wearing masks remains crucial, especially when patients enter the community, and if household or community members show symptoms related to tuberculosis, they should immediately inform local public health authorities.

INFORMATION COLLECTED AND ANALYZED BY

Multisectoral Capacity Development Program for Public Health Emergency Detection and Response in Border Areas

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