

Department of Disease Control

Weekly Disease Forecast No.178_Leptospirosis (23 – 29 September 2018)

From the national disease surveillance system, the Department of Disease Control reveals that this year there had been 1,822 leptospirosis patients (21 died). Provinces with the top five incidence rates (cases per 100,000 population) were Sisaket, Phangnga, Yala, Loei and Ranong. The highest incidence rates were found in the Southern region followed by the Northeastern region. Most patients were agricultural workers (48%) in 35 - 54 years age group.

The past surveillance data has shown the highest number of cases during September to October. This year since March, the disease occurrence had shown an increasing trend and the number of cases were higher than the median of the past 5 years. The surveillance program during the two months of this rainy season also revealed 6 leptospirosis outbreaks.



According to this week disease forecast, the risk of acquiring Leptospirosis during this rainy season is likely to continue especially in flooding areas when the water level has decreased.

Leptospirosis is caused by a bacteria in urine of animals, especially rats. The bacteria can be found also in cattle, pigs and dogs. The risk of acquiring leptospirosis is by working in wet land (e.g. rice field), wading (e.g. in flooding areas), or swimming in water that might be contaminated with animals' urine. The bacteria enters human body through skin with superficial cuts and open wounds or mucosa of mouth, eyes and nose or through waterlogged skin. Handling infected animal tissues and ingestion of contaminated food and water are also possible mode of transmission.

The Department of Disease Control therefore encourages people, especially those with wounds on skins of legs and arms, to avoid exposure to potentially contaminated environment. People who have to wade in flood water, walk in wet soil or clean houses after the floods should wear rubber boots or other protective footwares, cover their wounds and abrasions with waterproof bandages, and wash hands and feet immediately right after the exposure. Taking a thorough shower is very helpful.

If symptoms occur within 1-2 weeks after exposure, including high fever, chills, muscle aches (most notable in the calf and lumbar areas), red eyes, and jaundice (yellow skin and eyes), the patients should go to the hospitals nearby for prompt and life saving treatment. Informing the doctors of history of water exposure is very useful. In severe cases, delay in seeking medical attention might end up with complications such as renal failure, pulmonary hemorrhage or myocarditis or even death.

For queries or additional information, please call DDC hotline 1422.



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