

# Department of Disease Control

## Weekly Disease Forecast No. 86\_Dengue

### (5 - 11 December 2016)

From the national disease surveillance system, during 1 January to 26 November 2016, there were 57,425 dengue cases of which 1,553 cases occurred last week. The highest dengue incidence rates were found in 5-14 years and 15-24 years age groups respectively. There were 55 deaths. The top five provinces with dengue deaths were Songkla, Chiang Mai, Surin, Samut Sakorn and Trang. It was noted with concern that half of the dead cases came in late for treatment, i.e. after 3 days of illness.

During last week, there were 2 deaths. One case was a 5 years old boy from Nakorn Sri Thamaraj province. The other case was a 25 years old man from Yala province.



According to this week disease forecast, there is a possibility of continue occurrence of dengue cases. The concern of more dead cases is focus on delay treatment due to lack of awareness of the disease among patients and medical staff.

The Department of Disease Control therefore encourages all individuals and communities to routinely eliminate mosquito breeding sites in and around houses using the measure called “3 Do’s to prevent 3 diseases (dengue, chikungunya and Zika virus)”, i.e. 1) cover water-storage containers, change water in small containers every 7 days and eliminate all mosquito breeding sites around houses, 2) dispose garbage properly, and 3) keep houses tidy.

Dengue patients usually have abrupt high grade fever (more than 38.5 degree Celsius), headache, anorexia, nausea and vomiting but no running nose and coughing. If fever lasts for 2 days in spite of antipyretics (e.g. Paracetamol), a special medical care at a hospital is urgently needed. Medical staff should be aware of dengue in all PUO (Pyrexia of Unknown Origin) cases and always provide a diagnosis to rule out the disease. Proper treatment according to the MoPH’s CPG (Clinical Practice Guideline) must be strictly followed.

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



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