

REPORT DISEASE AND HEALTH HAZARD NEWS OF INTEREST ALONG THE BORDER

July 25 - 31, 2024

WEEKLY EVENTS

- On July 27, 2024, the Director of the Center for Ethnic Health, Marginalized Groups, and Migrant Workers stated that the number of migrants from Myanmar entering Thailand along the border has increased. Due to issues with illegal entry, these migrants often settle in overcrowded Myanmar labor communities with substandard living conditions and inadequate hygiene. They also have limited access to healthcare and lack knowledge about preventing communicable diseases, leading to a growing problem with disease outbreaks in these communities. With the arrival of the rainy season, common communicable diseases such as dengue fever and malaria have become more prevalent. Although there are efforts to increase awareness and prevention of disease outbreaks, these camps are still lacking sufficient medical personnel and essential medicines to meet the needs of the increasing number of migrants. The Thai government has provided various forms of assistance, including improving sanitation systems and access to clean water, to help reduce disease occurrence in the camps.
- According to the Week 30 Surveillance Report from the Department of Disease Control (July 22-28, 2024), one death from measles was reported in Surat Thani province. The deceased was a 32-year-old Myanmar woman with underlying conditions of hypothyroidism and kidney disease, with no known vaccination history. In the four southern border provinces—Songkhla, Pattani, Yala, and Narathiwat—there were 19 clusters of measles outbreaks, with 52 suspected cases. Laboratory tests confirmed 45 cases of measles. The MMR2 vaccine coverage in all outbreak areas was below the standard threshold.

GETTING TO KNOW OROPOUCHE FEVER

On July 25, 2024, the Brazilian Ministry of Health confirmed two deaths from Oropouche fever, marking the first two fatalities reported in the world. Both deceased individuals were women aged 22 and 24, residing in Bahia State in northeastern Brazil. Neither had any underlying health conditions. In addition to these two deaths, the Brazilian Ministry of Health is investigating the death of another patient in Santa Catarina State in southern Brazil, suspected to be caused by the Oropouche virus. There are six additional suspected cases, including pregnant women, raising concerns about possible mother-to-child transmission, with two fetal deaths already reported. The disease was first reported in 1955 in the Republic of Trinidad and Tobago, and in recent decades, outbreaks have been reported in Central and South America, with Brazil having the highest number of cases, totaling 7,236 (as of July 23, 2024). Cases have also been reported in Bolivia, Peru, Cuba, and Colombia. To date, no outbreaks have been reported in other continents. Oropouche virus is transmitted by the midge species vector *Culicoides paraensis*, but neither this midge species nor the Oropouche virus has been found in Thailand.

The initial symptoms of the disease resemble dengue fever, with an incubation period of about 3-10 days. Symptoms include high fever, headache, pain behind the eyes (in the deepest part of the eye), muscle pain, nausea, vomiting, diarrhea, leg pain, weakness, and drowsiness. The symptoms can worsen, leading to red and purple spots on the body, bleeding from the nose, gums, and vagina, along with low blood pressure and a rapid drop in hemoglobin and platelet levels. Meningitis, a complication, can be fatal. There is no specific treatment or vaccine available for this disease. With Thailand's robust communicable disease surveillance system under the One Health approach and its experience in dealing with imported diseases, such as monkeypox and COVID-19, the Department of Disease Control is closely monitoring the Oropouche fever situation.



RECOMMENDATIONS FOR OFFICIALS




Local authorities should coordinate with Village Health Volunteers (VHVs), public health officials and local organizations to raise awareness about the current Oropouche fever outbreak in Brazil. Relevant agencies should educate the public about Oropouche fever, including its causes, symptoms, and prevention methods. As the midge vector that transmits the virus has not been found in Thailand, the Department of Disease Control has issued recommendations for citizens traveling to countries with reported outbreaks, such as those in Central and South America. Travelers should protect themselves by wearing long-sleeved shirts and pants, and applying insect repellent to prevent bites from mosquitoes and midges. If travelers return from abroad and experience high fever, headaches, muscle pain, or chills, they should immediately report to the communicable disease control officer or see a doctor and inform them of their travel history for proper diagnosis and treatment.

INFORMATION COLLECTED AND ANALYZED BY

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

Office of International Cooperation, Department of Disease Control, Ministry of Public Health, Thailand
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CONTACT

 oic.ddc@gmail.com
 02-5903832
 www.ddc.go.th/oic

Sources

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