REPORT DISEASE AND HEALTH HAZARD NEWS OF INTEREST ALONG THE BORDER

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WEEKLY EVENTS

According to the Week 32 Event Surveillance Report (August 5-11, 2024) one case of leprosy was identified. The patient, a 50-year-old male of Myanmar ethnicity, residing in Tak province, is a farmer with no underlying health conditions. In 1998, he began experiencing numbness in his left knee. Through proactive case-finding by local public health officials, the patient was found to exhibit symptoms consistent with leprosy, including eyebrow hair loss, a collapsed nose, thickened earlobes, facial deformities, shiny skin, and numbness in the hands and feet. Examination revealed enlarged nerves in the left elbow, and preliminary screening confirmed the diagnosis of leprosy. The patient had a risk history linked to an old leprosy case. Five household contacts were identified, but all tested negative for the disease. From August 5-9, 2024, the Division of Epidemiology, through the Communicable Disease Surveillance System Development Group, in collaboration with the Disease Prevention and Control Office 12 in Songkhla, and the Provincial Health Offices of Pattani, Satun, and Trang, conducted field visits to review the patient reporting system under the Disease Eradication Project in line with place at the provincial hospitals in the aforementioned provinces. The objective was to study the reporting procedures and strengthen the surveillance systems for AFP (Acute Flaccid Paralysis) cases, measles, rubella, and congenital rubella syndrome. The working group discussed challenges and obstacles and provided recommendations for improving the disease surveillance system to ensure its effectiveness and achieve the project's goals.

On August 7, 2024, local media in Vietnam reported the death of a woman from a Streptococcus suis infection. The deceased was an 86-year-old woman residing in the Quoc Oai district of Hanoi. She was admitted to a hospital on August 5 with symptoms of high fever, headache, and drowsiness. An investigation is currently underway to determine the source of the infection. Since the beginning of this year, Hanoi has reported seven cases of *Streptococcus suis* infection, including this fatality.

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MONITORING THE CURRENT MPOX SITUATION

On August 14, 2024, the World Health Organization (WHO) declared Mpox as a Public Health Emergency of International Concern (PHEIC) following a severe outbreak in the Democratic Republic of the Congo (DRC) and more than 10 other countries in Africa. This year, around 14,000 cases have been reported, with more than 500 deaths. The WHO has expressed concern and acknowledged that the reported data only represents a portion of the cases, as there is no comprehensive overview of the total number of mpox cases. Over 90% of the cases have been found in the DRC.

What is particularly worrying and worth monitoring is that the number of mpox cases has increased significantly compared to last year. Originally, the disease was mostly found in adults, but now there is a rapidly increasing number of cases in younger age groups, especially after the detection of the mpox Clade 1b, which accounts for up to 70% of cases and has a mortality rate of approximately 5%. This clade is easily transmissible. The most recent countries to report cases include Uganda, Kenya, and Rwanda, which are located east of the DRC.

In Thailand, the first mpox case was detected in July 2022. As of August 7, 2024, the cumulative number of cases in Thailand stands at 822, with two deaths reported in 2023. From the beginning of 2024 to the present, 135 cases have been reported, with no fatalities. The most common symptoms include rash, followed by fever and muscle pain. The majority of cases have been found among Thai nationals, with the top 10 provinces reporting the highest number of infections being Bangkok, Chonburi, Nonthaburi, Samut Prakan, Phuket, Pathum Thani, Rayong, Chiang Mai, Songkhla, and Khon Kaen. The number of cases in 2024 is not significantly different from 2023.

The Department of Disease Control has heightened surveillance and screening measures at both international disease control checkpoints and all hospitals. They have also coordinated with Thai nationals and foreigners traveling from affected countries to report any abnormal symptoms to disease control officers and seek immediate medical diagnosis, providing a detailed history of their exposure. The Ministry of Public Health urges the public not to panic, as Thailand has experience in dealing with this emerging infectious disease since 2022. Thailand has a globally recognized standard system for disease surveillance, screening, prevention, and control.



RECOMMENDATIONS FOR OFFICIALS

Officials should coordinate with village health volunteers about the mpox outbreak in Africa. They are advised to closely monitor the situation and work with public health officials to educate the community on the causes, transmission, symptoms, and proper preventive measures to reduce risk.

If anyone has been in contact with an infected person within the past 21 days, they should observe themselves for symptoms such as fever, headache, muscle or back pain, swollen lymph nodes around the ears, neck, or groin, sore throat, nasal congestion, cough, rash, blisters, or pustules on the genitals, anus, hands, feet, chest, face, or mouth. If any of these symptoms appear, they should immediately seek medical attention at the nearest health facility or hospital, providing details of their symptoms and exposure history. Currently, treatment is symptomatic. Patients with mild symptoms may be prescribed medication for home care, but those with severe symptoms may be admitted to the hospital for further treatment.

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

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