

REPORT DISEASE AND HEALTH HAZARD NEWS OF INTEREST ALONG THE BORDER

August 29 - September 4, 2024

WEEKLY EVENTS

- According to information from Bluedot Event Alerts on August 28, 2024, there was a report of a patient exhibiting symptoms consistent with bird flu in Odisha, a state in eastern India. The male patient, whose age was not specified, is currently receiving treatment at a hospital in the area. The case is under investigation, and laboratory confirmation is pending. Meanwhile, local authorities in Odisha have ordered the culling of more than 5,000 chickens after detecting H5N1 avian flu infections. The outbreak's epicenter is in the city of Puri, where over 1,800 chickens at a farm died. Authorities have set a target to cull 20,000 chickens, with approximately 10,000 already culled to prevent the spread of bird flu to the community. Additionally, N95 masks and antiviral medications have been distributed to close contacts in the affected area, along with pamphlets detailing bird flu and the preventive measures the public should follow.
- According to the Week 35 Event Surveillance Report from the Department of Disease Control (August 26 - September 1, 2024), proactive monitoring by relevant agencies in Samut Sakhon province found 22 children aged 0-5 years with blood lead levels exceeding the standard reference value. These cases were found in two areas: 17 cases in Mueang District and 5 cases in Ko Lanta District. All of the children's families work in net-making, which involves the use of lead to create floats for fishing nets, and this activity is carried out at home. It is suspected that the children may have been exposed to lead contamination in their environment, either through direct contact or from their parents. Relevant agencies have collected lead samples from surfaces frequently touched by the children at home and at school for testing. The case is currently under investigation, and laboratory results are pending.

MEASLES: SITUATION IN THAILAND OF A VACCINE-PREVENTABLE DISEASE

Information from the Week 35 Event Surveillance Report of the Department of Disease Control (August 26 - September 1, 2024), reported two clusters of measles occurring in schools in Narathiwat and Yala provinces. Among the 17 suspected cases, there were 8 confirmed cases. All affected areas had below-standard coverage of the measles, rubella, and mumps (MMR) vaccine. Data from the Measles Elimination Program database of the Department of Disease Control revealed that the number of cases has been increasing since February 2024. Between January 1 - August 26, 2024, there were 3,962 reported cases of rash and fever or suspected measles, with 2,144 laboratory-confirmed cases, and 206 epidemiologically linked cases. The illness rate was higher compared to the same period in the past three years. There were 5 reported deaths. Of the confirmed cases, 99.41% were of Thai nationality, 0.46% of Myanmar nationality, and 0.04% each from Vietnam, Malaysia, and Russia. The age range of the cases was from newborns to 52 years, with the highest illness rate in children under 5 years, at 52.86 per 100,000 population.

There were confirmed cases of measles in 20 provinces, with Pattani having the highest illness rate of 127.94 per 100,000 population. The majority of cases (91.83%) were either unaware of their vaccination status or had never been vaccinated. The provinces with the highest outbreaks had low vaccine coverage, with 50.50% for MMR1 and 39.77% for MMR2. A review of MMR vaccine coverage data from the health data system showed that 65 provinces in Thailand had MMR2 coverage below the standard of 95% or higher. There were 114 reported measles clusters, including 111 schools, 1 hospital, 1 music event, and 1 factory. Additionally, there were 80 incidents where more than two cases were reported in the same village, with Pattani experiencing the most outbreaks. The trend of increasing reports continues, with clusters starting to appear in provinces outside the southern border area, such as Mae Hong Son, Phuket, Rayong, Ranong, and Surat Thani. Increasing vaccine coverage in the target group to at least 95% is the best way to prevent outbreaks in communities. This requires public awareness and cooperation to ensure children receive the full vaccination course according to national guidelines.



RECOMMENDATIONS FOR OFFICIALS

Village Health Volunteers (VHV) should coordinate with public health officials to educate residents about measles, including the causes, symptoms, transmission, and prevention methods. They should emphasize that if any resident experiences a fever with a rash, they should immediately seek medical attention. If the doctor diagnoses measles, the patient should stop working, stop attending school, and avoid traveling to densely populated areas to reduce the spread of the disease. Those in close contact with the patient should closely monitor for fever and rash symptoms. During symptomatic periods, they should wear masks and avoid close contact with others. The best prevention, especially for young children, is to receive two doses of the measles vaccine—one at 9 months and another at 1 and a half years old—at a nearby public health facility.

Health personnel should assess vaccine coverage in the area and aim to vaccinate at least 95% of the target group to prevent community outbreaks. In cases where patients with a fever and rash or suspected measles are found, responsible officials must conduct disease investigations and collect blood samples for laboratory confirmation within 48 hours. Measles cases should be reported through the Measles Elimination Program database, and high-risk close contacts should be identified to prevent the spread of the virus in the community.

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

- <https://news.ch7.com/detail/749478>
- Source: Measles Situation in Thailand, data as of August 26, 2024, Division of Epidemiology, Department of Disease Control. Compiled by: Phumiphat Yodchomphuchat, Mongkol Sompae, Pawinee Duangngern, Communicable Disease Surveillance System Development Group, Division of Epidemiology, Department of Disease Control, Ministry of Public Health.
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