REPORT DISEASE AND HEALTH HAZARD NEWS OF INTEREST ALONG THE BORDER

September 5 - 11, 2<mark>02</mark>4

WEEKLY EVENTS

- According to the Week 36 Disease Surveillance Report from the Department of Disease Control (September 2–8, 2024) three deaths from Streptococcus suis infection were reported. Two cases were in Nakhon Ratchasima province and one in Udon Thani province. All three deceased were males, aged 46, 32, and 70, respectively. They initially presented with symptoms of fever, muscle aches, seizures, and difficulty breathing. All of the deceased had a history of risky behavior, including consuming raw or undercooked food, such as raw pork larb and raw pork slices, and regularly drinking alcohol.
- On August 19, 2024, Vietnam's National IHR Focal Point notified the World Health Organization (WHO) of a confirmed case of influenza A (H1N1) variant virus originating from swine, based on laboratory results from the U.S. Centers for Disease Control and Prevention (CDC). This is the first laboratoryconfirmed case of this infection in the country. The deceased was a 70-year-old woman from Sơn La province, located in northern Vietnam near the border with the Lao People's Democratic Republic. She developed symptoms of fever, fatigue, and loss of appetite and was hospitalized for about a week before passing away. Her medical history did not indicate any clear pre-existing conditions. An epidemiological investigation revealed that she lived alone and had limited contact with neighbors and a few caregivers during her illness and until her death, which occurred between June and August 11. Surveillance has not detected any abnormal respiratory symptoms among her contacts, including the healthcare workers who treated her, and no respiratory outbreaks have been reported in the community where she lived. Additionally, there have been no reports of swine-related outbreaks in the area. At this time, the source of the deceased's exposure to the virus remains unknown.

LEPTOSPIROSIS: A DANGEROUS DISEASE THAT COMES WITH FLOODS AND THE RAINY SEASON.

According to the Week 36 Disease Surveillance Report from the Department of Disease Control (September 2–8, 2024), two deaths from leptospirosis were reported in Phayao and Kalasin provinces. The deceased were Thai men aged 56 and 49, respectively. Both had risk factors, including foot wounds and wading through water. From January 1 to September 6, 2024, there were 2,547 suspected cases of leptospirosis in Thailand, with an incidence rate of 3.85 per 100,000 people and 30 deaths, for a mortality rate of 0.05 per 100,000 people. Cases were reported in 71 provinces, with a male-to-female ratio of 3.4:1.

The top three age groups with the highest incidence rates were 1) 60 and older, with an incidence rate of 5.61 per 100,000 people; 2) 50–59 years (5.37 per 100,000); 3) 40–49 years (4.23 per 100,000). The age groups with the highest mortality rates were 1) 50–59 years (1.69%); 2) 30–39 years (1.56%); 3) 60 and older (1.54%). The five provinces with the highest incidence rates were: Ranong, Mae Hong Son, Nan, Si Sa Ket, and Satun. The disease outbreak monitoring program reported 41 suspected cases and deaths from leptospirosis, with no cluster outbreaks. There were 15 confirmed cases, nine of whom died. The most affected occupation was farming (33.33%), followed by laborers (26.67%) and rubber tappers (13.33%). Of the cases, 93.33% had a history of contact with water or moist soil.

Thailand, being a tropical country with a long rainy season, is prone to environmental conditions like stagnant water or improper waste disposal, which attract rats, the carriers of *leptospira* bacteria. These bacteria may contaminate soil and water, leading to leptospirosis cases and deaths throughout the year. During floods, cases often rise 1–2 weeks after the water recedes, as the bacteria can be found in contaminated water. If people wade through water or muddy soil barefoot, the bacteria can enter their bodies through cuts or wounds.

Symptoms usually appear 1–2 weeks after exposure, including fever, headache, body

aches, and muscle pain, especially in the calves or thighs. Later, patients may experience red eyes, yellowing of the skin and eyes, reduced urine output, and coughing up blood. Without timely treatment, the disease can progress to severe complications and lead to death.



RECOMMENDATIONS FOR OFFICIALS

Village Health Volunteers (VHVs) should coordinate with public health officers and relevant agencies to jointly promote and educate residents about leptospirosis. They should provide information on the causes, transmission, early symptom recognition, and basic prevention measures. Public health officers should advise the public to avoid prolonged water immersion or walking through water and mud barefoot. Special caution should be given to those with wounds or scratches on their feet, advising them to cover the wounds with waterproof plasters and to clean the wound and body immediately after finishing work or wading through water.

If individuals experience a high fever along with headaches and muscle pain, especially in the calves, after coming into contact with stagnant water or muddy soil that could be contaminated with the urine of animals like rats, cows, buffaloes, pigs, dogs, and goats, they are advised not to self-medicate. Instead, they should promptly see a doctor and provide detailed information about their exposure risk and underlying health conditions. This will help the doctor administer appropriate and timely treatment, preventing complications that could lead to death.

INFORMATION COLLECTED AND ANALYZED BY





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

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