



Highlights of Diseases and Event in June 2016

Dengue hemorrhagic fever

Since 1 January to 25 June 2016, total 20,395 cases and 18 deaths attributable for dengue infection were reported with attack rate of 31.17 per 100,000 population, mortality rate of 0.02 per 100,000 population and crude death rate of 0.08%. The age group with the highest attack rate was 5-14 years old (80.34 per 100,000 population), followed by 15-24 years old (53.23). Five provinces with the highest cumulative attack rate per 100,000 population were Mae Hong Son (91.96), Rayong (68.21), Trat (65.17), Bangkok (64.87) and Phuket (59.09). During previous four weeks, top five provinces with the highest attack rate per 100,000 population were Mae Hong Son, Mukdaharn, Loei, Trat and Nan Provinces.

When compared with the same period of previous years, the disease situation in 1-13th weeks showed higher than that of 2015 and the median of last 5 years (2011-2015). However, the number of cases was reducing and stable until now.

Hand, Foot and Mouth Disease

In the surveillance data from the R506 reporting system during 1 January to 22 June 2016, total 20,777 cases and 2 deaths of hand, foot and mouth disease (HFMD) were reported from 77 provinces, with attack rate of 31.76 per 100,000 population. One death was reported from Bangkok and one was from Chiang Mai. Case fatality rate was 0.01%. The number of HFMD cases was

increasingly reported since 16th week which was higher than that of the previous year and the median of last 5 years. Hence, about 9,360 cases are likely to be reported in June 2016.

The age group of 0-4 years old revealed the highest attack rate (489.34 per 100,000 population), followed by 5-14 years old (24.93 per 100,000 population) and 15-24 years old (0.68 per 100,000 population). The highest attack rate was found in the northern part (19.98 per 100,000 population), followed by the central part (11.38 per 100,000 population), the northeastern part (8.44 per 100,000 population) and the southern part (4.97 per 100,000 population).

According to the laboratory data of Bureau of Epidemiology and Department of Medical Science in Ministry of Public Health, laboratory testing in 40 sentinel hospitals nationwide from 1 October 2015 to 30 June 2016 revealed that out of total 244 specimens tested, 79 (32.4%) were found to have HFMD infection, including 9 (11.4%) with enterovirus 71, 36 (45.6%) with Coxsackie virus A16 and 34 (43.0%) with other types of enterovirus.

During this period, children with HFMD in schools had only mild symptoms and reported no death. Since the outbreak period of HFMD is approaching and young children are with the highest risk of infection, surveillance, prevention and control of HFMD should be conducted at childcare centers and kindergartens.

Influenza

From 1 January to 28 June 2016, total 55,545 influenza cases and 5 deaths were reported to the surveillance system, with attack rate of 84.90 per 100,000 population and case fatality rate of 0.01%. Five deaths included 2 from Phetchaburi, 2 from Nakhon Ratchasima and 1 from Pattani Province. The current

period is the time for seasonal influenza outbreak in the rainy season. Although the number of cases reported was similar to that of reported in the same period of last year, it was still higher than that of the median. Proportion of influenza-like illness (ILI) cases did not change during 26th week, with 3.0%.

During 26th week (26 June – 2 July 2016), the data of ILI and pneumonia patients from sentinel hospitals were analyzed in Department of Medical Science. The results showed that 11 (44.0%) out of 25 cases were tested to have influenza infection. All of them were found to have influenza A H1 (2009). No influenza A (H3N2) or B was identified.

The surveillance data showed that as more cases of influenza A H1N1 (2009) were reported, there might be an outbreak in this rainy season. Regarding to influenza B, outbreaks have been occurring since the beginning of the year and currently reducing. Surveillance should be closely conducted in Sing Buri, Phuket, Chumphon and Rayong Provinces.

Since current time is the period for seasonal outbreak, more number of cases will likely to be reported. Thus, awareness raising, health education on prevention and screening of the infection in the gathering events such as schools and military training camps should be carried out in order to prevent further outbreaks.