



Highlights of Diseases and Event in May 2016

Dengue hemorrhagic fever

Since 1 January to 14 May 2016, total 17,170 cases and 16 deaths attributable to dengue infection were reported. Attack rate was 26.24 per 100,000 population while mortality rate was 0.02 per 100,000 population and case fatality rate was 0.09%. During the previous week, 340 new cases were identified with no fatality. Top five provinces with the highest attack rate per 100,000 population were Bangkok (61.48), Rayong (56.92), Phuket (48.63), Samut Sakorn (46.41) and Trat (45.36). The central part revealed the highest attack rate per 100,000 population as 35.93, followed by the southern (27.87), the northeastern (20.49) and the northern (17.43) parts.

According to the 506 and the event-based surveillance systems, the residencies of 16 fatalities were in Health Area 2 (2 deaths), Health Area 3 (1 death), Health Area 5 (4 deaths), Health Area 6 (1 death), Health Area 9 (4 deaths), Health Area 10 (2 deaths) and Health Area 12 (2 deaths). There were 6 males and 10 females, aged 7-79 years old. Diagnosis included dengue fever in 12 deaths, dengue hemorrhagic fever in 2 deaths and dengue shock syndrome in 2 deaths. Duration between the date of illness onset and the date of receiving treatment was 0-3 days in 7 deaths and more than 3 days in 9 deaths. In addition, duration from the onset date to death was less than 7 days (9 deaths) and more than 7 days (7 deaths).

During the last 4 weeks from 17 April to 14 May 2016, the provinces with the highest attack rate per 100,000 population were Rayong (6.75), Mae Hong Son (5.75), Trat (5.72), Phuket (4.44) and Phattalung (3.64).

Influenza

Total 49,720 influenza cases and 5 deaths were reported from 77 provinces from 1 January to 31 May 2016 as per data from the 506 surveillance system, with attack rate 75.99 per 100,000 population and case fatality rate 0.01%. The number of reported influenza cases decreased and the trend was decreasing. The current number of influenza cases was similar to that of the same period in 2015 and higher than that of the median. Nevertheless, the surveillance on ILI patients showed that the number of ILI case was likely to increase in 21st week (2.3%). Hence, it is predicted that more cases will be reported in June 2016, with about 7,557 cases.

The surveillance data on influenza virus from National Institute of Health and Bureau of Epidemiology revealed that influenza virus type B was the most common type of virus identified in the previous 4 weeks, followed by H1N1/2009.

An influenza outbreak was reported from a school in Bangkok during this week, which is still under investigation. No fatality related to this outbreak was identified. Since this is the beginning of a new semester in the school and more new students are joining the school, early notification, health education on disease prevention, and screening of people who come together and join the activities should be conducted in the school.

Hand, Foot and Mouth Disease

Total 12,742 cases and 1 death of hand, foot and mouth disease (HFMD) were reported from 77 provinces to the 506 surveillance system during 1 January to 31 May 2016, with attack rate of 19.48 per 100,000 population and case fatality rate of 0.02%. Since 16th week, trend of the reported cases has been increasing and higher than that of 2015 and 5-year median. About 9,360 cases are predicted to be reported in June 2016. Surveillance should be strictly continued in Nan and Chiang Rai Provinces in the northern part. During the previous week, an outbreak of HFMD occurred among kindergarten children in Bangkok, with 6-17 mild cases and no fatalities reported.

Whooping Cough

Regarding to the situation of whooping cough, total 20 cases, with no death, were reported in 6 provinces from 1 January to 20 May 2016. Attack rate was 0.03 per 100,000 population. Male to female ration was 1:1. The age group with the highest attack rate was 5 years, followed by 1 year and 10-14 years. All of them were Thai and about 30% of them were students.

The highest attack rate was observed in Yala Province, with 2.91 per 100,000 population, followed by Pattani (0.14), Pathum Thani (0.09), Ubon Ratchathani (0.05) and Nakhon Ratchasima (0.04). The attack rate in the southern part was 0.17 per 100,000 population which was the highest while the attack rate in other areas was 0.01 in the northeastern and the central parts. When compared with the same period, the number of cases reported in April was higher than that of the previous year and 5-year median (2011-2015), and there were less number of cases reported until 21st week in May 2016. Nevertheless, the current data is not completed yet as it takes average 4 weeks to achieve more than 80% of completeness in reporting.