



## Highlight of Diseases and Events in August 2018

### Situation of Hand Foot and Mouth Disease in Thailand

Between 1 January and 28 July 2018, a total of 33,193 cumulative hand, foot and mouth disease (HFMD) cases (50.74 per 100,000 population) and two deaths were reported in Thailand. Of these two deaths, one was from Maha Sarakam Province, caused by human echovirus 9, and another one was from Lopburi Province, caused by human echovirus 25. During last two weeks, the number of HFMD cases continued to decrease, compared to that of reported in the peak period, 26<sup>th</sup> week of 2018, by 10-15%. The HFMD cases were reported 350-500 cases per week.

The highest attack rate of HFMD infected cases per 100,000 population was observed among children 1-4 years of age (859.24/100,000 population), followed by children under 1 (406.79/100,000 population), and 5-9 years of age (99.71/100,000 population).

The areas with the highest attack rate of HFMD per 100,000 population were the central (64.82/100,000 population), northern (59.84/100,000 population), southern (51.40/100,000 population), and northeastern in Thailand (31.13/100,000 population).

The three provinces with the highest attack rate of reported HFMD cases per 100,000 population were Chanthaburi (129.44/100,000 population), Phayao (106.71/100,000 population) and Chiang Rai (102.75/100,000 population).

From surveillance on hand, foot and mouth among children age between 0 month and five years, conducted by Bureau of Epidemiology in collaborating with the Information center for Emerging Infectious Diseases, Faculty of Medicine, Chulalongkorn University during January to December 2017, it revealed that the number of hospitals participating in joint project which sent specimens for laboratory confirmation of suspected HFMD cases was 30. The total number of hospitals participating in joint project in Thailand was 40. The specimens

from 30 hospitals were throat swab and stool sample collected from 640 suspected HFMD cases. Over 640 specimens screened, there were positive results among the 266 subjects or 41.56% caused by a group of enteroviruses, including Enterovirus 71 (EV 71) (41.73%), Coxsackievirus A16 (21.43%), Coxsackie A 6 (16.17%) Coxsackie A 4 (7.52%) and Coxsackie A 10 (2.62%).

During 1 to 25 July 2018, the number of hospitals sent clinical specimens for enterviral detection of hand, foot and mouth disease (HFMD) were 17. Clinical samples were throat swab, cerebrospinal fluid and stool sample of 197 cases suspected of HFMD or enterovirus. The results of detection for enteroviruses confirmed that 107 (54.31%) were enterovirus-positive. The most cause of HFMD was Coxsackie A 16 virus with 61 cases (57%), followed by Coxsackie A 6 virus with 24 (22.42%), Coxsackie A 10 virus with five (4.67%), Coxsackie A 5 virus with five (4.67%), Coxsackie A 4 with two (1.86%), Enterovirus 71 with one (0.93 %), Coxsackie A 2 with one (0.93 %), Coxsackie B1 with one (0.93 %), Coxsackie B5 with one (0.93 %), Enterovirus D 68 with one (0.93 %), Echovirus 9 with one (0.93 %), Echovirus 25 with one (0.93 %), Rhinovirus A with one (0.93 %), Rhinovirus B with one (0.93 %) and Rhinovirus spp. with one (0.93 %).

**Recommendations:** To reduce the risk of infection, people should wash their hands frequently, cleaning and disinfecting of touched surfaces, toys and toilets, and when children are sick, let them stay at home.

Information resource: Outbreak Verification Summary of 30<sup>th</sup> week during 30 July to 5 August 2018