Welcome to the Department of Disease Control - DDC
Thailand: WHO statistical profile
### Basic Statistics (Year 2013)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (thousands)</td>
<td>67,010</td>
</tr>
<tr>
<td>Population aged under 15 (%)</td>
<td>18</td>
</tr>
<tr>
<td>Population aged over 60 (%)</td>
<td>15</td>
</tr>
<tr>
<td>Life expectancy (at birth)</td>
<td>75</td>
</tr>
<tr>
<td>Healthy life Expectancy (at birth)</td>
<td>66</td>
</tr>
<tr>
<td>Total fertility rate (per woman)</td>
<td>1.4</td>
</tr>
<tr>
<td>Under-five mortality rate (per 1000 live births)</td>
<td>13</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100 000 live births)</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: WHO
The 10 Leading Causes of Death by Sex, Global, 2012

**Male**
- Ischaemic heart disease
- Stroke
- COPD
- Lower respiratory infections
- Trachea, bronchus, lung cancers
- Road injury
- HIV/AIDS
- Diarrhoeal diseases
- Diabetes mellitus
- Cirrhosis of the liver

**Percent of deaths in the sex group**

**Female**
- Stroke
- Ischaemic heart disease
- Lower respiratory infections
- COPD
- Diabetes mellitus
- Diarrhoeal diseases
- HIV/AIDS
- Hypertensive heart disease
- Breast cancer
- Prematurity

**Percent of deaths in the sex group**
10 leading diseases & injuries and 10 leading risk factors based on percentage of global deaths and DALYs, 2010.

NCDs account for 65.5% of all deaths, 54% of DALYs

### 10 Leading Causes of DALY in Thailand 2009, by Gender

<table>
<thead>
<tr>
<th>Rank</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Traffic accidents</td>
<td>Diabetes</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol dependence, harmful use</td>
<td>Stroke</td>
</tr>
<tr>
<td>3</td>
<td>Stroke</td>
<td>Depression</td>
</tr>
<tr>
<td>4</td>
<td>HIV / AIDS</td>
<td>Ischemic heart disease</td>
</tr>
<tr>
<td>5</td>
<td>Liver cancer</td>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>6</td>
<td>Ischemic heart disease</td>
<td>HIV / AIDS</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes</td>
<td>Traffic accidents</td>
</tr>
<tr>
<td>8</td>
<td>Depression</td>
<td>Anemia</td>
</tr>
<tr>
<td>9</td>
<td>Cirrhosis</td>
<td>Liver cancer</td>
</tr>
<tr>
<td>10</td>
<td>COPD</td>
<td>Dementia</td>
</tr>
</tbody>
</table>

Source: IHPP, 2011, un-official / unpublished
The Department of Disease Control: Vision, Mission, and Strategy
DDC’S VISION
To be an international leading agency which protect people from diseases and health hazards, with public trust and academic excellence, by the year 2020

STRATEGY

- Develop and collaborate with national and international stakeholders and networks
- Develop innovation, intervention, standard and knowledge for disease prevention and control of diseases and health hazards
- Implement risk communication and public relations reaching all target populations effectively
- Prepare and respond to public health emergencies and disasters rapidly
- Develop a national leading role on policy and strategy for disease prevention and control of diseases and health hazards
- New Public Management (NPM)

Value

SMART

- Integrity
- Service mind
- Mastery/Expertise
- Achievement motivation
- Relationship
- Teamwork
DDC’s Mission

- Develop and produce timely information, knowledge, and tools for effective surveillance, prevention and control of communicable and non-communicable diseases.

- Transfer and share knowledge, expertise, best practices and technical assistance including training to the networks.

- Coordinate and support the monitoring and evaluation of capacity and mechanism of the networks on implementation of surveillance, prevention and control of diseases and health hazards.
DDC’s Mission (cont.)

- Provide information and knowledge to the public.

- Facilitate national prevention, preparedness, detection and response to Public Health Emergencies of International Concern (PHEIC) including emerging infectious diseases.

- Monitor and support law enforcement by the responsible agencies to protect people from communicable diseases and health hazards.
Organization Structure of the DDC

Communicable Diseases

- Bureau of AIDS and Sexually Transmitted Infections
- National AIDS Management Center
- Bureau of Tuberculosis
- Bureau of Vector-borne Diseases
- Bureau of General Communicable Diseases
- Bureau of Emerging Infectious Diseases
Organization Structure of the DDC
Institutes and Diseases Related to Lifestyles

- Bamrasnaradura Institute (Infectious Diseases)
- Rajprachasamasai Institute (Leprosy, Occupational and Environmental Diseases)
- Bureau of Non-Communicable Diseases
- Bureau of Occupational and Environmental Diseases
- Bureau of Tobacco Control
- Office of the Alcohol Beverage Control Committee
Organization Structure of the DDC
Technical Support and Management Bureaus

- Bureau of Epidemiology
- Bureau of Knowledge Management
- Bureau of Risk Communication and Health Behavior Development
- Office of International Cooperation
- Information Technology Center
- Global Fund Principal Recipient Administrative Office
- Office of Senior Expert Committee
- Office of Law
- Cluster of Ethics
Organization Structure of the DDC
Administration and Regional Offices

- Planning Division
- Personnel Division
- Finance Division
- Administration System Development Office
- Office of the Secretariat
- Office of Internal Audit
- Office of Disease Prevention and Control Region 1-12
Programs under DDC

- HIV/AIDS
- Tuberculosis
- Vector-borne Diseases

- National Immunization (EPI)
- Zoonoses
- Food and Water-borne Diseases
- Helminthiasis

- Non-communicable Diseases
- Alcohol Control
- Tobacco Control
- Environmental and Occupational Diseases

- Surveillance
- Emerging Infectious Diseases and Public Health Emergency Management (PHEM)
In 2013 there were 783 plague cases reported worldwide, including 126 deaths.
Currently, the three most plague endemic countries are Madagascar, the Democratic Republic of Congo and Peru.

In 1980 WHO announced the accomplishment of Global Smallpox Eradication.
## Success Stories in Thailand (1)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Year</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>1513</td>
<td>– 1st case recorded in Thailand</td>
</tr>
<tr>
<td></td>
<td>1791</td>
<td>– Smallpox vaccine developed (Edward Jenner)</td>
</tr>
<tr>
<td></td>
<td>1841 (King Rama III)</td>
<td>– Smallpox vaccine imported from Boston (Dr. Dan Beach Bradley)</td>
</tr>
<tr>
<td></td>
<td>1891</td>
<td>– Vaccine imported from Pasteur Institute (Saigon)</td>
</tr>
<tr>
<td></td>
<td>1901 (King Rama V)</td>
<td>– Vaccine produced locally (Dr. H. Adamsen)</td>
</tr>
<tr>
<td></td>
<td>1913 (King Rama VI)</td>
<td>– Expanded production scale (Queen Saovabha Memorial Institute)</td>
</tr>
<tr>
<td></td>
<td>1961 to 1965</td>
<td>– MoPH campaign on Smallpox eradication</td>
</tr>
<tr>
<td></td>
<td>1923 to 1962</td>
<td>– Six Smallpox outbreaks, imported index cases</td>
</tr>
<tr>
<td></td>
<td>1962 – Eradication</td>
<td>– Last outbreak in January 1962 and 1 imported case in August 1962 with no local transmission</td>
</tr>
<tr>
<td>Disease</td>
<td>Year</td>
<td>Status</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Plague</td>
<td>1348 – 1359</td>
<td>- The “Black Death” wiped out an estimated 30 percent of the population in Europe and Asia (approx. 50 mil. deaths)</td>
</tr>
<tr>
<td></td>
<td>1896 – 1921</td>
<td>- The 3rd Plague Pandemic (25 years, 12 million deaths)</td>
</tr>
<tr>
<td></td>
<td>Since 1990s</td>
<td>- Plague epidemics have occurred in Africa, Asia and South America.</td>
</tr>
<tr>
<td></td>
<td>1904</td>
<td>- 1st case in Thailand followed by sporadic outbreaks</td>
</tr>
<tr>
<td></td>
<td>1994</td>
<td>- Plague outbreaks in India with 5,656 suspected cases, 258 confirmed cases and 56 deaths (Economic Loss: 2,083 Mil.USD)</td>
</tr>
<tr>
<td></td>
<td>1951</td>
<td>- U.S. Experts and tools arrived and 3 Regional Plague Control Units set up.</td>
</tr>
<tr>
<td></td>
<td>1952</td>
<td>- Elimination, surveillance along the border areas maintained up to present.</td>
</tr>
</tbody>
</table>
Success Stories in Thailand (4)

Leprosy

1994 - Elimination *
prevalence 0.8 case per 10,000 population

2013 - Sustained elimination**
prevalence 0.09 case per 10,000 population and 0.29 new case per 100,000 population

*prevalence less than 1 case per 10,000 population
**prevalence less than 1 new case per 100,000 population
## Success Stories in Thailand (5)

### YAWS

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950 - 1970</td>
<td>– Mass campaign in 46 countries (prevalence decreased by 95%) but re-emerged in 1980</td>
</tr>
<tr>
<td>1959</td>
<td>– School-based campaign in Thailand</td>
</tr>
<tr>
<td>1965</td>
<td>– Active case finding revealed 10 cases from 500,000 people inspected (&lt;0.002%)</td>
</tr>
<tr>
<td>1966</td>
<td>– Integration Phase to provinces</td>
</tr>
<tr>
<td>1997 up to present</td>
<td>– No new case (22 cases re-emerged but contained in 2004)</td>
</tr>
</tbody>
</table>

Dr. Somboon Watcharothai, Former Director-General, Department of Communicable Disease Control, in a field work of the 17 years Anti-Yaws Program
# Thai Expanded Immunization Schedule 2015

<table>
<thead>
<tr>
<th>Age</th>
<th>Vaccine (10 diseases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At birth</td>
<td>BCG, HBV1</td>
</tr>
<tr>
<td>1 month</td>
<td>HBV1</td>
</tr>
<tr>
<td>2 months</td>
<td>OPV1, DTwP-HB1</td>
</tr>
<tr>
<td>4 months</td>
<td>OPV2, DTwP-HB2</td>
</tr>
<tr>
<td>6 months</td>
<td>OPV3, DTwP-HB3</td>
</tr>
<tr>
<td>9-12 months</td>
<td>MMR1</td>
</tr>
<tr>
<td>9-18 months</td>
<td>MBV JE1 &amp; JE2 (4 weeks apart)</td>
</tr>
<tr>
<td>18 months</td>
<td>OPV booster1, DTwP booster 1</td>
</tr>
<tr>
<td>2 - 2½ years</td>
<td>MBV JE3</td>
</tr>
<tr>
<td>2½ years</td>
<td>MMR2</td>
</tr>
<tr>
<td>4 - 6 years</td>
<td>OPV booster2, DTwP booster 2</td>
</tr>
<tr>
<td>11 -12 years</td>
<td>Td and every 10 years</td>
</tr>
</tbody>
</table>
Immunization Coverage
And Vaccine-Preventable Diseases, Thailand, 1977-2013 (B.E.2520-2556)

Source: VPD Section, BGCD, DDC, MoPH
Success Stories in Thailand (3)

Poliomyelitis

- April 1997  The last case in Thailand
- 27 March 2014 - Polio-free in SEA Region
OPV3 Coverage rates, NIDs in Thailand and Polio incidences, 1961-2005 (B.E.2504-2548)

Source: Bureau of Epidemiology and National Institute of Health
Reported Pertussis Cases per 100,000 Population by Age-Group, Thailand, 2004

Source: Bureau of Epidemiology, Department of Disease Control (DDC), MoPH
Diphtheria Situation in Thailand:
1975 - 1995 and 2001-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Case Rate</th>
<th>Fatality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>06-10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Bureau of Epidemiology, Department of Disease Control (DDC), MoPH
Reported Tetanus Cases per 100,000 Population by Year, Thailand, 1995 – 2004.

Rate per 100,000 Pop.

Source: Bureau of Epidemiology, Department of Disease Control (DDC), MoPH
Rabies Human and Animal Deaths and Number of Post-exposure Vaccinations, Thailand, 1993 - 2011

Thailand is committed, as targeted by WHO and ASEAN, to eliminate Rabies by the Year 2020.

Source: Bureau of Epidemiology and Bureau of General Communicable Diseases, Department of Disease Control (DDC), MoPH
HIV/AIDS Situation by Year, Thailand, September 1984 - March 2010 (B.E.2527 - 2553)

Source: Bureau of Epidemiology and Bureau of AIDS and STIs, Department of Disease Control (DDC), MoPH

<table>
<thead>
<tr>
<th>Year</th>
<th>New HIV in year</th>
<th>Living w/ HIV end year</th>
<th>Cumulative HIV end year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>41</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>1990</td>
<td>150,015</td>
<td>315,391</td>
<td>316,630</td>
</tr>
<tr>
<td>1995</td>
<td>55,452</td>
<td>719,772</td>
<td>808,245</td>
</tr>
<tr>
<td>2000</td>
<td>26,158</td>
<td>642,121</td>
<td>976,107</td>
</tr>
<tr>
<td>2005</td>
<td>16,513</td>
<td>562,243</td>
<td>1,073,518</td>
</tr>
<tr>
<td>2010</td>
<td>10,853</td>
<td>499,324</td>
<td>1,138,020</td>
</tr>
<tr>
<td>2015</td>
<td>8,184</td>
<td>416,099</td>
<td>1,183,268</td>
</tr>
<tr>
<td>2020</td>
<td>7,082</td>
<td>351,132</td>
<td>1,220,546</td>
</tr>
<tr>
<td>2025</td>
<td>6,529</td>
<td>302,462</td>
<td>1,254,171</td>
</tr>
</tbody>
</table>
Getting to Zero of New HIV Infections

- Thailand National AIDS Strategy 2012-2016
- Focus where of new infections occur
- “Stop AIDS by the year 2030”

Mode of Transmission

- Casual and Extramarital sex: 6%
- Spousal transmission: 32%
- Injection Drug User: 10%
- Sex worker and clients: 11%
- Male who had sex with male: 41%

62% of new infections

43,040 new infections 2012-2016

27% of new infections occur in BKK
65% of new infections projected to occur in 31 provinces

Source: Bureau of Epidemiology and Bureau of Vector-borne Diseases, Department of Disease Control (DDC), MoPH
Efforts to combat malaria and TB have led to dramatic reduction in the incidence of malaria but mild in TB.

The incidence of malaria has declined from 755 cases per 100,000 population in 1990 to 198 cases per 100,000 population to 2010, but only from 148 to 132 cases per 100,000 population for tuberculosis.
Numbers of Malaria Cases, Thailand, 2000-2014

Source: Bureau of Epidemiology and Bureau of Vector-borne Diseases, Department of Disease Control (DDC), MoPH
Timeline of Key Malaria Control Projects in Thailand

API per 1,000 pop.

1949 – 1951 Malaria Control Demonstration Project: DDT
1951 – 1957 Malaria Control Project: USOM (USAID)
1971 – 1996 Malaria Control/ Elimination
1997 - 2011 Malaria Control Project
2012 onward Malaria Elimination

Source: Bureau of Vector-borne Diseases, Department of Disease Control, MoPH
“Nothing on earth is more International than Disease”

Keerti Bhusan Pradhan, WHO
Emerging Infectious Diseases (EIDs)

- New infectious diseases
- New geographical areas
- Re-emerging infectious diseases
- Antimicrobial resistant organisms
- Deliberate use of bio-weapons
Emergence of MERS-CoV and H7N9 compared to other “new” viruses*

<table>
<thead>
<tr>
<th>Virus</th>
<th>First Case</th>
<th>Cumulative Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1N1 flu</td>
<td>started Apr 09</td>
<td>900</td>
</tr>
<tr>
<td>SARS-CoV</td>
<td>started Nov 02</td>
<td>600</td>
</tr>
<tr>
<td>H7N9 flu</td>
<td>started Feb 13</td>
<td>300</td>
</tr>
<tr>
<td>H5N1 flu</td>
<td>started Feb 03</td>
<td>150</td>
</tr>
<tr>
<td>MERS-CoV</td>
<td>started Mar 12</td>
<td>0</td>
</tr>
</tbody>
</table>

*Based on symptom onset data from WHO (H5N1, H7N9, Middle East Respiratory Syndrome-Coronavirus [MERS-CoV]) through 7/15/14, WHO case counts (H1N1), and Molecular Evolution of the SARS Coronavirus During the Course of the SARS Epidemic in China, Science, 12 March 2004, 303, pp. 1666-1669. ^ February 2003 used for H5N1 since this was the beginning of this virus’ continued spillover into human populations in multiple countries.
SARS Outbreak, 2003

Probable cases of SARS by week of onset
Worldwide* (n=5,910), 1 November 2002 - 10 July 2003

WHO Issues first travel advisory 15 March

WHO Issues Global Alert 12 March

* This graph does not include 2,527 probable cases of SARS (2,521 from Beijing, China), for whom no dates of onset are currently available.
The Emergence of SARS, 2003

**Situation**

- **Global** Cases (suspected) 8098/Deaths 774
- **Thailand** Cases (suspected) 39/ Cases (confirmed) 1/Deaths 2

**Achievements**

- Success operation, no local transmission (both in hospitals and communities)
- Lower the negative socio-economic impact to minimum
- Hospital infection control nationwide has been strengthened
- National disease surveillance and investigation have improved
Risk Levels of SARS Transmission

- **Low (+)**: Imported probable SARS case(s) have produced only one generation of local probable cases, all of whom are direct personal contacts of the imported case(s).
- **Medium (++):** More than one generation of local probable cases, but only among persons that have been previously identified and followed-up as known contacts of probable SARS cases.
- **High (+++):** High transmission pattern other than described above in (+) and (++).
- **Uncertain**: Insufficient information available to specify areas or extent of local transmission.

**SARS in Thailand:**
Imported cases only, no local transmission
(No single viral contamination inside and outside of the isolation room)
Avian influenza outbreaks in poultry

Areas reporting confirmed occurrence of H5N1 avian influenza in poultry and wild birds since 2003

Status as of 14 April 2008

Latest available update

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Organisation for Animal Health (OIE) and national governments

Map Production: Public Health Mapping and GIS
World Health Organization
Livestock development
volunteers & community leaders
District Livestock Officers & staff
Provincial Livestock Officer

Local health Infrastructure
SRRTs
Health volunteers & community leaders
Livestock development volunteers & community leaders

Public health and animal health collaboration at provincial level

Provincial Committee
Exchange & Cooperation

Report
Provincial Health Officer

Exchange & Cooperation
District Livestock Officers & staff

SRRTs
Health volunteers & community leaders

Provincial Committee

Exchange & Cooperation

Provincial Health Officer

Report

S. Chunsuttiwat
Distribution of Avian Influenza in Poultry and Human Cases (25 cases/17 deaths), Jan 04 - Aug 06

- **Jan-May 04**
  - Nakornpanom: Fujian-like (clade 2)
- **Jun-Oct 04**
  - All the rest: Vietnam-like (clade 1)
- **Jul-Nov 05**
  - Nakornpanom: Fujian-like (clade 2)
- **Jun-Aug 06**
  - No mutation, no drug resistance up to date!
- **Jan-Nov 07**
  - All the rest: Vietnam-like (clade 1)

Legend:
- Confirmed case
- Suspect case
- Poultry outbreak

No mutation, no drug resistance up to date!
18 NOVEMBER 2013 - Globally, from September 2012 to date, WHO has been informed of a total of 157 laboratory-confirmed cases of infection with MERS-CoV, including 66 deaths. (The case fatality rate was 42.04 percent.)
On 18 June 2015, the National IHR Focal Point of Thailand notified WHO of the country’s first confirmed case of Middle East Respiratory Syndrome Coronavirus (MERS-CoV).
WHO applauds Thailand for great success in Mers control

15 Jul 2015 | 18:07 | (173 Viewer ) | 

BANGKOK, 15 July 2015 (NNT) - Dr. Margaret Chan, Director-General of the World Health Organization (WHO), has sent a letter to Thailand’s Prime Minister Gen Prayut Chan-o-cha to express her appreciation with the country’s success in Mers control, from national to local levels.

Public Health Minister Rajata Rajatanavin said Dr. Margaret Chan termed the success in the prevention of new Mers case in Thailand as a great victory of the region and the world.

The minister cited the world organization as saying that the success reflected the strength of public health services in Thailand in terms of management and disease surveillance. It means Thailand has high-calibre medical teams which are the result of continuous personnel development during the past thirty years and good cooperation between the public and private sectors.

According to the minister, Thailand also has highly effective National Health Security System which provides high quality health care with low expense compared to its GDP. The system becomes an exemplary low-cost health care service which facilitates the Mers control in the country.

Despite the world-recognized success, Minister Ratjata said the Public Health Ministry would maintain the highest level of Mers control measures until the virus outbreak is confirmed terminated across the world.
Department of Disease Control and Thailand Public Service Awards (TPSA) 2014
Integrating Network and Community Participation for Effective Malaria Management in Tha Song Yang District
UNPSA 2014 First Place Winner, ODPC 9, DDC, MoPH, Thailand

Category 2: Fostering Participation in Policy-making Decisions through Innovative Mechanisms
UNPSA 2014 First Place Winner
**Key Supporting Factors to Success**

- **Strong Health Infrastructure**
- **Primary Health Care**
  - Village Health Volunteers (VHVs)
  - Empowered communities
- **IHR 2005 Implementation**
  - 8 Core capacities: Legislation (*The latest Communicable Disease Act B.E 2558*) and Policy, Coordination, Surveillance, Response, Preparedness, Risk Communications, Human Resources, Laboratory
- **Strategic-based Implementation** – Integration, Networking, One Health
- **Information Management**
- **M&E**
Overview structure of disease control in Thailand, focus on DDC

- **Program offices, e.g.:**
  - HIV/ AIDS
  - Tuberculosis
  - Vector-borne diseases
  - EPI
  - Non-communicable diseases
  - Occupational and Environmental diseases
  - EID/PHEM

- **Support offices, e.g.:**
  - Planning
  - Personnel
  - Finance

- **Regional offices**
  - 12 Regional offices

- **Institutes**
  - Bamrasnaradura (ID)
  - Rajapracha. (Leprosy & Occupational diseases)
Overview structure of disease control in Thailand

Regional and international partners: WHO, FAO, OIE, UNICEF, others
ASEAN, APEC, ACMECS, MBDS, others
Bilateral cooperation

Other Partners: NGO, Private Sector, Academia

Local administrations

Community leaders, Village Health Volunteers (VHVs), Action groups

DDC
MOPH
PHO & provincial health service infrastructures

• Policy, strategy, guideline, SOP
• Technical and operation support
• Monitoring & Evaluation
• Regulatory

• Technical and operation support
• Monitoring & evaluation
• Disease control operation

• Local disease control operation & support
• Enforce local regulations

Disease prevention and control activities & Health Behaviors
76 provincial health offices

>100 general hospitals
& medical centers

>800 Community Hospitals

>9000 Health Promotion Hospitals

65% of influenza and 90% of pneumonia cases are reported from hospitals

DDC, MOPH

National disease reporting system

Report 506
Aggregated in e-fies

Report 506

Report 506

Report 506

Through district health offices

Feed back through weekly and annual report publication and websites at www.moph.go.th

Private clinics
District Health System: DHS

Disease Control
Competent District

1. Disease Control District Committee
2. Good Epidemiological System
3. Planning
4. Resource Mobilization
5. Effectiveness in Disease Control

Team unity
Essential cares
Resource sharing and HRD
Community participation
Appreciation
The Government

National Committee on Emerging Infectious Diseases Preparedness & Response

Cabinet approval on 28 Aug. 12

National EIDs Strategic Plan (2013-2016)
Policy Support on Promotion of mask using in patients with respiratory infections
Hand hygiene in the control of EIDs and health system strengthening

- For any infection that can be spread through touch, including those carried in bodily fluids, hand hygiene is vital.
- The WHO hand hygiene improvement tools: The local production of alcohol-based handrub (ABHR) instructions
Infection Control Campaign in hospitals
Stockpiles of antivirals and PPE are sufficient and provide timely supply. The national stockpiles are in connection with regional stockpiles (WHO, ASEAN)

GPO has established Oseltamivir production capacity.

Influenza vaccine capacity
- Pilot production of pandemic influenza vaccine under WHO’s GAP
- Industrial production of seasonal flu vaccine under preparation by GPO
- National seasonal flu vaccination since 2008

S. Chunsuttiwat
Currently under construction in Saraburi Province
Capacity 2 – 10 million doses / year
To produce seasonal influenza vaccine annually, and switch to a pandemic vaccine when necessary
The Editor

Dr. Darika Kingnate, DVM, MPH
Advisor, Office of International Cooperation (OIC-DDC)
Department of Disease Control (Building 8, 1st Floor), MOPH
Tiwanond Rd., Nonthaburi, Thailand 11000
Tel.: +66 2 590 3250, +66 2 590 3832 Mobile: +096 876 6800
Fax: +66 2 591 3624
E-mail: darika.kingnate@gmail.com
Thank you & SAWASDEE