

Pandemic Influenza (H1N1) 2009

Lessons Learned: *Thailand*

Department of Disease Control
Ministry of Public Health
11 March 2010

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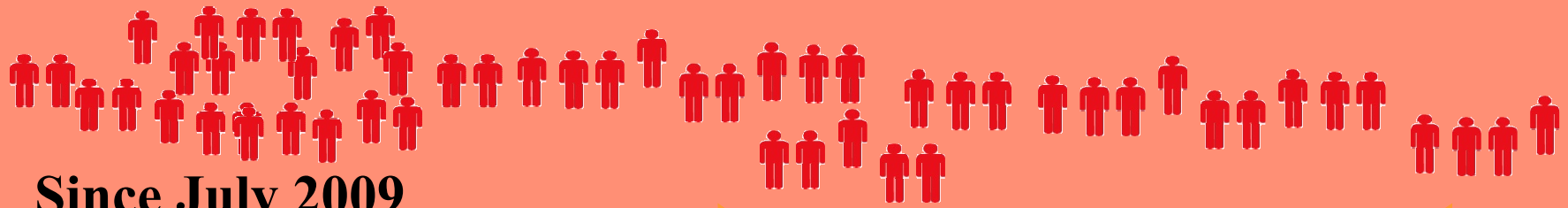


สำนักโรคติดต่ออุบัติใหม่ (Bureau of Emerging Infectious Diseases)
<http://beid.ddc.moph.go.th/>



SCOPE

1. National policy.
2. Mass Gatherings and Closing of Schools
3. H1N1 vaccine procurement and distribution
4. International collaboration



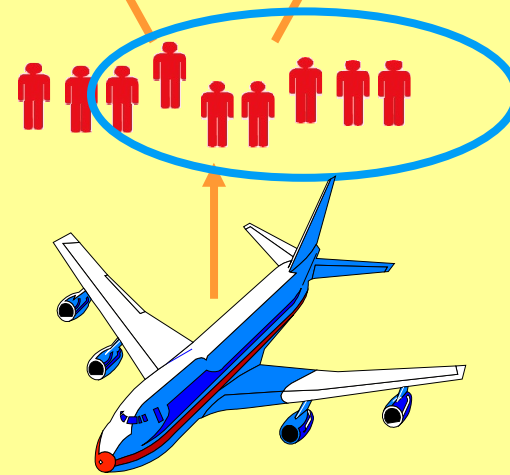
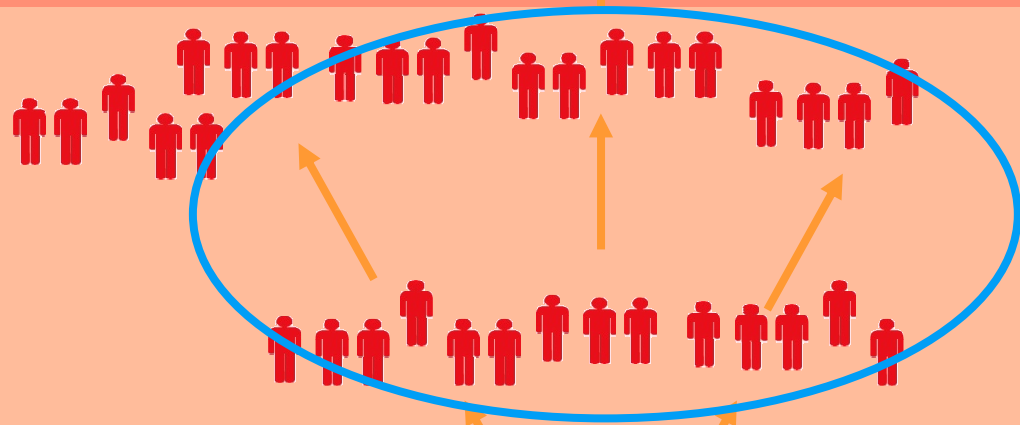
Since July 2009

Extensive spread

June 2009

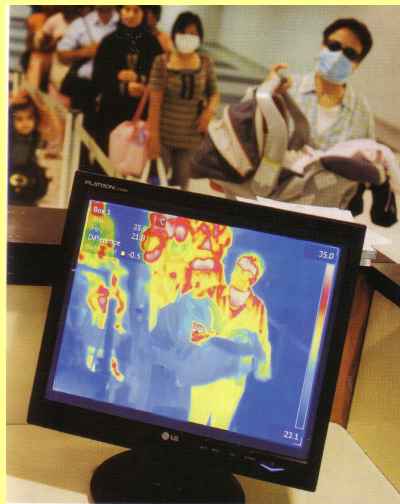
Limited

local spread



May 2009

Importation



Update on Pandemic Flu Situation

28 April 2009 – 8 March 2010

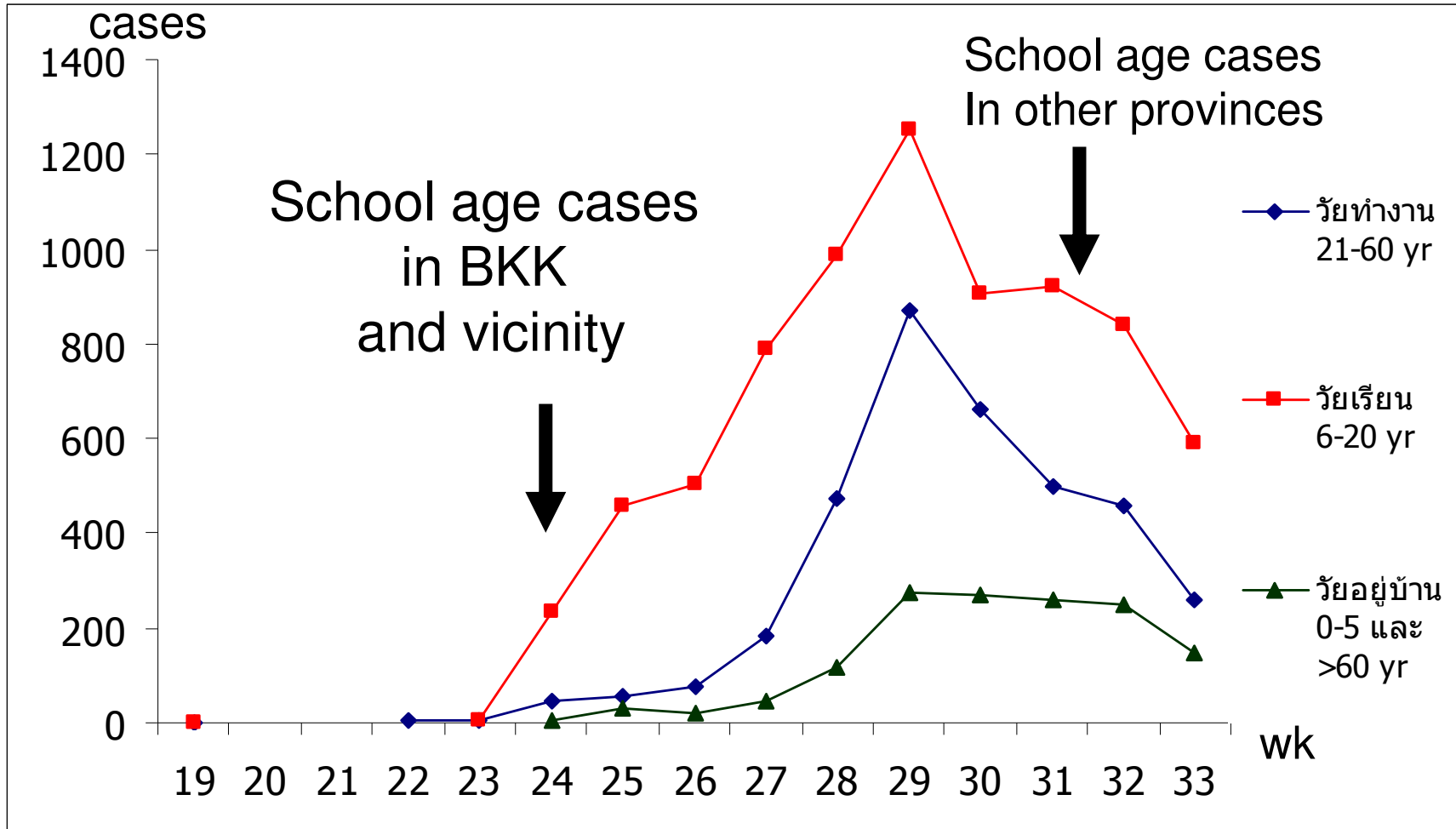
Number of deaths : 218

**Countrywide spreading esp. Northern
and central part**

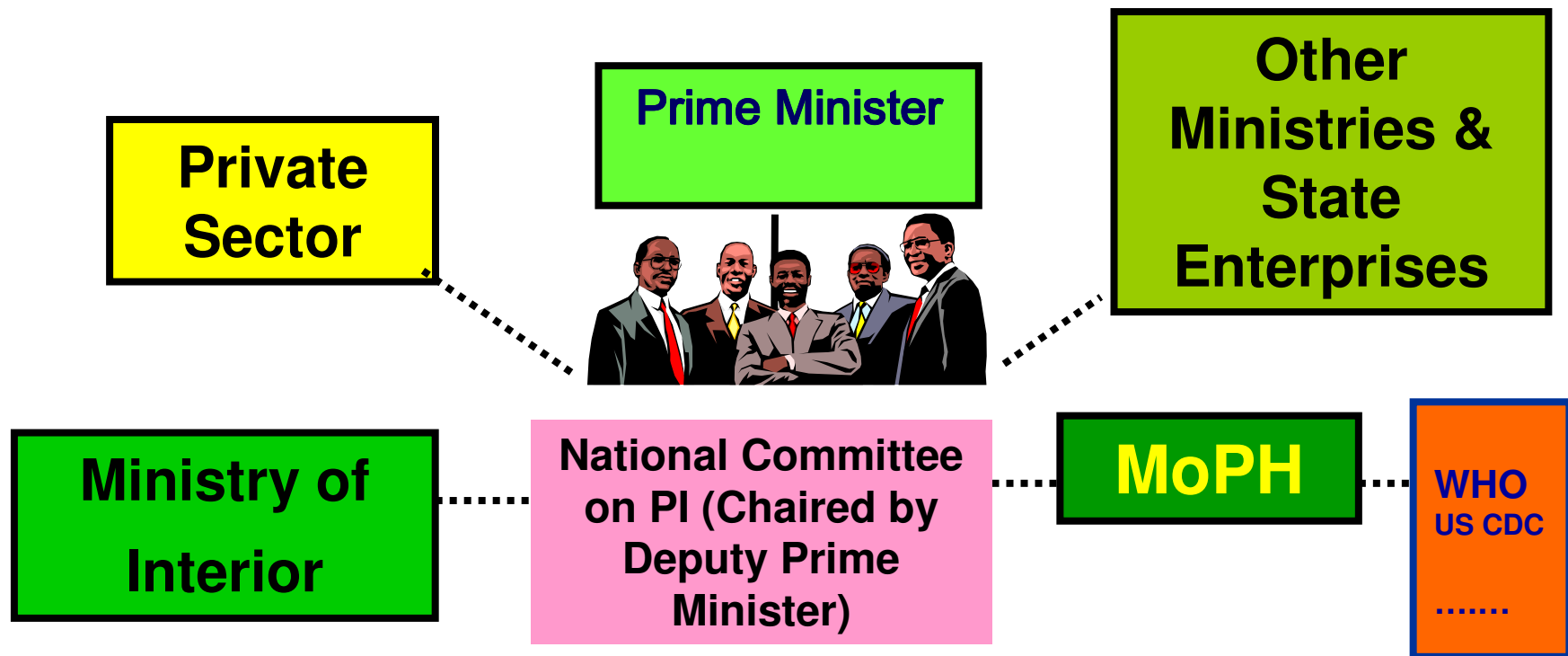
Ministry of Public Health Website

www.moph.go.th , call center : 1422

Number of Pandemic Flu Cases per week By age group, Thailand

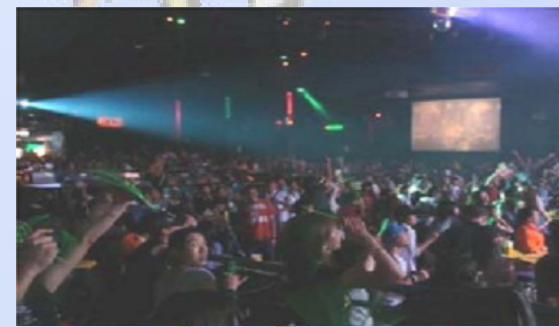


National Committee on Pandemic Influenza Control



Major sources of pandemic (H1N1) 2009 outbreaks in Thailand

- Schools, tuition schools
- Video game shops
- Monasteries
- Military camps
(in early phase of outbreak)
- Pubs, entertainment settings
- Sports events
- Religious gatherings



School Closure Recommendations

- Children with influenza-like illness (ILI) should not attend
- Children with ILI at school should be sent home
- Cease school exclusion policy for students returning from affected areas
- Allow flexibility to close single schools following identification of a case if considered a useful measure to prevent an outbreak in the school

Strategy Adjustment According to Current situation (Wide spreading)

- **Surveillance – Focus on case finding and investigation in clusters.**
- **Lab. testing --only indicated cases and report in total number of cases (not individual)**
- **Treatment – mild cases –advice stay home**
- **Severe cases or high risk group ---see doctors**
- **Prevention**
 - **Health education, good hygiene**
 - **Patient -- stay home, not recommending school closure or large gathering dismissal.**

Burden on the health care system, Thailand

- **Outpatient** – general ward – specialized ward – **ICU**
- **Outpatient**
 - **First wave: mainly 'worried-well' → Information needs**
 - **Second wave: overwhelming ILI patients → Triage needs**
- **ICUs: severe ARDS with mechanical ventilatory support → staff needs**
- **4X of usual influenza season for 2 months!**



Strategies toward pandemic vaccine access

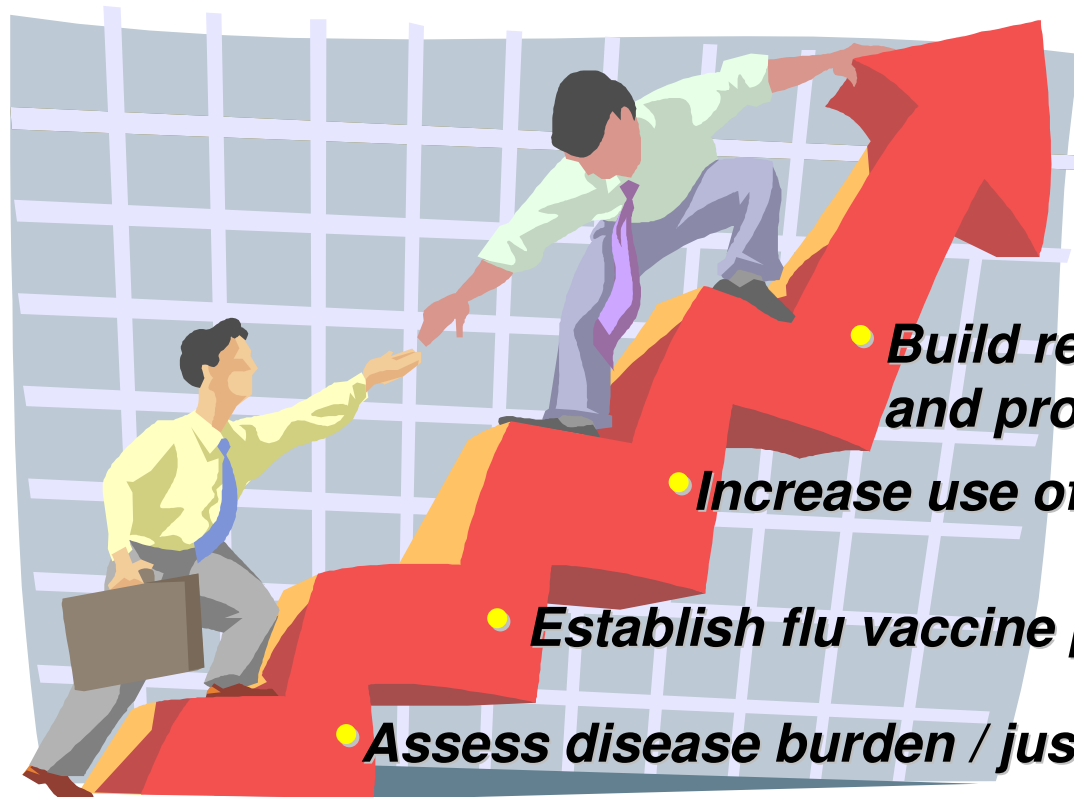
Short term

- Import
- Resort to global stockpile (emerging opportunity)

Long term

- Establish local capacity for development and manufacture of influenza vaccine, ready for pandemic vaccine production
- Stepwise expansion of seasonal flu vaccination
- Strengthen national capacity for vaccine regulatory, logistics and delivery, R&D

Drive toward secure access to pandemic influenza vaccine



- *Build research, regulatory and programmatic capacities*
- *Increase use of seasonal flu vaccine*
- *Establish flu vaccine production capacity*
- *Assess disease burden / justify flu investment*

Regional / International collaboration

Bilateral

- With neighbours: Laos, Myanmar, Cambodia, Vietnam, Malaysia
- With assistance providers: US, Japan, EU, Australia, etc.

Regional

- Through ASEAN, APEC, ACMECS, etc.

International

- Through WHO, OIE, FAO, UNICEF, etc.

Areas of Collaborations

- Surveillance and information exchange
- Joint outbreak investigations
- Manpower capacity
- Laboratory capacity
- Stockpiling and logistics of vaccine, antivirals & PPE
- R&D for production of vaccine & antivirals



Conclusions

Thai Government is:

Taking Influenza H1N1 as National Agenda.

- Lessons & feed backs to be taken into account in preparation of the new national strategic plan for avian influenza and pandemic influenza (and EIDs ??) preparedness and response. The current national strategic plan is effective until end of 2010.
- Committed to international partnership

Thank you



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