Pandemic Influenza (H1N1) 2009
Lessons Learned: Thailand

Department of Disease Control
Ministry of Public Health
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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

School age cases in BKK and vicinity
School age cases in other provinces

- สายทำงาน 21-60 yr
- วัยเรียน 6-20 yr
- วัยอยู่บ้าน 0-5 และ >60 yr
National Committee on Pandemic Influenza Control

Private Sector

Ministry of Interior

National Committee on PI (Chaired by Deputy Prime Minister)

Prime Minister

MoPH

Other Ministries & State Enterprises

WHO US CDC
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' \(\rightarrow\) Information needs
  - Second wave: overwhelming ILI patients \(\rightarrow\) Triage needs

- ICUs: severe ARDS with mechanical ventilatory support \(\rightarrow\) staff needs

- 4X of usual influenza season for 2 months!

*Source: Dr. Maureen Bermingham*
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

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