IEIP Brief

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An Update on Activities at the International Emerging Infections Program, Thailand

Have a look at the remarkably accomplished group on the right and picture them poring over the details of your work for 4 days and you will understand why IEIP Thailand breathed a sigh of relief when they gave an enthusiastic "thumbs up" at the conclusion of our first program review. Special compliments went to the strong working relationship with the Ministry of Public Health and the data generated by the surveillance system. Areas for further emphasis included collaborative surveillance and research projects with IEIP Kenya. Our gratitude goes to the review team members for the seriousness with which they conducted their review and their perseverance in the face of potentially debilitating jet-lag.
– *Scott Dowell*

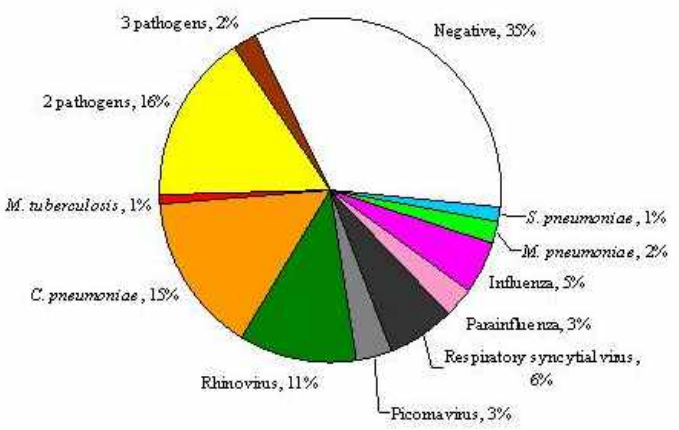
IEIP program review team in Bangkok, December 2004.

Surveillance

IEIP-Thailand and IEIP-Kenya are working together to standardize pneumonia surveillance methods in two countries that have very different health care systems and access to care. Obtaining pneumonia rates that are comparable is an important feature of the IEIPs and having the ability to pool data may be useful in the future. Members of the Kenya team visited Thailand in December and the two teams continue to have regular conference calls with Atlanta to advance the international network.

Outbreak Response

After the second round of avian influenza H5N1 began in July, the Thai Government announced an intense one-month strategy to control the situation. During October, village health volunteers were recruited to help identify sick poultry for an aggressive culling campaign, and pneumonia surveillance in humans with or without a history of poultry contact was encouraged. Since July, there were 5 additional human cases, 4 of whom died. No suspect cases have been reported since mid-November.



Preliminary laboratory results from 207 pneumonia patients in Sa Kaeo.

Training

In September, IEIP adjunct director Dr. Khanchit Limpakarnjanarat went to Vietnam to supervise Dr. Pham Hung, FETP student, on his report of Typhoid fever in Vietnam and his research protocol and plan to conduct the study on dengue fever. In October, NIH scientists Surang Dejsirilert and Leelawadee Sangsuk returned to Dr. Richard Facklam's laboratory at CDC in Atlanta to finish serotyping *S. pneumoniae* isolates from Sa Kaeo and learn PsaA serology.

Research

For the first time the causes of pneumonia in rural Thailand are being systematically identified. Among the first 207 inpatients with radiographically confirmed pneumonia, a remarkable 65% had at least one pathogen identified (figure, above). Influenza and RSV were identified in 5% and 6% of cases, respectively. Eighteen percent of pneumonia patients were infected with more than one pathogen, most commonly pneumococci and influenza virus. This study has received ethics approval to expand to our second surveillance province, Nakhon Phanom. Training was conducted in December and enrollment will begin in January 2005.