



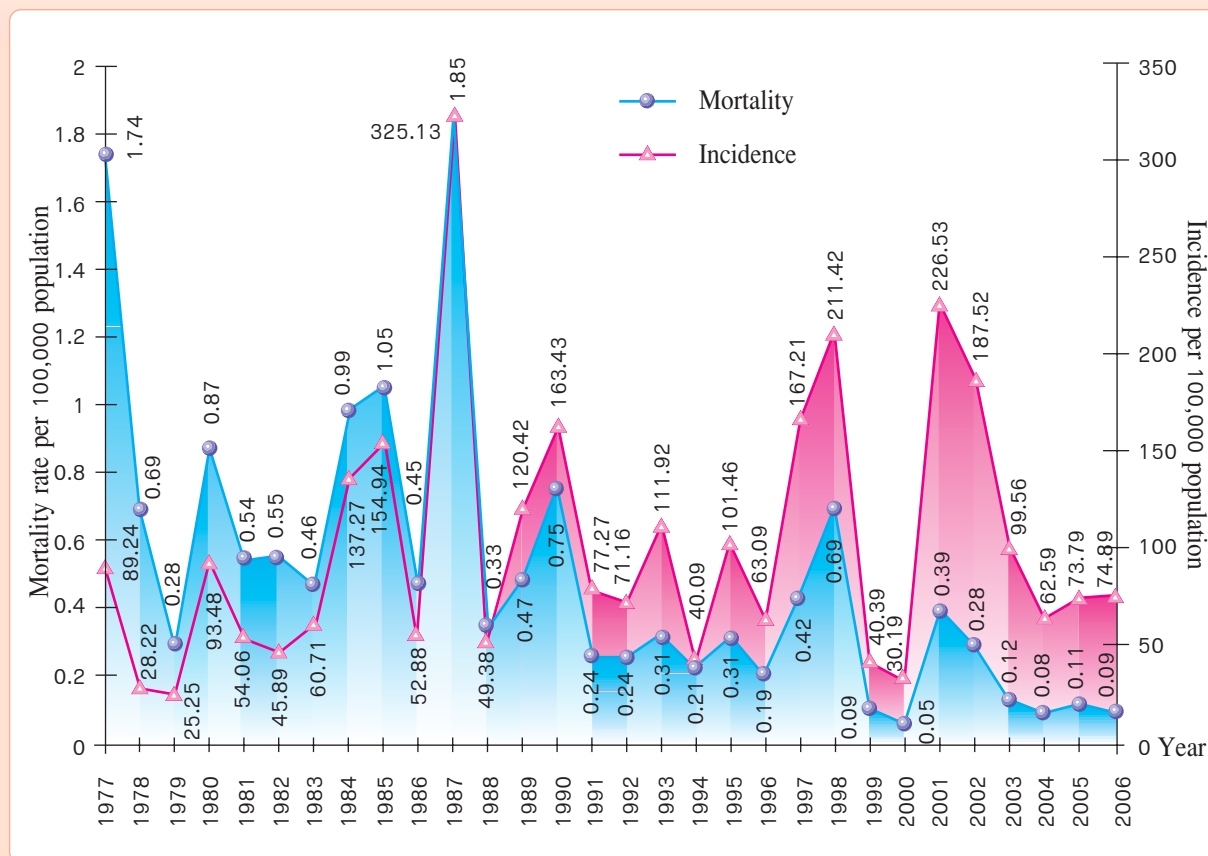
2.2 Vector-Borne Diseases

2.2.1 Dengue Haemorrhagic Fever

Dengue haemorrhagic fever has been a major public health problem of the country over the past 30 years without a declining trend. In particular, for the periods 1997- 1998 and 2001-2002, there was a rising trend with epidemics occurring for two years and non-epidemic for the following two years. However, the DHF case-fatality rate has been declining (Figure 5.16).

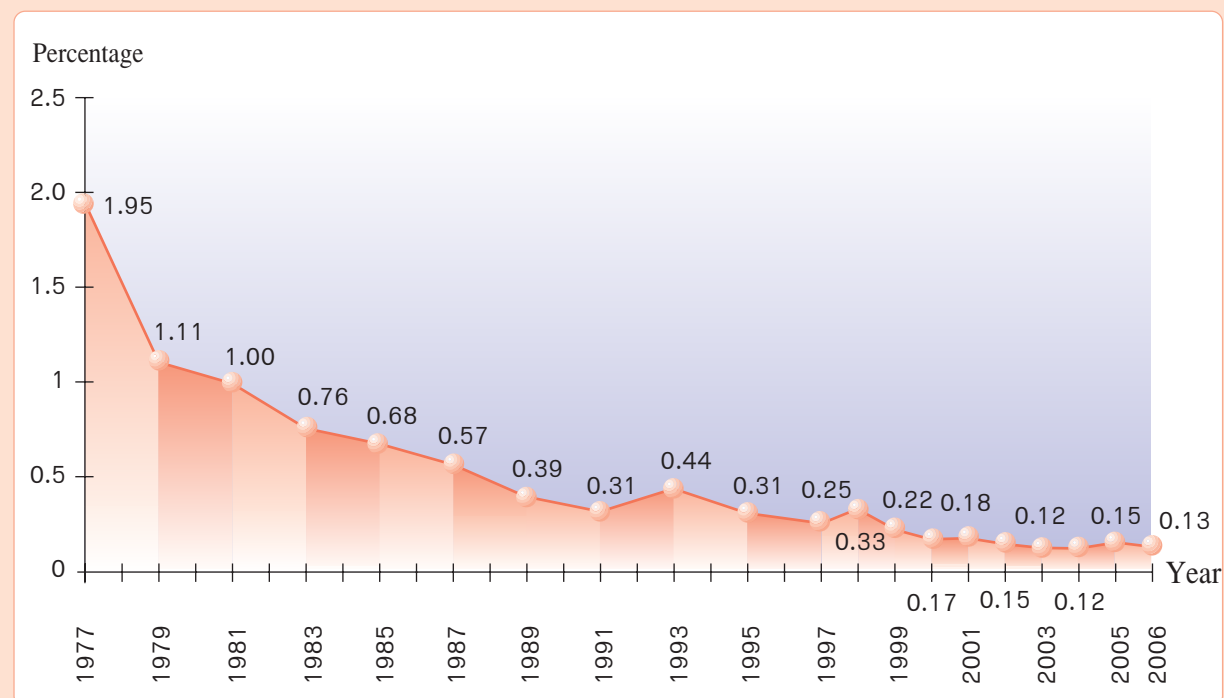


Figure 5.16 Incidence and mortality rates of dengue haemorrhagic fever, Thailand, 1977-2006



Source: Bureau of Epidemiology, Department of Disease Control.

Figure 5.17 Case-fatality rate of dengue haemorrhagic fever, 1977-2006

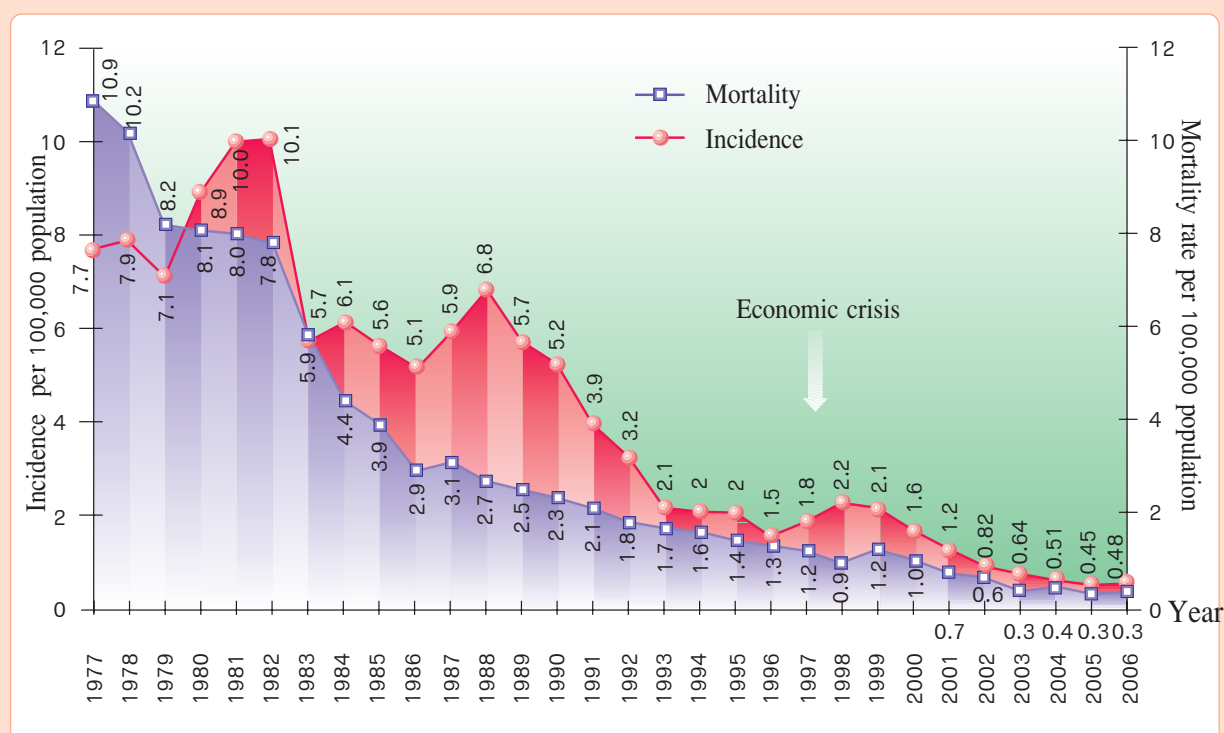


Source: Bureau of Epidemiology, Department of Disease Control.

2.2.2 Malaria

Thailand has succeeded, to a certain extent, in controlling malaria, leading to a considerable reduction in incidence and mortality rates (Figure 5.18). However, in some regions particularly the Thai-Myanmar and Thai-Cambodian border areas, the problem remains critical, especially drug resistance. It is noted that **during 1997-1999 the malaria incidence rose slightly but the mortality rate was stable**. This phenomenon is postulated to be related to the discontinuation of DDT spraying, El Nino phenomena and the restructuring of communicable disease control programmes. As a result, Malaria Units were upgraded/restructured to be “Vector-borne Disease Control Units”, which are extensively responsible for the prevention and control of dengue hemorrhagic fever, filariasis and encephalitis. In the beginning, there might be some problems, but since 2000, the incidence and mortality rates have been declining.

Figure 5.18 Incidence and mortality rates of malaria in Thailand, 1977-2006



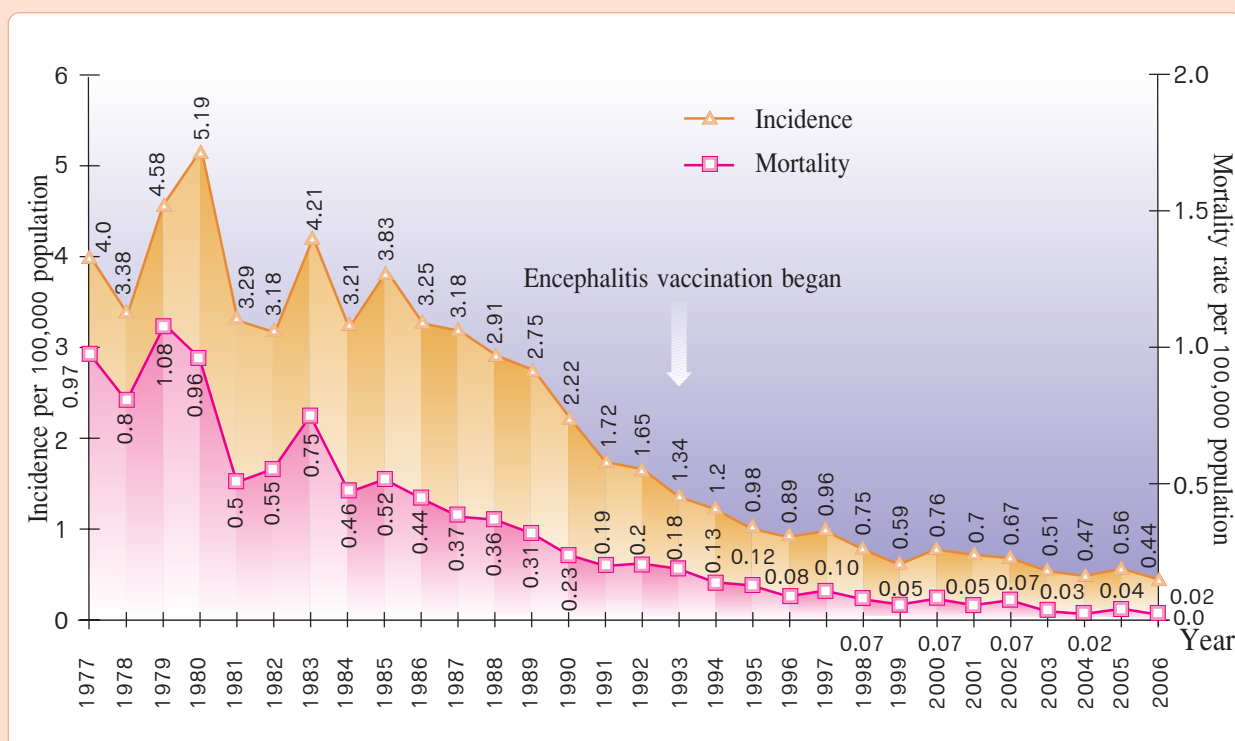
Sources: (1) Department of Disease Control, Ministry of Public Health.

(2) Bureau of Policy and Strategy, Ministry of Public Health.

2.2.3 Encephalitis

As a result of economic and social development and intensive campaigns on immunization for target groups of children in high-risk areas, the incidence and mortality rates of encephalitis have significantly declined (Figure 5.19). In 2006, the incidence of encephalitis was recorded at 0.44 per 100,000 population and the mortality at 0.02 per 100,000 population.

Figure 5.19 Incidence and mortality rates of encephalitis in Thailand, 1977-2006

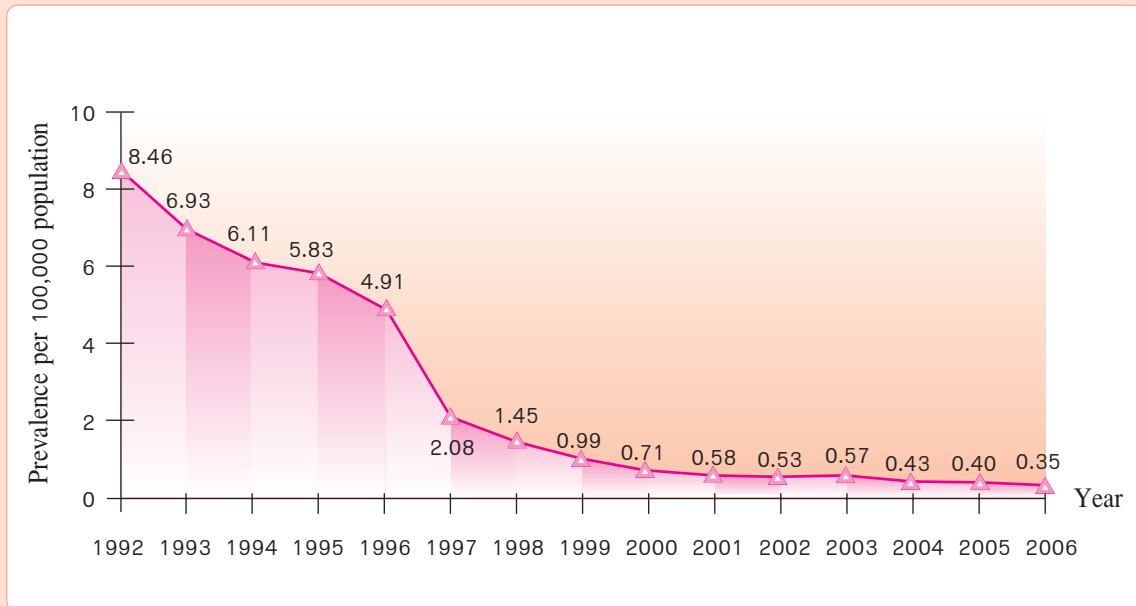


Source: Bureau of Epidemiology, Department of Disease Control.

2.2.4 Filariasis

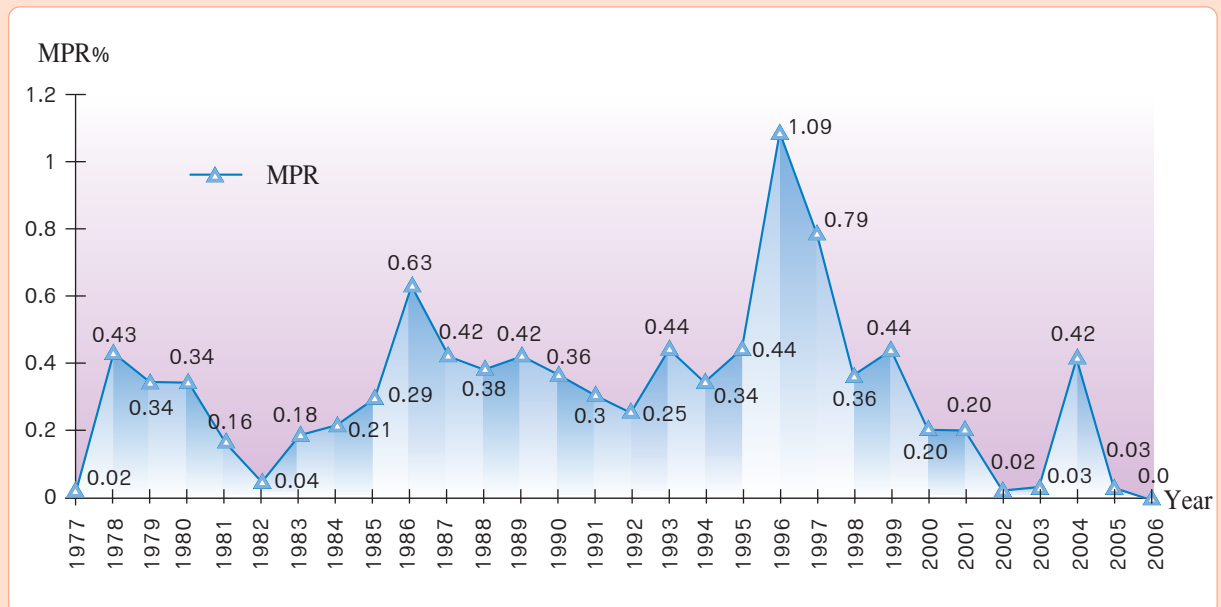
Overall, the filariasis control efforts have been able to reduce the prevalence rate (per 100,000 population) from 8.46 in 1992 to 0.35 in 2006 (Figure 5.20) and reduce the microfilaria positivity rate in alien workers to less than 1% over the period of almost 30 years (1977-2006), except that in 1996 the rate was greater than 1% as a result of intensive health checkups for foreign workers (Figure 5.21). However, filariasis is still a public health problem in some areas, particularly the provinces along the Thai-Myanmar and Thai-Malaysian borders. This is largely because of the environmental conditions favorable to mosquito breeding and the border areas being the places where workers especially from Myanmar cross over to find jobs in Thailand.

Figure 5.20 Prevalence rate of filariasis, Thailand, 1992-2006



Source: Department of Disease Control, Ministry of Public Health.

Figure 5.21 Microfilaria positivity rate in alien workers, 1977-2006



Source: Department of Disease Control, Ministry of Public Health.