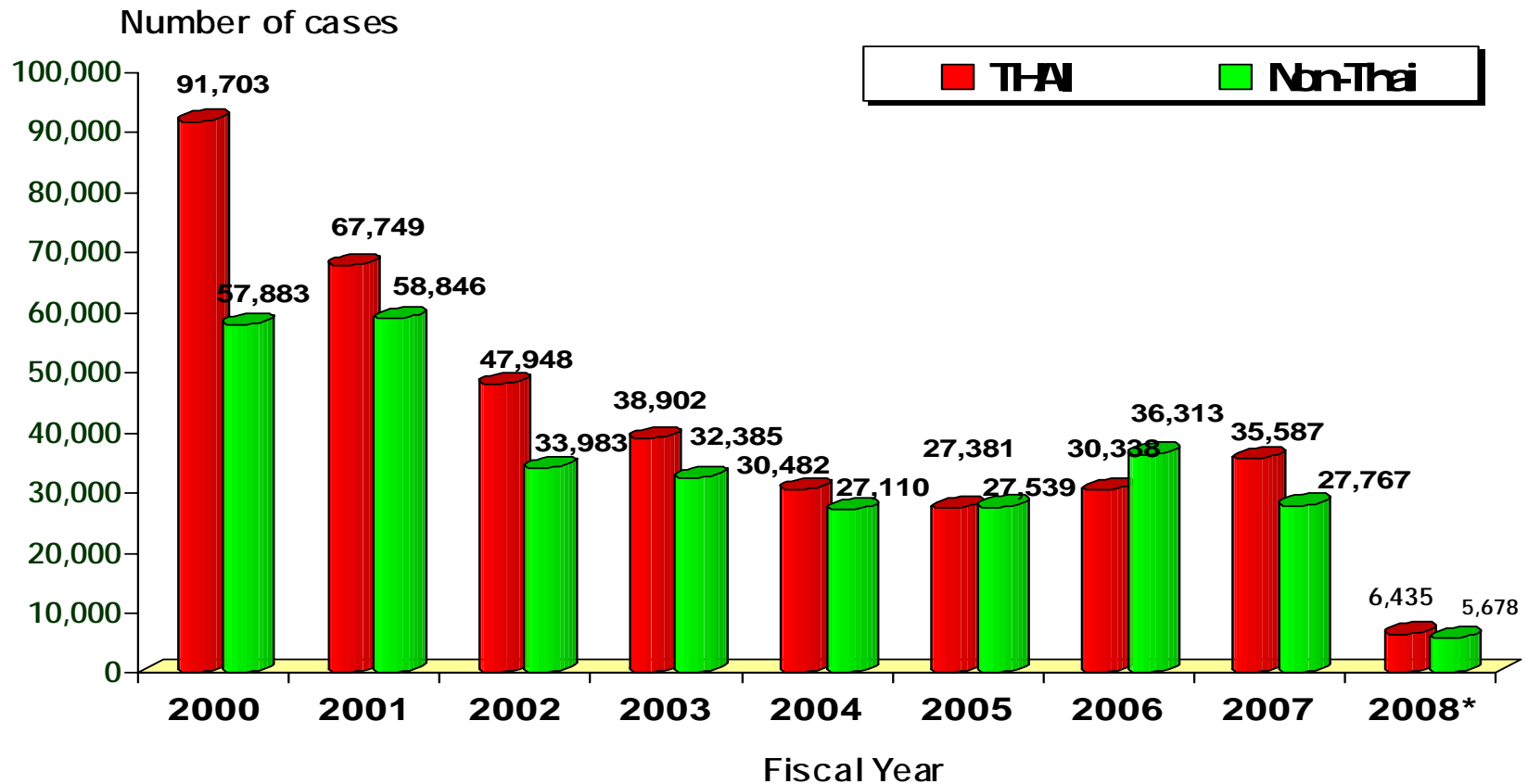


Malaria situation in Thailand 2007-2008

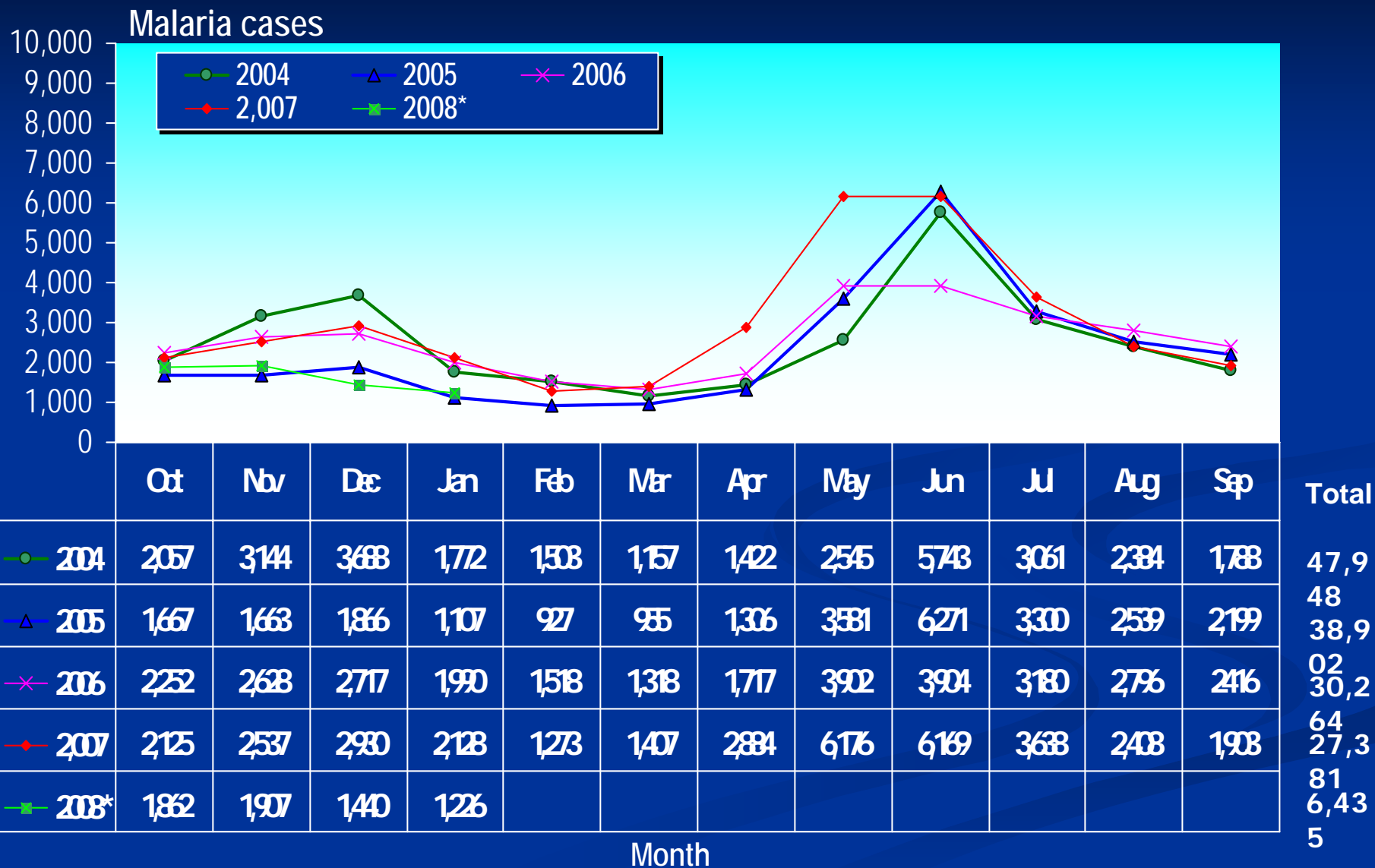
**Dr Wichai Satimai, Director
Bureau of Vector Borne Diseases,
Department of Disease Control,
Ministry of Public Health
Thailand**

Executive Board and Partners Meeting, March 17-19, 2008, Siem Reap, Cambodia

Thai and Non-Thai malaria cases Fiscal Year 2000-2008*

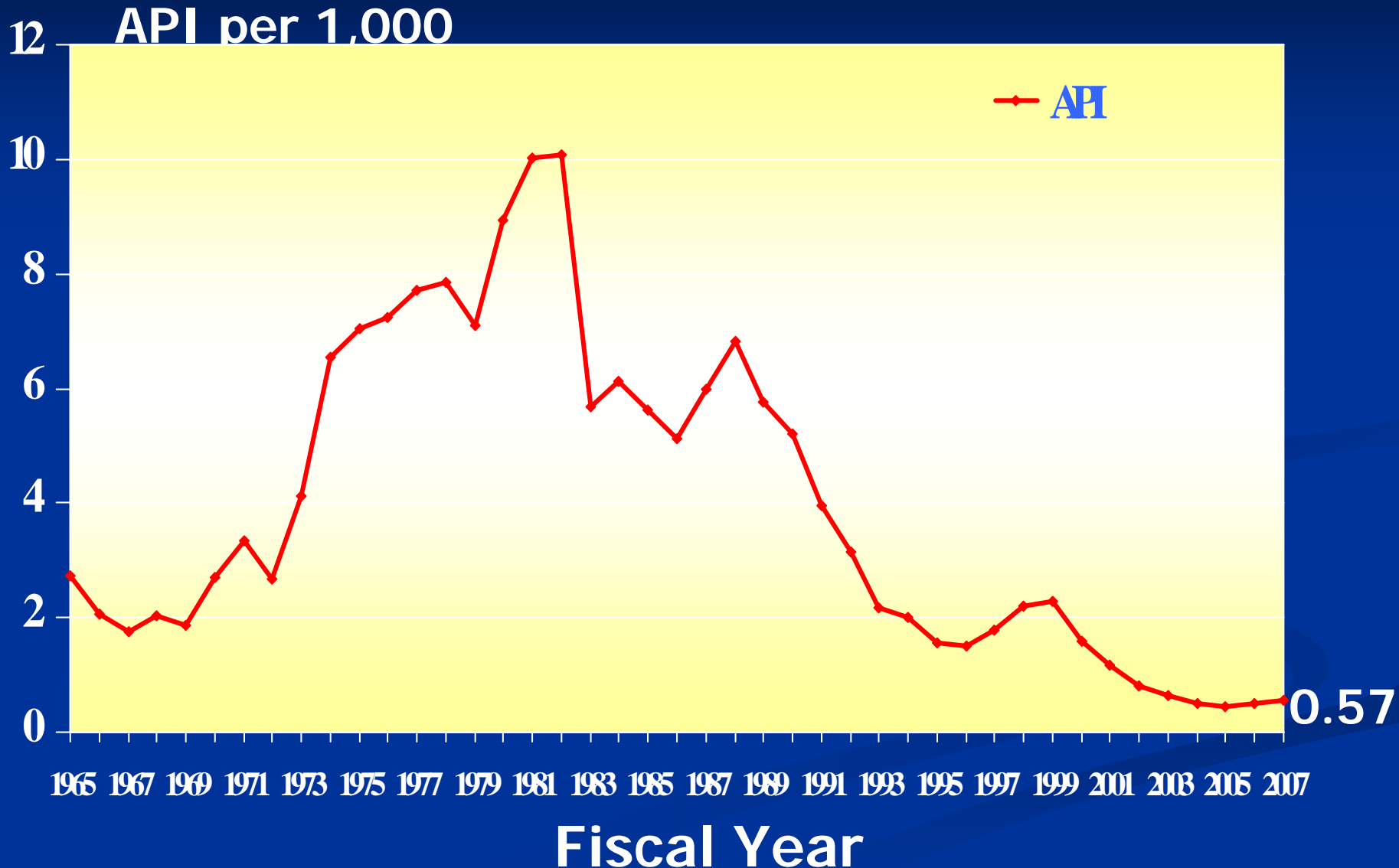


Monthly malaria cases, FY 2004-2008*



Source: Malaria Cluster, Department of Disease Control, MoPH

Annual Parasite Incidence (API), Thailand, 1965-2007



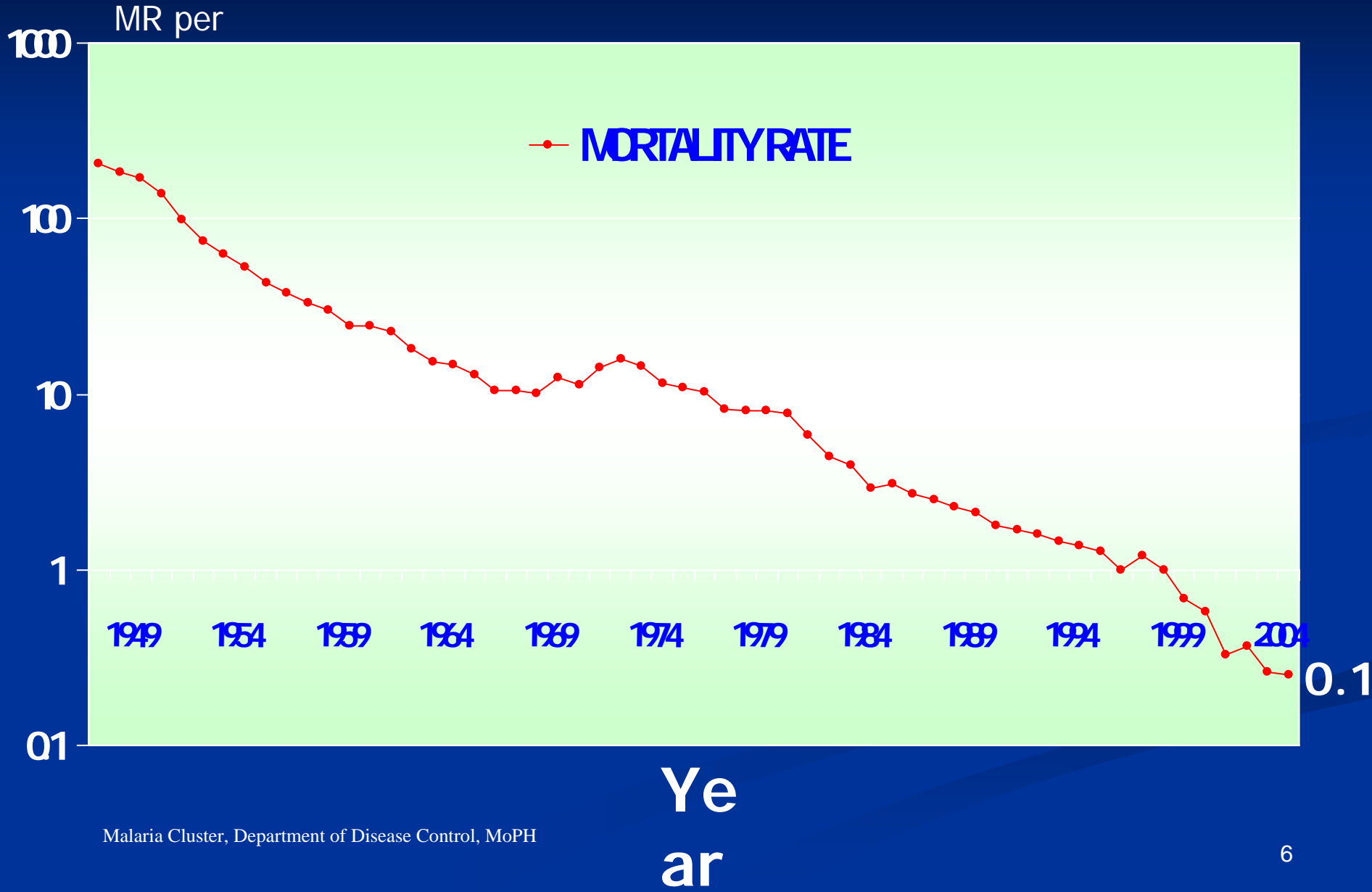
Source: Malaria Cluster, Department of Disease Control, MoPH



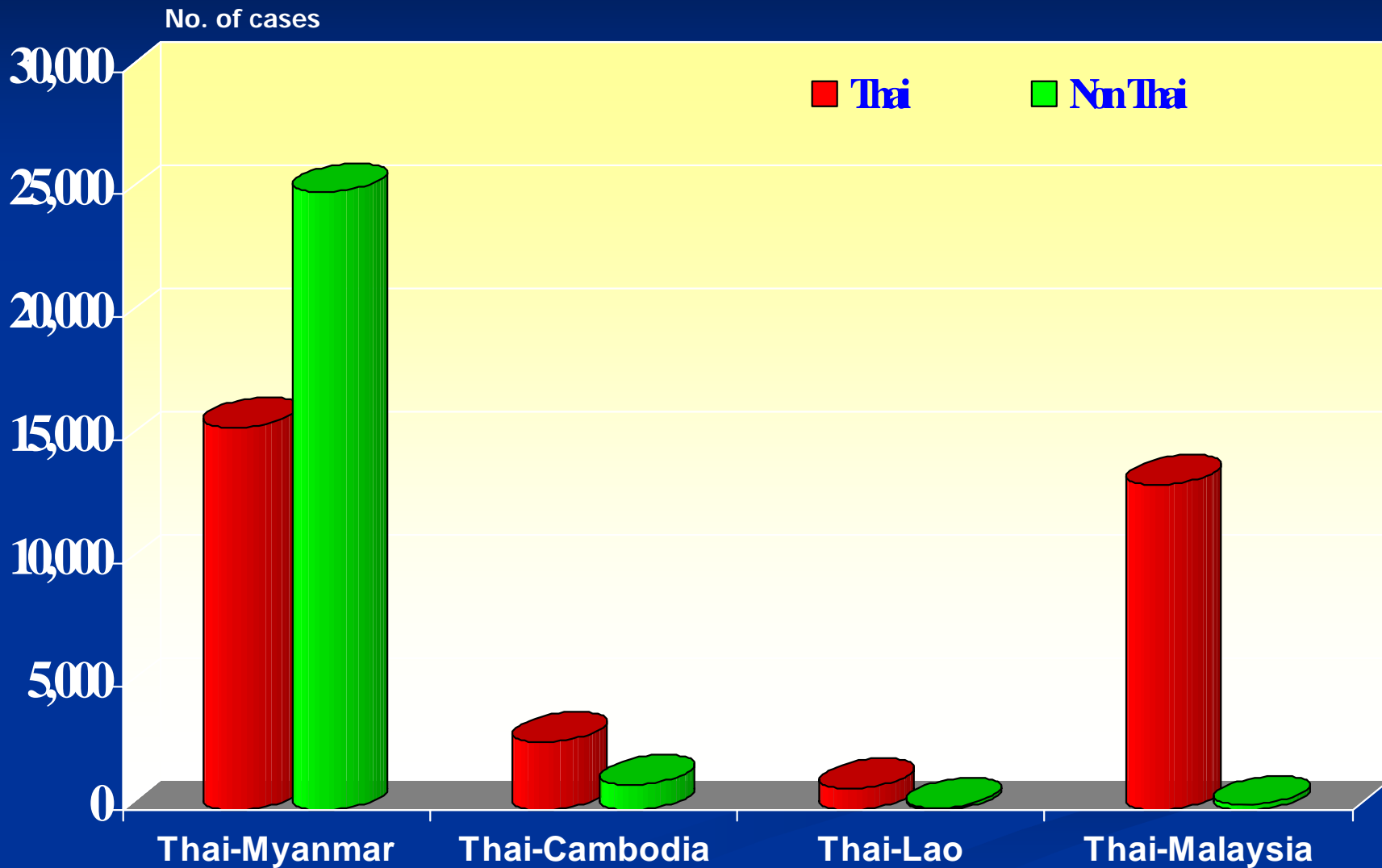
Map showing Top Ten Provinces of Thailand with highest malaria cases, FY2007

1. Yala (7,481)
2. Tak (5,829)
3. Songkla (3,953)
4. Mae Hong Son (2,119)
5. Chumphon (1,998)
6. Narathiwat (1,728)
7. Ranong (1,482)
8. Prachuap Khiri Khan (1,321)
9. Kanchanaburi (1,163)
10. Chanthaburi (1,101)

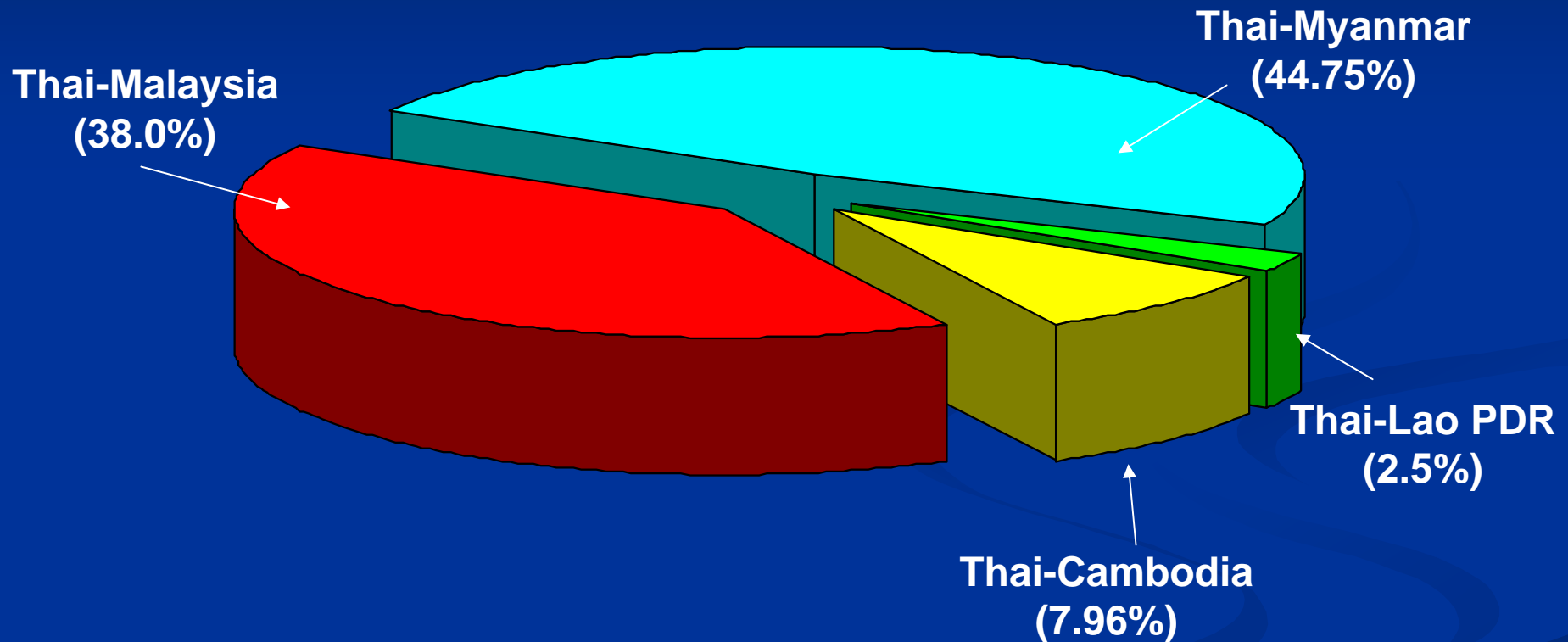
Malaria Mortality Rate, Thailand, 1949-2006.



Number of Thai and Non Thai cases by border site Fiscal Year 2007

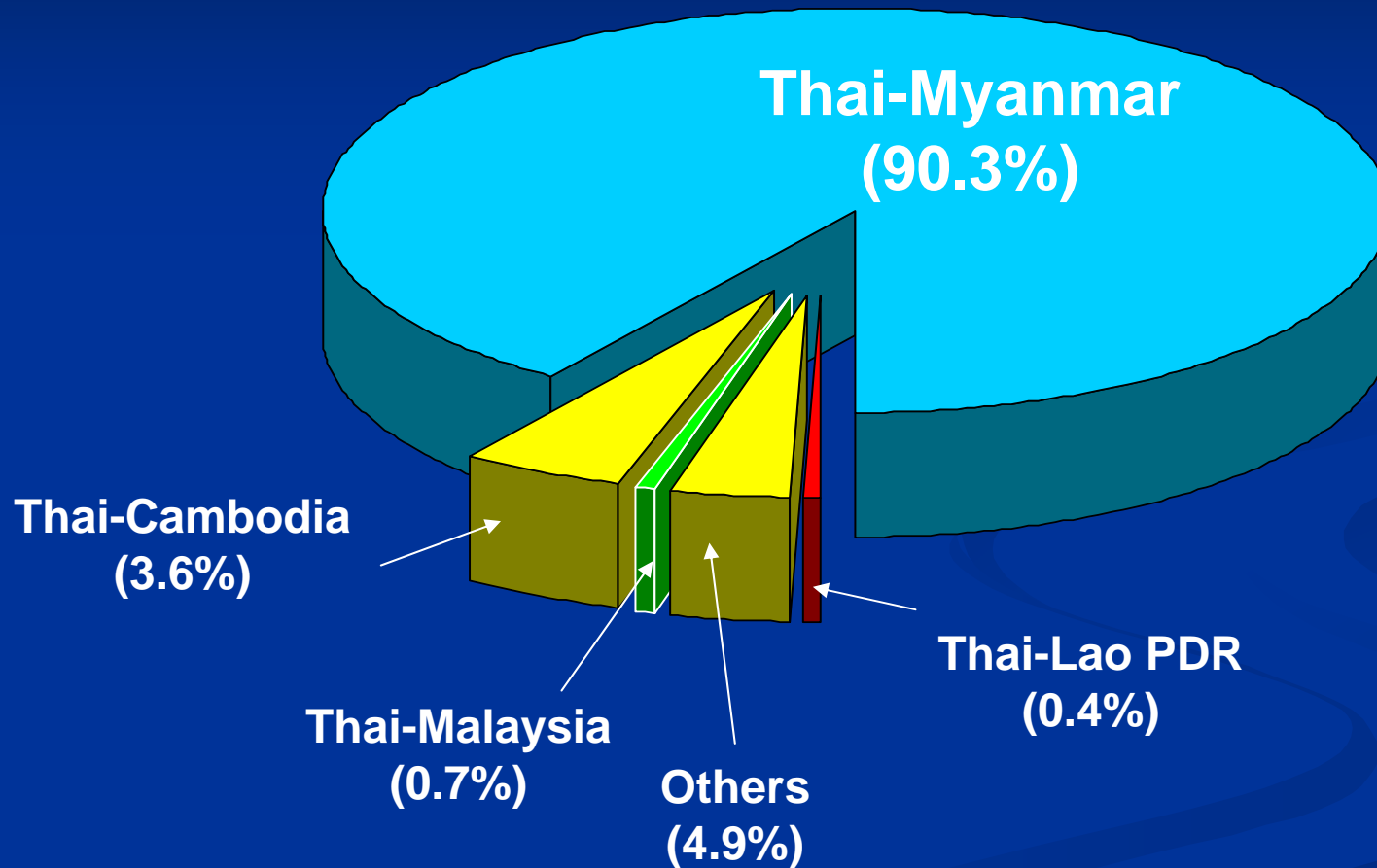


Proportion of Thai cases by border sites, Thailand, Fiscal Year 2007



Source: Malaria Cluster, Department of Disease Control, MoPH

Proportion of foreign nationals cases by border sites, Thailand, Fiscal Year 2007



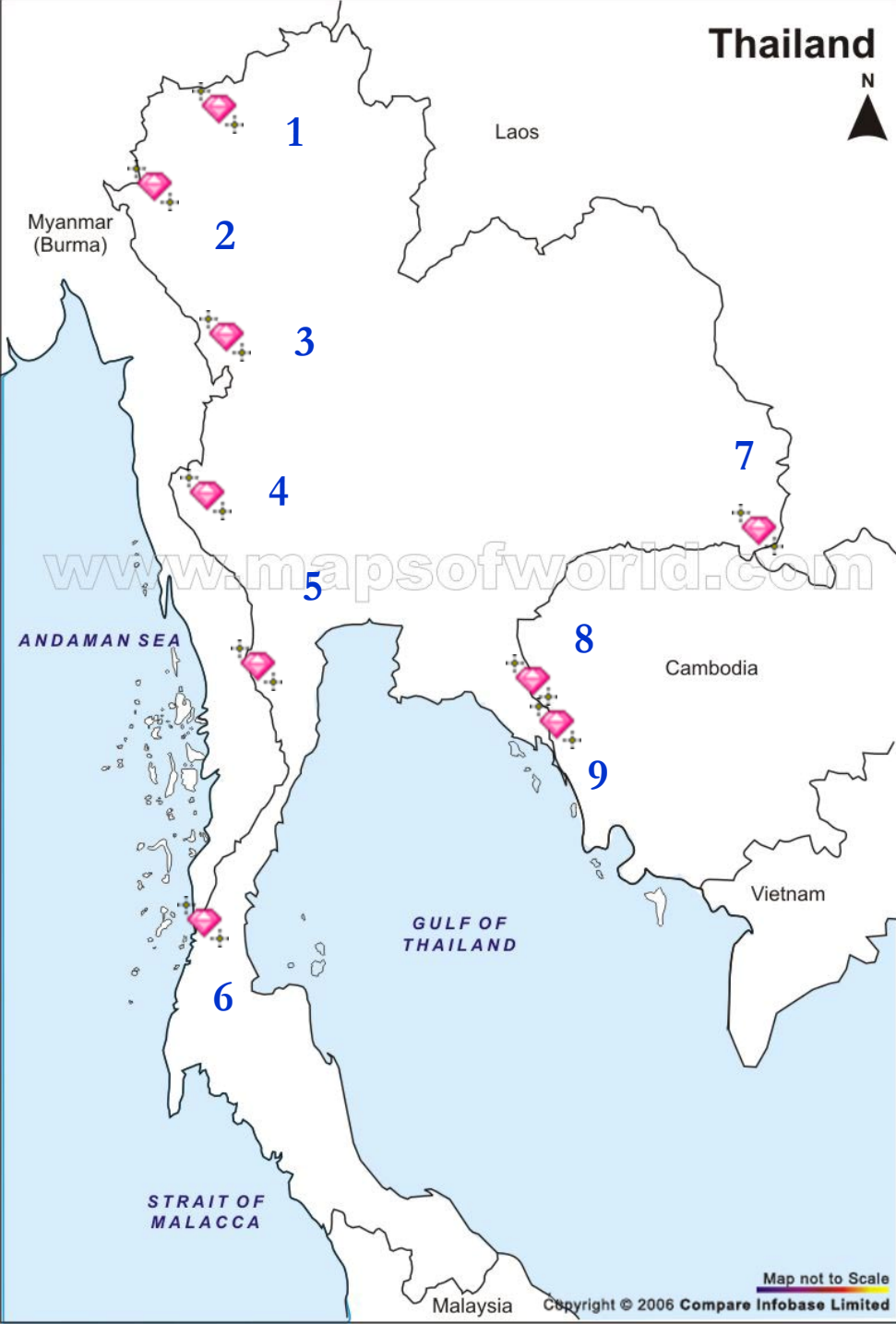
Source: Malaria Cluster, Department of Disease Control, MoPH



Monitoring of Anti- malarial drug resistance in Thailand

Proportion of malaria parasite species in relation to the National drug policy, Thailand, FY 1965-2007.

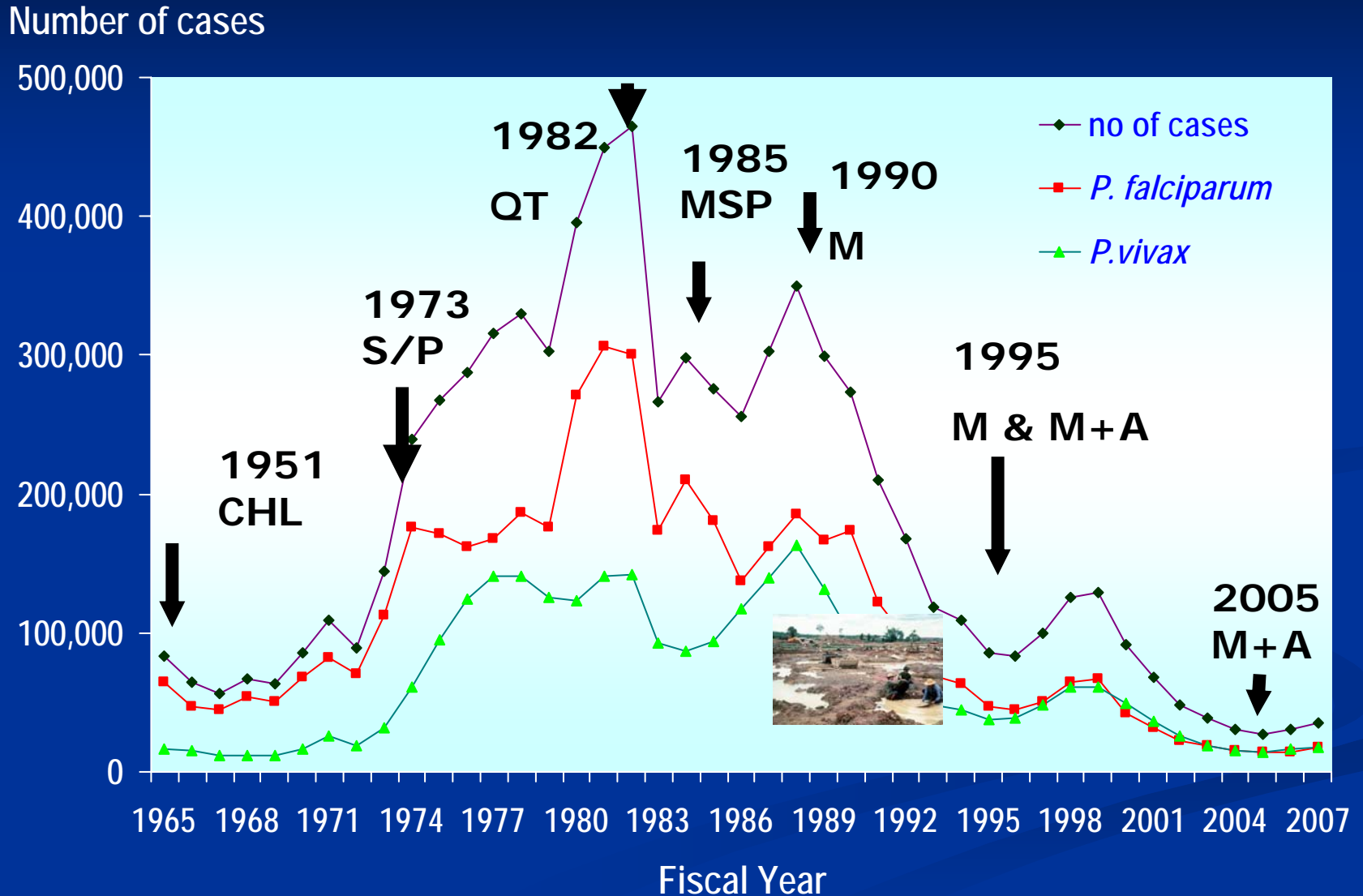




Nine Provinces as sentinel sites for monitoring of drug resistance

1. Chiang Mai
2. Mae Hong Son
3. Tak
4. Kanchanaburi
5. Ratchaburi
6. Ranong
7. Ubon Ratchathani
8. Chanthaburi
9. Trat

No. of Malaria Cases by Parasite Species and 1st Line Drug Regimens for *P. falciparum*, Thailand, 1965-2007



National Drug Policy for *falciparum* malaria, January 2008 onward

Age (year)	1st		2nd		3rd	
	ATS (tab)	M (tab)	ATS (tab)	M (tab)	ATS (tab)	P (mg)
14+	4	3	4	2	4	30
8 -13	3	2	3	1 ½	2	15
3-7	2	1 1/2	2	1	2	10
1-2	1	3/4	1	½	1	5
6-11m	1	1/2	1	1/3	-	-
Refer children <6 m and pregnancy women to hospital						

ATS = 50 mg, M = 250 mg

Why multi-drug resistance was constraint to Malaria Elimination in Thailand?

- High population movement along the border still happened from both side, especially during harvesting and agriculture season.
- Unknown factors influence to multi drug resistance, more further research are needed.

Containment of the constraints to Malaria Elimination

Malaria Control strategy will comprise:

- (i) **Surveillance**: Increasing the accessibility to health care system among Thai and Non Thai people.
- (ii) **Parasite control**: RDT will be used for malaria diagnosis in remote areas.
- (iii) **Vector control**: Increasing the coverage of LLN, ITN and mosquito net used among the ethnic minority and high risk groups.
- (iv) **Behavioral Change Communication (BCC) and appropriate IEC materials** in local languages will be distributed to population at risk.
- (v) **Strengthening of capacity building for health personnel at all level** (provincial, district and health center level).



***Thank you for
your attention***