Avian and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand
Avian and Human Influenza
Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand

From the People of Japan

The Migrant Health Project in Chiang Rai Province
A Collaboration between the Ministry of Public Health and the International Organization for Migration, Thailand
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<th><strong>Title</strong></th>
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Poultry influenza or Human influenza type H5N1 has spread in many parts of the world since 2003. A large number of poultry has been infected with H5N1 in Thailand, in addition to disease, ill health and mortality experienced in human cases infected with H5N1. These cases are the cause for significant concerns about the H5N1 strain and its potential impact on the social and economical environment. Therefore, the Migrant Health Project in Chiang Rai Province, a collaboration between the Ministry of Public Health and the International Organization for Migration Thailand, have taken steps to raise awareness about Avian and Human Influenza pandemic preparedness. Various agencies in the targeted areas have cooperated including; Muang, Mae Sai, Chiang Saen and Mae Fah Luang Districts of Chiang Rai Province. A series of participatory workshops were conducted in order to develop avian and human influenza pandemic preparedness procedures and functional, full-scale exercises.

The participatory workshops and activities enabled the Migrant Health Project working group to collect information and develop a draft Avian and Human Influenza Pandemic Preparedness Plan. The plan targets 4 Pilot Districts in Chiang Rai Province, and has been published and disseminated to relevant organizations in the hope that it will benefit all partners.

The following book was developed and published with help from various agencies in Chiang Rai Province including the Office of Disease Prevention & Control Region 10, Chiang Mai province and the Ministry of Public Health. The working group greatly appreciates all agencies for the assistance they provided.
## Preface

### Contents

- Tell a story: Avian and Human Influenza Pandemic Preparedness Plan
- A note from IOM-MOPH Migrant Health Program Manager
- From the Heart Office of Disease Prevention & Control, Region 10, Chiang Mai Province

### Introduction

1. Developing Procedures for Avian and Human Influenza Pandemic Preparedness and Responses
2. Conducting Simulation Exercises
3. Developing Avian and Human Influenza Pandemic Preparedness Plan

### The Second National Strategic Plan for Prevention and Control of Avian Influenza and Preparedness for Influenza Pandemic (B.E. 2551-2553) (A.D. 2008-2010)

#### A Summary of The Second National Strategic Plan for Prevention and Control of Avian Influenza and Preparedness for Influenza Pandemic 2008-2010

1. Systemization of Poultry Husbandry
2. Surveillance, Prevention and Control in Animals and Humans
3. Preparedness for Influenza Pandemic
4. Collaboration among the Public, Private and International Sectors

### Operations Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial and District levels of Chiang Rai Province

1. Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level in Chiang Rai Province
2. Responsibilities of the Provincial Committee
3. Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the District Level in Chiang Rai Province
4. Responsibilities of the District Committee
5. Public Relations Working Group
6. Responsibilities of the Public Relations Working Group
7. Poultry Transport Control Working Group
8. Responsibilities of the Poultry Transport Control Working Group

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**Drafted 2008 Avian and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand**

**Project Implementation**

1. Developing Procedures for Avian and Human Influenza Pandemic Preparedness and Responses
2. Conducting Simulation Exercises
3. Developing Avian and Human Influenza Pandemic Preparedness Plan

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**Strategy 1 Systemization of Poultry Husbandry**

**Strategy 2 Surveillance, Prevention and Control in Animals and Humans**

**Strategy 3 Preparedness for Influenza Pandemic**

**Strategy 4 Collaboration among the Public, Private and International Sectors**

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**Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial and District levels of Chiang Rai Province**

1. Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level in Chiang Rai Province
2. Responsibilities of the Provincial Committee
3. Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the District Level in Chiang Rai Province
4. Responsibilities of the District Committee
5. Public Relations Working Group
6. Responsibilities of the Public Relations Working Group
7. Poultry Transport Control Working Group
8. Responsibilities of the Poultry Transport Control Working Group
Managing and Directing in a Crisis Situation

- Crisis Management
- Commanding during Crisis
- Provincial Executive Center for Prevention and Solution of Human Influenza Pandemic
  1. Directing Committee
  2. Roles and responsibilities
  3. Structure of the Provincial Executive Center
  4. Other Resources Preparedness
- Preparedness management
- A Flowchart for Pandemic Influenza Response
- Implementation Guidelines
  1. Normal Circumstances
  2. Crisis Situation
- Post crisis management (in case the situation is under control)

Roles and Responsibilities of each organization

- Provincial Office of Disaster Prevention and Mitigation
- Provincial Public Relations Office
- Provincial and District Livestock Offices
- Local Administrative Organization
- Port Health Control Border Checkpoint
- Maesai Customs House
- Chiangrai Provincial Police Division and Police Stations
- Phamuang Task Force, 3rd Cavalry Regiment
- Provincial Land Transport Office
- Provincial Waterworks Authority
- Provincial Telephone Organization of Thailand (TOT), Public Company Limited
- Provincial Electricity Authority
- Community Radio
- School
- Hospital
- Surveillance Rapid Response Team
- Village Health Volunteers and Migrant Community Health Workers
A Summary Table of Roles and Responsibilities of Each Organization Regarding Avian and Human Influenza Pandemic Preparedness in Muang, Mae Sai, Chiang Saen and Mae Fah Luang Districts of Chiang Rai Province

1. Coordination and Command
2. Preparedness for Livestock
3. Preparedness for Public Health
4. Communication and Public Relations
5. Preparedness for Transportation and Public Utilities
6. Preparedness for Social Security and Rescue

Procedures of Related Organizations for Avian and Human Influenza Pandemic Preparedness Plan in Chiang Rai Province

Provincial Disaster Prevention and Mitigation Office Station
Provincial Public Relations Office
Livestock Office
Local Administrative Organization
Port Health Control of Maesai Border Checkpoint
Chiangrai Provincial Police Division and Police Stations
Phamuang Task Force, 3rd Cavalry Regiment
Provincial Electricity Authority
Community Radio
School
Hospital
Surveillance Rapid Response Team (SRRT)
Village Health Volunteer and Migrant Community Health Worker

Coordination Links among Relevant Organizations on Avian and Human Influenza Pandemic Preparedness Plan in Muang, Chiang Saen, Mae Sai and Mae Fah Luang Districts of Chiang Rai Province

Contact Details of Focal Persons of Relevant Organizations

- Muang District
- Mae Sai District
- Chiang Saen District
- Mae Fah Luang District

Report Forms of Epidemiology Office
Report Form of Livestock Office
Report Form of Port Health Control of Border Checkpoint
Reference
Tell a story: Avian and Human Influenza Pandemic Preparedness Plan

Chiang Rai Provincial Health Office has participated in developing an Avian and Human Influenza pandemic preparedness plan among government and private sectors in the targeted areas of Migrant Health Project; Muang, Mae Sai, Chiang Saen and Mae Fah Luang Districts. The project took place in collaboration with the Ministry of Public Health and the International Organization for Migration (IOM).

Activities relating to avian influenza were conducted among a variety of targeted populations and included campaigns, training, health education and public relations. However it is recognized that these activities rarely targeted any of the migrant populations residing along the border.

Therefore, the working group felt it was important to adopt a new approach to collecting information by consulting with communities, offices and talking to people in order to appropriately plan and develop activities or workshops for the targeted populations, government and private sectors. Each activity provided good lessons that assisted with improving subsequent activities, and finally the development of a progressive, friendly and decisive preparedness plan. The objectives were:

1. To enhance understanding and awareness of roles and responsibilities of relevant agencies.
2. To coordinate with relevant organizations and exchange information.
3. To enhance the preparedness and strength of avian and human influenza pandemic prevention and control.
4. To develop a contingency plan for avian and human influenza pandemic in each relevant agency.

The Provincial Health Office really appreciated all your support and the great opportunity to work together on this project. Moreover, working with so many people with such good intentions was inspiring, and the organizers worked really hard to reach great achievements. If we do not take our responsibility seriously the level of achievement will remain low. However, the group collaboration has demonstrated the potential for success, and this project and its events have made a great impact and will continue to be spoken about among us. Thank you for allowing this opportunity and we hope to work together again in the future.

Thank you
Health Service Business Section and Special Areas
Provincial Health Office
An increased movement of people all over the world has raised international awareness and concern about the social and public health impacts of such movements. The International Organization for Migration (IOM) has been working in close collaboration with the Thai Ministry of Public Health (MOPH) since 2003 to address these concerns via the Migrant Health Program. The Program aims to improve the health conditions of migrants and displaced persons in priority provinces in Thailand. Chiang Rai is one of the pioneer provinces of the Migrant Health Program.

The ultimate goal of this collaborative program is not to improve specific health issues commonly found among migrants, displaced persons and their Thai host communities, but rather to develop a migrant health system with a comprehensive approach that can ensure service coverage to all population groups and all dimensions of health and the health service system. Therefore in light of this, appropriate community preparedness which responds to disasters and emerging infectious diseases are also considered an important element of the overall IOM-MOPH Migrant Health Program.

Even though there has been no reported avian influenza case amongst migrants in Thailand, this population group is highly vulnerable and potentially at risk because many migrants work on poultry farms and in slaughter houses. Many migrants practice traditional methods when raising back yard poultry, allowing them to roam free around their living environment. This increases the risk of infection and transmission due to unhygienic living arrangements. In addition, a majority of migrants have limited access to health services which could delay infection detection and control. However, if migrants receive appropriate information and health services they could play an important role in assisting the government and community to monitor the situation in their communities. Migrants are essential to the prevention and control of the disease because they could report any outbreak to authorities in a timely manner. On the other hand, if this vulnerable and underserved population continues to lack knowledge and understanding of the situation, they will ultimately remain at risk and have a minimal role in the community network, making it exceedingly difficult to control the disease.

Current Thai Government policy requires that contingency planning for avian and human influenza pandemic preparedness is developed in each province. The national strategy also requires simulation exercises are conducted to ensure appropriate and functional preparedness. IOM has collaborated with various agencies in the four pilot districts of Chiang Rai to translate the strategy into practical effect.

The IOM-MOPH Migrant Health Program supported project is the first cross-sectoral collaboration of its kind in Chiang Rai province. Such collaboration is essential for contingency planning due to the various partners involved, including government and non-government agencies as well as partners from health and non-health sectors. Collaboration is particularly critical to maintaining security and social services during the course of a pandemic. However it has been identified that there is room for further improvements to contingency planning. This is due to the varying levels of knowledge and understanding about pandemic preparedness concepts and procedures amongst partners. According to the results of simulation exercises conducted by this project, the contingency plan developed will be in a
position to respond well to phase 3 and 4 of WHO’s pandemic phases. However the plan has some limitations that require further development in order to be able to appropriately respond to phase 5 and 6 of WHO’s pandemic phases.

Even so, IOM considers that the experiences and lessons learned during the piloted project in Chiang Rai province will be highly beneficial for partners in Chiang Rai in addition to other agencies, other provinces and even other countries.

IOM would like to express gratitude to the Government of Japan and the European Commission for their funding support. We would also like to thank our partners, including over 100 individuals from over 45 agencies for their consistent collaboration and active participation in activities throughout the project period and even beyond. IOM hopes for future opportunities to continue collaborating with these partners to further improve contingency planning and enhance team skills in disaster and pandemic responses.

With Sincere Thanks
Dr. Nigoon Jitthai
Migrant Health Program Manager
International Organization for Migration (IOM)
Recent bouts of avian influenza have raised significant awareness and concern about virus strain mutations transmitting between humans and their potential to cause serious pandemics. The Royal Thai Government have set a national agenda to address and prepare for such an event. The first National Strategic Plan for Avian Influenza Prevention and Control, the 2005-2007 Strategic Plan for Influenza Pandemic Preparedness and the second strategic plan in 2008-2010 all emphasize Government commitment via integrated management by appointing an Executive Committee and Working Group from several ministries. Mr. Bird Flu is appointed at the provincial level to conduct prevention and solution planning and procedures.

In 2008, the Office of Disease Prevention & Control, Region 10, Chiang Mai Province responded to the national policy by holding meetings and simulation exercises on avian influenza prevention and solution preparedness. One of the simulation exercises was a table top exercise conducted in response to scenarios implemented by the Provincial Health Office. Its objectives were to direct, coordinate and communicate with each relevant agency.

Chiang Rai Province had a good opportunity to develop table top exercises into drill exercises due to support from the International Organization for Migration (IOM). On behalf of the Office of Disease Prevention & Control, Region 10, I express great appreciation for all of IOM’s support. IOM assisted and cooperated with the Provincial Health Office to enable us to conduct simulation exercises. Moreover, the procedures of relevant agencies and their responses to the pandemic were written and tested on functionality and drill exercises. They were then revised in order to function more efficiently in real practice. As a result, it should be noted that it could be useful for Chiang Rai Province and other areas to include this approach to respond to other natural disasters that may impact on public health in the future.
Introduction

Drafted 2008
Avian and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand
In 2003 a worldwide poultry influenza outbreak occurred, resulting in the culling and disposal of several million infected and non-infected poultry. A recent outbreak saw an endemic transmission of the influenza virus to humans, causing a great deal of sickness and death.

The first avian influenza was detected in Thailand in 2004. Between 2004 and 2007 there was a total transmission rate of 25 human avian influenza cases reported, 17 of which were deceased at the time they were reported. At present, avian influenza is classified/contained as an endemic disease/virus, however there are significant concerns about its potential to mutate into a newer, more infectious strain of human influenza which could lead to an influenza pandemic. A pandemic is likely to cause extensive human morbidity and mortality in addition to severe socio-economic loss. The key challenge is predicting when exactly the pandemic will take place.

Accordingly, Thailand’s Migrant Health Program, in collaboration with the Ministry of Public Health (MOPH) and International Organization for Migration (IOM), acknowledges the significance of avian and human influenza outbreak prevention and control in addition to the importance of being prepared for a potential influenza pandemic in Chiang Rai province. Funded by the Government of Japan and the European Commission, and in close collaboration with Chiang Rai Provincial Health Office, the migrant health program conducted a series of workshops in four pilot districts of Muang, Mae Sai, Chiang Saen and Mae Fah Luang between April 2007 - July 2008. He workshops involved exercises to develop a contingency plan and a series of simulation exercises took place amongst relevant government and private sectors.

It is important to note that this is a draft plan which will require ongoing revision to ensure it is a current and effective tool to apply in the course of a pandemic. However, we also hope that the drafted avian and human influenza pandemic preparedness plan will be useful for several relevant agencies in Chiang Rai and other provinces who may wish to use it as an example and/or to modify it to suit their organizational needs.
1. Developing Procedures for Avian and Human Influenza Pandemic Preparedness and Responses

A series of participatory workshops were conducted with 80 representatives from 45 organizations in the four piloted districts. The workshops were carried out as follows:

**Step 1. The First Workshop**

The first workshop took place on 29 November 2007 with the following objectives:

- To gain mutual understanding among participating agencies about the importance of developing procedures for avian and human influenza pandemic preparedness.

- To organize small working groups according to the mandate and function of each agency.

- To discuss background information required in order to develop contingency plans for each agency.

The participants were divided into nine groups based on their original mandates and functions. They were requested to review their agency’s existing contingency plan, if available. The nine groups included representatives from;

1) Provincial and District Livestock Offices
2) Schools
3) Provincial Electricity Authority
4) Local Administrative Organizations
5) Hospitals
6) Port Health Control Border Check Point
7) Community Radio Broadcasters
8) Surveillance and Rapid Response Teams (SRRT)
9) Thai Village Health Volunteers (VHV) and Migrant Community Health Workers (MCHWs)

*It is important to note that participating agencies were requested to send the same focal person(s) to participate in all workshops to ensure continuity of discussions and plan development.*
Step 2. The Second Workshop

The second workshop took place on 18 December 2007 with the following objectives:

- To share existing information and contingency plans, if any
- To brainstorm contents of contingency plans for each agency
- To develop and draft procedures for pandemic preparedness and response for each agency
- To jointly review and provide feedback in order to improve drafted procedures.

Small group discussions were facilitated by IOM staff and were held with/among the same 9 working groups from the first workshop. Each group exchanged existing preparedness plans with group members from other districts; brainstormed about drafted procedures for pandemic preparedness and discussed standardizing responses within similar agencies across different districts; and developed first draft contingency plans for each group. Afterwards, each group presented their drafted plan in plenary so that participants had the chance to learn from one another and to provide feedback and views about improving the draft plans. Plenary discussions took into consideration feedback which could be practically implemented. In addition, links were identified between each stakeholder to ensure a collective response to a pandemic preparedness.

IOM also invited two resource persons from the Bureau of Emerging Infectious Disease and the Ministry of Public Health’s Department of Health Service Support to provide technical comments to participants. Following the workshop, draft procedures were rearranged in a flowchart format by IOM’s Field Coordinator ready to be presented at the next workshop.

Step 3. The Third Workshop

The third workshop took place on 7 February 2008 to review flowcharts arranged by IOM’s Field Coordinator based on outcomes of the second workshop. Participants had the opportunity to provide additional inputs to the draft. The draft was also shared with IOM Technical Staff in Bangkok for the purpose of further review and feedback to ensure a technically sound draft.

Step 4. The Fourth Workshop

The fourth workshop took place on 15 February 2008 to conduct a peer review of revised procedures. At this workshop, IOM also invited the same resource persons from the Ministry of Public Health to provide final comments to the revised procedures.
Following the previous workshop and once comments were received from IOM Bangkok, IOM’s Field Coordinator finalized the procedures developed at the workshops, published and distributed the document to all relevant agencies in April 2008. Based on requests, the documents were also distributed to relevant agencies in other provinces including the Region 10’s Center for Disease Control Region in Chiang Mai, various Departments of the Ministry of Public Health, Provincial Health Offices of Tak, Samutsakorn, Ranong and Pang Nga provinces and other interested Non-government organizations (NGOs).

2. Conducting Simulation Exercises

Following the production of version one procedures for avian and human influenza pandemic preparedness and response in April 2008, IOM and the Provincial Health Office conducted one functional and one full-scale exercise with relevant stakeholders. The exercise objectives were:

- To review and trial developed procedures
- To review roles and responsibilities of relevant agencies in relation to avian and human influenza pandemic preparedness
- To observe the effectiveness of coordination and communication within and between relevant agencies
- To enhance the capacity of participating agencies in responding to an avian and human influenza pandemic

The following steps were implemented to prepare and conduct the exercises.

Step 1. The First Preparation Meeting

The first preparation meeting was conducted on 9 June 2008 with 40 participants from 26 relevant agencies from the four piloted districts. The objectives of the meeting were: 1) to discuss and agree on exercise objectives, 2) to assess the readiness of each participating agency in jointly organizing the exercise, and 3) to inform and gain mutual understanding on the process of the exercise and to allocate preparation tasks to each agency.

Step 2. The Second Preparation Meeting

The second meeting was conducted on 23 June 2008 with the same group of participants as the first meeting. The objectives were: 1) to discuss roles and responsibilities of each participating agency during the cause of the pandemic and the contact person, 2) to review each agency’s progress on the distributed tasks in preparing for the exercises, 3) to brainstorm on how to overcome obstacles in preparing for the exercise, and 3) to finalize the exercise plan.

Step 3. The Simulation Exercises

According to the MOPH’s policy, all local health authorities must develop a contingency plan and conduct table-top exercises for avian and human influenza pandemic preparedness and responses. Accordingly, both provincial and district health authorities in Chiang Rai, and elsewhere in Thailand, have been conducting several table-top exercises over the past year. However, limited budgets and technical know-how, making progress beyond simple table-top exercises could not
be made. With support from the IOM-MOPH Migrant Health Program, the Provincial Health Office was able to conduct functional exercises on 27 June 2008, based on the table-top approach. Later, on 22 July 2008, a full-scale exercise\(^1\) was conducted for the first time in Chiang Rai, and perhaps for the first time in Thailand, to test the developed plan. Both functional and full-scale exercises were followed immediately with debriefing sessions to discuss strengths, challenges and lessons learnt. There were 132 individuals from 46 health and non-health sectors from the four districts participated in the full-scale exercise.

3. Developing Avian and Human Influenza Pandemic Preparedness Plan

Following the two simulation exercises, an additional participatory meeting was conducted on 30 July 2008. Relevant stakeholders attended and revised the avian and human influenza pandemic preparedness procedures based on lessons learnt from the simulation exercises. The meeting began with a presentation by Technical staff from IOM Bangkok. The aim was to strengthen mutual understanding about concepts of pandemic preparedness and responses. IOM referred to WHO’s directives on the topic, in particular highlighting key concepts about a) responding to phases of the pandemic, b) guidelines on how to develop a contingency plan incorporating WHO procedures and flowcharts, c) practical issues about conducting different simulation exercises, d) connecting key concepts and project achievements to date in addition to suggested ways forward.

Following the presentation, participants worked in small groups to revise the content of their contingency plans and procedures to correlate with WHO directives. Furthermore, the team agreed to expand the organization network by adding the following organizations; the Provincial Disaster Prevention and Mitigation Office, the Provincial Public Relations Office, the Provincial Police Office, and the Phamuang Task Force, 3\(^{rd}\) Cavalry Regiment (regional military office). This resulted in an expansion of the team from nine to 13 groups as follows:

1. Provincial Disaster Prevention and Mitigation Office
2. Provincial Public Relations Office
3. Phamuang Task Force, 3\(^{rd}\) Cavalry Regiment (military office)
4. Provincial Police Office
5. Provincial and District Livestock Offices
6. Local Administration Organizations
7. Port Health Control Border Check Point
8. Provincial Electricity Authority
9. Community Radio Broadcasters
10. Schools
11. Hospitals
12. Surveillance and Rapid Response Teams (SRRT)
13. Thai Village Health Volunteers (VHV) and Migrant Community Health Workers (MCHWs)

\(^1\) For more details on the simulation exercises, please see the exercise summary report or contact IOM’s Migrant Health Program.
The draft contingency plan is a result of 18 months of collaboration between multi-sectoral stakeholders in Chiang Rai. Technical and management support came from IOM and MOPH at the central level. In addition to the consistent, lengthy and dedicated process of developing a draft contingency plan, the Chiang Rai team members also had to make arrangements for appropriate personnel, budget, equipment, medical supplies and other commodities. Moreover, each participating organization must regularly update their knowledge and skills through the practice of simulation exercises to ensure an effective response should a pandemic take place. Where government officers are promoted and/or requested to rotate their duty stations, regular meeting/workshop/simulation exercises will also help ensure that any new team members are up-to-date with the plan and linked to the appropriate communication and coordination networks.
The Second National Strategic Plan for Prevention and Control of Avian Influenza and Preparedness for Influenza Pandemic (B.E. 2551-2553) (A.D. 2008-2010)
The Second National Strategic Plan for Prevention and Control of Avian Influenza and Preparedness for Influenza Pandemic and Relevant Agencies

Strategy 1
Systemization of Poultry Husbandry

Office of the Prime Minister
Local Administration Organization
Ministry of Agriculture and Cooperatives
Ministry of Public Health
Ministry of Labour
Ministry of Interior
Ministry of Defence
Ministry of Commerce

Strategy 2
Surveillance, Prevention and Control in Animals and Humans

Ministry of Science & Technology
Ministry of Education
Ministry of Foreign Affairs
Ministry of Transport
Ministry of Natural Resources and Environment
Office of Thailand Research Fund
Thai Red Cross Society

Strategy 3
Preparedness for Influenza Pandemic

Strategy 4
Collaboration among Public, Private and International Sectors
A Summary of
The Second National Strategic Plan
for Prevention and Control of
Avian Influenza and
Preparedness for Influenza
Pandemic 2008-2010
Strategy 1
Systemization of Poultry Husbandry

- Develop & improve methods for poultry husbandry
- Control & detect relocation of poultry and its remains
- Build capacity of related personnel and educate farmers, entrepreneurs and workers in poultry business
- Promote standardized system for poultry slaughter

- Systemize the traceability system in poultry industry
- Conduct relevant research
- Provide public information to farmers and entrepreneurs

- Restore husbandry system, pedigrees, and marketing for exotic birds affected by the latest avian influenza outbreak
Strategy 1
Systemization of Poultry Husbandry

Objectives

1. To prevent and control any disease in order to ensure disease-free poultry and poultry raisers, consumers and the public are not at risk and confident when consuming foods prepared with poultry.

2. To develop a poultry relocation system to improve effective detection of avian influenza and its impacts.

3. To develop a “traceability system” in poultry husbandry.

4. To restore socio-economic and environmental conditions impacting on the avian influenza outbreaks amongst poultry raisers.

Targets

1. Develop raising practices and procedures of small-scale farmers, free range duck raisers, small-scale broiler duck raisers, raisers of backyard chicken, exotic birds, indigenous birds and fighting cocks to meet suitable hygiene standards and principles.

2. Develop commercial husbandry system for poultry, fighting cocks and exotic birds to meet appropriate bio-safety requirements.

3. To establish a nationwide standardization management system on poultry slaughter practices and disposal of their remains in addition to poultry breeding and trading systems to ensure sales occur in avian influenza-free market places.

4. The establishment of a “traceability system” in commercial poultry husbandry.

5. To establish tangible rehabilitation guidelines to address the socio-economic and environmental impacts amongst poultry raisers as a result of avian influenza outbreaks.
Strategy 2
Surveillance, Prevention and Control in Animals and Humans

Objectives

1. To further develop disease prevention and control systems, both in animals and humans, to prevent widespread disease and to ensure a rapid response to the outbreak.

2. To further develop disease surveillance systems to detect early novel viruses and efficiently monitor changing phases of the disease.

3. To improve capacity of nationwide public health facilities in the provision of care and treatment to all avian influenza and novel influenza patients, and in the prevention of hospital acquired infection and occupation-related influenza virus infection.

4. To strengthen research in preparation for potential outbreaks of avian influenza and novel influenza.

Targets

1. To establish effective disease surveillance, prevention and control systems that enable appropriate/systematic enforcement of measures within 12 hours of notification of poultry outbreak morbidity and mortality. According to the animal disease outbreak law, farmers have to report to the concerned authorities within 12 hours and the authorities have to completely eliminate the infected poultry within 12 hours as well.

2. To establish active disease surveillance, monitoring, prevention and control to prevent morbidity and mortality in humans infected with avian influenza.

3. To establish infrastructure, essential research and development activities as well as central and regional diagnosis laboratories to ensure bio-safety requirements and mobile laboratories are on standby for prompt use in case of emergency in animals and humans.

4. To establish action teams ready for disease surveillance, diagnosis, care and control of animals and humans in addition to adequate essential medical supplies for effective prevention and control of influenza.

5. To establish nationwide public health service centers that can provide effective treatment and care to avian and novel influenza patients.
Develop operational system for public health emergency

Develop disease prevention, control and treatment systems

Develop patients’ support system and emergency operations systemic

Develop control systems and measures for areas at risk

Develop capacity to screen international travelers

Develop capacity of local vaccine & drug manufacturerers for long-term self-dependency

Develop disease prevention and control capacity for non-pharmaceutical interventions

Communication and Public Relations
Strategy 3
Influenza Pandemic Preparedness

Objectives

1. To prevent an influenza pandemic.
2. To prepare appropriate coordination, treatment and care plan in the case of a pandemic.
3. To mitigate morbidity, mortality and socio-economic impacts resulting from an influenza pandemic whilst maintaining essential public health services during a pandemic period.

Targets

1. Thailand will effectively manage public health pandemic emergency.
   1.1 To establish preparedness plans and simulation exercises to be conducted among public health facilities, port health control units, public utilities and community centers such as nurseries, theatres and bus terminals at national, provincial, district and sub-district levels.
   1.2 To establish preparedness standards among personnel and command systems.
   1.3 To establish an operational response center to address public health emergencies and the coordination of medical personnel to attend to public health emergencies.
   1.4 To establish an accessible and effective public communications system during a public health emergency.
   1.5 To establish a preparedness plan for the treatment and care of the patients at all levels of government and private health facilities, as well as in field hospitals when existing facilities are overcrowded.
2. Thailand will effectively manage prevent, control and treat influenza.
3. Thailand will be self-dependent with manufacturing of vaccines, antiviral drugs, medical supplies and essential equipment to enable long-term influenza prevention.
4. The communities and general public of Thailand will be self-dependent and able to assist each other during periods of pandemic.
Strategy 4
Collaboration among the Public, Private and International Sectors

- Develop public sector networks
- Promote farmer and small-scale poultry raiser cooperatives
- Develop collaboration with business sector
- Develop both bilateral and multilateral collaboration with other countries

- Develop management systems among relevant organizations
- Conduct relevant research
- Communication and Public Relations
Strategy 4
Collaboration among Public, Private and International Sectors

Objectives

1. To increase collaboration between public, private and business sectors as well as promote their role in the prevention and control of avian and human influenza transmission.

2. To strengthen volunteer networks on epidemic prevention, control and surveillance based on concepts of community systems operated by the community and for the community.

3. To enhance international collaboration on disease prevention and control and to uphold Thailand’s interests.

4. To effectively disseminate information to the public and increase their awareness and understanding.

5. To generate international understanding about Thailand’s state of avian influenza during seasonal and non-seasonal outbreaks in order to maintain and promote a positive image and uphold economic interests of the country.

Targets

1. To establish volunteer networks for disease surveillance, prevention and control all levels of community ranging from villages, sub-districts to districts.

2. To establish a network for disease surveillance, prevention and control operated by non-government sectors, particularly the business sector involved in production.

3. To establish public relations channels covering every province during both seasonal and non-seasonal outbreaks and to be able to access a target audience e.g. laying and broiler hen raisers, duck raisers, raisers of fighting cocks and exotic birds, small-scale slaughterhouse operators, fresh food market clubs and associations, and food business operator clubs.

4. To establish disease surveillance guidelines, control and treatment procedures in order to be able to collaborate with other countries.

5. To establish channels of communication to publicize information to international communities.
Operations Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial and District levels of Chiang Rai Province
The appointment of the Operations Committee on Prevention and Solution of Avian Influenza Outbreak in Chiang Rai Province

By Mr. Amornphan Nimanun, the Provincial Governor

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Dated 19 February 2007

“Previous avian influenza outbreaks in poultry in several provinces in Thailand have been the cause of severe national social and economic loss. In addition there were significant impacts on poultry raisers, consumers and Thai people in general. The avian influenza is likely to turn into an endemic disease and therefore disease surveillance, prevention and control must be conducted at all times to since it is no longer considered a seasonal risk. Therefore, in order to efficiently implement prevention and control of avian influenza, the provincial order of 2512/2004 dated 4 October 2004 was withdrawn. The Operation Committee on Prevention and Solution of Avian Influenza Outbreak at provincial and district levels, as well as other working groups, was appointed” as follows:
Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level in Chiang Rai Province

Provincial Governor
Chair

Deputy Provincial Governor
Vice Chair

Assistant Provincial Officer
Committee Member

Chief, Provincial Army Division
Committee Member

Chief, Provincial Police Division
Committee Member

Provincial Chief Medical Officer
Committee Member

Director, Provincial Hospital
Committee Member

Director, Regional Medical
Sciences Center
Committee Member

Director, Protected Area Regional
Office 15 (Chiangrai)
Committee Member

Directors, Educational Service Area
Offices 1-4
Committee Member

Chief, Provincial Office
Committee Member

Chief, Provincial Administration
Organization
Committee Member

Mayor of Chiangrai Municipality
Committee Member

Chief, Provincial Natural Resources
and Environment Office
Committee Member

Chief, Provincial Administration
Organization
Committee Member

Chief, Provincial Office of
Agricultural and Cooperatives
Committee Member

Chief, Provincial Agricultural
Extension Office
Committee Member

Chief, Provincial Fisheries Office
Committee Member

Chief, Provincial Development
Office
Committee Member

Chief, Provincial Public Relations
Committee Member

Chief, Provincial Office of Disaster
Prevention and Mitigation
Committee Member

Chief, Local Administration Office
Committee Member

Chiefs of Districts
Committee Member

Chief, Navy-Mekong River
Preservation Unit
Committee Member

Chief, Provincial Office of
Agricultural and Cooperatives
Committee Member

Chief, Provincial Livestock Office
Committee Member

Chief, Provincial Agricultural
Extension Office
Committee Member

Chief, Provincial Livestock Office
Committee Member/Secretary

Chief, Maesai Customs House
Committee Member

Chief, Chiangkhong Customs House
Committee Member

Chief, Chiangsaen Customs House
Committee Member

Chief, Animal Quarantine Station
Committee Member

Chief, Provincial Security Office
Committee Member

Chief of Epidemiology Unit, Provincial Health
Office
Committee Member/Deputy Secretary

Chief of Animal Health Section, Provincial Livestock
Office
Committee Member/Deputy Secretary
**Responsibilities of the Provincial Committee**

1. Prepare provincial policy and strategic plan for the prevention and control of avian influenza outbreak to be suitable to adapt in the case of an actual outbreak and to be based on national government policy.

2. Direct and manage strategic coordination and communication systems to manage emergencies during disease outbreaks such as methods of prevention and control of avian influenza, encouragement of preparedness and monitoring all relevant offices.

3. Develop and leverage a budget to correspond to the provincial strategic plan for resolving avian influenza outbreaks.

4. Collect provincial information and implementation results in addition to publicising information to build public confidence.

5. Appoint sub-committees or working groups, including relevant offices of all ministries, state enterprises and provincial offices, to support the operation of the Committee as requested.

6. Implement any assignments requested from the National Committee on Solving Avian Influenza.
Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the District Level in Chiang Rai Province

District Chief Officer
Chair

Assistant District Officer, Administration
Vice Chair

Chief, District Police Station
Committee Member

Director, District Hospital
Committee Member

Chief, District Health Office
Committee Member

Chief, District Development Office
Committee Member

Chief, District Local Administration
Office
Committee Member

Mayors, Sub-district Municipalities
Committee Member

Chiefs, Sub-district Administration
Organizations
Committee Member

Chief, District Agricultural Extension
Office
Committee Member

Chief, District Fisheries Office
Committee Member

Chief, District Livestock Office
Committee Member/Secretary

Assistant District Officer, Security
Committee Member/Deputy Secretary
Responsibilities of the District Committee

1. Direct and coordinate methods for resolving avian influenza in correspondence with policies of the Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level.

2. Define measures for relevant agencies to implement avian influenza prevention and control strategies.

3. Monitor outbreaks and disseminate accurate and useful information about addressing issues arising from avian influenza in the relevant areas.

4. Implement any assignments requested from the Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level.
Responsibilities of the Public Relations Working Group

1. Publicize information and coordinate with the media departments of government and private sectors.

2. Disseminate accurate and useful information about addressing avian influenza.

3. Implement any public relations requested by the Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level.
Responsibilities of the Poultry Transport Control Working Group

1. Plan and set up check points for the strict control of poultry smuggling and transport including avian influenza vaccines into the provinces and Kingdom of Thailand.

2. Implement tasks requested by the Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level.
Managing and Directing in a Crisis Situation
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According to the 2007 Disaster Prevention and Mitigation Act, the National Committee for Disaster Prevention and Mitigation is responsible for policy and the peripheral level Directors of Disaster Prevention and Mitigation are responsible for transforming the policy into practice. The Department of Disaster Prevention and Mitigation, under The Ministry of Interior, is the central governing body who manage and implement disaster prevention and mitigation in Thailand. They serve as Commander of National Disaster Prevention and Mitigation.

At the provincial level, there is the Provincial Disaster Prevention and Mitigation Office led by the Governor and consisting of various provincial office representatives.

At the community level, there are several layers of Disaster Prevention and Mitigation Offices as follows:

1. The District Disaster Prevention and Mitigation Office is led by the Chief of District Office and its members include the Deputy Chief of District Office, various leaders of district government offices, representatives from Local Administration Organizations and private sectors in the district.

2. Similarly, the Sub-district Disaster Prevention and Mitigation Office is led by the Chief of the Local Administration Organization and members include the Deputy Chief of the Local Administration Organization, leaders of government sub-district offices, and leaders of villages and private sectors in the areas.

3. The Municipal Disaster Prevention and Mitigation Office is led by the Mayor and members consist of the Deputy Mayor, various government office leaders and private sectors in the area.

The roles and responsibilities of the Local Disaster Prevention and Mitigation Offices are as follows:

1. Manage, control, monitor and guide disaster prevention and mitigation in the responsible area.

2. Provide support to other Local Disaster Prevention and Mitigation Offices as requested.

3. Coordinate with relevant agencies in the area, including the private sector, to implement every phase of disaster prevention and mitigation.
The objective of a disaster response is to mitigate the magnitude of harm as well as to support responsible officers and public morale. Thus, all sectors must cooperate and collaborate with an emergency response that is strategic in order to rapidly mitigate any potentially harmful/damaging circumstances. The Private sector and relevant individuals, with guidance from all levels of the Disaster Prevention and Mitigation Office, must efficiently uphold their duties and responsibilities to:

- Protect human life and private/public property.
- Halt the disaster and efficiently mitigate any natural or man-made impacts of the disaster.
- Support morale of responsible officers and public pre and post disaster.

The Disaster Prevention and Mitigation Office operates under the following principles.

- As disaster strikes, the Director of Provincial Disaster Prevention and Mitigation Office will declare whether it is an emergency situation.

- The Office will set up a steering committee in order to:
  
  1. Control and direct all operational responses in affected areas.
  2. Declare and inform the public and officials to prepare for disaster prevention. As deemed appropriate, the Director of the Local Disaster Prevention and Mitigation Office will command prevention of the disaster according to the availability of a preparedness plan.

- When disaster is beyond the controlling capacity of the local office, the local office will request for support from the predetermined Local Disaster Prevention and Mitigation Office in the area.

- If the disaster is beyond the control of the Provincial Disaster Prevention and Mitigation Office, the Director of National Disaster Prevention and Mitigation Office will set up a special center to support the affected area within 24 hours.

In the case of a human influenza pandemic, the Provincial Health Office will set up a Provincial Executive Center for the Prevention and Solution to a Human Influenza Pandemic. The Provincial Governor will be invited to be Director. The membership, roles and responsibilities of the committee are listed below.
Provincial Executive Center for
Prevention and Solution of Human Influenza Pandemic

1. Directing Committee consists of:

1.1 Provincial Governor as the Director
   • Chief of all concerned Provincial Offices
   • Chief of Provincial Administration Organization and the Mayor
   • Representatives from private sector and NGOs

1.2 Provincial Chief Medical Officer as secretary
   • Deputy Provincial Chief Medical Officer as assistant secretary
   • Director of Provincial Hospital as assistant secretary
   • Director of Regiona 10’s Center for Disease Control as assistant secretary

2. Roles and responsibilities

2.1 Develop a policy and conduct a provincial strategy for surveillance, prevention and control of human influenza pandemic.
2.2 Mobilize and coordinate the budget
2.3 Direct and support preparation and response to disasters in the province.
2.4 Serve as information dissemination center
2.5 Prepare various supports such as
   • Network and communication systems
   • Durable goods and vehicles
   • Pharmaceutical supplies
2.6 Monitor and evaluate the results of implementation in the province.

3. Structure of the Provincial Executive Center

3.1 Structure
   • Directing team
   • Rescue team
   • Accounts and logistic team
   • Recovery team
   • Disease surveillance and control team
   • Public relations and communication team
   • Medical team
   • Security team
   • Operational support team
   • Advisory team

3.2 Roles and responsibilities of each team

• Directing team
  o Manage human and financial resources
  o Follow up intelligence information and situation report, collect information for situation analysis and evaluate situation of human influenza pandemic.
- Coordinate with various concerned agencies in the province and other supporting agencies to overcome any implementation obstacles.
- Monitor implementation results of various assigned agencies in accordance with a policy and direction of the Director.
- Receive and implement the policy and direction from the Director of the Provincial Executive Center.
- Review detail of issues submitted to the commander for approval.
- Convene regular meetings of the Center and as assigned by the Director.
- Set up various teams such as directing team, emergency operation team, surveillance and rapid response team, medical team, public relations and communications team and operation support team.
- Establish directing center and information center and provide operational direction to other concerned parties.
- Provide information and technical advice on pandemic surveillance, investigation, control and prevention.
- Conduct joint disease control and prevention with other operation teams.
- Perform administrative tasks and other services for which no other team are responsible for.

**Rescue team**
- Prepare and coordinate equipment, vehicles and non-pharmaceutical supplies.
- Coordinate with medical team for treatment and referral of patients as required.
- Coordinate logistics to distribute consumer goods/supplies to target areas or to transfer donated goods/supplies to the operation center.
- Mobilise volunteers for operational support.
- Provide temporary shelter and efficiently manage hygiene and sanitation systems to reduce transmission risks within communities.
- Provide sufficient supplies and consumer goods to relevant operational teams.

**Accounting and logistic team**
- Establish a center to receive consumer goods and cash donations, develop a logbook to manage the donated cash and goods, and regularly prepare summary reports for the Director.
- Maintain and manage the distribution of donated items as assigned by the Director.

**Recovery team**
- Conduct disease surveillance in outbreak areas, in families and those who have close contacts with patients as well as conduct a post pandemic survey.
- Provide welfare and social support for individuals affected by the pandemic.

**Disease surveillance and control team**
- Analyse information and distribute a pandemic situation report in relevant and nearby provinces.
- Conduct disease investigation and control.
- Analyse and evaluate pandemic situation and make an announcement about the potential outbreak.
- Monitor persons with close patient contact, their families and officials.
• **Publication and communication team** consists of 2 groups:

  1. **Communication group**
     - Install, control and maintain equipment and modern communication systems for network coordination
     - Send and receive information about the center’s concerns
     - Define suitable channels to send information to various agencies within the province
     - Install, control and maintain electronic, sound and light systems in the center
     - Establish a 24 hour hotline

  2. **Public relation group**
     - Publicise and manage information in order to provide facts to the public in the affected province
     - Support surveillance by cooperating with mass media departments of government and private sectors in addition to community-based organizations in order to prevent and control the pandemic
     - Assign an alternate spokesperson for the provincial center
     - Prepare and maintain necessary and up-to-date communication equipment

• **Medical team**
  - Develop a patient screening system in health facilities
  - Develop an emergency patient care system in health facilities
  - Develop an outpatient care system in the health facilities
  - Develop an inpatient care system in health facilities
  - Develop a medical referral system

• **Security team**
  - Prevent robbery
  - Ensure social security
  - Manage traffic systems

• **Operational support team** is responsible for supporting manpower, vehicles, consumer goods, pharmaceutical supplies, planes and other items including equipment and tools required for influenza investigation, surveillance, control and prevention as well as to treat influenza patients

• **Advisory team** is responsible for providing technical input on influenza surveillance, investigation, control and prevention as well as assisting individuals affected by the influenza pandemic.
4. Other Resources Preparedness

4.1 Communication system to prepare the following:
- Communication network
- Communication equipment and spare batteries
- Maps - Provincial, National and World
- A resource of telephone numbers, fax numbers and e-mail addresses of all relevant agencies and teams attached to the center
- Walkie-talkie

4.2 The following pharmaceutical and non-pharmaceutical supplies are required:
- Medicine and non-pharmaceutical supplies as well as the source of supplies in the case that additional supplies are required
- Equipment such as personnel protective apparatus, patients’ clothes, pathogenic waste bags, waste bags, batteries, flashlights, stationery and cutout switches and any other additional equipment.
- Official uniform with obvious symbols
- Personnel protective equipment for operational officers

4.3 Required commodities include:
- Non-pharmaceutical supplies necessary for resuscitation such as respirators
- Patient, camp and supplemental beds including a record of the number of available beds in nearby health facilities
- Office supplies and commodities such as fire extinguishers, typewriters, computers, photocopiers, emergency electricity generators, telephones, desks, chairs and clocks.

4.4 Various types of vehicles including:
- Ambulances to refer and transfer patients to appropriate health facilities
- General vehicles, motorcycles or bicycles
- Boats (as required)
- Helicopters (as required)

4.5 Various places should be prepared including:
- Field hospital
- Community, general and regional hospitals in relevant areas and their vicinity
- Hospitals belonging to militaries, universities or foundations
- Private hospitals
- Isolation rooms and inpatient rooms in health facilities
- Public and private schools (schools may be used as field hospitals as required)
- Temples and cemeteries to store the deceased
- Parking places
- Rest areas for on-duty officials
- Position points to contact and receive patients’ families or relatives
- Location for press release
- Location for receiving donations or other assistants
- Warehouse to store pharmaceutical and non-pharmaceutical supplies
4.6 **Provisions**: Sufficient fresh food and dried food, drinking water and clean water to be reserved for patients and officials on duty.

4.7 **Waste and pathogenic waste disposal systems** must be prepared including:
- Hospital and provincial sewage systems are in order.
- Sufficient chlorine is reserved.
- Pathogenic waste incinerator are in place with sufficient fuel stores.
- Safe system to collect and transport pathogenic waste.

4.8 Various **measures for pandemic prevention and control** such as procedures for:
- Declaring an area infectious.
- Declaring a disaster area.
- Quarantine and manage infected persons, persons in close contact with patients, and persons who are suspected to have close contact with patients.
- Emergency response plan
- Prevention and control of the spread of disease in public areas and communities such as in schools, factories, offices, entertainment places/zone, air-conditioned buses, military camps and prisons
- Pre-departure and arrival screening of international travelers
- Manuals to provide public information on personal and family hygiene as well as appropriate guidance to patients to reduce the spread of virus to others.
- Provision of public information on how to use communication tools during an emergency.
- Manual to provide contact details of the public emergency center.
1. Budget

- Normal circumstances (non pandemic)
  - All agencies spend their regular budget on implementing activities required for preparedness.
  - Additionally, all agencies should request preparedness specific budgets.

- Pandemic situation
  - When the Provincial Governor declares an outbreak or pandemic phase (or disaster), 50 million baht can be spent from the provincial budget for emergency response.
  - Budgets from the Local Administration Organization, Office of Disease Prevention and Control Region 10 in Chiang Mai and central government can be spent.

2. Coordination

- Normal circumstances (non pandemic): the Provincial Governor appointed various coordination committees on 19 February 2007 to address prevention and mitigation of avian influenza as follows:
  - The Provincial Operation Committee on Prevention and Solution of Avian Influenza Pandemic
  - The District Operation Committee on Prevention and Solution of Avian Influenza Pandemic
  - The Working Group of Public Relations
  - The Working Group of Control on Poultry Transportation within provinces and for importing into the country.

- Pandemic situation
  - The Provincial Governor establishes an operation war room\(^2\) to implement the provincial plan and direct local authorities to operate under the same procedures.
  - All agencies implement the provincial contingency plan.

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\(^2\) Crisis management team
A Flowchart for Pandemic Influenza Response

1. Personnel
   1.1 Disease control and surveillance:
       - Village health volunteers
       - Epidemiologists and care providers
       - Hospitals
       - Health Centers
   1.2 Preparedness and Understanding
   1.3 Provincial Preparedness Plan

2. Equipment, supplies, vehicles
   - Prepare emergency beds at public and private hospitals
   - Pharmaceutical and non-pharmaceutical supplies
   - Vehicles
   - Isolation rooms/Lab
   - Medical equipments

3. Various measures
   - Schools
   - Factories
   - Entertainment areas

4. People’s manual

Receive Information

Investigate

NO

Stop investigation

YES

Collect specimens

Supported agencies

1. nearby hospitals
2. Other hospitals
3. Private hospitals
4. Field hospitals
5. Laboratories
6. Checkpoints
7. ODPC 10
8. Bureau of Epidemiology

Full Operation

1. Declare infectious area
2. Report / isolated treatment
3. Mobilise SRRT teams from ODPC 10
4. Control infection in human

Situation is under control

Conduct post-pandemic surveillance:
1. In pandemic area
2. Persons in contact with patients and their families
3. Survey areas post pandemic

- Patient health screening
- Recording medical history
- Isolated treatment
- Report to Provincial Health Office and ODPC 10
- Disease investigation
- Verify patient records
- Case tracing
- Provide health education to patients and families
- Follow up with persons in contact with patients
- Send specimen to laboratory
- Investigation and surveillance personnel in hospitals.
- Report to Director General /Permanent Secretary /Minister of Health
- Inform WHO
- Assign responsible persons to coordinate with local public relations and mass media
- Report the current situations to government and private agencies including nearby provinces
- Provide health education to the public
- Provide information to the
Implementation Guidelines

1. Normal Circumstances

- Create disease surveillance, prevention and control plan.
- Prepare a draft for declaring an infectious area.
- Prepare a draft for declaring a disaster area.
- Prepare to establish a war room for influenza pandemic prevention and control.
- Prepare personnel.
- Prepare communication networks and maps including communication tools.
- Prepare pharmaceutical and non-pharmaceutical stockpiling supplies, medical equipment, vehicles and predetermined locations.
- Prepare for the provision of public information.
- Prepare measures for disease pandemic prevention and control.
- On receipt of direction from health facilities, the Provincial Chief Medical Officer must direct the provincial surveillance rapid response team (SRRT), and that of the Office of Disease Prevention & Control Region 10, to immediately investigate the situation. The investigation will end if suspected infection is not confirmed. SRRT team will send any suspected case specimens to the laboratory for confirmation.
- Conduct simulation exercises to prevent and control the pandemic.
- Relevant agency personnel to provide a summary of preparedness operation results to the Provincial Governor on a monthly basis or as requested.

2. Crisis Situation

- On receipt of an influenza pandemic report from the surveillance rapid response team (SRRT) or hospital, the Provincial Chief Medical Officer must immediately inform the Provincial Governor by telephone and in writing. In addition, s/he must countersign the previously prepared document to declare an area infectious and simultaneously report to the Permanent Secretary of the Ministry of Public Health and the Director General of the Department of Disease Control.
On receipt of a pandemic influenza report from the Provincial Chief Medical, the Governor must respond as follows:
- Sign pre prepared documents and announce the declared area a disaster area.
- Immediately establish a war room to prevent and control the pandemic.
- Coordinate and notify relevant officers and agencies to begin operating the contingency plan.

When concerned officers receive information or coordination instructions, they must report to the war room or stay on standby at the assigned locations and be prepare for assigned operations.

Reporting the results of an operation
- Relevant agencies must summarise the results of daily operations and report to the commander of the war room by 20.00 hrs.
- The war room must report the results of daily operations to relevant government agencies or agency chiefs by 20.00 hrs.

Post crisis management (in case the situation is under control)

- The Provincial Governor declares an end to the emergency situation.

- The Provincial Chief Medical Officer must assign health officials to conduct post-pandemic surveillance as follows:
  - Conduct surveillance in the infection areas.
  - Conduct surveillance with persons in contact with patients and their families.
  - Conduct a survey and summarise any lessons learned.
Driven 2000088  Anna and Human Influenza Pandemic Preparedness Plan in Pillooted Districts of China Province, Thailand
Roles and Responsibilities of each organization
Roles and responsibilities

1. Announce a formal warning about a Human Influenza pandemic.
2. Establish a security system with an appropriate pandemic preparedness and influenza response by using civil protection volunteers and rescue teams in coordination with police and military.
3. Establish a system for impact mitigation relevant to a pandemic influenza preparedness plan.
4. Train additional personnel and volunteers for emergency relief.
5. Inspect preparedness plan in place to control the zone of containment.
6. Inspect preparedness of temporary shelters.
7. Coordinate with volunteer organizations that are able to provide additional manpower and emergency aid to the public.
8. Assist with the provision of food and essential daily items as required.
9. Raise funds and mobilize a disaster relief budget in addition to managing donated cash or other items.

Provincial Public Relations Office

Roles and responsibilities

1. Formulate a public announcement to raise awareness amongst mass communication mechanisms and the general public within and outside the province.
2. Disseminate accurate and practical information about solving Avian and Human Influenza problems.
3. Identify a provincial public speaker and alternatives to regularly collect information and make daily announcements on events as they occur.

Provincial and District Livestock Offices

Roles and responsibilities

1. Control the transportation and quarantine of poultry
   - Prohibit relocation of poultry and their remains within 10 kilometers around outbreak areas.
2. Poultry culling
   - Cull infected poultry and those in the infected area as well as other poultry suspicious of infection.
3. Disinfection
   - Conduct disinfection in broad areas potential risk of infection.
   - Monitor and recommend methods for disinfection among farmers/poultry entrepreneurs.
4. Develop systems for information exchange and publicity in addition to warning systems to relevant agencies.
   - When poultry is suspicious of infection, the Provincial Governor and Provincial Chief Medical Officer should be advised immediately in order to conduct disease surveillance amongst humans.
   - Exchange information with the Ministry of Natural Resource and Environment about the impacts of the disease on native and migrating birds.
   - Provide information about Avian Influenza to poultry farmers.

5. Conduct poultry and pet disease surveillance including Avian Influenza viral mutation within a 10 kilometer circumference from the case detection area.
   - Conduct clinical syndromic surveillance.
   - Take random samples of poultry faeces and dispatch to the laboratory:
     o Collect 60 samples from each poultry farm
     o Collect 20 samples from backyard chicken in each village.

### Local Administrative Organization

**Roles and responsibilities**

1. Advise senior management in relevant agencies such as Provincial Health Office, District Health Office, Health Center, hospital and District Livestock Development Office of the Avian and Human Influenza pandemic.
2. Coordinate and support Avian and Human Influenza prevention and solutions through integrated management.
3. Conduct regular meetings among relevant organization leaders to appropriately plan and prepare for an influenza pandemic such as the culling of poultry.
4. Join relevant agencies to promote disease investigation and control.
5. Prepare materials, equipment and budget for disease prevention and control.
6. Identify and prepare community areas for infectious waste management and the use of protective masks.
7. Provide influenza pandemic information to community leaders, schools and other agencies to call for disease prevention cooperation and control as well as to serve as an information network to update and advise the public on the pandemic situation.
8. Use mass media to publicize accurate information about the pandemic.
9. Continuously follow up and monitor the disease.
10. Provide situational summary reports to senior management.
11. Establish a war room in each Local Administration Organization.
12. Support appropriate waste management in each household.
13. Distribute protective equipment to garbage collectors.
15. Prepare for additional manpower/volunteers in order to substitute sick staff or absentee staff.
16. Assign temples or other appropriate places for funeral ceremonies.
Roles and responsibilities

1. **Conduct initial health screening when pandemic influenza takes place.**
   - Install infrared thermoscans to measure the body temperature of individuals who travel in and out of the country.
   - If a traveler’s body temperature is equal to or higher than 38° C, repeat the temperature measure with a normal thermometer.
   - If the repeated measure shows a body temperature of 38° C or higher, undertake medical screening and diagnose whether the traveler has influenza-like symptoms.
   - If the diagnosis result suggests the traveler has influenza, contact Mae Sai Hospital and District Health Office for medical referral.
   - If the diagnosis result shows no evidence of influenza, the travelers can enter into or depart from Thailand as usual.

2. **Set up and implement a protocol for influenza surveillance, prevention and control among travelers entering and departing Thailand.**

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**Port Health Control Border Checkpoint**

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**Maesai Customs House**

Roles and responsibilities

1. Check baggage of arrival and departure travellers.
2. Check trucks crossing the border by x-ray machine.
3. Prevent and contain offenders of illegal practice or other relevant laws, particularly the relocation of animals who are under surveillance.

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**Chiangrai Provincial Police Division and Police Stations**

Roles and responsibilities

1. Prepare and implement protocols to maintain a peaceful society during an influenza pandemic.
2. Protect security in addition to preventing and reducing public panic.
3. Assist and protect the security of victims in the area.
4. Organize a traffic system to enable patient transfers to occur in a timely manner.
5. Cooperate with relevant officials about suspected influenza cases and refer identified cases to relevant agencies.
6. Coordinate with relevant agencies about controlling people who are crossing borders.
7. Stockpile and provide protective equipment, such as masks for officials, and train the officials on the appropriate use of equipment.
Phamuang Task Force, 3rd Cavalry Regiment

Roles and responsibilities

1. Confine the public in designated areas in order to prevent further spread of the disease along the seven border districts of Chiang Rai including Mae Chan, Mae Fah Luang, Mae Sai, Chiang Khong, Chiang Saen, Weing Kan, and Teng Districts as well as some districts in Pha Yao province.
2. Protect security as well as prevent and reduce public panic.
3. Facilitate the coordination of relevant agencies in border areas to ensure a coordinated response.
4. Provide temporary shelters to asylum-seekers along the border for humanitarian purposes and restrict the access to and from the shelter as appropriate.
5. Provide asylum-seekers with basic guidance on personal hygiene protection prior to handing responsibility to relevant officials.
6. Assist in public relation exercises e.g. disseminate leaflets in communities via helicopter and cooperate with Provincial Public Relations to ensure loudspeakers are installed.
7. Restrict public movement and unrelated persons in and out containment zones.
8. Support a field hospital and temporary shelter as required.
9. Prepare and provide the public with assistance whilst maintaining national security during times of crisis.
10. Support civil organizations with solving avian and human influenza problems.
11. Stockpile and provide protective equipment such as masks for officials and train officials on appropriate use of the equipment.

Provincial Land Transport Office

Roles and responsibilities

1. Ensure public buses follow transportation laws and rules.
2. Ensure passengers convenience of travel.
3. Prepare suitability of public bus’ for various situations.
4. Ensure terminal building hygiene and sanitation standards, public buses in addition to appropriate preparation and handling of food and beverages.
5. Educate drivers and relevant personnel about links between personal hygiene and influenza prevention.
6. Provide and stockpile protective equipment such as masks for officials, and educate the officials about the appropriate use of equipment.
Provincial Waterworks Authority

Roles and responsibilities

1. Prepare electric generators to ensure water supplies in the case of power shortages.
2. Prepare manpower or volunteers to replace sick workers or absentees.
3. Restrict access to water stations to reduce contamination.
4. Stockpile and provide protective equipment such as masks for officials, and train officials on appropriate use of equipment.

Provincial Telephone Organization of Thailand (TOT), Public Company Limited

Roles and responsibilities

2. Coordinate with relevant agencies to prevent telephone communication breakdown during influenza pandemic.
3. Provide information on influenza pandemic to staff and customers.
4. Prepare manpower or volunteers to replace sick workers or absentees.
5. Stockpile and provide protective equipment such as masks for officials and train officials on appropriate use of equipment.

Provincial Electricity Authority

Roles and responsibilities

1. Train personnel on influenza prevention.
2. Prepare personal to manage the situation in case of electric breakdown.
3. Prepare supplemental generators in case of electric system breakdown.
4. Prepare manpower or volunteers to replace sick workers or absentees.
5. Stockpile and provide protective equipment such as masks for officials and train officials on appropriate use of equipment.
Roles and responsibilities

1. Coordinate with Provincial Public Relations Office to receive primary information.
2. Provide communities with information on the prevention and control of avian and human influenza pandemic.
3. Provide accurate and timely information with maximum care to reduce public panic.
4. Prepare manpower or volunteers to replace sick workers or absentees.
5. Continually publicise information about influenza pandemic to raise public awareness about prevention strategies for individuals, families and communities.
6. In cases where people’s movement is restricted, provide information to explain the need for restriction, to seek public cooperation and to inform about the restriction end date.

Roles and responsibilities

1. Promote personal hygiene such as hand washing.
2. Provide knowledge on avian and human influenza to students and communities.
3. Health teacher to coordinate with the District Health Office, hospital and District Livestock Office to receive updated information on the pandemic and promptly inform students and their parents.
4. Appoint teachers to be responsible for the health screening of students every morning to ensure early detection and appropriate isolation of patients.
5. If suspected cases are found in schools, isolate the cases and any persons they have had contact with, register all isolated cases and ensure there is follow up of symptoms, in addition to informing nearby health centers or hospitals.
6. Coordinate training sessions between the District Health Office and students about influenza prevention and the provision of protective masks.
7. Ensure reserve personell are available to replace sick teachers or absentees.
8. Ensure parents are appropriately prepared to care for their children, and that sufficient amounts of food and other stocks are available in the case of school closures during the pandemic.
9. If a School Principal decides to close the school for more than seven days, s/he must obtain approval from the Chiangrai Educational Service Area Office.
10. Support the availability of using school areas as temporary field hospitals or shelters as required.
Roles and responsibilities

1. Prepare specific areas such as special health screening units, special outpatient examination rooms and an inpatient isolation room.
2. Prepare personnel and appropriate equipment for each special unit including examination rooms, registration rooms, laboratories, x-ray rooms, stretcher, SRRT team, inpatient care, cleaning, disinfectants and cadaver storage room.
3. Prepare sufficient personal protective equipment and medical supplies for the treatment of influenza patients. If insufficient, coordinate with the Provincial Health Office and Ministry of Public Health and/or obtain from private vendors or the Government Pharmaceutical Organization.
4. Prepare a Public Relations team, community medical team, health education team and nursing team in order to educate patients’ relatives, communities and the public about influenza and its prevention by adopting simple strategies such as hand washing and the correct use of health masks.
5. Collect information on patient numbers and disease conditions in order for the hospital director to make accurate media announcements.
6. Forward updated information to the Epidemiology Unit of the Provincial Health Office.
7. When patient numbers exceed hospital capacity, field hospitals will be set up at designated areas such as Ban Sunkhong School in Muang district, Maesai Prasitsart School in Mae Sai district, Chiangsaen Wittayakhom School in Chiang Saen district and Ban Terdthai School in Mae Fah Luang district.
8. Prepare reserve personnel to replace sick workers or absentees.

Surveillance Rapid Response Team

Roles and responsibilities

1. Analyse and evaluate influenza pandemic conditions in addition to the provision of public warnings on influenza pandemic situation.
2. Conduct disease surveillance and investigation to provide accurate information to the network.
3. Control and manage influenza pandemic by conducting case tracing including identified patients’ close contacts, their families and health officials.
4. Establish guidelines and conduct surveillance, prevention and control of influenza transmission among travelers in at risk areas.
5. Receive influenza pandemic information and investigate around the clock in order to confirm accuracy of the information.
6. Jointly investigate and control the disease with the Epidemiology Unit of the Provincial Health Office.
7. Gather and report epidemiological investigation results to management level as well as informing all relevant agencies.
8. Prepare personnel, equipment and supplies for disease investigation and control.
Village Health Volunteers and Migrant Community Health Workers

Roles and responsibilities

1. Communicate and inform the public about personal and community hygiene, influenza prevention and strategies for to ensure appropriate self and family care.
2. Conduct avian influenza surveillance in communities.
5. Assist the Surveillance Rapid Response Team (SRRT) in human influenza investigation in communities.
A Summary Table of Roles and Responsibilities of Each Organization Regarding Avian and Human Influenza Pandemic Preparedness in Muang, Mae Sai, Chiang Saen and Mae Fah Luang Districts of Chiang Rai Province
DDrraafftteedd  22000088  AAvviiaann  aanndd  HHuummaann  IInnfflluueennzzaa  PPaannddeemmiicc  PPrreeppaarreeddnneessss  PPllaann  iinn  44  PPiillootteedd  DDiissttrriiccttss  ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd
A Summary Table of Roles and Responsibilities of Each Organization Regarding Avian and Human Influenza Pandemic Preparedness in Muang, Mae Sai, Chiang Saen and Mae Fah Luang Districts of Chiang Rai Province

<table>
<thead>
<tr>
<th>Key Activities / Roles and Responsibilities</th>
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<th>Key Responsible Organizations</th>
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</thead>
<tbody>
<tr>
<td>1. Coordination and Command</td>
<td></td>
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</tbody>
</table>
| 1.1 Provide public warning about influenza pandemic. | 1. Provincial Disaster Prevention and Mitigation Office  
2. Provincial Health Office | • Provincial Disaster Prevention and Mitigation Office  
• Provincial Governor |
| 1.2 Establish a war room for a rapid response to the situation. | 1. Provincial Disaster Prevention and Mitigation Office  
2. Provincial Health Office  
3. Provincial Livestock Office  
4. Provincial hospital  
5. Local Administration Organization | • Provincial Disaster Prevention and Mitigation Office  
• Provincial Governor |
| 1.3 Consider the declaration of a disaster area. | 1. Provincial Disaster Prevention and Mitigation Office  
2. Provincial Health Office  
3. Provincial Livestock Office | • Provincial Disaster Prevention and Mitigation Office  
• Provincial Governor |
| 1.4 Prepare budget.                         | 1. Provincial Disaster Prevention and Mitigation Office  
2. Provincial Health Office  
3. Local Administration Organization | • Provincial Disaster Prevention and Mitigation Office  
• Provincial Governor |
| 2. Preparedness for Livestock               |                        |                              |
| 2.1 Control relocation of poultry and their remains including setting up checkpoints. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Chiangrai Animal Quarantine Station  
4. Military and Police Offices | • Provincial Livestock Office  
• Chiangrai Animal Quarantine Station |
<table>
<thead>
<tr>
<th>Key Activities / Roles and Responsibilities</th>
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<th>Key Responsible Organizations</th>
</tr>
</thead>
</table>
| 2.2 Provide public information to educate farmers and livestock entrepreneurs about avian influenza prevention and control. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Provincial Public Relations Office | • District Livestock Office  
• Community Radio |
| 2.3 Conduct avian influenza surveillance by sampling poultry faeces for laboratory investigation. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Village Health Volunteers  
4. Community Livestock Volunteers | District Livestock Office |
| 2.4 Conduct disease control by culling poultry and disinfecting incident areas. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Local Administration Organization  
4. Village Health Volunteers  
5. Community Livestock Volunteers | • District Livestock Office  
• Community Livestock Volunteers |
| 2.5 Advise the public of any avian influenza outbreak and communicate prevention and control strategies. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Local Administration Organization  
4. Provincial Public Relations Office  
5. Community Radio  
6. School  
7. Village Health Volunteers and Migrant Community Health Workers | • District Livestock Office  
• Network of avian influenza surveillance |
| 2.6 Organise disease surveillance on native and migratory birds. | 1. Protected Area Regional Office 15 (Chiangrai)  
2. Provincial Livestock Office  
3. District Livestock Office | • Protected Area Regional Office 15 (Chiangrai) |
| 2.7 Prepare equipment for prevention and control of avian influenza - eg disinfectant and gowns. | 1. Provincial Livestock Office  
2. District Livestock Office  
3. Local Administration Organization | • Provincial Livestock Office  
• Local Administration Organization |

3. Preparedness for Public Health
<table>
<thead>
<tr>
<th>Key Activities / Roles and Responsibilities</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
</table>
| 3.1 Prepare areas and personnel for disease surveillance, prevention and control. | 1. Hospital  
2. District Health Office  
3. Village Health Volunteers and Migrant Community Health Workers  
4. Local Administration Organization | Hospital |
| 3.2 Prepare medical supplies and equipment for disease surveillance, prevention and control. | 1. Provincial Health Office  
2. Hospital  
3. District Health Office  
4. Local Administration Organization | Hospital |
| 3.3 Provide novel influenza vaccines to health officials and high risk personnel. | 1. Provincial Health Office  
2. Hospital | Hospital |
| 3.4 Conduct disease surveillance and control in humans by focusing on patients with respiratory infections in public health facilities. | 1. Hospital  
2. Health Center | Hospital |
| 3.5 Conduct disease surveillance and control in human by focusing on patients with respiratory infections outside public health facilities. | 1. Hospital  
2. District Health Office  
3. Village Health Volunteers and Migrant Community Health Workers | Surveillance Rapid Response Team |
| 3.6 Provide information to the public on influenza pandemic according to current circumstances. | 1. Provincial Health Office  
2. Hospital  
3. Provincial Disaster Prevention and Mitigation Office  
4. Provincial Public Relations Office  
5. Community Radio | Provincial Health Office |
<table>
<thead>
<tr>
<th>Key Activities / Roles and Responsibilities</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
</table>
| 3.7 Conduct public information campaigns about disease surveillance and prevention protocols. | 1. Provincial Health Office  
2. Provincial Livestock Office  
3. Hospital  
4. District Health Office  
5. District Livestock Office  
6. Local Administration Organization  
7. Village Health Volunteers and Migrant Community Health Workers | Local Administration Organization |
| 3.8 Prepare school areas to be set up as field hospitals and emergency relief for communities. | 1. Provincial Health Office  
2. Hospital  
3. District Health Office  
4. Local Administration Organization  
5. Provincial Disaster Prevention and Mitigation Office  
6. School  
7. Military and Police Offices  
8. Village Health Volunteers and Migrant Community Health Workers  
9. Provincial Waterworks Authority  
10. Provincial Telecommunication Organization of Thailand (TOT)  
11. Provincial Electricity Authority | Hospital  
School |
<table>
<thead>
<tr>
<th>Key Activities / Roles and Responsibilities</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
</table>
| 3.9 Conduct preliminary health screening amongst international travelers. | 1. Port Health Control of Border Checkpoint  
2. Maesai Immigration Checkpoint  
3. Maesai Customs House  
4. Hospital  
5. District Health Office  
6. Police Office | Port Health Control of Border Checkpoint |
| 3.10 Collect and analyse information on influenza sick leave and mortality rates among health officials in order to manage supplementary personnel. | 1. Provincial Health Office  
2. Hospital  
3. District Health Office | Hospital |
| 3.11 Coordinate quarantine of persons exposed to influenza patients in communities. | 1. Provincial Health Office  
2. Hospital  
3. District Health Office  
4. Local Administration Organization  
5. Provincial Disaster Prevention and Mitigation Office  
6. Village Health Volunteers and Migrant Community Health Workers  
7. Military and Police Offices | Hospital |
| 3.12 Consider closure of schools. | 1. School  
2. Chiangrai Educational Service Area Office  
3. District Health Office  
4. Hospital  
5. Local Administration Organization | Schools |
### Key Activities / Roles and Responsibilities

<table>
<thead>
<tr>
<th>3.13 Promote the use of health masks or handkerchiefs to cover mouth when coughing or sneezing.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provincial Health Office</td>
<td>2. Hospital</td>
<td>Local Administration Organization</td>
</tr>
<tr>
<td>3. District Health Office</td>
<td>4. Health Centers</td>
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<tr>
<td>5. Local Administration Organization</td>
<td>6. Provincial Public Relations Office</td>
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<tr>
<td>7. Community Radio</td>
<td>8. Village Health Volunteers and Migrant Community Health Workers</td>
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<td>9. School</td>
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<thead>
<tr>
<th>3.14 Establish and organize a grief counseling unit to provide mental health and psychosocial supports to patients and relatives of the deceased in hospitals and communities.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hospital</td>
<td>2. District Health Office</td>
<td>Hospital</td>
</tr>
<tr>
<td>3. Village Health Volunteers and Migrant Community Health Workers</td>
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</tbody>
</table>

### 4. Communication and Public Relations

<table>
<thead>
<tr>
<th>4.1 Advise the public about epidemiological information including through additional information channels.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provincial Public Relations Office</td>
<td>2. Community Radio</td>
<td>Provincial Public Relations Office</td>
</tr>
<tr>
<td>5. Hospital</td>
<td>6. Local Administration Organization</td>
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<tr>
<td>7. Village Health Volunteers and Migrant Community Health Workers</td>
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<tr>
<td>Key Activities / Roles and Responsibilities</td>
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<td>Key Responsible Organizations</td>
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</tbody>
</table>
| 4.2 Communicate with the public to reduce panic and promote correct practices. | 1. Provincial Public Relations Office  
2. Community Radio  
3. Provincial Health Office  
4. Provincial Livestock Office  
5. Hospital  
6. Local Administration Organization  
7. Village Health Volunteers and Migrant Community Health Workers | Provincial Public Relations Office |
| 4.3 Set up a telephone hotline for health officials and the public. | 1. Provincial Public Relations Office  
2. Community Radio  
3. Provincial Health Office  
4. Provincial Livestock Office  
5. Hospital  
6. Local Administration Organization | Provincial Health Office |
| 5. Preparedness for Transportation and Public Utilities | | |
| 5.1 Manage the public transportation system to prevent transmission of influenza in public buses. | 1. Provincial Land Transport Office  
2. Police | Provincial Land Transport Office |
| 5.2 Prepare supplemental personnel and equipment to ensure continuity of services during a pandemic. | 1. Provincial Land Transport Office  
2. Provincial Waterworks Authority  
3. Provincial Telecommunication Organization of Thailand(TOT)  
4. Provincial Electricity Authority | • Provincial Land Transport Office  
• Provincial Waterworks Authority  
• Provincial Telecommunication Organization of Thailand (TOT)  
• Provincial Electricity Authority |
### Key Activities / Roles and Responsibilities

<table>
<thead>
<tr>
<th>5.3 Educate staff on influenza prevention, self and family care.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provincial Land Transport Office</td>
<td>6. Provincial Health Office</td>
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<tr>
<td>2. Provincial Waterworks Authority</td>
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<tr>
<td>3. Provincial Telecommunication Organization of Thailand (TOT)</td>
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<tr>
<td>4. Provincial Electricity Authority</td>
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<tr>
<td>5. Provincial Health Office</td>
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<tr>
<td>6. Hospital</td>
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</table>

### 6. Preparedness for Social Security and Rescue

#### 6.1 Protect social security and prevent public panic.

<table>
<thead>
<tr>
<th>6.1 Protect social security and prevent public panic.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
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</thead>
<tbody>
<tr>
<td>1. Provincial Disaster Prevention and Mitigation Office</td>
<td>Provincial Disaster Prevention and Mitigation Office</td>
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<tr>
<td>2. Provincial Health Office</td>
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<tr>
<td>3. Military and Police</td>
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#### 6.2 Provide temporary shelter for evacuees.

<table>
<thead>
<tr>
<th>6.2 Provide temporary shelter for evacuees.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
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<tbody>
<tr>
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<td>2. Provincial Health Office</td>
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<td>3. Local Administration Organization</td>
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</table>

#### 6.3 Evacuate officials and residents living in crowded areas.

<table>
<thead>
<tr>
<th>6.3 Evacuate officials and residents living in crowded areas.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
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<tbody>
<tr>
<td>1. Provincial Disaster Prevention and Mitigation Office</td>
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<td>2. Provincial Health Office</td>
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<td>3. Local Administration Organization</td>
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<tr>
<td>4. Military and Police</td>
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#### 6.4 Manage a rescue system in support of human influenza pandemic preparedness and response.

<table>
<thead>
<tr>
<th>6.4 Manage a rescue system in support of human influenza pandemic preparedness and response.</th>
<th>Involved Organizations</th>
<th>Key Responsible Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provincial Disaster Prevention and Mitigation Office</td>
<td>Provincial Disaster Prevention and Mitigation Office</td>
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<td>3. Local Administration Organization</td>
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<td>4. Military and Police</td>
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<tr>
<td>Key Activities / Roles and Responsibilities</td>
<td>Involved Organizations</td>
<td>Key Responsible Organizations</td>
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</tbody>
</table>
| 6.5 Train alternate personnel and volunteers for additional public emergency aid. | 1. Provincial Disaster Prevention and Mitigation Office  
2. Provincial Health Office  
3. Local Administration Organization | Provincial Disaster Prevention and Mitigation Office |
| 6.6 Coordinate with community organizations and volunteer agencies to provide alternate personnel for public emergency aid. | 1. Provincial Disaster Prevention and Mitigation Office  
2. Local Administration Organization | Provincial Disaster Prevention and Mitigation Office |
Procedures of Related Organizations for Avian and Human Influenza Pandemic Preparedness Plan in Chiang Rai Province
Drafted 2008 Avian and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand

Provincial Disaster Prevention and Mitigation Office
**Procedure**

PROVINCIAL DISASTER PREVENTION AND MITIGATION OFFICE
31 October 2008

- **Notified by Provincial Health Office/ Hospital/ Provincial Livestock Office**

  **Receive AHI Pandemic Information**
  *By Information Officer*

  **Report to Chief of Provincial Disaster Prevention and Mitigation Office**
  *By Head of Prevention and Operation section*

  **Report to Provincial Governor about the declaration of disaster area**
  *By Chief of Provincial Disaster Prevention and Mitigation Office*

- **Closely monitor the situation**
  *By Head of Prevention and Operation section*

- **Not declare**

  **Considered**
  *By Provincial Governor*

  **Declare**

  **Notified the declaration of disaster area**
  *By Chief of Provincial Disaster Prevention and Mitigation Office*

  **Convene a meeting for operation**
  *By Chief of Provincial Disaster Prevention and Mitigation Office*

- **Manage and implement disaster relief plan**
  *By Management and Strategy Section*

- **Prevent and operate**
  *By Prevention and Operation section*

- **Assist victims**
  *By Victims Aid Section*

  **Conduct surveillance and receive notification**

  **Report and monitor situation**

- **Disseminate information to the public to raise awareness and understanding**

- **Coordinate operation**

  - Provincial level
  - District level
  - Volunteer network

- **Control containment**

- **Receive donation and supplies**

- **Manage aid system**
DDrraaffteeedd  22000088  AAvviiaann  aanndd  HHuummaann  IInnfflluueennzzaa  PPaannddeemmiicc  PPrreeppaarreeeddnn  PPllaann  iinn  44  PPiillootteedd  DDiissttrriiccttss  ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd
Drafted 2008 Avian and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand

Provincial Public Relations Office
DDrraafftteedd 22000088  AAvviiaann and  HHuummaann IInnfflluueennzzaa PPaannddeemmiicc PPrreeppaarreddnneess  PPllaann iinn 44  PPiillootteedd DDiissttrriiccttss ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd

74
**Procedure**

**PROVINCIAL PUBLIC RELATIONS OFFICE**

31 October 2008

1. **Receive pandemic information**
   - By Chief of Provincial Public Relations Office

2. **Convene a meeting with Public Relations Working Group**
   - By Chief of Provincial Public Relations

3. **Set up a press conference center**
   - By Chief of Provincial Public Relations

4. **Disseminate information through television stations**
   - By Reporters of Television Stations

5. **Disseminate information through radio stations**
   - By Chiefs of Radio Stations

6. **Disseminate information through newspapers**
   - By Editors of Newspapers

7. **Disseminate information through radio stations**
   - Radio Thailand Chiangrai
     - By Chief of Radio Station

8. **Main Radio Station**
    - By Chief of Main Radio Station

9. **86 Community Radio Stations**
    - By Chiefs of 86 community Radio Stations

10. **Disseminate information through community loudspeakers**
    - By Community leaders

11. **Provincial Information Center under the Operation Committee on Prevention and Solution of Avian Influenza Outbreak at the Provincial Level**
    - By Provincial Governor
**Procedure**

**PROVINCIAL AND DISTRICT LIVESTOCK OFFICES**  
31 October 2008

1. **Outbreak takes place**
   - Initial investigation
2. **Suspected AI incidence**
   - Collect specimens for laboratory testing
   - Preliminary report
   - Confirm laboratory tests
   - Positive result
   - Negative result
3. **Immediatly inform PHO**
   - Other relevant agencies i.e. Ministry of Defense, Ministry of Interior, Ministry of Public Health, Ministry of Natural Resources and Environment
   - Detail Investigation
   - Provincial/District War Room
   - Declare pandemic zone
   - Mobilize Special Disease Control Units
4. **Sick / death according to the definition of avian influenza**
   - Collect samples of poultry remains for laboratory testing
   - Confirm laboratory tests
   - Positive result
   - Negative result
   - Investigate other causes
   - Conduct Public relations
5. **Sick / death according to the definition of avian influenza**
   - Conduct poultry surveillance
   - Disinfect the area
6. **Symptom**
   - Collect samples of poultry remains for laboratory testing
   - Confirm laboratory tests
   - Positive result
   - Negative result
   - Investigate other causes
   - Conduct Public relations
7. **Symptom**
   - Sick / death according to the definition of avian influenza
   - Collect samples of poultry remains for laboratory testing
   - Confirm laboratory tests
   - Positive result
   - Negative result
   - Investigate other causes
   - Conduct Public relations
8. **Result within 10 days**
   - Control relocation of poultry and quarantine
   - Prohibit relocation of poultry and their remains within a radius of 10 km. of the outbreak area for 30 days.
   - Control poultry within a radius of 10 km. from incident area for 30 days.
9. **Result within 10 days**
   - Prohibit relocation of poultry and their remains within a radius of 10 km. of the outbreak area for 30 days.
10. **Result within 10 days**
    - Educate the public through various media channels
    - Conduct Press Conference with related agencies
    - Conduct Public relations
    - Educate the public on appropriate disposal of poultry remains
    - Prohibit poultry relocation
    - Await laboratory test results

---

** coordinate with District Health Office / Health Centers / Hospital / Provincial Livestock Office**

**Disease surveillance within a radius of 10 km. of the outbreak area including:**
- Clinical surveillance
- Random sample of poultry faeces for laboratory test with 99% of confidence
- 60 poultry in each building of every farm and 20 backyard poultry in each village
Local Administrative Organization
DDrafted 2000 and Human Influenza Pandemic Preparedness Plan in 4 Pilot Districts of Chiang Rai Province, Thailand
Procedure
LOCAL ADMINISTRATIVE ORGANIZATION
31 October 2008

Notified by District Health Office/ Hospital/ Health Centers/ District Livestock Office

Receive pandemic information from District Health Office/ Hospital
*By head of Public Health Division*

Executive meeting

**Special team meeting**
*By Public Health Division*

**Data collection**

Meeting among community leader/ CHVs /HC / DLSO

Prepare equipment

Prepare the area to eliminate poultry remains

Manage the budget
*By Public Health Division*

Adequate

Insufficient

Inadequate

Request special budget

Spray + Disinfecting solution

Equipment / PPE etc.

Sufficient

Quantity

Insufficient

Procure

Report to Executive Officer

Coordinate with District Health Office/ Health Centers/ Hospital/ District Livestock Office

Inform Provincial Public Relations Office

Inform the public

Community radio

Television

Newspaper
DDrraafftteedd  22000088  AAvviiaann  aanndd  HHuummaann  IInnfflluueennzzaa  PPaannddeemmiicc  PPrreeppaarreeddnneessss  PPllaann  iinn  44  PPiillootteedd  DDiissttrriiccttss  ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd
Port Health Control of Maesai Border Checkpoint
DDrafted 2000088 AAvviiaann aanndd HHuummaann IInnfflluueennzzaa PPaannddeemmiicc PPrreeppaarreeddnneesss  PPllaann iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanngg RRaaii PPrroovviinnccee,, TThhaaiillaanndd
Procedure
PORT HEALTH CONTROL OF MAESAI BORDER CHECKPOINT
31 October 2008

“For Arriving Travellers”

Travellers arriving

Conduct initial health screening

By Port Health Control Officer

Measure
Body Temperature

< 38 degree Celsius

Continue with immigration process

Allow entry into Thailand

≥ 38 degree Celsius

Conduct Initial Diagnosis

By Port Health Control Officer

No influenza-like symptoms

Consider for entry

By Port Health Control Officer

Influenza symptoms

Refer to hospital for treatment

By Port Health Control Officer

Inform SRRT

By Port Health Control Officer

Allow

Prohibit entry into Thailand

By Port Health Control Officer

Disallow

Continue with immigration process

By Port Health Control Officer
FOR DEPARTING TRAVELLERS

Departing travellers

Conduct initial health screening
*By Port Health Control Officer*

Measure Body Temperature

< 38 degree Celsius

Continue with immigration process

Depart from Thailand

≥ 38 degree Celsius

Conduct Initial Diagnosis
*By Port Health Control Officer*

No influenza-like symptoms

Consider for departure
*By Port Health Control Officer*

Depart from Thailand

Influenza symptoms

Refer to hospital for treatment
*By Port Health Control Officer*

Inform SRRT
*By Port Health Control Officer*

Allow

Disallow

Continue with immigration process

Depart from Thailand
Chiangrai Provincial Police Division and Police Stations
DDrraafftteedd 22000088 AAvviiaann aanndd HHuummaann IInnfflluueennzzaa PPaannddeemmiicc PPrreeppaarreddnneessss PPllaann iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanngg RRaaii PPrroovviinnccee,, TThhaaiillaanndd
**Procedure**

**PROVINCIAL POLICE DIVISION AND POLICE STATIONS**

31 October 2008

- **Receive pandemic information from relevant agencies**
  - **By Administrative Officer**

- **Report to the Commander of Provincial Police Division/Police Station**
  - **By Administrative Officer**

- **Conduct a staff meeting**
  - **By Deputy Commander of Provincial Police Division**

- **Notified by Provincial or District Health Office/ Hospital/Provincial Livestock Office**

- **Prepare personnel**
  - **By Police Inspector**

- **Inform police officers in each police station**
  - **By Inspector, Personnel Unit**

- **Support public relations**
  - **By Chief of Provincial Police Radio Station**

- **Inform police station in the pandemic area**
  - **By Inspector, Personnel Unit**

- **Set up Task Force Center**
  - **By Deputy Commander of Provincial Police Division**

- **Set up Task Force for the pandemic area**
  - **By Chief Inspector**

- **Set up checkpoints to restrict travel in and out of the area**
  - **By Chief of Police Station**

- **Coordinate with relevant agencies**
  - **By Chief of Police Station**

- **Receive support from Provincial Health Office/ Hospital/Provincial Livestock Office**
  - **By Deputy Commander of Provincial Police Division**

- **Prepare PPE**
  - **By Inspector, Administrative Unit**

- **Summarise/assess/report to the commander**
  - **By Deputy Commander of Provincial Police Division**

- **Military**
  - **District Livestock Office**
  - **District Health Office**

- **Educate staff and their families**
  - **By Inspector, Policy and Planning Unit**
Prepared Plan in 4 pilot districts of China Province, Thailand
Phamuang Task Force,
3rd Cavalry Regiment

Drafted 2006: Thai and Human Influenza Pandemic Preparedness Plan in 4 Piloted Districts of Chiang Rai Province, Thailand
Procedure
PHAMUANG TASK FORCE, 3rd CAVALRY REGIMENT
31 October 2008

Notified by District Health Office/ Hospital/ Health Centers/ District Livestock Office

Prepare for pandemic response

Receive pandemic information from relevant agencies
*By Chief of Thai-Burmese Border Committee*

Report to Commander
*By Chief of Thai-Burmese Border Committee*

Conduct a meeting with relevant staff
*By Chief of Thai-Burmese Border Committee*

Prepare equipment
*By Nursing Unit*

Coordinate with District Health Office/ Hospital/ Health Centers/ District Livestock Office
*By Nursing Unit*

Prepare personnel
*By Nursing Unit*

Support public relations
*By Chief of Thai-Burmese Border Committee*

Set up checkpoints to control travel in and out of the area
*By Chief of Thai-Burmese Border Committee*

Set up Task Force
*By Chief of Thai-Burmese Border Committee*

Prepare PPE
*By Nursing Unit*

Receive support from Provincial Health Office/ Hospital/ Provincial Livestock Office
*By Chief of Thai-Burmese Border Committee*
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DDrraafftteedd  22000088  AAvviiaann  aanndd  HHuummaann  IInnfflluueennzzaa  PPaannddeemmiicc  PPrreeppaarredddnneessss  PPllaann  iinn  44  PPiillootteedd  DDiissttrriiccttss  ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd
**Procedure**
**PROVINCIAL ELECTRICITY AUTHORITY (PEA)**
31 October 2008

- **Head of PEA assesses the pandemic**
  - **Notified by**
    - District Health Office/ Hospital/ Health Centers/
      District Livestock Office

- **Head of PEA calls for meeting among staffs**

- **Prepare Equipment**
  - **Gloves/Masks**
    - Enough
      - Quantity
      - Not enough
        - Request from Health Center/ District Health Office/ Tambon Administrative Organization/ District Livestock Office
    - Not enough
      - Consider
      - Procure
  - **Generators**
    - Enough
    - Not enough
      - Get support from relevant agencies such as Chieng Mai PEA

- **Prepare staff**
  - **Check staff numbers**
    - Result
      - Normal
        - Request for support from relevant agencies
      - Sick/Death
        - Consider
        - Procure
  - **Assist in AHI surveillance during work in community**
  - **Poultry symptoms**
    - Normal
      - Provide training to staff
    - Sick/Death
      - Inform relevant persons e.g.
        - Village Health Volunteers/ Migrant Community Health Workers/ Public Health Officers/ Livestock Officers

- **Provide training to staff**
  - **AHI Information**
    - Enough
      - Contact Public Health Officers/ Livestock Officers
    - Not enough
Community Radio
Procedure
COMMUNITY RADIO
31 October 2008

Notified by
District Health Office/
Hospital/ Health Centers/
District Livestock Office

Receive pandemic information from relevant agencies  
*By Head of Radio Station*

Receive information and coordination from Provincial Public Relations Office  
*By Head of Radio Station*

Team meeting at each radio station  
*By Head of Radio Station*

Not enough

Pandemic information

Enough

Schedule public announcement  
*By Head of Radio Station*

Announce AHI news and information received from Health Offices/ District Livestock Office through community radio  
*By Radio Announcer*
DDrafted 2000  AAnn  aHHummaann IInnfflluueennzzaa PPaannddeemmiicc  PPrreeppaarred  PPlaann iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanng  RRaaii PPrroovviinnccee,, TThhaaiillaanndd
School
**Procedure**

**HOSPITAL**

31 October 2008

---

**Receive information from Health Center/ Hospital staff**

- **Prepare equipment/ medical supplies/ medicine**
  - **PPE** By Epidemiology Unit
  - **Rapid Test Kits** By Laboratory Unit
  - Oseltamivir and other drugs By Pharmacy Unit

- **Prepare staff** By Health Promotion Unit

- **Prepare Public Relations Team** By Health Promotion Unit

- **Prepare facilities** By Nursing Unit

**Outpatient Unit**

- **H5N1 infection examination Room**

---

**Diagnose**

- **Suspected symptom**
  - **Treat symptoms and perform laboratory tests**
  - **Positive**
    - **Provide treatment**
    - **Result**
      - **Cured**
        - **Discharge and rest at home**
        - **Result**
          - **Dead**
          - **Inform families/ relatives about handling cadavers to prevent any spread of infection**
          - **Educate families/ relatives about AHI prevention**
          - **Discharge and rest at home**
  - **Negative**
    - **Treat and follow up symptoms**
    - **Provide treatment**
    - **Result**
      - **Discharge and rest at home**

---

**No influenza symptoms**

- Prescribe medicine and allow patients to rest at home

---

**Quantity**

- **Enough**
  - **Procure**
  - **Educate public**
    - **Conduct Exhibition**
    - **Provide Health Education**

- **Not Enough**
  - **Hold press conference By Director of Hospital and Spokesperson**
  - **Coordinate with District Health Office/ Hospital/ Health Center/ District Livestock Office**

---

**Special Health Screening Area**

- **Quarantine room**

---

**Communicate with**

- **District Health Office/ Hospital/ Health Center/ District Livestock Office**

---

**Conduct Disease Surveillance**

- **Inform families/ relatives**
- **Educate families/ relatives about handling cadavers to prevent any spread of infection**
- **Discharge and rest at home**

---

**Coordinate with**

- **District Health Office/ Hospital/ Health Center/ District Livestock Office**

---

**Receive information from**

- **Health Center/ Hospital staff**

---

**Prepare staff**

- **By Health Promotion Unit**

---

**Prepare Public Relations Team**

- **By Health Promotion Unit**

---

**Prepare facilities**

- **By Nursing Unit**

---

**Prepare equipment/ medical supplies/ medicine**

- **PPE** By Epidemiology Unit
- **Rapid Test Kits** By Laboratory Unit
- Oseltamivir and other drugs By Pharmacy Unit

---

**Coordinate with**

- **District Health Office/ Hospital/ Health Center/ District Livestock Office**

---

**Outpatient Unit**

- **H5N1 infection examination Room**

---

**Diagnose**

- **Suspected symptom**
  - **Treat symptoms and perform laboratory tests**
  - **Positive**
    - **Provide treatment**
    - **Result**
      - **Cured**
        - **Discharge and rest at home**
        - **Result**
          - **Dead**
          - **Inform families/ relatives about handling cadavers to prevent any spread of infection**
          - **Discharge and rest at home**
  - **Negative**
    - **Treat and follow up symptoms**
    - **Provide treatment**
    - **Result**
      - **Discharge and rest at home**

---

**No influenza symptoms**

- Prescribe medicine and allow patients to rest at home
DDraaffted 2000088 AAvviiaann aanndd HHuummaann IIInnfflluueennzzaa PPPlaannddeemmiicc PPPlaan iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanngg RRaaii PPProovviinnccee,, TThhaaiillaanndd
Surveillance Rapid Response Team
(SRRT)
Procedure
SURVEILLANCE RAPID RESPONSE TEAM (SRRT)
31 October 2008

Monitor AHI infection in responsible areas

\[ \text{Normal} \]

Potential outbreak

\[ \text{Prepare equipment/ medical supplies/ medicine} \]

\[ \text{Enough} \]

\[ \text{Prepare staff} \]

\[ \text{Inform/ coordinate with relevant agencies} \]

\[ \text{SRRT meeting} \]

Inform Village Health Volunteers/ Migrant Community Health Workers to perform community surveillance

\[ \text{Report to District Mayor/ District Health Officer/ Provincial Chief Medical Officer} \]

Analyze information / situation

\[ \text{Enough} \]

\[ \text{Inform/ coordinate with relevant agencies} \]

\[ \text{SRRT meeting} \]

Inform Village Health Volunteers/ Migrant Community Health Workers to perform community surveillance

\[ \text{Additional data collection/ disease investigation} \]

\[ \text{Publicize the district situation} \]

Community radio
Television
Newspaper

\[ \text{Educate public} \]

SRRT comprises of:
1. Hospital
2. District Health Office (DHO)
3. Health Center (HC)
4. District Live Stock Office (DLSO)
5. Communicable Disease Control Check-point at the border
6. Thai CHVs/ migrant CHVs/ CHWs
Prepared Plan in 4 Pilloted Districts of Chang Province, Thailand
Village Health Volunteer
and
Migrant Community Health Worker
DDrraafftteedd 22000088 AAviann aanndd HHummaann IInnfflluueennzzaa PPannddeemmiicc PPllaannnneessss PPlaan iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanngg RRaaii PProvviinnccee,, TThhaaiillaanndd 118
Procedure
VILLAGE HEALTH VOLUNTEER & MIGRANT COMMUNITY HEALTH WORKDER
31 October 2008

Receive pandemic information from Health Center/ Hospital
By
Village Health Volunteers/ Migrant Community Health

Poultry surveillance

Environmental surveillance

Human surveillance

Symptom

Abnormal

Normal

Sick/ death poultry

Abnormal

Sick/Death poultry

Suspected case of respiratory system found

Initial investigation on AHI exposure

Inform community leader

Inform Public Health/ Livestock Officers

Take Livestock/ Public Health/ Tambon Administrative Officers to the location where incidence is found

Inform Health Center/ Livestock Office/ Tambon Administrative Organization/ Hospital

Educate villagers

Symptoms and poultry contact

Related

Not related

Prepare equipment

Request for AHI control equipment from Health Center/ District Livestock Office/ Tambon Administrative Organization

Educate the community

Coordinate with District Health Office/ Hospital/ Health Center/ District Livestock Office
DDrraaffteeddd  22000088  AAvviiaann  aanndd  HHuummaann  IInnfflluueennzzaa  PPaannddeemmiicc  PPrreeppaarreddee  PPllaann  iinn  44  PPiillootteedd  DDiissttrriiccttss  ooff  CChhiiaanngg  RRaaii  PPrroovviinnccee,,  TThhaaiillaanndd
Coordination Links among Relevant Organizations on Avian and Human Influenza Pandemic Preparedness Plan in Muang, Chiang Saen, Mae Sai and Mae Fah Luang Districts of Chiang Rai Province
Draft 2008 Aavian and Human Influenza Pandemic Preparedness Plan in 4 Pilot Districts of Chang River Province, Thailand
COORDINATION LINKS AMONG RELEVANT ORGANIZATIONS ON AVIAN & HUMAN INFLUENZA PANDEMIC PREPAREDNESS IN MUANG, CHIANG SAEN, MAE SAI AND MAE FAH LUANG DISTRICTS OF CHIANG RAI PROVINCE

List of Acronyms
AHI  Avian Human Influenza
DHO  District Health Office
HC  Health Center
PCMO  Provincial Chief Medical Officer
PLSO  Provincial Livestock Office
SRRT  Surveillance Rapid Response Team
LAO  Local Administrative Organization
CDC  Communicable Disease Control
VHV  Village Health Volunteer
MCHW  Migrant Community Health Worker

Governor  → War Room  → DHO/HC  → District Livestock Office  → Report pandemic situation to relevant agencies  → Educate personnel in relevant agencies on AHI

Manager  → PCMO  → Report summary

Dist. Mayor  → District Livestock Office

Other to be added  → SRRT  → School  → Military  → Police

Private sector and State Enterprise  → Community Radio  → VHV, MCHW/MCHV

Community Radio  → LAO  → Community

Community Network on AHI prevention, control and surveillance

Develop community network on AHI prevention, control and surveillance

Conduct AHI pandemic preparedness and response according to existing procedures and work instructions of each organization.

Electricity Authority  → Waterworks Authority  → Telephone Organization  → Land Transport Office  → Others

Thais/migrants employees  → Entrepreneurs

Non-government Organizations

Business Owners
DDrafted 2000088 AAnnndd HHummaann IInnflueennzzaa PPaannddeemmiicc PPrreeppaarreddnneesss PPlann iinn 44 PPlleeotttedd DDiissttrriiccttss ooff CChhiinnaa RRAaii PPrroovviinnccee,, TThhaaiillaanndd
Contact Details of Focal Persons of Relevant Organizations
## CONTACT DETAILS OF FOCAL PERSONS OF RELEVANT ORGANIZATIONS

### Muang District

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Office telephone numbers</th>
<th>Office fax numbers</th>
<th>Focal Person(s)</th>
<th>Contact numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provincial Health Office</td>
<td>053-910308</td>
<td>053-918345</td>
<td>Dr. Surin Sumanaphan</td>
<td>08-1783-3001</td>
</tr>
<tr>
<td></td>
<td>053-910309</td>
<td></td>
<td>Ms. Radchanee Bruranakitpripoon</td>
<td>08-1473-3077</td>
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<tr>
<td>Epidemiology Office</td>
<td>053-718193</td>
<td>053-718193</td>
<td>Ms. Korawin Wiriyaprasobchook</td>
<td>08-6912-8656</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Mr. Hanusit Muangmo</td>
<td>08-1030-2577</td>
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<tr>
<td>Provincial Disaster Prevention and Mitigation Office</td>
<td>053-711406</td>
<td>053-717463</td>
<td>Mr. Narong Inso</td>
<td>08-6910-7165</td>
</tr>
<tr>
<td>Chiang Rai Provincial Administration Organization (Quality of life Promotion Office)</td>
<td>053-601758</td>
<td>053-601758</td>
<td>Ms. Nattayaporn Jaengpetch</td>
<td>08-1231-0432</td>
</tr>
<tr>
<td>Chiang Rai Municipality</td>
<td>053-711338</td>
<td>053-713272</td>
<td>Ms. Pornthip Chantrakul</td>
<td>08-6658-1426</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mr. Narong Puasiri</td>
<td>08-1531-5723</td>
</tr>
<tr>
<td>Ban Duo Sub-district Municipality</td>
<td>053-703653 ext 5</td>
<td>053-703262 ext 110</td>
<td>Mr. Samuan Tiamsaa</td>
<td>08-4175-6537</td>
</tr>
<tr>
<td>Chiang Rai Police Station</td>
<td>053-718118</td>
<td>053-711437</td>
<td>Lt.Col. Nawarat Klinnoi</td>
<td>053-718118 #402</td>
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<tr>
<td></td>
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<td></td>
<td>Lt.Col. Poj Probwichai</td>
<td>08-1882-3491</td>
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<td>Lt.Col. Khuanchat Chummongkol</td>
<td>08-1681-0281</td>
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<td>Phamuang Task Force, 3rd Cavalry Regiment</td>
<td>053-758589</td>
<td>053-758589</td>
<td>Capt. Suparb On-udom</td>
<td>08-1740-8442</td>
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<td>Sgt. Apichat Kongwee</td>
<td>08-4488-6513</td>
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<tr>
<td>Provincial Land Transport Office</td>
<td>053-152034</td>
<td>053-152073</td>
<td>Mr. Thawon Reintrakulchai</td>
<td>08-9203-1182</td>
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<tr>
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<td></td>
<td>Mr. Wichai Ruansri</td>
<td>08-9756-6464</td>
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<td></td>
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<td></td>
<td>Mr. Narin Saokong</td>
<td>08-1960-3874</td>
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<tr>
<td>Provincial Waterworks Authority</td>
<td>053-713007</td>
<td>053-713008</td>
<td>Mr. Nop Rachata</td>
<td>08-9853-8123</td>
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<td>Mr. Chainarong Wongjit</td>
<td>08-1765-9798</td>
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<td></td>
<td>Mr. Charan Wangsombat</td>
<td>08-7191-4837</td>
</tr>
<tr>
<td>Provincial TOT Public Company Limited</td>
<td>053-711888</td>
<td>053-714021</td>
<td>Mr. Chuuchai Wilai</td>
<td>08-9954-9353</td>
</tr>
<tr>
<td>Provincial Hospital</td>
<td>053-711300</td>
<td>053-713044</td>
<td>Mr. Supalert Netsuwan</td>
<td>08-6911-0445</td>
</tr>
<tr>
<td>ext 1884, 1115</td>
<td></td>
<td></td>
<td>Ms. Maneewan Mekhala</td>
<td>08-1885-9335</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Sutat Sriwilai (Director)</td>
<td>053-711300</td>
</tr>
<tr>
<td>Provincial Livestock Office</td>
<td>053-711604</td>
<td>053-711604</td>
<td>Mr. Witaya Jintanawat</td>
<td>08-1724-2424</td>
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<td></td>
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<td>Mr. Phuutphon Noinaphai</td>
<td>08-4172-0396</td>
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<td></td>
<td>Mr. Keitchai Unkaad</td>
<td>08-3473-3733</td>
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</tbody>
</table>
### Organizations

<table>
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<tr>
<th>Organizations</th>
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<tr>
<td>Muang District Livestock Office</td>
<td>053-719527</td>
<td>053-719527</td>
<td>Mr. Nikom Doksalid</td>
<td>08-9553-6823</td>
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<tr>
<td>Sahasart Seuksah School</td>
<td>053-750020</td>
<td>053-150119</td>
<td>Mr. Praphan Tassaneeyakorn</td>
<td>053–750020</td>
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<td>Ms. Sureeporn Tassaneeyakorn</td>
<td>053–750020</td>
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<tr>
<td>Provincial Public Relations Office</td>
<td>053-711870</td>
<td>053-600600</td>
<td>Ms. Prachayaporn Songrood</td>
<td>08-1724-9609</td>
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<td>Mr. Rasee Na Lampang</td>
<td>08-9851-3994</td>
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<td>Mr. Sutham Kuaboonsong</td>
<td>08-1594-9873</td>
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<td>Muang District Health Office</td>
<td>053-713031</td>
<td>053-746960</td>
<td>Ms. Urai Kuiphiaphoom</td>
<td>08-1595-2091</td>
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<td>Ms. Tassanaporn Limwanichkul</td>
<td>08-6659-7735</td>
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<td>Ms. Raenuu Khattiya</td>
<td>08-1952-3244</td>
</tr>
<tr>
<td>Ban Sunkhong School</td>
<td>053-711017</td>
<td>053-716690</td>
<td>Mr. Boonhuang Phattarachaw</td>
<td>08-9433-3092</td>
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<td></td>
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<td></td>
<td>Ms. Samneang Wannasri</td>
<td>08-6923-5574</td>
</tr>
<tr>
<td>Village Health Volunteer (Nang Lae Sub-district)</td>
<td>-</td>
<td>-</td>
<td>Ms. Khamnoi Kanthasuk</td>
<td>08-6913-7063</td>
</tr>
<tr>
<td>Migrant Community Health Volunteer (Mae Yao Sub-district)</td>
<td>-</td>
<td>-</td>
<td>Mr. Boonteng Thepsomros</td>
<td>08-5867-0366</td>
</tr>
<tr>
<td>Provincial Electricity Authority</td>
<td>053-711399</td>
<td>053-711399</td>
<td>Mr. Ruttanan Riyawaree</td>
<td>-</td>
</tr>
</tbody>
</table>
## Mae Sai District

<table>
<thead>
<tr>
<th>Organizations</th>
<th>Office telephone numbers</th>
<th>Office fax numbers</th>
<th>Focal Person(s)</th>
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<tbody>
<tr>
<td>Mae Sai Sub-district Municipality (Environmental Health and Public Health Office)</td>
<td>053-731288 ext 205</td>
<td>053-731288 ext 5</td>
<td>Mr. Itthiphon Kaewratchuang</td>
<td>08-7303-9177</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Ms. Paphawarin Laaphing</td>
<td>08-6420-2844</td>
</tr>
<tr>
<td>Maesai Customs House</td>
<td>053-731715</td>
<td>053-733669</td>
<td>Mr. Chuuchai Udompooch</td>
<td>053-731715 ต่อ 12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ms. Rumrada Kanhaa</td>
<td>08-9461-1299</td>
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<tr>
<td>Community Radio (F.M 103.25 Mhz.)</td>
<td>053-730142</td>
<td>053-763142</td>
<td>Mr. Amorn Phenchaiyaa</td>
<td>08-4616-7159, 08-5124-5421</td>
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<td>Ms. Phong Jaiwong</td>
<td>08-6728-5506</td>
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<td>Mr. Sa-nga Klahaan</td>
<td>08-1910-6467</td>
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### Chiang Saen District

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# Mae Fah Luang District

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- 053-767038 053-767038  Mr. Chainiran Sunanta  08-9999-9971
- 053-767152-3 053-767153  Mr. Inchai Unnoi  08-1884-7600
- 053-767152-3 053-767153  Mr. Narong Luecha  08-6193-7052
- 053-767152-3 053-767153  Mr. Wichai Phiraban  08-9852-1304
- 053-767152-3 053-767153  Ms. Yuwadee Duangthep  08-4916-0900
- 053-730208 053-730205  Ms. Siriwarin Unruan  08-9835-6855/08-4378-9093
- 053-918541 053-918541  Mr. Wasan Thaweeketphaisan  053-918541
- 053-918547 053-918547  Mr. Saengsuriya Sanchuun  08-9264-0898
- 053-730320 053-730321  Mr. Asong Maayo  08-5706-8874
- 053-730320 053-730321  Mr. Petch Srauwong  08-0501-0514
- 053-730320 053-730321  Mr. Weeraphong Maayo  08-6118-3634
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Of
Epidemiology
Office
DDrraafftteedd 22000088 AAvviiaann aanndd HHummaann IInnfflluueennzzaa PPaannddeemmiicc PPrreeppaarreddnneessss PPllaann iinn 44 PPiillootteedd DDiissttrriiccttss ooff CChhiiaanngg RRaaii PPrroovviinnccee,, TThhaaiillaanndd
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บัตรรายงานผู้ป่วย
แบบ ร. 506

ช่วงงานนิทรรศการโรคสัตว์ประเภทที่ 4 และสัตวแพทยศาสตร์ กรมควบคุมโรค กระทรวงสาธารณสุข

โทร. 0-2590-1787, 0-2590-1785

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139
แนบรายงานผู้ช่วยโรลโล่ภูมิ/ไข้หวัดใหญ่ เข้าร่วมจัดการฉุกเฉิน

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รวม | 6               |

ข้อรูปแบบ  นายแพทย์ที่เที่ยวบ้าน

(นายแพทย์ที่เที่ยวบ้าน เขียนลงมือ)

ทั้งหมด  นักวิชาการสาธารณสุข 7
แบบแจ้งผู้ป่วยไข้หวัดใหญ่โรคระบาด ดังกล่าวมานายสาธารณสุขจังหวัดเชียงราย
จากหน่วยงาน/โรงพยาบาล...........................................
วันที่รายงาน (วัน/เดือน/ปี) ........................................
ชื่อ.............................................นามสกุล.....................................เพศ ( ) ชาย ( ) หญิง
อายุ.............................................ปี อายุจริง.....................................สัญชาติ.....................................เรืออากาศ
ที่อยู่ในประเทศไทยติดตามได้ ( ) บ้าน ( ) อื่นๆ ระบุ.....................................เลขที่.....................................หมู่ที่.....................................หมู่ปาน.....................................ถนน.....................................ตัวเมือง.....................................อำเภอ.....................................จังหวัด.....................................โทรศัพท์.....................................ที่ทำการ.....................................มือถือ.....................................สถานที่รักษาโรคโรงพยาบาล.....................................จังหวัด.....................................
ข้อมูลเบื้องต้น
วันที่รีบเร่งรับ (วัน/เดือน/ปี) .....................................
วันที่เข้ารักษา (วัน/เดือน/ปี) .....................................
ยุคเกิด/ช่วงอายุ.....................................อ่ง
( ) โต ( ) หายใจสระบุ ( ) หลอดเหนียง
( ) มีไข้ ( ) มีเสมหะ ( ) อื่นๆ ระบุ.....................................
เลือกเรียบร้อย ( ) ไม่ได้กิน
( ) ท่านผู้ป่วยพิการ.....................................ระบุ ผล.....................................
ประเภทผู้ป่วย ( ) ผู้ป่วยนอก วันที่..........................
( ) ผู้ป่วยใน วันที่..........................
การวินิจฉัยสิ่งต่ำภัย
( ) Pneumonia ที่มีประวัติเสียง ( ) viral pneumonia
( ) ไข้หวัดใหญ่ (Influenza) ( ) ผู้ป่วยจากโรคระบบทางเดินหายใจ
( ) อื่นๆ.....................................ประวัติสิ่งต่ำภัย
- ผู้ป่วยมีประวัติ ล้มเลือดลำบาก แล้วมีอาการป่วยไข้ต่ำ ไม่หาย ( ) ไม่ใช่ ( ) ใช้
- ระบุอาการที่เกี่ยวข้องการวินิจฉัย ระบุวันเวลาดังลักษณะ.....................................

- อาการสุภูมิที่มีผลต่ำภัยมีอาการคล้ายภัยต่ำภัย ( ) ไม่ใช่ ( ) ใช้
- ด้านล่างจุดต่ำภัย การป่วย Pneumonia ( ) ไม่ใช่ ( ) ใช้

ผู้รายงาน.............................................หน่วยงาน/โรงพยาบาล.....................................โทรศัพท์.....................................
แบบสอบถามผู้ป่วยโรคไข้หวัดใหญ่และปอดอักเสบที่มีอาการ

ชื่อผู้สอบสวน............................................. หน่วยงาน.............................................

1. ข้อมูลผู้ป่วย
ชื่อ-สกุล............................................. เพศ ( ) ชาย ( ) หญิง อายุ ............. ปี
สัญชาติ............................................. อารมณ์.............................................
ที่อยู่ เลขที่ ............. หมู่ ......... ถนน ............................................. ตำบล .............................................
อำเภอ............................................. จังหวัด............................................. เฉพาะจังหวัด.............................................

2. ข้อมูลอาการป่วยจากการสัมผัส
2.1 วันเริ่มป่วย วันที่ ............. เดือน ............. พ.ศ.............
2.2 อาการสังเกตุที่มีความผิดปกติ.............................................
2.3 อาการผู้ป่วยตัวเด่นวันเมื่อปรากฏอาการวันสอบสวน

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วันเริ่มการรักษา ............................................. วันแรกเริ่มยา螺 .............................................

กิจกรรมการจับป่วยปลอดภัย หรือโรคประจำตัว(ถ้ามี) ระบุ.............................................

3 ประวัติเพิ่มเติมต่อการสัมผัสโรคปอดอักเสบ

- ในช่วง 7 วันก่อนวันเริ่มป่วยของผู้ป่วยมีโรคปอดอักเสบหรือไม่ ( ) มี ( ) ไม่มี
- ในช่วง 7 วันก่อนวันเริ่มป่วยของผู้ป่วยมีโรคปอดอักเสบหรือไม่ ( ) มี ( ) ไม่มี
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4. ข้อมูลการตรวจทางห้องปฏิบัติการ

CBC: รับที่: ............................................................ ml
CBC: รับที่: ............................................................ ml
Sputum gram stain รับที่: ............................................................ ml
Sputum culture รับที่: ............................................................ ml
Hemo-culture รับที่: ............................................................ ml
CXR: รับที่: ............................................................ ml
CXR: รับที่: ............................................................ ml
CXR: รับที่: ............................................................ ml

5. การเก็บวัสดุตัวอย่างสำหรับการตรวจทางห้องปฏิบัติการ ( ) ไม่เก็บ ( ) เก็บ ระบุตัวอย่างที่เก็บ

ก. Direct specimen 2 ตัวอย่าง รับที่เก็บ ............................................................

( ) Nasopharyngeal swab
( ) Throat swab
( ) Nasal swab

ข. เลือก 5 มล. เทียบในหลอดที่มี EDTA รับที่เก็บ ............................................................

ค. Cleft blood 5 มล. หรือข้าม 3 มล. รับที่เก็บ ครั้งที่ 1 ครั้งที่ 2 วันที่ ............................................................

6. การรักษาเบื้องต้น .............................. การรักษาเบื้องต้นสามารถที่จะใช้ได้

( ) ให้ยา Tamiflu ตามweis.

7. ในกรณีที่ผู้ป่วยตาย ให้ทำ autopsych หรือไม่

( ) ไม่ทำ ( ) ทำ นำทรายละเอียด...

8. การดูแลผู้สูญเสียและผู้สูญลักษณะ

รายชื่อผู้สูญเสียรายต่างในระเบียบ ระบุลักษณะและการสันเกิดกิจการ วันที่และระยะเวลาการสันผล ถ้ามีอาการบวม ระมูลอาการ

ตาราง

| ที่ - สกุล | เพศ | อายุ | ที่สูญ / เมืองที่ตั้ง | ลักษณะและการสันผล, วันที่สิ้นสุดและการ
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| 7         |    |      |                |                                   |
| 8         |    |      |                |                                   |

วันที่: ............................................................ ส่งรายงานการสอบถามให้ทาย สำนักงานสาธารณสุขจังหวัดเชียงราย

วันที่: ............................................................ ส่งรายงานการสอบถามให้ทาย สำนักควบคุมป้องกันโรคที่ 10

สำนักสาธารณสุขจังหวัดเชียงราย โทรศัพท์: 0-5391-0341, 0-5391-0342 โทรสาร: 0-5391-0343 E-mail: chrrabad@yahoo.com
สำนักระบบบริหารทรัพยากร: 0-2950-1882, 0-29501895 โทรสาร: 0-2951-8579, 0-2950-1784 E-mail: outbreak@health.moph.go.th

143
### การติดตามเลิกษาและการปฏิบัติการที่พบว่าติดเชื้อ

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### การติดตามอาการ ปอดอักเสบ

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### การติดตามอาการ โรคอักเสบ

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แบบติดตามผู้เสียหายของผู้ป่วยไข้หวัดใหญ่และไวรัสอินフルエンซ่าที่เสียหาย

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<th>ประเภท</th>
<th>วันที่เกิดเหตุ</th>
<th>รายละเอียดของเหตุการณ์</th>
<th>ความเสียหาย</th>
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หมายเหตุ: ประเภทผู้เสียหาย: IH - ผู้เสียหายดับ, SC - ผู้เสียหายสาหัส, HCW - ผู้เสียหายคร่าด้วยโรคหรือผู้เสียหายจากเหตุการณ์, HCW - ผู้เสียหายจากเหตุการณ์ การติดตามผู้เสียหาย: ฟังความผูกพันและรายงานความ 10 วันแรกจากการที่ติดเชื้อไวรัสให้ทาง
Report Form Of Livestock Office
DDrraaffted 22000088 AAaavviiaann aanndd HHuummaann IInnfflluueennzzaa PPaannddeemmiicc PPrreeppaarreddeenn PPlaan iinn 44 PPiillootteedd DDiisssttrriiccttss ooff CChhiiaanngg RRaaii PPrroovviinnccee,, TThhaaiillaanndd
แบบรายงานการสอบสวนกรณีสัตว์ป่วยโรคไข้หวัดนกเบื้องต้น

ที่ ชร 0003/ สานักงานปศุสัตว์จังหวัดเชียงราย

วันที่ เดือน พ.ศ. ๒๕๕๐

เรียน ปศุสัตว์จังหวัดเชียงราย

สานักงานปศุสัตว์จังหวัดเชียงราย ขอรายงานการสอบสวนกรณีที่มีสัตว์ป่วยโรคไข้หวัดนกเบื้องต้น ดังนี้

๑. จุดที่มีสัตว์ป่วยตาย ชื่อเจ้าของ……………………………… หมู่ที่…… ชื่อบ้าน………………………………

ตัวสัตว์…………………… อายุ……………………… จังหวัดเชียงราย

๒. ชั้นปิกนิค .............................. จำนวนสัตว์ป่วยในสัปดาห์ที่แล้ว(ก่อนป่วยตาย)............................ ตัว

๓. วันที่จำนวนสัตว์ป่วยตาย

๔.อาการของสัตว์ป่วย

( ) ตายกะทันหัน ( ) หงอน เหนียงสีคล้ำ

( ) อุณหภูมิใช่ระดับปกติ ( ) หน้าบวม

( ) อุณหภูมิไม่ใช่ระดับปกติ ( ) ท้องเสีย

( ) หน้าเข่ามีจุดเลือดออก ( ) อื่น ๆ ...................................................

๕. สภาพการเลี้ยง

( ) เลี้ยงในเล้า โรงเรือนตลอดเวลา ( ) เลี้ยงในเล้า โรงเรือนบางเวลา

( ) เลี้ยงในเล้า โรงเรือนบางเวลา ( ) ปล่อยให้กินอิสระตลอดเวลา

( ) ปล่อยให้กินอิสระตลอดเวลา ( ) อื่น ๆ ...................................................

๖. สาเหตุเกิดโรคเบื้องต้น ...........................................................................................................

๗. การเก็บตัวอย่างส่งตรวจ ............................

( ) Cloacal swab ( ) ขาด ( ) อื่น ๆ ...................................................

(................................................)

ปศุสัตว์อำเภอ.............................

หมายเหตุ ให้รายงานในวันที่พบสัตว์ป่วยโรค
แบบรายงานสรุปการปฏิบัติงาน
การเฝ้าระวัง ป้องกัน ควบคุม และประชาสัมพันธ์เกี่ยวกับโรคไข้หวัดนก
ชื่อบ้าน...........................................หมู่ที่...........ตำบล..............................อำเภอ.......................จังหวัดเชียงราย

ระหว่างวันที่..................................................เดือน................................. พ.ศ..............................

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ลายมือชื่อ...........................................ผู้ปฏิบัติงาน

(...........................................)

150
แบบรายงานการเตรียมเรื่องไข้หวัดนก สำหรับเจ้าหน้าที่ปฐมภูมิประจำอまแยก..................จังหวัด..........................
รายงานประจำวันที่ .......................................................... ☑ เพื่อร่างในระบบ Compartment ☑ เพื่อร่างในระบบเพิ่มเติม ๆ

<table>
<thead>
<tr>
<th>เลขที่</th>
<th>ชื่อ - ยศ</th>
<th>ตำแหน่ง</th>
<th>ที่ตั้ง</th>
<th>รายการ</th>
<th>วันที่</th>
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<th>สถานที่</th>
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1. กรณีมีข้อมูลที่มีการเปลี่ยนแปลงในเอกสารสามารถส่งไปยังสำนักงานศุลกย์สุขภาพจังหวัดที่รับผิดชอบ (Health Zone) ตามที่ระบุในเอกสารรายละเอียด (Email: office@health.go.th Fax: 02-653-5602)

2. กรณีมีข้อมูลที่มีการเปลี่ยนแปลงในเอกสารสามารถส่งไปยังสำนักงานศุลกย์สุขภาพจังหวัดที่รับผิดชอบ (Email: office@health.go.th Fax: 02-653-5602)

ลงชื่อผู้รายงาน...........................................................

(..................................................)
คำชี้แจง  การลงข้อมูลในแบบฟอร์ม

2 ชื่อ - สกุล หรือ ชื่อฟาร์ม ให้ระบุชื่อ-สกุล หรือชื่อฟาร์ม พร้อมทั้งหมายเลขประจำตัวบัตรประชาชนของเจ้าของสัตว์

3 สถานที่เลี้ยง ให้ระบุสถานที่เลี้ยงสัตว์

4 พิกัดพื้นที่  พิกัดฟาร์ม/ครัวเรือนเลี้ยงสัตว์ปีก โดยให้ใส่ทั้ง x และ y

5 กิจกรรมเฝ้าระวังโรค
   1 - สุ่มตรวจก่อนเคลื่อนย้ายสัตว์ปีกในคอมพาร์ทเมนต์
   2 - สุ่มตรวจเป็นประจำ สัตว์ปีก/ครัวเรือน ในเขตกันชนรอบคอมพาร์ทเมนต์
   3 - สุ่มตรวจเป็นประจำ สัตว์ปีก/ครัวเรือน กรณีอื่น ๆ
   4 - สุ่มตรวจรอบจุดเกิดโรค
   5 - สุ่มตรวจนอกเขตย้ายสัตว์ปีกอื่น ๆ
   6 - ตรวจสุขภาพ เพื่อทำสมุดประจำตัว (เช่น ไก่)
   7 - เฝ้าระวังทางอาการ (โดยเจ้าของเจ้าของ)
   8 - เฝ้าระวังทางอาการ (เจ้าหน้าที่ปศุสัตว์/อาสาสมัคร ต้นหาก)
   9 - การสำรวจจำนวนประชากรสัตว์ปีก

6 ชนิดตัวอย่าง 1 Swab 2 ซีรั่ม 3 ซาก

7 วันที่เริ่มป่วย วันที่สัตว์ปีกเริ่มแสดงอาการป่วย

8 วันที่ตรวจพบ วันที่ข้าไปสำรวจ ตรวจสอบถามอาการ หรือเข้าไปสุ่มตรวจ

9 อาการ
   1. ตายกะทันหัน
   2. อาการระบบทางเดินหายใจ
   3. อาร์แกรมแบบกระบาด
   4. ท้องเสีย
   5. ป่วยตามจุด
   6. หน้าบวม
   7. หน้าบวม
   8. ไขข้นบวม
   9. มีจุดเลือดออกบริเวณผิวของหน้าบวม
   10. ปกติ (ไม่แสดงอาการ)
   11. อื่น ๆ
10 การดำเนินการ
1. เก็บตัวอย่างส่งตรวจ
2. ทำการเก็บสัตว์
3. ควบคุมการเคลื่อนย้ายของสัตว์
4. ทำการกักกัน
5. แจ้งสาธารณสุข
6. สอบสวนโรค
7. ตนเองผู้ป่วย
8. ดำเนินการเสร็จเรียบร้อย

11 ชนิดสัตว์
1. ไก่พื้นเมือง
2. ไก่ชน
3. ไก่เนื้อ
4. ไก่ไข่
5. ไก่แจก
6. ไก่ตอก
7. เป็ดเนื้อ
8. เป็ดไข่
9. นกกระทา
10. นกกระจอกเทศ
11. นกเขา
12. นกนางแอ่น
13. นกพิราบ
14. อื่น ๆ

12 ระบบการเลี้ยง
1. เลี้ยงสัตว์ในระบบอุตสาหกรรมที่มีระบบการป้องกันโรคสูง และสัตว์ป่วยและผลิตภัณฑ์ออกสู่ตลาดเพื่อการค้า (ตัวอย่างเช่น ฟาร์มที่อยู่ในอุตสาหกรรมโดยตรงและมีระบบมาตรฐาน SOP มาตรฐาน ระบบการป้องกันโรค)
2. เลี้ยงสัตว์ในระบบการผลิตเพื่อการค้าที่มีระบบการป้องกันโรคสูงอย่างมาก และสัตว์ป่วยและผลิตภัณฑ์ออกสู่ตลาดเพื่อการค้า (ตัวอย่างเช่น ฟาร์มที่มีสัตว์ป่วยอยู่ในฟาร์มแต่มีระบบการป้องกันโรคสูงอย่างมาก ซึ่งรวมถึงเป็นนักการค้า)
3. เลี้ยงสัตว์ในระบบการผลิตเพื่อการค้าที่มีระบบการป้องกันโรคสูงอย่างมาก และสัตว์ป่วยและผลิตภัณฑ์ออกสู่ตลาดเพื่อการค้า (ตัวอย่างเช่น ฟาร์มที่มีสัตว์ป่วยอยู่ในฟาร์มแต่มีระบบการป้องกันโรคสูงอย่างมาก)
4. สัตว์ป่วยในหมู่บ้านหรือเลี้ยงสัตว์กับวิธีการปฏิบัติที่สุขสัตว์ (ตัวอย่างเช่น ฟาร์มที่มีสัตว์ป่วยอยู่ในฟาร์มแต่มีระบบการป้องกันโรคสูงอย่างมาก)
5. สัตว์ป่วยที่ติดหรืออาการผู้ป่วยในสัตว์ที่มีการป้องกันโรคสูงอย่างมาก

13 จำนวนสัตว์ที่เสียชีวิต จำนวนสัตว์ที่มีความผิดปกติ จำนวนสัตว์ที่มีการป้องกันโรคสูงอย่างมาก

14 ป่วยสะสมรวมในสัตว์ที่ป่วยและตายตั้งแต่วันเริ่มป่วย
15 ตายสะสม (ตัว) จำนวนสัตว์ปีกตายตั้งแต่วันเริ่มป่วย

16 การทำลายสะสม จำนวนสัตว์ปีกที่ถูกทำลายทั้งหมด

17 คงเหลือ จำนวนสัตว์ปีกคงเหลือ

18 หมายเลขอ้างอิง หมายเลขตัวอย่างที่กำหนดโดยสำนักงานปศุสัตว์จังหวัด

19 หมายเหตุ ให้ระบุหมายเลขฟาร์มในคอมพิวเตอร์ กรณีที่พบสัตว์ปีกป่วยตายในเขตที่ติดกัน และในเขตห่างระยะจุดเกิดโรค 10 กิโลเมตร
<table>
<thead>
<tr>
<th>แนวปฏิบัติหรือแผนงาน</th>
<th>ที่มา</th>
<th>ผลการดำเนินงาน</th>
<th>ผลการดำเนินงานในแต่ละแผนก</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. โครงการรวบรวมข้อมูลและรายงาน ณ วัน 1 กันยายน 18.00 น.</td>
<td>ที่มา</td>
<td>ผลการดำเนินงาน</td>
<td>ผลการดำเนินงานในแต่ละแผนก</td>
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<td>2. ให้รายงานผลการดำเนินงานรายวัน</td>
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หมายเหตุ:
1. โครงการรวบรวมข้อมูลและรายงาน ณ วัน 1 กันยายน 18.00 น. ให้รายงานผลการดำเนินงานในแต่ละแผนก โดยส่งผลการดำเนินงานให้ตรงตามที่กำหนดไว้ และส่งผลการดำเนินงานให้ตรงตามที่กำหนดไว้
2. ให้รายงานผลการดำเนินงานรายวันให้ตรงตามที่กำหนดไว้ โดยส่งผลการดำเนินงานให้ตรงตามที่กำหนดไว้ และส่งผลการดำเนินงานให้ตรงตามที่กำหนดไว้
รายงานการสอบสวนสาเหตุและระบาดวิทยาของโรคระบาดสัตว์

ลานกงานปศุสัตว์จังหวัด.............................................วันที่.............../........../.........

๑. สถานที่เกิดโรค
ชื่อฟาร์ม....................................................ชื่อเจ้าของ....................................................
บ้านเลขที่.............หมู่............ตําบล.............อำเภอ.............จังหวัด.....................
โทรศัพท์..........................

๒. ชนิดของฟาร์มที่มีสัตว์ป่วย
( ) โคาığı ( ) โคเนื้อ ( ) เป็ดาğı ( ) เป็ดเนื้อ
( ) บ้าน ( ) นา (ระบุ) ............ (อื่นๆ)..............................

๓. ลักษณะฟาร์มที่มีสัตว์ป่วย
( ) ฟาร์มในเครือบริษัท (ระบุชื่อบริษัท)..............................................................
( ) ฟาร์มอิสระในเครือเอกชน (ระบุชื่อเอกชน)..............................................................
( ) เกษตรกรรายย่อย
( ) อื่นๆ..............................................................

๔. ลักษณะพื้นที่ของบริเวณที่พบโรค
( ) ทุ่งนา ( ) สวนผลไม้ ( ) พื้นที่รกร้าง
( ) ไร่ (ระบุ) ............ (ชุมชนเมือง) ............ (อื่นๆ)..............................

๕. ลักษณะภูมิประเทศของบริเวณที่พบโรค
( ) มีแหล่งน้ําธรรมชาติ ระบุชนิดและชื่อลําหลางน้ํา
( ) ติดถนนสายหลัก ระบุชื่อถนน..............................................................
( ) ติดถนนสายรอง..............................................................
( ) ติดถนนหน้าถิ่น..............................................................

๖. จำนวนสัตว์ปีกทั้งหมด จำนวนตัวป่วยและจำนวนตัวตายในฟาร์ม / บ้าน
( ) ไก่ไข....................................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) ไก่เนื้อ..............................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) ไก่พื้นเมือง..........................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) ไก่ชำน..............................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) เป็ด incor..........................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) เป็ดเนื้อ....................................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) บ้าน ..............................................ตัว ป่วย....................................ตัว ตาย....................................ตัว
( ) นา (ระบุ) ..............................ตัว ป่วย....................................ตัว ตาย....................................ตัว
๙. จำนวนфер์รัมหรือบ้านที่เลี้ยงสัตว์ปีก ในวัสดุ I กิโลเมตร รอบพื้นที่เกิดโรค
 ( ) ฟาร์มเลี้ยงสัตว์ปีกเชิงพาณิชย์ จำนวน ...........ฟาร์ม จำนวนสัตว์ปีกโดยประมาณ..............ตัว
 ( ) เกษตรกรรายย่อย .......... ราย จำนวนสัตว์ปีกโดยประมาณ..............ตัว

๘. วิธีการเลี้ยง (เลือกได้มากกว่า 1 ข้อ)
 ( ) เลี้ยงบนแปลงปลาก ( ) เลี้ยงปลอยทั่วไป ( ) เลี้ยงในโรงเรือนพื้นดิน
 ( ) เลี้ยงในกระบะ ( ) เลี้ยงใต้ถุนบ้าน ( ) เลี้ยงในโรงเรือนมี............... รองพื้น
 ( ) หลังคากระเบื้อง ( ) หลังคาสังกะสี ( ) หลังคาไม้จาก
 ( ) มีพัดลม ( ) Evaporation ( ) อื่นๆ ..................................................

๕. อุปกรณ์ที่ใช้
 ( ) อุปกรณ์สำเร็จรูป
 ( ) บริษัทนําส่ง (ระบุชื่อบริษัท) .................................................................
 ( ) ร้านค้าส่ง (ระบุร้าน) .................................................................
 ( ) ขนส่งจากจานสัตว์.................................................................
 ( ) อื่นๆ ..................................................................
 ( ) อุปกรณ์ผสมเอง
 แหล่งที่มา.................................................................
 ส่วนประกอบ.................................................................
 ( ) อื่นๆ (ระบุ) .................................................................

๑๐. ระบบการทําลายเชื้อโรคในยานพาหนะและวัสดุ อุปกรณ์ก่อนเข้า-ออกฟาร์ม
 ( ) ไม่มี ( ) มี arium ( ) พ่น ( ) ฉีดกันเชื้อ ผิวอื่น ๆ ของยานพาหนะ............... ความถี่ ( ) ทุกครั้ง ( ) ไม่ทุกครั้ง

๑๑. ประวัติการท่ากักครัว

<table>
<thead>
<tr>
<th>วันที่</th>
<th>ชนิดของวัคซีน</th>
<th>อาวยุศ์ที่ท่ากักครัว</th>
<th>แหล่งที่มาของวัคซีน</th>
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</table>
๑๒. ประวัติอาการสัตว์ป่วย

( ) ตายโดยไม่แสดงอาการป่วย ( ) หน้าบวม
( ) น้าตาไหล ( ) พองและเหนี่ยวที่มีสีม่วงคล้ำ
( ) มีจุดเลือดออกบริเวณที่น้ำยาของหัวแข็ง ( ) ไซนัสบวม
( ) หายใจลำบาก ( ) อาการระบบประสาท เช่น ชัก คอหัก ( ) ท้องเสีย
( ) อื่น ๆ ..............................

๑๓. เจ้าหน้าที่ทราบการเกิดโรค วันที่........../.........../…………

๑๔. บันทึกสัตว์ป่วย (แยกรายวันนับแต่วันที่เริ่มป่วยวันแรก)

<table>
<thead>
<tr>
<th>ช่วงอายุสัตว์ที่ป่วย</th>
<th>วันที่เริ่มป่วย</th>
<th>จำนวนป่วย</th>
<th>จำนวนตาย</th>
<th>การจัดการ ฆ่า ฝัง เผา ขาย อื่น ๆ (ระบุ)</th>
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หมายเหตุ : - การกักสัตว์ป่วยเป็นไปตามเมื่องของคณะกรรมการหลัก ให้บันทึกข้อมูลรวมทั้งหมูบ้าน
- การกักสัตว์ป่วยเป็นไปตาม ให้บันทึกข้อมูลเฉพาะฟาร์มนั้น

๑๕. ประวัติการนำสัตว์เขาเกิด (รวมถึงไข้และผลิตภัณฑ์สัตว์และวัสดุที่ใช้ในฟาร์มอื่น) เข้ามาในฟาร์มในช่วง ๒๑ วัน นับจากวันที่พบสัตว์ป่วยในข้อ ๑๔

<table>
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<tr>
<th>วันที่รับเข้า</th>
<th>ชนิดสัตว์ที่รับเข้า (ระบุ)</th>
<th>จำนวน</th>
<th>แหล่งที่มา</th>
<th>วิธีการขนส่ง</th>
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<td>รถบรรทุกบริษัทหรือเอเย่นต์ (ระบุบริษัท)</td>
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<td>รถบรรทุกส่วนตัว (ระบุเจ้าของ)</td>
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</table>
๑๖. มีการใช้ยารักษาซึ่งทำลายเชื้อโรคบนถนนที่ส่งออกสัตว์ในระยะสั้นหรือไม่

( ) ไม่มี

( ) มี (ระบุชนิดยาที่สูตร)

๑๗. ประวัติการนำสัตว์ ซากสัตว์ (รวมถึงไข้และคลีนิกส์สัตว์ และวัสดุที่ใช้ในป้องกัน) ออกจากพื้นที่ในช่วง ๒๑ วัน บานจากวันที่พบสัตว์ป่วยในข้อ ๑๘

<table>
<thead>
<tr>
<th>วันที่ ส่งออก</th>
<th>ชนิดสัตว์ที่ส่งออก (ระบุ)</th>
<th>จำนวน</th>
<th>แหล่งที่มา</th>
<th>วิธีการขนส่ง</th>
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๑๙. ในระยะ ๕ กิโลเมตร เคยมีสัตว์ป่วยเป็นโรคไข้หวัดนกมาก่อนหรือไม่

( ) ไม่เคย

( ) เคยมีโรคเกิดขึ้น

ระบุสถานที่ที่เกิดโรค


๒๐. ในระยะ ๕ กิโลเมตรรอบจุดเกิดโรคมีโรงฆ่าสัตว์ป่วยหรือไม่

( ) ไม่มี

( ) มี ระยะทางจากโรงฆ่าสัตว์ป่วยถึงจุดเกิดโรค

๒๑. ในระยะ ๕ กิโลเมตรรอบจุดเกิดโรคมีร้านค้าสัตว์ป่วยหรือไม่

( ) ไม่มี

( ) มี ระยะทางจากร้านค้าสัตว์ป่วยถึงจุดเกิดโรค

๑๖๐
๒๑. แหล่งน้ำที่ใช้เลี้ยงสัตว์ในพื้นที่เกิดโรค
( ) น้ำฝน ( ) เモン้ำล่างต้อง ( ) น้ำบาดาล ( ) น้ำประปา
( ) อื่น ๆ ระบุ ………………………………………………………
๒๒. บริเวณที่เลี้ยงสัตว์ปีก (โรงเรือน, ใต้ถุนบ้าน,  กรง หรือที่สัตว์ปีกอาศัยอยู่)  มีนกเข้าไปได้หรือไม่
( ) ได้  ระบุชนิดของนก……………………………
( ) ไม่ได้
๒๓. สัตว์ปิ้งในข้อที่ ๒๒ ป่วยและตายได้เห็นหรือไม่
( ) มี ระบุจำนวนประมาณ ………ตัว
( ) ไม่มี
๒๔. บริเวณรอบ ๆ ที่เลี้ยงสัตว์ปีก (ในรังมี ๑ กิโลเมตร) มีแหล่งอาศัยหรือแหล่งหากินของนกหรือไม่
( ) มีนกของพืช เชน นกปากห้า นกปีกน้ำ ระบุชนิด…………………………………………………………
( ) มีนกประจำที่ เชนนกประจำ นกกระโดง ระบุชนิด…………………………………………………………
( ) มีนกปีก เชน ระบุชนิด……………………………………………………………………………………
( ) มีนกพืชหรือนกปีก เช่น นกกระโดง ระบุชนิด………………………………………………………………
( ) ไม่มี
๒๕. ในบริเวณที่พบสัตว์ปีก พมีสัตว์ต่อไปนี้หรือไม่
( ) หมู ( ) เมว ( ) สุนัข ( ) มา ( ) อื่น ๆ ………………………
๒๖. ในระยะ ๑ สัปดาห์ก่อนเกิดโรค พฤติกรรมสัตว์ปีกในข้อ ๒๒ และข้อ ๒๓ หรือไม่
( ) ไม่ ( ) สัมผัส ระบุชนิดสัตว์……………………………………………………………………………………
๒๗. เคยพบคนป่วยในบริเวณที่เกิดโรคหรือไม่
( ) ไม่พบ ( ) พบเมื่อ วันที่……เดือน………พ.ศ.……
จำนวน…………ราย ด้วยอาการ……………………………………
๒๘. ข้อสินธุ์สหภาพหรือการติดโรค (ระบุเหตุผล)
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๒๙. ข้อเสนอแนะ/ข้อคิดเห็น
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………………………………………………………………………………………………………………
1.1.1.1 แผนที่แสดงจุดเกิดโรค

ลงชื่อ………………………………………ผู้รายงาน
(……………………………………)
ตำแหน่ง……………………………………

หมายเหตุ ๑. ให้ดำเนินการสอบสวนโรคทุกรายให้เร็วที่สุด เพื่อประโยชน์ในการควบคุมโรค
๒. ให้รีบประสานไปยังพื้นที่ที่เกี่ยวข้อง เช่น พื้นที่ที่เป็นที่มาของโรค หรือพื้นที่ที่โรคอาจจะแพร่โดยไปได้ เพื่อประโยชน์ในการควบคุมโรคโดยเร็ว
๓. ให้ส่งรายงานสอบสวนไปยังสำนักควบคุมป้องกันและป้องกันโรคสัตว์

ข้อมูลการสอบสวนโรคประกอบด้วย

๑. ส่วนข้อมูลพื้นฐานของฟาร์ม ตั้งแต่ข้อ ๑-๕
๒. ส่วนข้อมูลระบบการป้องกันโรค ตั้งแต่ข้อ ๑๐ - ๑๑
๓. ข้อมูลการเกิดโรคระบาดและป้องกัน ตั้งแต่ข้อ ๑๒-๒๘
รายละเอียด
ผลการปฏิบัติงานการเฝ้าระวัง ป้องกัน ควบคุมโรคไข้หวัดนก

ชื่อหมู่บ้าน.............................................ตำบล.............................................อำเภอ.............................................จังหวัด.............................................

กิจกรรม
☐ ตรวจสอบ เฝ้าระวัง
☐ พ่นน้ำยาฆ่าเชื้อโรค
☐ ประชาสัมพันธ์/แนะนำ

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<th>วัน/เดือน/ปี</th>
<th>บ้านเลขที่</th>
<th>จำนวนสัตว์ปีก</th>
<th>ลายมือชื่อเกษตรกรเจ้าของสัตว์ปีก</th>
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ลายมือชื่อ..................................................ผู้ปฏิบัติงาน

(..................................................)
Report Form of Port Health Control of Border Checkpoint
**QUESTIONNAIRE**

กรุณากรอกข้อมูลความต้องภายในญี่ปุ่นและเป็นภาษาไทย
Please fill in the following blanks correctly, in block letters

<table>
<thead>
<tr>
<th>kind of conveyance</th>
<th>aircraft</th>
<th>ship</th>
<th>train</th>
<th>car</th>
<th>other (specify)</th>
</tr>
</thead>
</table>

วันที่            เดือน          พ.ศ.          เพ็ญปีที่          flight No.          

ชื่อ + ชื่อสกุล    สัญชาติ

name in full          nationality

อายุ            เพศ           อาชีพ           หนังสือเดินทางเลขที่

age            sex           occupation           passport No.

ที่พักในประเทศไทย

Address in Thailand

กรุณาบอกชื่อประเทศต่าง ๆ ที่คุณได้อาศัยอยู่ภายในสองสัปดาห์ที่ผ่านมาถึงประเทศไทย

please list the name of the countries where you stayed within two weeks before arrival

ชื่อเรื่องหมาย ✓ เมื่อคุณมีอาการเหล่านี้ หรือเคยมีอาการอยู่ในสองสัปดาห์ที่ผ่านมาถึงประเทศไทย
please mark ✓ if you have had any of the following symptoms within two weeks before arrival.

- diarrhoea
- fever
- jaundice
- abdominal pain
- vomiting
- rash
- enlarged lymph glands or tender lumps
- coughs and shortness of breath
- headache, sore throat
- enlargement of the lymph nodes
- joint pain

ลายมือชื่อ              ผู้โดยสาร
signature                 passenger

-------------------------------
เจ้าหน้าที่เจ้าหน้าที่สำนักงาน
คำสั่งควบคุมโรคระบาดระหว่างประเทศ
Port Health Officer

166
INFORMATION OF CONVEYANCE ARRIVING IN THAILAND

To
Port Health Officer

I wish to inform you of the conveyance as follows:

1. kind of conveyance

- aircraft
- ship
- train
- car
- other (specify)

2. flight No.

3. name of owner of conveyance

4. coming from

5. arriving at

6. departing from

7. number of crew

8. number of passengers

Kindly arrange for a health inspection on the date and time mentioned above, and I undertake to provide every facility therefor.

Yours sincerely,

Signature

Owner of master of conveyance

Remarks: Delete where inapplicable


With Sincere Thanks To

From 
the People of Japan

International Organization for Migration (IOM)
18th Floor, Rajanakarn Building, 183 South Sathorn
Road, Sathorn, Bangkok 10120 Thailand
Telephone. 0-2343-9300 Fax. 0-2343-9399
Website www.iom.int, www.iom-seasia.org

Migrant Health Project-Chiang Rai Province
International Organization for Migration (IOM)
MOPH-US CDC Collaboration Building
Provincial Health Office (Old Town Hall)
Singhaklai Rd., Muang District, Chiang Rai Province 57000
Telephone. 053-744562 Fax. 053-744560

IOM International Organization for Migration