

# Standard Operation Procedure of the Surveillance System for Disease and Emergency Medical Conditions in a Global Conference

The 9th Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) Global Scientific Conference and the 23rd National Epidemiology Seminar

August 6–11, 2017





**Standard Operating Procedure of the Surveillance System  
for Diseases and Emergency Medical Conditions  
in a Global Conference**

**The 9<sup>th</sup> Training Programs in Epidemiology and Public Health  
Interventions Network (TEPHINET) Global Scientific Conference and  
the 23<sup>rd</sup> National Epidemiology Seminar  
6-11 August 2017  
Chiang Mai Province, Thailand**

**Publisher By**

**Bureau of Epidemiology,**

**Department of Disease Control, Ministry of Public Health, Thailand**

**ISBN: 987-616-11-3869-1**

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**Publisher By:**

Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health,  
Tiwanond Road, Talad Kwan Subdistrict, Mueang District, Nonthaburi Province, 11000,  
Thailand

**Suggested Citation:**

Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, Thailand. Standard operating procedure of the surveillance system for diseases and emergency medical conditions in a global conference. Nonthaburi: Bureau of Epidemiology, Thailand; 2018.

**Printing:**

Canna Graphic Prat., Ltd

Tel: +66-28658454-55

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## List of Abbreviations

<b>AED</b>	Automated external defibrillator
<b>BOE</b>	Bureau of Epidemiology, Thailand
<b>DDC</b>	Department of Disease Control, Thailand
<b>EBS</b>	Event-based surveillance
<b>EMS</b>	Emergency medical services
<b>FETP</b>	Field Epidemiology Training Program
<b>GI</b>	Gastrointestinal
<b>IHR</b>	International Health Regulations
<b>MERS-CoV</b>	Middle East respiratory syndrome coronavirus
<b>MOPH</b>	Ministry of Public Health, Thailand
<b>NES</b>	National Epidemiology Seminar, Thailand
<b>ODPC</b>	Regional Office of Disease Prevention and Control
<b>OPD</b>	Out-patient department
<b>PPE</b>	Personal protective equipment
<b>PHO</b>	Provincial (Public) health office
<b>PUI</b>	Patient under investigation
<b>SRRT</b>	Surveillance and rapid response team
<b>TEPHINET</b>	Training Programs in Epidemiology and Public Health Interventions Network
<b>URI</b>	Upper respiratory tract infection
<b>US CDC</b>	United States Centers for Disease Control and Prevention
<b>WHO</b>	World Health Organization

## 1. Introduction

The Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) is a professional alliance of more than 55 Field Epidemiology (and Laboratory) Training Programs (FETPs and FELTPs) with participants from over 80 countries. TEPHINET was founded in June 1997 with support from World Health Organization (WHO), United States Centers for Disease Control and Prevention (US CDC) and the Foundation Meraux. The network was a result of a global initiative to establish a more formal network of FETPs and FELTPs. In 2008, TEPHINET merged with the Task Force for Global Health to strengthen support for its global activities and to promote more effective collaboration throughout the network.

The TEPHINET Global Scientific Conference is a great platform to exchange the knowledge and experience gained from the frontline of combating health threats. It is a biannual event and the host for the conference was rotated among the countries. In 2017, it was a great honor for Thailand to host the 9<sup>th</sup> TEPHINET Global Scientific Conference from 6 to 11 August 2017. Taking this opportunity, the 23<sup>rd</sup> Thailand National Epidemiology Seminar (NES) was also conducted on 7-9 August 2017 as a parallel event. The venue of the events was the Empress Convention Center in Chiang Mai Province, Thailand.

Total 1,172 persons attended the events, including 541 persons from Thailand and 658 international participants from 69 field epidemiology training programs in 85 countries. There were 13 pre-conference workshops on 6 August 2017. The events were achieved with 15 plenary sessions, 276 oral presentations and 250 poster presentations. Field visit programs were also arranged for 5 places on 9 August 2017, under the themes of One Health participatory surveillance, environmental and occupational health, non-communicable diseases, emergency medical service, and HIV/AIDS.

## 2. Rationale

Mass gatherings are typically defined as more than 1,000 people gather at a location for a defined period of time. Characteristics of mass gatherings with impact to public health services include large attendance, duration of the event and security concerns.<sup>1,2,3</sup> The incidence of illness and injury at mass gatherings tends to be higher than normal population of comparable size. It poses a potential for transmission of communicable diseases, either among local or international participants.<sup>4,5</sup> Hence, preparations for mass gatherings should include convenient access to health facilities as well as enhance the epidemiological surveillance. Following the definition, the global scientific conference is a type of mass gathering.

### 3. General Objectives

- 3.1. To early detect and identify participants at risk of high-concerning diseases, and inform participants about health services available at the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES
- 3.2. To early detect the imported communicable diseases and abnormal incidents
- 3.3. To investigate and implement proper disease control measures in case of foodborne outbreak

### 4. Frame of Work

**The activities were carried out with 6 main components:**

- 4.1. Disease screening activities
- 4.2. Disease surveillance activities
- 4.3. Rapid response team
- 4.4. First aid unit and emergency medical services (EMS)
- 4.5. Food sample collection
- 4.6. Post-conference health and illness survey

### 5. Disease Screening Activities

#### 5.1. Specific Objectives

- 5.1.1. To early detect and identify patient under investigation (PUI) of high-concerning diseases or abnormal incidents among participants in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES
- 5.1.2. To transfer information of identified PUI or event to rapid response team and related authorities

## 5.2. Methods

Table 1. Materials and methods used for disease screening of participants in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

	Fever screening	Upper respiratory infection (URI) screening
Population under screening	Anyone who attends the conference	
Working unit	Temperature check-point	Registration unit
Duration	6-11 August 2017	
Diseases under screening	PUI MERS-CoV, suspected ebola, suspected influenza	
Tools	Thermoscan	URI screening checklist
		Specific disease questionnaire
		Health beware card
Data analysis	Descriptive study	

### 5.2.1. Tools:

#### 1) Elevated body temperature detection (Thermoscan)

Patients under investigation (PUI) of high-concerning diseases or abnormal incidents were detected among participants in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES using:

- Thermal imaging camera or infrared camera
- Untouched (Handheld) thermometer

#### 2) URI screening checklist

The below URI screening checklist was used for rapid screening for Middle East respiratory syndrome coronavirus (MERS-CoV).

Upper respiratory tract symptoms (อาการติดเชื้อทางเดินหายใจส่วนบน)		
<input type="checkbox"/> Cough (ไอ)	<input type="checkbox"/> Running nose (น้ำมูกไหล)	<input type="checkbox"/> Sore throat (เจ็บคอ)
<input type="checkbox"/> No upper respiratory tract symptoms (ไม่มีอาการติดเชื้อทางเดินหายใจส่วนบน)		

Figure 1. Checklist for screening of upper respiratory tract infection among participants in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

#### 3) Specific disease questionnaire

The questionnaire (Annex 14.8) was applied if a patient had at least one of the upper respiratory tract symptoms in the above screening checklist.

#### 4) Health beware card

The health beware card was used to increase awareness of participants in detecting and reporting any changes in their health status, comparing with their baseline conditions.

Front side



Back side



Figure 2. Health beware card for participants in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

### 5.3. Workflow

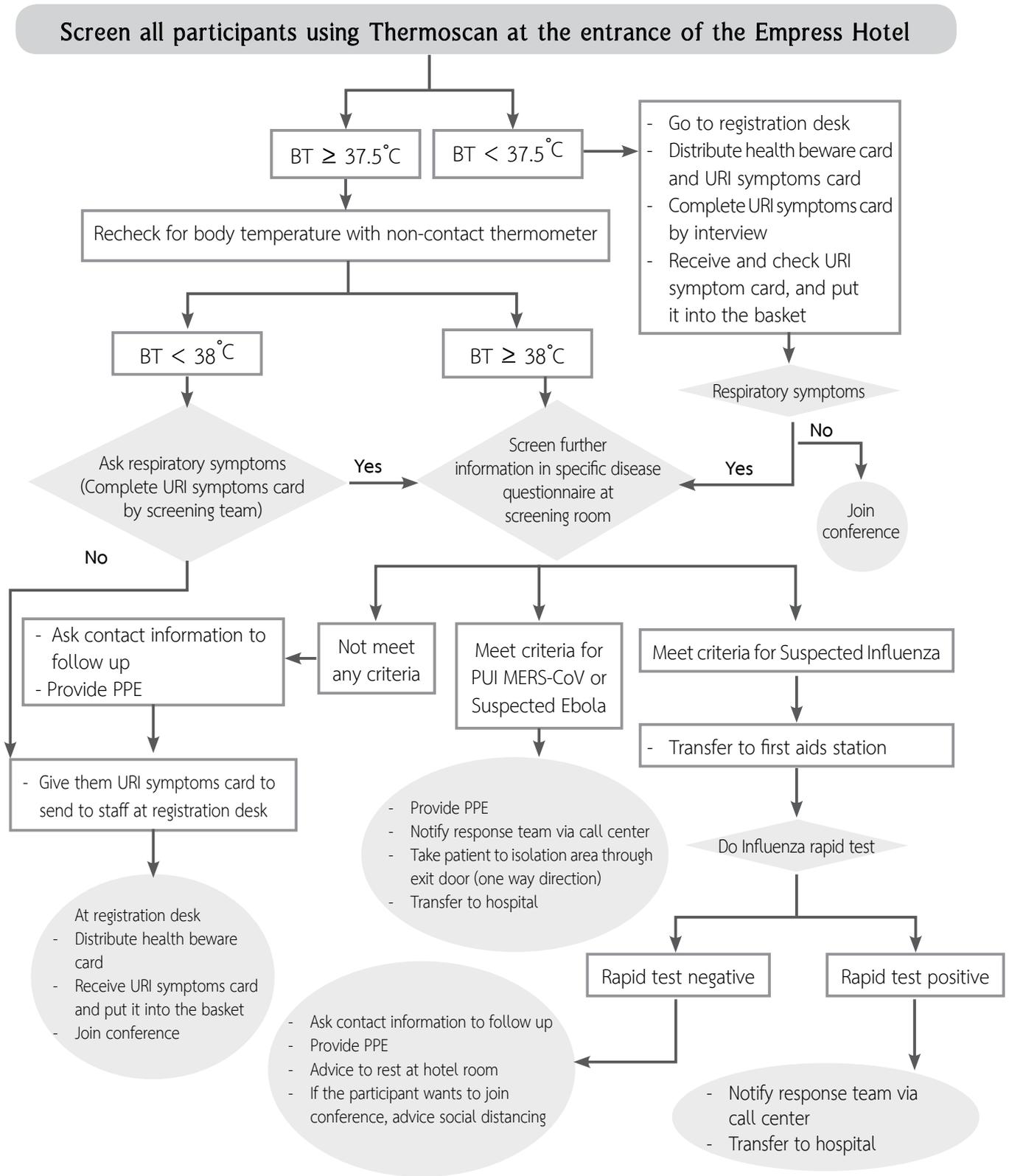


Figure 3. Standard operating procedures for disease screening unit in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

### 5.4. Operational Plan

The operational plan of disease screening activities in the events is available in *Annex 14.12*.

## 6. Disease Surveillance Activities

### 6.1. Specific Objectives

- 6.1.1. To early detect the imported communicable diseases under the International Health Regulations (IHR) in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES
- 6.1.2. To early detect important diseases and conditions in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES

### 6.2. Methods

#### 6.2.1. Population under surveillance

Anyone who attended the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, including international and domestic participants, and conference organizers

#### 6.2.2. Unit of surveillance

An individual with specific clinical signs and symptoms, and particular conditions

#### 6.2.3. Source of data

Individual and health care providers from first aid unit, private medical services and hospitals

#### 6.2.4. Duration for disease surveillance

The targeted duration of disease surveillance was 6 days during 6-11 August 2017, yet the duration was extended until after the conference, depending on the nature of the reported incidents.

#### 6.2.5. Scope of surveillance

The surveillance focused on diseases of concern under the IHR 2005, and important infectious diseases and events in Chiang Mai Province, based on risk assessment performed by the responsible teams 6, 7, 8 and 9 (Annex 14.5-14.6). Scope of diseases and response criteria depended on types of the surveillance system which included indicator-based and event-based surveillance systems.

## A. Indicator-based Surveillance

Table 2. Criteria for indicator-based surveillance in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

No.	Diseases/ syndromes	Criteria for data collection	Criteria for verification	Criteria for investigation
1.	Influenza-like illness	Patient with at least 1 of the following symptoms: <ul style="list-style-type: none"> <li>• Fever with cough</li> <li>• Fever with sore throat</li> <li>• Fever with running nose</li> <li>• Fever with dyspnea</li> </ul>	<ul style="list-style-type: none"> <li>• 4 or more cases visiting the clinic within 12 hours</li> <li>• 1 case who revealed that 1 companion was having similar symptoms</li> </ul>	2 cases at the same location during same period
2.	Acute gastrointestinal (GI) symptoms	Patient with at least 1 of the following symptoms: <ul style="list-style-type: none"> <li>• Nausea and vomiting</li> <li>• Abdominal pain</li> <li>• Loose stool 3 or more times per day</li> <li>• Watery stool at least 1 time</li> </ul>	<ul style="list-style-type: none"> <li>• 4 or more cases visiting the clinic within 12 hours</li> <li>• 1 case who revealed that 1 companion was having GI symptoms</li> </ul>	2 cases having the same symptoms originating from the same food
3.	Fever	Patient with at least 1 of the following symptoms: <ul style="list-style-type: none"> <li>• Fever with rash</li> <li>• Fever with signs of bleeding tendency</li> <li>• Fever with joint pain</li> <li>• Fever with myalgia</li> <li>• Fever with vomiting</li> <li>• Fever with severe headache</li> <li>• Fever with retro-orbital pain</li> <li>• Fever with neurological symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• 4 or more cases visiting the clinic within 12 hours</li> <li>• 1 case who revealed that 1 companion was having similar symptoms</li> </ul>	Suspected 1 case of dengue, Zika, measles, rubella, meningococemia, chickenpox, leptospirosis, malaria, scrub typhus, rabies, meningitis, or encephalitis
4.	Conjunctivitis	Patient presenting with red eyes with discharge	<ul style="list-style-type: none"> <li>• 2 cases of red eyes with discharge visiting the clinic within 12 hours</li> <li>• 1 case who revealed that 1 companion having similar symptoms</li> </ul>	10 cases of infective red eyes with epidemiological linkage
5.	Emergency medical conditions	Patient presenting with at least 1 of the followings: <ul style="list-style-type: none"> <li>• Asthmatic attack</li> <li>• Severe dyspnea</li> <li>• Chest pain</li> <li>• Stroke</li> <li>• Other conditions requiring emergency medical services</li> </ul>	Patient presenting with at least 1 of the following: <ul style="list-style-type: none"> <li>• Asthmatic attack</li> <li>• Severe dyspnea</li> <li>• Chest pain</li> <li>• Stroke</li> <li>• Other conditions requiring emergency medical services</li> </ul>	No investigation is performed. Collaborate with EMS and refer the cases to the hospital



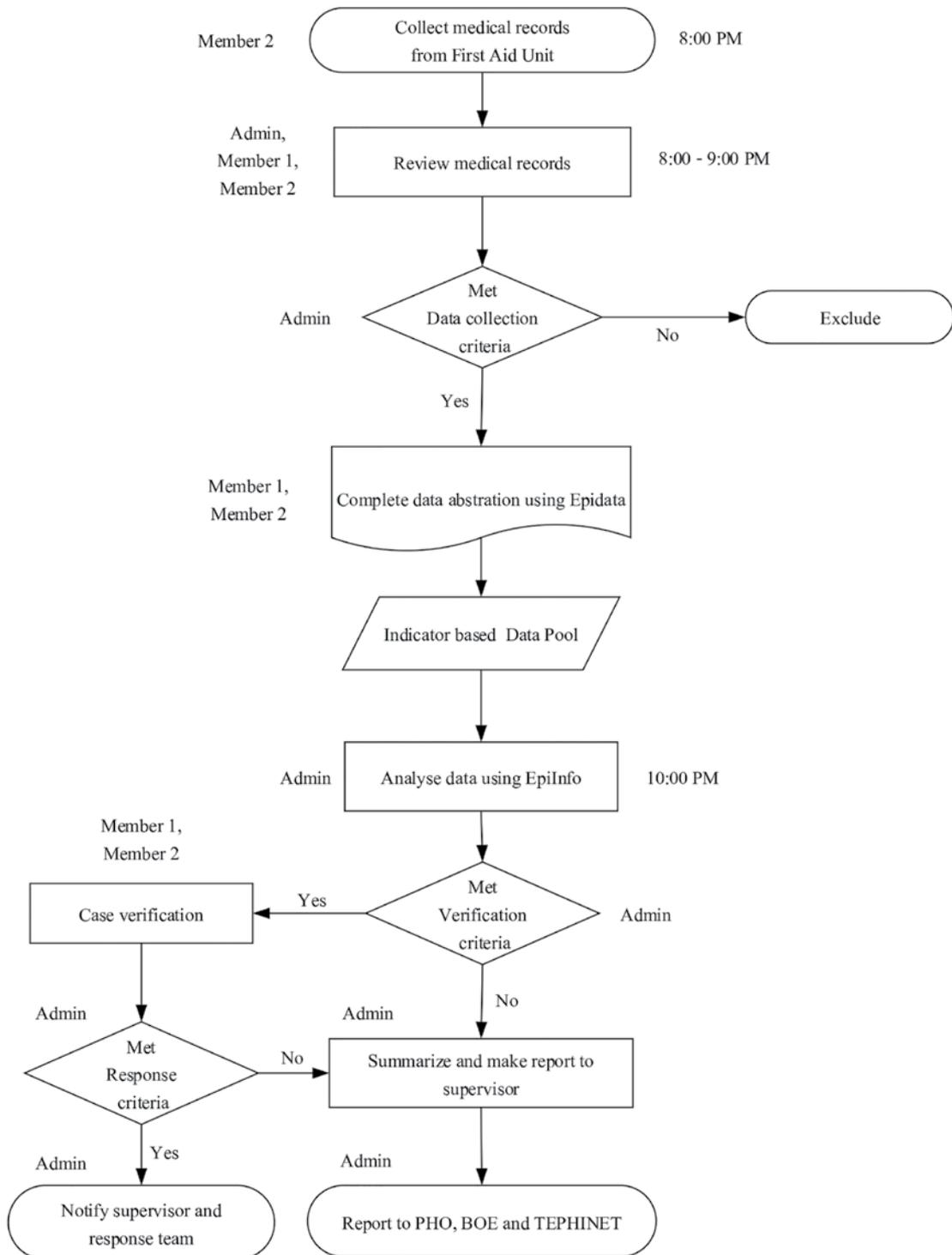
## B. Event-based Surveillance (EBS)

Table 3. Criteria for event-based surveillance in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

No.	Diseases/ syndromes	Criteria for data collection	Criteria for verification	Criteria for investigation
1.	Diseases under IHR	suspected case of <ul style="list-style-type: none"> <li>• MERs-CoV</li> <li>• Avian influenza</li> <li>• Ebola</li> </ul>	1 suspected case of <ul style="list-style-type: none"> <li>• MERs-CoV</li> <li>• Avian influenza</li> <li>• Ebola</li> </ul>	2 cases at the same location during same period
2.	Road traffic injury	Any case of road traffic injury	<ul style="list-style-type: none"> <li>• 1 case of road traffic injury that requiring hospitalization</li> <li>• 5 or more cases of road traffic injury from the same event</li> </ul>	5 deaths from the same event
3.	Death	Any death	Any death	Any death
4.	Hospitalization	Any hospitalized patient from any causes	Any hospitalized patient from any causes	Hospitalized patient with Zika, measles, rubella, meningococemia, chickenpox, leptospirosis, malaria, scrub typhus, rabies, meningitis, or encephalitis
5.	Unexpected events	Any unexpected event of <ul style="list-style-type: none"> <li>• Fire, electric shock</li> <li>• Collapse</li> <li>• Drowning</li> <li>• Terrorism</li> <li>• 10 cases with the same presenting symptoms within 24 hours (Cluster)</li> </ul>	<ul style="list-style-type: none"> <li>• 1 or more affected persons requiring emergency medical services</li> <li>• 10 cases with the same presenting symptoms within 24 hours (Cluster)</li> </ul>	Any unexpected event

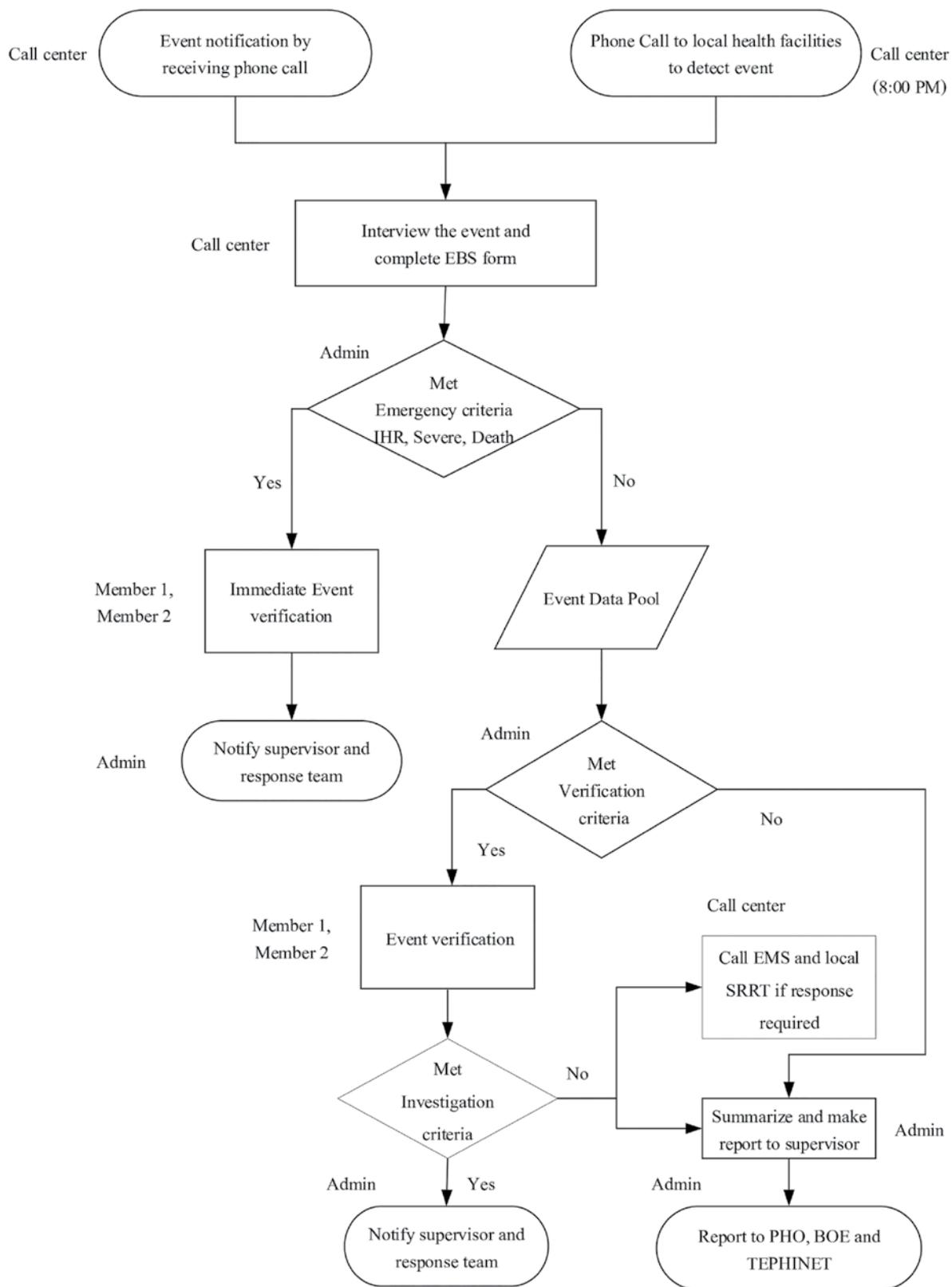
### 6.3. Workflow

#### A. Workflow for Indicator-based Surveillance Activities



*Remark: Detailed information on criteria for notification, verification and investigation is available in the table under 6.2.5.*

Figure 4. Workflow for indicator-based surveillance activities in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017



*Remark: Detailed information on criteria for notification, verification and investigation is available in the table under topic 6.2.5.*

Figure 5. Workflow for event-based surveillance activities in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

## 6.4. Operational Plan

The operational plan of surveillance activities in the events is available in *Annex 14.13*.

## 6.5. Documentation

The standard event recording form, medical record and data abstracting form and daily report were generated to be used during the events (*Annex 14.9-14.11*).

# 7. Rapid Response Team

## 7.1. Specific Objectives

7.1.1. Response to abnormal incidents and contain the outbreaks

## 7.2. Methods

7.2.1. Collect details of the events, and decisions from staff and supervisors

7.2.2. Coordinate among PHO, ODPC, designated hospitals and relevant sectors

7.2.3. Request for additional supports if needed

7.2.4. Conduct investigations for abnormal events

7.2.5. Implement control measures



### 7.3. Workflow

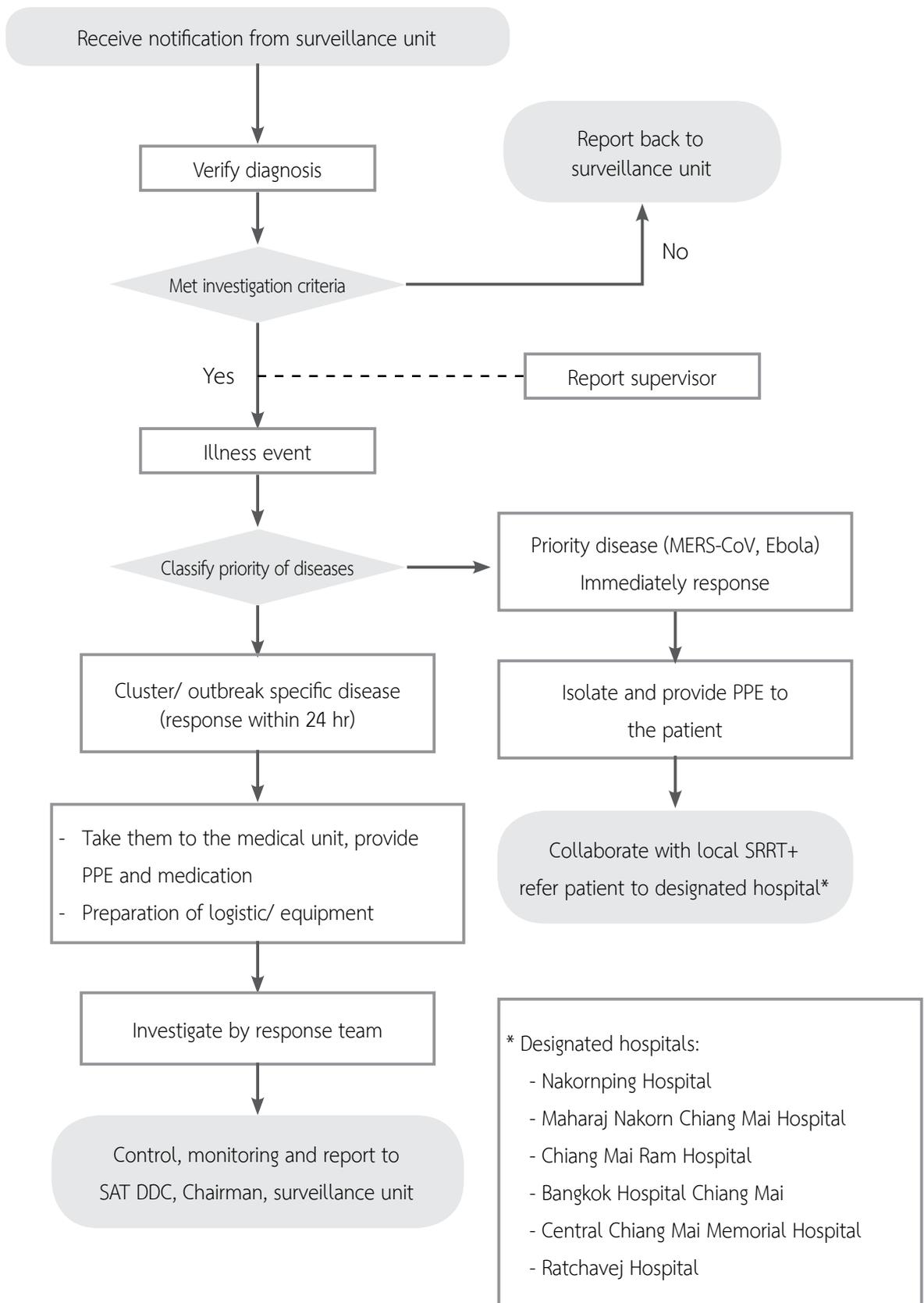


Figure 6. Standard operation procedures for rapid response team in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

#### 7.4. Operational Plan

The operational plan of rapid response team in the events is available in *Annex 14.14*.

## 8. First Aid Unit and EMS (Operated by Chiang Mai Provincial Health Office)

### 8.1. Specific Objectives

8.1.1. To provide appropriate initial treatments and refer to designated hospitals

### 8.2. Methods

#### 8.2.1. First Aid Unit

The first aid unit is aimed to provide initial general and emergency treatment for the meeting participants and the organizing staff. The unit is composed of one physician and two nurses (Annex 14.15).

- 1) Provide medical services for general illnesses and emergency conditions
- 2) Organize a team for first aid unit (physician and nurse) daily, including an ambulance with advanced life support
- 3) Organize special teams for field visit activity on 9 August 2017, including ambulances with advanced life support

#### 8.2.2. EMS

- 1) Receive notification at Chiang Mai Emergency Medical Call and Dispatch Center (Telephone number 1669), and cooperate with the provincial level
- 2) Establish a secretary unit in the convention center, and provide sufficient two-way radio (walkie talkies) and cell phones for communication
- 3) Conduct the communication system
- 4) Set up the communication team
- 5) Provide 4 automated external defibrillators (AEDs)

The job description of EMS in the events is available in *Annex 14.20*.

### 8.3. Operational Plan

The operational plan of first aid unit in the events is available in *Annex 14.15*.



## 9. Food Sample Collection

### 9.1. Specific Objectives

9.1.1. To collect and provide food samples for outbreak investigation in case of foodborne outbreak

### 9.2. Methods

9.2.1. Collect food, water and ice at the Empress Convention Center on 7-11 August 2017

9.2.2. Target samples: 221 food items

9.2.3. Collect the specimens 30-60 minutes before tea break, lunch, dinner (welcome dinner and international night)

9.2.4. 100 grams of food

9.2.5. 500 ml of water

9.2.6. Keep in refrigerator (4 C)

9.2.7. If food poisoning outbreak occur, food specimens would be sent to National Institute of Health, Thailand, for testing.

### 9.3. Workflow

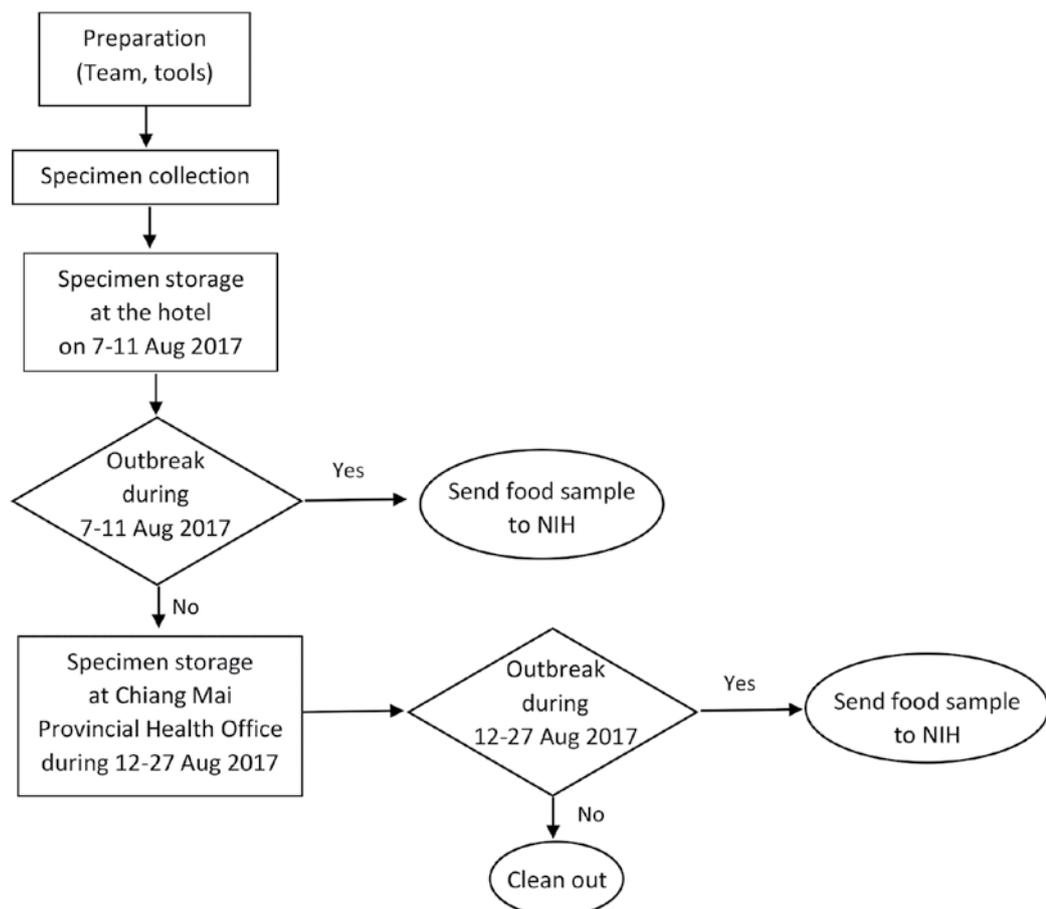


Figure 7. Standard operation procedures for food collection in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017



#### 9.4. Operational Plan

Table 4. Materials, methods and responsible persons on food collection in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

Activities	Food	Drinking Water	Ice	Responsible officers (4 persons/day)	Tools
<b>Preparation</b>	<ul style="list-style-type: none"> <li>- Prepare specimen collection tools</li> <li>- Go to eating-room before time 30-60 minutes</li> <li>- Take photos of food menu with English food name</li> <li>- Wash hands with soap</li> <li>- Wear rubber gloves and hair net before specimen collection</li> </ul>	<ul style="list-style-type: none"> <li>- 500 ml of water and suspected juice (might not be in the list)</li> <li>- Collect from water container before serve</li> <li>- Scrub around bottlenose with 70% alcohol before collect water</li> <li>- Keep water or juice in cleaned bottle</li> </ul>	<ul style="list-style-type: none"> <li>- 500 ml of ice</li> <li>- Collect from ice container before serve</li> <li>- Keep ice in 1 layer plastic bag closed by rubber band (Total 3 layers)</li> </ul>	<p><b>2 Food collectors</b> (1 in TEPHINET dining-room and 1 in NES dining-room)</p> <p><b>2 Food collector assistants</b> (1 in TEPHINET dining-room and 1 in NES dining-room)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Soap</li> <li><input type="checkbox"/> Rubber gloves</li> <li><input type="checkbox"/> Hair net</li> </ul>
<b>Specimen collection</b>	<ul style="list-style-type: none"> <li>- <math>\geq</math> 100 grams of food following the food list and suspected food (might not be in the list)</li> <li>- Keep food in 1 layer-plastic bag closed by rubber band (Total 3 layers)</li> </ul>	<ul style="list-style-type: none"> <li>- Wrap bottlenose with paraffin film</li> <li>- Label (should label before collection)</li> </ul>	<ul style="list-style-type: none"> <li>- Keep 1 layer plastic bag closed by rubber band (Total 3 layers)</li> <li>- Label (should label before collection)</li> </ul>	<p><b>Food collector</b> (in TEPHINET and NES dining-rooms)</p> <p><b>Food collector assistant</b> (in TEPHINET and NES dining-rooms)</p>	<p><b>Food &amp; Ice</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Plastic bags</li> <li><input type="checkbox"/> Food list in each day</li> </ul> <p><b>Drinking Water</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaned bottle (500 ml)</li> <li><input type="checkbox"/> 70% alcohol &amp; cotton</li> <li><input type="checkbox"/> Paraffin film</li> </ul> <p><b>Others</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Permanent pen</li> <li><input type="checkbox"/> Label paper</li> <li><input type="checkbox"/> Scissors</li> <li><input type="checkbox"/> Tape</li> <li><input type="checkbox"/> Paper towel</li> <li><input type="checkbox"/> Rubbish bags</li> <li><input type="checkbox"/> Weight scale</li> </ul>
<b>Storage</b>	<ul style="list-style-type: none"> <li>- Label: kind of specimen, date, meal, &amp; name of dining-room</li> <li>- Store in ice transfer box, separate type of specimen</li> <li>- Beware of liquid spilling out from their containers to avoid contamination of agents</li> <li>- Monitor temperature surrounding specimens (4°C) in transfer box</li> <li>- Collect all specimens from daily food collectors and keep in hotel refrigerator (4°C)</li> </ul>			<p><b>Food collector assistant</b> (in TEPHINET and NES dining-rooms)</p> <p><b>Food collector and assistant</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Transfer box</li> <li><input type="checkbox"/> Ice pack</li> <li><input type="checkbox"/> Cart</li> <li><input type="checkbox"/> Thermometer</li> <li><input type="checkbox"/> Hotel refrigerator</li> </ul>

The operational plan of food sample collection in the events is available in Annex 14.17.

## 10. Post-conference Health and Illness Survey

### 10.1. Specific Objectives

10.1.1. To detect local endemic diseases transmitted during the events

10.1.2. To collect the data for surveillance in the next conference

### 10.2. Methods

10.2.1. Sending an email or online form to the participants once on 18 August 2017

(The date was selected with postulation of 1 week incubation period for most endemic diseases.)

10.2.2. Short, easy and specific questionnaire that can detect unusual incidents occurred during the events

### 10.3. Workflow

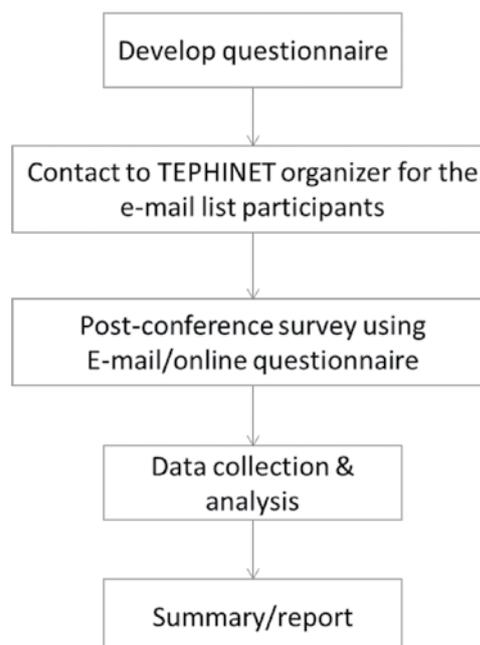


Figure 8. Workflow for post-conference health and illness survey in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

# Timeline

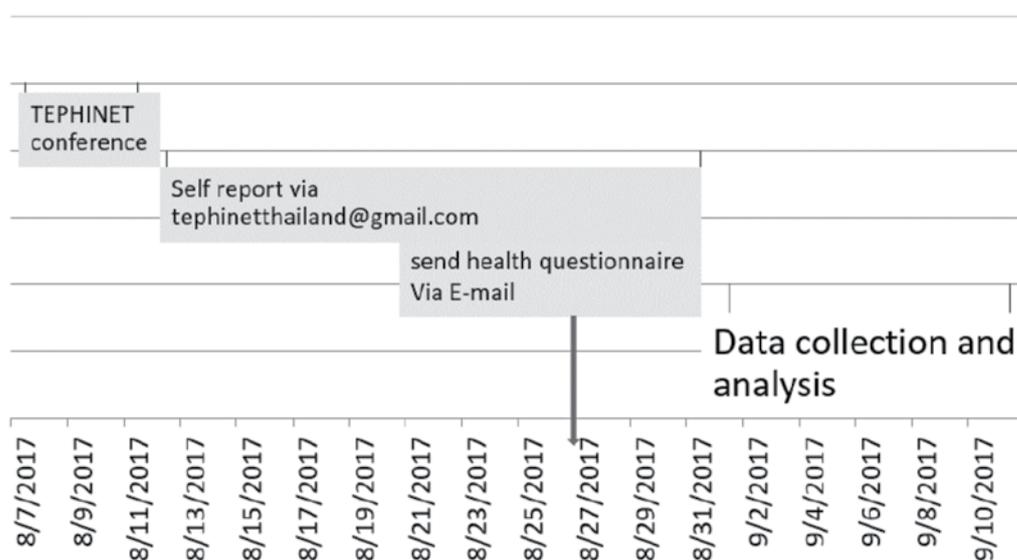


Figure 9. Timeline for post-conference health and illness survey in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

## 10.4. Operational Plan

The operational plan of post-conference health and illness survey in the events is available in *Annex 14.18*.

## 11. Collaboration Units

### 11.1. List of Collaboration Units

- 1) Ministry of Public Health (MOPH), Thailand
- 2) Department of Disease Control (DDC), Thailand
- 3) Provincial Health Office, district health office, and community hospitals in Chiang Mai Province
- 4) Nakornping Hospital, Maharaj Regional Hospital in Chiang Mai Province
- 5) Regional Office of Disease Prevention and Control (ODPC) 1 in Chiang Mai Province
- 6) Quarantine Station in Chiang Mai Province
- 7) Private hospitals in Chiang Mai Province
- 8) Local authorities in Chiang Mai Province
- 9) Hotel managers from 4 recommended hotels for the events
- 10) Field Epidemiology Training Program (FETP), Thailand
- 11) Bureau of Epidemiology (BOE), Thailand



## 11.2. Roles and Responsibilities of Stakeholders

Table 5. Roles and responsibilities of stakeholders for disease surveillance in the 9<sup>th</sup> TEPHINET Conference and the 23<sup>rd</sup> NES, 6-11 Aug 2017

Stakeholders	Roles and Responsibilities
Bureau of Epidemiology, Provincial Health Office, Regional Office of Disease Prevention and Control, TEPHINET	Steering, leadership and resource management
Disease surveillance team	Screening, disease surveillance, food sample collection, post-conference survey
Surveillance Rapid Response Teams	Outbreak investigation and rapid response
Medical unit, private clinics and hospitals	First aid unit, emergency medical services, pre-hospital care, hospital care, reporting
Hotel managers	Facilitation in food sample collection and other necessary arrangements
Registration section	Assist in screening and collection of individual address (email)

## 12. Duration of the Surveillance

The surveillance system for diseases and emergency medical conditions was performed on 6-11 August 2017, including the periods for the preconference workshops on 6 August 2017, the 9<sup>th</sup> TEPHINET Global Scientific Conference on 7-11 August 2017 and the 23<sup>rd</sup> NES on 7-9 August 2017.

## 13. Reference Forms

Five reference forms were developed in order to operate in the events (*Annex 14.7-14.11*).

## 14. Annexes

### 14.1 General information

#### **Acknowledgements/Disclaimers**

TEPHINET extends a special thank you to all members of our scientific and logistical committees, abstract reviewers, speakers, sponsors, and event organizers for their support of the 9<sup>th</sup> TEPHINET Global Scientific Conference.

Abstracts in this publication were edited and officially cleared by the respective authors and their organizations. Therefore, TEPHINET is not responsible for the content or editorial quality of this material. The findings and conclusions in these abstracts are those of the authors and do not represent the views of TEPHINET or any of our conference sponsors.

#### **Statement of Purpose**

The primary purpose of the TEPHINET scientific conferences is to provide a forum for Field Epidemiology Training Program (FETP) trainees to give scientific presentations, increase their knowledge of outbreak investigations and their significance to public health, and maintain and increase their skills in determining the appropriateness of epidemiologic methods, presenting and interpreting results clearly, and developing appropriate conclusions and recommendations.

#### **Conference Theme**

The theme of the conference is, "Building on 20 Years of Applied Epidemiological Training to Advance Disease Surveillance, Response, and Sustainable Development."

#### **Registration and Information**

Staff and/or volunteers are available at the conference registration desk. Check-in and onsite registration for the conference are available on Sunday, August 6, from 9:00 a.m. to 17:30 (5:30 p.m.) on the first floor of the Empress Convention Centre. Check-in and onsite registration for the pre-conference workshops are available on Saturday, August 5, from 14:00-18:30 (2:00 p.m. to 6:30 p.m.) at the Empress Convention Centre.

Onsite registration for the TEPHINET Program Directors Meeting (an invitation-only event) is available on Friday, August 4 from 14:00-17:30 (2:00 p.m. to 5:30 p.m.) and Saturday, August 5 from 8:00 to 9:00 a.m. at the Le Meridien Hotel, which is where the Directors Meeting will be held.

#### **Name Badges**

Please wear your conference badge at all times during the conference. Participants with certain roles will have colored ribbons on their badges to indicate their roles as follows:

- TEPHINET staff: blue
- Conference volunteers: green
- Oral and poster presenters: red
- Workshop facilitators: black
- Session speakers: white

Please visit the registration desk if you need additional information or misplace your badge.

#### **Mobile Phones**

As a courtesy to presenters and other attendees, please silence your mobile phones during conference sessions and limit phone calls to areas outside of the session rooms.

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*(Adopted from the abstract book: TEPHINET 9<sup>th</sup> Global Scientific Conference, 2017, available at: <http://www.tephinet.org/conference/9th-tephinet-global-scientific-conference>)*



## Conference App

Download the TEPHINET mobile app (available for iOS and Android devices) and have ready access to the agenda, important conference updates and notifications, and the directory of participants who have registered for the app. Find, communicate, and schedule networking appointments with other participants. If you have any questions about the app, please see TEPHINET staff for assistance.

## Certificates of Attendance

Certificates of attendance are available for preregistered attendees to pick up at the registration desk.

## Translation Services

The official language of the conference is English. Translation services into Spanish and Thai are available during the plenary sessions.

## Onsite Printing/Internet Café

A printer will be available for participants to use at the onsite Internet Café. Please note that only black and white printing is available.

## Photo Contest

Photographs have the power to convey distinct and compelling messages. With a single click, the photographer can capture a fleeting emotion or unique moment in time. Memorable photographs have the ability to increase the visual impact of the information you wish to communicate. These photographs serve as valuable evidence of field epidemiology training program (FETP) activities and can help:

- FETPs gain greater visibility
- Expand research communication strategies
- Expand partner knowledge of the work of epidemiologists
- Stimulate the exchange of experiences among field epidemiology professionals
- To this end, TEPHINET will host a photo contest during the conference to help promote FETP activities in a visually compelling way.

### *Purpose*

To highlight the work of FETPs globally and to encourage the FETP family to visually document their contributions to improving global health through disease prevention, detection and rapid response activities.

### *Eligible Participants*

FETP trainees and graduates whose abstracts were accepted for presentation at the conference were eligible to submit photographs for the contest.

### *Exhibition of Photos*

TEPHINET reviewed all submissions. Photos meeting the review committee's standards will be exhibited during the conference and are also available to view online on TEPHINET's Flickr and Facebook pages.

### *Selection and Judging*

First, second, and third place winners will be selected by a panel of judges from TEPHINET. Photographs will be judged on their technical and artistic merits as well as their ability to convey field epidemiology in action. TEPHINET has also posted the photos to our Facebook page for a vote by our fans. The winner of the Facebook vote will also receive an award.

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*(Adopted from: Abstract book: TEPHINET 9<sup>th</sup> Global Scientific Conference, 2017, available at: <http://www.tephinet.org/conference/9th-tephinet-global-scientific-conference>)*

## Pre-conference Workshops

A total of thirteen pre-conference workshops are available for participants of the 9<sup>th</sup> TEPHINET Global Scientific Conference to choose from during registration. All workshops will take place on Sunday, August 6, 2017 at the Empress Convention Centre. For detailed information on each workshop, including information on speakers/facilitators and workshop content, please see the conference website and/or mobile application.

Workshop Name	Organizer(s)
Introduction to Birth Defects Surveillance	CDC National Center on Birth Defects and Developmental Disabilities (NCBDDD)
Cleaning, Analyzing, and Presenting Surveillance Data: A Workshop on the Fundamentals of Working with Surveillance Data	Japan Field Epidemiology Training Program (FETP)
Science and Art for Epidemiologists to Influence Policy Makers	ASEAN Plus Three Field Epidemiology Training Network (ASEAN +3 FETN)
Fighting Polio in Pakistan: Successes, Challenges, and Lessons Learned	Pakistan Field Epidemiology and Laboratory Training Program (FELTP)
Development of National Surveillance Training Plans	World Health Organization – Lyon
Field Epidemiology Capacity Building for Strengthening Public Health Institutes	International Association of National Public Health Institutes (IANPHI)
Surveillance of Dengue and an Integrated Approach to Prevent and Control Dengue	FETP Graduate Network, India
Tiers of the FETP Pyramid: Implementation and Curriculum	JSI, Scimetrika, and CDC
Scientific Communication	CDC Workforce and Institute Development Branch (WIDB)
Public Health Entomology for Field Epidemiologists	CDC Division of Parasitic Diseases and Malaria (DPDM)
World Health Organization (WHO) Workshop on Ethics of Epidemics, Research, and Surveillance	World Health Organization – Geneva
FETP and Evaluation of Preparedness: Experience Sharing	Taipei Medical University
Measuring the Timeliness of Outbreak Detection and Reporting	Skoll Global Threats Fund

(Adopted from: Abstract book: TEPHINET 9<sup>th</sup> Global Scientific Conference, 2017, available at: <http://www.tephinet.org/conference/9th-tephinet-global-scientific-conference>)



**Participant Countries**  
**9<sup>th</sup> TEPHINET Global Scientific Conference**  
**Chiang Mai, Thailand**  
**August 7 - 11, 2017**

No.	Country	No	Country
1	Afghanistan	44	Kyrgyzstan
2	Armenia	45	Lao People's Democratic Republic
3	Australia	46	Liberia
4	Austria	47	Madagascar
5	Azerbaijan	48	Malawi
6	Bangladesh	49	Malaysia
7	Belize	50	Mali
8	Benin	51	Mexico
9	Bhutan	52	Mongolia
10	Brazil	53	Montenegro
11	Burkina Faso	54	Morocco
12	Burundi	55	Mozambique
13	Cambodia	56	Myanmar
14	Cameroon	57	Namibia
15	Canada	58	Niger
16	Chad	59	Nigeria
17	China	60	Pakistan
18	Colombia	61	Palestinian Territory, Occupied
19	Congo, the Democratic Republic	62	Papua New Guinea
20	Costa Rica	63	Paraguay
21	Denmark	64	Peru
22	Dominican Republic	65	Philippines
23	Egypt	66	Poland
24	El Salvador	67	Russian Federation
25	Ethiopia	68	Rwanda
26	France	69	Sierra Leone
27	Georgia	70	South Africa
28	Germany	71	South Sudan
29	Ghana	72	Spain
30	Guatemala	73	Taiwan
31	Guinea	74	Tajikistan
32	Guinea-Bissau	75	Tanzania, United Republic of
33	Haiti	76	Thailand
34	Hong Kong	77	Togo
35	India	78	Turkey
36	Indonesia	79	Uganda
37	Iraq	80	United Arab Emirates
38	Ireland	81	United Kingdom
39	Japan	82	United States
40	Jordan	83	Vietnam
41	Kazakhstan	84	Yemen
42	Kenya	85	Zambia
43	Korea, Republic of	86	Zimbabwe

*(Adopted from: Abstract book: TEPHINET 9<sup>th</sup> Global Scientific Conference, 2017, available at: <http://www.tephinet.org/conference/9th-tephinet-global-scientific-conference>)*



as May 2017

## Concept paper The 9<sup>th</sup> TEPHINET Global Scientific Conference and the 23<sup>rd</sup> National Epidemiology Seminar

### 1. Background:

The Training Program in Epidemiology and Public Health Interventions Network (TEPHINET) is a network of 65 field epidemiology training programs in 90 countries around the world. TEPHINET aims to strengthen international public health capacity by training field epidemiologists through an applied apprenticeship program.

Since the first global TEPHINET Scientific Conference was held in Canada 2000. The TEPHINET has co-sponsored a global conference every two years in various countries, including Brazil, China, Malaysia, South Africa, Jordan and Mexico. Typically, 10-15 workshops precede TEPHINET global scientific conference. The host country FETP, CDC and WHO often sponsor a workshop along with other health organizations that collaborate with the network and sponsor residents to attend.

The Thailand Ministry of Public Health by Department of Disease Control has conducted the National Epidemiology Seminar every two years since 1981. Approximately 600 participants from various organizations in Thailand were participated in this seminar. The main objective is to promote and sharing experience of key player who responsible for prevent, detect and respond the communicable diseases, non-communicable diseases and other public health problem in Thailand.

Thailand as the leading country of the Global Security Agenda (GHS): workforce development action package. The Ministry of Public Health Thailand (MOPH) has agreed to host the 9<sup>th</sup> TEPHINET Global Scientific Conference which will be held during 7-11 August 2017 at the Empress Chiang Mai Hotel, Chiang Mai province, Thailand. In this opportunity the 23<sup>rd</sup> National Epidemiology Seminar will conduct during 7-9 August 2017 as parallel conference.

### 2. Conference objective:

1. To share the knowledge and experience in addressing the epidemiological finding, impact from public health and other health sector on prevent, detect and respond
2. To increase the number of scientific abstracts in field epidemiology
3. To be a platform of global collaboration in epidemiology workforce development
4. To develop professional relationships, and highlight their program achievements

### 3. Expected participant: 1,200 participants

The 9 <sup>th</sup> TEPHINET Global Conference 7-11 August 2017	The 23 <sup>rd</sup> National Epidemiology Seminar 7-9 August 2017
Approx. 600 international participants as following group of peoples: <ul style="list-style-type: none"> <li>• FETP or Applies Field Epidemiology Program Trainees, graduates, mentors, directors from 65 field epidemiology training program in 90 countries around the world</li> <li>• Veterinaries field epidemiology training program and animal health officers from Department of Livestock</li> <li>• Public Health Professional from other</li> </ul>	Approx. 500 Thai participants <ul style="list-style-type: none"> <li>• Public Health Officers who work as rapid response team and other g and control</li> <li>• Public health officers from 12 regional health offices, 78 provincial health offices in Thailand and central level</li> <li>• Medicine Universities in central and provincial</li> <li>• Health Professional from other institutes</li> </ul>





<p>institutes such as university, ministry of health around the world</p> <ul style="list-style-type: none"> <li>Public Health International organizations such US.CDC, USAID, WHO, FAO, OIE, ASEAN Secretariat, AVEG</li> </ul>	
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#### 4. Venue:

4.1. Conference and pre-conference workshop venue: Empress Hotel and Convention Center, Chiang Mai, Thailand  
 Address: 199/42, Chang Klan Road  
 Chiang Mai 50100, Thailand  
 Tel: +66-53-253199, 66-53-270240

4.2. Accommodation:  
 The MOPH Thailand has contracted with main hotel and alternative hotels for both local and international participants at the Park Hotel and the Empress Hotel.

#### 5. Program Schedule:

	Theme	Number of plenary	Oral presentation	Poster presentation	Others
The 9th Global TEPHINET Conference	Building on 20 Years of Applied Epidemiological Training to Advance Disease Surveillance, Response, and Sustainable Development	13 (English language)	168	200	
The 23rd National Epidemiology Seminar	ระบบการศึกษาเพื่อการพัฒนาอย่างยั่งยืน	3 (Thai language)	54	100	

5. **Organizing partners:** MOPH Thailand, MOA., MFA, US.CDC, USAID, WHO, FAO, OIE, ASEAN Secretariat, AVEG

#### 6. Conference Committee:

- Thailand Ministry of Public Health (MOPH.)
- TEPHINET
- Thailand Ministry of Foreign Affairs
- Ministry of Agriculture and Cooperative
- University that include Mahidol University, Chiang Mai University

#### 7. Structure of the Conference

These are two open conferences, the 23<sup>rd</sup> National Epidemiology Seminar host by Thailand Ministry of Public Health and the 9th TEPHINET Global Scientific Conference , and co-host by The



Training Program in Epidemiology and Public Health Interventions Network (TEPHINET). The conference consists of:

**7.1. Pre-conference**

- Side meetings and FETP Director meeting: August 5 and 6, 2017
- Pre-conference workshops, August 6, 2017

**7.2. Main conference**

- Keynote Speeches: 1 Keynote
- Plenary Sessions: 13 International Plenary, 3 Thai Plenary
- Parallel Sessions
- Oral and poster presentations: 222 oral presentations and 300 poster presentations
- E-poster presentation: 10
- Picture gallery
- Exhibition Display: 5 organizations in Thailand

The conference will carry out through various sessions, in which the discussions will held on the following thought provoking and cerebrating scientific tracks:

Communicable Disease:	Non Communicable Disease
<ul style="list-style-type: none"> <li>• HIV-STI</li> <li>• Vector Borne (tick, mosquito, fleas, etc.)</li> <li>• Respiratory Diseases</li> <li>• Environmental and Occupation Health</li> <li>• Preventable Disease</li> <li>• Food and water borne diseases</li> <li>• Zoonotic (animal to human/human to animal)</li> <li>• Surveillance System (analysis, evaluation, etc.)</li> <li>• Other (nosocomial, NTD, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic Disease and Health Promotion</li> <li>• Maternal, Child and Reproductive Health</li> <li>• Surveillance System (analysis, evaluation, etc.)</li> <li>• Environmental and Occupation Health</li> <li>• Other (Injuries, program evaluation, etc.)</li> </ul>

**14.2 Location of the venue**



**Map of Chiang Mai Province and location of the Empress Convention Center, Chiang Mai Province, Thailand**

## 14.3. Schedule of the Events

### 14.3.1. Agenda of the 9<sup>th</sup> TEPHINET Global Scientific Conference, 4-11 August 2017

Friday, 4 <sup>th</sup> August 2017	
08:00 - 09:00	Onsite Registration for FETP Program Directors Meeting
14:00 - 17:30	Onsite Registration for FETP Program Directors Meeting
Saturday, 5 <sup>th</sup> August 2017	
09:00 - 18:30	FETP Program Directors Meeting
14:00 - 18:30	Registration for Pre-conference Workshops
Sunday, 6 <sup>th</sup> August 2017	
08:00 - 18:00	Workshop: Zika - Cleaning and Analyzing Surveillance Data (Chiang Mai II) Speakers: Matthew Griffith, Tomoe Shimda, Aika Watanabe
08:30 - 12:00	Workshop: Field Epidemiology Capacity Building for Strengthening Public Health Institutes (Board Room) II) Speakers: Natalie Mayet
08:30 - 17:40	Workshop: Introduction to Birth Defects Surveillance (Pailin Room) Speakers: Meng-Yu Chen
08:30 - 17:00	Workshop: Public Health Entomology for Field Epidemiologists (Paitoon Room) Speakers: Alexandre Macedo de Oliveira, William Hawley, Darin Areechokchai, Fabian Correa-Morales, Oscar Mesones Lapouble, Rebecca Levine
08:30 - 12:30	Workshop: Science and art for epidemiologists to influence policy makers (Petcharat Room) Speakers: Kumnuan Ungchusak, Tomoe Shimada, Alden Henderson, Wiwat Rojanapithayakorn, Steven Ooi, I Nyoman Kandun, Supamit Chunsuttiwat
08:30 - 18:00	Workshop: Scientific Written Communication (Chiang Mai I) Speakers: Pascale Krumm, Dorothy Southern
08:30 - 17:00	Workshop: Tiers of the FETP Pyramid: Implementation and Curriculum (Chiang Mai III) Speakers: Richard Dicker, Lesley Chace
08:30 - 12:30	Workshop: Toolkit for the Development of National Surveillance Training Plans (Board Room III) Speakers: Pierre Nabeth, Yolanda Bayugo
08:30 - 18:00	Workshop: WHO Workshop on Ethics of Epidemics, Research and Surveillance (Chiang Mai V) Speakers: Wai-Loon Calvin Ho, Abha Saxena, Sunita Bandewar
09:00 - 17:30	Conference Registration

### Sunday, 6<sup>th</sup> August 2017

09:00 - 12:30	Workshop: FETP and Evaluation of Preparedness: Experience Sharing (Chiang Mai IV) Speakers: Nai-Wen Kuo, Philip Yi-Chun Lo, Angela Song-En Huang
09:00 - 16:00	Workshop: Surveillance of dengue and integrated approach to prevent and control dengue (Paytai Room) Speakers: Geetha Rani Ramesh, Sree Kalpana Mohankumar, Suresh kosavampalayam Saroja Thiagarajan
13:00 - 16:00	Workshop: Measuring Timeliness of Outbreak Detection & Reporting (Convention Hall I) Speakers: Adam W. Crawley
14:00 - 18:00	Workshop: Fighting Polio in Pakistan: Successes, Challenges and Lessons Learned (Board Room IV) Speakers: Rana Jawad Asghar, Kamaluddin Soomro, Mumtaz Laghari, Mohammad Akram Shah, Mohammad Qasim Khan

### Monday, 7<sup>th</sup> August 2017

08:00 - 09:00	Opening Ceremony (Empress Grand Hall) Speakers: Piyasakol Sakolsatayadorn, Sopon Mekthon, Wiwat Rojanapithayakorn, Carl Reddy, Dionisio Jos Herrera Guibert, Patrick O'Carroll, Saowapak Hinjoy, Teerasak Chaxnum
09:00 - 10:00	H.M. King Bhumibol: His Public Health Contribution & Sustainable Development (Empress Grand Hall) Speakers: Piyasakol Sakolsatayadorn
10:00 - 10:30	Coffee/Tea Break
10:30 - 11:30	Partnerships as a Cornerstone of TEPHINET's Support to FETPs (Empress Grand Hall) Speakers: Kip Baggett, Pierre Nabeth, Dionisio Jos Herrera Guibert, Patrick O'Carroll, Rebecca Martin, Aftab Jasir
11:30 - 12:30	Oral Presentations (Chiang Mai I-V and Board Room II - IV)
11:30 - 12:30	Oral Presentations: Thai NES (Nopphakao Room and Vimarini I - II)
12:30 - 14:00	Lunch
14:00 - 15:30	Round Table: 20th Anniversary of TEPHINET (Empress Grand Hall) Speakers: Mark White, Pierre Nabeth, Mufuta Tshimanga, Victor Cardenas, Carl Reddy, Dionisio Jos Herrera Guibert, David Ross, Gu na I Rodier
14:00 - 15:00	Thai NES: Making NCD Prevention and Control a Priority in Thailand (Imperial Grand Ballroom)
15:00 - 16:00	Oral Presentations: Thai NES (Paitoon Room and Vimarini I, II)
15:30 - 16:00	



### Monday, 7<sup>th</sup> August 2017

15:30 - 16:00	Introducing TEPHICConnect - A New Platform for FETP Alumni (Empress Grand Hall) Speakers: Miriam Alderman, Maria Consorcia, Lim Quizon, Olivia Namusisi, Brendan Crosby, Dana Shalabi
16:00 - 16:30	Coffee/Tea Break
16:30 - 19:00	Poster Presentations (Board Room II-IV and Chiang Mai I - V)
16:30 - 17:30	Poster Presentations: Thai NES
17:30 - 18:30	Oral Presentations: Thai NES (Vimarin I, II and Paitoon Room)
19:00 - 19:30	The Right to be Counted-How to Get It Right: WHO Guidelines on Ethics in Public Health Surveillance (Chiang Mai V) Speakers: Abha Saxena
19:30 - 21:00	Welcome Dinner

### Thursday, 10<sup>th</sup> August 2017

08:00 - 09:00	Emergency Response and Field Epidemiology (Empress Grand Hall) Speakers: Oliver Morgan
09:00 - 10:00	Oral Presentations (Board Room III)
09:00 - 10:00	Oral Presentations (Chiang Mai I - V, Board Room IV)
10:00 - 10:30	Coffee/Tea Break
10:30 - 11:30	Round Table: JEE & WHO Revised Monitoring Framework for IHR with Emphasis on Workforce (Empress Grand Hall)
11:30 - 12:30	Malaria: The Journey Towards Elimination (Empress Grand Hall) Speakers: Jeeraphat Sirichaisinthop, Tatek Bogale Anbessie, Patrick Nguku
12:30 - 14:00	Lunch
14:00 - 15:00	FETP Institutionalization: A Phased Approach to Sustainability (Empress Grand Hall) Speakers: Kip Baggett, Mufuta Tshimanga, Kumnuan Ungchusak
15:00 - 16:00	Oral Presentations (Chiang Mai I - V, Board Room III- IV)
16:00 - 16:30	Coffee/Tea Break
16:30 - 17:30	Oral Presentations (Chiang Mai I- V and Board Room III, IV)
19:30 - 22:30	International Night (Empress Grand Hall)



Friday, 11<sup>th</sup> August 2017

08:00 - 09:00	Tackling Noncommunicable Disease Risk Factors (Empress Grand Hall) Speakers: Renu Garg, David Sugerman
09:00 - 10:00	Public Health & Global Health Security (Empress Grand Hall) Speakers: Khanchit Limpakarnjanarat, Kashef Ijaz, Supamit Chunsuttiwat
10:00 - 10:30	Coffee/Tea Break
10:30 - 12:30	Oral Presentations (Chiang Mai I - V and Board Room IV)
12:30 - 14:00	Lunch
14:00 - 14:45	Regional Network Presentations (Empress Grand Hall) Speakers: Steven Ooi, Maria Consorcia Lim Quizon, Luis Fernando Fuertes Valencia, Mohannad Al-Nsour, David Rodriguez
14:45 - 16:00	Late Breaking Abstract Presentations
16:00 - 16:30	Coffee/Tea Break
16:30 - 17:30	Awards & Closing Ceremony (Imperial Grand Ballroom) Speakers: Pierre Nabeth, Kashef Ijaz, Carl Reddy, Dionisio Jos Herrera Guibert, Patrick O'Carroll, Tanarak Plipat





14.3.2. Agenda of the 23rd NES, 7-11 August 2017

(ร่าง) กำหนดการ

สัมมนาระบาดวิทยาแห่งชาติ ครั้งที่ 23 และ The 9<sup>th</sup> TEPHINET Global Conference

วันที่ 7-11 สิงหาคม 2560

ณ โรงแรมดิเอ็มเพรส จังหวัดเชียงใหม่

วันจันทร์ที่ 7 สิงหาคม 2560	
ศูนย์ประชุมดิเอ็มเพรส	
07.00-08.00 น.	ลงทะเบียน
<b>ห้อง The Empress Grand Hall</b>	
08.00-08.25 น.	<b>เริ่มสู่วิธีการ</b> การแสดง “กลองสะบัดชัย เปิดงานสัมมนา”
08.25-09.00 น.	<b>พิธีเปิดการประชุม</b> <ul style="list-style-type: none"> <li>กล่าวต้อนรับผู้เข้าร่วมประชุม โดย <i>ผู้ว่าราชการจังหวัดเชียงใหม่ และประธาน TEPHINET</i></li> <li>กล่าวรายงานการจัดสัมมนาระบาดวิทยาฯ และ The 9<sup>th</sup> TEPHINET Global Conference โดย <i>นพ.โสภณ เมฆธน ปลัดกระทรวงสาธารณสุข</i></li> <li>กล่าวเปิดงานสัมมนาและ The 9<sup>th</sup> TEPHINET โดย <i>ศ.คลินิก เกียรติคุณ นพ.ปิยะสกล สกลสัตยาทร รัฐมนตรีว่าการกระทรวงสาธารณสุข</i></li> </ul>
	ถ่ายรูป
	ฉายวีดิทัศน์
	<b>แถลงข่าว</b> โดย <i>รัฐมนตรีว่าการกระทรวงสาธารณสุข, ประธาน TEPHINET และผู้เกี่ยวข้อง</i>
09.00-10.00 น.	<b>ปาฐกถาเกียรติคุณ เรื่อง His Majesty King Bhumibol Adulyadej's, his public health contribution and Sustainable Development (ภาษาอังกฤษ)</b> โดย <i>ศ.คลินิก เกียรติคุณ นพ.ปิยะสกล สกลสัตยาทร รัฐมนตรีว่าการกระทรวงสาธารณสุข</i>
10.00-10.30 น.	<b>พักรับประทานอาหารว่างและเครื่องดื่ม</b>
10.30-11.30 น.	<b>Key Note Speech</b> โดย Dr. Rebecca Martin Director, Center for Global Health/CDC หรือ Ms. Sue Desmond CEO, Bill Gates Foundation

วันจันทร์ที่ 7 สิงหาคม 2560 (ต่อ)

	ห้องวิมาน 1	ห้องวิมาน 2	ห้องไพฑูรย์	ห้องเชียงใหม่ 1-5
11.30 - 12.30 น.	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	Global: Oral Presentation 8 Rooms (3 เรื่อง x 8 ห้อง)
12.30-14.00 น.	พักรับประทานอาหารกลางวัน			
<b>ห้อง The Empress Grand Hall</b>				
14.00 - 15.00 น.	<b>Plenary 1: Global Conference 20th Anniversary of TEPHINET</b> วิทยากร 1. Dr. Mark White, CDC 2. Dr. Guenael Rodier WHO 3. Dr. Mufuta Tshimanga FETP			
<b>ห้อง Imperial Grand Ballroom</b>				
14.00-15.00 น.	<b>Plenary 2: การป้องกันควบคุมโรคไม่ติดต่อในยุคไทยแลนด์ 4.0</b> <u>ผู้ร่วมอภิปราย</u> • ภาระโรคไม่ติดต่อและปัจจัยเสี่ยง โดย นพ.วิชัย เอกพลากร • มาตรการตอบโต้โรคไม่ติดต่อระดับชาติและระดับท้องถิ่น โดย พญ.สุพัตรา ศรีวณิชชากร • การตอบโต้ในระดับท้องถิ่นและภาคีเครือข่ายในการแก้ไขปัญหาโรคไม่ติดต่อ โดย นพ.พงศ์เทพ วงศ์วัชรไพบูลย์ <u>ผู้ดำเนินการอภิปราย</u> • นพ.ค่านวณ อึ้งชูศักดิ์ และพญ.พนธ์นีย์ ธิติชัย			
10.00-10.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม			
10.30-11.30 น.	<b>Key Note Speech</b> โดย Dr. Rebecca Martin Director, Center for Global Health/CDC หรือ Ms. Sue Desmond CEO, Bill Gates Foundation			
	ห้องวิมาน 1	ห้องวิมาน 2	ห้องไพฑูรย์	ห้องเชียงใหม่ 1-5
15.00-16.00 น.	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบ ปากเปล่า 3 เรื่อง	Global: Oral Presentation 8 Rooms (3 เรื่อง x 8 ห้อง)
16.00-16.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม			
	ชั้น 2 ศูนย์ประชุม		ห้องเชียงใหม่ 1-5	
16.30-17.30 น.	NES: นำเสนอผลงานแบบโปสเตอร์ 25 เรื่อง		(16.30-19.00) Global: Oral Presentation 8 Rooms (13 เรื่อง x 8 ห้อง)	
19.30-21.00 น.	งานเลี้ยงต้อนรับ โดย กระทรวงสาธารณสุข			



วันอังคารที่ 8 สิงหาคม 2560

ห้อง The Empress Grand Hall

08.00 – 09.00 น.	Plenary 3: A Spotlight on History: 70 Years of Global Influenza Control			
09.00 - 10.00 น.	<b>Plenary 4: New Technologies as an Opportunity for a Pandemic Response</b> วิทยาการ 1. Mark Smolinsky, CEO, SKOLL Foundation, Chiang Mai University Representative			
10.00 – 10.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม			
	<b>ห้องวิมาน 1</b>	<b>ห้องวิมาน 2</b>	<b>ห้องไพฑูรย์</b>	<b>ห้องเชียงใหม่ 1-5</b>
10.30 - 12.30 น.	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง	Global: Oral Presentation 8 Rooms (3 เรื่อง x 8 ห้อง)
12.30 – 14.00 น.	พักรับประทานอาหารกลางวัน			
<b>ห้อง The Empress Grand Hall</b>				
14.00 - 15.00 น.	<b>Plenary 5:</b> <b>Zika Response: An Example of the Field Epidemiology Intervention</b> ผู้ร่วมอภิปราย: 1. Dr. Augusto Lopez, CDC 2. Dr. Marcio Henrique de Oliveira Garcia, Director of Surveillance, Brazil 3. Dr. Martha Ospina, Director of Surveillance, Colombia 4. Angela Hilmer, TEPHINET Epidemiology Consultant, CDC Director of EIS			
15.00 - 16.00 น.	<b>Plenary 6:</b> <b>FETP Institutionalization, Successful Experiences &amp; Challenges of FETP</b> วิทยาการ: 1. Dr. Kip Baggett, CDC 2. Dr. Dionisio Herrera, Director, TEPHINET			
<b>ห้อง The Empress Grand Hall</b>				
15.00 - 16.00 น.	<b>Plenary 7: เป้าหมายการพัฒนาที่ยั่งยืนเพื่อคุณภาพชีวิตและสิ่งแวดล้อมที่ดี</b> ผู้ร่วมอภิปราย: สาระสำคัญของ SDGs ที่เกี่ยวข้องกับด้านสุขภาพ โดย นพ.วิวัฒน์ โรจนพิทยากร ข้อจำกัดของประเทศและความท้าทายในมุมมองของ public health sector โดย นพ.สมศักดิ์ อรรฆศิลป์ มุมมองเครือข่ายนอกภาครัฐ โอกาสและความท้าทายของ SDG การปรับตัวของหน่วยงาน โดย ผู้แทน CP group ผู้ดำเนินการอภิปราย นพ.วิวัฒน์ โรจนพิทยากร			
16.00-16.30 น.	รับประทานอาหารว่างและเครื่องดื่ม			



	ชั้น 2 ศูนย์ประชุม		ห้องเชียงใหม่ 1-5
16.30-17.30 น	NES: นำเสนอผลงานแบบโปสเตอร์ 25 เรื่อง		(16.30-19.00) Global: Oral Presentation 8 Rooms (13 เรื่อง x 8 ห้อง)
	ห้องวิมาน 1	ห้องวิมาน 2	ห้องไพฑูรย์
17.30-18.30 น	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง	NES: นำเสนอผลงานแบบปากเปล่า 3 เรื่อง

วันพุธที่ 9 สิงหาคม 2560	
ห้อง The Empress Grand Hall	
08.00 – 09.00 น.	<b>Plenary 9: One Health Opportunity &amp; Network (ภาษาอังกฤษ)</b> ผู้ร่วมอภิปราย 1. ผู้แทน FAO 2. ผู้แทน AVEG ผู้ดำเนินการอภิปราย 1. นพ.ภาสกร อัครเสวี
09.00 - 10.00 น.	<b>Plenary 10: สุขภาพเขตเมืองและการควบคุมโรค (ภาษาไทย)</b> ผู้ร่วมอภิปราย การเติบโตของเมืองและปัจจัยที่มีผลกระทบต่อสุขภาพ โดย อ.ยุวดี คาคการณ์ไกล ปัญหาสุขภาพและระบบบริการสุขภาพของคนเมือง โดย นพ.สมชาย พิระภรณ์ การพัฒนาระบบสุขภาพและกลไกการควบคุมโรคในเขตเมือง โดย นพ.อำนาจ กาจันะ แผนแม่บทการควบคุมโรคเขตเมือง โดย นพ.ฉัตรสร นามวาท ผู้ดำเนินการอภิปราย นพ.โสภณ เอี่ยมศิริถาวร
10.00 – 10.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม
10.30 - 12.00 น.	<b>พิธีปิดการสัมมนาวิชาการแห่งชาติ ครั้งที่ 23</b> • กล่าวรายงาน โดย ผู้อำนวยการสำนักโรคระบาดวิทยา กล่าวปิด โดย อธิบดีกรมควบคุมโรค
12.00 – 13.00 น.	พักรับประทานอาหารกลางวัน



วันพฤหัสบดีที่ 10 สิงหาคม 2560

ห้อง The Empress Grand Hall

08.00 – 09.00 น.	<b>Plenary 11: Emergency Response and Field Epidemiology</b> วิทยากร Dr. Oliver Morgan Health Emergencies Program, WHO			
10.00 – 10.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม			
	<b>ห้องเชียงใหม่ 1</b>	<b>ห้องเชียงใหม่ 2</b>	<b>ห้องเชียงใหม่ 3</b>	<b>ห้องเชียงใหม่ 4</b>
10.30 - 12.30 น.	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)
	<b>ห้องเชียงใหม่ 5</b>	<b>ห้อง Board Room 1</b>	<b>ห้อง Board Room 2</b>	<b>ห้อง Board Room 3</b>
	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)
10.30 - 11.30 น.	<b>Plenary 12: Ending TB: Challenges of MDR &amp; Undetected Cases</b> วิทยากร CDC Health Security Group FETP Program Representation			
11.30 - 12.30 น.	<b>Plenary 13: Malaria: The Journey Towards Elimination</b> วิทยากร: 1. Pedro L. Alonso Director, WHO Global Malaria Program 2. Bart Knols Advisory Board Chairman, Dutch Malaria Foundation			
12.30 – 14.00 น.	พักรับประทานอาหารกลางวัน			
14.00 - 15.00 น.	<b>Plenary 14: Vector Control Surveillance (round table)</b> ผู้ร่วมอภิปราย: 1. Audrey Lenhart CDC 2. Oscar Mesones Lapouble TEPHINET 3. Bill Hawley CDC 4. CENAPRECE Rebecca Levine CDC 5. Alexandre Macedo CDC			
15.00-16.00 น.	<b>ห้องเชียงใหม่ 1</b>	<b>ห้องเชียงใหม่ 2</b>	<b>ห้องเชียงใหม่ 3</b>	<b>ห้องเชียงใหม่ 4</b>
	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)
	<b>ห้องเชียงใหม่ 5</b>	<b>ห้อง Board Room 1</b>	<b>ห้อง Board Room 2</b>	<b>ห้อง Board Room 3</b>
	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)
16.00-16.30 น.	รับประทานอาหารว่างและเครื่องดื่ม			
16.30-17.30 น.	<b>ห้องเชียงใหม่ 1</b>	<b>ห้องเชียงใหม่ 2</b>	<b>ห้องเชียงใหม่ 3</b>	<b>ห้องเชียงใหม่ 4</b>
	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)
	<b>ห้องเชียงใหม่ 5</b>	<b>ห้อง Board Room 1</b>	<b>ห้อง Board Room 2</b>	<b>ห้อง Board Room 3</b>
	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)	Global: Oral Presentation (3)

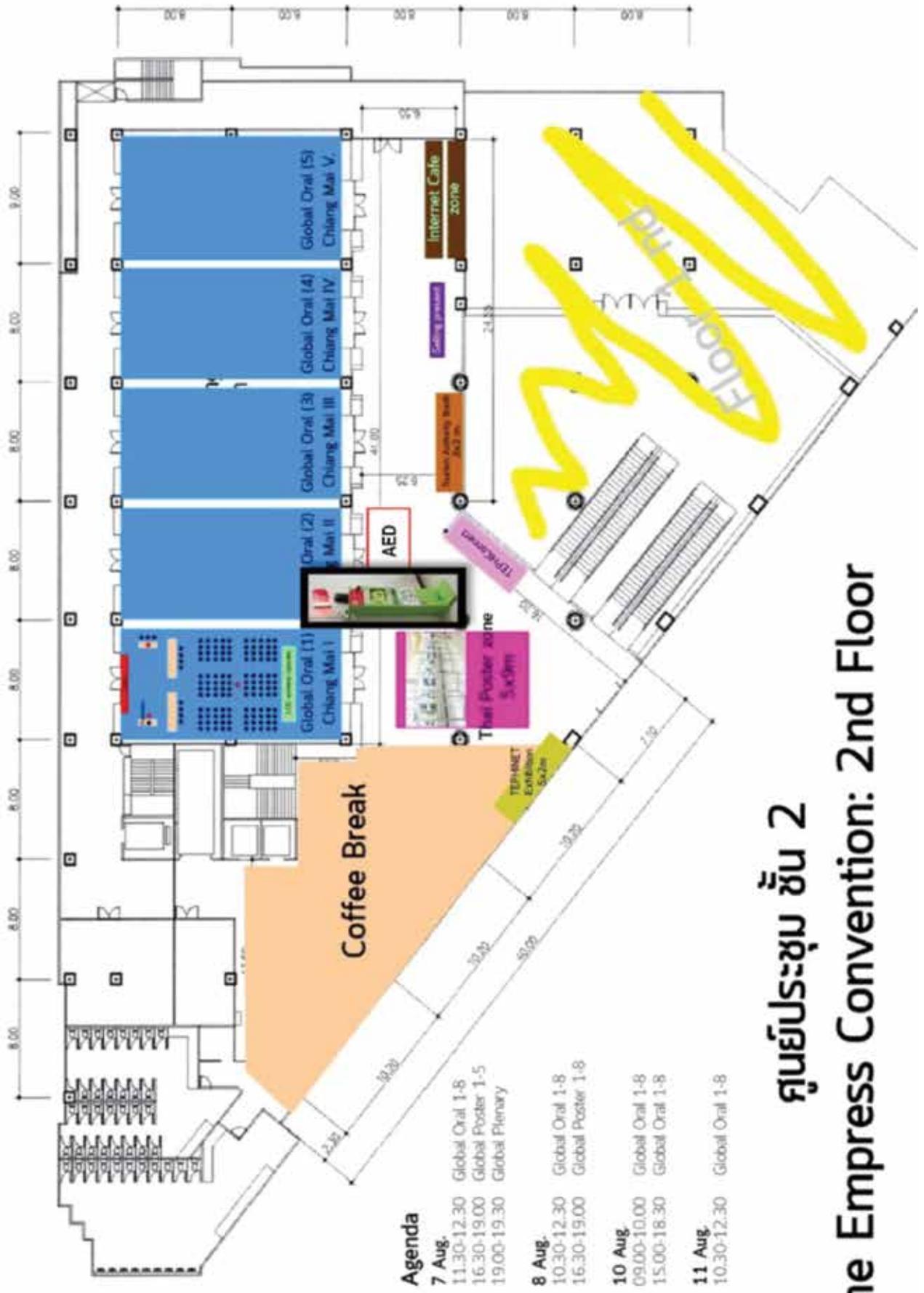
วันศุกร์ที่ 11 สิงหาคม 2560

ห้อง The Empress Grand Hall

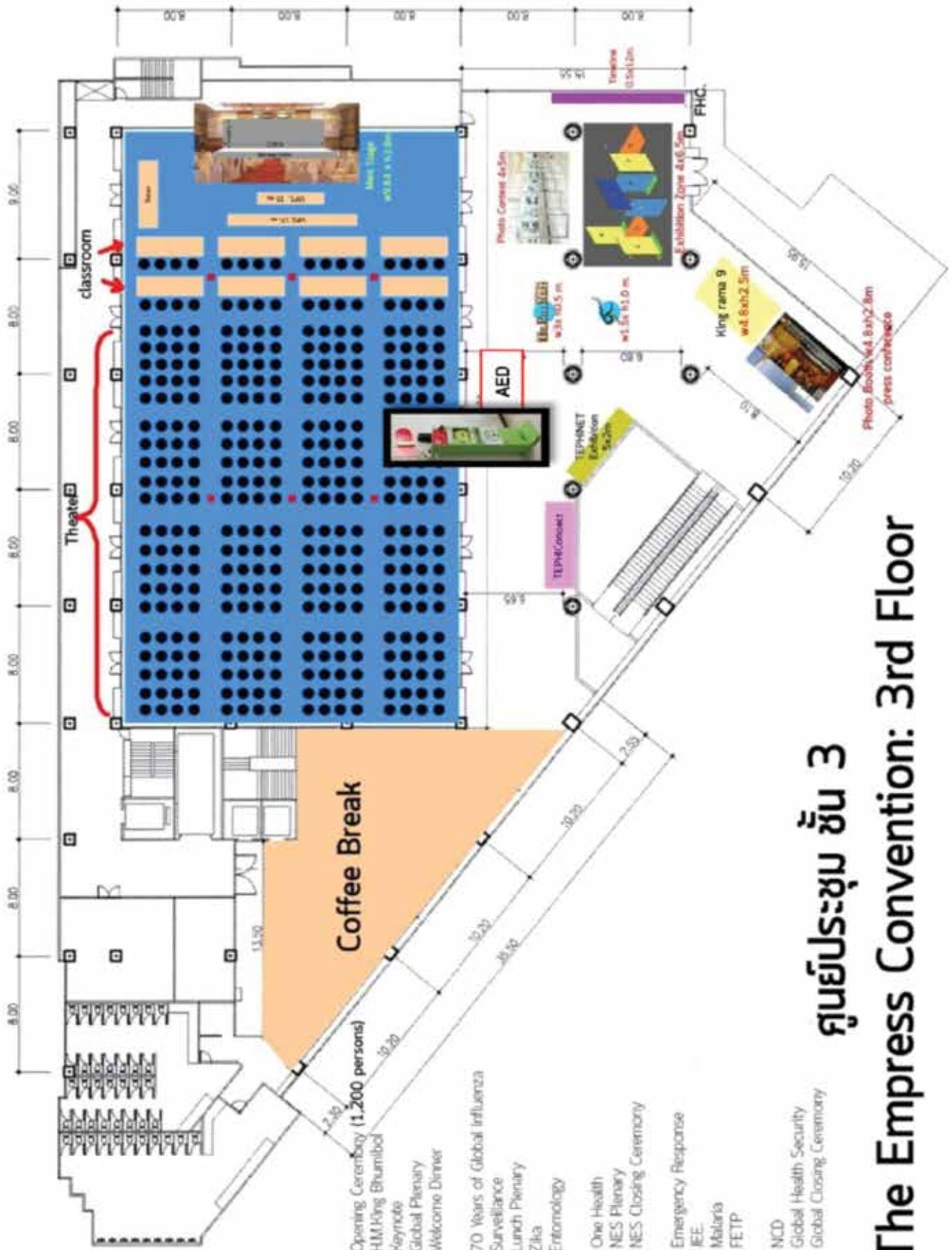
08.00 – 09.00 น.	<b>Plenary 15: JEE &amp; WHO Revised Monitoring Framework for IHR with Emphasis on Workforce</b> ผู้ร่วมอภิปราย 1. Dr. Peter Salaam WHO. 2. Dr. Tanarak Plipat Deputy Director-General, DDC, MOPH. Thailand			
09.00 - 10.00 น.	<b>Plenary 15: Public Health &amp; Global Health Security</b> วิทยากร 1. CDC Health Security Group 2. FETP Program Representation			
10.00 – 10.30 น.	พักรับประทานอาหารว่างและเครื่องดื่ม			
	<b>ห้องเชียงใหม่ 1</b>	<b>ห้องเชียงใหม่ 2</b>	<b>ห้องเชียงใหม่ 3</b>	<b>ห้องเชียงใหม่ 4</b>
10.30 - 12.30 น.	Global: Oral Presentation (6)	Global: Oral Presentation (6)	Global: Oral Presentation (6)	Global: Oral Presentation (6)
	<b>ห้องเชียงใหม่ 5</b>	<b>ห้อง Board Room 1</b>	<b>ห้อง Board Room 2</b>	<b>ห้อง Board Room 3</b>
	Global: Oral Presentation (6)	Global: Oral Presentation (6)	Global: Oral Presentation (6)	Global: Oral Presentation (6)
12.30 – 14.00 น.	พักรับประทานอาหารกลางวัน			
14.00 - 15.00 น.	<b>Plenary 16: Tackling NCD Risk Factors</b> วิทยากร 1. Dr. Vijj Mahidol University, Thailand 2. Dr. Shanthi Mendis 3. Dr. Prabhdeep Kaur National Institute of Epidemiology, India			
15.00 - 16.00	นำเสนอผลงานแบบปากเปล่าสำหรับบทคัดย่อที่ได้รับ Late Breaker 4 เรื่อง			
16.00-16.30 น.	รับประทานอาหารว่างและเครื่องดื่ม			
16.30 - 17.30 น.	<b>พิธีปิดการประชุม The 9<sup>th</sup> TEPHINET Global Conference</b> <ul style="list-style-type: none"> <li>มอบรางวัลนำเสนอแบบปากเปล่าและแบบโปสเตอร์ดีเด่น โดย TEPHINET</li> <li>มอบรางวัล Sophon Mekthon Award</li> <li>พิธีส่งมอบประเทศเจ้าภาพแก่ประเทศต่อไปในปี 2519 โดย ปลัดกระทรวงสาธารณสุขและประเทศ</li> <li>กล่าวสรุปผลการดำเนินงาน โดย อธิบดีกรมควบคุมโรค</li> <li>กล่าวปิดการประชุมฯ โดย นพ. โสภณ เมฆธน ปลัดกระทรวงสาธารณสุข</li> </ul>			



#### 14.4. Maps of the Empress Convention Center



## ศูนย์ประชุม ชั้น 2 The Empress Convention: 2nd Floor

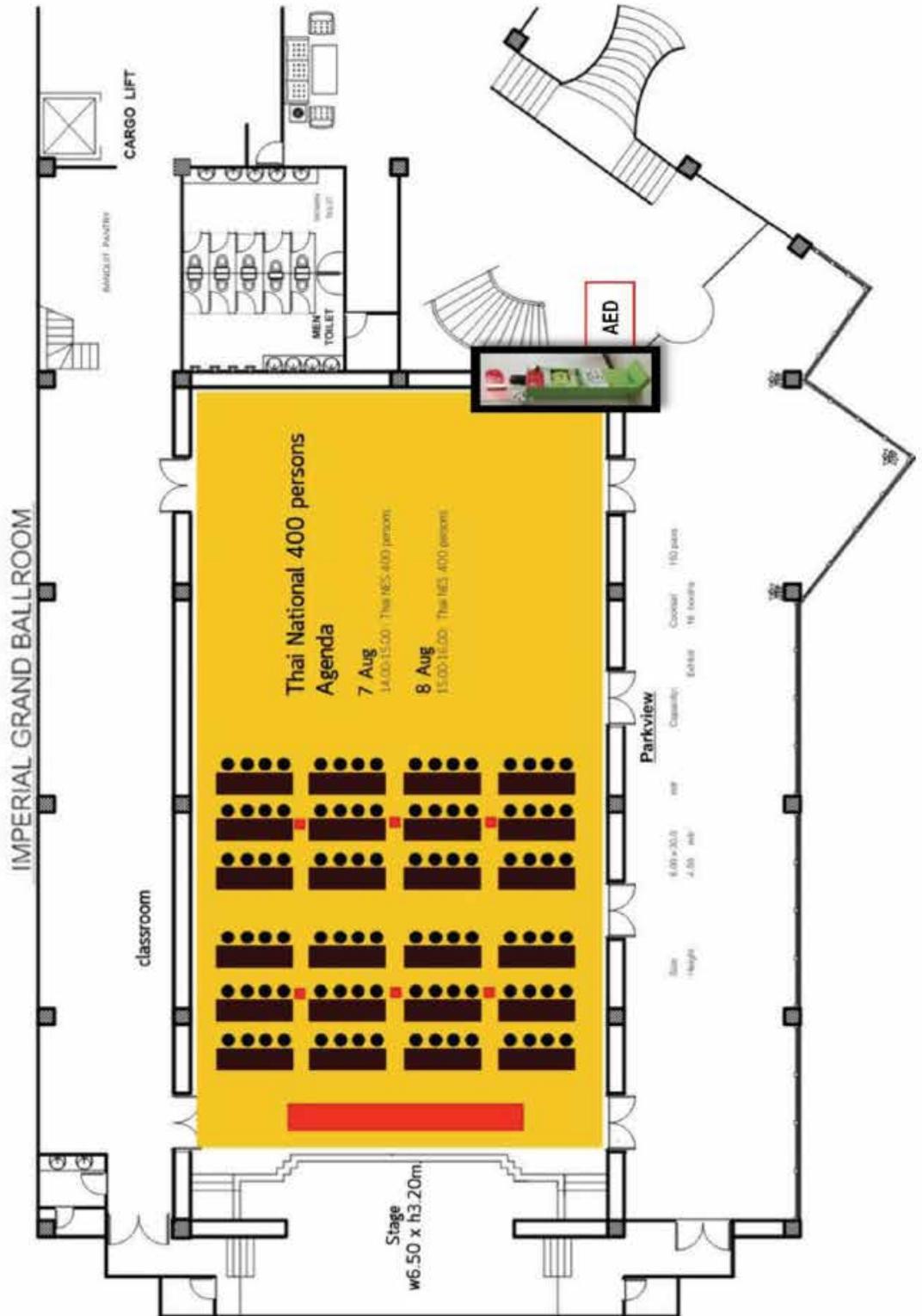


**Agenda**

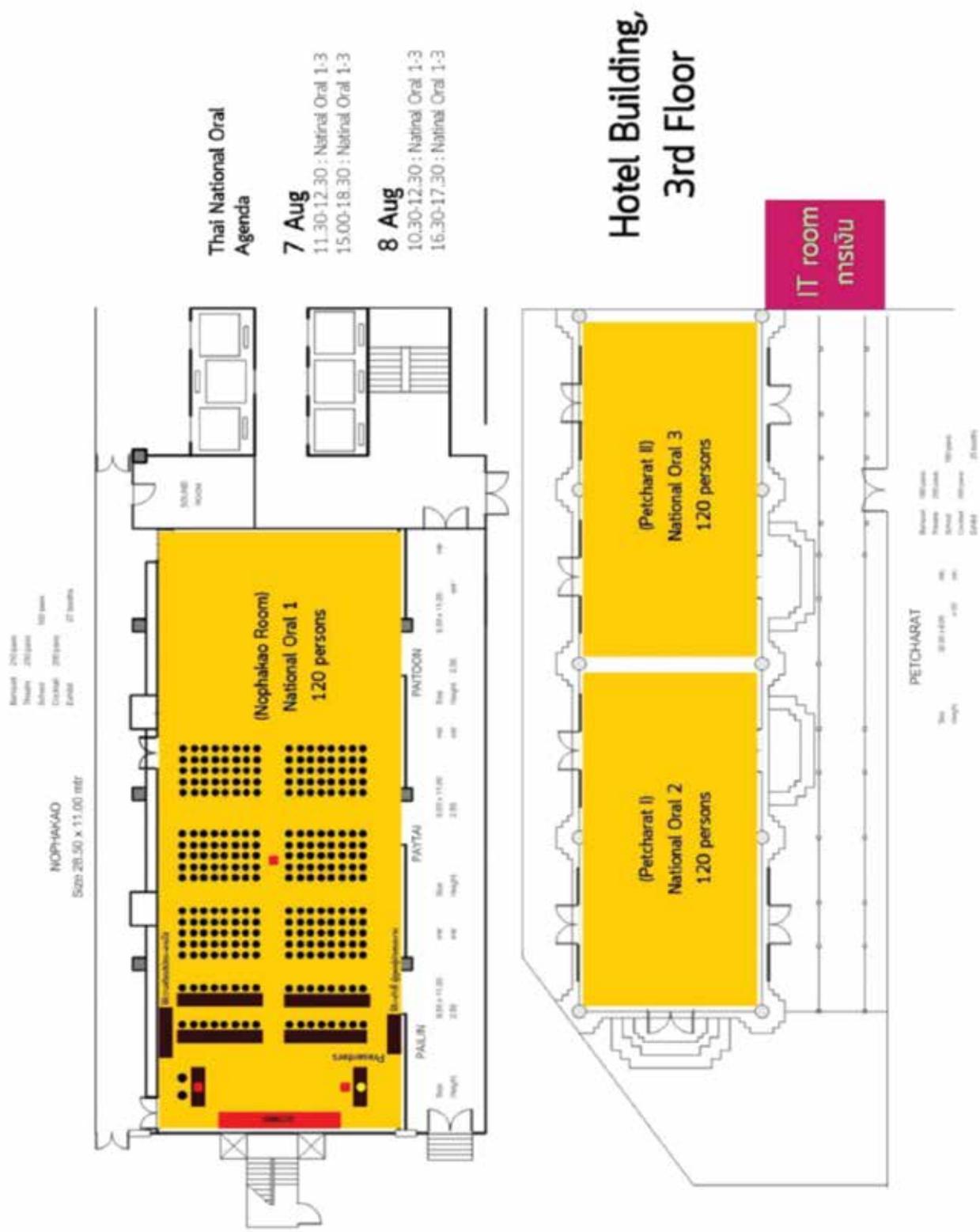
- 7 Aug.**
  - 08.30-09.30 Opening Ceremony (1,200 persons)
  - 09.30-10.00 HM King Bhumibol
  - 10.30-11.30 Keynote
  - 14.00-15.00 Global Plenary
  - 19.30-21.45 Welcome Dinner
- 8 Aug.**
  - 08.00-09.00 70 Years of Global Influenza
  - 09.00-10.00 Surveillance
  - 13.00-14.00 Lunch Plenary
  - 14.00-15.00 Zika
  - 15.00-16.00 Entomology
- 9 Aug.**
  - 08.00-09.00 One Health
  - 09.00-10.30 NES Plenary
  - 11.00-12.00 NES Closing Ceremony
- 10 Aug.**
  - 08.00-09.00 Emergency Response
  - 10.30-11.30 IEE
  - 11.30-12.30 Malaria
  - 14.00-15.00 FETP
- 11 Aug.**
  - 08.00-09.00 NCD
  - 09.00-10.00 Global Health Security
  - 16.30-17.30 Global Closing Ceremony

**ព្រឹត្តិប្រតិបត្តិ ជំងឺ 3**  
**The Empress Convention: 3rd Floor**

# Hotel Building 2nd Floor



## 14.5. Potential High Risk Diseases



#### 14.5.1. Risk assessment and criteria for disease surveillance<sup>4,6,7,8,9</sup>

##### 1) *Diseases under high public interest*

- Diseases under IHR that recently occurred in past 6 months\*
  - o MERS-CoV
  - o Avian influenza
  - o Ebola
  - o Yellow fever
  - o Zika virus

##### 2) *Disease with high frequency and severity*

- Frequently occurring communicable diseases in host country
- Top 10 communicable diseases in Chiang Mai Province obtained by reviewing the disease surveillance system in 2014-2016
  - o Diarrhea
  - o Influenza
  - o Pneumonia
  - o Hemorrhagic conjunctivitis
  - o Food poisoning
  - o Dengue fever, dengue hemorrhagic fever and dengue shock syndrome
  - o Sexually transmitted infections
  - o Chickenpox
  - o Scrub typhus
  - o Dysentery

##### 3) *Other particular risks*

- o Road traffic injury in Thailand
  - Transport-related mortality rate about 36.2 per 100,000 population
  - An annual estimate of over 24,000 deaths or 66 deaths every day
  - 73% of death among motorcyclists and 48 cases per day
  - About 3-5% loss of national gross domestic product due to road traffic crashes
- o Exacerbation of underlying medical diseases and
- o Other events from current news

## 14.6. Justification of Diseases

### 14.6.1. Analysis and interpretation of data

- 1) Reports will be reviewed on a case-by-case basis at the surveillance unit to determine the need for action on individual case.
- 2) Complete analysis by time, place and person will be performed to detect unusual pattern.
- 3) Data will be tabulated and graphed daily.
- 4) Data interpretation will be carried out based on the analysis.

### 14.6.2. Data dissemination

- 1) Disseminate to all stakeholders, including BOE, PHO, ODPC, SRRT, EMS and first aid unit
- 2) Include reports with tables, graphs and maps

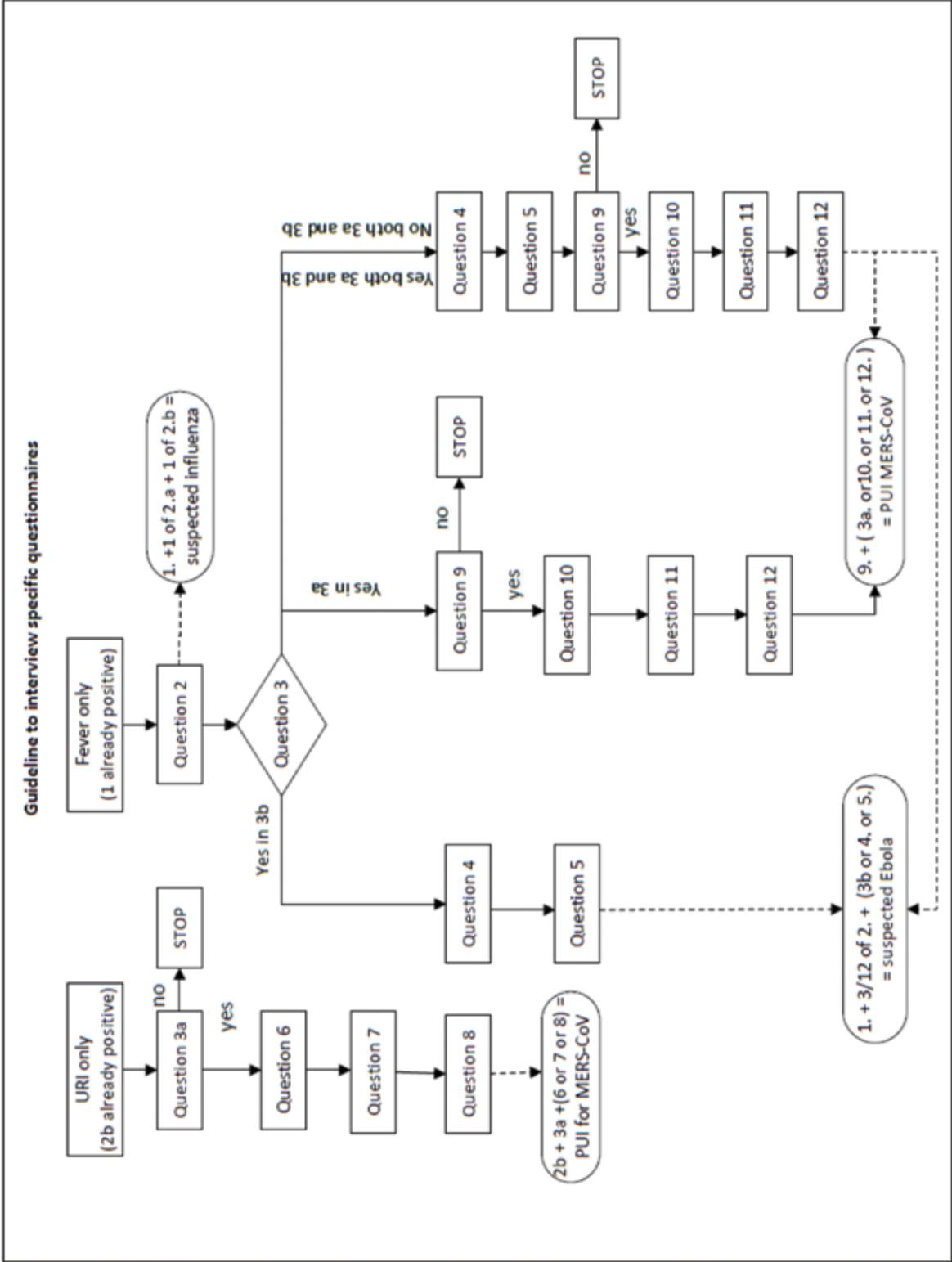




## 14.8. Questionnaire for Screening Specific Diseases

Questionnaires for screening		Yes	No
History			
1. Do you have fever? ( body temperature $\geq 38^{\circ}\text{C}$ )			
2. Do you have any symptoms? (you can choose more than one)			
a) <input type="checkbox"/> muscle pain <input type="checkbox"/> joint pain <input type="checkbox"/> headache b) <input type="checkbox"/> runny nose <input type="checkbox"/> cough <input type="checkbox"/> sore throat c) <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> abdominal pain <input type="checkbox"/> hiccup <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> drowsiness			
3. Did you travel or stay in a country following? (if yes please specified the country, you can choose more than one)			
a) within 14 days before develop symptoms <input type="checkbox"/> Bharain <input type="checkbox"/> Iran <input type="checkbox"/> Jordan <input type="checkbox"/> Kuwait <input type="checkbox"/> Lebanon <input type="checkbox"/> Oman <input type="checkbox"/> Qatar <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> United Arab Emirates (UAE) <input type="checkbox"/> Yemen <input type="checkbox"/> Egypt <input type="checkbox"/> Turkey <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> syria <input type="checkbox"/> Palestine (the West Bank and the Gaza Strip.)			
b) within 21 days before develop symptoms <input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Burundi <input type="checkbox"/> Benin <input type="checkbox"/> Botswana Burkina Faso <input type="checkbox"/> Central African Republic(CAR) <input type="checkbox"/> Cabo Verde <input type="checkbox"/> Cameroon <input type="checkbox"/> <i>Democratic Republic of the Congo</i> <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Republic of the Congo <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> <i>Guinea</i> <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> <i>Liberia</i> <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> <i>Nigeria</i> <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> <i>Sierra leone</i> <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> South Sudan <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe			
4. Did you direct contact with bat, rat, monkey and hoofed animal from countries in question 3b? (if yes please specified the country, you can choose more than one )			
5. Did you contact patient or corpse that met criteria for suspected case of Ebola?			
6. Did you get service from hospital in the country of question 3a within 14 days before develop symptoms? (if yes please specified the country, you can choose more than one )			
7. Did you contact camel or drink camel milk within 14 days before develop symptoms ?			
8. Did you close contact with MERS-CoV case within 14 days before develop symptoms ?			
9. Do you get pneumonia? (high fever, shaking chills, cough with phlegm, Develop shortness of breath, chest pain when you breathe or cough)			
10. regarding to question 9. if yes (you get pneumonia). have anyone who contact with you develop symptoms like you in the same time? (if yes please specified)			
(Dose the person come to this conference ? <input type="checkbox"/> yes <input type="checkbox"/> no)			
11. Are you a healthcare facility who take care pneumonia patient or laboratory investigator who investigated specimen from respiratory system?			
12. Did you close contact probable case or confirmed case of MER-CoV?			





## 14.9. Event Recording Form

<b>Event Record Form</b>	<b>NO.</b>					
<b><u>Reporter information</u></b>						
Report Date/Time (วัน-เวลารับแจ้ง): .....						
Report by (Name): .....	Tel. ....					
<input type="radio"/> Self/Friend <input type="radio"/> Organizer/Hotel	<input type="radio"/> medical service					
<input type="radio"/> EMS/1669/Hospital	<input type="radio"/> Etc					
Nationality: <input type="radio"/> Thai <input type="radio"/> Non- Thai.....						
<b><u>Event information</u></b>						
<b>What's happened?</b>						
..... ..... ..... ..... ..... ..... ..... .....						
<b>When did it happen? (Onset) Date:..... Time.....</b>						
<b>Where did the event take place? (Location associated with the event)/สถานที่เกิดเหตุ:</b> (Conference room/ Hotel/ Canteen/ Outside hotel)						
_____						
No. of case:    ___Case      ___Refer      ___Death	Total _____cases					
Meet the surveillance case definition	<input type="radio"/> Yes <input type="radio"/> No					
Meet the verification criteria	<input type="radio"/> Yes <input type="radio"/> No					
List of affected persons (list a maximum of 4 persons that you can contact)						
NO.	Name	Sex	Age	Nationality	Status *(C/R/D)	Contact
1						
2						
3						
4						
*case status:C-case/R-refer/D-death						
Contact person(name): _____						
(Hotel): _____ Tel _____						

## Event Record Form

NO.

Assistance need:	
Remark:	
Action taken:	

### Management or action of verification staffs

No action required

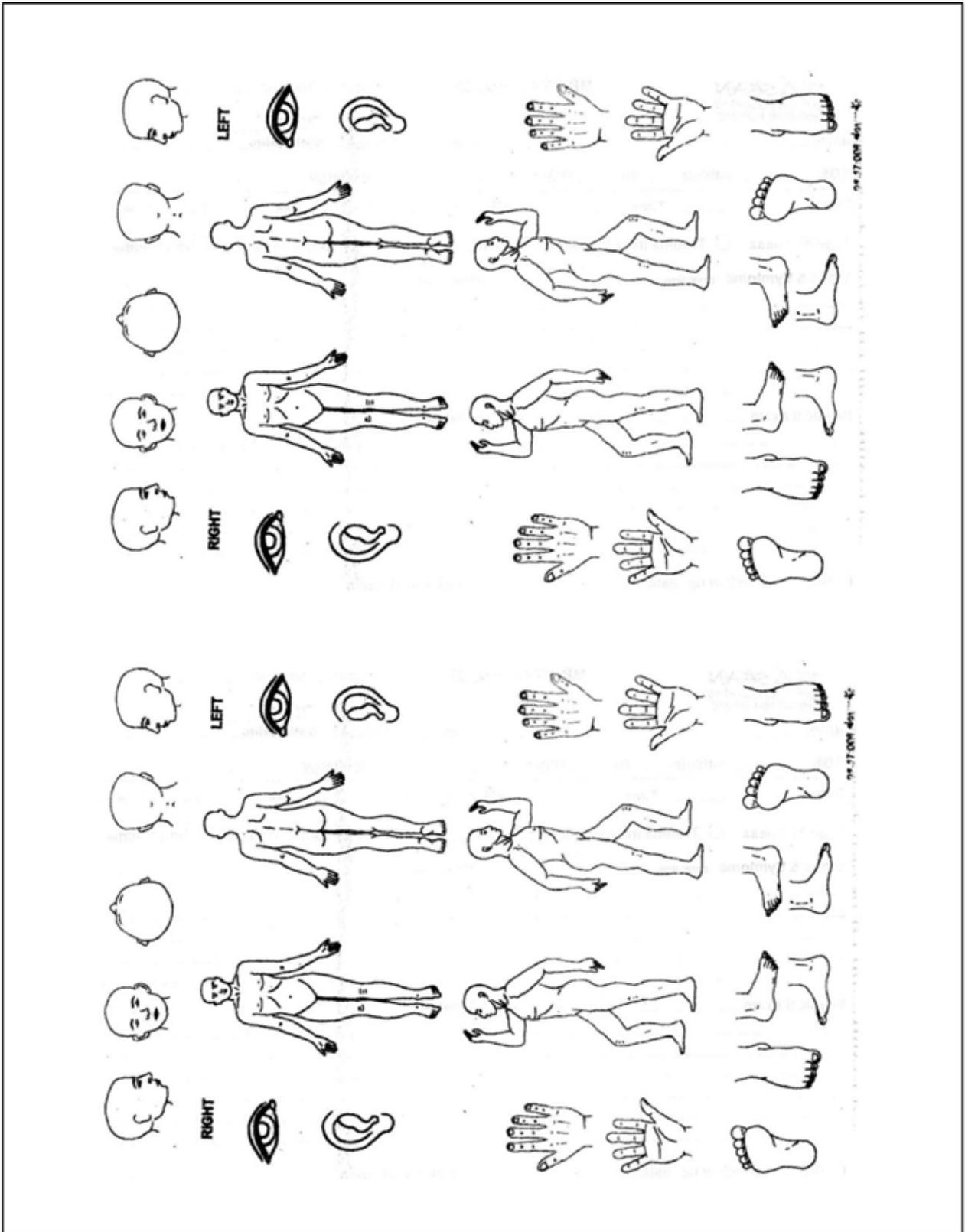
Need more information

Notify SRRT (specify name) ..... Date ...../Aug/2017 time ..... : .....(24 hr)

## 14.10. Medical Record and Data Abstracting Form

Form IBS01	<p>แบบบันทึกการเจ็บป่วยของผู้เข้าร่วมประชุม</p> <p>TEPHINET 9<sup>th</sup> Conference Medical Record &amp; Data Abstraction Form</p>	
วันที่รับการตรวจรักษา _____ เวลาที่รับการตรวจรักษา _____		no _____
ชื่อ _____ ชื่อกลาง _____ สกุล _____		visitdate _____ (d/m/y)
เชื้อชาติ(nation) <input type="checkbox"/> คนไทย(1) <input type="checkbox"/> ชาวต่างชาติ (2)		visitime _____ (24hr)
รหัสประจำตัว(Conference ID<ต่างชาติ>/ บัตร ปชช<ไทย>) _____		Name _____
ประเทศที่อยู่เมื่อ 3 สัปดาห์ก่อน _____		Nation _____
อายุ _____ ปี เพศ <input type="checkbox"/> ชาย(1) <input type="checkbox"/> หญิง(2) ตำแหน่งในงาน(pos) <input type="checkbox"/> ผู้เข้าร่วมงาน(1) <input type="checkbox"/> เจ้าหน้าที่(2) <input type="checkbox"/> อื่นๆ(3)		ID _____
สาเหตุการเจ็บป่วย(cause) <input type="checkbox"/> อาการเจ็บป่วย(1) <input type="checkbox"/> อุบัติเหตุทางถนน(2) <input type="checkbox"/> อุบัติเหตุอื่นๆ(3)		Country _____
CC: _____ วัน-เวลาที่เริ่มมีอาการนำ _____		age _____ sex _____ pos _____
VS: Temp _____ c BP _____ mmHg PR _____ /min RR _____ /min		cause _____
PI: _____		onsdate _____
_____ ประวัติการแพ้ _____		onstime _____
ตรวจร่างกาย _____		fever(BT≥38C) ___ (1=yes,2=no)
_____		cough _____
มีเพื่อนหรือคนที่รู้จัก หรือพบเจอคนที่มีอาการเดียวกับท่านหรือไม่(peer)? <input type="checkbox"/> ใช่(1) <input type="checkbox"/> ไม่ใช่(2)		runny nose _____
วินิจฉัยเบื้องต้น _____		dyspnea _____
การรักษา _____		sore throat _____
_____		nausea _____
ต้องการรับการรักษาเร่งด่วน (er) <input type="checkbox"/> yes(1) <input type="checkbox"/> no(2)		vomiting _____
สถานะ <input type="checkbox"/> D/C <input type="checkbox"/> นัดดูอาการเพิ่มเติมวันที่ _____ <input type="checkbox"/> ส่งต่อไป รพ. _____		abdominal pain _____
ชื่อผู้ตรวจ(ตัวบรรจง) _____ (แพทย์/พยาบาล)		diarrhea _____
_____		chest pain _____
สำหรับเจ้าหน้าที่		hemiplegia _____
ผู้ป่วยได้รับการรักษาในโรงพยาบาล(admt) <input type="checkbox"/> yes(1) <input type="checkbox"/> no(2) <input type="checkbox"/> รอติดตามเพิ่มเติม(3)		headache _____
หมายเหตุ _____		neuro-status change _____
		conjunctivitis _____
		ocular pain _____
		eye discharge _____
		rash _____
		myalgia _____
		joint pain _____
		bleeding _____
		peer _____
		diagnosis _____
		er _____





## 14.11. Daily Report Form

### 14.11.1. Summary report of syndromes/symptoms

No	Syndromic/Indicator based surveillance	7 <sup>th</sup> Aug 17	8 <sup>th</sup> Aug 17	9 <sup>th</sup> Aug 17	10 <sup>th</sup> Aug 17	11 <sup>th</sup> Aug 17	Cumulative total
1	Influenza like illness						
2	Acute GI symptoms						
3	Fever						
4	Conjunctivitis						
5	Emergency medical conditions						

### 14.11.2. Summary report of syndromes/symptoms

No	Event-based surveillance	7 <sup>th</sup> Aug 17	8 <sup>th</sup> Aug 17	9 <sup>th</sup> Aug 17	10 <sup>th</sup> Aug 17	11 <sup>th</sup> Aug 17	Cumulative total
1	Diseases under IHR						
2	Road traffic injuries						
3	Hospitalization						
4	Unexpected events						
5	Death						

### 14.11.3. Summary report of event-based surveillance system

No	Syndromic/Indicator based surveillance	7 <sup>th</sup> Aug 17	8 <sup>th</sup> Aug 17	9 <sup>th</sup> Aug 17	10 <sup>th</sup> Aug 17	11 <sup>th</sup> Aug 17	Cumulative total
1	Number of event reported						
2	Number of event verified						
3	Number of event confirmed						
4	Number of event investigated						
5	Number of event responded						
6	Number of false event						



### 14.11.3. Summary report of event-based surveillance system

Date	Type of event	Findings in verification if done	Actions taken

### 14.11.5. Detailed event report (Investigation process)

Date	Type of event	Findings in verification if done	Actions taken



### 14.12. Operational Plan for Disease Screening Activities

Starting Time	Activities	Team/ Personnel	Place/ Room	Tools/ Materials	Responsible person (s)		
					6 <sup>th</sup> Aug 17	7 <sup>th</sup> Aug 17	8 <sup>th</sup> Aug 17
7:00 am	Monitoring Thermoscan	Screening Team 2 people	The entrance	- Thermoscan	Tal, Tar	Tal, Yamin	Yamin, Joy
7:00 am	1. Distribution of - Health beware card - Contact card 2. Collect URI symptoms by self-report	Screening Team (2) + Staff at Registration desk (6) [8 people]	Registration desk	- 1150 Health beware card - 1150 URI symptoms card	Bua, Tony	Nook, Nampueng	Nampueng, Kul
7:00 am	1. Confirm body temperature 2. Fill the specific questionnaire	Screening Team 2 people	Screening room	- 3 thermometers - 50 specific disease questionnaires - 100 face masks - 100 alcohol gel - 5 pens - 2 desks, 6 chairs	Joy, Kul	Wint, Bua	Bua, Ne
7:00 am	Observation at first aids station	Screening Team 1 people	First aids station	- SOP	Ne	Tony	Tar
8:00 pm	1. Collect all data 2. Analyze and interpret the result	All screening team	Meeting room	- 5 computers - Specific disease questionnaires	Tal, Yamin, Kul, Bua, Ne	Tal, Yamin, Kul, Bua, Ne	Tal, Yamin, Kul, Bua, Ne

Monitor thermoscan: 9<sup>th</sup> Aug: Tal (1), Kul (2), Bua 10<sup>th</sup> Aug: Ba, Nut 11<sup>th</sup> Aug: Ne, Sauce

Supervisor: Dr. Chuleeporn, Dr. Rome



Date	Time	Activities	Tools	Place	Responsible person (s)
7 <sup>th</sup> -11 <sup>th</sup> August 2017	24 hours	- Event notification by receiving phone call - Complete EBS form by interview	- Event record form	Call center Surveillance unit	CC
	8:00 am- 8:00 pm	- Duty at first aid room as a consultant - Coordinate with EMS team in transportation of patient to hospital	- Medical record form	First aid room	M2 Standby refer
	8:00 pm	- Phone call to local health facilities to detect event - Complete EBS form by interview	- Event record form	Call center Surveillance unit	CC
	8:00 pm	- Collection of medical records	- Medical record form	First aid room	M2
	8:00 pm- 9:00 pm	- Review the medical records whether there are met with data collection criteria or not - Complete data abstraction using Epidata software	- Criteria for data collection - Computer - Epidata software	Surveillance unit	AD M1 M2
	9:00 pm- 10:00 pm	- Data analysis using Epi-Info software - Verification process if necessary - Summarize the report	- Computer - Epi-Info software - Criteria for verification	Surveillance unit	AD
	10:00 pm	- Supervisor meeting - Report daily activities and conditions after analysis of data - Detailed event report if present - Plan for the next day - Staffs reallocation - Review and edit the criteria if required	- Summary report form of syndromes and events - Detailed event report form	Surveillance unit	Supervisor AD M1 M2 CC
	8:45 am- 9:00 am	- Briefing and handover the activities to next team in morning meeting		Surveillance unit	AD M1 M2 CC

Remarks: AD = Admin M1 = Member1 M2 = Member2 CC = Call center

### 14.13. Operational Plan of Disease Surveillance Activities

Date	Time	Activities	Tools	Place	Responsible person (s)
7 <sup>th</sup> -11 <sup>th</sup> August 2017	24 hours	- Event notification by receiving phone call - Complete EBS form by interview	- Event record form	Call center Surveillance unit	CC
	8:00 am- 8:00 pm	- Duty at first aid room as a consultant - Coordinate with EMS team in transportation of patient to hospital	- Medical record form	First aid room	M2 Standby refer
	8:00 pm	- Phone call to local health facilities to detect event - Complete EBS form by interview	- Event record form	Call center Surveillance unit	CC
	8:00 pm	- Collection of medical records	- Medical record form	First aid room	M2
	8:00 pm- 9:00 pm	- Review the medical records whether there are met with data collection criteria or not - Complete data abstraction using Epidata software	- Criteria for data collection - Computer - Epidata software	Surveillance unit	AD M1 M2
	9:00 pm- 10:00 pm	- Data analysis using Epi-Info software - Verification process if necessary - Summarize the report	- Computer - Epi-Info software - Criteria for verification	Surveillance unit	AD
	10:00 pm	- Supervisor meeting - Report daily activities and conditions after analysis of data - Detailed event report if present - Plan for the next day - Staffs reallocation - Review and edit the criteria if required	- Summary report form of syndromes and events - Detailed event report form	Surveillance unit	Supervisor AD M1 M2 CC
	8:45 am- 9:00 am	- Briefing and handover the activities to next team in morning meeting		Surveillance unit	AD M1 M2 CC

Remarks: AD = Admin M1 = Member1 M2 = Member2 CC = Call center

#### 14.14. Operational Plan of Rapid Response Team

Date	1 <sup>st</sup> team principal investigator	2 <sup>nd</sup> team principal investigator	Remarks
6 <sup>th</sup> August 2017	Dr. Kritchavat Ploddi (Nut) Tel. 090-570-5600	Dr. Yamin Thuang (Yamin) Tel. 099-5018215	- Response team call center: 092-516-7939
7 <sup>th</sup> August 2017	Dr. Nichakul Pisitpayat (Kul) Tel. 081-545-4005	Dr. Worrayot Darasawang (Ne) Tel. 088-583-7902	- 2 <sup>nd</sup> team will response when there are more than 1 outbreaks/ day
8 <sup>th</sup> August 2017	Dr. Bhurinu Salakij (Kade) Tel. 081-375-6086	Dr. Suppakrit Thanajirasak (Bird) Tel. 064-568-8889	
9 <sup>th</sup> August 2017	Dr. Suppakrit Thanajirasak (Bird) Tel. 064-568-8889	Dr. Chawakit Deeoum (Tar) Tel. 089-437-6587	
10 <sup>th</sup> August 2017	Dr. Wint Phyto Than (Wint) Tel. 099-216-1625	Dr. Roongkam Sangsiri (Joy) Tel. 062-7472244	
11 <sup>th</sup> August 2017	Dr. Ba Soe Thet (Ba) Tel. 094-6131684	Dr. Tassana Thammaros (To) Tel. 081-953-8195	

**Supervisor:** Dr. Rome Buathong (Tel. 081-340-6720)

**Local supervisor:** Dr. Toranee (Tel. 081-884-4737)

**Public Health office and Chiang Mai Provincial:** Mrs. Sutheerat Mahasing (Tel. 089-835-4242)

**Emergency Medical Service System (EMS):** 1669

**Designated hospitals :**

- Nakormping Hospital (Tel. 053-999-200)
- Maharaj Nakorn Chiang Mai Hospital (Tel. 053-936-150)
- Chiang Mai Ram Hospital (Tel. 053-920-300)
- Bangkok Hospital Chiang Mai (Tel. 053-089-888 or 1719)
- Central ChiangMai Hospital (Tel. 053-819-333)
- Ratchavej Hospital (Tel. 053-801-999)



## 14.15. Operational Plan and Contact List of First Aid Unit

**แผนปฏิบัติการหน่วยปฐมพยาบาล**  
**การประชุม สัมมนา ระบาดวิทยาแห่งชาติ ครั้งที่ 23 และ**  
**การประชุมวิชาการเครือข่ายระบาดวิทยาระดับโลก ครั้งที่ 9**  
**ระหว่างวันที่ 6 - 11 สิงหาคม 2560**  
**ณ โรงแรมดิเอ็มเพรสเชียงใหม่ อำเภอเมืองเชียงใหม่ จังหวัดเชียงใหม่**

ว/ด/ป	เวลา	รพ.	ชื่อ-สกุล (ผู้ปฏิบัติงาน)	ตำแหน่ง	มือถือ	
6-ส.ค.-60	08.00-เสร็จภารกิจ	สารภี (ร.ร.ดิเอ็มเพรส)	1.นางบงกช บุญฟู	พยาบาล	094-629-8541	
			2.น.ส.บุศรา ลินภักดี	พยาบาล	083-320-6639	
			3.นายธรรณินทร์ อินดีะรักษา	พชร.	095-684-7086	
7-ส.ค.-60	08.00-24.00 น.	คอยหล่อ (ร.ร.ดิเอ็มเพรส)	1.นางอุไรวรรณ เปรมใจ	พยาบาล	091-071-8993	
			2.น.ส.สุทธิพร หน่อคำ	พยาบาล	080-495-7797	
			3.นายสุเมธ หลุยบุญเบ้ง	พชร.	096-021-7849	
8-ส.ค.-60	08.00-20.00 น.	ฮอด (ร.ร.ดิเอ็มเพรส)	1.นางจุฑามาศ โหม่มามูล	พยาบาล	089-265-3990	
			2.น.ส.จิตาภา สมบัญญัติ	พยาบาล	087-184-2300	
			3.นายวรศักดิ์ คำสุข	พชร.	095-234-5338	
9-ส.ค.-60	08.00-20.00 น.	แม่ว่าง (ร.ร.ดิเอ็มเพรส)	1.นางนิตยา แก้วมา	พยาบาล	089-855-3915	
			2.น.ส.สุภาพร จันทร์เทพ	พยาบาล	081-998-9540	
			3.นายอนุสรณ์ จินาเมือก	พชร.	097-921-7550	
	08.00-เสร็จภารกิจ	คอยสะเกิด (Route 1) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	1.จันทร์จิรา บนแท่นทิพย์	พยาบาล	087-304-8161
				2.นางเจษฎา ก้อนแก้ว	พยาบาล	081-885-8772
	08.00-เสร็จภารกิจ	สันกำแพง (Route 2) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	3.นายพันธ์เทพ บัญญาใจ	พชร.	082-934-1516
				นางสุชีรัตน์ มหาสิงห์		089-835-4242
	08.00-เสร็จภารกิจ	สันป่าตอง (Route 3) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	2.นายพันธ์ศักดิ์ บุญรัตน์		083-853-8618
				1.นางมูทิตา ยาวิชัย	พยาบาล	081-885-1393
	08.00-เสร็จภารกิจ	นครพิงค์ (Route 4) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	2.น.ส.ประภากร สุวรรณ	พยาบาล	085-723-8558
				3.นางนรินทร์ เบ็งมา	พชร.	084-042-9346
	08.00-เสร็จภารกิจ	หางดง (Route 5) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	น.ส.อัญชลี พูลทจักร		081-960-7868
1.นางอรพรรณ วิจิตรสุนทรกุล				พยาบาล	089-635-3597	
08.00-เสร็จภารกิจ	นางพวงเพชร กองแก้ว	ผู้ประสานงาน	2.นางปวีญญาลักษณ์ ไตรสัตยกุล	พยาบาล	081-468-2538	
			3.นายวิสูตร โปธา	พชร.	081-881-1819	
08.00-เสร็จภารกิจ	นครพิงค์ (Route 4) (ร.ร.ดิเอ็มเพรส)	ผู้ประสานงาน	นางพวงเพชร กองแก้ว		084-465-5799	
			1.นายอวิชชัย ประสาท	พยาบาล	099-137-1109	
08.00-เสร็จภารกิจ	นางดวง	ผู้ประสานงาน	2.น.ส.วิรากานต์ สมณะ	พยาบาล	084-372-6570	
			3.นายธันวา สิงห์ใส	พชร.	084-353-6344	
08.00-เสร็จภารกิจ	นางดวง	ผู้ประสานงาน	น.ส.อวยพร จินาวงศ์		063-682-6990	
			น.ส.ราราวรรณ อินทิพย์		095-446-9362	
08.00-เสร็จภารกิจ	นางดวง	ผู้ประสานงาน	1.น.ส.กาญจนา สุริยจักร	พยาบาล	081-531-9333	
			2.น.ส.น้ำล้อม หอมหวน	พยาบาล	086-196-0832	
08.00-เสร็จภารกิจ	นางดวง	ผู้ประสานงาน	3.นายประตู่ สุทธิพร	พชร.	096-990-2820	
			นายจิตร ศรีจันทร์คร		080-495-2444	
08.00-เสร็จภารกิจ	นางดวง	ผู้ประสานงาน	นายวิฑูรย์ วงศ์ทิพย์		085-604-4934	

ว/ค/ป	เวลา	รพ.	ชื่อ-สกุล (ผู้ปฏิบัติงาน)	ตำแหน่ง	มือถือ
10-ส.ค.-60	08.00-24.00 น.	ลำทวาย (ร.ต.เอ็มเพรส)	1.นางจันทนา ธิญา	พยาบาล	089-266-3404
			2.น.ส.รัตติมาพร จิตน่วม	พยาบาล	082-690-3560
			3.นายชัยพร มกญแสง	พชร.	084-948-4577
11-ส.ค.-60	08.00-20.00 น.	แม่ฮ่องสอน (ร.ต.เอ็มเพรส)	1.นางภาวิณี ปาลี	พยาบาล	086-915-4166
			2.น.ส.จุฬาลักษณ์ อินตายวง	พยาบาล	086-114-0280
			3.นายวีรพงศ์ ปาลี	พชร.	086-182-3447

กองอำนวยการกลาง/ รพ.เตรียมความพร้อมด้านการรักษาพยาบาล/ รายชื่อผู้ประสานงาน

ภารกิจ/หน่วยงาน	ชื่อ - สกุล	ตำแหน่ง	มือถือ/โทร.	
<b>รพ.นครพิงค์</b>	<b>***ศูนย์กู้ชีพเวียงพิงค์***</b>	รพ.ในพท.	"1669"	
ช่องสื่อสารวิทยุกู้ชีพเวียงพิงค์	กรณีเกิดอุบัติเหตุ และต้องการความช่วยเหลือจาก รพ.ในพื้นที่	จ.เชียงใหม่	0-5312-1052	
ช่องรับ	เกิดเหตุ / รพ.ในเครือข่าย		0-5312-1082	
154.975			0-5312-1084	
	<b>กองอำนวยการกลาง</b>		<b>**083-024-9008**</b>	
	กรณีมีปัญหาเรื่องการจัดป่วยฉุกเฉิน โปรดแจ้งกองอำนวยการ			
รพ.นครพิงค์	1.นพ.ธรณี กายี		081-884-4737	
	2.นพ.บุญฤทธิ์ คำทิพย์		081-724-8155	
	3.พญ.อัจฉราพร สาลี		090-961-1246	
สำนักงานสาธารณสุข	4.นางสุธีรัตน์ มหาสิงห์		089-835-4242	
ช่องสื่อสารวิทยุกองอำนวยการ	นายนิรันดร์ บินตระกูล		089-560-0890	
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153.725				
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รพ.ใกล้ รร.ที่พัก ในพ.ท.จ.เชียงใหม่	1.รพ.มหาราช	1.ผศ.นพ.บริบูรณ์ เชนธนากิจ	ผู้ประสานงาน	081-613-2093
		2.น.ส.พรรณวรรณ สายทราย	ผู้ประสานงาน	081-671-1999
		พยาบาลเวรประจำห้องฉุกเฉิน	ห้องฉุกเฉิน	0-5393-6332-33
	2.รพ.นครพิงค์	น.ส.สินีนาด อภิรักษ์เมทธิ	พยาบาล	089-631-1241
		พยาบาลเวรประจำห้องฉุกเฉิน	ห้องฉุกเฉิน	0-5399-9200 ต่อ 1105, 1106
	3.รพ.ราชเวช	1.นพ.ฉัตรชัย เจริญศรี	ผู้ประสานงาน	-
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พยาบาลเวรประจำห้องฉุกเฉิน		ห้องฉุกเฉิน	053-801-999	
4.รพ.เซ็นทรัลฯ	นายกุลวิทย์ กาวีจันทร์	ผู้ประสานงาน	084-611-5390	
	พยาบาลเวรประจำห้องฉุกเฉิน	ห้องฉุกเฉิน	053-819-333	
5.รพ.เชียงใหม่รวม	นางศุภลักษณ์ วีระเดชะ	ผู้ประสานงาน	081-746-5881	
	พยาบาลเวรประจำห้องฉุกเฉิน	ห้องฉุกเฉิน	053-920-300	
6.รพ.กรุงเทพฯ	น.ส.สาวิตรี สุขแวน	ผู้ประสานงาน	091-762-4787	
	พยาบาลเวรประจำห้องฉุกเฉิน	ห้องฉุกเฉิน	052-089-810	

รพ.เตรียมความพร้อมด้านการรักษาพยาบาล/ รายชื่อผู้ประสานงาน

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	2.รพ.สันกำแพง	นางมูทิศา ยาวิชัย พยาบาลเวรประจำห้องฉุกเฉิน	ผู้ประสานงาน ห้องฉุกเฉิน 081-885-1396 053-446635-37
	3.รพ.สันป่าตอง	นางบพิตร พรหมจันทร์ พยาบาลเวรประจำห้องฉุกเฉิน	ผู้ประสานงาน ห้องฉุกเฉิน 097-935-5649 053-335854
	4.รพ.หางดง	นางอุบล สิงห์แก้ว พยาบาลเวรประจำห้องฉุกเฉิน	ผู้ประสานงาน ห้องฉุกเฉิน 081-783-4701 053-442390-96 ต่อ 105, 106
	กลุ่มงาน ควบคุมโรค	1.นางสุธีรัตน์ มหาสิงห์ 2.นายพันธศักดิ์ บุญรัตน์	ผู้ประสานงาน ผู้ประสานงาน
งานปฐมพยาบาล จ.เชียงใหม่	กลุ่มงานพัฒนารูปแบบบริการ งานปฐมพยาบาล 1.น.ส.จิตาภา พวงเพชร 2.นางศิญาภัทร์ สิริพัฒน์ธิตี 3.นางชฎาพร บุญมาตี	โทร. 0-5321-1048 - 50 ต่อ 457 โทรสาร 0-5322-1273 หน.กลุ่มงาน นว.สธ.ชำนาญการ เจ้าหน้าที่ธุรการฯ	081-885-4057 099-269-6195 089-555-7896

\*\*\*\*\*

### Stroke Fast Track

Refer รพ.มหาราชนครเชียงใหม่ ที่เดียว

053-938-777

ผศ.นพ.บริบูรณ์ เซนธนากิจ 081-613-2093

\*\*\*\*\*

### โรคอุบัติใหม่

Refer รพ.นครพิงค์ ที่เดียว

053-999-219

นพ.ธรณี กายี 081-884-4737

#### 14.16. Operational Plan of Food Collection Team

Date	Morning break		Afternoon break		Lunch		Dinner
	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	ECC room	Panda room	
7 <sup>th</sup> August 2017	Joy Nut	Tar Ba	Joy Nut	Tar Ba	Joy Nut	Tar Ba	Joy Nut Tar Ba
8 <sup>th</sup> August 2017	Nut Tony	Sauce Wint	Nut Tony	Sauce Wint	Nut Tony	Sauce Wint	-
9 <sup>th</sup> August 2017	Wint Joy	Sauce Ba	Wint Joy	Sauce Ba	Sauce Ba	Wint Joy	-
10 <sup>th</sup> August 2017	Kate Ne	Bua Yamin	Kate Ne	Bua Yamin	Kate Ne	-	Bua Yamin Kate Ne
11 <sup>th</sup> August 2017	Bird Joy	Yamin	Bird Joy	Yamin	Bird Joy	-	-

**NES Conference:** 7<sup>th</sup> - 9<sup>th</sup> August 2017

**TEPHINET's field trip:** on 9<sup>th</sup> August 2017, after morning break: Dining-room team will collect food samples from lunch and afternoon break before the departure.



#### 14.17. Operational Plan of Post-conference Health and Illness Survey

Activities	Date	Responsible Person (s)
- Checking self report everyday from tephinethailand@gmail.com	12 <sup>th</sup> -13 <sup>th</sup> Aug 2017 14 <sup>th</sup> -15 <sup>th</sup> Aug 2017 16 <sup>th</sup> -17 <sup>th</sup> Aug 2017 18 <sup>th</sup> -19 <sup>th</sup> Aug 2017 20 <sup>th</sup> -21 <sup>th</sup> Aug 2017 22 <sup>th</sup> -23 <sup>th</sup> Aug 2017 24 <sup>th</sup> -25 <sup>th</sup> Aug 2017 26 <sup>th</sup> -27 <sup>th</sup> Aug 2017 28 <sup>th</sup> -29 <sup>th</sup> Aug 2017 30 <sup>th</sup> -31 <sup>th</sup> Aug 2017	Tar Joy Bua Sauce Bird Kate Kul Tal Ba Yamin
- Sending email to all participants to answer questionnaire since 27 <sup>th</sup> Aug 2017	27 <sup>th</sup> Aug 2017	Tar
- Collecting data of all answers	27 <sup>th</sup> -31 <sup>st</sup> Aug 2017	Tar Joy
- Analyzing data of all answers	1 <sup>st</sup> -10 <sup>th</sup> Sep 2017	Tar Joy
- Notifying outbreak occur to SRRT	1 <sup>st</sup> -10 <sup>th</sup> Sep 2017	Tar
- Sharing analyzed data to Chiang Mai Provincial Public Health Office	11 <sup>th</sup> Sep 2017	Tar

## 14.18. Job Rotation of Surveillance Teams

Job	6 <sup>th</sup> Aug 2017		7 <sup>th</sup> Aug 2017		8 <sup>th</sup> Aug 2017	
<b>SCREENING</b>						
Monitoring thermoscan	Tal	Ba	Tal*	Yamin*	Yamin	Joy*
Distribute HBC, screen URI	Nook	Tony	Nook	Nampueng	Nampueng*	Kul*
Non contact thermometer+ fill Questionnaire	Wint	Kul	Wint	Bua	Bua*	Ne*
<b>SURVEILLANCE</b>						
Call center	Kate		Sauce		Tal	
Member1	Sauce		Bird		Nook	
Member2 + first aid consultant	Ne		Tony		Tar	
Admin	Bird		Kate		Ba	
Stand by refer	Sauce		Bird		Nook	
<b>RESPONSE</b>						
Principle investigator	Yamin		Kul		Kate*	
Co-PI	Nut		Ne*		Bird*	
<b>FOOD COLLECTOR</b>						
Thai conference	-		Tar	Ba	Sauce	Wint
Inter conference	-		Joy	Nut	Nut	Tony
<b>LIAISON time</b>	-		*11.30-12.30		*10.30-12.30	
Job	9 <sup>th</sup> Aug 2017		10 <sup>th</sup> Aug 2017		11 <sup>th</sup> Aug 2017	
<b>SCREENING</b>						
Monitoring thermoscan	Joy	Bua	Ba***	Nut***	Ne	Sauce*
<b>SURVEILLANCE</b>						
Call center	Nut		Tony		Bird	
Member1	Yamin		Sauce**		Nut*	
Member2 + first aid consultant	Kate		Tar*	Nampueng***	Bua	Tar*
Admin	Kul		TAL	Bird**	Nook	Joy
Stand by refer	Ne		Kul**		TAL*	
<b>RESPONSE</b>						
Principle investigator	Bird		Wint		Ba*	
Co-PI	Tar		Joy**		Tony	
<b>FOOD COLLECTOR</b>						
Thai conference	Wint	Tal	Bua**	Yamin*	Yamin	
Inter conference	Sauce	Ba	Kate**	Ne	Kul	Nampueng
<b>LIAISON time</b>			* 9.00-10.00		* 10.30-12.30	
			**15.00-16.00			
			***16.30-17.30			
<b>On-call personnel</b>	Nook	Nampeung			Kate	Wint

\*, \*\*, \*\*\* person who be a liaison in that day at specific time

If there is any inconvenience in your position, please switch it with your friend and inform to "Sauce"

On 10<sup>th</sup> and 11<sup>th</sup> there is only international conference, 4 staffs working at the same venue hall

Anyone who is available during the daytime please be on-call personnel

everyone should attend morning meeting at 8.45am-9.00am for briefing and handover a job

Refer to the list of contact persons in Annex 14.22



## 14.19 Duties and Responsibilities of Disease Surveillance Teams

### Admin (AD)

1. Review the medical records
2. Make decisions according to criteria
3. Analyze data using Epi Info software
4. Notify supervisor and rapid response team
5. Request for help and supports if needed
6. Report to supervisor, PHO, BOE and TEPHINET regularly

### Call Center (CC)

1. Receive phone calls of event notification
2. Make daily phone call to local health facilities to detect the events
3. Interview and complete the EBS form

### Member 1 (M1)

1. Review the medical records
2. Abstract data using Epi Data software
3. Verify the events

### Member 2 (M2)

1. First aid consultant (8:00 AM to 8:00 PM)
2. Collect medical record and data abstracting forms
3. Review the medical records
4. Abstract data using Epi Data software
5. Verify the events

## 14.20. Job Descriptions of EMS

### Physician (1 person)

1. Operate as a leader of the team
2. Make decisions to send out EMS
3. Provide urgent medical care, observation, consultation as well as transfer the patient to the definitive care
4. Prompt for urgency/emergency
5. Supervise and ensure the preparedness of officers, instruments and materials for treatment
6. Learn how to use equipment and their locations
7. Complete the registration card in out-patient department and refer document
8. Cooperate with designated hospitals for referral of patients

### Nurse (2 persons)

1. Manage officers, instruments and materials for treatment
2. Assist the physician in treatment, observation and consultation
3. Fill up medical records
4. Check all instruments in each duty period (especially battery charging)
5. Check drugs, record in and out, and call ER in Nakornping Hospital if out of stock (Tel. 053-999-200 # 1105)
6. Prompt for urgency/emergency and field work

### Emergency medical technician (1 person)

1. Cooperate with intra/inter departments
2. Field work and refer patients to designated hospitals
3. Perform medical procedures as assigned
4. Inform Wiang Ping EMS Center before the transfer

### Ambulance driver (1 person)

1. Assist in equipment transportation
2. Assist in patient transferal
3. Prepare ambulance in order to be prompt for referral

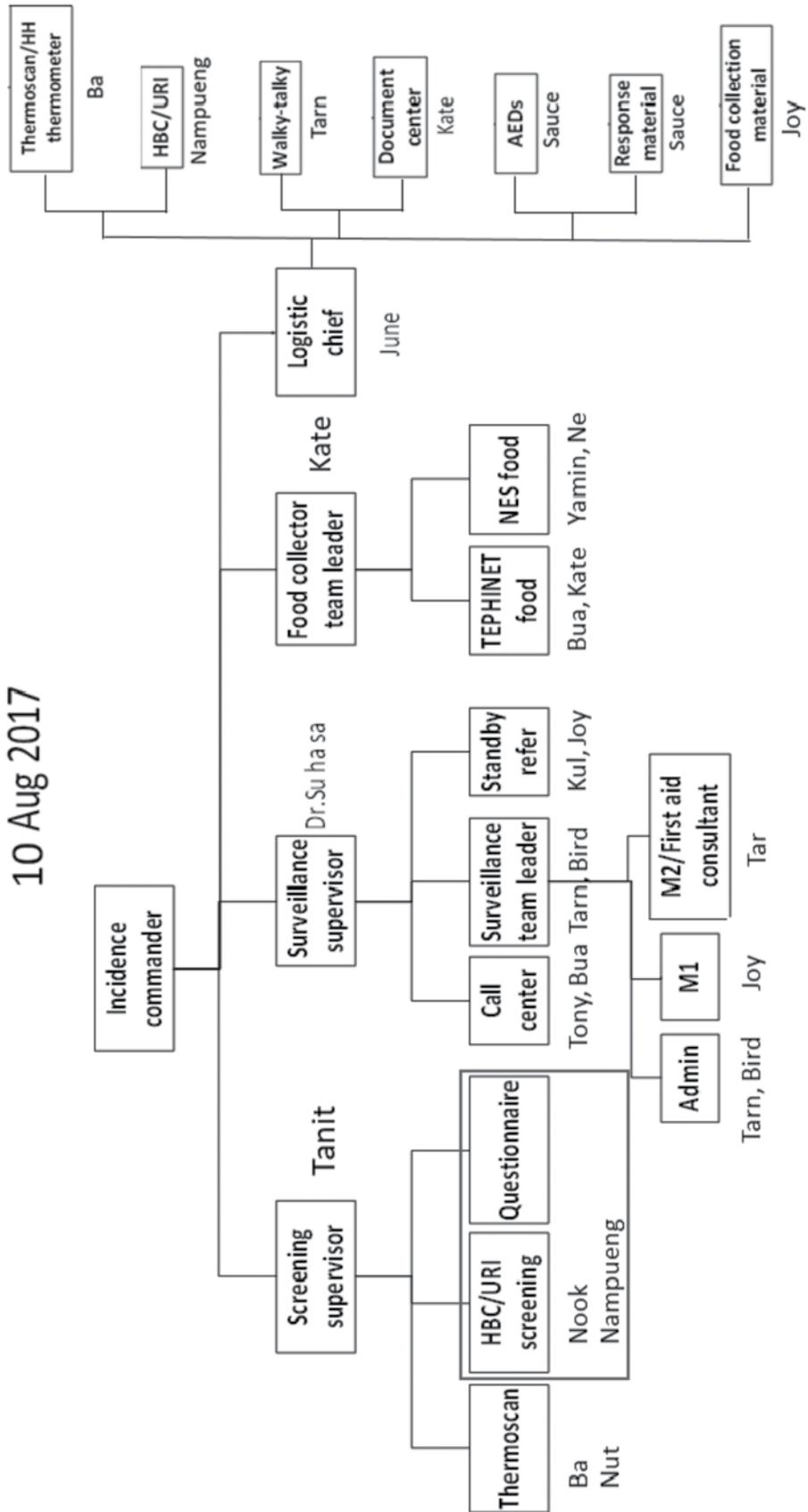
Remark: Everyone has to learn about the venue of events and routes in order to be prompt for urgency/emergency.



14.21. Example of Organization Chart

**Organization chart**

10 Aug 2017



## 14.22 Contact Persons

Nickname	Name	Mobile	Email
Tar	Mr. Chawakit Deeoum	089-437-6587	chawakitdeeoum@gmail.com
Sauce	Mr. Thanachol Wonghirundecha	086-598-2334	w.thanachol@gmail.com
Kate	Ms. Bhurinud Salakij	081-375-6086	bsalakij@gmail.com
Kul	Ms. Nichakul Pisitpayat	081-545-4005	koonkunkul9@gmail.com
Bua	Ms. Nilubon Karavanonth	083-102-1500	zi-kuza@hotmail.com
Bird	Mr. Suppakrit Thanajirasak	064-568-8889	birdsuppakrit@gmail.com
Joy	Ms. Roongkarn Sangsiri	062-747-2244	kantaa06@hotmail.com
Tal	Ms. Khanuengnij Yueayai	084-518-7659	jbhoutan@gmail.com
Nook	Mr. Kittiphan Chalom	089-999-8661	snookermail@hotmail.com
Tony	Mr. Tassana Thammaros	0819538195	tassanamd@gmail.com
Ne	Mr. Worrayot Darasawang	088-583-7902	worrayotmd@gmail.com
Nut	Mr. Kritchavat Ploddi	090-570-5600	dr.kritchavat@gmail.com
Nampueng	Ms. Kanittha Tonchiangsai	093-462-9351	whitehoney.ton@gmail.com
Ba	Mr. Ba Soe Thet	094-613-1684	dr.basoethet@gmail.com
Wint	Ms. Win Phyo Than	099-216-1625	wintphyothan@gmail.com
Tanit/Nick	Mr. Thanit Rattanathumsakul	081-892-7428	nigagape@hotmail.com
Phonetavy	Mr. Phonetavy	064-748-1211	phonetavy007@gmail.com
Has Phalmony/ Mony	Mr. Has Phalmony	061-836-4009	hasniph@yahoo.com
Suhaiza	Ms. Suhaiza Sulaiman	062-013-6175	drsu@moh.gov.my
Seesai	Mr. Seesai Yeesoonsang	089-439-1677	seesaiy@hotmail.com
Yamin	Ms. Yamin Thaung	099-501-8215	dryaminthaung@gmail.com
Anuphong/Pab	Mr. Anuphong Sirirungreung	089-523-8382	anu_siri@hotmail.com
Ploy/Pantila	Ms. Pantila Taweewiyakam	099-148-9496	alitnap@hotmail.com
Yin	Ms. Yin Myo Aye	081-970-8900	yinmyoaye@gmail.com
Chen	Mr. Chen Lei	084-670-0864	clsgdbc@hotmail.com
Kaew	Ms. Vanlaya Srethapranai	081-845-7445	vanlaya_kaew@yahoo.com
Chuleepom	Ms. Chuleepom Jiraphongsa	081-611-2123	jiraphongsa@gmail.com
Panitee/View	Mr. Panithee Thammawijaya	081-716-8365	viewfep@gmail.com
Patcharin/Mod	Ms. Patcharin Tantiworrawit	097-250-6163	thisis_mod@hotmail.com
Phantanee/Khing	Ms. Phanthanee Thitichai	081-540-3494	phanthanee@gmail.com
Rome	Mr. Rome Buathong	081-340-6720	romebua@hotmail.com
Toranee/Kob	Mr. Toranee Kayee	081-884-4737	
Sutheerat	Ms. Sutheerat Mahasing	089-835-4242	



## 14.23. List of Contributors

### Consultants:

Dr. Tanarak Plipat, Deputy Director-General, Department of Disease Control

Dr. Potjaman Siriarayapon, Director, Bureau of Epidemiology, Department of Disease Control

Dr. Rome Buathong, Medical Doctor (Senior Professional Level), Bureau of Epidemiology,  
Department of Disease Control

### Senior Editors:

Dr. Wanna Hanshaoworakul, Medical Doctor (Advisory Level), Department of Disease Control

Dr. Chuleeporn Jiraphongsa, Director, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Panithee Thammawijaya, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

### Editors:

Dr. Thanit Rattanathumsakul, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Thanachol Wonghirundecha, Resident, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Yin Myo Aye, Epidemiologist, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

### Contributors from the Field Epidemiology Training Program:

#### 1) FETP Staff

Dr. Chuleeporn Jiraphongsa, Director, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Panithee Thammawijaya, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Patcharin Tantiworrawit, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Phanthanee Thitichai, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Thanit Rattanathumsakul, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

Dr. Pantila Taweewiyakarn, Advisor, Field Epidemiology Training Program, Bureau of Epidemiology,  
Department of Disease Control

## **2) FETP TOT Program**

Dr. Anupong Sirirungreung, Training-of-trainer (TOT) trainee (Thailand)

Dr. Seesai Yeesoonsang, TOT trainee (Thailand)

Dr. Thanit Rattanathumsakul, TOT trainee (Thailand)

Dr. Has Phal Mony, TOT trainee (Cambodia)

Dr. Phonetavy Khodsimeung, TOT trainee (Lao PDR)

Dr. Suhaiza Bt Sulaiman, TOT trainee (Malaysia)

## **3) Thai FETP Program**

Dr. Kanittha Tonchiangsai, Second year Thai trainee (Thailand)

Dr. Kittiphan Chalom, Second year Thai trainee (Thailand)

Dr. Kritchavat Ploddi, Second year Thai trainee (Thailand)

Dr. Tassana Thammaros, Second year Thai trainee (Thailand)

Dr. Worryot Darasawang, Second year Thai trainee (Thailand)

Dr. Bhurinud Salakij, First year Thai trainee (Thailand)

Dr. Chawakit Deeoum, First year Thai trainee (Thailand)

Dr. Khanuengnij Yueayai, First year Thai trainee (Thailand)

Dr. Nichakul Pisitpayat, First year Thai trainee (Thailand)

Dr. Nilubon Karavanonth, First year Thai trainee (Thailand)

Dr. Roongkarn Sangsiri, First year Thai trainee (Thailand)

Dr. Suppakrit Thanajirasak, First year Thai trainee (Thailand)

Dr. Thanachol Wonghirundecha, First year Thai trainee (Thailand)

## **4) International FETP Program**

Dr. Wint Phyو Than, Second year international trainee (Myanmar)

Dr. Ba Soe Thet, First year international trainee (Myanmar)

Dr. Yamin Thaug, First year international trainee (Myanmar)

## **14.24 Acknowledgement**

Office of Disease Prevention and Control 1, Chiang Mai Province

Chiang Mai Provincial Health Office

Nakormping Hospital, Chiang Mai Province

Maharaj Nakorn Chiang Mai Hospital, Chiang Mai Province

Bangkok Hospital Chiang Mai, Chiang Mai Province

Central Chiang Mai Memorial Hospital, Chiang Mai Province

Chiang Mai Ram Hospital, Chiang Mai Province

Ratchavej Hospital, Chiang Mai Province

## References

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# Reflection of Activities



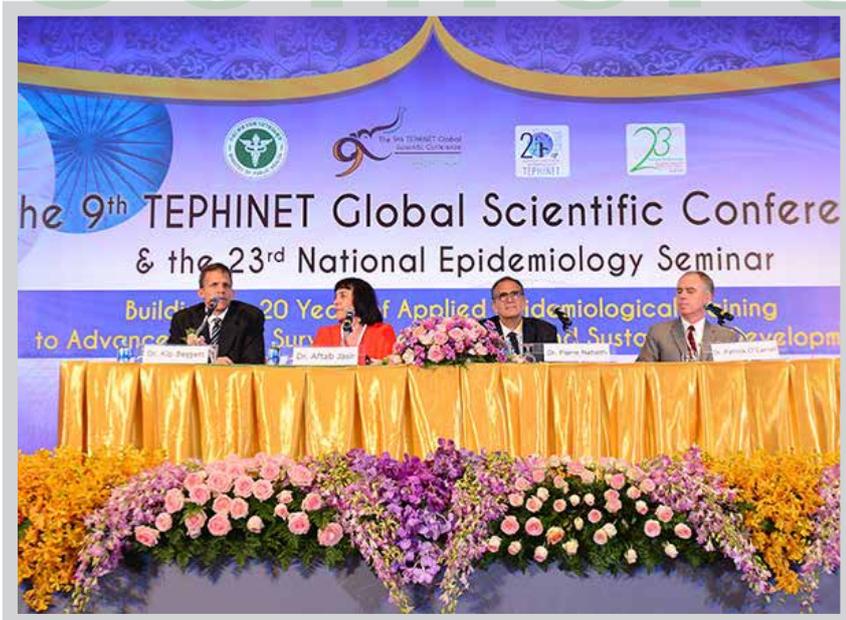
The 9<sup>th</sup> Training Programs in Epidemiology and Public Health  
Interventions Network (TEPHINET) Global Scientific Conference and  
the 23<sup>rd</sup> National Epidemiology Seminar  
6-11 August 2017



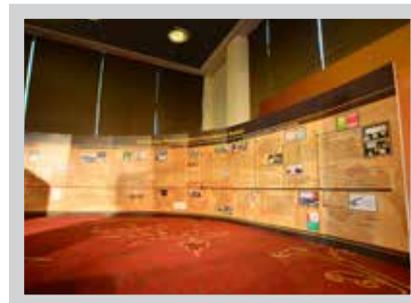
# Conference



# Conference



# Exhibition



# Preparation



# Screening



# Screening



11:27 Nuch Design คัดราคางานหนังสือ พี่แก้ว กระทรวงสาธารณสุข  
 11:31 Nuch Design ขนาดหนังสือ A4 ปก พิมพ์ ๔ สี กระดาษอาร์ตการ์ด 260 gmเนื้อในรวมทั้งหมด ๘๐ หน้าสี ๑๔ หน้า ขาวดำ ๖๔ หน้าพิมพ์จำนวน ๕๐๐ เล่ม

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