Kumthorn Malathum – President, Infectious Disease Association of Thailand



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Dr Kumthorn Malathum, president of the Infectious Disease Association of Thailand, shares his insight on the issue of infectious disease in the country and the need to develop collaboration in order to tackle these infections.

Could you introduce yourself to our global audience and tell us why you decided to pursue a career in the infectious disease field?

After my residency at the Faculty of Medicine Ramathibodi Hospital, Mahidol University, I went to the United States to work on research on infectious disease. Since I came back from Houston, I have always been working at Ramathibodi Hospital in infectious diseases, and I am now the President of the Infectious Diseases Association of Thailand. I am really focused on the prevention of the infection, if the population is more aware of the infectious diseases and the risk, we will be able to reduce the infections. Different patients are coming to the hospital with one disease, but they could have a variety of complications including infection while they are at the hospital. Some infectious diseases can be actually passed from person to person, or from insects or animals. Due to the country's climate and people's way of life, infectious diseases are a very common problem for the Thai population, the most common are HIV, tuberculosis, tropical infections, and infections caused by drug-resistant bacteria. That is why I decided to be more focused on the education and

prevention of these diseases.

Do you think there is enough done in terms of prevention in Thailand?

As we are always saying, we have to do more in regard to prevention. We already did a lot in terms of the prevention of infectious disease. Thailand is actually among the first countries in Asia to eliminate mother-to-child transmission of HIV. Thanks to the Universal Health Coverage framework, the country's commitment to equitable access has ensured that the Thai population is covered for HIV treatment.

Thailand has been investing in strong maternal and children's healthcare and national AIDS prevention measures recently. The Thai Ministry of Public Health has established a number of principles and policies concerning immunization. These included the rights of all people to be protected from vaccine-preventable diseases; the inclusion of immunization in the basic health services packages and the provision of safe, high-quality immunization to all people, free of charge.

In late 2009, we had an outbreak of pandemic flu, and the population were not aware of this infection. In early 2010, the 2009 pandemic influenza vaccine became available, and I decided to launch the full program of immunization within the hospital network to prevent different diseases such as mumps, measles, rubella, chickenpox, and hepatitis B. We were able to cover almost 100 percent of our healthcare workers, and today the program continues, and we are launching more and more prevention campaigns.

Thailand has the highest adult HIV prevalence in the South East Asia region. What role does the association have to play in tackling the high burden of disease in Thailand?

The Ministry of Public Health and the Thai Red Cross are playing an important role in these matters. The infectious disease association is working closely with our members to elaborate HIV prevention programs and provide free access to care and treatment. Physicians and other team members in the Thai Red Cross and Thai AIDS Society, in collaboration with the Ministry of Public Health, have been working on various programs to raise the awareness of the population as well as other strategies to tackle this challenge.

For example, they launched the "100% Condom Program". Thailand was one of the first countries to recognize that we had a major HIV/AIDS problem. After a while and the campaign, we have

actually seen a decrease in sexually transmitted disease. Currently, there is an interest in PrEP and “Treatment as Prevention” such that programs for these two aspects are initiated. Today it is still a big challenge, first because the trend has changed in term of epidemiology infections. We observe that there is a higher proportion of HIV disease in men who have sex with men (MSM), and it still constitutes the major portion of HIV patients. Secondly, youth and adolescents are getting infections earlier in their lives. We have to improve sex education at school for example. If they have better sex education, they will be aware of the risk and take the precaution and know what it is safe for them or not.

Earlier this month, the Bureau of Epidemiology stated that 18,000 people were infected with dengue fever virus from January 1 to May 1 this year, and 27 of them, including 12 children, had died. What initiatives are in place to prepare for this major infectious disease?

It is difficult to combat dengue infection. Thailand has the perfect climate for mosquitoes. Dengue has the same vector as Zicka Virus, and Chikungunya. Additionally, Japanese Encephalitis is also carried by mosquitos. It is difficult to control and fight against the mosquitoes coming into the country. To fight against dengue requires a lot of collaboration from the people around the country, but also from the international community. We have to take many measures and teach the population how to eliminate the mosquitos around their homes. As an example, in most homes, we can find water in the pot, and it is the perfect place for the development of mosquitos. We have to alert the population and make them change their habits.

No medical discipline evolves as rapidly as Infectious Diseases. Can you provide us with an overview of Infectious Diseases in Thailand?

Within infectious diseases, there are two major types of disease: emerging infectious disease (EID) and multidrug resistance (MDR). First of all, the multidrug resistance is antimicrobial resistance shown by a species of a microorganism to multiple antimicrobial drugs, and it is a problem around the world, not only in Thailand. This disease actually depends on access to the antibiotic. If the patient has easy access to an antibiotic, at some point they will have resistance. In Thailand, the patient has access to too many medicines, especially antibiotics. We don’t have adequate control. The physicians, doctors and pharmacists are still afraid of bad infections, so they are prescribing antibiotics easily, even though we have proven that this is unnecessary. One thing that we have to

do is teach them that they can treat the patient with other medicines and in different ways. It is our responsibility to try to tackle the problem.

Regarding the emerging infectious disease, they are caused by newly identified species or strains, that may have evolved from a known infection or spread to a new population or to an area undergoing an ecologic transformation or be reemerging infections, like drug-resistant tuberculosis. We have to be aware of the bacteria which are developing and blocking them from spreading. Many people are coming from Myanmar, Laos or Cambodia and they sometimes have bacteria, and the first disease coming is tuberculosis.

Many of the associations we met in Thailand, including the Diabetes Association, have highlighted the crucial need for different industries and stakeholders to join forces in defeating different diseases. Could you tell us more about how multi-stakeholder collaboration in regard to infectious diseases can work?

Multi-stakeholder collaboration is definitely crucial. We are already working with the Thai FDA, the Department of Disease Control, and the Department of Medical Science in the Ministry of Public Health. On the industry side, few companies are trying to support us in term of the prevention program and fighting infectious disease with us. But I am convinced that the pharmaceutical industry should pay more attention and try to have a deeper look into the area of infectious diseases. We are trying to work with the multinational and the local, to put our strengths together. As an example, the design of antimicrobial agents should be based on susceptibility data of pathogens in this region of the world because they are somehow different from those in the western world. Agents designed based on those countries frequently do not match with the pathogens in this region and there is limited value in launching them here.

What would you like to be your major contribution to the area of infectious diseases by the end of your tenure?

I really would like to increase the awareness of the physicians, and professional care in regard to infectious diseases, and about the importance of judicious use of antibiotics, i.e., use only when they are needed. Infectious disease is the main challenge in Thailand. Tuberculosis, HIV and multidrug-resistant bacteria are among the most common. We definitely need to have more collaboration and if we are not putting all our efforts together, we will probably face a huge health problem. And the collaboration is not only needed on the local level but also at the international

level.

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