

Emerging of admitted pneumonia after tsunami in Phuket, Thailand

Dear Editor:

The 2004 tsunami in Asia was a totally unwanted event to humans. On December 26, 2004, the tsunami hit several Asian countries, including Indonesia, Thailand, India and Sri Lanka. More than 100 million people died. Several medical relief efforts were launched in the disaster areas (1). In Thailand, several campaigns were launched to control emerging infectious diseases in the disaster area, especially food- and water-borne diseases, animal- and vector-borne diseases, and respiratory infections (2). I analyzed the Thailand CDC report (epid.moph.go.th) on important infectious diseases under surveillance in Phuket Province, a disaster area in Thailand. The data between four weeks before the tsunami and four weeks after the tsunami were used for further analysis. The incidence of each infectious disease is presented in Table 1. It is shown that there was an epidemic peak of admitted pneumonia after the tsunami. Indeed, recent reports indicate that the 'tsunami lung' is present in many survivors from the Asian tsunami (3,4), and it is proposed to be an important infectious disease that occurs after tsunami.

TABLE 1
Important infectious diseases under surveillance according to Thailand CDC reports in Phuket Province between four weeks before the tsunami and four weeks after the tsunami

Diseases*	Before tsunami	During tsunami†	After tsunami
Food- and water-borne diseases			
• Cholera	0	0	0
Animal- and vector-borne diseases			
• Leptospirosis	0	0	0
• Dengue	0	0	0
Respiratory infection			
• Admitted pneumonia	0	0	16

*Cumulative incidence of these diseases in 2004 equal to zero for all diseases; †Tsunami occurred on December 26, 2004, after which infectious control was performed by Thailand CDC including health education via several mass media channels

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3. Allworth AM. Tsunami lung: A necrotising pneumonia in survivors of the Asian tsunami. <www.mja.com.au/public/issues/182_07_040405/all025_fm.html> (Version current at May 24, 2005).
4. Khamis R. Tsunami survivors face pneumonia threat. <cmbi.bjmu.edu.cn/news/0501/36.htm> (Version current at May 24, 2005).

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RE: Whitelaw W. Oxygen therapy, then and now. Can Respir J 2005;12:67-8.

Dear Editor:

I commend Dr Whitelaw for an entertaining and informative editorial. However, Dr Whitelaw's list of those who demonstrate posthyperventilation apnea, ie, "...stroke patients and physiologists...", is incomplete. Anesthetized patients also reliably demonstrate this phenomenon (1); it has been used routinely for years by some anesthesiologists to achieve a brief apneic state in, for example, patients requiring general anesthesia for specialized imaging. For patients who are otherwise breathing spontaneously, it is necessary simply to manually ventilate briskly for a minute or so, then pause. The apnea lasts about a minute, depending on PCO_2 , depth of anesthesia and biological variability.

REFERENCE

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