

patients and their co-workers or vice versa. It is a major cause of sickness absenteeism among HCWs.

Influenza vaccination is one of the effective means of preventing influenza illness. It is usually carried out once or twice each year, depending on the predicted virus strains. Guidelines from the World Health Organisation (WHO) and many countries recommend influenza vaccination for HCWs. More importantly, as an infection control practice, vaccination can reduce transmission of influenza in healthcare settings, including protecting elderly and immunocompromised patients, who have higher mortality from complications of influenza. However, influenza vaccination rates among HCWs are universally low in many countries.

This study was conducted among nursing staff in two hospitals in Singapore. The aims were to understand the knowledge, perceived benefits, cultural values and behaviour of nursing staff towards influenza vaccinations. This study will help us understand the gaps and barriers towards influenza vaccination rates and in designing an effective influenza immunisation program in future.

1599b EMERGING INFECTIONS AND HEALTH CARE WORKERS IN THAILAND

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Thailand's population to doctor, dentist, registered nurse ratio in 2015 were 1 to 2035, 9352 and 436 respectively; with 117 infectious medical specialists and 63 occupational physicians.

In 2015, 89 hospitals had negative pressure rooms for Avian and other Influenza, Ebola and MERS.

The strategy to prevent emerging diseases among health care workers (HCWs) stresses on screening of patients who have fever and respiratory symptoms and who travelled from surveillance countries e.g. Africa for Ebola, Middle East for MERS; those who have chicken livestock at home or who had travelled in surveillance countries for Avian Flu.

During the first outbreak of Avian Influenza, HCWs did not know much about the illness and so there was fear among them. Subsequent release of information from the Ministry of Public Health, provision of Airborne Infection Isolation Rooms in almost every hospital, and assistance from occupational physicians and OH nurses allowed HCWs to work with greater confidence.

There were 25 cases of Avian influenza in with 17 fatalities.

In 2016 when there was outbreak of MERS-CoV, HCWs were given information on these diseases and generally did not fear to work with patients. However, a 2016 survey of nursing competency among final year nursing students showed that the lowest point in competency level was coping with emerging diseases. A report of 43 HCWs with patient contact in a private hospital popular among Middle East patients stated that all used N-95 respirators (after respiratory fit testing) and other protective gears during their entire working period. All their serum specimens tested negative for MERS-CoV antibodies.

1599c MONKEYING AROUND WITH MALARIA – BRUNEI DARUSSALAM'S EXPERIENCE

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With the last local case of malaria reported in 1972, Brunei Darussalam has been declared 'Malaria-Free' by the World Health Organisation in 1987. In order to maintain the status attained, Brunei Darussalam has continued its surveillance through the Malaria Vigilance and Vector Control Unit in the Ministry of Health.

From the year 2000 until now, only indigenous cases of zoonotic Simian Malaria have been detected in people who are exposed in the line of duty namely border patrol officers, Armed Forces personnel and Department of Forestry officers.

Sixty four such cases have been reported in the past decade. The incidence has been minimised with the recommended use of prophylaxis for all personnel going on duty into the jungles, application of mosquito/insect repellants, and use of impregnated uniforms by Armed Forces personnel and impregnated bed nets in the camp sites.

1703 TRAVEL MEDICINE: MIGRANT WORKERS AND INTERNATIONAL SPREAD OF EMERGING INFECTIONS IN THE GLOBAL ECONOMY

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Aim of special session Discuss how globalisation results in emerging infections among migrant workers and how to prevent its transmission.

Globalisation may be defined as the transfer of businesses from the established markets to the developing economic markets. It is also evident that it has contributed to wider opportunities and enhanced equity in employment. However, there are effects of globalisation on occupational health such as in export processing zones, migrant workers, notification of work-related diseases, effects on health beyond the workplace and the under-recognition of the burden of occupational disease. This session will discuss the situation of travel medicine in the hiring of migrant workers.

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1703a DISPROPORTIONATELY AT RISK: IMMIGRANT WORKERS IN THE U.S. CONSTRUCTION INDUSTRY

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