

by Emergency Operations Center, Department of Disease Control

Thailand situation update on 2 May 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	152,888,572	814,410	
Deaths	3,208,190		2.10%

2.The Disease Situation in Thailand

Situation	Total Number*
Total number of new cases	1,940
Cases found in quarantine facilities/centers (Imported)	10
Cases found outside quarantine facilities/centers (Imported)	0
Cases infected in Thailand (Local transmission)	1,788
Cases found from active case finding	142
Total number of confirmed cases	68,984
Cases found in quarantine facilities/centers (Imported)	2,696
Cases found outside quarantine facilities/centers (Imported)	3,325
Cases infected in Thailand (Local transmission)	65,659
Cases found from active case finding	22,314
Total number of confirmed cases	68,984
Total recovered and discharged from hospitals Newly recovered and discharged from hospitals	39,258 (56.91%) 1,183
Undergoing treatment	29,481(42.73%)
Deaths New deaths	245 (0.36%) 21



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Type of Screened People and PUI	Total Number
Total number	
Ports of entry (Airports, ground ports, and seaports)	8,341,316
People renewing their passports at the Immigration Bureau, Chaeng Watthana	537,917
Total number of laboratory tests	2,052,348
People who met the PUI criteria	1,624,938
From active case finding	15,834
Returnees in quarantine facilities/centers	81,676
People who did not meet the PUI criteria	329,900
Total number of people who met the criteria of PUI	1,624,938
Detected from ports of entry	5,179
Sought medical services on their own at hospitals (344,458 cases in private hospitals, and 1,275,213 cases in public hospitals)	1,619,671
Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao	88

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (188 cases)	Wave: 1 Jan - 14 Dec 2020 (60 cases)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 cases)	Wave: 1 April 2021 - now (94 cases)			
The mortality rate in each age group						
• 20-39 years old	0.20%	0.02%	0.09%			
• 40-59 years old	2.10%	0.02%	0.47%			
60+ years old	6.50%	2.60%	2.80%			
Percent of deaths who had an underlying disease and/or who were elderly people						
	64%	100%	92%			
The average number of days between the onset of symptoms and receiving treatment (Minimum-Maximum)						
	3.5 (0-19)	1.2 (0-8)	3 (0-12)			



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3. Thailand Implementations

- The Ministry of Labor implemented active case finding among insurers in both Thai and migrant workers in five risk areas including Bangkok, Pathum Thani, Nonthaburi, Chonburi, and Chiang Mai according to measures determined by the Ministry of Public Health. In addition to coordinating with the hospitals of the social security scheme, it is to prepare for those insurers who may have asymptomatic cases of COVID-19 infection to be referred to the hospitels. Furthermore, all enterprises need to enhance surveillance, monitoring and screening systems for COVID-19 infection. If the insurers are in the high-risk groups and hard to access laboratory testings/ health care facilities, they can contact the hotline 1506 press 6.
- The Department of Medical Services, Ministry of Public Health improved the system of hotline 1668 for the Bed Management Center to be a model of One stop service by integrating cooperation with the Ministry of Digital Economy and Society, the private sector, Teltutel Company Limited, National Telecommunications Public Company Limited and civil sector. The operation teams are classified into three parts including 1) Frontline Call Center team 2) Operator team to assess the symptoms 3) Bed and information management team. The joint three teams have been working together since the beginning of receiving a notification from a patient until finding a bed for the patient to be admitted in a medical facility or a hospitel.
- Bangkok Metropolis revealed that there was a plan to conduct a screening test for COVID-19 infection in the Bangkok area, where there are active local transmission. There is a plan to increase a target number for COVID-19 tests among populations to be at least 7,200 people between 3 and 7 May 2021. Also, there have been additional field hospitals to accommodate asymptomatic cases, mild symptoms, or patients with improved symptoms after treatment in a hospital but need to be monitored for any symptoms for a while. Another field hospital (the fifth field hospital) will be opened at Bang Bon Sport Stadium Center, Thung Khru District. This will be able to accommodate additional 400 beds. To increase the number of the hospitels from the current capacity in five locations with capacity of 584 beds, a coordination has been initiated with the hotel business owner to open more hospitels.
- The Ministry of Public Health revealed that the performance of the Nimibutr referral center during the first three days could assist 178 confirmed cases of COVID-19 remaining in their residences to be treated at the medical facilities. The coordination on the referral system could be operated within one day as well as promptly adjusting the system to receive the patients at home and transfer to the hospital according to the severity of illness.



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4. Risk Assessment of COVID-19 Situation

According to the COVID-19 situation report this week (from 26 April to 2 May 2021), there were 13,524 new confirmed cases and 29,481 cases which have been being treated in hospitals, field hospitals, or hospitels. Of 29,481 cases, 954 have been the severe cases (an increase of 391 cases compared to the beginning of the week), and 270 cases have been equipped with the intubation (an increase of 120 cases compared to the beginning). 125 cases were treated at Bangkok (46.3%), 21 cases at Samut Prakan (7.8%), 13 cases at Chiangmai and 13 cases at Chonburi, respectively. There is an increasing trend. The said provinces are likely to have the increasing numbers of severe cases which may affect the medical services system in the areas. They are recommended to reduce the risk of consequences by preparing the coordinating units for categorizing the severity of illness of patients and for referring the patients to hospitals, field hospitals or hospitels as appropriate.

For medical care among patients with mild symptoms, patients aged 60 years and older or living with underlying diseases such as hypertension, diabetes, or obesity, should be treated immediately and closely monitored to prevent severe symptoms. The referral system of patients becoming severely needs to be operated for rapid-transfer the patients to other hospitals appropriately. The hospitals that accommodate patients with endotracheal intubation should properly allocate medical resources, an in-patient ward, an isolation room, respirators, and health personnel to take care of the COVID-19 patients separately from the general patients to reduce the spreading of disease in the hospital.

Public health emergency operation centers in each area should be managed and allocated resources within the areas under authorization to avoid being a burden to specific hospitals. In addition, healthcare personnel must strictly comply infection prevention and control measures while practicing in the hospital and also keep practicing disease prevention after working hours to reduce the risk of infection to yourself and others.