

Thailand situation update on 27 May 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	169,115,426	569,199	
Deaths	3,513,361		2.08%

2. The Disease Situation in Thailand

Situation	Total Number*
Total number of new cases	3,323
• Cases found in quarantine facilities/centers (Imported)	21
• Cases found in Prisons	1,219
• Cases infected in Thailand (Local transmission)	1,132
• Cases found from active case finding	951
Total number of confirmed cases	141,271
• Total recovered and discharged from hospitals	93,828 (66.42%)
- Newly recovered and discharged from hospitals	2,063
• Undergoing treatment	46,469 (32.89%)
• Deaths	920 (0.65%)
- New deaths	47

The Coronavirus Disease 2019 Situation

by Emergency Operations Center, Department of Disease Control

Type of Screened People and PUI	Total Number
Total number	
<ul style="list-style-type: none"> Ports of entry (Airports, ground ports, and seaports) 	8,507,752
<ul style="list-style-type: none"> People renewing their passports at the Immigration Bureau, Chaeng Watthana 	564,049
Total number of laboratory tests	2,366,221
<ul style="list-style-type: none"> People who met the PUI criteria 	1,938,494
<ul style="list-style-type: none"> Returnees in quarantine facilities/centers 	81,993
<ul style="list-style-type: none"> People who did not meet the PUI criteria 	345,734
Total number of people who met the criteria of PUI	1,938,494
<ul style="list-style-type: none"> Detected from ports of entry 	5,566
<ul style="list-style-type: none"> Sought medical services on their own at hospitals (443,646 cases in private hospitals, and 1,489,194 cases in public hospitals) 	1,932,840
<ul style="list-style-type: none"> Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao 	88

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (920 cases)	Wave: 1 Jan - 14 Dec 2020 (60 cases)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 cases)	Wave: 1 April 2021 - now (826 cases)
The mortality rate in each age group			
<ul style="list-style-type: none"> 20-39 years old 	0.20%	0.02%	0.11%
<ul style="list-style-type: none"> 40-59 years old 	2.10%	0.02%	0.84%
<ul style="list-style-type: none"> 60+ years old 	6.50%	2.60%	5.91%
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)	1.6 (0-14)

3. Thailand Implementations

- Siriraj Institute of Clinical Research revealed the result of the research project studying immune response and safety after getting vaccinated among the medical staff of Siriraj Hospital. The result showed that a group of volunteers receiving the 1st dose of AstraZeneca and the other group receiving the 2nd dose of Sinovac had the level of immunity at the same level as the patient recovered from natural infection with SARS-CoV-2. 75 % of the volunteer group developed mild adverse events including muscle pain, tiredness, fever, and headache. The adverse events are found in those who received the AstraZeneca more than the ones receiving the Sinovac, especially in a group of volunteers aged less than 30 years. In the meantime, the researchers are in the process of studying the result of immune response in other COVID -19 variants.
- Thai Red Cross Emerging Infectious Diseases Health Science Centre, Faculty of Medicine at Chulalongkorn University revealed that Sinopharm Vaccine can stimulate both humoral immunity and cell-mediated immunity. It is important to reduce the severity when the virus infects the crucial organs such as alveoli and lungs. The cellular immunity is relatively predominant when compared with the humoral immunity. The inactivated coronavirus vaccine likely targets all four areas of the spike, envelope (E), membrane (M) and nucleocapsid (N) so it may provide broad spectrum protection against mutated strains of COVID-19.
- The president of Action on Smoking and Health Foundation Thailand said that people who smoke and become infected with SARS-CoV-2 can cause more serious symptoms than non-smokers. Even when smokers are asymptomatic, pulmonary tissue can be destroyed. Regular smokers are likely to have higher severity, acute respiratory failure and fatality than the non smokers. With respect to whether COVID-19 can accompany tobacco smoke or not, the Thoracic Society of Thailand, under the royal patronage, presented the results of the study. If people are in the infectious period of COVID-19 and coughing, sneezing and shouting while smoking cigarettes, the virus can be contracted in tobacco smoke. This can easily happen with electronic cigarette smoke due to much smoke and aerosol.

4. Risk Assessment of COVID-19 Situation

According to the COVID-19 situation report, 826 deaths occurred between April 1 and May 27, 2021, of which 179 occurred in April and 647 in May. The average age of these deaths was 65 years (half of them were between 55 and 77 years old). 473 deaths were men (57.3%). 686 deaths were in people living with underlying diseases (83.1%). 536 deaths were close contacts of the previously confirmed case (64.9%) in which 259 deaths of individuals contacted family or family members. Elderly people suffering from underlying diseases and family members returning from risk areas should strictly follow self-protection measures to reduce the risk of infection.

The self-protection is about keeping at least 1 to 2 meters apart while participating in activities, wearing face masks or cloth masks while talking or on public transit, always



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washing hands after handling items that could be contaminated with SARS-CoV-2, such as door handles, handrails, avoiding sharing devices such as cell phones, computers, glasses, dishes and utensils, and separating personal utensils while eating together. If senior family members have suspicious symptoms such as fever, cough, runny nose, sore throat, loss of smell, they should visit a doctor immediately to detect a viral infection. They should not wait until serious symptoms like shortness of breath, and inform the history of risk to health professionals. In addition, seniors should register or be given to a family member, assisting with registration via the channels specified by each province that are for the vaccination appointment. Receiving the full two doses of the vaccines, the vaccines will be able to prevent severe symptoms and death.