

Thailand situation update on 7 July 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	185,424,205	516,263	
Deaths	4,010,216		2.16%

2. The Disease Situation in Thailand

Situation	Total Number
Total number of new cases	6,519
<ul style="list-style-type: none"> Cases found in quarantine facilities/centers (Imported) 	16
<ul style="list-style-type: none"> Cases found in prisons 	55
<ul style="list-style-type: none"> Cases infected in Thailand (Local transmission) 	4,958
<ul style="list-style-type: none"> Cases found from active case finding (Local transmission) 	1,490
Total number of confirmed cases	301,172
<ul style="list-style-type: none"> Total recovered and discharged from hospitals <ul style="list-style-type: none"> Newly recovered and discharged from hospitals 	231,171 (76.76%) 4,148
<ul style="list-style-type: none"> Undergoing treatment 	67,614 (22.45%)
<ul style="list-style-type: none"> Deaths <ul style="list-style-type: none"> New deaths 	2,387 (0.79%) 54

Screening, Testing, and PUI	Total Number
Total number of people screened	
<ul style="list-style-type: none"> Ports of entry (Airports, ground ports, and seaports) 	8,762,454
<ul style="list-style-type: none"> People renewing their passports at the Immigration Bureau, Chaeng Watthana 	612,991
Total number of laboratory tests	2,812,917
<ul style="list-style-type: none"> People who met the PUI criteria 	2,384,072

The Coronavirus Disease 2019 Situation

by Emergency Operations Center, Department of Disease Control

• Returnees in quarantine facilities/centers	83,111
• People who did not meet the PUI criteria	345,734
Total number of people who met the criteria of PUI	2,384,072
• Detected from ports of entry	6,093
• Sought medical services on their own at hospitals (606,696 cases in private hospitals, and 1,771,195 cases in public hospitals)	2,377,891
• Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao	88

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (2,387 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (2,293 deaths)
Case Fatality Rate (CFR) in each age group			
• 15 - 39 years old	0.20%	0.02%	0.11%
• 40 - 59 years old	2.10%	0.02%	0.89%
• 60+ years old	6.50%	2.60%	7.36%
• Under 1 year old (2 deaths)			
Percentage of COVID-19 deaths that consist of elderly patients, patients with underlying diseases including obesity, or pregnant patients			
	64%	100%	91%
Average number of days between the onset of symptoms and the date of receiving treatment (Minimum-Maximum)			
	3.5 (0 - 19)	1.2 (0 - 8)	3.2 (0 - 19)

3. Thailand Implementations

- The governor of Bangkok has inspected the readiness of “Wat Intharawihan Waiting Center for Referral” in accommodating the COVID-19 infected patients in the area before referring them to hospitals. This center has 250 beds in total and is expected to be opened on 9 July 2021. The Bangkok Metropolis Administrator is also aiming to open 20 more waiting centers which in total will be able to accommodate 3,000 patients.

- The Department of Health prepared an incident response plan in case there is an infection in the community so that schools, teachers and students, and educational institutions will know what to do. One of the measures to open schools that need to be emphasized is that schools must assess on “Thai Stop COVID Plus” platform, while students, teachers, educators and their families must assess the risks via “Thai Save Thai”. If there is a high risk, they must strictly follow the DMHTT measures and wear a mask for 100%. Particularly, teachers are required to wear a mask and face shield, and follow an emergency response plan in schools or communities. There must be Outbreak monitoring teams in schools or communities.
- The Department of Disease Control proposes to adjust the disease control measures appropriately in 4 measures as follows; 1. searching for infected people, treatment, isolation and control of the disease focusing on the elderly and those at risk of severe illness. 2. bed management, Home Quarantine. If symptoms worsen, they will be referred to a hospital. 3. vaccination measures by providing a booster dose of vaccine for health care workers to increase immunity against the mutation of the virus, including focus on vaccination in the elderly and 7 groups of chronic diseases to reduce the rate of severe morbidity and mortality 4. social and organizational measures before entering the “New Normal”.

4. Risk Assessment of COVID-19 Situation

According to the COVID-19 situation monitoring in foreign countries, Malaysia still has around 6,000 - 7,600 new cases reported per day, Cambodia has around 900 - 1,000 new cases, and Myanmar has reported about 1,600 - 3,600 new cases per day for the past week. For the situation of infected travellers from abroad in Thailand between 5-7 July 2021, there were 36 infected travellers, including 3 from Malaysia, 16 from Cambodia and 5 from Myanmar, as a total of 24 cases (67 percent). 14 foreign cases came from land border crossings and 10 have been smuggled through natural border paths. Therefore, provinces bordering Malaysia, Cambodia and Myanmar are still at high risk of finding the infection through land border crossings or smuggling into natural border paths. Therefore, the provincial area must accelerate the integration and coordination of cooperation from all sectors, including public health, interior, defense sectors, civil society and various private enterprises in the search for risk areas of smuggling across international borders. It is necessary to implement all rigorous forms of quarantine in state detention facilities, strengthen the COVID-19 surveillance system for influenza-like syndrome and pneumonia patients in sanatoriums and require the cooperation of the people sector in monitoring of strangers traveling from risk places that enter the community and all have to follow various public health measures. In addition, the allocation, distribution and vaccination of workers and medical personnel at the frontiers along the border should be expedited because they are close contact to the most at-risk populations, this is to reduce the chance of infection and the impact that may affect the local health service system.