by Emergency Operations Center, Department of Disease Control

Thailand situation update on 8 August 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	203,039,718	549,201	
Deaths	4,301,161		2.12%

2. The Disease Situation in Thailand

Situation	Total Number
Total number of new cases	19,983
Cases found in quarantine facilities/centers (Imported)	6
Cases found in prisons	350
Cases infected in Thailand (Local transmission)	16,780
Cases found from active case finding (Local transmission)	2,847
Total number of confirmed cases	756,505
 Total recovered and discharged from hospitals Newly recovered and discharged from hospitals 	535,515 (70.79%) 18,503
Undergoing treatment	214,786 (28.39%)
 Deaths New deaths 	6,204 (0.82%) 138



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Screening, Testing, and PUI	Total Number
Total number of people screened	
Ports of entry (Airports, ground ports, and seaports)	8,915,709
 People renewing their passports at the Immigration Bureau, Chaeng Watthana 	642,972
Total number of laboratory tests	3,204,285
People who met the PUI criteria	2,774,965
Returnees in quarantine facilities/centers	83,589
People who did not meet the PUI criteria	345,734
Total number of people who met the criteria of PUI	2,774,962
Detected from ports of entry	6,131
 Sought medical services on their own at hospitals (757,494 cases in private hospitals, and 1,999,492 cases in public hospitals) 	2,768,743
 Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao 	88

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (6,204 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (6,110 deaths)				
Case Fatality Rate (CFR) in each age group							
• 15 - 39 years old	0.20%	0.02%	0.12%				
• 40 - 59 years old	2.10%	0.02%	0.88%				
60+ years old	6.50%	2.60%	7.05%				
• <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%	90%				
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 - 35)				



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3. Thailand Implementations

- The Office of Insurance Commission unlocked the COVID-19 insurance compensation approval criteria, allowing the insurance companies to use the RT-PCR result documents instead of reports or medical certificates for paying the insured person benefits according to the condition of pay when proved to be infected to alleviate the suffering of the people.
- The Office of the Prime Minister accelerated the increase in COVID-19 patients' care capacity of vulnerable and unattended children's patients whose parents or guardians are infected with COVID-19. Those children will be sent to a state quarantine facility for 14 days. If the parents have not recovered or are unable to take care of their children, they will be taken care of in foster care until their parents are ready.
- The National Health Security Office has provided the Antigen Test Kits (ATK) for people in at-risk groups to be able to test for COVID-19 by themselves during August - September. The pharmacy shop type 1 and nursing clinic have been coordinated to distribute the Antigen Test Kits (ATK) to the people at risk as quickly and widely as possible.

4. Risk Assessment of COVID-19 Situation

From the COVID-19 situation on 8 August, 2021, a total 214,786 cases are infected who are undergoing treatment in hospital, field hospital (an increase of 5,911 cases from the beginning of the week). Of these, 5,157 were severe cases (up 389 cases from the start of the week), 1,070 cases requiring intubation(42 cases increase from the beginning of the week), of which 330 patients were treated in Bangkok (30.8 percent), 67 cases in Samut Prakan(6.3 percent), 53 cases in Nakhon Pathom (5.0 percent), 43 cases in Nonthaburi (4.0 percent), and 38 cases in Samut Sakhon (3.6 percent). The medical service system in these provinces are therefore at high risk of being affected intensively. To reduce this risk, these provinces are recommended to adjust the treatment guidelines for patients in their provinces by separating patient type by severity. Authorities should consider to treat patients with mild symptoms in the hospitel, community isolation or home isolation as well as provide drugs and essential equipment to the people. A closely monitoring system on a daily basis and a proper referring system for the severe case must be developed by cooperating with the emergency medical services in order to provide caring service for the mild cases in the early stages. If the patient is over 60 years old or has a chronic disease such as high blood pressure, diabetes or obesity, antiviral therapy should be given rapidly and monitor symptoms closely to prevent more severe symptoms. It is essential to organize the referring system to properly transfer any severe cases to the prepared hospital. The hospital that can accommodate the intubation case should allocate resources, areas, and personnel for COVID-19 cases separately from the general patients to reduce the risk of infection in the hospital. In addition, medical personnel should strictly comply with the infection preventive measures in the hospital both during the operation time and personal time intensively to reduce the risk of infection of oneself and others.