

by Emergency Operations Center, Department of Disease Control

### Thailand situation update on 17 September 2021

#### 1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	227,905,505	572,251	
Deaths	4685,661		2.06%

#### 2. The Disease Situation in Thailand

Situation	Total Number	
Total number of new cases	14,555	
Cases found in quarantine facilities/centers (Imported)	9	
Cases found in prisons	790	
Cases infected in Thailand (Local transmission)	12,600	
Cases found from active case finding (Local transmission)	1,156	
Total number of confirmed cases	1,448,792	
Total recovered and discharged from hospitals     Newly recovered and discharged from hospitals	1,304,247(90.02%) 13,691	
Undergoing treatment	129,421 (8.93%)	
Deaths     New deaths	15,124 (1.04%) 171	



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Screening, Testing, and PUI	Total Number
Total number of people screened	
Ports of entry (Airports, ground ports, and seaports)	9,121,679
People renewing their passports at the Immigration Bureau, Chaeng Watthana	676,699
Total number of laboratory tests	3,523,975
People who met the PUI criteria	3,094,220
Returnees in quarantine facilities/centers	84,201
People who did not meet the PUI criteria	345,734
Total number of people who met the criteria of PUI	3,094,220
Detected from ports of entry	6,177
<ul> <li>Sought medical services on their own at hospitals (903,112 cases in private hospitals, and 2,184,84 cases in public hospitals)</li> </ul>	3,087,955
Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao	88

Remark: \*PUI (Patients Under Investigation)

Characteristics of Deaths (15,124 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (15,030 deaths)			
Case Fatality Rate (CFR) in each age group						
• 15 - 39 years old	0.20%	0.02%	0.14%			
• 40 - 59 years old	2.10%	0.02%	1.06%			
60+ years old	6.50%	2.60%	8.03%			
<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%	89%			



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#### 3. Thailand Implementations

- The Ministry of Public Health prepared the training program on how to use and interpret the ATK test for the village health volunteers. The aim of this training will be to pass on the knowledge to the village about how to use the ATK test correctly.
- The Pollution Control Department adjusts government regulations to take infectious
  waste from COVID-19 pandemics. It overflowed the system to be disposed of in the
  industrial incinerator because the incineration of COVID-19 waste in the crematorium
  lacks an air pollution control system. It causes problems with odors, dust, toxic
  gases, including heavy metals, that will affect human health and the environment.
- Bangkok implemented measures in the Sandbox Safety Zone during travel to and from school to control the spread of COVID-19 in educational institutions.

#### 4. Risk Assessment of COVID-19 Situation

From the COVID-19 situation between April 1 and September 17, 2021, there were a total of 6,092 confirmed cases of health care workers (0.42% by local transmission). The investigation and data review revealed 2,790 confirmed work-related cases (45.8%). Cases between April and August were reported accordingly 89, 191, 195, 570 and 1229. From September 1 through 17, 2021, there were 516 cases. Women accounted for 2,001 cases (74.0%). The average age was 34.9 yrs. 2,130 cases (76.3%) were front-line workers divided into 1,006 (47.2%) nurses and practical nurses and 198 (9.3%) doctors and medical students. The five provinces with the largest number of confirmed work-related cases, including Bangkok 1,643 cases (58.9%), Chonburi 139 cases (5.0%), Samut Prakan 117 cases (4.2%), Samut Sakhon 109 cases (3.9%), and Pathum Thani 75 cases (2.7%). There were 896 patients (38.7%) in the public hospital. 882 cases (38.1%) came from the private hospital and 535 cases (23.1%) from the university hospital.

Infection among medical personnel and public health workers needs to be quarantined to observe symptoms, although the majority of them have been fully vaccinated. Consequently, this affects the health care system. As a result, medical and public health staff continue to have a high risk of contracting the virus in patients who come to hospital for treatment. The risk should be reduced by focusing on preventative measures for infection at the hospital and universal precautions. The appropriate wearing and removal of personal protective equipment should be implemented, in particular personnel who have the opportunity to touch patients without a known history of risk. For example, it includes personnel working in the emergency room, delivery rooms, operating rooms, investigative teams among patients or high-risk contacts. Also, wash hands regularly before and after touching each patient, observe oneself if symptoms are suspected such as fever, cough, runny nose, sore throat, and loss of smell or taste should be practiced. The medical personnel should be tested immediately. They should be vaccinated or given a booster dose of vaccines as allocated to each hospital in order to reduce the risk of infection and the



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occurrence of serious symptoms. Hospitals should schedule and prepare surge capacity if infected staff are identified and quarantined.