Thailand situation update on 19 September 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	229,003,868	529,014	
Deaths	4,701,419		2.05%

2. The Disease Situation in Thailand

Situation	Total Number
Total number of new cases	13,576
Cases found in quarantine facilities/centers (Imported)	13
Cases found in prisons	395
Cases infected in Thailand (Local transmission)	12,048
Cases found from active case finding (Local transmission)	1,120
Total number of confirmed cases	1,476,477
 Total recovered and discharged from hospitals Newly recovered and discharged from hospitals 	1,330,019(90.08%) 12,492
Undergoing treatment	131,095 (8.88%)
 Deaths New deaths 	15,363 (1.04%) 117



Screening, Testing, and PUI	Total Number
Total number of people screened	
Ports of entry (Airports, ground ports, and seaports)	9,131,512
 People renewing their passports at the Immigration Bureau, Chaeng Watthana 	676,699
Total number of laboratory tests	3,535,954
People who met the PUI criteria	3,106,180
Returnees in quarantine facilities/centers	84,040
People who did not meet the PUI criteria	345,734
Total number of people who met the criteria of PUI	3,106,180
Detected from ports of entry	6,183
 Sought medical services on their own at hospitals (908,354 cases in private hospitals, and 2,191,555 cases in public hospitals) 	3,099,909
 Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao 	88

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (15,363 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (15,269 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%	7.99%			
• <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%			



3. Thailand Implementations

- According to the policy of the Minister of Public Health and Permanent Secretary, the Ministry of Disease Control plans to deliver one million doses of COVID-19 vaccine on Mahidol Day (24 September, 2021). The event will commemorate His Royal Highness Prince Mahidol of Songkla, the father of modern medicine and public health in Thailand.
- The Department of Health of the Bangkok Metropolitan Administration and the Ministry of Social Development and Human Security have established COVID-19 vaccination points of service within the community. This includes mobile service plans for vulnerable groups in high-risk areas with proactive actions and for missing persons to increase COVID-19 vaccination coverage.
- The National Health Security Office (NHSO) disclosed information about the ATK distribution than three other lots. Information from the Government Pharmaceutical Organization (GPO) revealed that there were four rounds of ATK. The first round of 1.167 million ATKs was previously inspected and distributed to service units in some areas. The second and third rounds are 2.155 million and 1.4 million, awaiting inspection and distribution to service units in Regional Health no. 4, 5, 6, 11 and 12. The fourth batch of \$3.778 million is scheduled to be last inspected on September 22. They will be delivered to Regional Health Units 1, 2, 3, 8, 9 and 10.

4. Risk Assessment of COVID-19 Situation

The COVID-19 situation as of September 5, 2021 revealed that a total of 131,095 confirmed cases are being treated in hospitals, field hospitals and other institutions. There have been 3,646 severe cases and 768 cases requiring intubation. Of those, 214 were treated in Bangkok (27.9%) and 54 cases (7.0%) in Chonburi, 42 cases (5.5%) in Nonthaburi, 40 cases (5.2%) in Samut Prakan and 34 cases (4.4%) in Pattani. Although the number of confirmed cases treated tends to decrease, the number of severe or intubated cases remains unchanged. These provinces are more likely to be affected by local medical services. Therefore, the risk should be reduced by adjusting treatment strategies for patients in their province by categorizing patients based on their severity. Patients with mild symptoms should consider either hospitalization or community isolation or isolation at home with equipment, medication and a close monitoring system for symptoms on a daily basis. An appropriate referral system should also be prepared when the patient is suffering from a critical illness in coordination with the emergency medical service.

To take care in mild cases on an initial phase, in the elderly (60 years) or persons living with underlying diseases for example hypertension, diabetes, or obesity should take an antiviral drug as soon as possible with close monitoring of symptoms to prevent any severe symptoms that may occur. Local areas should prepare the referral system for patients with severe symptoms for medical care in a properly equipped hospital. For the hospital where a patient is intubated, resources in the patient service, isolation room, ventilators, and medical personnel for COVID-19 operations must be managed separately from general patients. This



can reduce the risk of spreading the infection in the hospital. Mobilization of resources within the organization should be implemented or recruitment of additional resources from external partners (if applicable) to support the management of COVID-19 cases. The Emergency Operations Centre in each area, it should support the mission of hospitals by allocating and shifting resources within their area of responsibility. This activity may prevent significant burdens for a given hospital. In addition, medical personnel should follow preventive measures in the hospital during working hours and strictly prevent personal infection outside working hours. It aims to reduce the risk of infection for oneself and other people.