

Thailand situation update on 10 October 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	238,410,450	344,689	
Deaths	4,864,157		2.04%

2. The Disease Situation in Thailand

Situation	Total Number
Total number of new cases	10,817
<ul style="list-style-type: none"> Cases found in quarantine facilities/centers (Imported) 	63
<ul style="list-style-type: none"> Cases found in prisons 	50
<ul style="list-style-type: none"> Cases infected in Thailand (Local transmission) 	10,055
<ul style="list-style-type: none"> Cases found from active case finding (Local transmission) 	649
7-day average of daily confirmed cases from positive PCR tests over total PCR tests given	14.68%
Total number of confirmed cases	1,710,884
<ul style="list-style-type: none"> Total recovered and discharged from hospitals - Newly recovered and discharged from hospitals 	1,582,313 (92.49%) 9,981
<ul style="list-style-type: none"> Undergoing treatment 	110,880 (6.48%)
<ul style="list-style-type: none"> Deaths - New deaths 	17,691 (1.03%) 84
Daily Number of new Vaccinations	1,010,072
<ul style="list-style-type: none"> First dose 	480,064
<ul style="list-style-type: none"> Second dose 	489,043
<ul style="list-style-type: none"> Third dose 	40,965
Total number of Vaccinations	59,308,772
<ul style="list-style-type: none"> First dose 	34,668,552

The Coronavirus Disease 2019 Situation

by Emergency Operations Center, Department of Disease Control

• Second dose	22,949,256
• Third dose	1,690,964

Screening, Testing, and PUI	Total Number
Total number of people screened	
• Ports of entry (Airports, ground ports, and seaports)	9,254,040
• People renewing their passports at the Immigration Bureau, Chaeng Watthana	696,082

Remark: *PUI (Patients Under Investigation)

Characteristics of Deaths (17,691 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (17,597 deaths)
Case Fatality Rate (CFR) in each age group			
• 15 - 39 years old	0.20%	0.02%	0.13%
• 40 - 59 years old	2.10%	0.02%	1.03%
• 60+ years old	6.50%	2.60%	7.87%
• < 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%

3. Thailand Implementations

- The Phuket Communicable Disease Committee has approved the measure to allow people who have been fully vaccinated to enter Phuket without testing, starting from October 16 onwards.
- In Chiang Mai province, there was a case where a vendor had COVID-19. This led to the closure of four rented rooms in their house and nearby restaurants in the same area. The area was declared a communicable disease control area, it was sprayed with disinfectant and outsiders were prohibited from entering the area according to the prevention and control measures of COVID-19.

- Yala province has conducted random proactive workplace screening with Antigen Test Kits (ATKs) at the Sangsin ice factory, on Kongka road, in Betong subdistrict. The province is providing knowledge and demonstrating to the workers how to use the ATKs, and have allowed workers to use the ATK to detect COVID-19 amongst themselves and their friends.

4. Risk Assessment of COVID-19 Situation

From the COVID-19 situation as of October 10, 2021, the number of infected people currently being treated in hospitals, field hospitals and other facilities is 110,880. Among these, 2,985 people were severely ill, and 689 required intubation. There are 170 intubated patients who are being treated in Bangkok (24.7%), 42 in Pattani (6.1%), 39 in Nonthaburi (5.7%), 38 in Chonburi (5.5%), 34 in Samut Prakan (4.9%) and 20 in Ratchaburi (2.9%). Although the number of people undergoing treatment has tended to decline, the number of people with severe symptoms or patients under intubation still remains. These provinces are therefore at high risk of having their local medical services overwhelmed. Therefore, the risk should be reduced by adjusting the strategies for treating patients in their own provinces by categorizing patients according to their COVID-19 disease severity. Patients with mild symptoms should consider treatment at a “hospital”, community isolation or home isolation center with equipment, medicine and a system to closely monitor symptoms daily and that can arrange an appropriate referral system if the patient has more severe symptoms. Coordination with emergency medical services for the care of patients with mild symptoms in the early phase should occur if the patient is over 60 years old or has underlying diseases such as high blood pressure, diabetes or obesity. Antiviral therapy should be given rapidly and symptoms should be monitored closely to prevent more severe symptoms. A referral system should be available for patients with increased severity for transport to appropriately equipped hospitals. The hospitals that treat intubated patients should properly allocate resources, separate wards and rooms for patients, manage the ventilation systems, proportionally allocate medical staff for the care of COVID-19 patients, and not mix COVID-19 and general patients to reduce the chance of spreading the infection in the hospital. There should be a plan for the mobilization of resources within the organization or recruiting medical personnel from outside agencies (if any) to support operations in caring for COVID-19 patients. The Emergency Operations Center (EOC) in each province should support the mission of the hospitals by allocating and relocating resources within their own areas of responsibility to prevent an extreme workload on any hospital. In addition, healthcare workers should strictly follow the hospital infection preventive measures and universal precautions outside working hours to reduce the risk of infection to themselves and others.