

Thailand situation update on 7 November 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	250,348,534	402,432	
Deaths	5,062,229		2.02%

2. The Disease Situation in Thailand

Situation	Total Number
Number of new confirmed cases	7,960
<ul style="list-style-type: none"> Cases found in quarantine facilities/centers (Imported) 	11
<ul style="list-style-type: none"> Cases found in prisons 	427
<ul style="list-style-type: none"> Cases infected in Thailand (Local transmission) 	7,307
<ul style="list-style-type: none"> Cases found from active case finding (Local transmission) 	215
7-day average percentage of daily positive PCR tests (confirmed cases)	11.95%
Total number of confirmed cases	1,967,999
<ul style="list-style-type: none"> Total recovered and discharged from hospitals - Newly recovered and discharged from hospitals 	1,849,968 (94.00%) 6,950
<ul style="list-style-type: none"> Undergoing treatment 	98,367 (5.00%)
<ul style="list-style-type: none"> Deaths - New deaths 	19,664 (1.00%) 53
Daily Number of new Vaccinations (Doses)*	250,570
<ul style="list-style-type: none"> First dose 	59,917
<ul style="list-style-type: none"> Second dose 	182,741
<ul style="list-style-type: none"> Third dose 	7,912
Total number of Vaccinations (Doses)*	79,389,105
<ul style="list-style-type: none"> First dose 	43,471,620

The Coronavirus Disease 2019 Situation

by Emergency Operations Center, Department of Disease Control

• Second dose	33,342,945
• Third dose	2,574,540
Number of people screened at Ports of Entry (Airports, Ground Ports, Seaports)	9,419,061
Number of people screened when renewing their passports (at the Immigration Bureau, Chaeng Watthana)	720,521

Remark: *Updated on 31 October 2021

Characteristics of Deaths (19,664 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (19,570 deaths)
Case Fatality Rate (CFR) in each age group			
• 15 - 39 years old	0.20%	0.02%	0.10%
• 40 - 59 years old	2.10%	0.02%	0.83%
• 60+ years old	6.50%	2.60%	6.04%
• < 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 Ministry of Public Health has administered the COVID-19 vaccines to students at the total of more than 3.11 millions (more than 80% of the total). And 560,000 teachers and staff have already received 2 doses of the vaccines. All schools must strictly implement the 6 main preventive measures, i.e., the DMHT-RC (Distancing-Mask Wearing-Hand Washing-Temperature checking-Reducing congestion-Cleaning) together with the supportive measures (SSET-CQ).
- The Food and Drug Administration (FDA) has announced that all sectors should be cautious in choosing the Antigen Test Kit (ATK) to screen personnel for COVID-19 infection. All test kits must be approved by the FDA. The list of approved products is available on the FDA website. Access through QR code is also available.
- Phayao Province has offered free of charge community proactive screening for COVID-19 with the Antigen Test Kit (ATK). The province aims to control the spread of COVID-19 and find infected people and facilitate public service with no need to come to the hospitals.

4. Risk Assessment of COVID-19 Situation

From the situation of COVID-19 as of November 7, 2021, there are 98,367 patients being treated in hospitals, field hospitals and others. Among them, 2,048 cases are in severe condition and 449 cases are on endotracheal intubation. The patients are being treated in Bangkok (73 cases or 16.3%), Pattani (43 cases or 9.6%), Chiang Mai (22 cases or 4.9%), Samut Prakan (22 cases or 4.9%) and Chiang Rai (21 cases or 4.7%). Although the number of people undergoing treatment tends to decline, the proportion of intubated people remains constant (approximately 21–23 % of the patients being treated). These provinces are, therefore, at high risk of impact on the local medical service system. Therefore, the risk should be reduced by adjusting the strategies for treating patients in their own provinces by categorizing patients according to their severity. Patients with mild symptoms should be considered to receive treatment at hospital, community isolation, or home isolation. Medical equipment and medicines for treatment should be prepared and available for supporting. An established system for close monitoring of patients' symptoms on a daily basis and an appropriate referral system must be in place to help patients who develop severe symptoms by coordinating with the Emergency Medical Service Unit. For the care of patients with mild symptoms in the early stage of infection, if it is found that the patients are over 60 years of age or have underlying diseases such as high blood pressure, diabetes or obesity, antiviral drugs must be given promptly. Close symptoms monitoring helps prevent severe symptoms and allow rapid patient referral to more well-equipped hospitals as needed. For hospitals that have intubated patients, there should be a good management of resources for treatment and care of COVID-19 patients from general patients, such as wards, isolation rooms, ventilator, and medical personnel to reduce the risk of pathogen spreading in the hospital. Mobilization of resources within the agency or recruiting medical personnel from outside to support operations in caring of COVID-19 patients is helpful. The Public Health Emergency Operations Center in each area should support the mission of hospitals by allocating or transferring resources to reduce the burden of a particular hospital. In addition, health care workers should strictly follow the preventive measures during working in hospitals to reduce the risk of infection of oneself and others.