

by Emergency Operations Center, Department of Disease Control

Thailand situation update on 3 December 2021

1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	264,558,081	714,507	
Deaths	5,252,457		1.98%

2. The Disease Situation in Thailand

Situation	Total Number
Number of new confirmed cases	4,912
Cases found in quarantine facilities/centers (Imported)	13
Cases found in prisons	157
Cases infected in Thailand (Local transmission)	4,606
Cases found from active case finding (Local transmission)	136
7-day average percentage of daily positive PCR tests (confirmed cases)	8.31%
Total number of confirmed cases	2,130,641
 Total recovered and discharged from hospitals Newly recovered and discharged from hospitals 	2,037,000 (95.61%) 5,844
Undergoing treatment	72,761 (3.41%)
 Deaths New deaths 	20,880 (0.98%) 33
Daily Number of new Vaccinations (Doses)*	429,576
First dose	161,083
Second dose	201,611
Third dose	66,882
Total number of Vaccinations (Doses)*	93,329,394
First dose	48,358,721



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Second dose	41,369,661
Third dose	3,601,012
Number of people screened at Ports of Entry (Airports, Ground Ports, Seaports)	9,639,884
Number of people screened when renewing their passports (at the Immigration Bureau, Chaeng Watthana)	752,929

Remark: *Updated on December 2nd, 2021

Characteristics of Deaths (20,880 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (20,786 deaths)			
Case Fatality Rate (CFR) in each age group						
• 15 - 39 years old	0.20%	0.02%	0.09%			
• 40 - 59 years old	2.10%	0.02%	0.75%			
• 60+ years old	6.50%	2.60%	5.40%			
 < 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 Education has determined educational measures to prevent the spread of COVID-19, which will be applied for personnel of each department under the supervision of the Ministry of Education in maximum and strict control areas including Bangkok and its surrounding areas. Executives of each department have determined working days and hours for personnel, and rotating shift times will be implemented to limit overlap of personnel to less than 30%.
- Mae Hong Son province is strictly inspecting tourists before visiting and staying overnight at Ruam Thai village (Pang Oung) by implementing village entrance measures. Everyone must receive a full course of the vaccine to be able to travel and stay overnight. If someone has only had one dose of vaccine, they can enter but can not stay overnight.
- Nakhon Ratchasima Province announced the opening of seven districts as pilot areas for tourism including Mueang Nakhon Ratchasima District, Chaloem Phra Kiat, Chokchai, Pak Chong, Phimai, Wang Nam Khiao, and Sikhio. Moreover, they must



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prevent and control the spread of the disease under the prescribed measures. Food and beverage outlets are able to operate during normal hours, no later than 10 p.m. They are able to sell liquor or alcoholic beverages in the restaurant but this only applies to stores that have passed the SHA hygienic safety assessment.

4. Risk Assessment of COVID-19 Situation

The Office of Disease Prevention and Control and Institute for Urban Disease Control and Prevention as of November 29, 2021, reported that Thailand found more than 450 clusters of outbreaks and more than 15,854 cases with an average of 36 cases per cluster. The group that is most likely to be infected are families (204 clusters of outbreaks and 3,153 cases with an average of 15 cases per cluster). The group that has shown the least number of clusters are service facilities (3 clusters of outbreaks with 144 cases representing 48 cases per cluster). In addition, when accounting for the number of infected people per group, It was found that outbreaks in educational institutions had the highest number of infections per cluster at 298 cases per cluster, followed by market clusters and factory/workplace clusters. There were 194 and 69 infected people per cluster respectively. An analysis of the cluster outbreaks in educational institutions revealed that the majority of cluster outbreaks were in boarding schools that had shared residence and activities. However, there have been reports of other cluster outbreaks in parties, religious ceremonies, funerals, construction workers' camps, shops, and restaurants. Therefore, disease control should focus on educational institutions, especially where large groups of people live or do activities together. Measures should be emphasized that are related to communities and markets that may be the sources of viral spread. This will greatly reduce the number of infected people.