WHO Thailand Weekly
Situation Update No. 222

Based on data as reported by the CCSA

COVID-19 Situation, Thailand
9 February 2022

World Health Organization
Thailand

2,531,051 total confirmed cases **22,344 total deaths**

Daily average reported from 3 to 9 February 2022 (compared to the week prior)

- 10,414 new community cases (7,984) ↑ 30%
- 20 deaths (19) ↑ 5%
- 8375 people recovered (7,963) ↑ 5%
- 278,402 vaccinations (296,417) ↓ 6.1%
  (1 – 7 February 2022)

Main messages

- Omicron cases reported from all provinces
- RTG encourages COVID-free settings and booster vaccinations
- Get vaccinated, maintain universal precautions and stay informed

Contents COVID-19 Update

All data from the RTG MoPH unless otherwise stated

World Health Organization Thailand

Situation Analysis

- The average number of new community-acquired COVID-19 cases reported per day increased by 30% in the past 7 days compared to the previous week. Although average case numbers have increased more in the past week than previous weeks, it is still the case that the steep rise in cases seen in other countries due to the spread of the omicron COVID-19 variant has not been seen in Thailand. However, the total number of cases reported today (13,182) is the highest since 23 September 2021.

- Bangkok continues to report the highest daily number of COVID cases. The average number of new COVID-19 cases reported per day for Bangkok in the past week (1,725) is 27% higher than the week prior. In addition, the number of cases reported today (2,772) is the highest number since 20 September 2021

- The average daily number of all currently 'active' COVID-19 cases (90,892) over the last seven days increased by 9% compared to the previous week. The number reported today (98,830) is the highest since 01 November 2021. This number reflects the overall burden of COVID19 cases for the healthcare delivery system since even people isolating at home are being actively monitored by healthcare workers

- An average of 20 daily deaths were reported in the past week, compared to 19 for the previous week (15).

- The average daily number of severe COVID-19 cases over the past seven days (530) represents a 2% decrease over the average number reported for the previous week (542). The average daily number of ventilated COVID-19 cases over the past seven days (106) represents a 1% increase over the average number reported for the previous week (105).

- Although COVID-19 case numbers are slowly increasing, this is not currently resulting in an increase in the number of severe and ventilated cases in hospitals, which may reflect the lower levels of illness believed to be associated with omicron infection

- Although Thailand does not appear to be experiencing a big upsurge of COVID-19 cases as seen in some other countries, the widespread use of rapid antigen tests (including those available 'over the counter) continues to make it difficult to accurately monitor the situation.

- COVID-19 vaccination rates in Thailand are very likely to be significantly reducing levels of severe illness and deaths caused by circulating COVID-19 strains. High vaccination rates also help to reduce the transmission of COVID-19. However, vaccination rates are still low in some provinces and in some important risk groups.

Global COVID-19 (total) cases, deaths and vaccinations to date: chart showing cases reported per week (8 February 2022)

396,558,014 confirmed cases

1,857,470 new cases in last 24 hours

In the past week **new cases decreased 17% compared to the 6.7% increase previously**

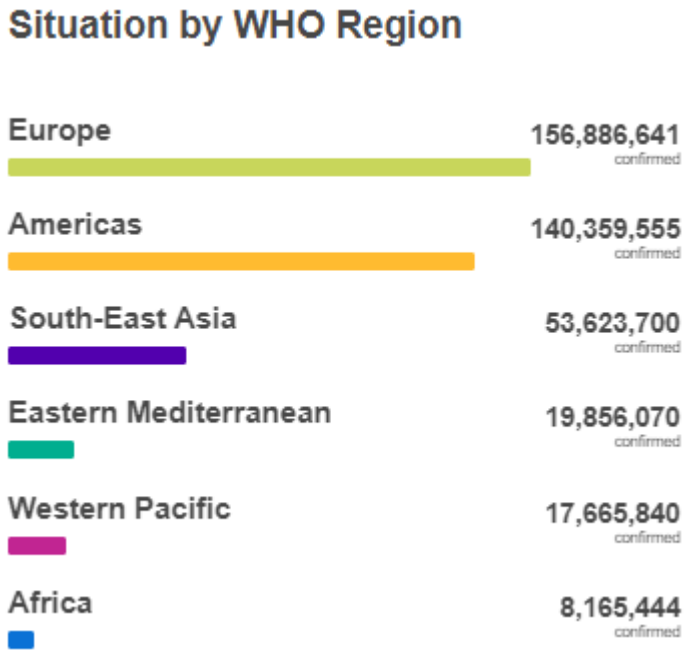
5,745,032 deaths

9,134 new deaths in last 24 hours

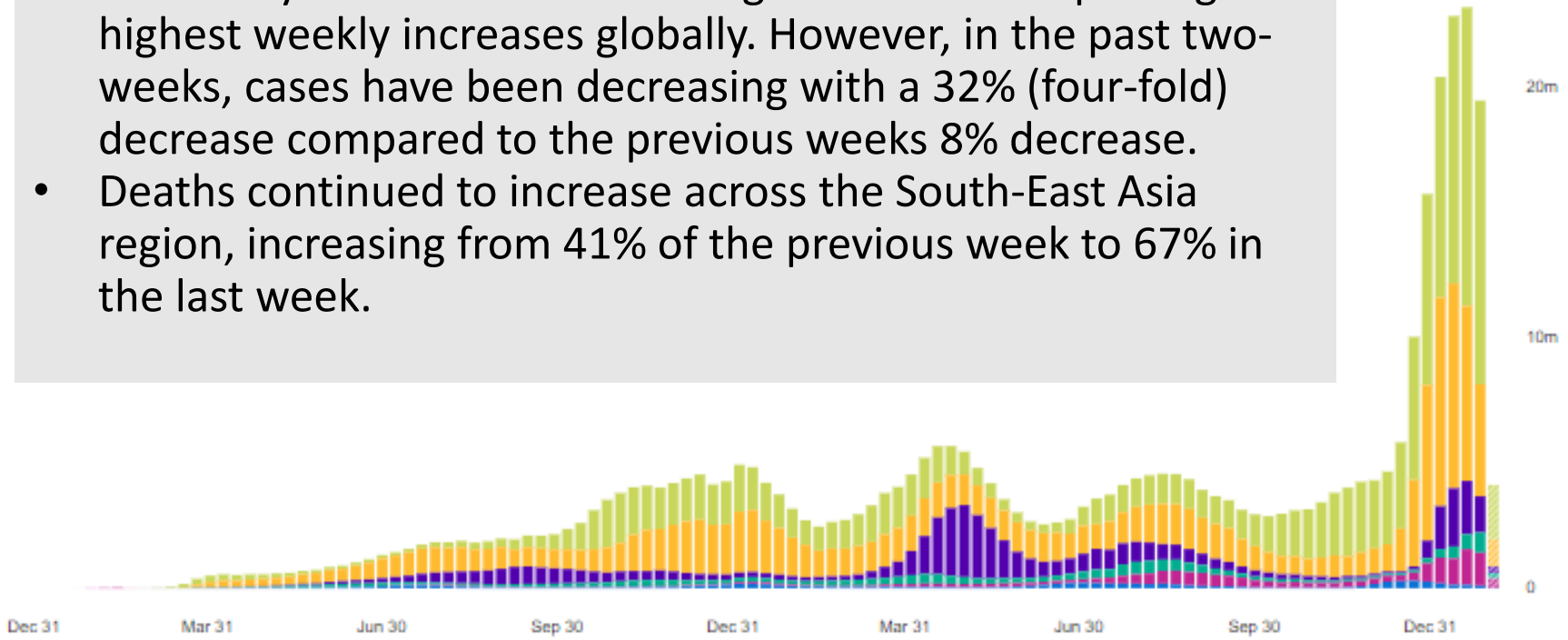
In the last week new **deaths increased 7%, compared to the 9% increase previously**

10,095,615,243 vaccine doses administered (6 Feb)

4,159,125,676 people fully vaccinated. Approximately **53% of the global population** (7.9 billion), an increase from 51% global full vaccination coverage of the previous week



- Previously the South-East Asia region had been reporting the highest weekly increases globally. However, in the past two-weeks, cases have been decreasing with a 32% (four-fold) decrease compared to the previous weeks 8% decrease.
- Deaths continued to increase across the South-East Asia region, increasing from 41% of the previous week to 67% in the last week.



https://covid19.who.int/

National Situation

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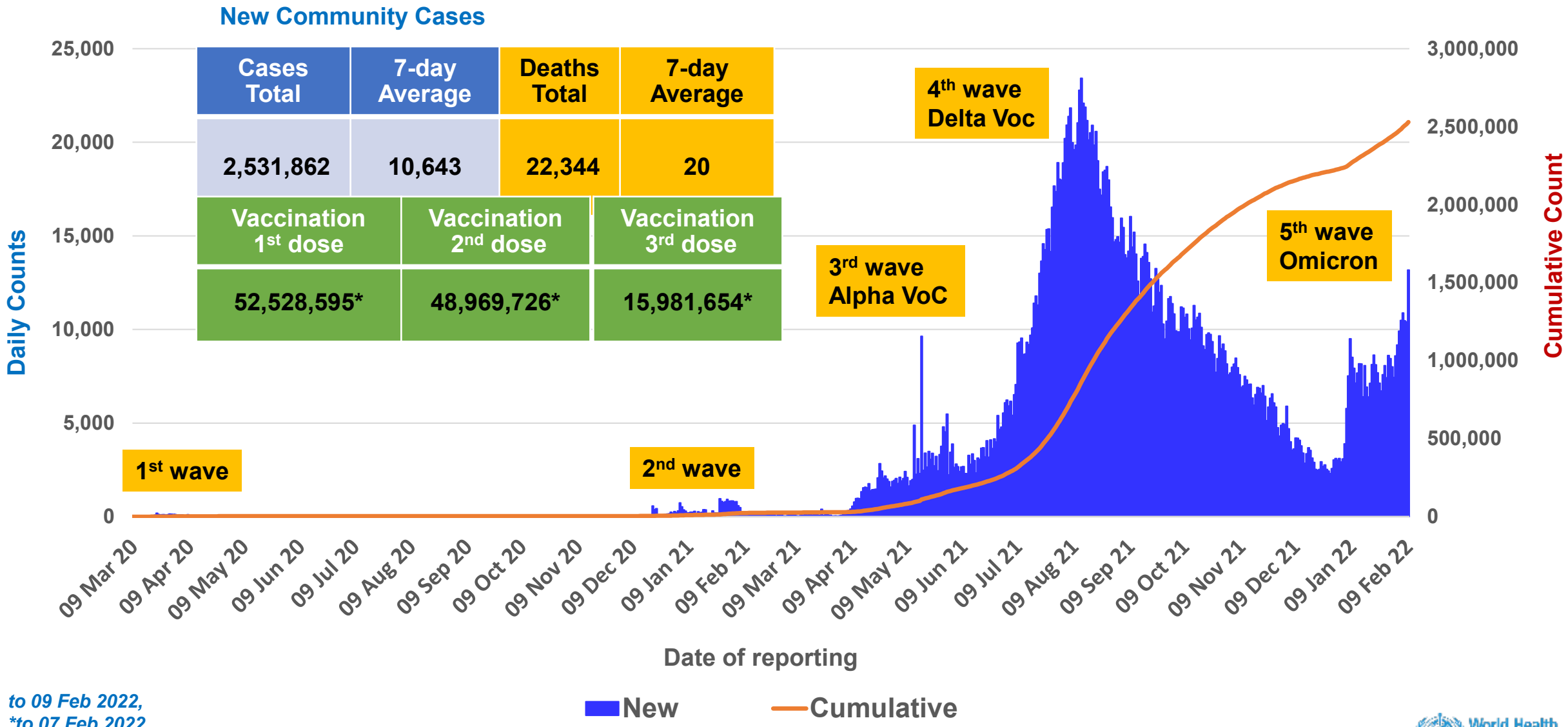
Thailand COVID-19 cases, deaths and vaccinations to date: chart showing cases per day



to 09 Feb 2022,
**to 07 Feb 2022*
source MoPH

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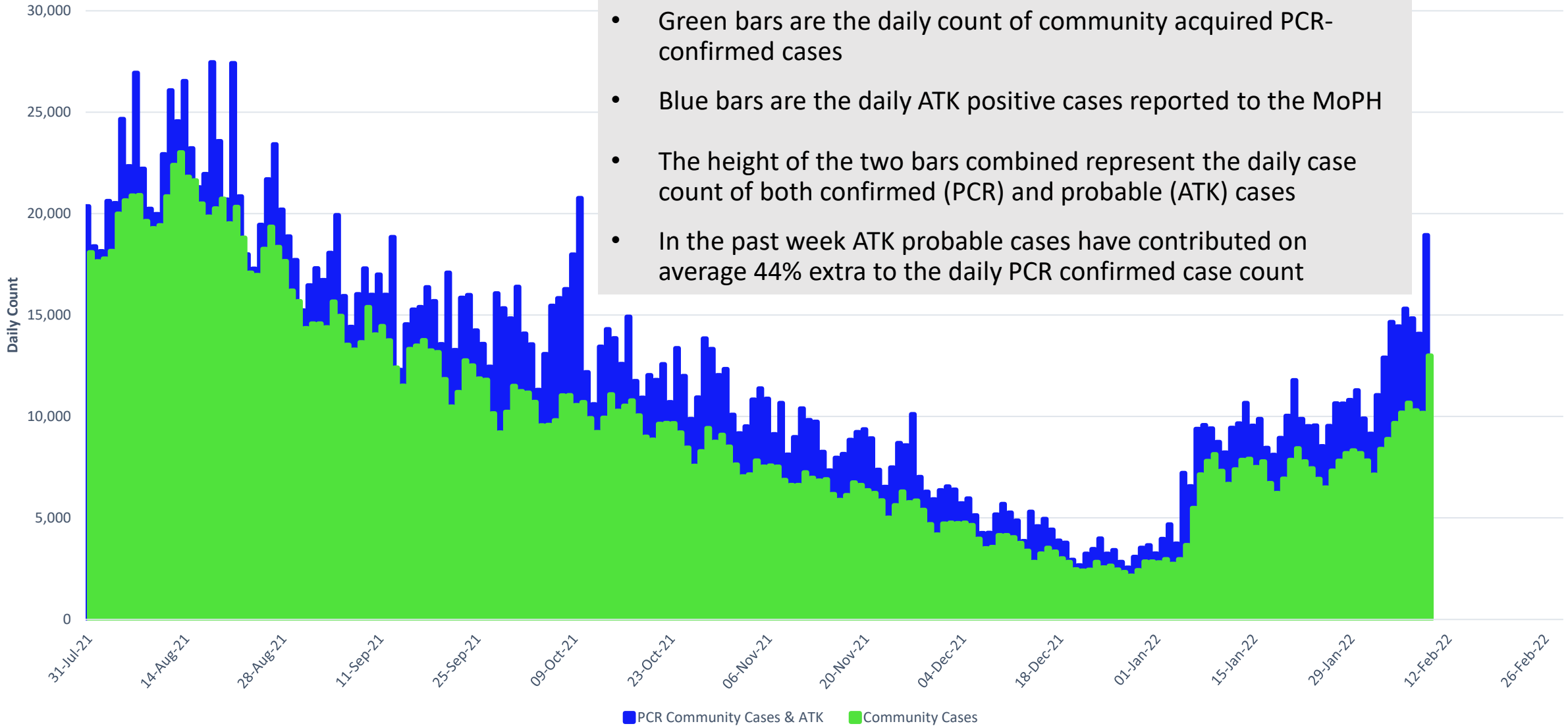
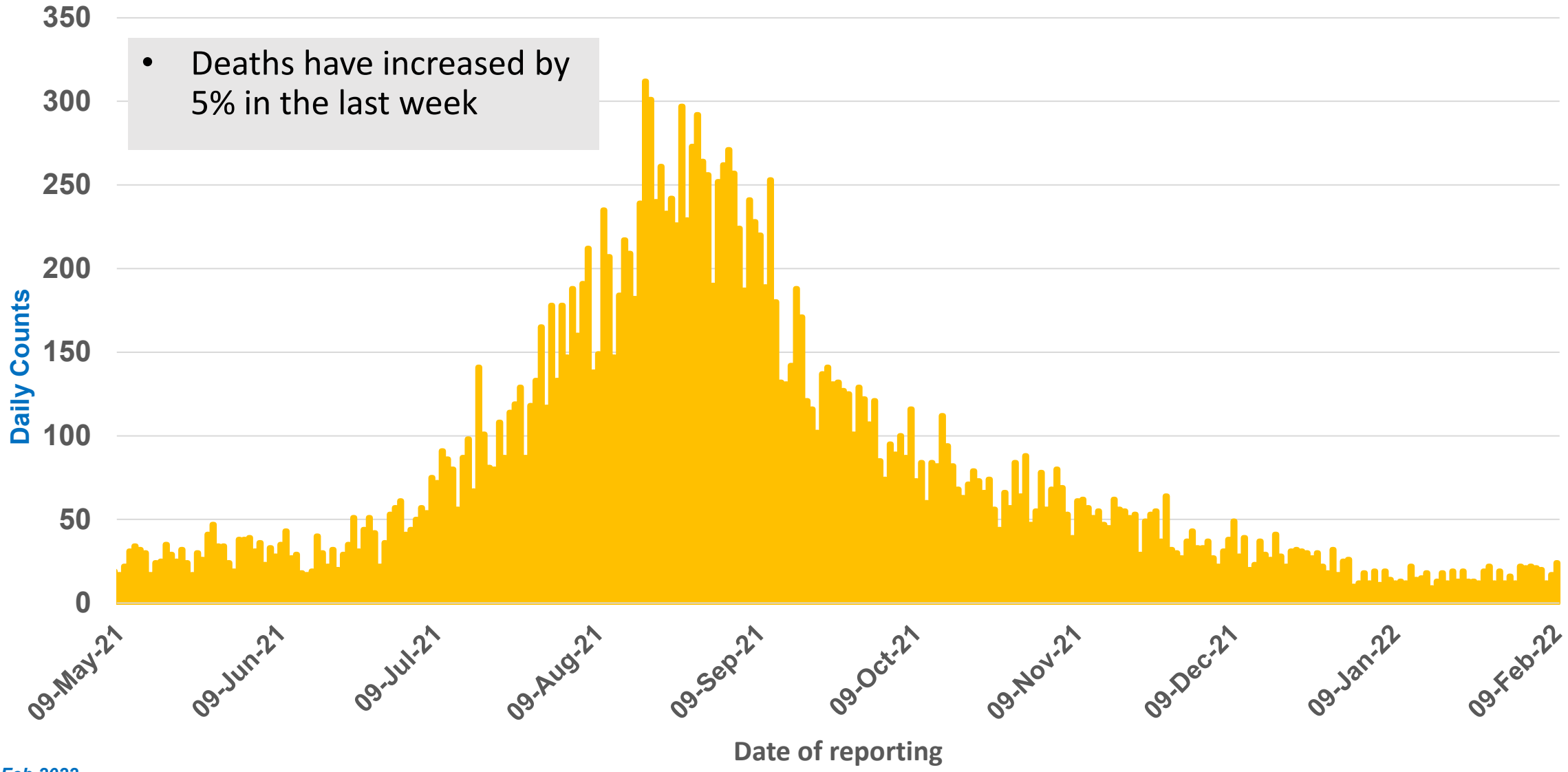
World Health Organization Thailand

PCR Confirmed Community Acquired Cases and Antigen Test Kit (ATK) Positive Cases

- Green bars are the daily count of community acquired PCR-confirmed cases
- Blue bars are the daily ATK positive cases reported to the MoPH
- The height of the two bars combined represent the daily case count of both confirmed (PCR) and probable (ATK) cases
- In the past week ATK probable cases have contributed on average 44% extra to the daily PCR confirmed case count

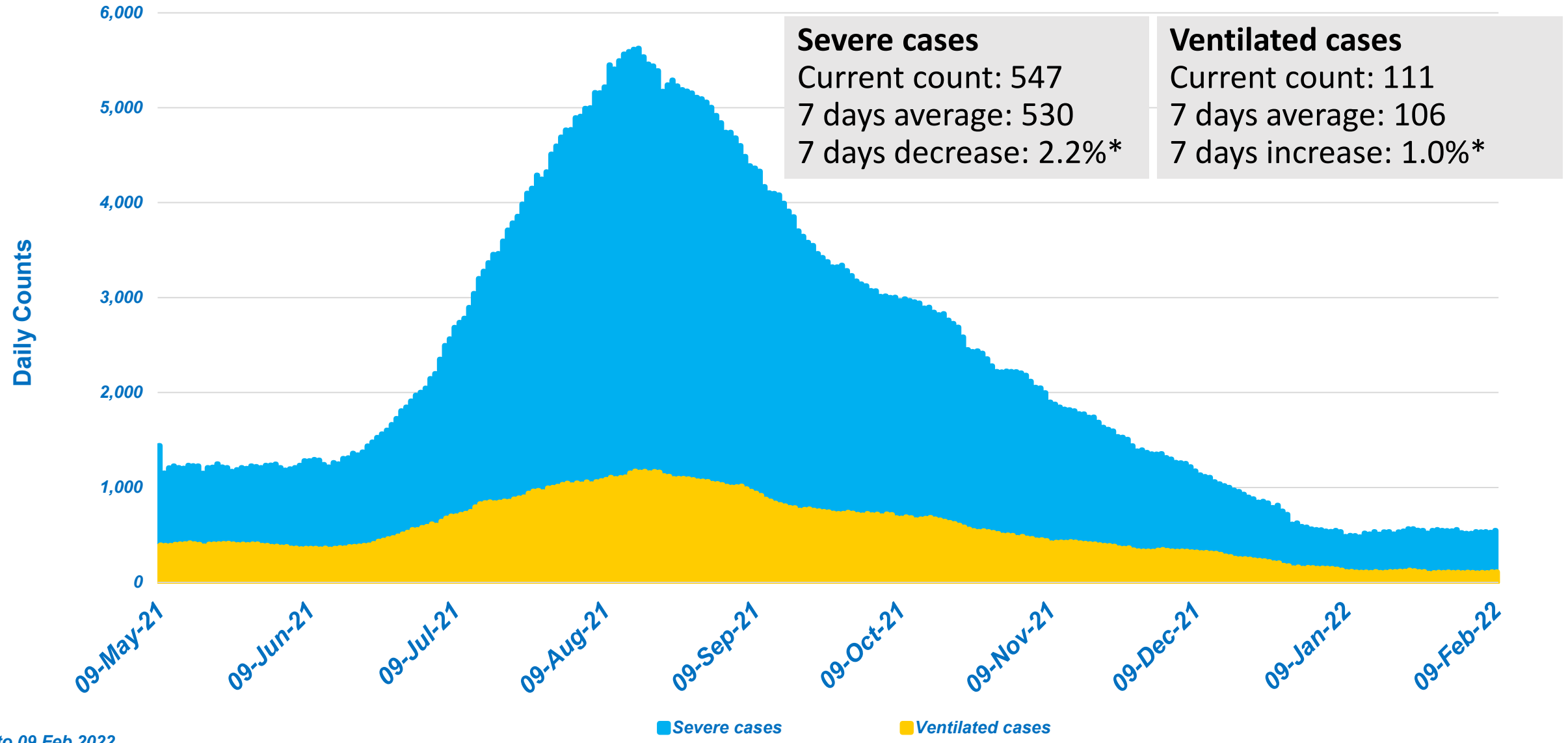


Daily reported COVID-19 deaths in Thailand since April 2021



to 09 Feb 2022
Source MoPH

Daily severe & ventilated Covid-19 cases



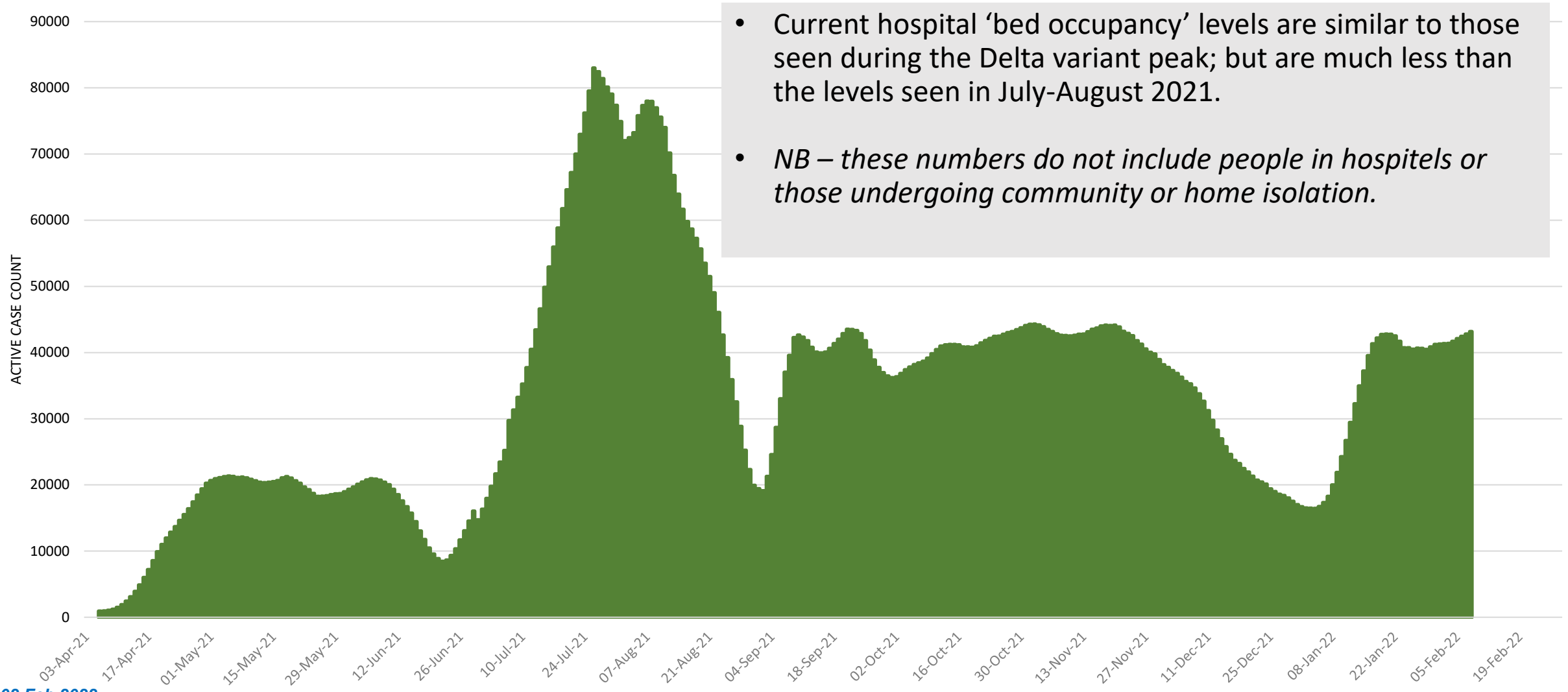
Severe cases
Current count: 547
7 days average: 530
7 days decrease: 2.2%*

Ventilated cases
Current count: 111
7 days average: 106
7 days increase: 1.0%*

to 09 Feb 2022
Source MoPH

**Compared to the week prior*

Daily hospital bed occupancy



- Current hospital 'bed occupancy' levels are similar to those seen during the Delta variant peak; but are much less than the levels seen in July-August 2021.
- *NB – these numbers do not include people in hospitels or those undergoing community or home isolation.*

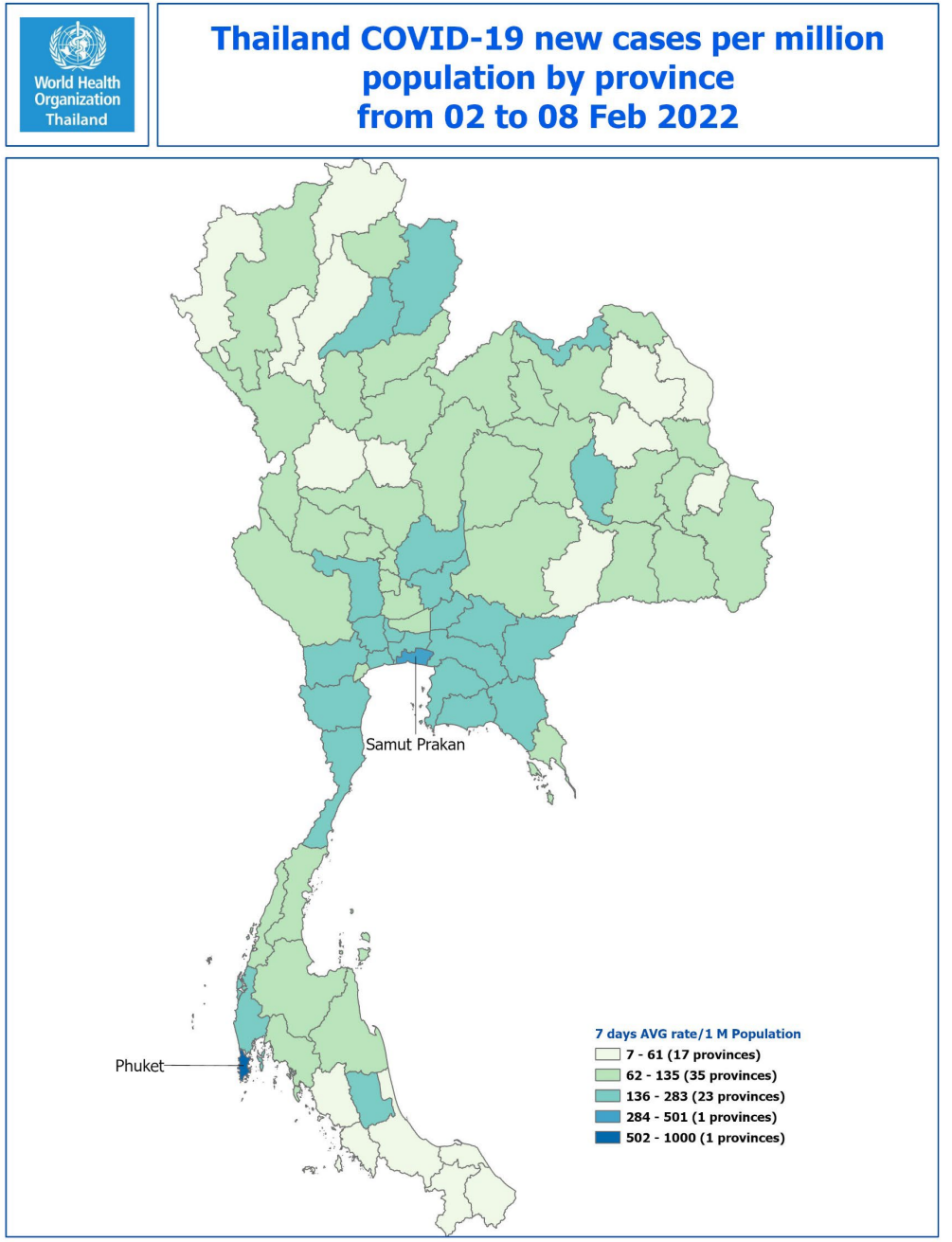
to 02 Feb 2022
Source MoPH

World Health Organization Thailand

Provincial situation

Map of new COVID-19 cases per million population by province
2nd – 8th February 2022

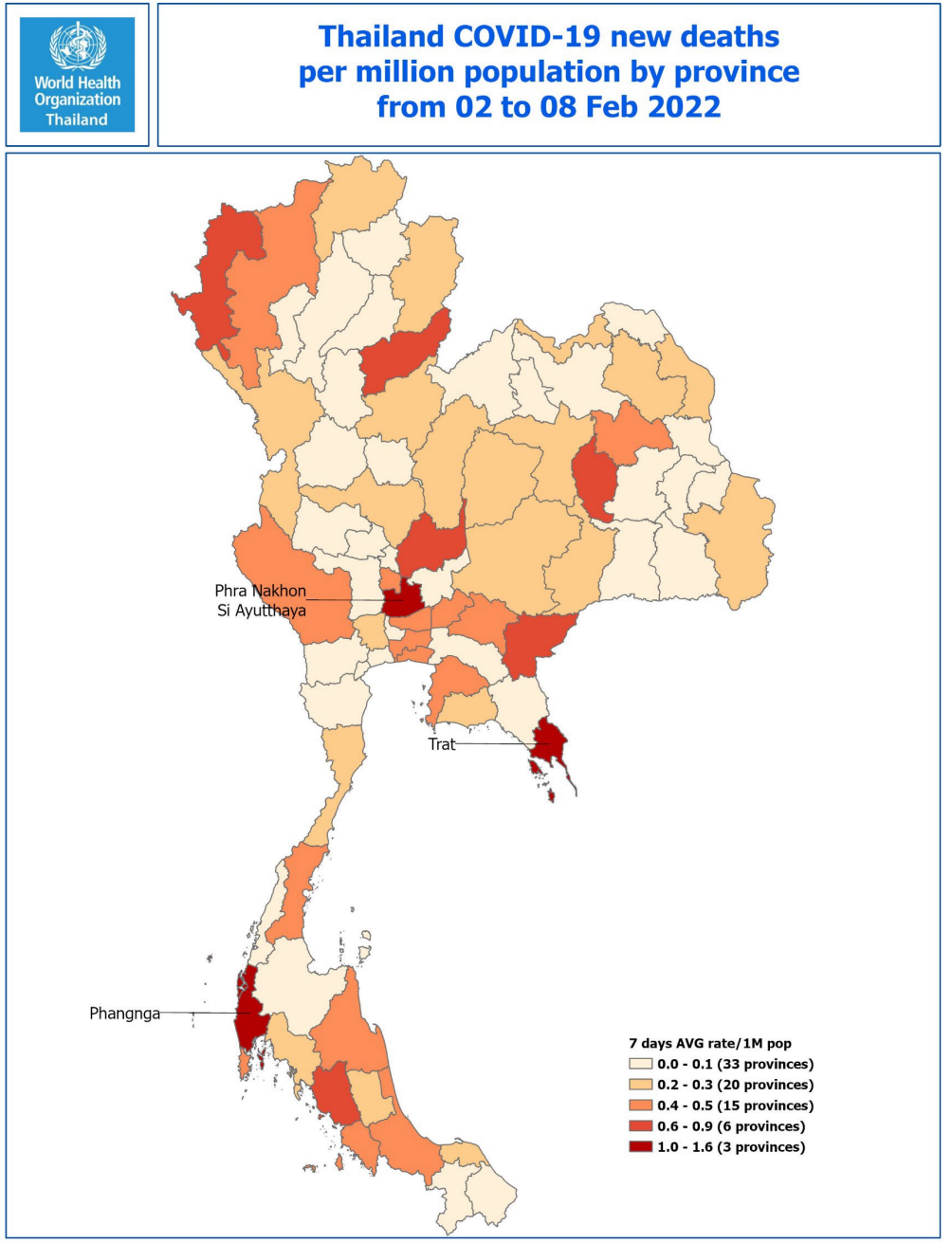
- There is a wide range in the rate of new cases ranging from 7 to 1,000 cases per million population
- Seventeen provinces reported 7-61 new cases per million population on average over the past week. These include some rural and sparsely populated provinces
- 75 of Thailand's 77 provinces reported less than 284 new cases per million population
- Phuket and Samut Prakan reported the highest rate of COVID-19 cases per million population



Source MoPH

Map of new deaths per million population by province between 2nd – 8th February 2022

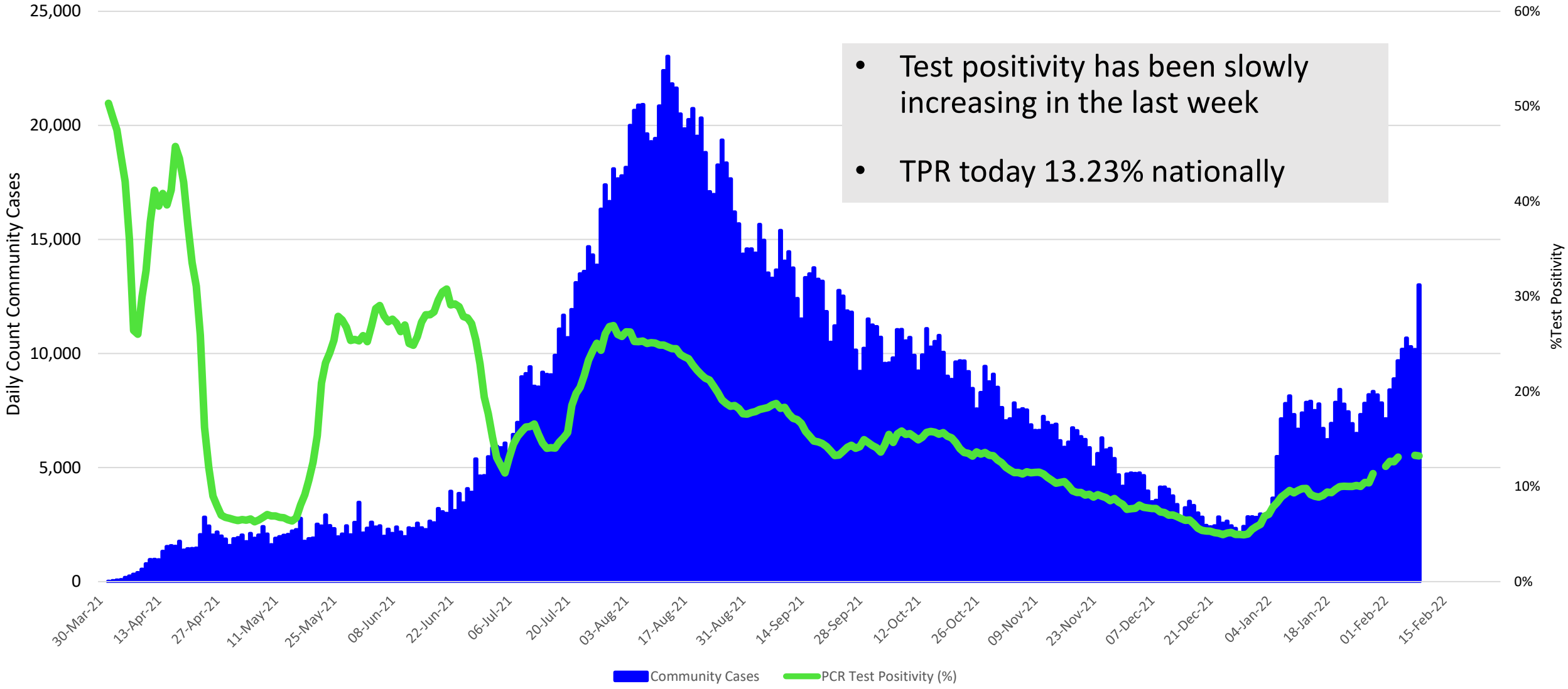
- Deaths per million population at province level are low at under 2 per million people and range from 0 reported deaths in the 7-day period to 1.6 per million population
- 68% (53 of 77) provinces report fewer than 0.4 deaths per million population
- Three provinces report the highest per-capita rate of deaths Phangnga, Trat and Ayutthaya



Source MoPH

COVID-19 Testing

Variation in ‘Test Positivity Rate’ (TPR) over time*



- Test positivity has been slowly increasing in the last week
- TPR today 13.23% nationally

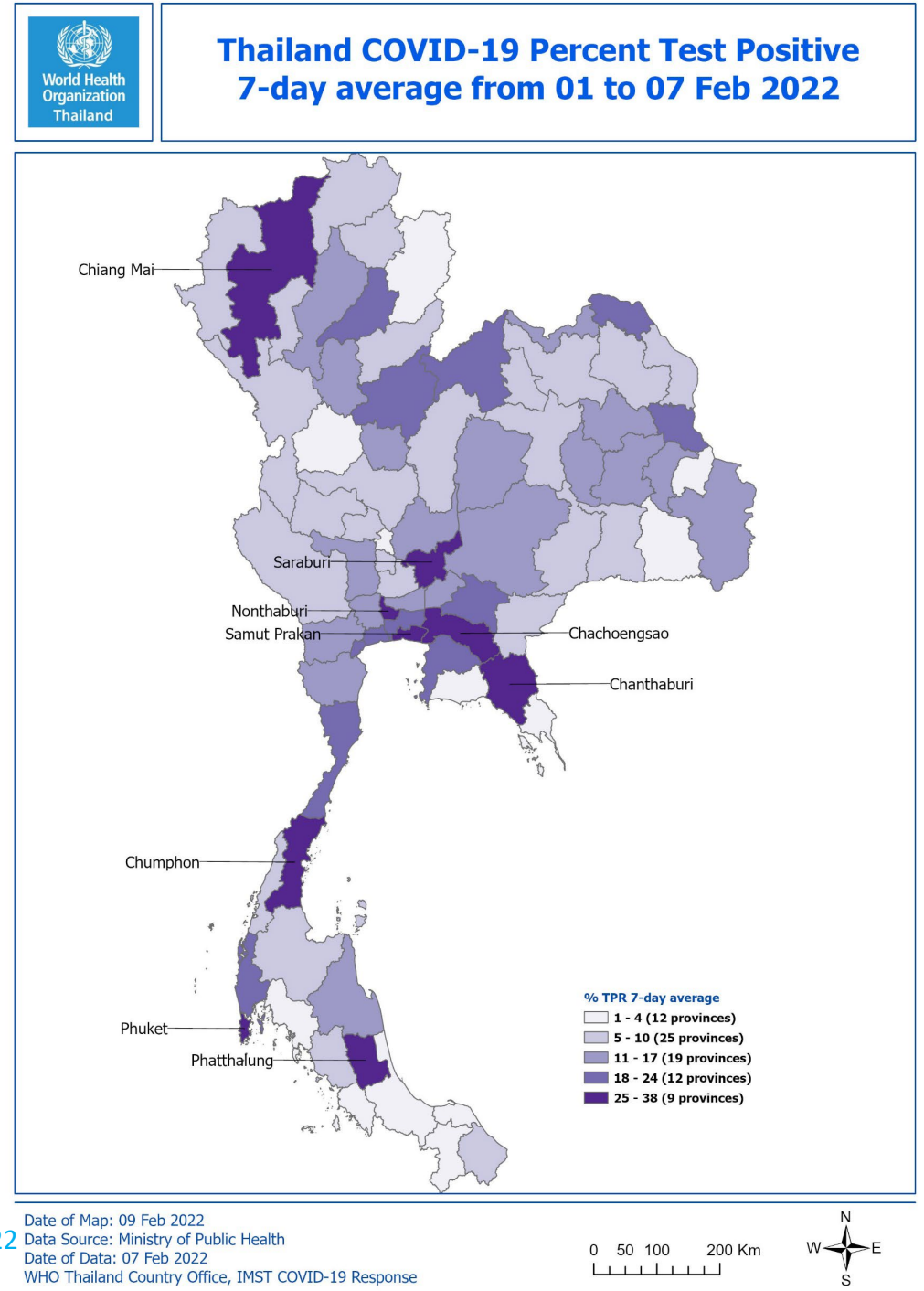
*The Test Positivity Rate (TPR) is the percentage of all PCR tests conducted in a day that return a positive result

World Health Organization Thailand

Variation in ‘Test Positivity Rate’ (TPR) by province*

- There is wide variation in test positivity across Thailand’s provinces ranging from a low of 1% to a high of 38%
- 12 provinces report TPR of 4% and below
- 5% is WHO’s COVID-19 TPR benchmark. Areas with 5% TPR or greater suggest community transmission
- 65 of Thailand’s 77 provinces report TPR’s of 5% or greater, 40 report TPRs of 11% or more
- The highest TPR is found in some of the higher population and tourist destination locations

*The Test Positivity Rate (TPR) is the percentage of all PCR tests conducted in a day that return a positive result



COVID-19 burden on vulnerable population groups

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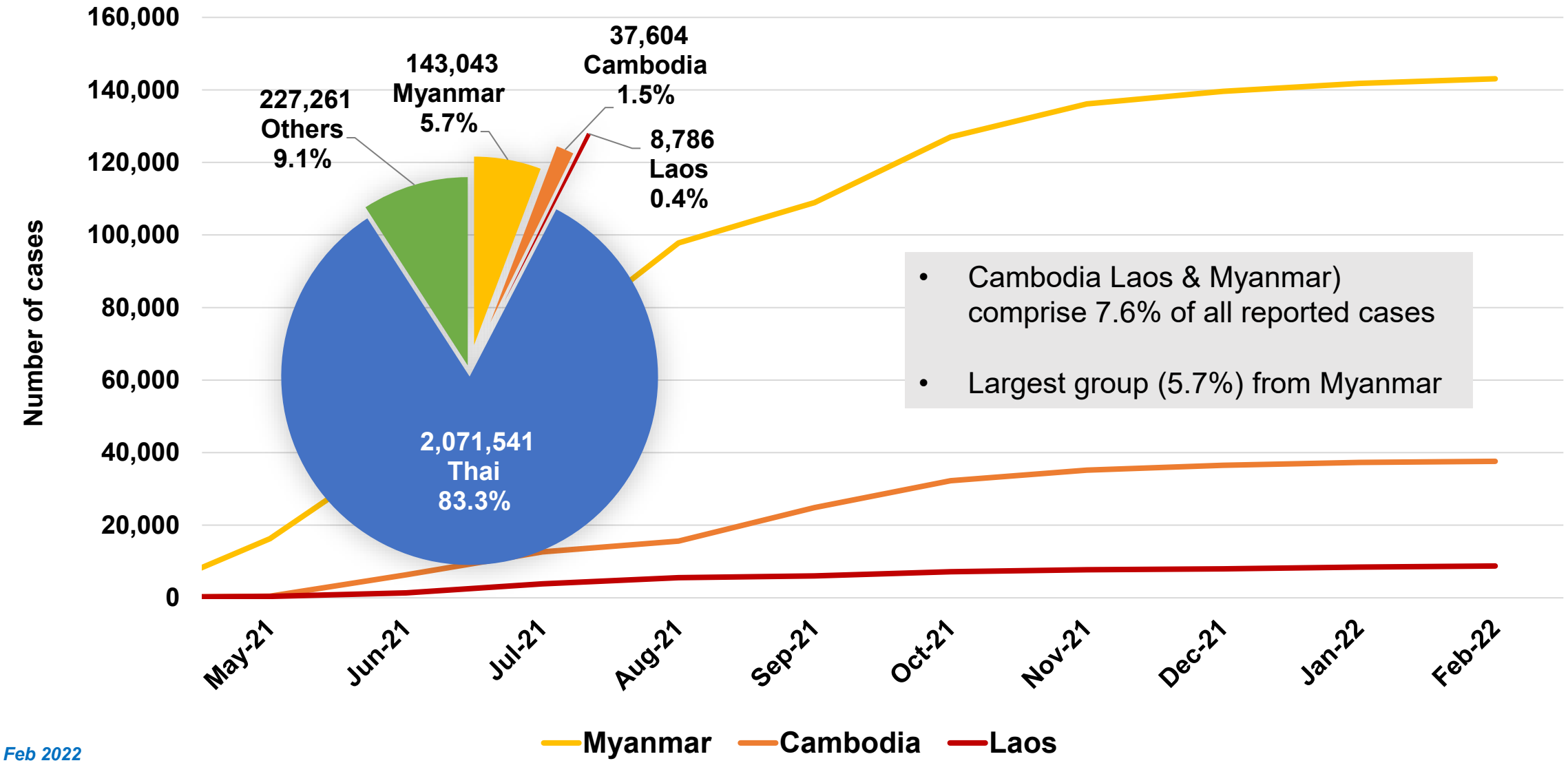
Cumulative COVID-19 Cases reported to date by nationality
(06 Feb 2022)

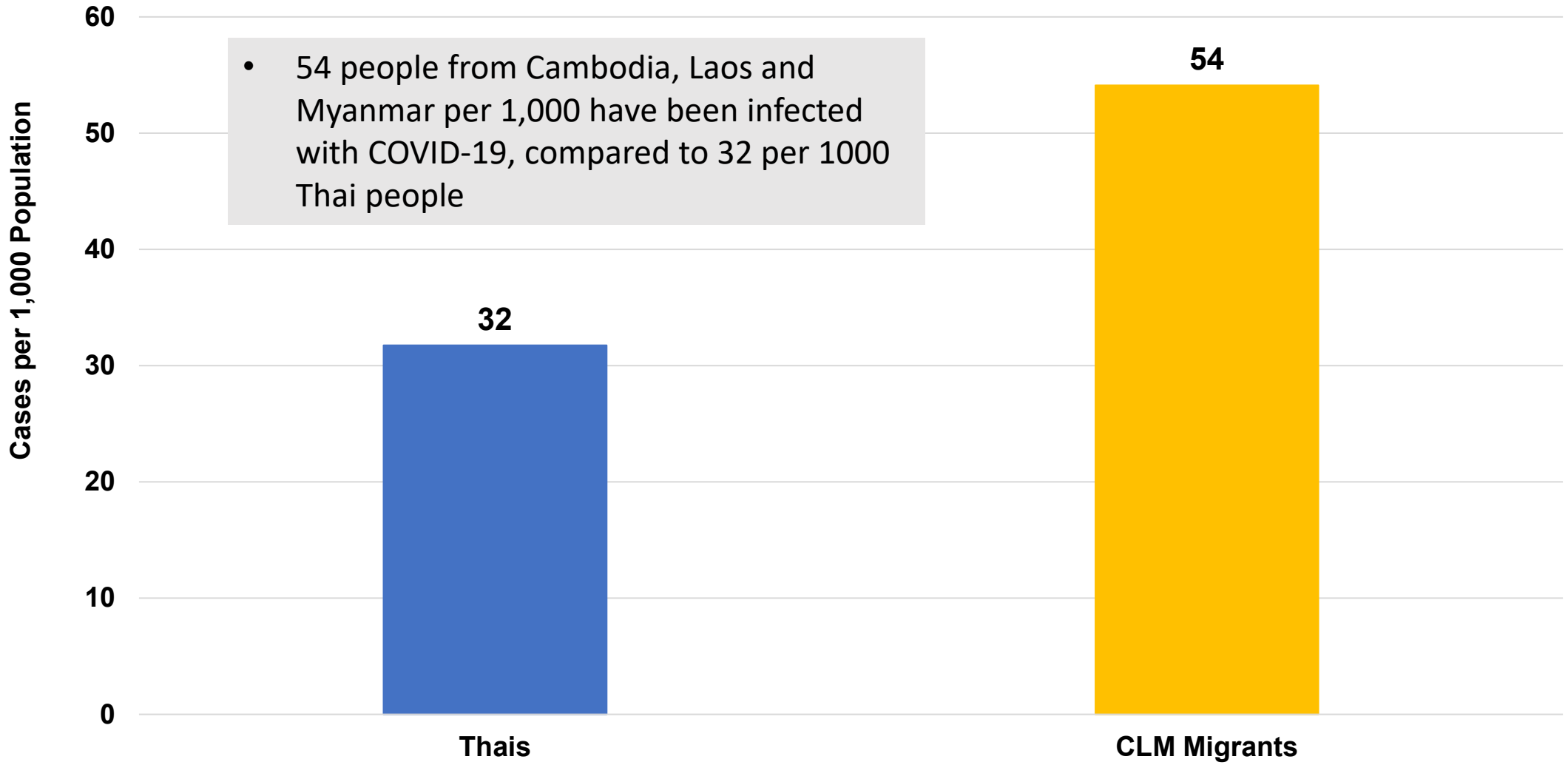


- Cambodia Laos & Myanmar) comprise 7.6% of all reported cases
- Largest group (5.7%) from Myanmar

to 06 Feb 2022

World Health Organization Thailand

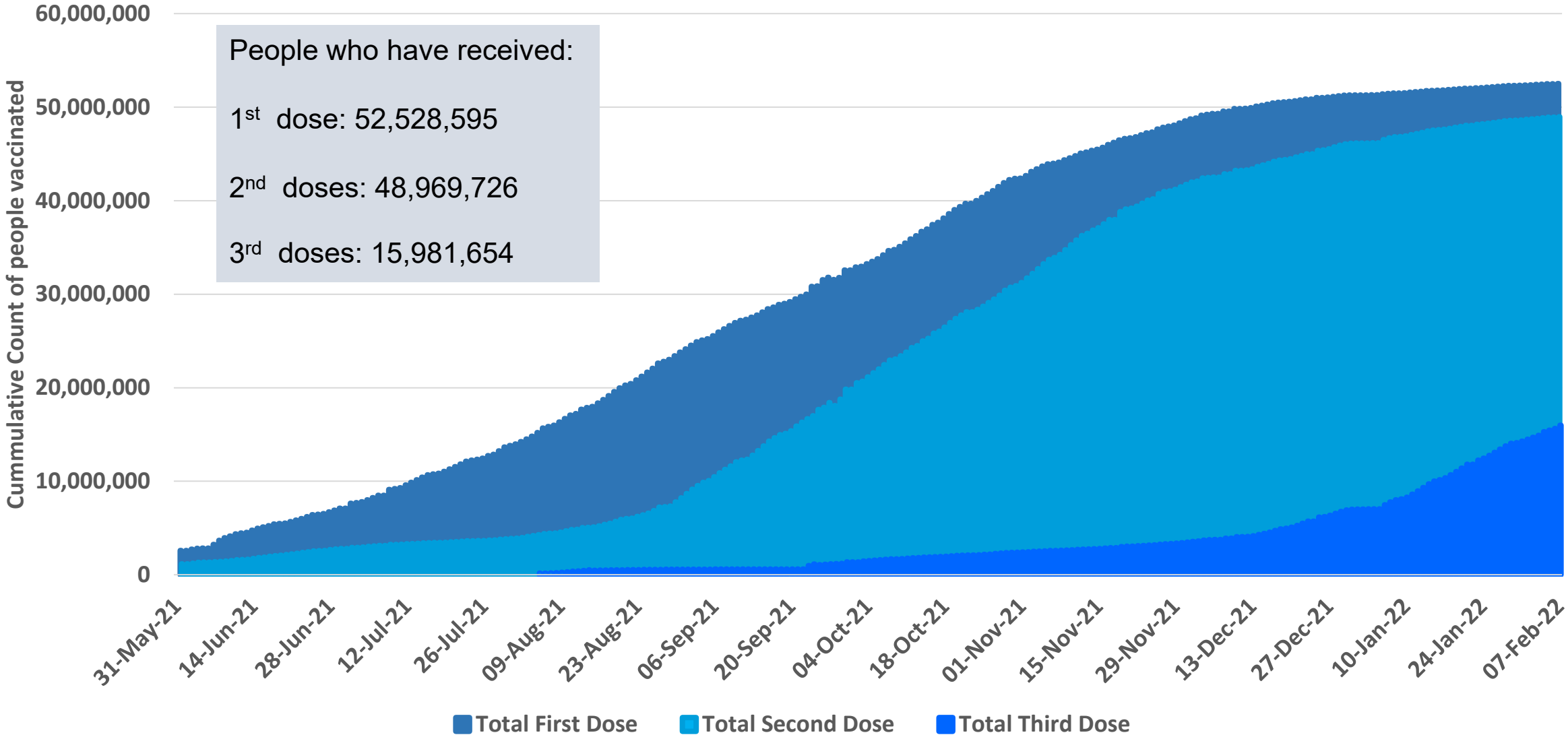
Cases per 1,000 population in Thailand from CLM Migrants (Cambodia, Laos and Myanmar)



to 06 Feb 2022
Source MoPH

Vaccination

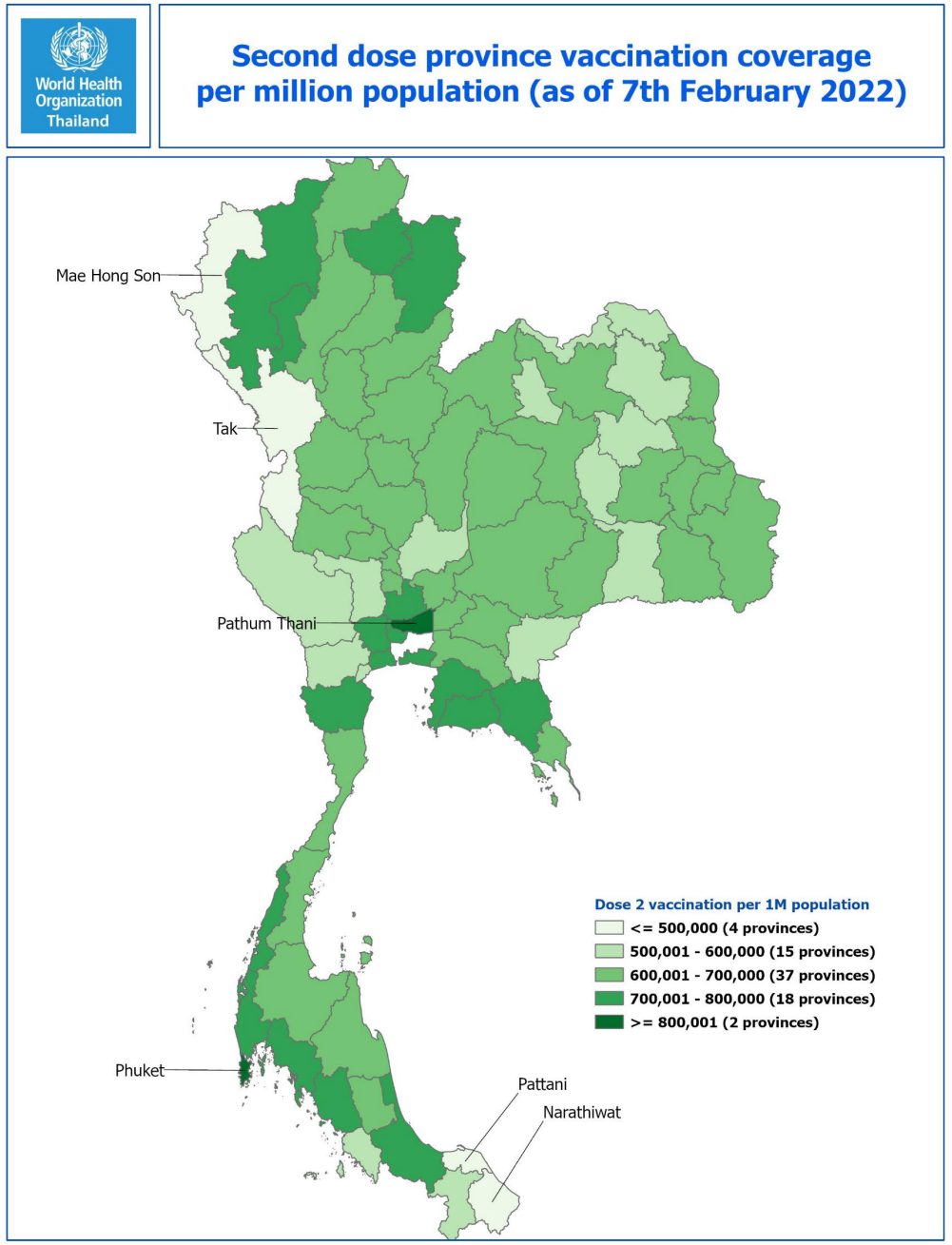
National COVID-19 Vaccination Coverage



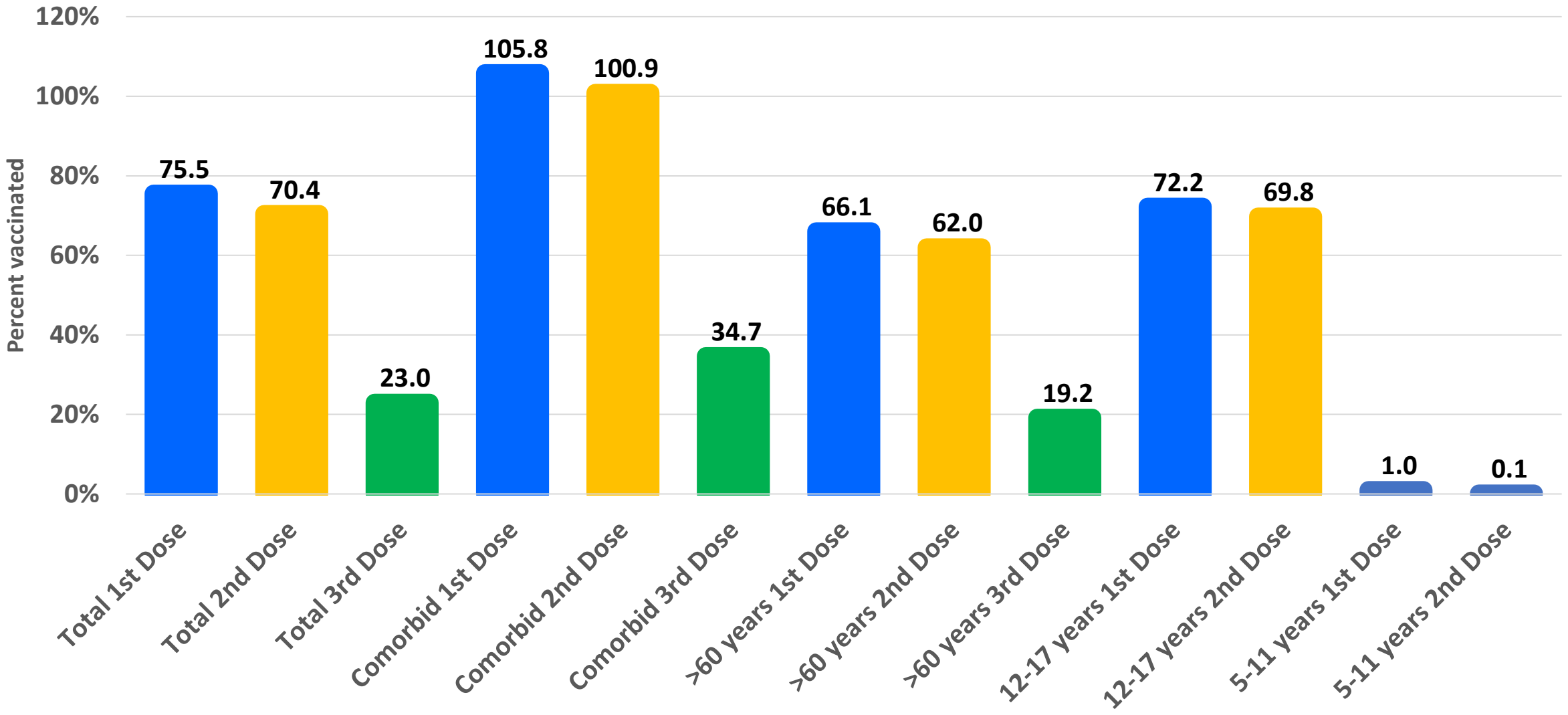
to 07 Feb 2022
Source MoPH

Map showing second dose coverage per million population by province as of 7th February 2022

- Two-dose vaccination coverage varies from 500,000 and below for 2nd doses per million population to greater than 800,000
- Bangkok and Phuket have the highest province population two-dose coverage at more than 800,000 per million people.
- The four provinces with the lowest vaccination coverage per million population are Tak and Mae Hong Song in the West and the North, and Pattani and Narathiwat in the far south.



Vaccination coverage among high risk groups & adolescents (1st dose, 2nd dose, 3rd dose)



To 07 Feb 2022
Source: MoPH

Policy Update

COVID-19 Vaccination in 5 to 11 Year Old's

- Vaccination started on 31 January at the Queen Sirikit National Institute of Child Health (Children's Hospital)
- Currently, the Pfizer-BioNTech mRNA vaccine is the main vaccine used for Children aged 5 years and over under the national COVID-19 vaccine rollout plan
- Additionally, on 4 February the Thai FDA approved the Sinovac and Sinopharm vaccines for use in children aged 6 years to 17 years.
- 3-12 weeks interval between doses (the longer interval for children in hospital in which it is clinically advisable to have an increased interval between doses)
- This additional approval from the Thai FDA will allow Thailand to have more vaccine choices to offer to children/adolescents aged between 6-17 years old.
- Vaccination will occur in hospitals and schools

hospital-based	school-based
• **7 underlying conditions (same criteria as adults)** • **+ genetic diseases e.g. Down Syndrome** • **Children in homeschool system**	• Children enrolled in grades 1-6 (in normal school system) • Other children not enrolled in schools e.g. non-formal education and other children in this age group.

Traveller's Journey
Exemption from Quarantine (TEST & GO)
start on 1 February 2022

amazing THAILAND

Before arrival

- All Travellers from all countries/territories.

- Everyone 18 years of age and older must be fully vaccinated for COVID-19 with an approved vaccine at least 14 days before travelling to Thailand.

- Travellers 12-17 years of age unaccompanied must get vaccinated at least 1 dose of an approved vaccine. Those travelling with parents are exempt from this requirement.

- A Medical Certificate with an **RT-PCR lab result** indicating that COVID-19 is not detected issued **no more than 72 hours** before travelling, **except children aged under 6 travelling with parents.**

- Those previously infected must have received 1 dose of an approved vaccine at least 14 days before travel and a medical certificate of recovery.

- A confirmed payment for Day 1 and Day 5 stay at SHA Extra Plus (SHA++) or AQ **including 2 RT-PCR tests on Day 1 and Day 5 and a prearranged transfer from the airport to the hotel.**

- **An insurance** policy with coverage no less than US$50,000.(Thais and foreign expatriates under Thailand's national healthcare coverage are exempt from this requirement.) **However, In case of positive test or High-Risk Contact, the expenses** of Hospital / Hospitel / Hotel Isolation / Home Isolation **must be covered by travellers**,

1. Apply for Thailand Pass QR Code at **http://tp.consular.go.th anytime within 60 days in advance of their travel plans.**
2. Wait for an approval of Vaccine Certification and paid-accommodation incl. RT-PCR.
3. Confirmation of **Approval,** receive **Thailand Pass QR Code**

Arrival

4. Present the Thailand Pass QR Code to the Health Control to carry out checks, then proceed through Immigration procedures.
5. All travellers must undergo the RT-PCR COVID-19 test at the pre-arranged test centre. (Children aged under 6 have saliva test)
6. Proceed to the hotel by the pre-arranged airport transfer. **(Distance from airport within 5 hours)**
7. Download and install the **MorChana** App at the hotel.

During your stay

8. **Stay Day 1 and Day 5 at SHA Extra Plus (SHA++), AQ, OQ, or AHQ accommodation, wait for the test result within the room.**
9. MorChana will alert for RT-PCR on Day 5.
10. Undergo RT-PCT Test at the pre-arranged test centre.
    Practice the D-M-H-T-T-A* precautions.
    *__D__ – Distancing, __M__ – Mask wearing, __H__ – Handwashing, __T__– Temperature check, __T__ – Testing for COVID-19, __A__ – alert application.

When you're leaving

11. Free to go anywhere in Thailand or leave Thailand to other countries. However, travellers are advised to follow the guidelines and measures announced by the respective country of their destination.

Safe travels

SHA Plus+

TAT NEWS
Tourism Authority of Thailand Newsroom

As of 21 January 2022

EXPLAINER: COVID-19 Vaccination Risks in 5-11 year olds

Are COVID-19 vaccines safe for children 5-11 years?

Yes. As with adults, rare adverse reactions have occurred after vaccination; they are generally mild and resolve without medical care. However, some very rare and more serious adverse events after vaccination have been reported. Whilst serious, they can be successfully treated. These same events are also more commonly seen as a result of COVID-19 infection than with vaccination, highlighting the importance of COVID-19 vaccination as a safe, effective tool in the fight against COVID-19.

COVID-19 vaccines have proven to be safe and effective at preventing severe disease and death in adults, and more recently, in those aged 11 years old and above. With increasing vaccination coverage in those age groups, attention is now turning towards vaccinating younger ages, those from 5 to 11. Do these younger age children need to be vaccinated? And is it safe to do so? This is the third and final part of the three-part explainer looking at COVID-19 vaccination in children aged 5-11 years, focusing on rare but more serious adverse events after vaccination (AEFI). Whilst AEFI are rare and mild, a few more severe AEFI have been reported, including myocarditis and multisystem inflammatory syndrome in children (MIS-C).

Myocarditis is inflammation of the heart muscle, a condition, though rare, that peaks in incidence in infancy and adolescence or young adulthood. Some patients require no treatment, yet others can experience severe illness requiring medical support or even a heart transplant. US national data report an incidence of 0.000008% for myocarditis cases after mRNA COVID-19 vaccination. In a US study[1], after 8.7 million doses of Pfizer-BioNTech COVID-19 vaccine had been administered to children aged 5–11 years, 11 (0.26%) verified cases of myocarditis were identified during the study period, seven recovered, and four were recovering at the time of the report. From an active vaccine safety surveillance system, there were no clinical chart-confirmed reports of myocarditis observed during the 1–21 days or 1–42 days after 333,000 vaccine doses were administered to children aged 5-11 years. Reporting rates for vaccine-associated myocarditis appears highest among males aged 12–24 years, with myocarditis after vaccination among children aged 5–11 years, to date, appearing to be very rare.

In contrast, myocarditis is a much greater risk after COVID-19 infection than after COVID-19 vaccination with infected young males (12 years and above in the study reported[2]) up to 6 times more likely to develop myocarditis than after COVID-19 vaccination. In a US study, those under 16 years were over 30 times more likely to develop myocarditis following COVID-19 infection compared to those who had no history of COVID-19. In the same study, data from Israel indicated that although there was a 3 (3.24) times elevated risk of myocarditis after mRNA COVID-19 vaccination, there were a greater than 18 (18.28) times higher risk of myocarditis after COVID-19 infection. Evidence from these studies indicates benefits to COVID-19 vaccination in ***reducing*** risks of myocarditis in children relative to the much greater risks of myocarditis following COVID-19 infection.

Multisystem inflammatory syndrome in children (MIS-C) is a new and rare but serious condition associated with both COVID-19 infection and COVID-19 vaccination. MIS-C results in inflammation that can affect different body parts, including the heart, lungs, kidneys, brain, skin, eyes and gut.

Acute MIS-C multi-organ failure can require intensive medical support. Symptoms of MIS-C include fever (temperature greater than 38 C) and one of the following: stomach pain, bloodshot eyes, diarrhea, dizziness, skin rash, vomiting. Clinical criteria include myocarditis. The causes of MIS-C are not fully understood. MIS-C has been reported to most commonly affect 8-9-year-old's, although it has also been seen in infants and young adults. MIS-C is treatable; with prompt attention, medicines can control the inflammation and help avoid organ damage. Most children recover fully.

In a French national pharmacovigilance study[4], 9 cases of MIS-C were reported after 8 million mRNA vaccine doses were administered to over 4 million 12-17 year old's. 89% of the cases were male (8 of 9), 33% (3 of 9) required intensive care support, all recovered, 3 had prior evidence of SARS-CoV2 infection. The rate of MIS-C related to vaccination was 1.1 per 1 million vaccine doses. This compared to a far greater rate of 113 MIS-C cases per million individuals in 12-17 years old's with SARS-CoV2 infection. In a US study[5], the 2-doses of the Pfizer-BioNTech COVID-19 vaccine was associated with 91% ***lower*** MIS-C in children and adolescents compared to those unvaccinated.

Overall, current evidence strongly supports the benefits of COVID-19 vaccination in 5-11-year-olds - greatly outweighing the risks of AEFI and in particular, the very rare occurrence of serious AEFI.

References

[1] https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a1.htm
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8328065/
[3] https://www.cdc.gov/mmwr/volumes/70/wr/mm7035e5.htm
[4] https://www.medrxiv.org/content/10.1101/2022.01.17.22269263v1
[5] https://www.cdc.gov/mmwr/volumes/71/wr/mm7102e1.htm

Click on the image to hear Dr Maria Van Kerkhove, WHO's COVID-19 Technical Lead, discussing the sub-lineages of the Omicron variant of concern.

USEFUL LINKS

- The Thailand COVID19 situation report is available in Thai and English, please visit
- For regular updates on WHO's response in Thailand, please visit
- For global figures and technical advice from WHO, please visit

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