

COVID-19 Situation, Thailand

23 February 2022

2,770,793 total confirmed cases

22,730 total deaths

Daily average reported from 16 to 23 February 2022 (compared to the week prior)



18,538 new community cases (15,133) ↑ 23%



31 deaths (25) ↑ 24%



13,744 people recovered (9,768) ↑ 41%



199,318 vaccinations (361,419) ↓ 45%

(15 – 21 February 2022)

Main messages

| Increasing widespread community transmission evident across Thailand |

| RTG encourages COVID-free settings and booster vaccinations |

| Get vaccinated, maintain universal precautions and stay informed |



Contents COVID-19 Update

- [Situation Analysis](#)
- [Global situation](#)
- [National situation](#)
- [Provincial situation](#)
- [COVID-19 Testing](#)
- [COVID-19 amongst overseas arrivals and migrants](#)
- [Vaccination situation](#)
- [RTG policy updates](#)
- [Explainers](#)

All data from the RTG MoPH unless otherwise stated

Situation Analysis

The average number of new community-acquired COVID-19 cases reported per day increased by 23% in the past 7 days compared to the previous week. Although daily reported case numbers continue to increase, Thailand is still not seeing the steep rise seen in other countries due to the omicron COVID-19 variant. The total number of cases reported today (23 February 2022 - 21232) is the highest since 15 August 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 (3,012) is just 1% higher than the week prior.

The average daily number of all currently 'active' COVID-19 cases (160,384) over the last seven days increased by 30% compared to the previous week. The number reported today (173,605) is the highest since 30 August 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 31 daily deaths were reported in the past week, compared to 25 for the previous week.

The average daily number of severe COVID-19 cases over the past seven days (783) represents a 23% increase over the average number reported for the previous week (639). The average daily number of ventilated COVID-19 cases over the past seven days (195) represents a 48% increase over the average number reported for the previous week (131).

The rise in new COVID-19 case numbers is now causing a significant increase in the number of severe and ventilated cases in hospitals. However, the number of seriously ill COVID-19 cases remains much lower than the numbers seen at the peak in July / August 2021. There is still capacity in the healthcare system to admit patients.

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 some important risk groups.

Global COVID-19 (total) cases, deaths and vaccinations to date: chart showing cases reported per week (22 February 2022)

424,822,073 confirmed cases

1,246,843 new cases in last 24 hours

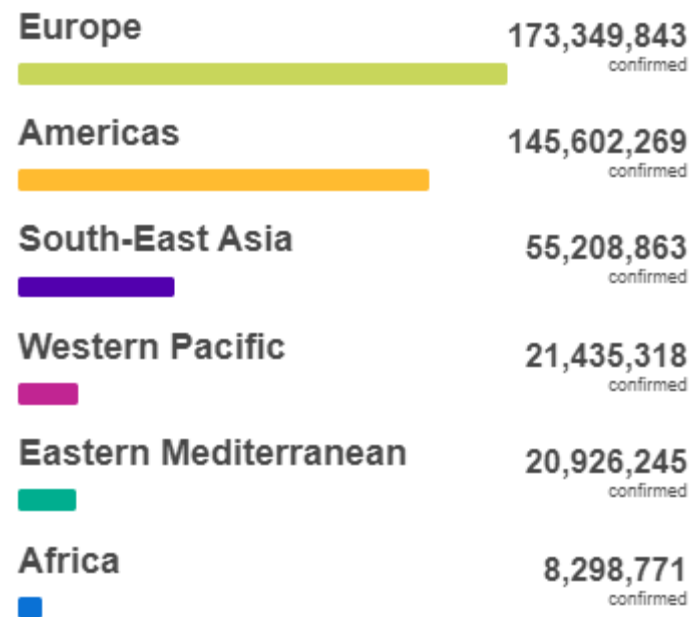
5,890,312 deaths

6,702 new deaths in last 24 hours

10,407,359,583 vaccine doses administered (20 Feb)

4,872,687,469 people fully vaccinated.
Approximately **62% of the global population** (7.9 billion), an increase of just 1% from 61% global full vaccination coverage of the previous week

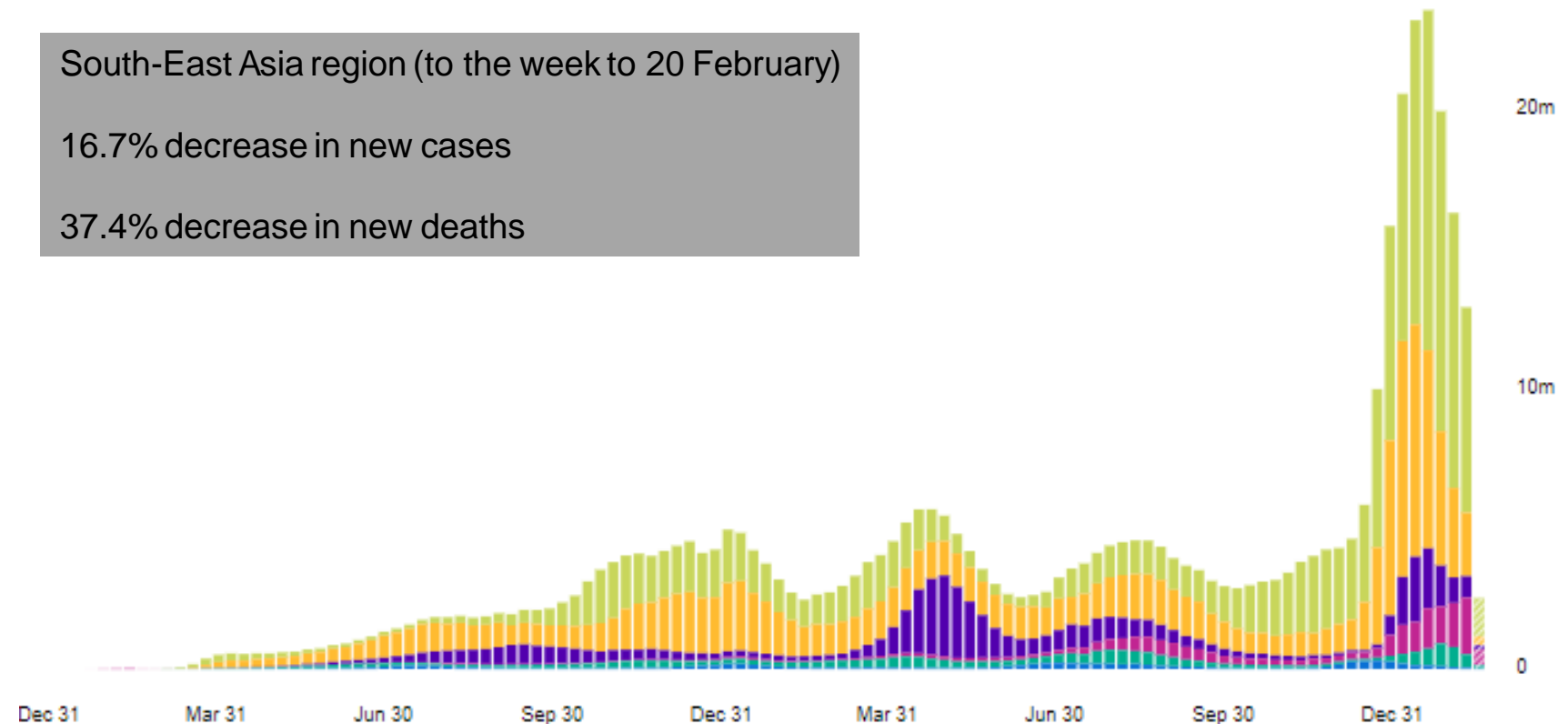
Situation by WHO Region



South-East Asia region (to the week to 20 February)

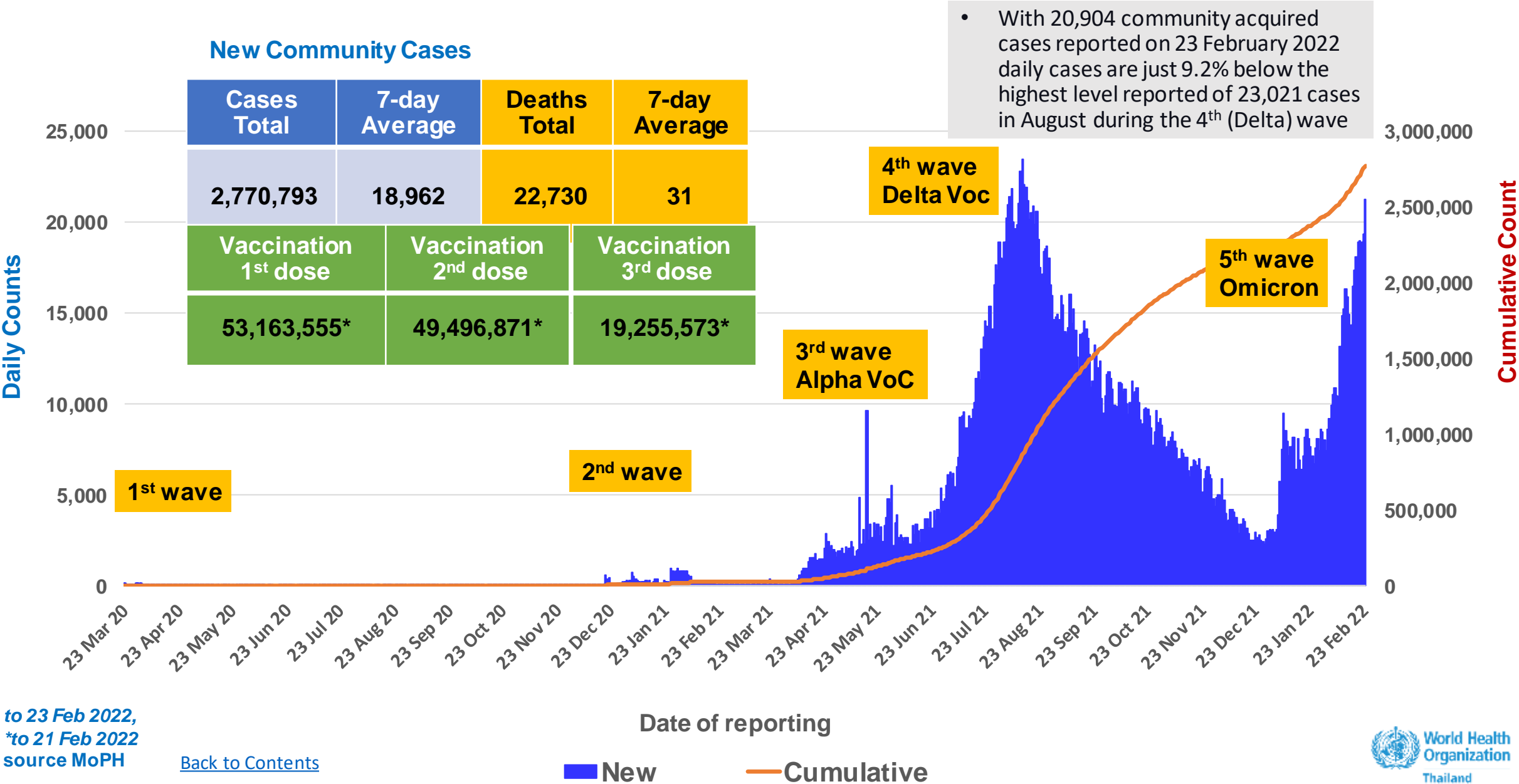
16.7% decrease in new cases

37.4% decrease in new deaths

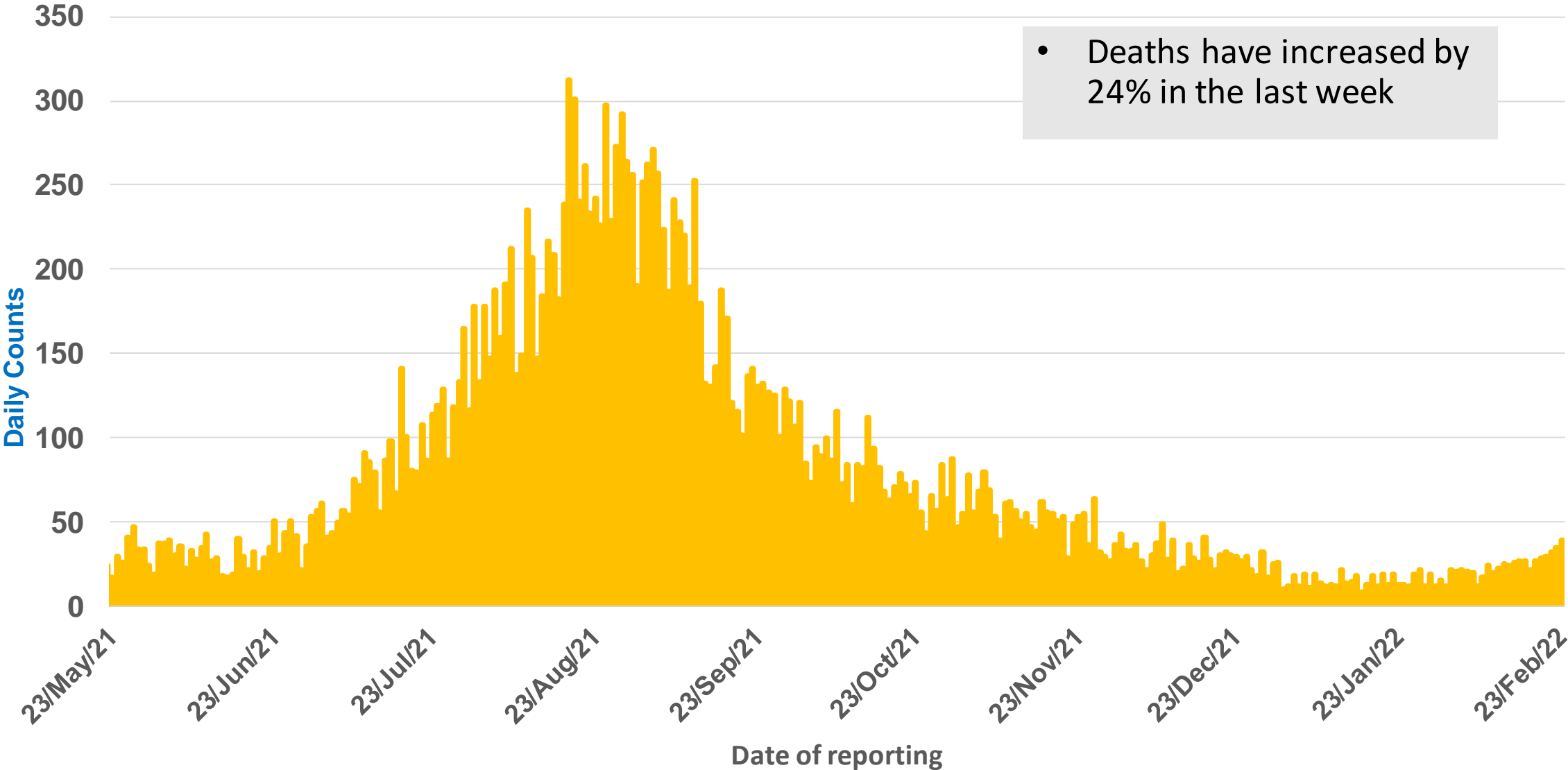


National Situation

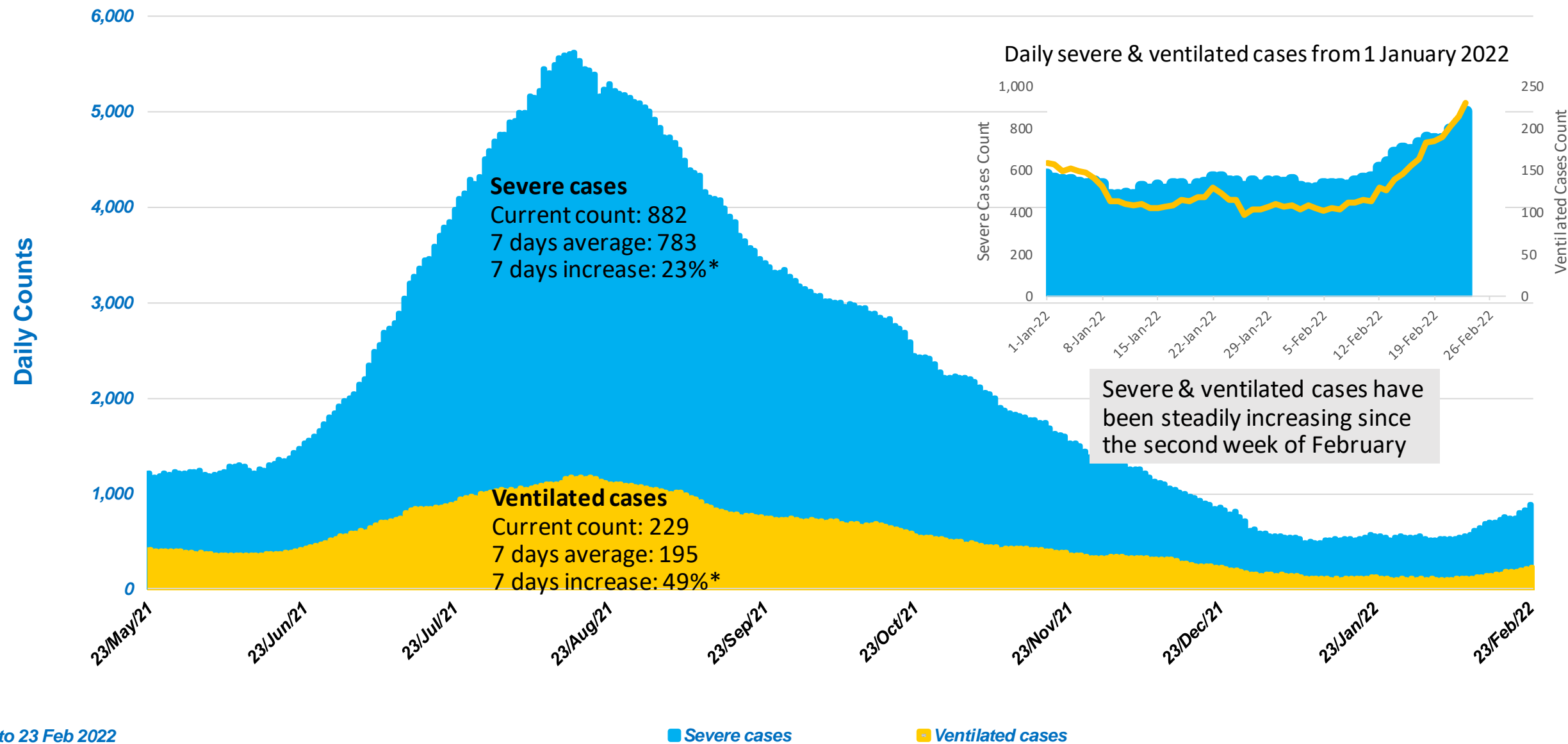
Thailand COVID-19 cases, deaths and vaccinations to date: chart showing cases per day



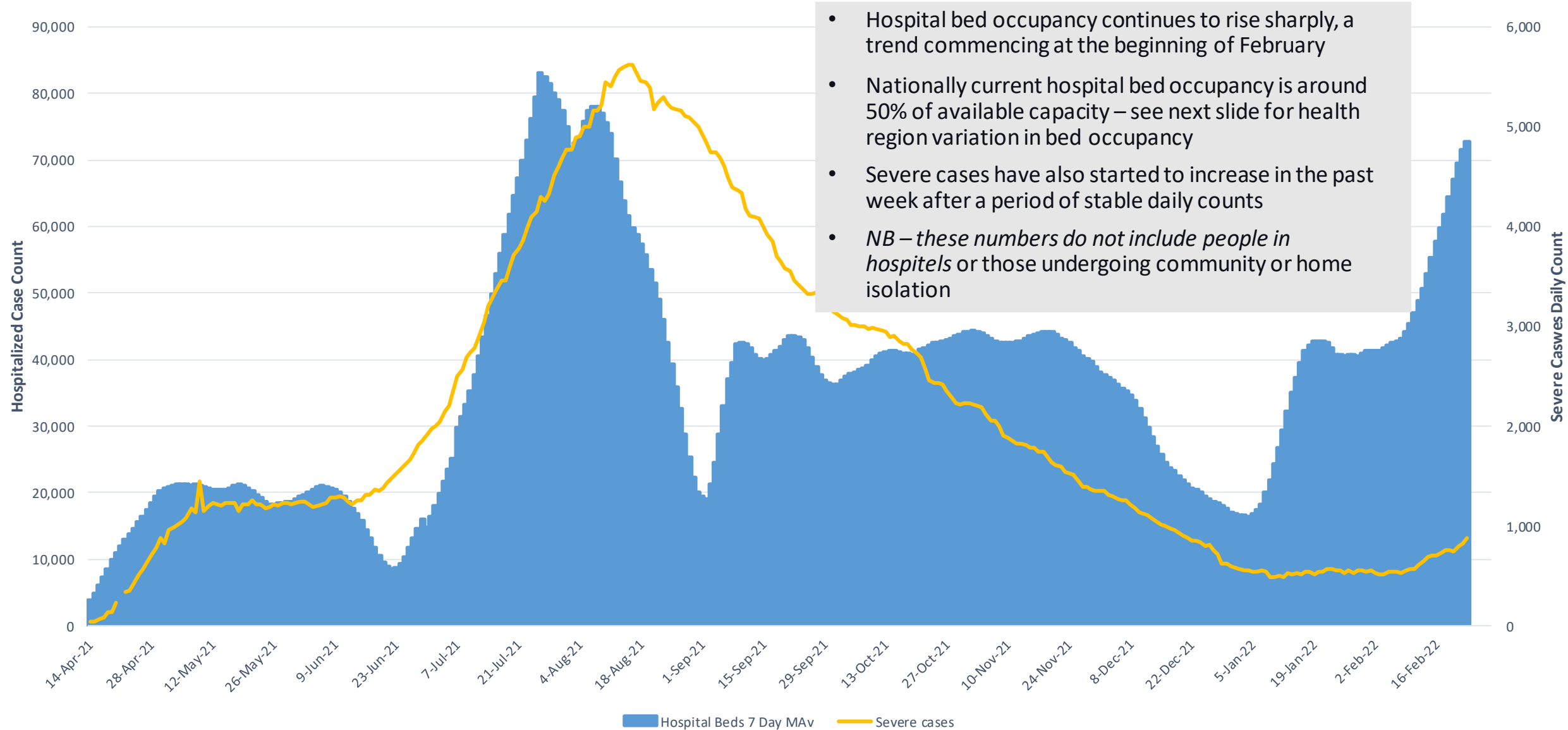
Daily reported COVID-19 deaths in Thailand since April 2021



Daily severe & ventilated Covid-19 cases (bed occupancy)



Daily hospital bed occupancy & daily severe cases

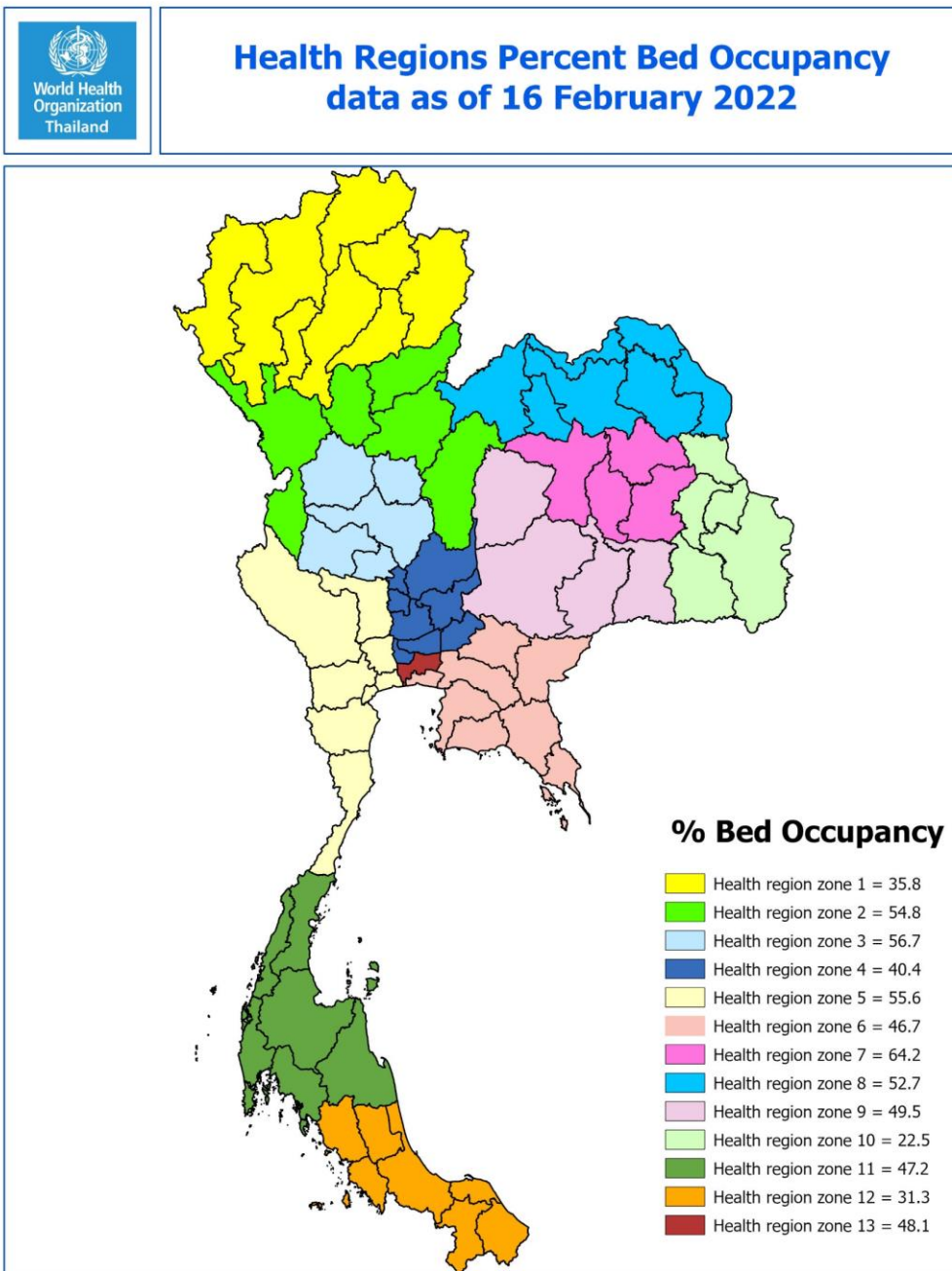


Source MoPH

Hospital bed occupancy by health region

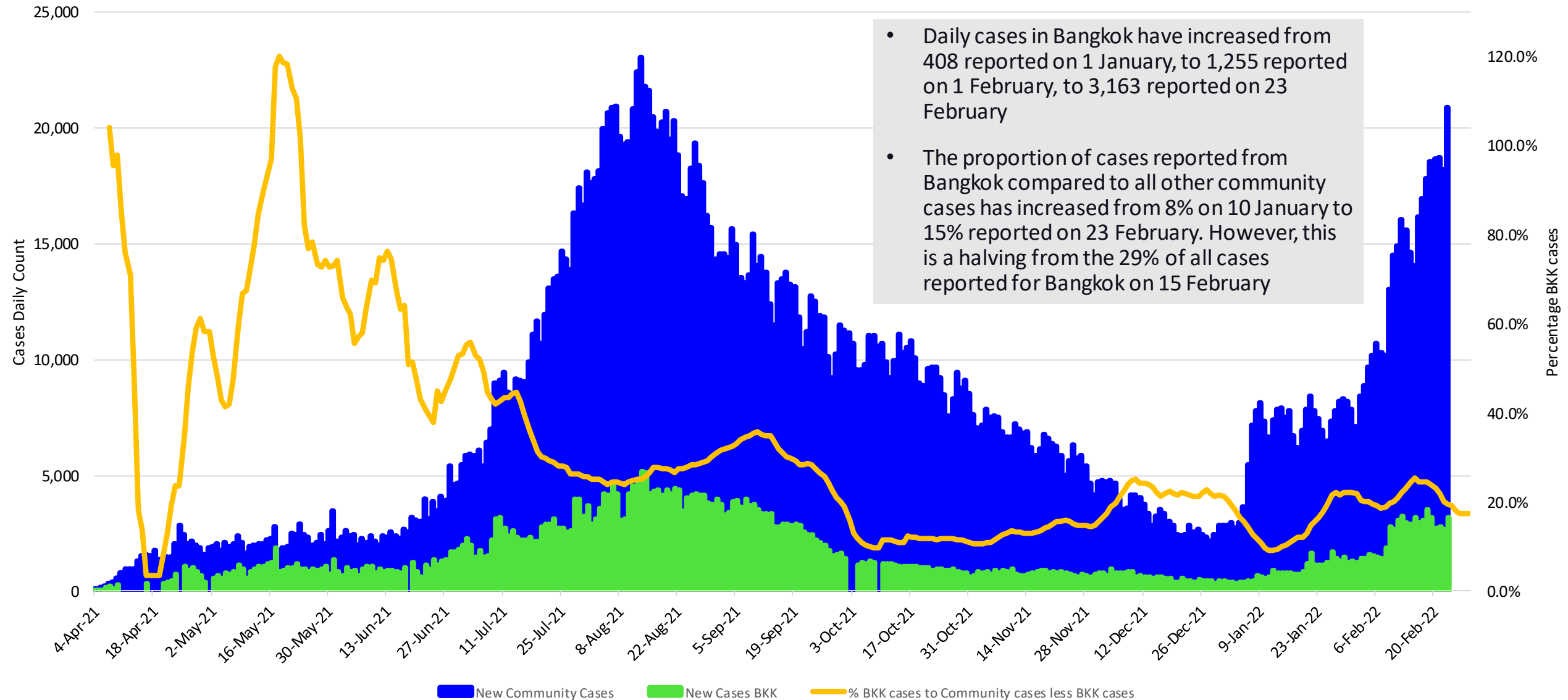
- There is plenty of bed capacity across all 13 health regions in Thailand (a health region comprises a number of Thai provinces).
- Hospital bed occupancy on 16 February ranged from 22.5% of available beds in health region 10 in the east of Thailand bordering Cambodia to 64.2% of available beds in health region 7 in central-eastern Thailand, next to region 10.
- Most health regions (62%, 8 of the 13) have more than 50% bed availability. This includes Bangkok and surrounding provinces and health regions 11 and 12 in the south of Thailand, provinces that have been reporting high numbers of cases during the Omicron wave.
- The healthcare system still has a significant capacity to admit patients (see the previous slide).

Source MoPH



Provincial situation

Daily Cases in Bangkok

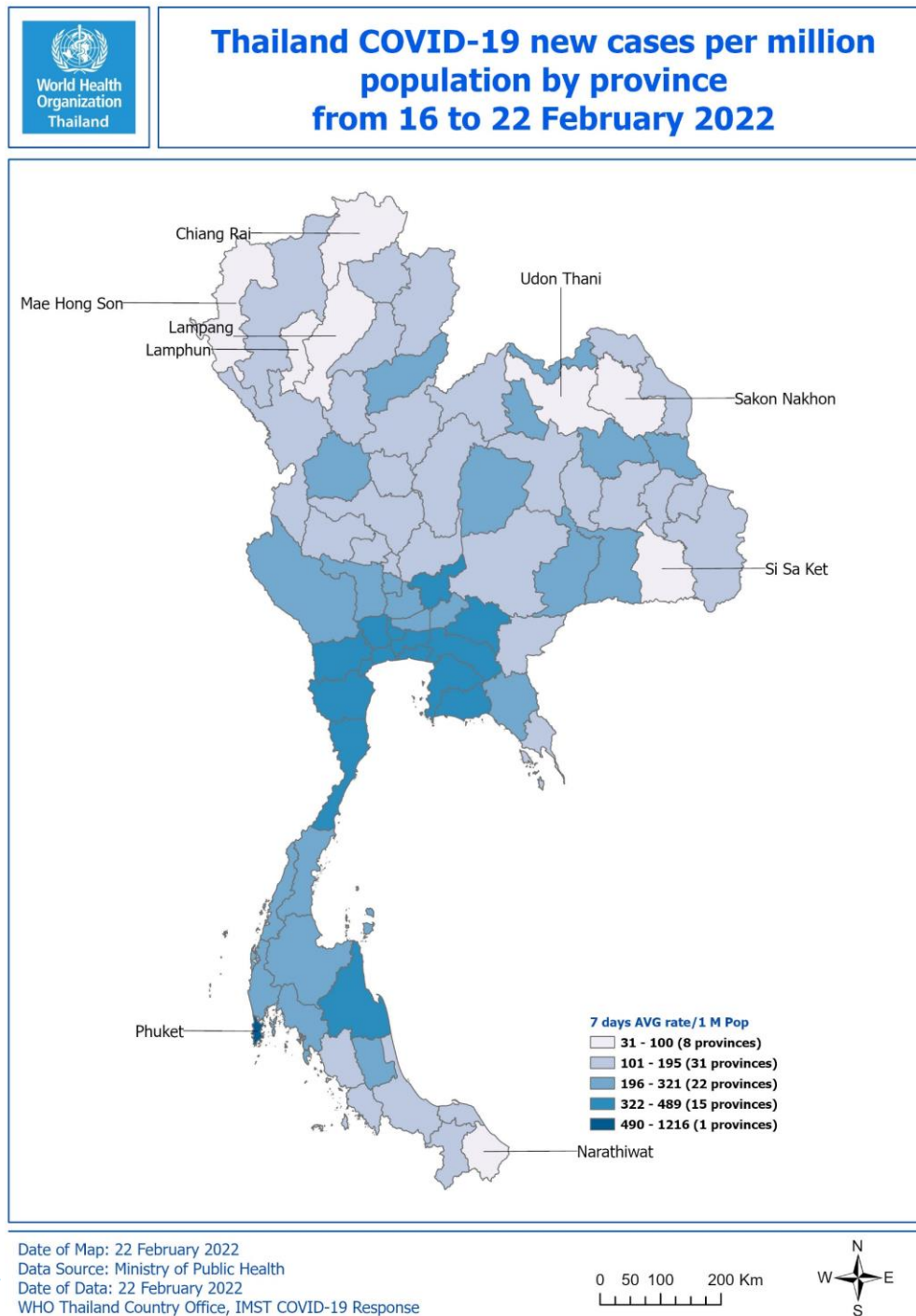


Source MoPH

New COVID-19 cases per million population by province

- There is a wide variation in the average rate of new cases ranging from 33 to 1,216 cases per million population, an increase of 14% from the maximum of 1,069 new cases per million population in the previous week.
- The pattern of average new cases per million population per province remains similar to the previous week.
- The highest average rate of new cases continues to be reported in Phuket, reporting 1,216 cases per million population, a 14% increase over the average per million population of the previous week
- Lower rates of average cases per million population (100 cases per million or less) were reported in fewer provinces compared to the previous week, 10% (8 of 77 from 23%, 18 of 77 in the previous week); in provinces mainly in the far north, far south and far east of Thailand.

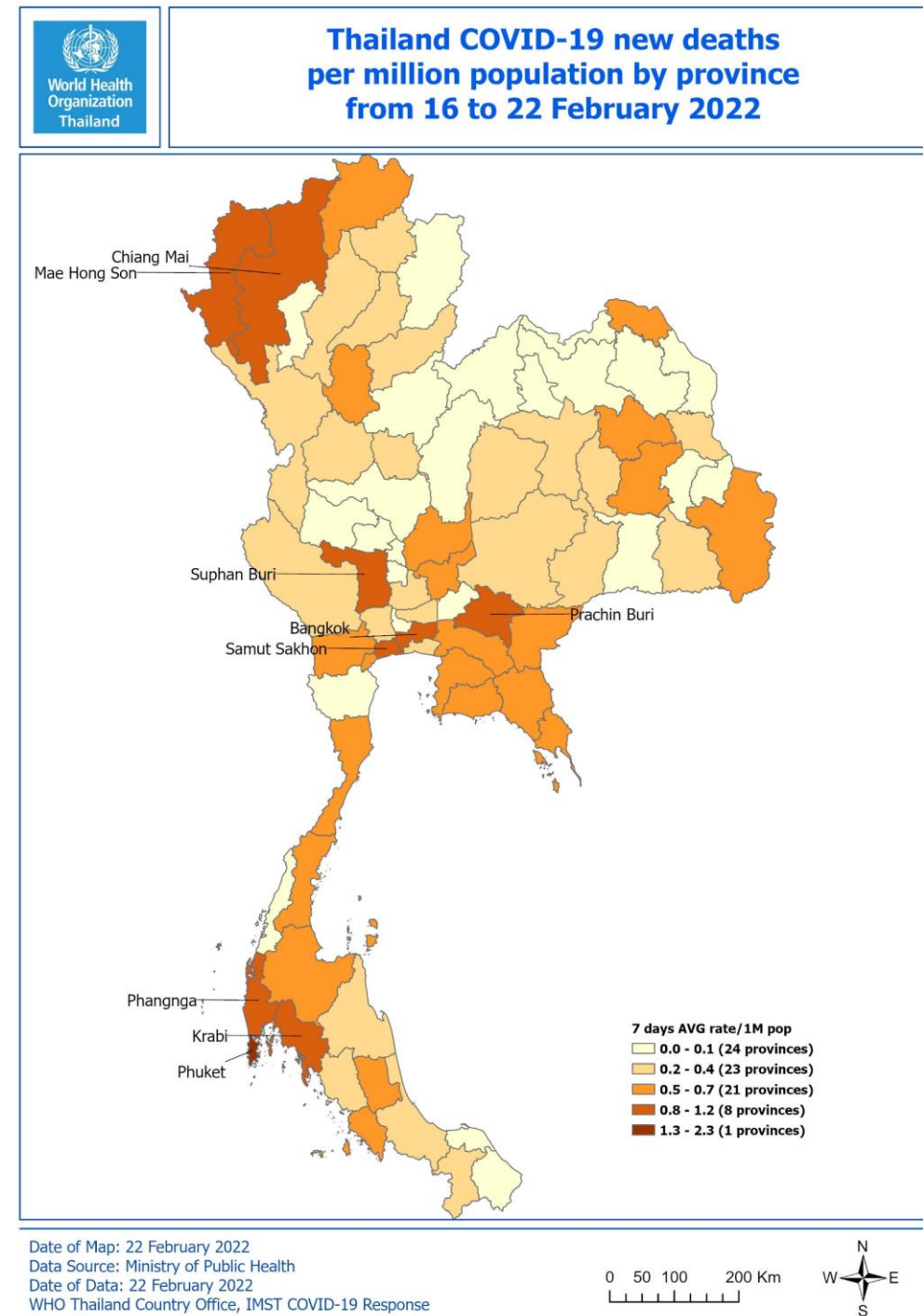
Source MoPH



New deaths per million population by province

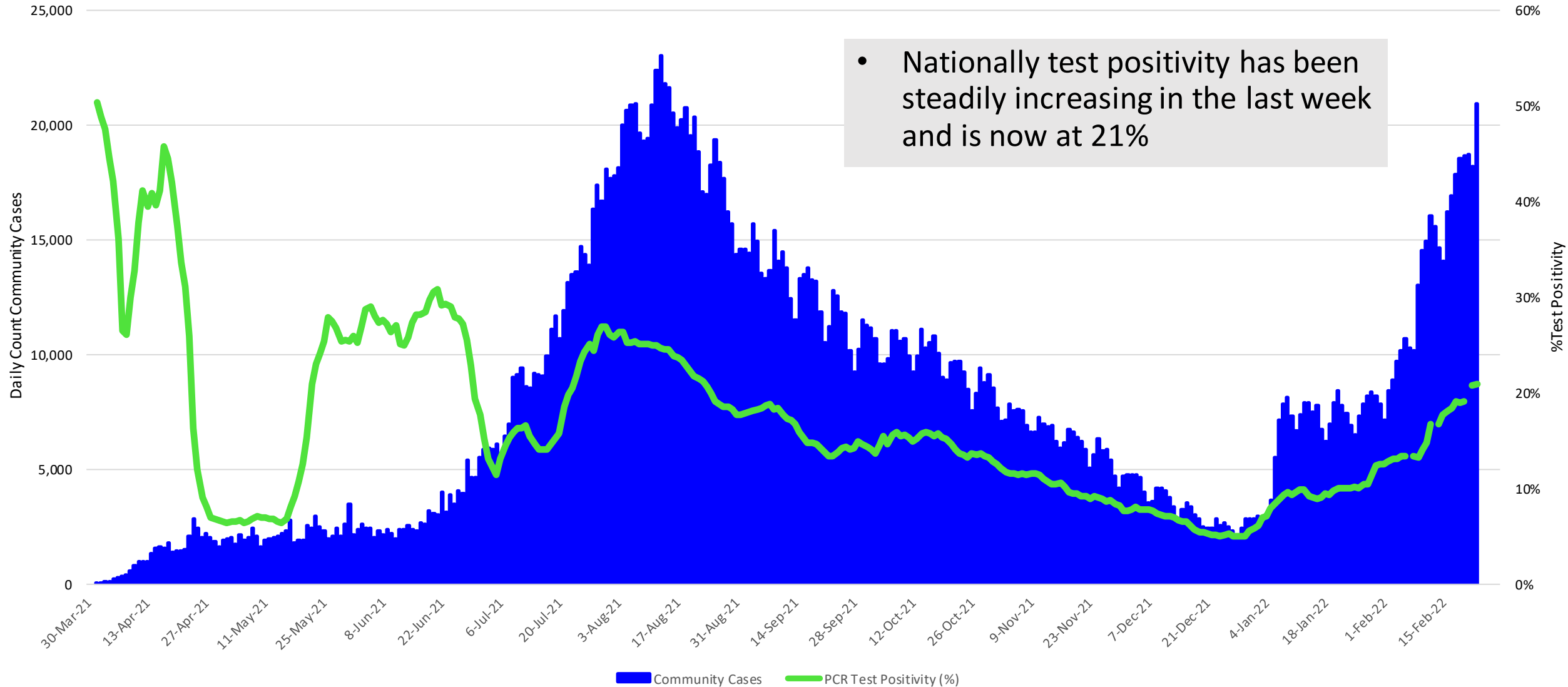
- The average rate of deaths per million population ranged from 0 to 2.3 deaths per million population across the 77 provinces in Thailand (a quarter of provinces (25%, 19 of 77) reported no new deaths in the week).
- Phuket continues to report the highest weekly average death rate per million population.
- Chiang Mai and Mae Hong Song in the north as well as provinces around Bangkok, and similarly provinces around Phuket in the south, report high levels of per capita deaths.

Source MoPH



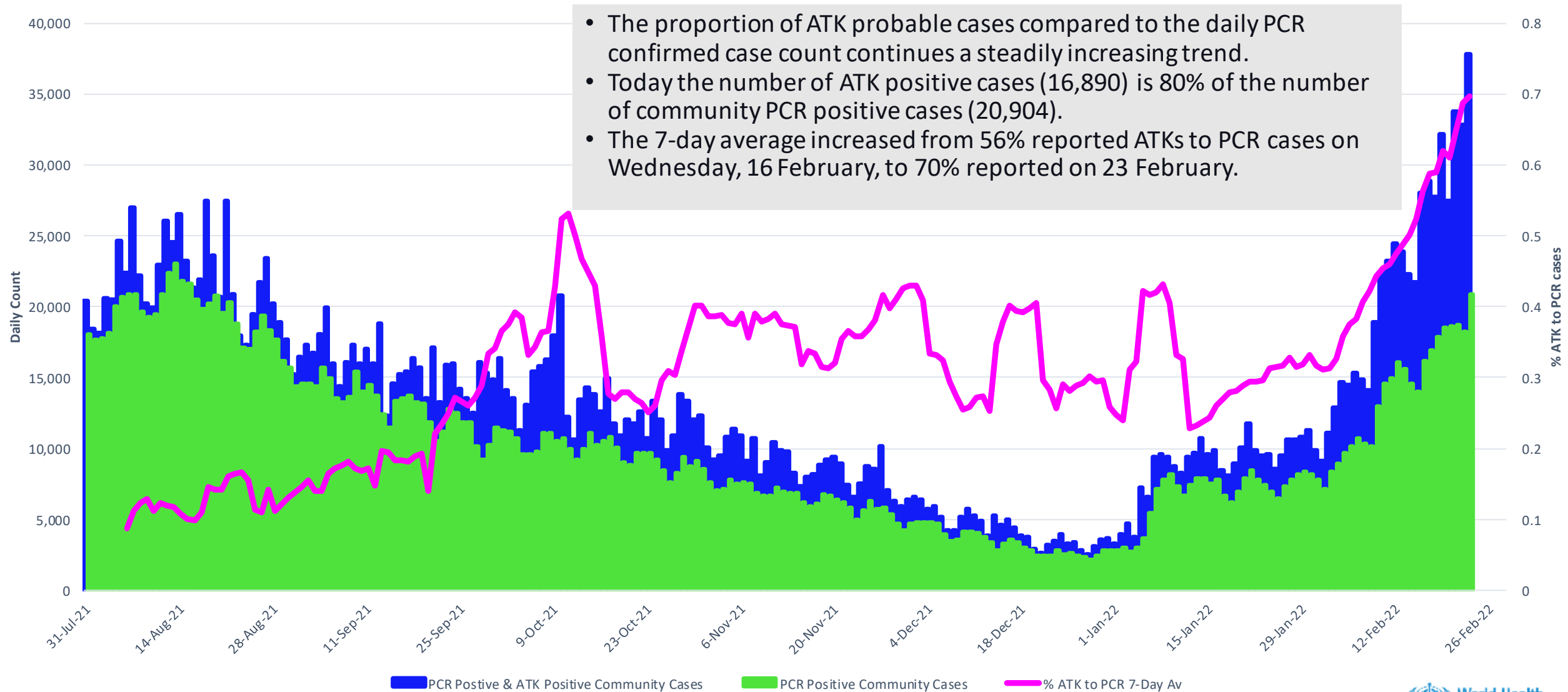
COVID-19 Testing

Variation in 'Test Positivity Rate' (TPR) over time*



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

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



- The proportion of ATK probable cases compared to the daily PCR confirmed case count continues a steadily increasing trend.
- Today the number of ATK positive cases (16,890) is 80% of the number of community PCR positive cases (20,904).
- The 7-day average increased from 56% reported ATKs to PCR cases on Wednesday, 16 February, to 70% reported on 23 February.

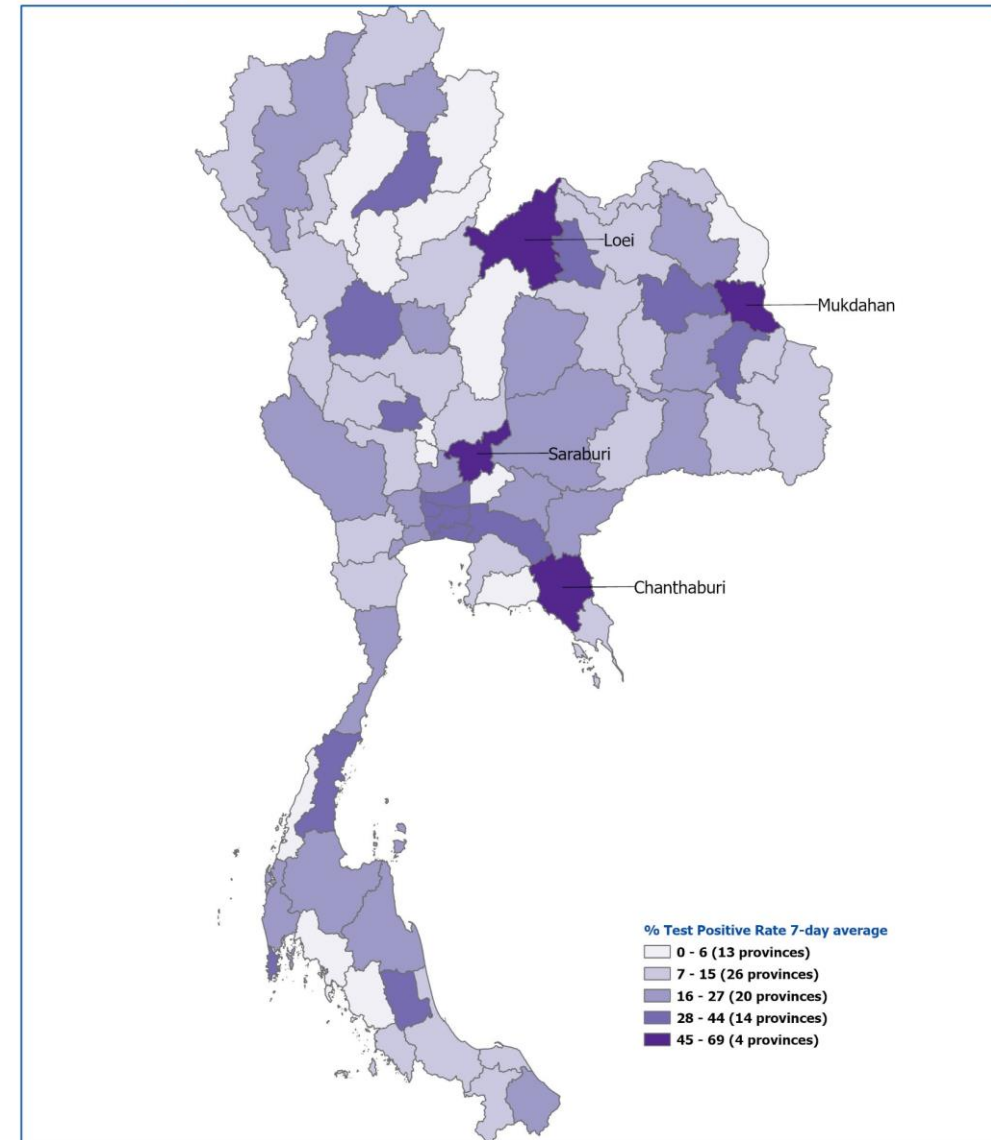
Variation in 'Test Positivity Rate' (TPR) by province*

- There is wide variation in test positivity across Thailand's provinces ranging from a low of 6% and lower to a high of 69%. This increases from the high of 62% test positivity in the previous week.
- Loei, Mukdahan, Saraburi and Chanthaburi continue to report the highest test positivity rates of 45% to 69%, the same provinces reporting the highest TPR in the previous week.

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



Thailand COVID-19 Percent Test Positive
7-day average from 16 to 22 February 2022

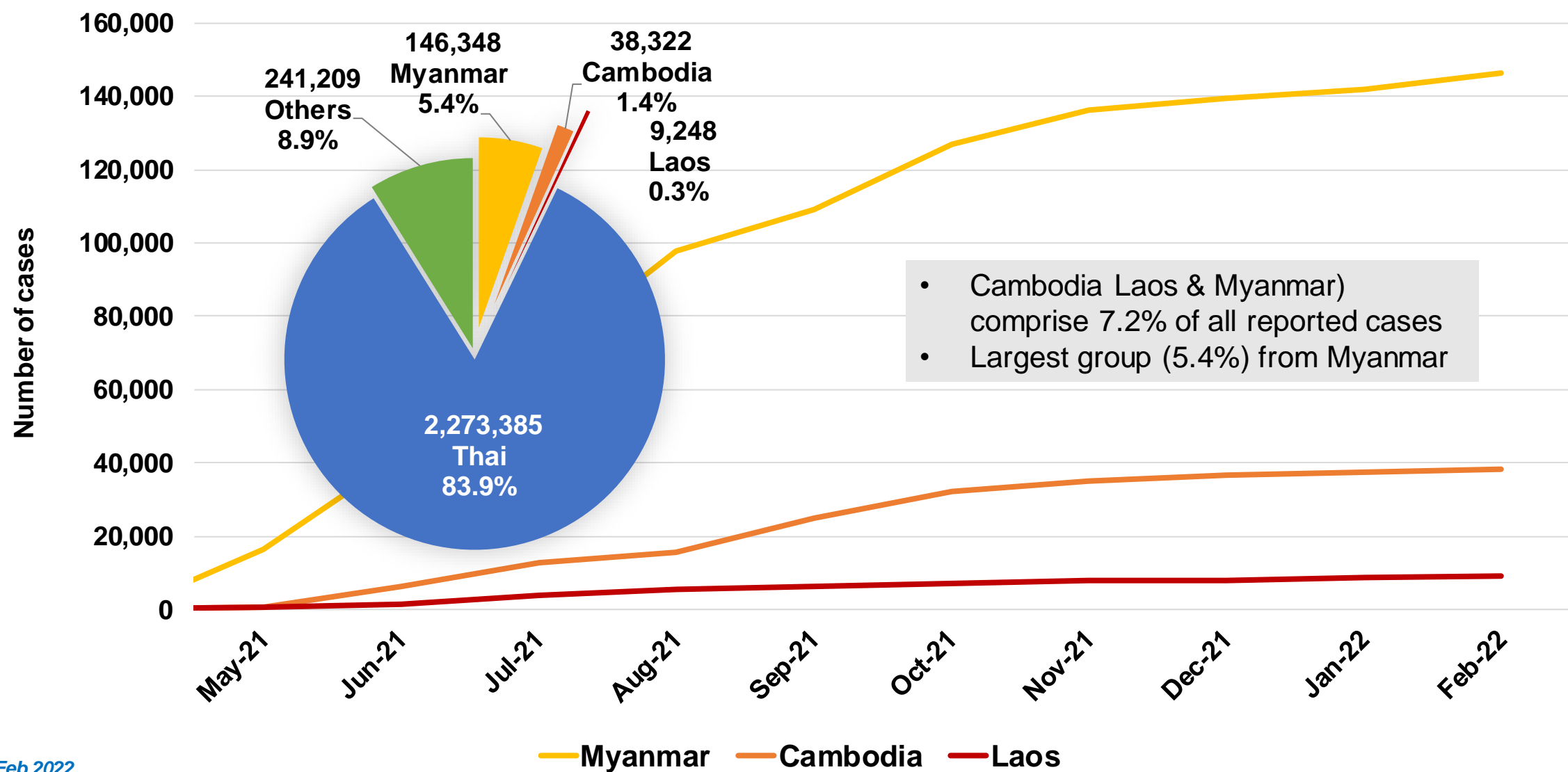


Date of Map: 22 February 2022
Data Source: Ministry of Public Health
Date of Data: 22 February 2022
WHO Thailand Country Office, IMST COVID-19 Response

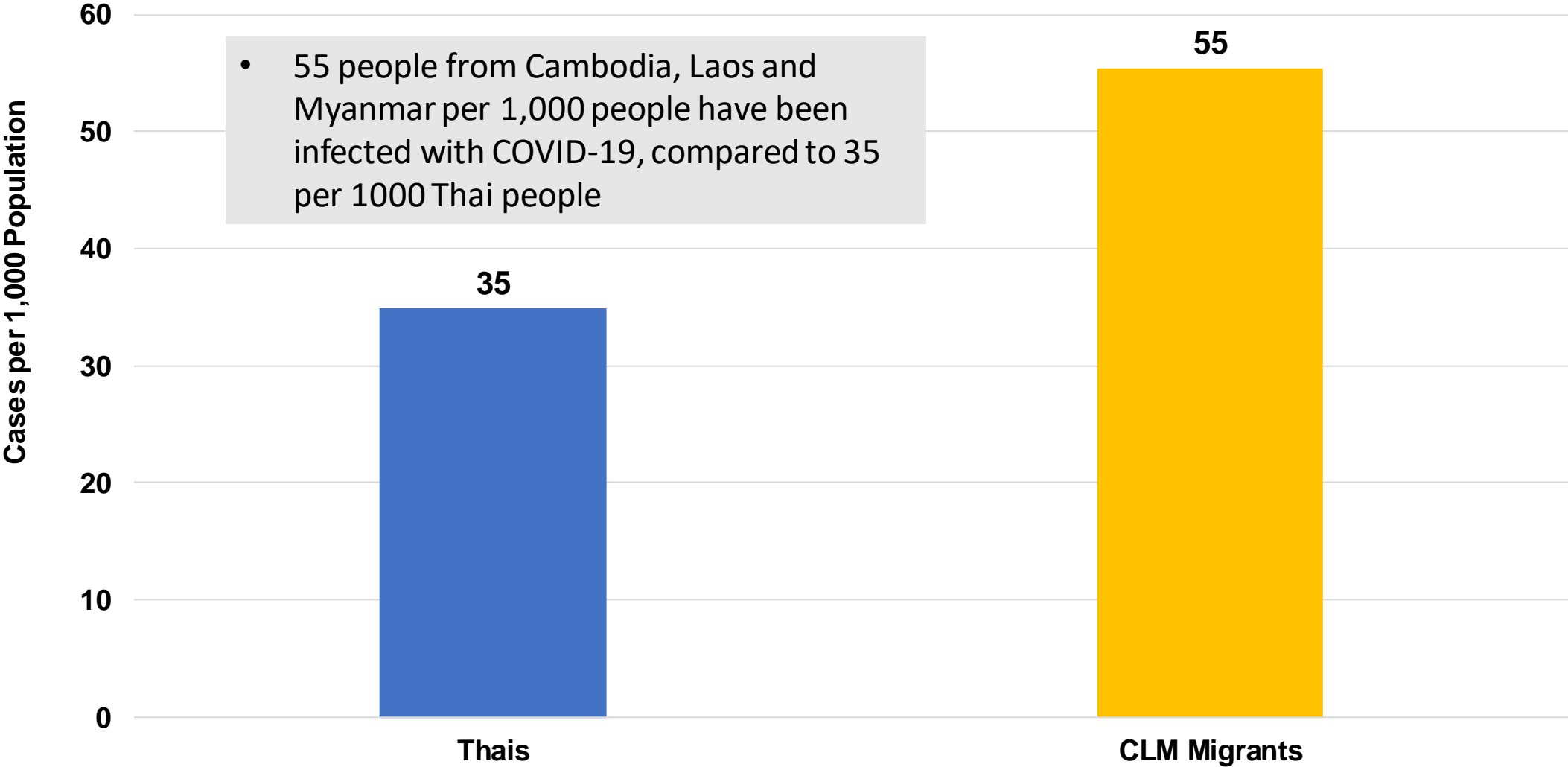
COVID-19 burden on vulnerable population groups

Cumulative COVID-19 Cases reported to date by nationality

(20 February 2022)

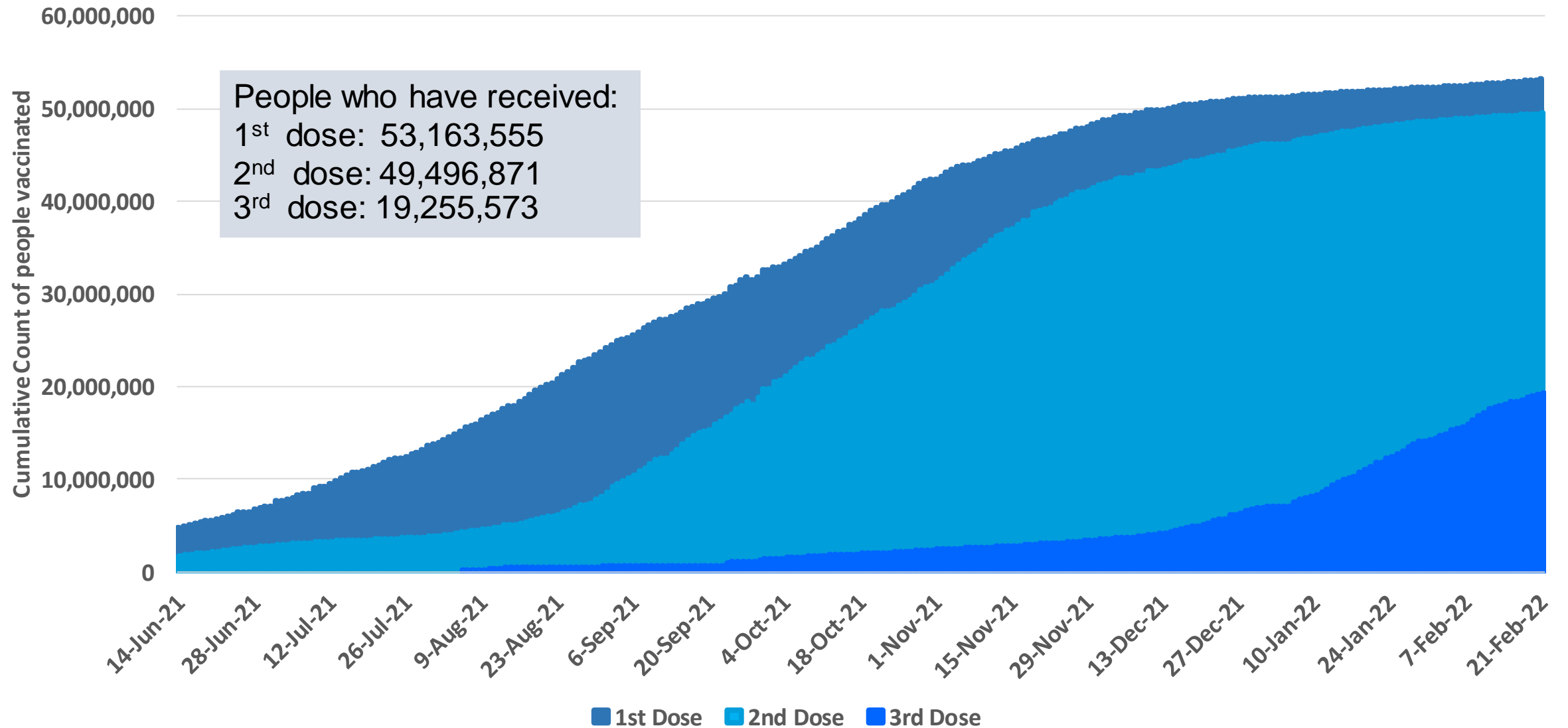


Cases per 1,000 population in Thailand from CLM Migrants (Cambodia, Laos and Myanmar)

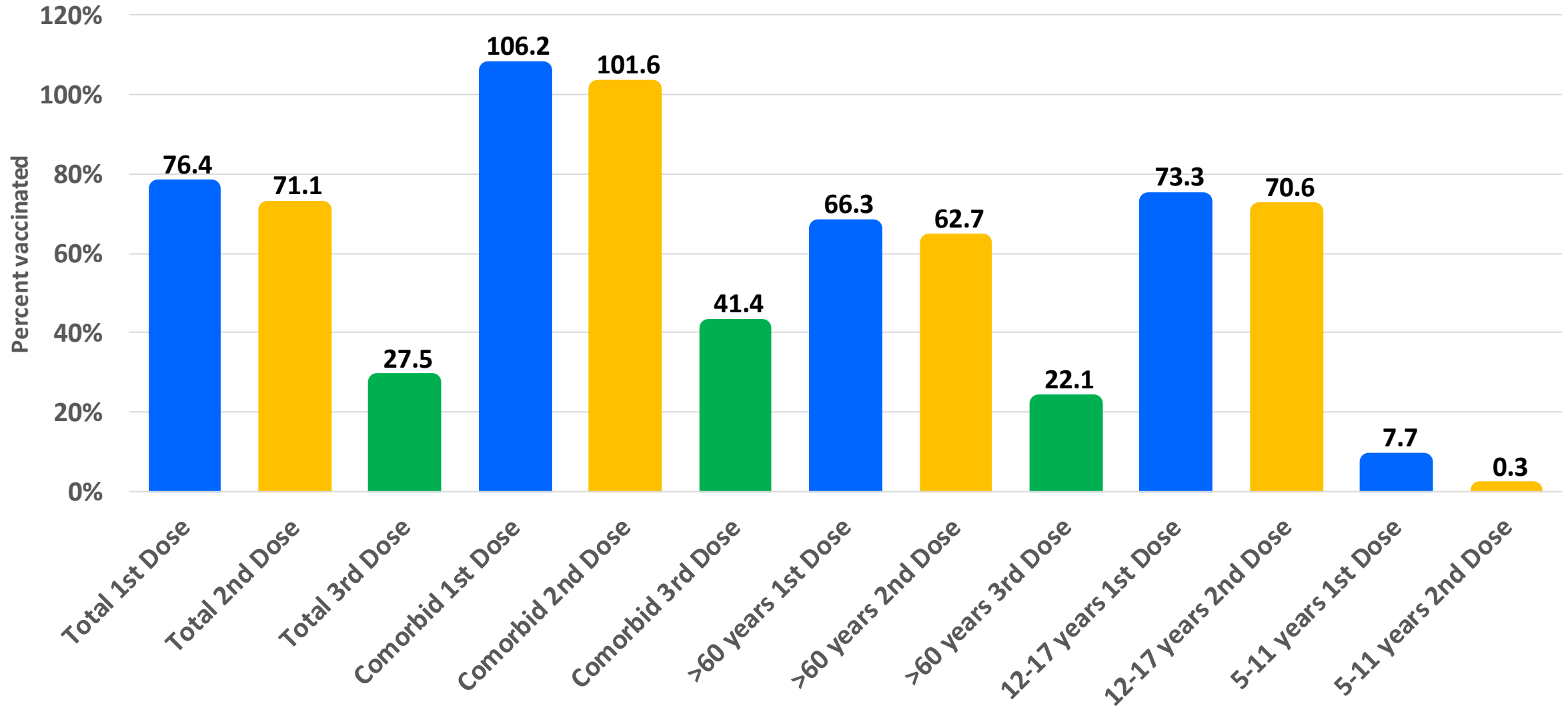


Vaccination

National COVID-19 Vaccination Coverage (to 21st February 2022)



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



To 20 Feb 2022

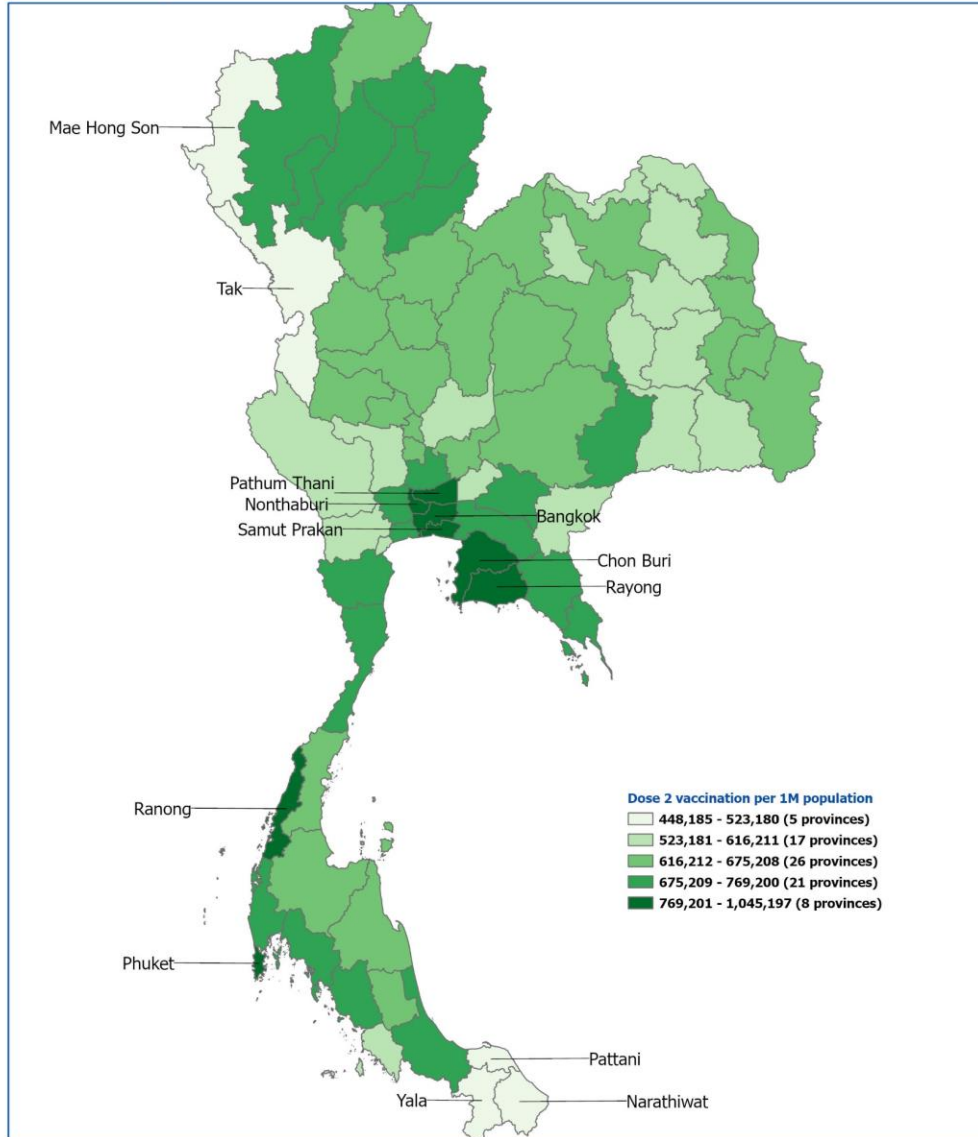
Source: MoPH

Second dose coverage per million population by province

- The number of provinces reporting higher two-dose vaccination coverage has increased compared to the previous week
- Two-dose vaccination coverage varies from over 448,000 2nd doses per million population to 1 million doses per million population
- Per head of population, the same provinces in and around Bangkok and provinces in the south, including Phuket report the highest rate of vaccination
- The lowest vaccination coverage rates remain mainly in the western border of Thailand in the provinces of Mae Hong Song, and Tak, together with Pattani, Yala and Narathiwat in the far south



Second dose province vaccination coverage per million population (as of 20 February 2022)



Policy Update

Thailand Vaccination Schedule

Dose 1 Vaccine	Dose 2 Vaccine	Interval from dose 2- dose 3	Dose 3 Vaccine	Interval from dose 3- dose 4	Dose 4* Vaccine
Sinovac/Sinopharm	Sinovac/Sinopharm	4 weeks	AstraZeneca	3 months	AstraZeneca
Sinovac/Sinopharm	AstraZeneca	3 months	AstraZeneca		
Sinovac/Sinopharm	Pfizer	3 months	Pfizer	3 months	Pfizer
AstraZeneca	AstraZeneca	3 months	Pfizer		
Pfizer	Pfizer	6 months	Pfizer		
AstraZeneca	Pfizer	6 months	Pfizer		
AstraZeneca	AstraZeneca	3-6 months	AstraZeneca**		

- *Dose 4 : For Healthcare Workers + Frontline workers and the general population who live in 10 pilot provinces for tourism
- **AZ +AZ+AZ is offered as alternative option. Please be aware that AZ+AZ+PF might offer stronger immune response. Six months Interval between dose 2-dose 3 will generate higher neutralizing antibody level than 3 months interval
- Moderna vaccine can be offered as the booster dose to all vaccine regimens recommended above.

Source: MoPH

Thailand Under 18 COVID-19 Vaccination Programme

Age Group	Vaccine	Dosage	Interval
5 – 11 yrs.	Pfizer x 2 doses	orange cap (10 micrograms/ 0.2 ml.)	8 weeks
6 – 17 yrs.	Sinovac x 2 doses	0.5 ml./ dose	4 weeks
12 -17 yrs.	Pfizer x 2 doses	purple cap (30 micrograms/ 0.3 ml.)	3-4 weeks
	Sinovac – Pfizer (under consideration for 6-11 yrs.)	Dose 1: Sinovac 0.5 ml./ dose Dose 2: purple cap Pfizer (30 micrograms/ 0.3 ml.)	4 weeks

Source: MoPH

Traveller's Journey

Exemption from Quarantine (TEST & GO)

start on 1 February 2022

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,



EXPLAINER: What are Omicron sub-variants BA.1 and BA.2?

Are Omicron sub-variants important for me to be aware of?

Yes. The SARS-CoV2 virus continually mutates, leading to the different variants of concern. Even within each variant the virus mutates. The Omicron variant has important sub-variants BA.1 and BA.2. BA.2 is overtaking BA.1 in some countries and appears to be even more transmissible than the already very transmissible BA.1 strain. It is important that we all maintain awareness of changes occurring with the COVID-19 virus because future mutations to Omicron or even new variants of concern may occur that increase risks to us from COVID-19.

It is the nature of viruses to continually mutate as they seek more efficient ways to spread. Most virus mutations, including mutations in the SARS-CoV2 virus that causes COVID-19, will have no consequence for human health. Some mutations will even be detrimental to the virus itself. However, occasionally mutations occur that confer an advantage to the virus. For example, a mutation may help the virus spread more easily by finding ways to escape the human immune defence mechanism. These mutations are the ones that characterize the Alpha, Beta, Gamma, Delta and Omicron 'variants of concern' (VoC).

Mutations also occur *within* each VoC. The Omicron VoC that is now the dominant strain both in Thailand as well as globally, currently has several mutations of public health importance. The two most dominant sub-variants, which are also the ones currently found in Thailand, are called BA.1 and BA.2.

Although at present most Omicron infections globally are due to the BA.1 sub-lineage, evidence is showing that BA.2 is beginning to replace BA.1. These differences matter. Initial evidence from the BA.1 strain showed that Omicron has significant advantages over previous VoCs, with Omicron having a five-fold higher re-infection risk in those who have previously had COVID-19 compared to the Delta VoC, and a five-times higher risk of breakthrough infection in people who are vaccinated. Emerging evidence now shows that the BA.2 strain is even more transmissible than the BA.1 strain, with estimates of an increase of 30% or more in household transmission due to BA.2, compared to BA.1.

While there is no evidence to indicate that BA.2 causes more severe disease,

the increased transmissibility appears to be causing an increase in cases. An increase in cases will increase the pressure on health services.

Although omicron causes less severe disease, a large surge in numbers will mean a greater number of severe cases and, unfortunately, more deaths. In Thailand, severe cases, ventilated cases and deaths are all increasing. However, fortunately, currently, daily counts remain far lower than during the 4th (Delta VoC) COVID-19 wave.

There is no evidence that current COVID-19 vaccines are less effective against the BA.2 strain compared to the BA.1 strain. Vaccination is working and is reducing the risk of severe disease. Similarly, public health and social measures including mask-wearing, distancing and avoiding crowded and poorly ventilated spaces remain effective at preventing and spreading COVID, including from Omicron BA.1 and BA.2 strains.

As the emergence of the BA.2 strain is showing, we do not know what might be around the corner. We might still see the emergence of yet further mutations of public health concern, either arising from Omicron variants, or even entirely new VoCs. So it remains essential that we maintain our guard against infection by getting vaccinated and rigorously following public health and social measures.



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

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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WHAT DO WE KNOW ABOUT OMICRON?

Everyone
is at risk of infection
from Omicron.
It spreads **faster**
than other
variants.

Omicron
can result in infection
without symptoms,
mild COVID-19 and also
serious illness and **death**.
People who are older, have
existing health conditions
or who have not been
vaccinated
are most at risk.

Omicron is
overwhelming health
systems and will
continue to cause
many deaths **unless**
we all act to protect
ourselves
and others.

Do it all to protect yourself and others from COVID-19



We are learning more about Omicron every day.
Find out the latest at who.int

26/1/2022