WHO Thailand Weekly
Situation Update No. 229

Based on data as reported by the CCSA

# COVID-19 Situation, Thailand
## 30 March 2022

World Health Organization
Thailand

**3,600,787 total confirmed cases** **25,045 total deaths**

**Daily average reported from 24 to 30 March 2022 (compared to the week prior)**

- 25,262 new confirmed cases (24,759) ↑ 2%
- 78 deaths (83) ↓ 5%
- 24,148 people recovered (22,511) ↑ 7%
- 201,857 vaccinations (175,333) ↑ 15%

## Main messages

- Ongoing widespread community transmission of COVID-19 across Thailand
- RTG encourages COVID-free settings and booster vaccinations
- Get vaccinated, maintain universal precautions and stay informed

# Contents COVID-19 Update



*All data from the Royal Thai Government and Ministry of Public Health unless otherwise stated*

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# Situation Analysis

The average number of new laboratory-confirmed (PCR positive) community-acquired COVID-19 cases reported per day increased by only 2% in the past 7 days compared to the previous week. Although the daily reported confirmed case numbers appear to have plateaued, case numbers remain very high. In addition, not all probable (ATK positive) cases are subsequently confirmed by PCR testing. The average number of probable (ATK positive) cases reported per day over the last 7 days (21,498) increased by 6% compared to the week before (20,304) and remains very high.

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 (3,370) is 4% higher than the week prior (3,231).

The average daily number of all currently 'active' COVID-19 cases (246,703) over the last seven days increased by 5% compared to the previous week. A greater proportion of patients continue to be monitored in hospitels, community isolation and home isolation. The average number of COVID cases occupying hospital beds per day over the past week (63,122) is 6% lower than the average daily number reported for the week prior (67,278).

An average of 78 daily deaths were reported in the past week, compared to 83 for the previous week. (a decrease of 5%)

The average daily number of severe COVID-19 cases over the past seven days (1,665) represents a 16% increase over the average number reported for the previous week (1,440). The average daily number of ventilated COVID-19 cases over the past seven days (649) also represents a 24% increase over the average number reported for the week prior (522).

The recent rise in new COVID-19 case numbers continues to cause a significant increase in the number of severe and ventilated cases in hospitals in Thailand, although the number of seriously ill COVID-19 cases still remains lower than the numbers seen in July and August 2021. There is still currently capacity in the healthcare system to admit patients.

Although Thailand has not experienced a huge upsurge of COVID-19 cases as seen in some other countries, both the policy of not confirming by PCR testing for all probable cases, as well as the widespread use of rapid antigen tests (including those available 'over the counter' that may not be reported) continues to make it difficult to accurately monitor the situation.

Rising COVID-19 vaccination rates in Thailand continue to significantly reduce 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.

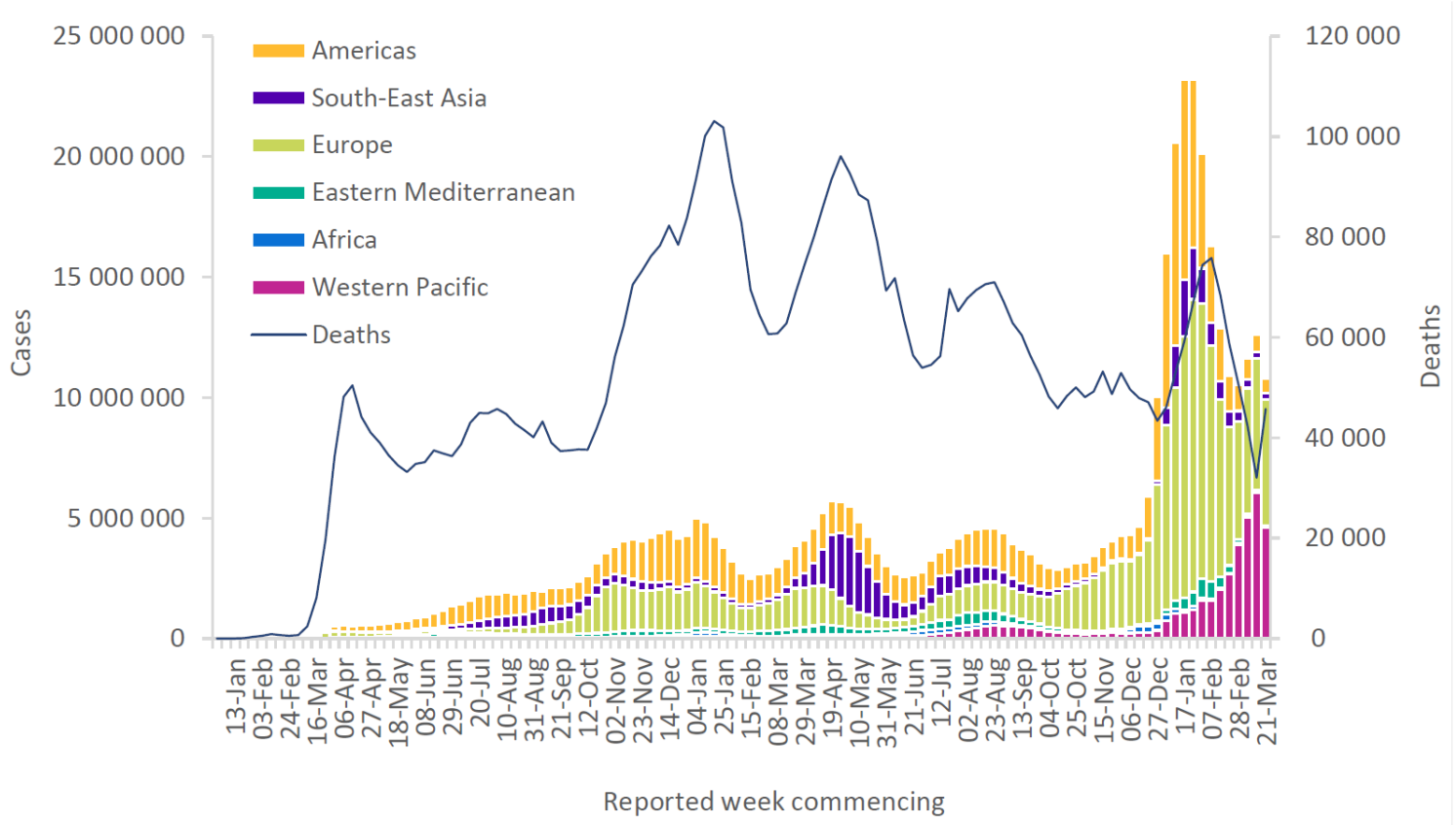
# Global COVID-19 (total) cases, deaths and vaccinations to date: chart showing cases reported per week (29 March 2022)

**481,756,671** confirmed cases
**1,342,231** new cases in last 24 hours

**6,127,981** deaths
**2,841** new deaths in last 24 hours

**11,054,362,790** vaccine doses administered
**5,033,637,141** persons vaccinated with at least one dose
**4,487,188,658** persons fully vaccinated

**Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 March 2022****




During the week of 21 through 27 March 2022, the number of **new cases declined** again with a **14% decrease** as compared to the previous week.

The number of new **weekly deaths increased by 43%**, likely driven by **changes in the definition of COVID-19 deaths in some countries** in the Region of the Americas (Chile and the United States of America) and by retrospective adjustments reported from India in the South-East Asia Region.

**South-East Asia region**
14% decrease in new cases
116% increase in new deaths

https://covid19.who.int/



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# National Situation

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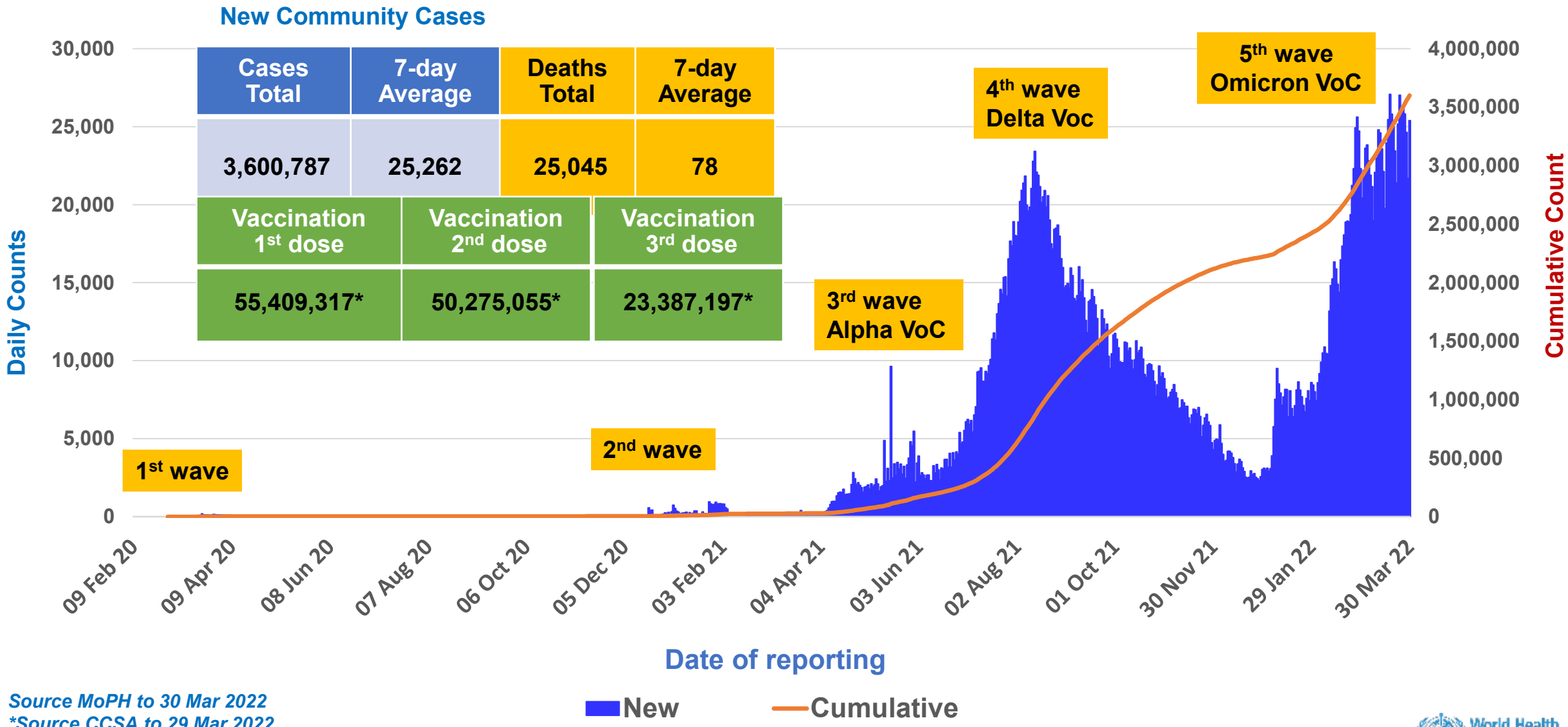
# Thailand COVID-19 cases, deaths and vaccinations to date: chart showing cases per day




*Source MoPH to 30 Mar 2022*
**Source CCSA to 29 Mar 2022*

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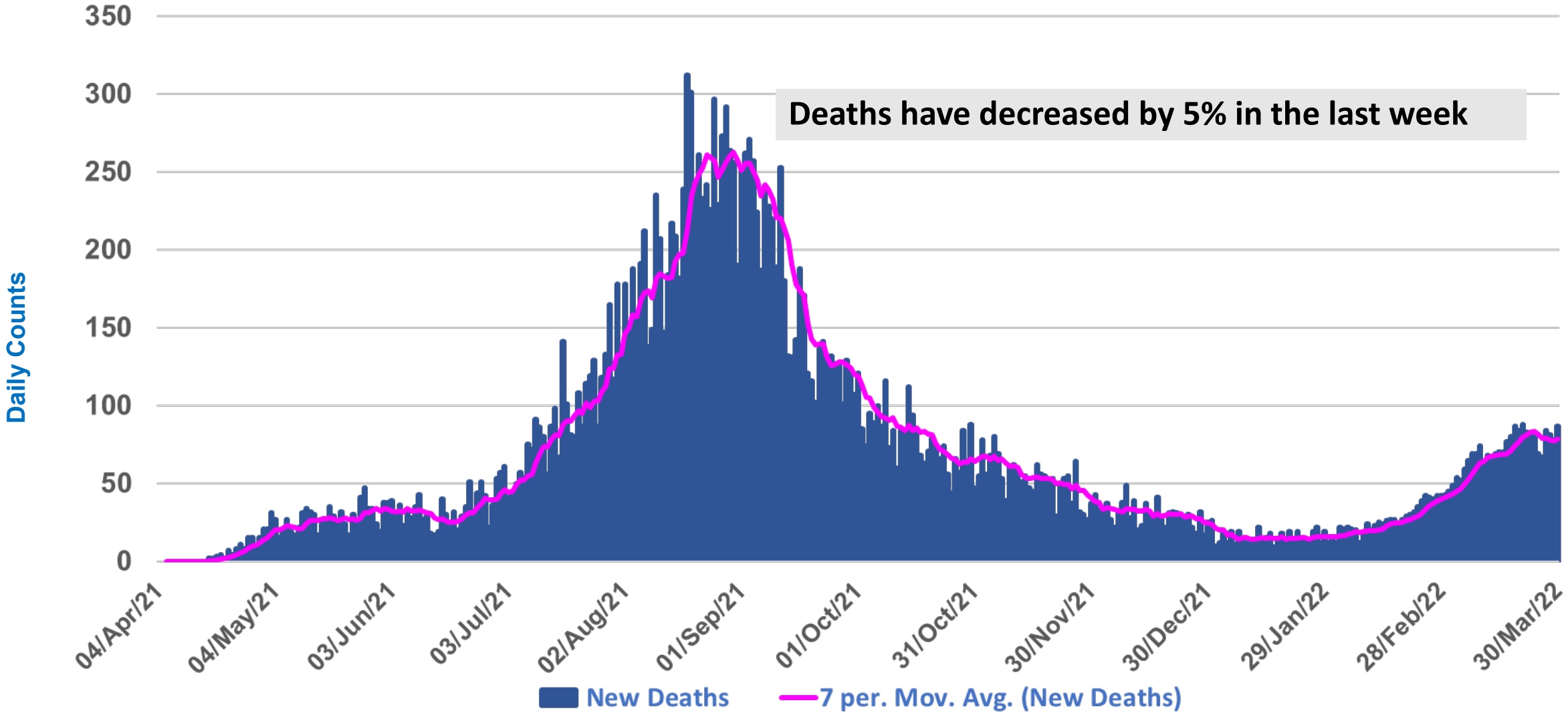
# COVID-19 deaths in Thailand




*to 22 Mar 2022*
**Source MoPH**



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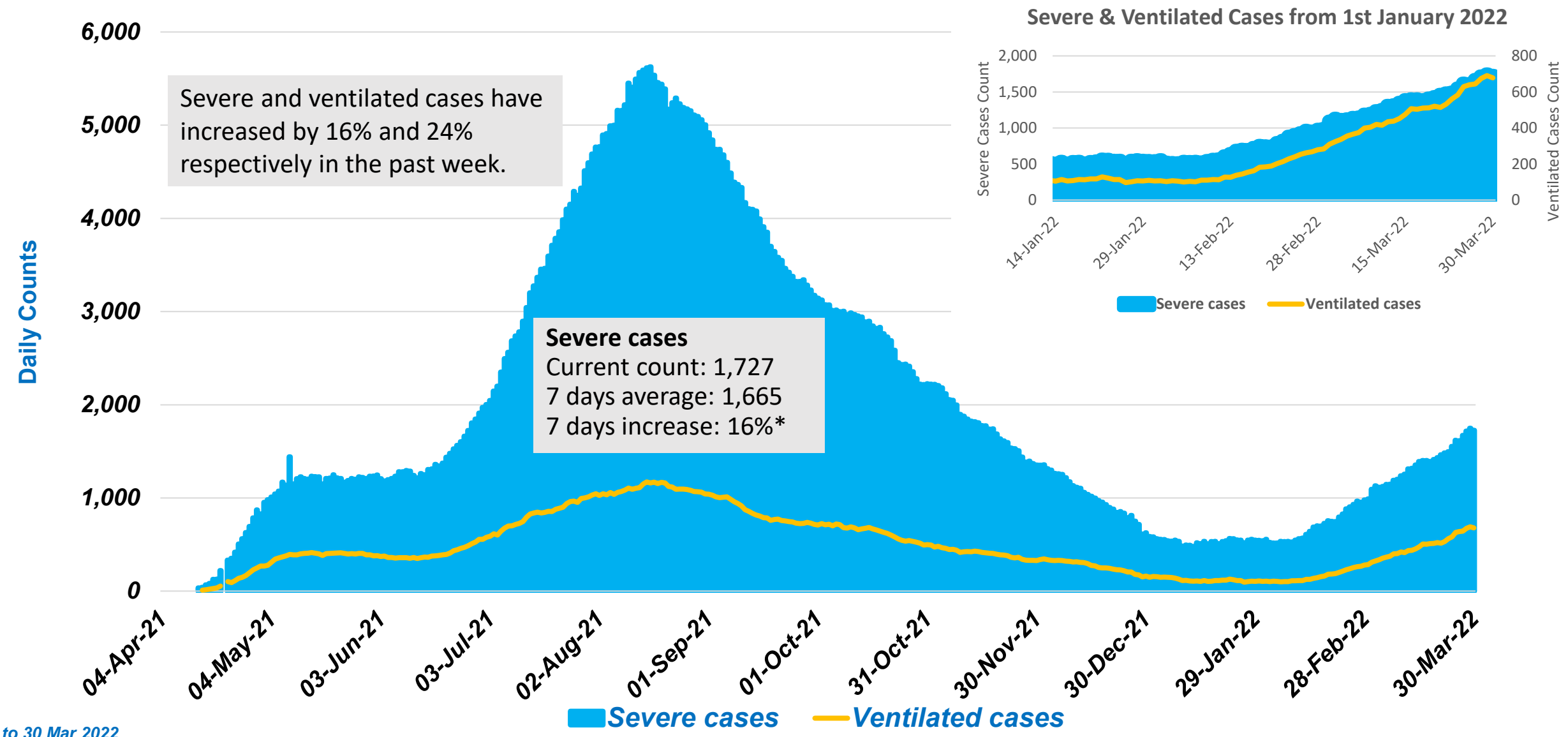
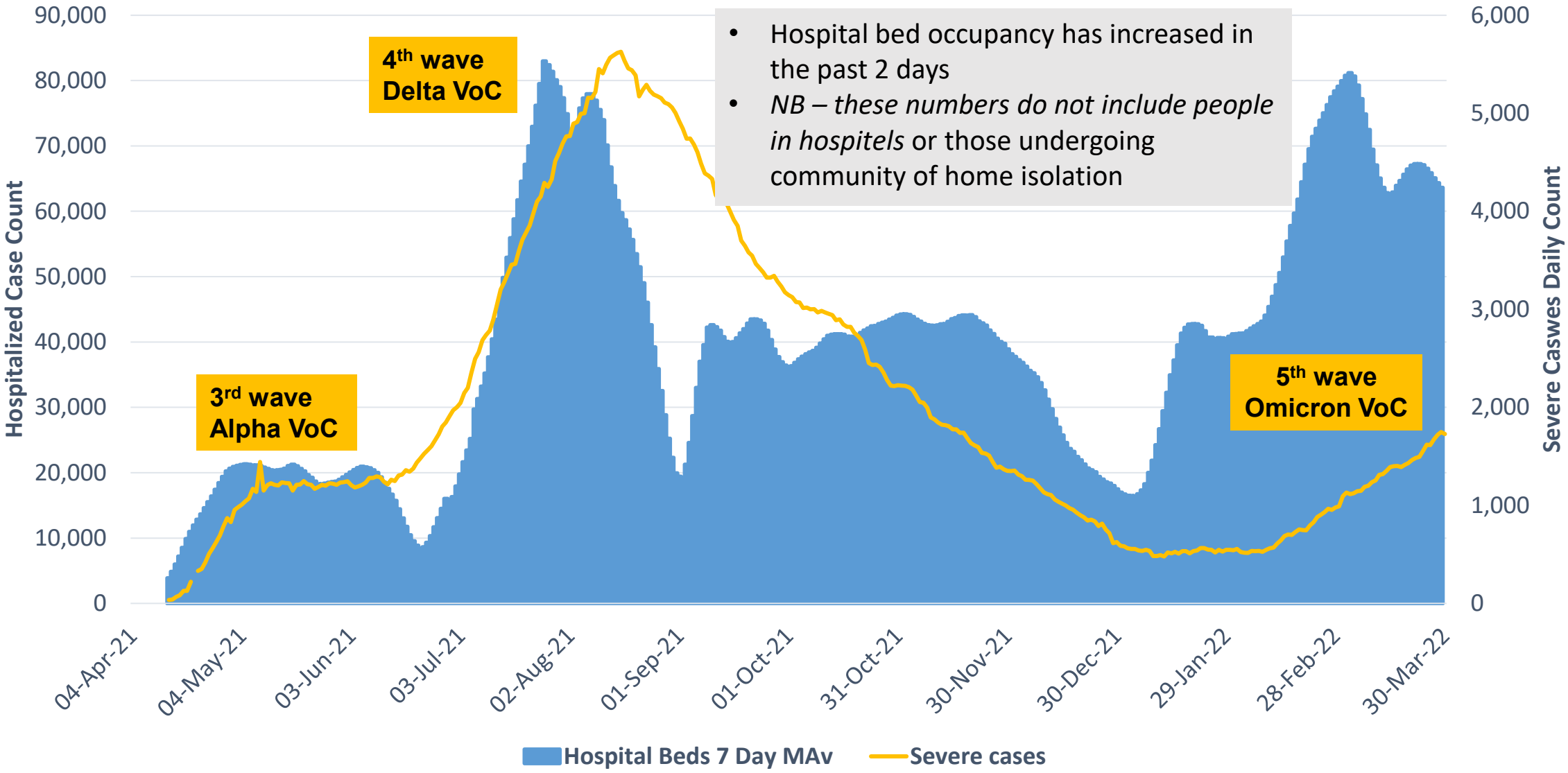
# Severe and ventilated COVID-19 cases




*to 30 Mar 2022*
**Source MoPH**

**Compared to the week prior*

# COVID-19 hospital bed occupancy (7-day average) and severe cases

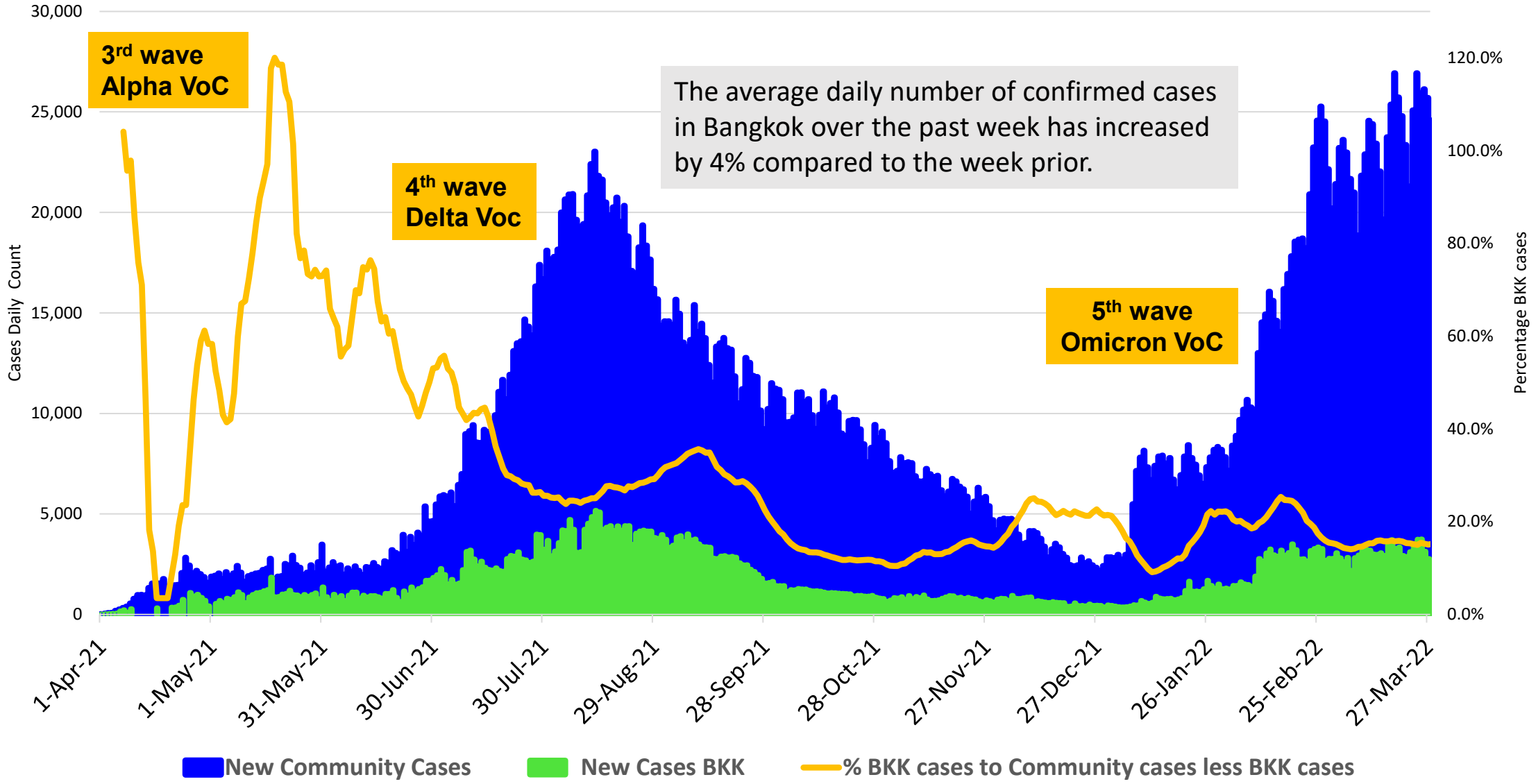



- Hospital bed occupancy has increased in the past 2 days
- *NB – these numbers do not include people in hospitels* or those undergoing community of home isolation

***Source MOPH: to 30 Mar 2022***

# Provincial situation

# COVID-19 proportion of new cases in Bangkok to all community cases




*Source MOPH: to 27 Mar 2022*



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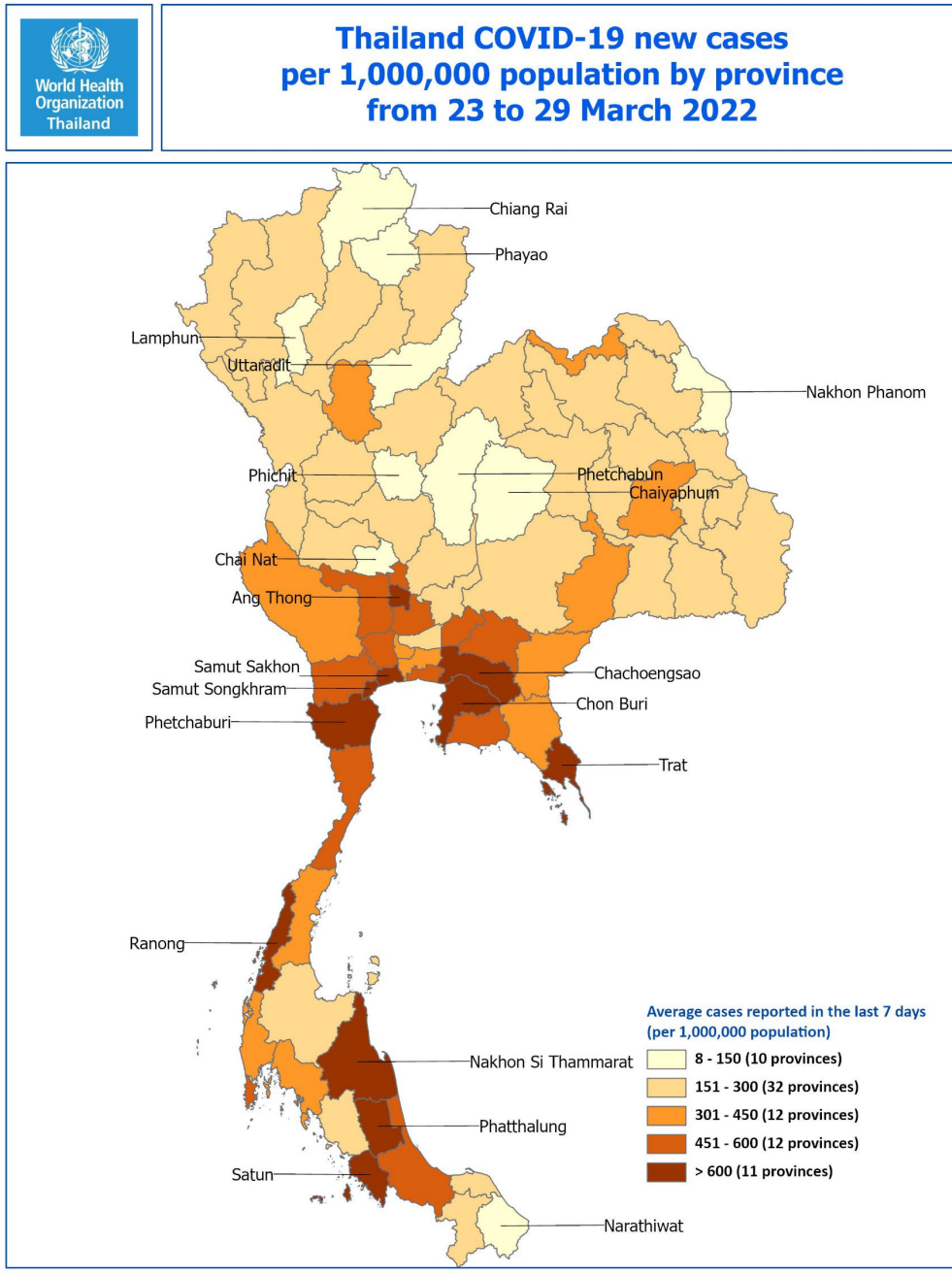
# New COVID-19 cases per million population by province

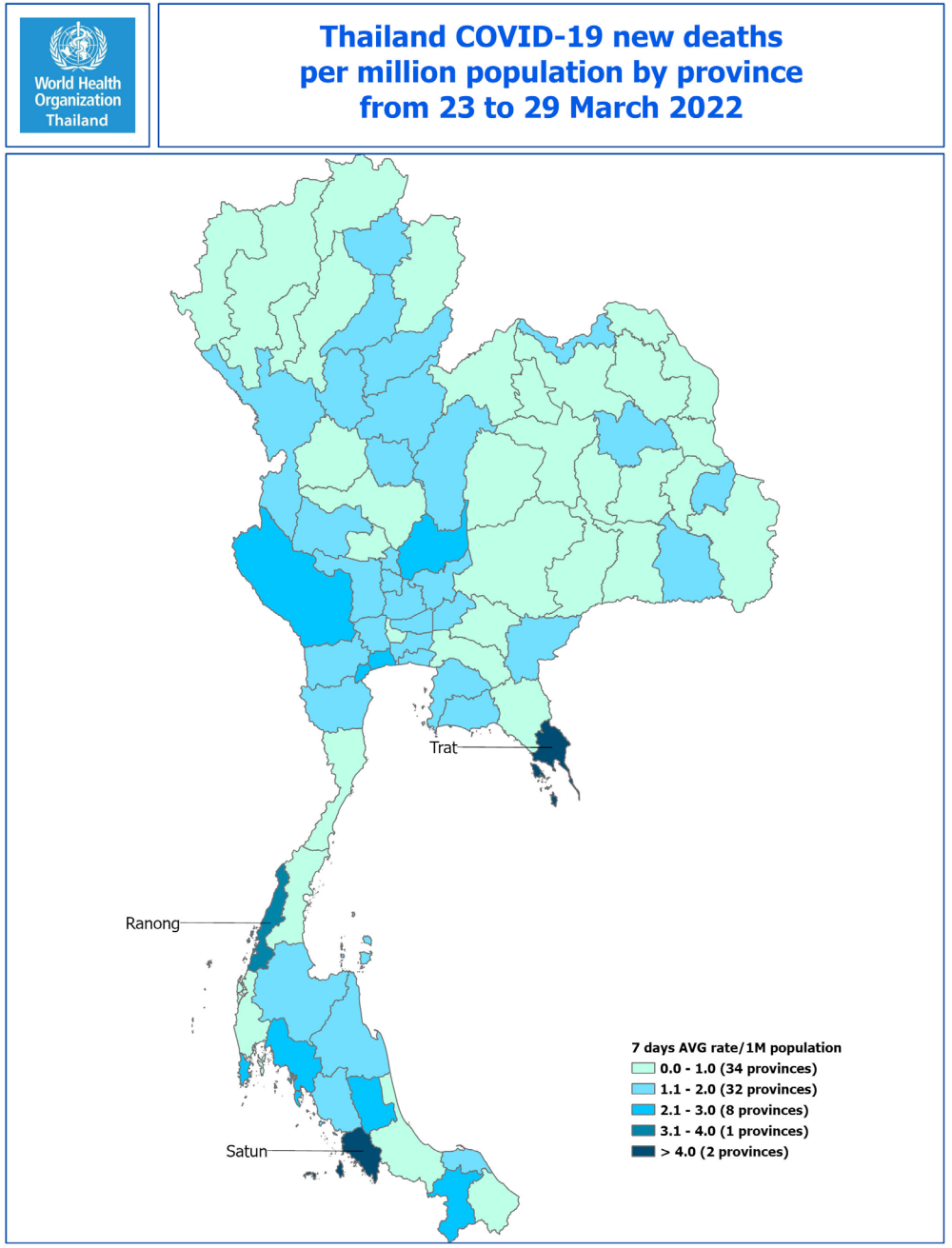
- There is a wide variation in the average rate of new cases ranging from 8 to 1,799 cases per million population. The average rate of new cases nationwide is 363 cases per million population. Most provinces with a high rate were in the Central and Southern Regions.
- The highest average rate of new cases reported in Samut Songkhram, with 1,799 cases per million population.
- The lowest rates of cases per million population (100 cases per million or less) were reported in Chai Nat, Chiang Rai, Lamphun, and Pichit provinces.




**Source: MoPH**

# New COVID-19 deaths per million population by province

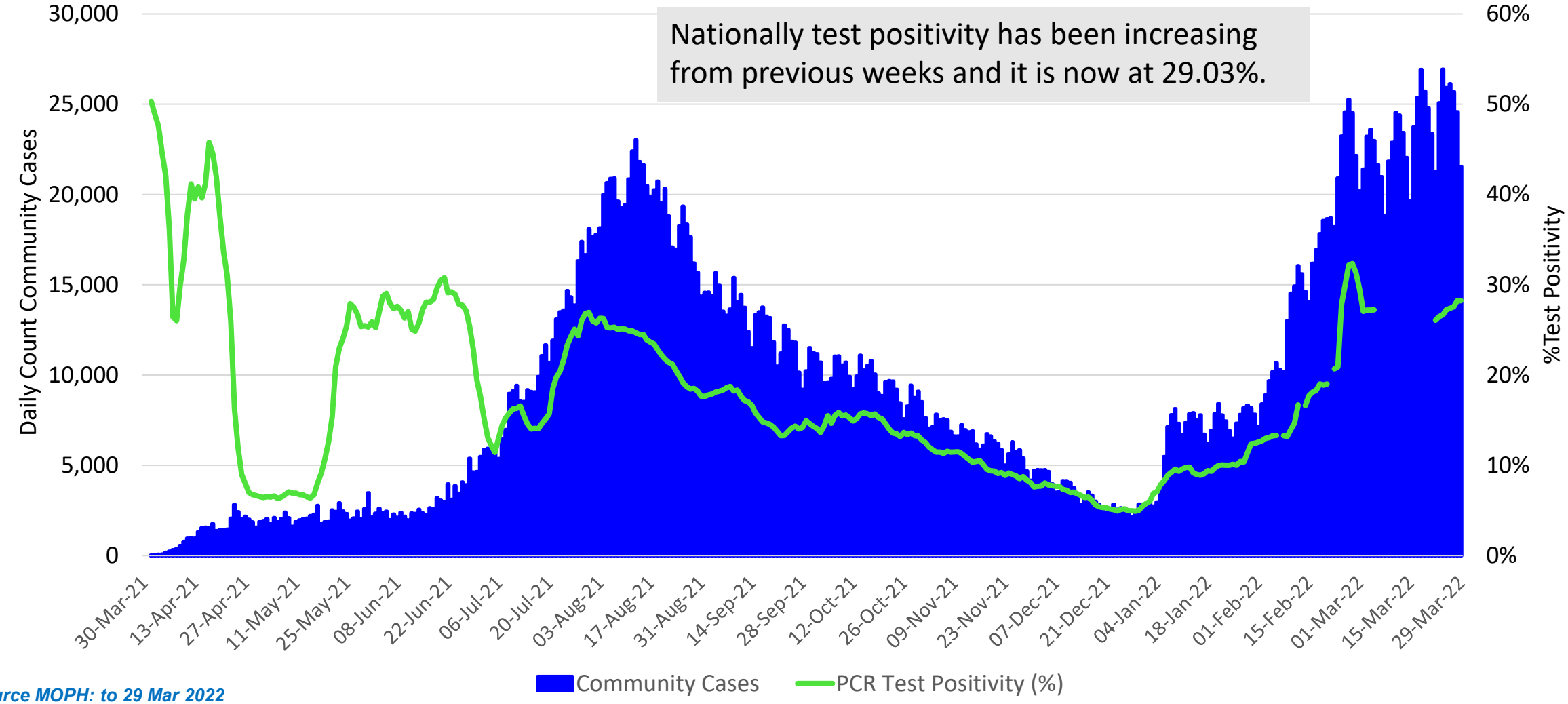
- The average rate of deaths per million population over the past week ranged from 0 to 6.2 deaths per million population across the 77 provinces in Thailand. The average rate of new deaths nationwide is 1.2 cases per million population. 5 provinces reported no new deaths in the past week.
- Trat reported the highest weekly average rate of deaths per million population in the past week.
- Ranong and Satun also reported high levels of deaths per capita in the past week.




**Source MoPH**

# COVID-19 Testing

# Variation in ‘Test Positivity Rate’ over time*




*Source MOPH: to 29 Mar 2022*

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



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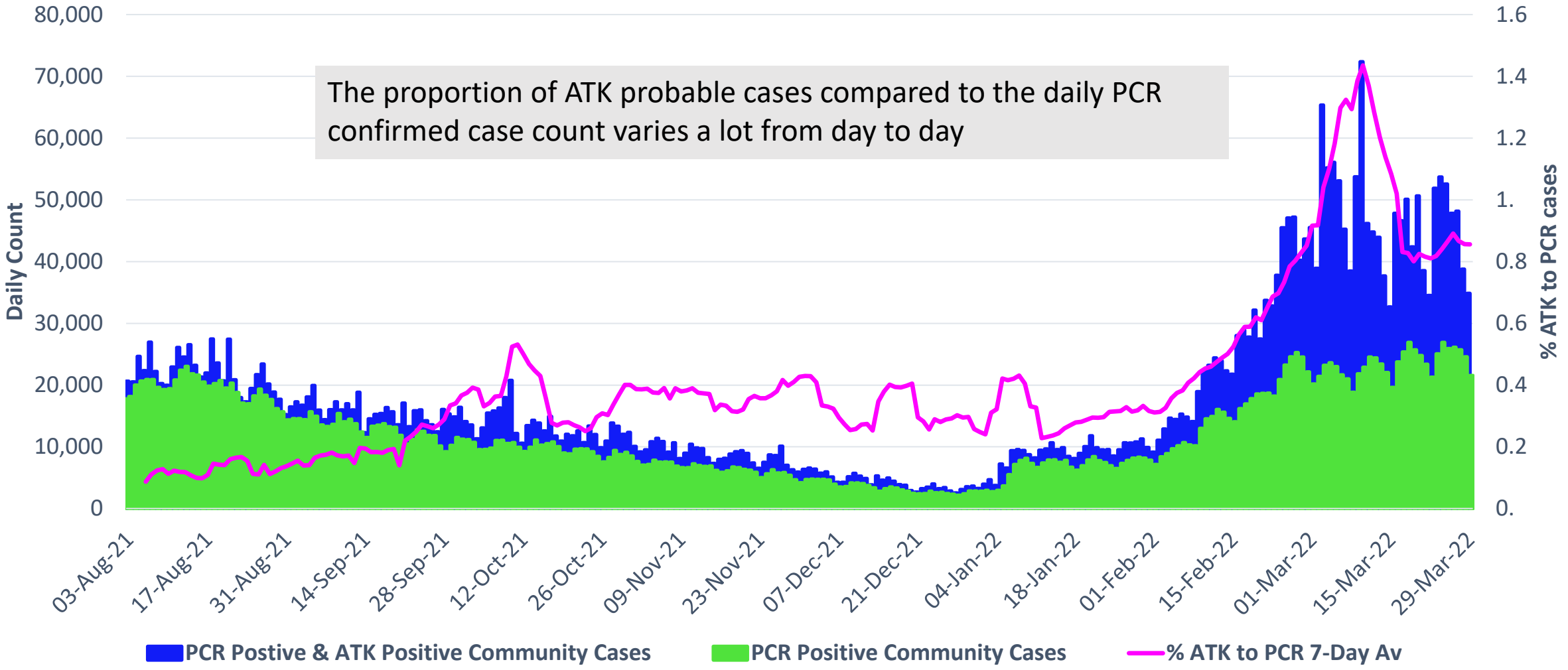
# PCR confirmed community acquired cases and antigen test kit (ATK) positive cases




*Source MOPH: to 29 Mar 2022*



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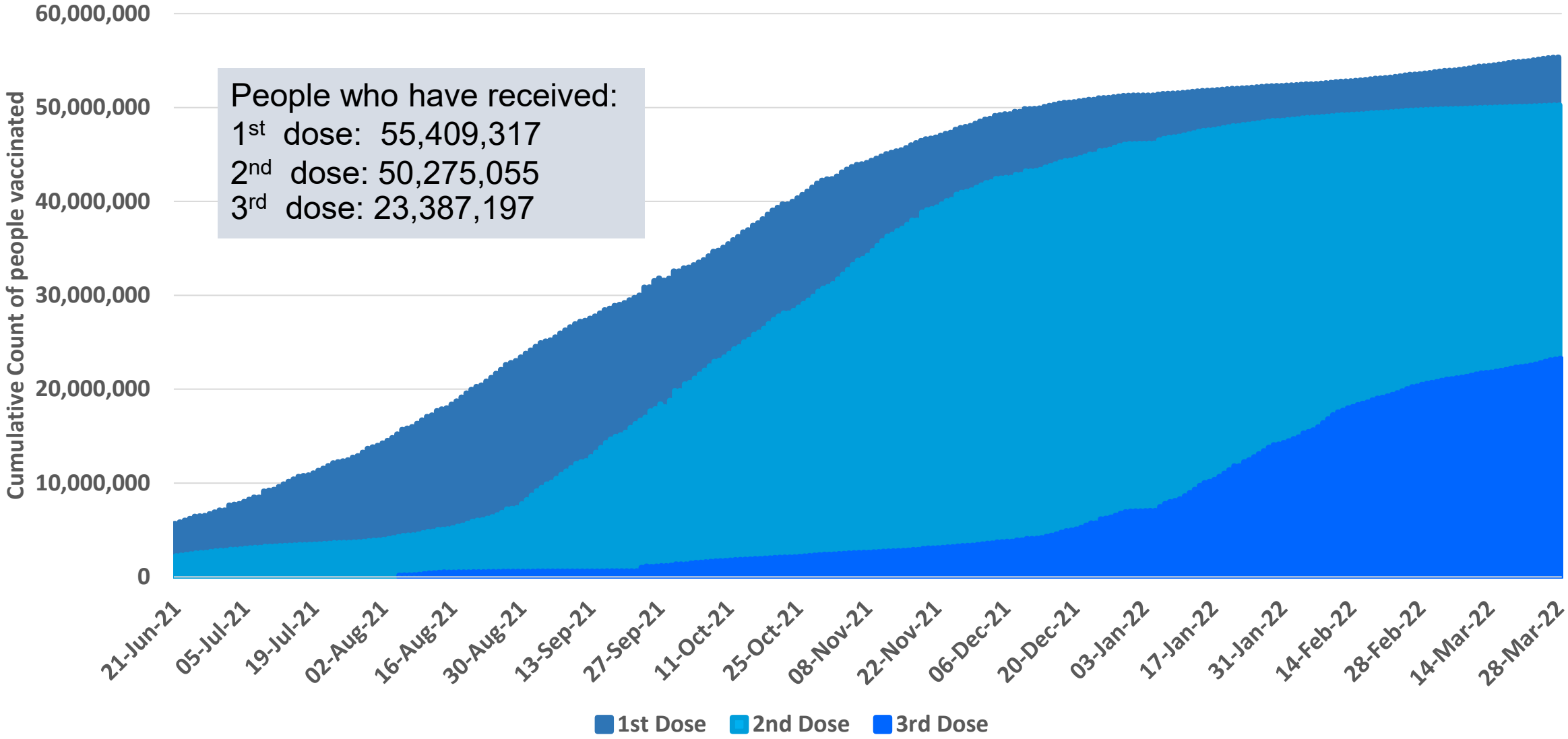
# Vaccination

# National COVID-19 Vaccination Coverage




*Source CCSA to 28 Mar 2022*



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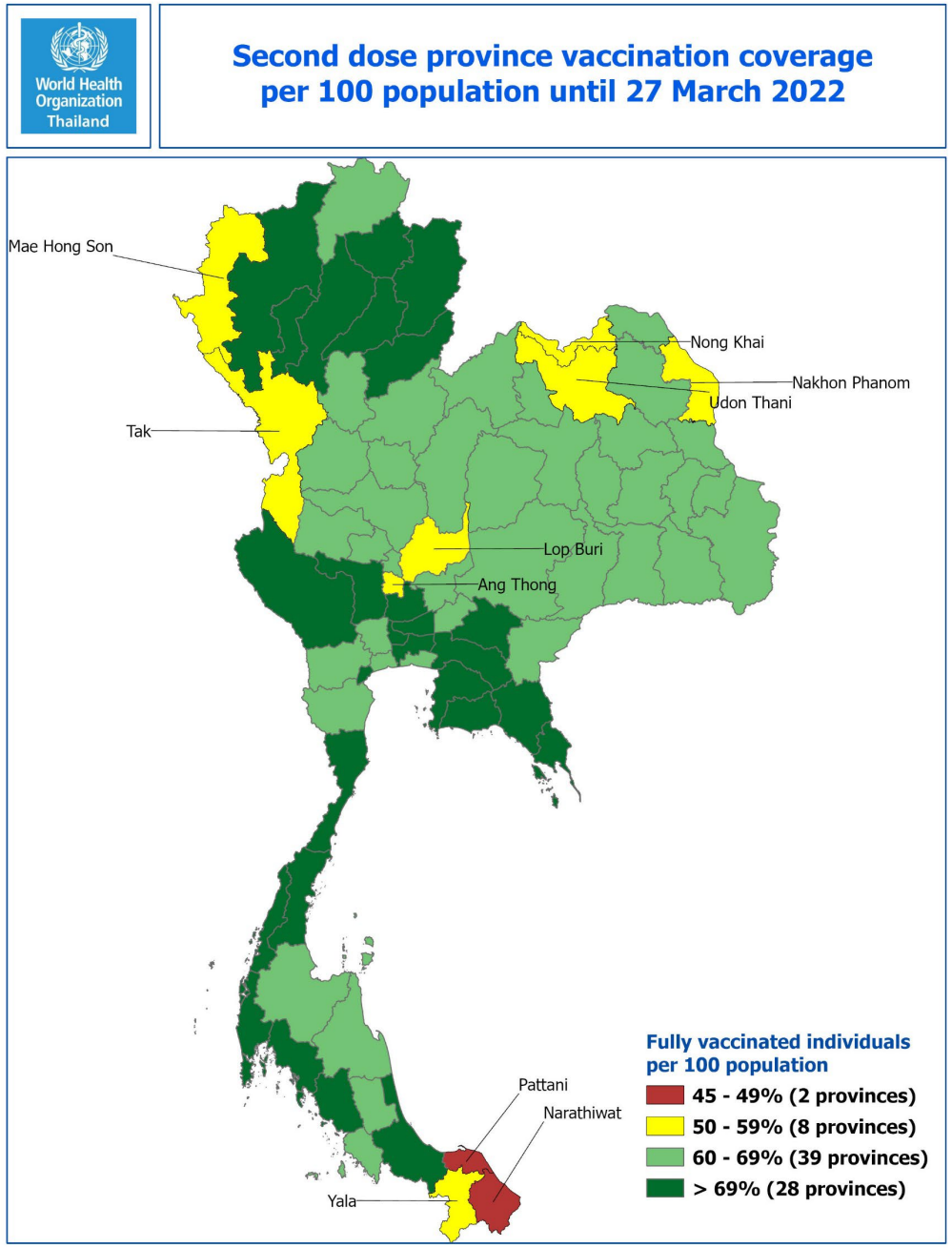
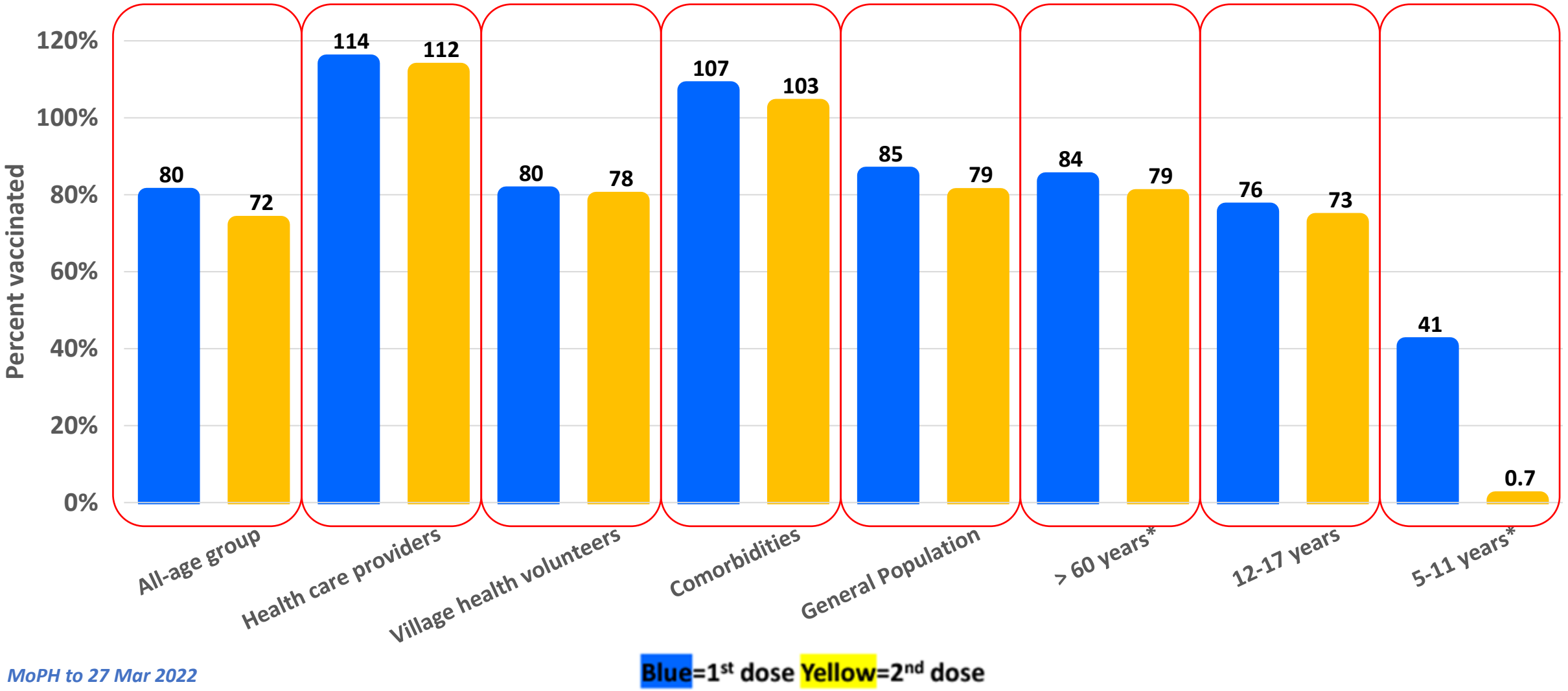
# Second dose coverage per million population by province

- The number of provinces reporting higher two-dose vaccination coverage has slightly increased compared to the previous week.
- The highest rate of vaccination coverage rates were in Bangkok and its surrounding provinces, and industrial and tourism provinces.
- 28 out of 77 provinces had 2nd dose vaccine coverage above 70%.
- The lowest vaccination coverage rates were in Pattani and Narathiwat in the far south.



# Vaccination coverage in specific populations




*MoPH to 27 Mar 2022*
**CCSA to 28 Mar 2022*



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# Policy Update

# The MoPH's Guidelines for COVID-19 Vaccine Administration (18 years and above)

| | Dose 1 | Dose 2 | Interval | Dose 3 |
|---|---|---|---|---|
| 3rd dose booster | SV/SP | SV/SP | 4 weeks | AZ |
| | SV/SP | AZ | >3 months | AZ |
| | SV/SP | Pf | >3 months | Pf |
| | AZ | AZ | >3 months | Pf |
| | Pf | Pf | >3 months | Pf |
| | AZ | Pf | >3 months | Pf |
| | AZ | AZ | >3 months | AZ |

| | Dose 1 | Dose 2 | Dose 3 | Interval | Dose 4 |
|---|---|---|---|---|---|
| 4th dose booster | SV/SP | SV/SP | AZ | >4 months | AZ |
| | SV/SP | SV/SP | Pf | >4 months | Pf |
| | SV/SP | AZ | AZ | >4 months | Pf |
| | AZ | AZ | Pf | >4 months | Pf |

**Note:** A half-dose of Pfizer vaccine can be administered as a booster dose, depending on the clinician's discretion and the vaccine recipient's choice.

-AZ can be an option for recipients of AZ+AZ who do not wish to receive mRNA vaccines (>6 months interval)

-Moderna can be considered as booster doses in any regimen above.

- Individuals with a history of COVID-19 infection should get the vaccine 3 months after infection.

SV=Sinovac
SP=Sinopharm
AZ=AstraZeneca
Pf=Pfizer



*Source: MoPH's press briefing 21 March 2022*

# COVID-19 vaccination programme for children and adolescent

| Age Group | Vaccine | Dosage | Interval |
|---|---|---|---|
| **5-6 yrs.** | Pfizer x 2 doses | orange cap (10 micrograms/ 0.2 ml.) | 8 weeks |
| **6-11 yrs.** | Pfizer x 2 doses | orange cap (10 micrograms/ 0.2 ml.) | 8 weeks |
| | Sinovac - Pfizer | Dose 1: Sinovac 0.5 ml./ dose<br>Dose 2: orange cap Pfizer (10 micrograms/ 0.2 ml.) | 4 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 | Dose 1: Sinovac 0.5 ml./ dose<br>Dose 2: purple cap Pfizer (30 micrograms/ 0.3 ml.) | 4 weeks** |

* They should receive a booster dose with Pfizer (4 months interval after the 2nd dose)
** They should receive a booster dose with Pfizer or Moderna (4-6 months interval after the 2nd dose)

**Source: MoPH's press briefing 21 Mar 2022**



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# Updates on preventive measures for inbound travellers effective on April 1 2022

From 1 April 2022, travellers entering through all schemes will no longer require a pre-travel proof of negative RT-PCR test within 72 hours of travel.

| | Currently | 1 April 2022 renewed | | |
|---|---|---|---|---|
| | | By Air | By land | By Sea |
| Registration for entry | Travellers Register via Thailand Pass and use Morchana after entry Business operators, hospitals and other agencies USE COSTE SHA | | | Register via COE for entry and use MorChana after entry |
| Proof of vaccination | Fully vaccinated at least 14 days before departure | | | |
| COVID-19 test before departure | RT-PCR test is required | RT-PCR test is **NOT required** | | |
| Medical Insurance (not required for Thai citizens) | At least US$ 20,000 | | | |
| Hotel and Testing requirements | Proof of accommodation payments at AQ SHA ++ for 1 night<br>One RT-PCR test on Day 0-1<br>And one Self-ATK on Day 5 | | | One RT-PCR test on Day 0-1 on designated venues and one Self-ATK on Day 5 |

https://thailand.prd.go.th PR Thai Government

# EXPLAINER:
## SARS-CoV-2 mutation and recombination

**Q: Why do viruses mutate and recombine, and what are the consequences?**

A: When viruses replicate, it's quite common to see changes in their genetic makeup. Usually, the changes are small, but if two viruses exchange larger pieces of genetic material, it can result in a bigger change. This can be bad for the virus or have no impact, but if it confers some advantage, the variant will persist. The consequences for us depend primarily on how transmission and severity of illness are affected

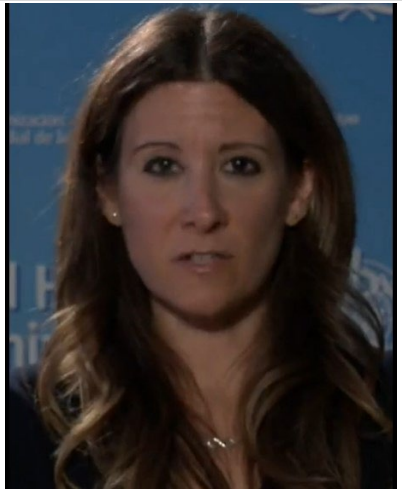
When viruses replicate, we quite frequently see changes in their genetic makeup. The genetic changes can be pretty small, for example, a point mutation may involve a single change in a 'base pair' and might have no consequences - only being detected when a laboratory undertakes whole-genome sequencing. However, even a point mutation can result in a significant change if it occurs in a critically important part of the genome. For example, it can change the important virus surface proteins known as antigens.

When a change like this occurs, unless it makes the virus unviable, it will usually be passed on when the virus replicates again. If more mutations occur and begin to accumulate, the virus genome will slowly change over time. The changes that can then occur in the virus surface proteins are sometimes referred to as 'antigenic drift'. This phenomenon of antigenic drift means we need to be vaccinated against influenza with a new vaccine every year.

In addition, during the replication process viruses can also sometimes exchange large pieces of genetic material with each other – also known as recombination. As with a point mutation, any change can be bad for the virus or have no impact, but if it confers some advantage, the virus variant will persist. Because recombination can sometimes result in a big change in the virus surface proteins, it can result in what scientists call antigenic shift. These events are rarer, but the resulting variants can be so different that our immune systems find it much harder to recognize them. It is the emergence of this type of variant that has caused influenza pandemics in the past.

The consequences of these changes for us depend mostly on how transmission and severity of illness are affected. Most successful mutations are successful exactly because they increase the ability of the virus to transmit so that the new variant can 'outcompete previous' versions. For example, during the last six months, there has been a significant decline in the circulation of the variants of concern (VOCs), Alpha, Beta and Gamma. Over the past 90 days, very few of these variants have been reported. Similarly, Omicron is steadily replacing Delta.

Whether or not a new variant will affect the severity of the illness it causes is difficult to predict, although the presence of some specific genetic markers can provide important clues. However, history has shown that over time, a new virus usually changes gradually to a version with lower pathogenicity.



Click on the image to watch Dr Maria Van Kerkhove, WHO's COVID-19 Technical Lead, discusses the surveillance system to track the mutation of virus that causes new virus 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**

**World Health Organization Country Office for Thailand**
4th Fl., Permanent Secretary Bldg.3 Ministry of Public Health, Nonthaburi, Thailand, 11000. sethawebmaster@who.int

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