COVID-19 Situation, Thailand
20 April 2022

4,083,892 total confirmed cases 27,263 total deaths

Daily average reported from 14 to 20 April 2022 (compared to the week prior)

- 19,289 new confirmed cases (23,863) 19%
- 124 deaths (100) 24%
- 25,072 people recovered (25,963) 3%
- 37,054 vaccinations (139,673) 74%

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

- Situation analysis
- Global situation
- National situation
- Provincial situation
- COVID-19 testing
- Vaccination situation
- RTG policy updates
- Explainers

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

The average number of new laboratory-confirmed (PCR positive) COVID-19 cases reported per day decreased by 19% in the past 7 days compared to the previous week, with the total passing 4 million reported cases of COVID-19 in Thailand. This is the second week of decreases; however, we must wait a few weeks more to know if there has been any increased transmission arising from Songkran family gatherings. The average number of probable (ATK positive) cases reported per day over the last 7 days (13,630) decreased considerably by 29% compared to the week before (19,333). This may also be a result of reduced reporting occurring during Songkran. As not all probable (ATK positive) cases are subsequently confirmed by PCR testing, the likely ‘total’ daily case counts remain high. While new cases may have declined or not been reported, severe and ventilated cases and deaths continue to increase, as they have been since the beginning of the year.

Bangkok continues to report the highest daily number of COVID cases and has reversed the last few weeks of average declines, with the average number of new COVID-19 cases reported per day for Bangkok in the past week (3,195) 1.9% higher than the week prior (3,136).

The average daily number of all currently ‘active’ COVID-19 cases (212,174) over the last seven days decreased by 13% compared to the previous week. Most cases continue to be monitored in hospitals, community isolation and home isolation. The average number of COVID cases occupying hospital beds per day over the past week (56,216) decreased by 11% compared with the week prior (63,425). The first-time average bed occupancy has been below 60,000 since the middle of February.

In the opposite direction, deaths increased by 24% with an average of 124 daily deaths reported in the past week compared to 100 for the previous week. This continues the steadily increasing rise in deaths that has occurred since January.

The average daily number of severe COVID-19 cases over the past seven days has passed two-thousand (2,062) for the first time since early November 2021, representing a 5% increase over the average number reported for the previous week (1,967). The average daily number of ventilated COVID-19 cases over the past seven days (897) represents an 8% increase over the average number reported for the week prior (633).

Although the number of seriously ill COVID-19 cases remains lower than the peak in August 2021, both severe and ventilated cases have been steadily climbing, with ventilated cases increasing faster and just 23% below their highest ever reported levels of August 2021. Despite these increases, there remains capacity in the healthcare system to admit patients.

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 monitor the situation accurately. However, from the data reported, the increasing transmissibility of the Omicron variant is clear, with nearly half (49%, 1.8 million) of all COVID cases (4 million) in Thailand reported in the last 4-months from 1 January 2022, which was the time when the Omicron variant started to dominate circulation.

Even with the current high case burden of 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. The CCSA reported that of the 124 deaths reported on 18 April, 99% were in vulnerable groups, with 94% have not received a booster vaccination that is shown to be highly effective in preventing severe disease against the Omicron variant of concern.
Global Situation
Global COVID-19 (total) cases, deaths and vaccinations to date:
chart showing cases reported per week (19 April 2022)

503,131,834 confirmed cases
404,271 new cases in last 24 hours

6,200,571 deaths
1,326 new deaths in last 24 hours

11,324,243,310 vaccine doses administered
5,099,796,920 persons vaccinated with at least one dose
4,579,008,662 persons fully vaccinated

Situation by WHO Region

Europe
210,770,575
confirmed

Americas
152,012,590
confirmed

South-East Asia
57,613,528
confirmed

Western Pacific
52,375,616
confirmed

Eastern Mediterranean
21,673,983
confirmed

Africa
8,684,778
confirmed

Source: https://covid19.who.int/ - data as of 19 April 2022 (vaccination data to 17 April 2022)
National Situation
Thailand COVID-19 cases, deaths and vaccinations to date: chart showing cases per day

New Community Cases

<table>
<thead>
<tr>
<th>Date of reporting</th>
<th>New</th>
<th>Cumulative</th>
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<tbody>
<tr>
<td>19 Feb 20</td>
<td>4,063,844</td>
<td>19,713</td>
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<tr>
<td>19 Apr 20</td>
<td>121</td>
<td>27,135</td>
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<tr>
<td>19 Jun 20</td>
<td>56,011,444*</td>
<td>50,678,940*</td>
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<tr>
<td>19 Aug 20</td>
<td>25,017,499*</td>
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</tr>
</tbody>
</table>

Vaccination

- 1st dose: 5,000
- 2nd dose: 50,000
- 3rd dose: 25,000

Source: MoPH to 19 Apr 2022
Source: CCSA to 18 Apr 2022
COVID-19 deaths in Thailand

- Deaths have increased by 24% in the last week
Severe and ventilated COVID-19 cases have increased by 5% and 7% respectively in the past week.

Severe cases
Current count: 2,104
7 days average: 2,051
7 days increase: 5.2%*

Ventilated cases
Todays count: 940
7 days average: 887
7 days increase: 7.4%*
COVID-19 hospital bed occupancy (7-day average) and severe cases

- Hospital bed occupancy has decreased to similar level since mid-February
- NB – these numbers do not include people in hospitals or those undergoing community of home isolation

Source MOPH: to 19 Apr 2022
Provincial Situation
The average daily number of confirmed cases in Bangkok over the past week has decreased by 1.9% compared to the week prior.
New COVID-19 cases per million population by province

- There continues wide variation in the average rate of new cases ranging from under 150 cases per million (increasing from 13 provinces last week to 18 this week) to 600 cases per million population (6 provinces).
- Unlike in previous weeks, there are no provinces reporting rates greater than 600 cases per million population. Over half of all provinces (54%) report 300 or fewer cases per million population.
- Following a consistent trend, provinces with a high rate continue to be in central provinces and Nong Khai in the North-East.
- The lowest rates were found more or less in a straight line from the far south to the far northern provinces. These include provinces bordering Malaysia in the south and Myanmar in the south and north-west.
New COVID-19 deaths per million population by province

- The average rate of deaths per million population over the past week decreased from 0 to half a million deaths per million population (11 provinces, a decrease from 14 provinces of the previous week) to 6 (2 provinces) deaths per million population.
- As with the previous week, two provinces reported the highest deaths per million population: Sukhothai, similarly to the previous week, however, the second province reporting the highest death rate per million population changed from Trat in the previous week to Samut Songkhram in the last week.
COVID Testing
Variation in ‘Test Positivity Rate’ over time*

Nationally test positivity has been increasing from previous weeks and it is now at 31%.

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

Source MOPH: to 19 Apr 2022
The proportion of ATK probable cases compared to the daily PCR confirmed case count is decreasing, but varies a lot from day to day.
Vaccination
People who have received:
1st dose: 56,011,444
2nd dose: 50,678,940
3rd dose: 25,017,499

Source CCSA to 18 Apr 2022
The number of provinces reporting higher two-dose vaccination coverage continues to be 30, similar to previous weeks.

The highest vaccination coverage rates were in Bangkok and its surrounding provinces and industrial and tourism provinces.

The lowest vaccination coverage rates remain in Pattani and Narathiwat in the far south at below 50%. Although as the map of new cases shows (slide 11), these two provinces report low new cases per million population.

Of note Tak and Mae Hong Song bordering Myanmar in the West/North-West that report lower 2-dose vaccination coverage also report low new cases (see new case map on slide 11). In contrast, Kanchanaburi, which is also reporting low 2-dose vaccination coverage, is reporting higher new cases per million.
Vaccination coverage: 1\textsuperscript{st} dose, 2\textsuperscript{nd} dose, 3\textsuperscript{rd} dose and additional booster doses

- Blue = 1\textsuperscript{st} dose
- Yellow = 2\textsuperscript{nd} dose
- Green = 3\textsuperscript{rd} dose includes also 4\textsuperscript{th} and possibly 5\textsuperscript{th} doses combined

MoPH to 17 Apr 2022
*CCSA to 18 Apr 2022
Vaccination coverage: 1st dose, 2nd dose, 3rd dose and more doses (Nationally and in those 60 years and older)

CCSA to 18 Apr 2022
COVID-19 burden on vulnerable population groups
Cumulative COVID-19 Cases reported to date by nationality
(19 April 2022)

- Cambodia Laos & Myanmar) comprise 5.3% of all reported cases
- Largest group (3.9%) from Myanmar

Source MOPH: to 19 Apr 2022
Policy Update
The MoPH’s Guidelines for COVID-19 Vaccine Administration (18 years and above)

<table>
<thead>
<tr>
<th>3rd dose booster</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Interval</th>
<th>Dose 3</th>
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<tr>
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<td>4 weeks</td>
<td>AZ</td>
</tr>
<tr>
<td>SV/SP</td>
<td>AZ</td>
<td>&gt;3 months</td>
<td>AZ</td>
<td></td>
</tr>
<tr>
<td>SV/SP</td>
<td>Pf</td>
<td>&gt;3 months</td>
<td>Pf</td>
<td></td>
</tr>
<tr>
<td>AZ</td>
<td>AZ</td>
<td>&gt;3 months</td>
<td>AZ</td>
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<tr>
<td>Pf</td>
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<tr>
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<td>Pf</td>
<td>&gt;3 months</td>
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<table>
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<td>SV/SP</td>
<td>SV/SP</td>
<td>AZ</td>
<td>&gt;4 months</td>
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<tr>
<td>SV/SP</td>
<td>SV/SP</td>
<td>Pf</td>
<td>&gt;4 months</td>
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<td></td>
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<tr>
<td>SV/SP</td>
<td>AZ</td>
<td>AZ</td>
<td>&gt;4 months</td>
<td>Pf</td>
<td></td>
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<tr>
<td>AZ</td>
<td>AZ</td>
<td>Pf</td>
<td>&gt;4 months</td>
<td>Pf</td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Source:** MoPH’s press briefing 21 March 2022
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccine</th>
<th>Dosage</th>
<th>Interval</th>
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<tbody>
<tr>
<td>5-6 yrs.</td>
<td>Pfizer x 2 doses</td>
<td>orange cap (10 micrograms/ 0.2 ml.)</td>
<td>8 weeks</td>
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<tr>
<td>6-11 yrs.</td>
<td>Pfizer x 2 doses</td>
<td>orange cap (10 micrograms/ 0.2 ml.)</td>
<td>8 weeks</td>
</tr>
<tr>
<td></td>
<td>Sinovac - Pfizer</td>
<td>Dose 1: Sinovac 0.5 ml./ dose</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 2: orange cap Pfizer (10 micrograms/ 0.2 ml.)</td>
<td></td>
</tr>
<tr>
<td>6 – 17 yrs.</td>
<td>Sinovac x 2 doses</td>
<td>0.5 ml./ dose</td>
<td>4 weeks*</td>
</tr>
<tr>
<td>12 - 17 yrs.</td>
<td>Pfizer x 2 doses</td>
<td>purple cap (30 micrograms/ 0.3 ml.)</td>
<td>3-4 weeks</td>
</tr>
<tr>
<td></td>
<td>Sinovac – Pfizer</td>
<td>Dose 1: Sinovac 0.5 ml./ dose</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 2: purple cap Pfizer (30 micrograms/ 0.3 ml.)</td>
<td>4 weeks**</td>
</tr>
</tbody>
</table>

* 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
Entry Scheme into Thailand through TEST AND GO
(Revised measures effective from 1 April 2022)

As of 31 March 2022

ELIGIBILITY
Fully vaccinated* travelers from all countries / territories
*Only vaccines registered by the Food and Drug Administration of Thailand or approved by the Ministry of Public Health or the WHO. Must be fully vaccinated at least 14 days prior to departure

REQUIRED DOCUMENTS
1. Passport
2. Certificate of Vaccination
   - Ages 18 and above must be fully vaccinated
   - Ages below 18
     - Traveling accompanied by parents/legal guardian
     - Full vaccination not required
     - Traveling unaccompanied
     - Ages below 12 must be fully vaccinated
     - Ages 12 - 17 must receive one dose of vaccination
3. Paid SHA Extra / AQ Hotel booking confirmation for 1 day including the fee for 1 RT-PCR test, 1 ATK self-test kit and airport transfer
4. Insurance with minimum coverage of USD 20,000 for medical expenses (not required for Thai nationals and foreign nationals who have Thai social security / confirmation letters from employer in Thailand)

REMARK
Pre-departure RT-PCR test for entry into Thailand is no longer required. However, travelers are advised to verify airline policies and entry requirements of transiting countries.

For further inquiries, please contact the Department of Consular Affairs (DCA) Tel. (66) 02-572-8442 (24 hours) or Email: testgo@consular.go.th Please refer to the FAQs at www.consular.mfa.go.th and tp.consular.go.th for additional information.

Entry Schemes into Thailand
(Revised measure effective from 1 April 2022)

As of 31 March 2022

SANDBOX
- Stay within Sandbox areas for 5 days before permitted to travel to other parts of Thailand
- Current Sandbox areas include Phuket, Khai Yai, Nakhon Si Thammarat, Surat Thani, Koh Samui, Koh Tao, and Koh Phangan, Chonburi (Pataya and some districts) and Test (Koh Chang)

REQUIRED DOCUMENTS FOR REGISTRATION
1. Passport
2. Certificate of Vaccination
   - Ages 18 and above must be fully vaccinated
   - Ages below 18
     - Traveling accompanied by parents/legal guardian
     - Full vaccination not required
     - Traveling unaccompanied
     - Ages below 12 must be fully vaccinated
     - Ages 12 - 17 must receive one dose of vaccination
3. Paid SHA Extra / AQ Hotel booking confirmation for 5 days and the fee for 1 RT-PCR test*, 1 ATK self-test kit and airport transfer
4. Insurance with minimum coverage of USD 20,000 for medical expenses (not required for Thai nationals and foreign nationals who have Thai social security / confirmation letters from employer in Thailand)

ALTERNATIVE QUARANTINE
- 5 days quarantine for both fully vaccinated travelers and unvaccinated travelers

REQUIRED DOCUMENTS FOR REGISTRATION
1. Passport
2. Paid AQ Hotel booking confirmation for 5 days including the fee for 1 RT-PCR test* and airport transfer
3. Insurance with minimum coverage of USD 20,000 for medical expenses (not required for Thai nationals and foreign nationals who have Thai social security / confirmation letters from employer in Thailand)
4. *RT-PCR test will be conducted on day 4-5

REMARK
- Processing time for Thailand Pass is 3-7 days
- Pre-departure RT-PCR test for entry into Thailand is no longer required.
However, travelers are advised to verify airline policies and entry requirements of transiting countries.

For further inquiries, please contact the Department of Consular Affairs (DCA) Tel. (66) 02-572-8442 (24 hours) or Email: testgo@consular.go.th Please refer to the FAQs at www.consular.mfa.go.th and tp.consular.go.th for additional information.
Current evidence suggests about 10-20% of people diagnosed with COVID-19 infection go on to develop a ‘post-COVID-19’ syndrome, with numerous lingering symptoms. This is called post COVID-19 condition or 'long COVID'. Long-COVID can occur in those who had mild COVID or were even asymptomatic with no apparent COVID symptoms. However, current evidence shows Long-COVID is associated with increasing severity of prior infection.

Long-COVID typically presents with symptoms that begin after recovery from an acute COVID-19 infection. However, it may occur in continuity with the initial illness. Symptoms can come and go over time. The 3 most common symptoms are shortness of breath, brain fog, and fatigue. However, more than 200 different symptoms have been reported.

After 3 months have passed since you were diagnosed with acute COVID-19, if you have shortness of breath, brain fog or fatigue, you might have Long-COVID, and you should consult with a doctor. It is important to see a doctor even if you feel your Long-COVID symptoms are manageable and do not interfere with your daily quality of life because it's also possible that the underlying cause may be a different illness that needs different treatment.

There is still much unknown about the spectrum of symptoms and duration of Long-COVID. Current evidence suggests Long-COVID may continue for at least 2 months. However, some may experience symptoms for up to 6 months, a year, or longer. Evidence of lung abnormalities, cardiovascular syndromes and complications including stroke, heart attack, blood clots and death have all been identified 1-year after symptom onset.

Because Long-COVID is a new broad-spectrum disease covering several different body systems, there are no specific drugs or therapeutic treatments. For milder symptoms, self-management can help improve the quality of life. This includes reducing physical activity when feeling fatigued or short of breath and slowing down to focus just on one task at a time if you are having trouble concentrating. If symptoms significantly impact your life, or they get worse or change, WHO recommends seeing a doctor, who may refer you for specialist rehabilitation services.

Q: What is Long-COVID and when might I have Long-COVID?
A: 3 months is considered sufficient time for most people to recover from COVID-19. For this reason, if 3 months has passed since you were first diagnosed with COVID-19, and if you continue to be unwell, including recognised Long-COVID symptoms, such as shortness of breath, brain fog, or fatigue, you should see a doctor to be assessed and diagnosed. Your doctor and other therapists can then develop a plan to help manage your symptoms.
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

www.who.int/thailand @WHO Thailand
WHO Thailand WHO Thailand

THE NEW NORMAL

Even if you're feeling well and do not think you have #coronavirus, cover coughs and sneezes with your elbow to help prevent the spread of #COVID19.

#StaySafe