

COVID-19 Situation, Thailand

27 April 2022

Based on data as reported by the CCSA

4,209,165 total confirmed cases

28,144 total deaths

Daily average reported from 20 to 26 April 2022 (compared to the week prior)



18,692 new confirmed cases (19,655) 5% ↓



126 deaths (121) 24% ↑



22,883 people recovered (25,313) 10% ↓



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 |



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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 5% in the past 7 days compared to the previous week, with the total passing 4.2 million reported cases of COVID-19 in Thailand. This is the third week of decreases; however, the rate of decrease (5%) slowed from 18% in the previous week. We must wait a little longer to know if these weekly decreases are a signal of reducing community transmission and not a disruption in reporting that may have occurred due to Songkran and other recent holidays. The average number of probable (ATK positive) cases reported per day over the last 7 days (16,222) increased considerably by 30% compared to the week before (12,446) – though the previously low figure probably represents a reduction in reporting due to 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 are declining, as are severe cases with ventilated cases levelled off, 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. It 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 (3,351) 6.9% higher than the week prior (3,133).

The reduction in new cases has seen the average daily number of all currently 'active' COVID-19 cases (183,510) over the last seven days decrease by 16% 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 (46,726) decreased by 19% compared with the week prior (57,775).

In the opposite direction, deaths increased by 4%, with an average of 126 daily deaths reported in the past week compared to 121 for the previous week. This continues the increasing rise in deaths that has occurred since January but is a considerable slow down in the rate of increase that was up by 23% in the week before.

The average daily number of severe COVID-19 cases over the past seven days (1,955) decreased by 4.7% over the previous week. This is the first decrease in 11 weeks and a reduction back below the average of two-thousand cases (2,051) of the previous week. The average daily number of ventilated COVID-19 cases over the past seven days (895) represents a minimal increase of 0.9% compared to the week prior. This is the fourth week of slowing rates of increases in ventilated cases.

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 almost half (47%, 1.9 million) of all COVID cases (4.2 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 are reporting a consistent pattern of most deaths occurring in vulnerable groups and those with incomplete vaccination. Of the 124 deaths reported on 25 April, 96% 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 (26 April 2022)

508,041, 253 confirmed cases

379,084 new cases in last 24 hours

6,224,220 deaths

2,718 new deaths in last 24 hours

11,324,805,837 vaccine doses administered (17 Apr 2022)

5,100,316,294 persons vaccinated with at least one dose

4,579,350,070 persons fully vaccinated

Situation by WHO Region

Europe 213,498,777 confirmed

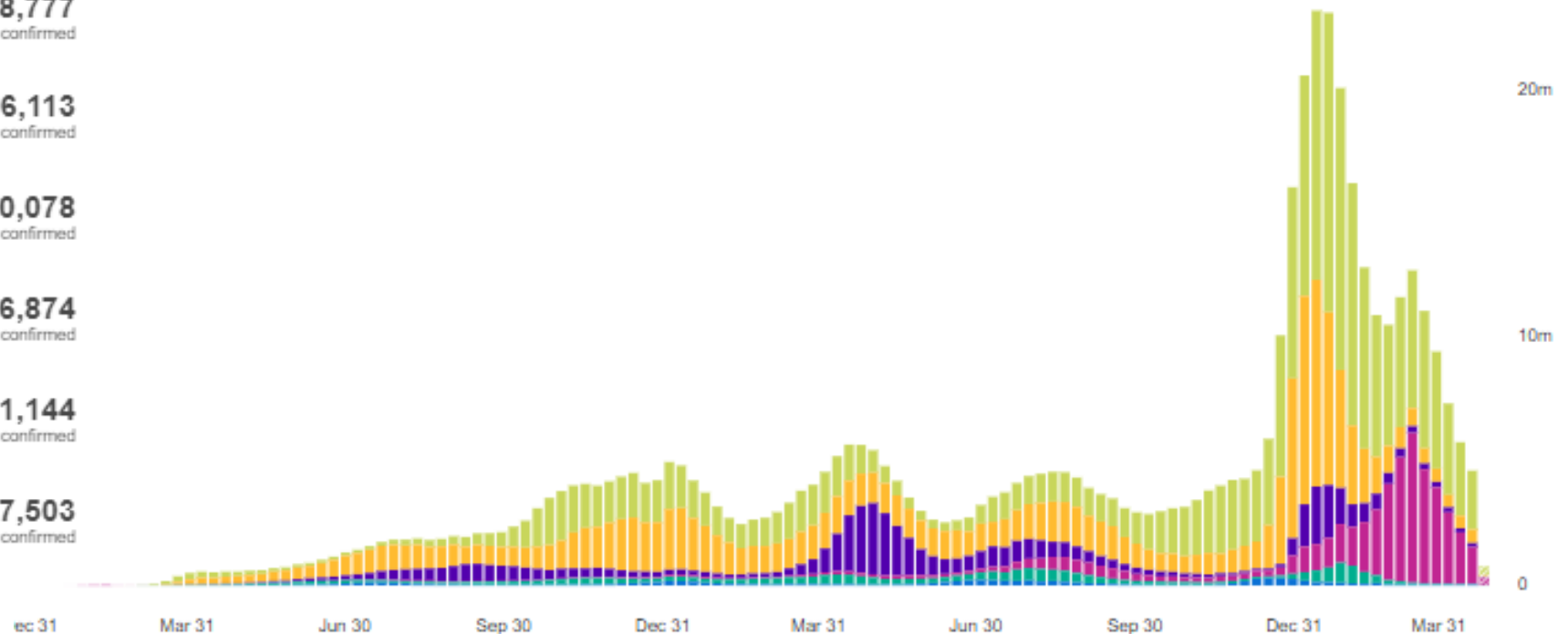
Americas 152,596,113 confirmed

South-East Asia 57,770,078 confirmed

Western Pacific 53,756,874 confirmed

Eastern Mediterranean 21,691,144 confirmed

Africa 8,727,503 confirmed



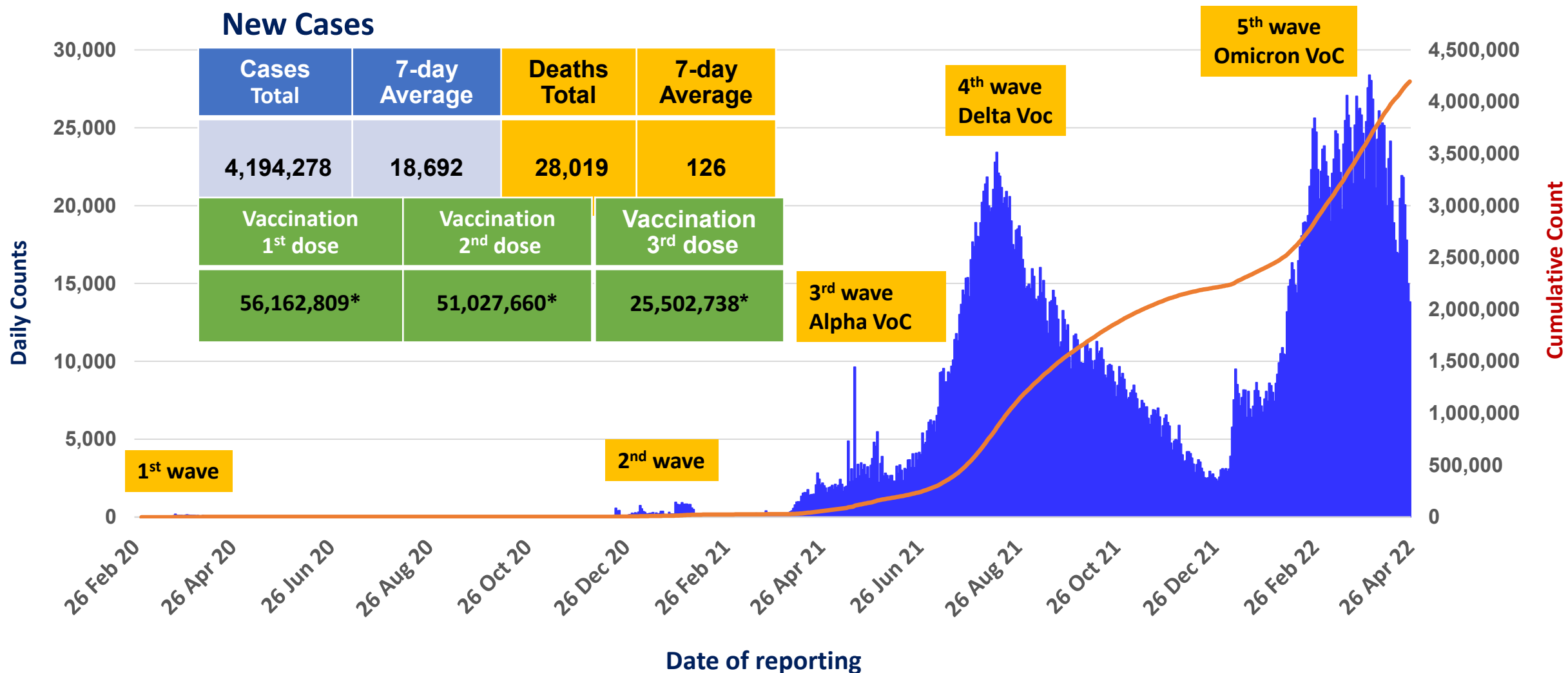
Source: <https://covid19.who.int/> - Data as of 26 April 2022, Vaccination data to 17 April 2022

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National Situation

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

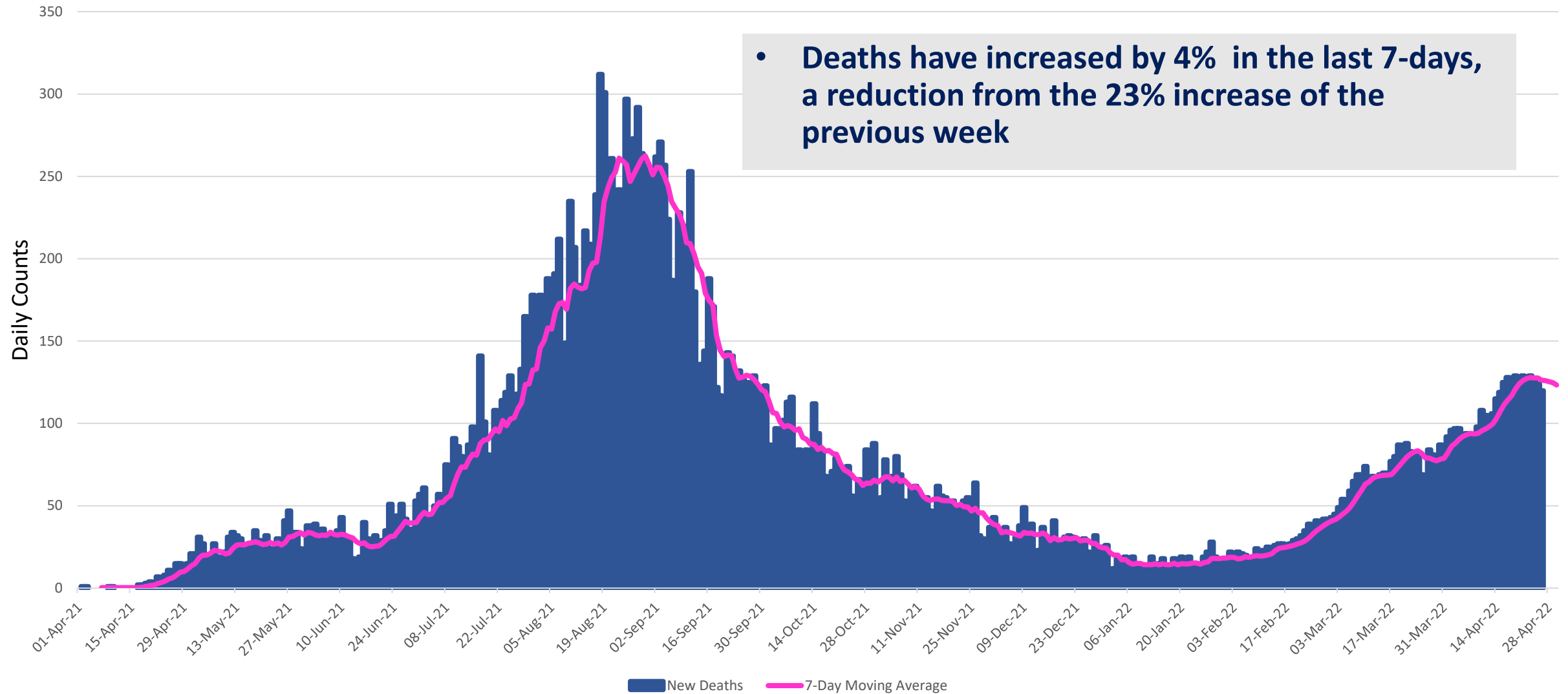


Source MoPH to 26 Apr 2022
*Source CCSA to 25 Apr 2022

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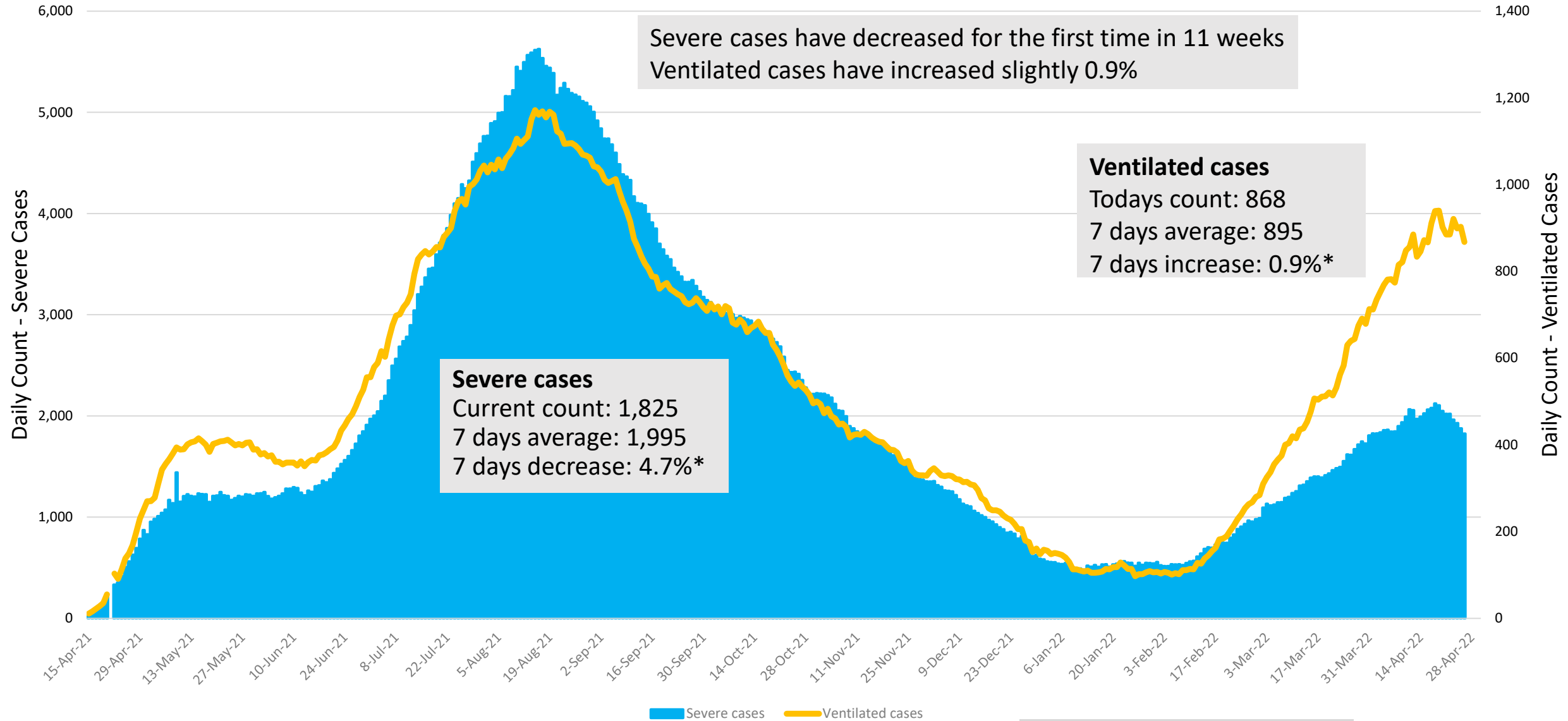


COVID-19 deaths in Thailand



to 26 Apr 2022
Source MoPH

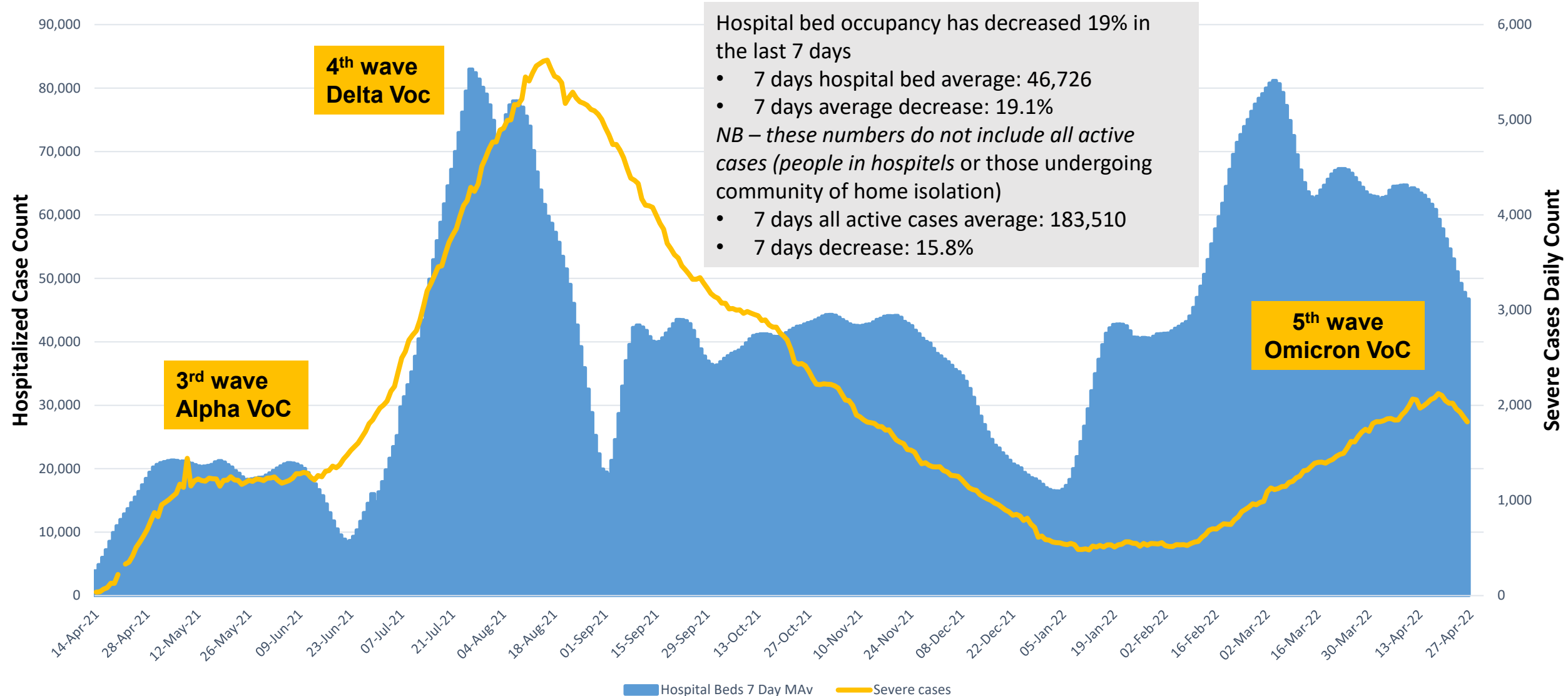
Severe and ventilated COVID-19 cases



to 26 Apr 2022
Source MoPH

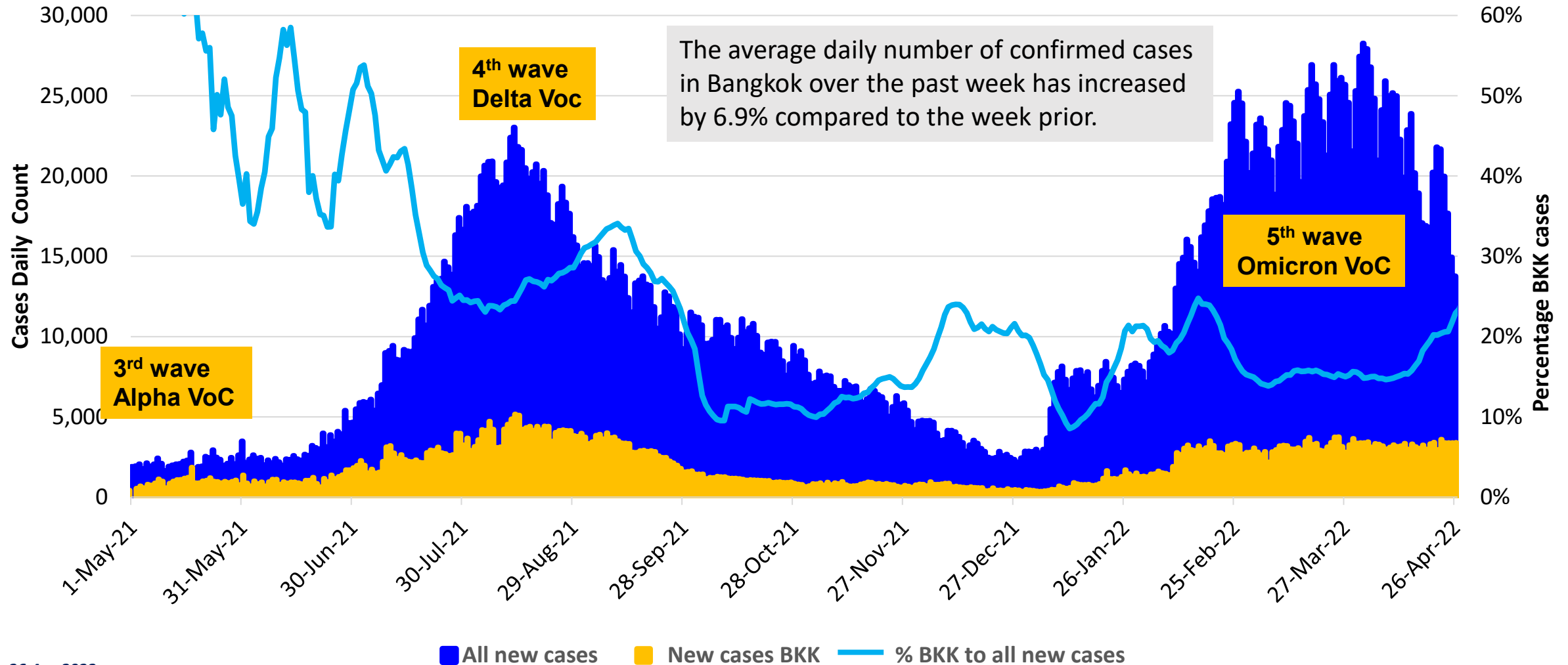
*Compared to the week prior

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



Provincial Situation

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



to 26 Apr 2022
Source MoPH

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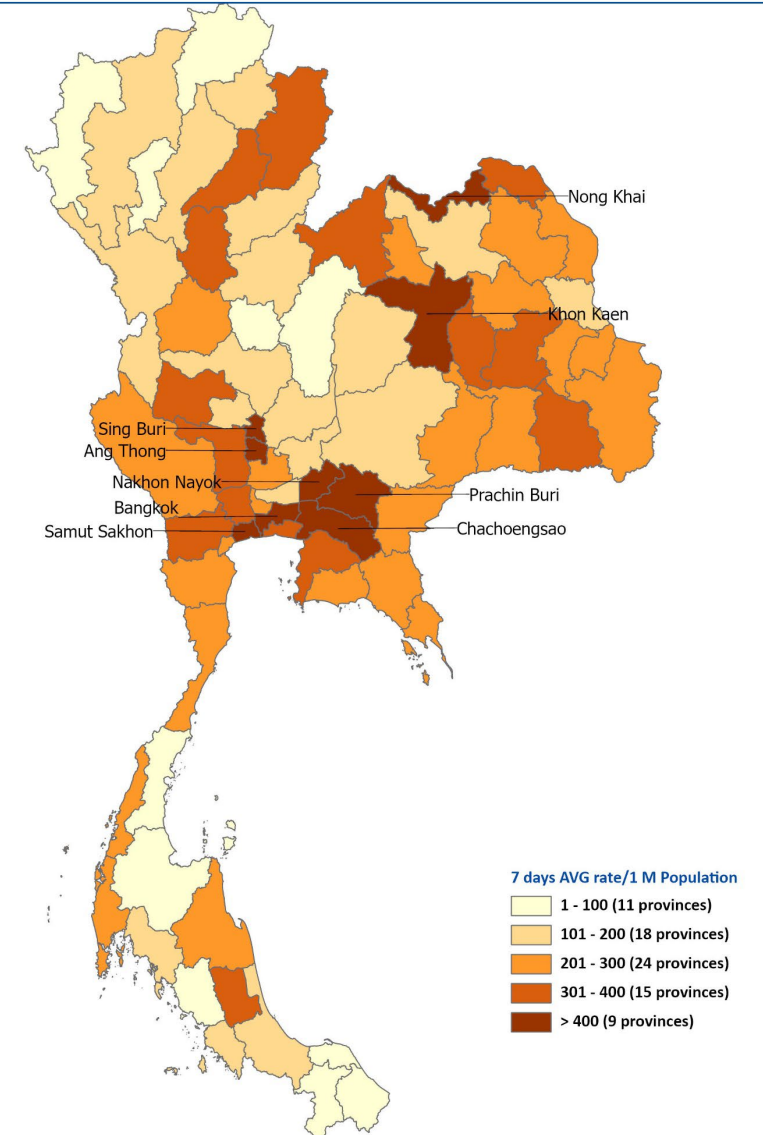
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7-Day Average New COVID-19 cases per million population by province

- There continues wide variation in the average rate of new cases ranging from 1 case per million (Lamphun) to 573 cases per million population (Nong Khai).
 - 11 provinces report an average of fewer than 100 cases per million population (14%). At the upper range of new cases, 10 provinces (13%) report 400 or more average cases per million population.
- Highest reported cases continue the trend of recent weeks in Bangkok, Ang Thong, and the North-East (Nong Khai and Khon Kaen), with higher rates generally in the East and Central West.
 - The higher rates in some of the more rural provinces, particularly in the East, maybe due to people returning home for the Songkran holidays
- The lowest rates continue to be 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 North-West, with few low rates found in Eastern provinces

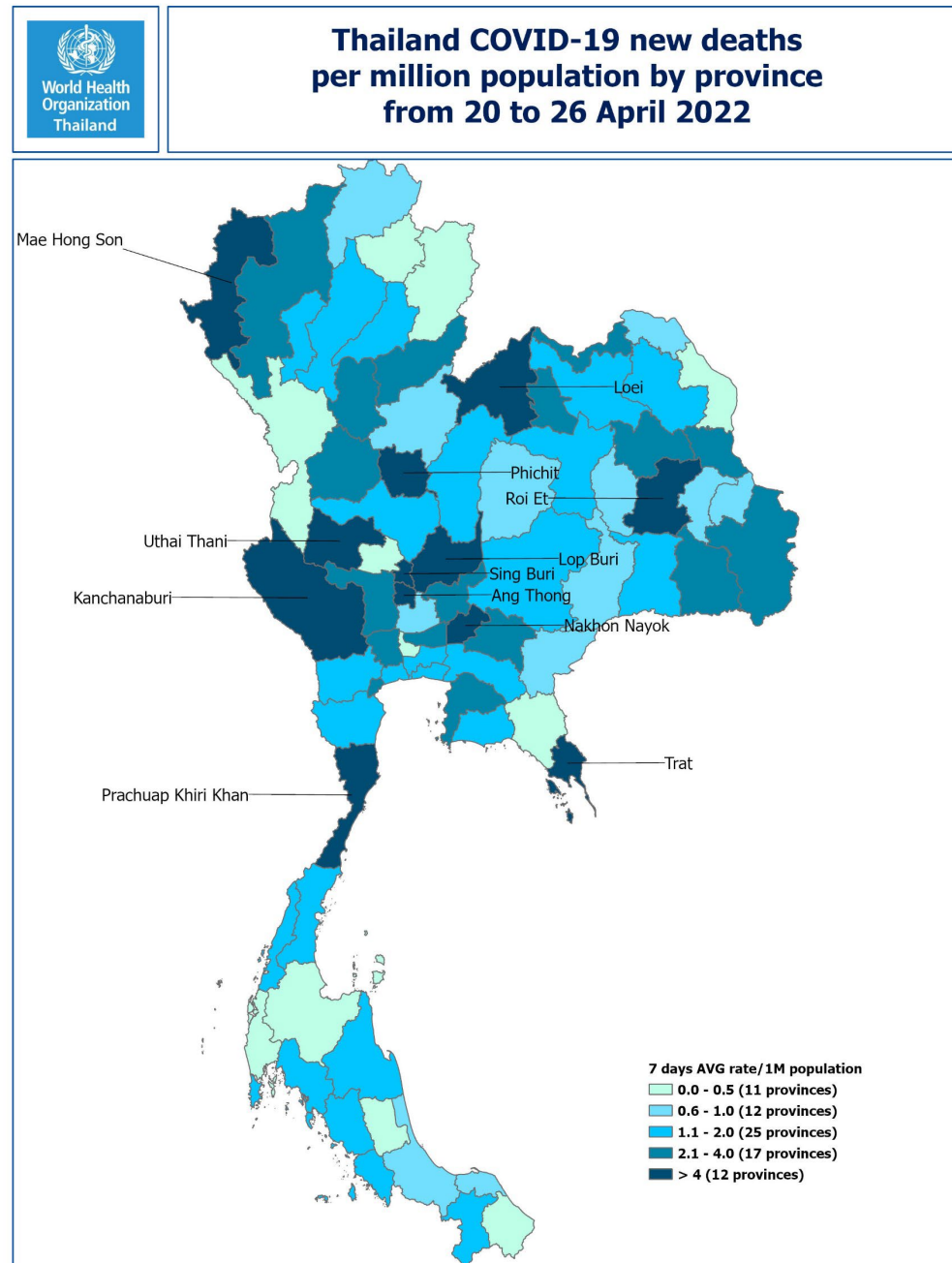


Thailand COVID-19 new cases
per 1,000,000 population by province
from 20 to 26 April 2022



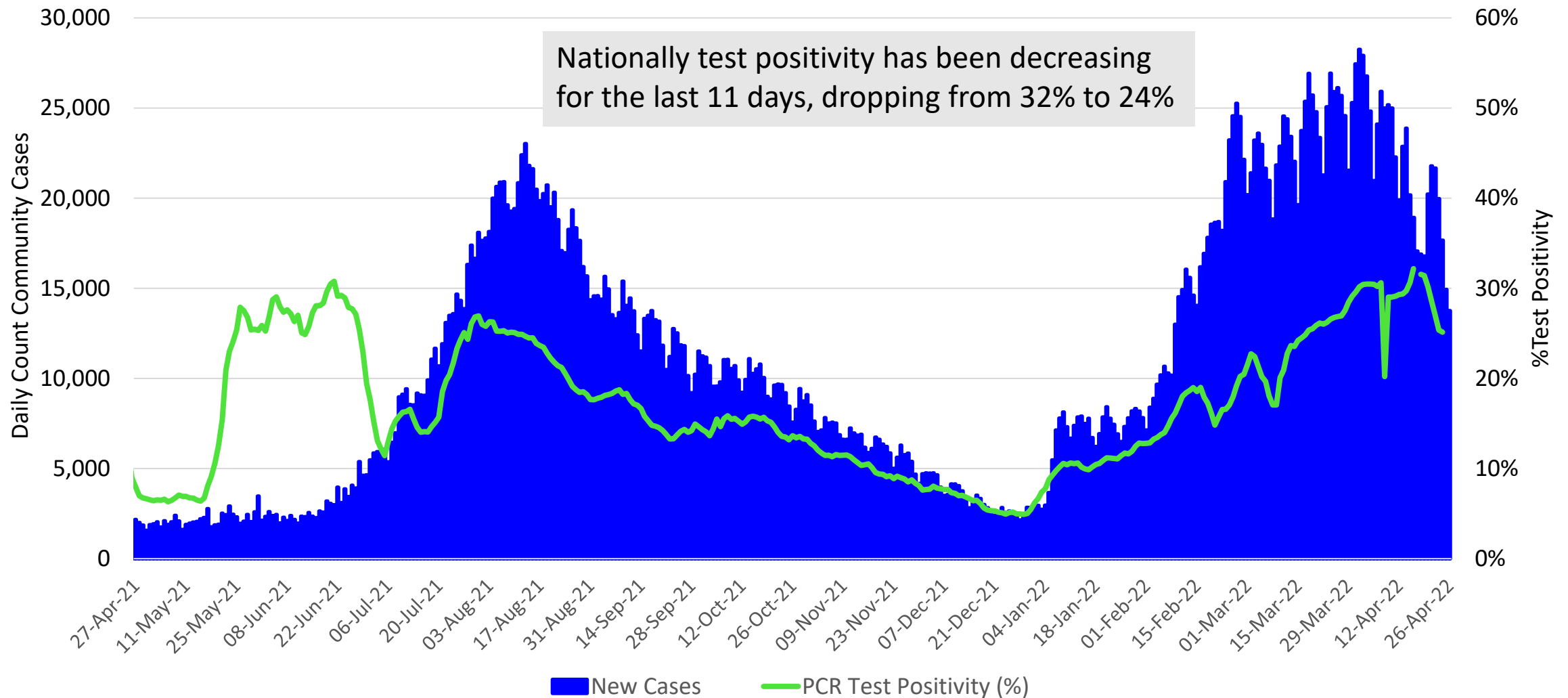
7-Day Average New COVID-19 deaths per million population by province

- The average rate of deaths per million population over the past week ranged from 0 (Chai Nat, Phayao, Phangnga) to 6.4 deaths per million population (Uthai Thani).
 - More than a third of all provinces (27, 35%) reported an average of 1 or fewer deaths per million population (less than 1 death is due to averaging).
 - At the upper range of average deaths, 2 provinces (Uthai Thani, Sing Buri) report 6 or more average deaths per million population.
- As with the previous weeks, some of the same provinces reported higher rates, notably Trat. No provinces in the south report higher average rates of deaths.
- Of note Mae Hong Song in the North West reports higher rates of deaths (4.1 per million population) but low rates of new cases (88 per million population – see map on slide13).



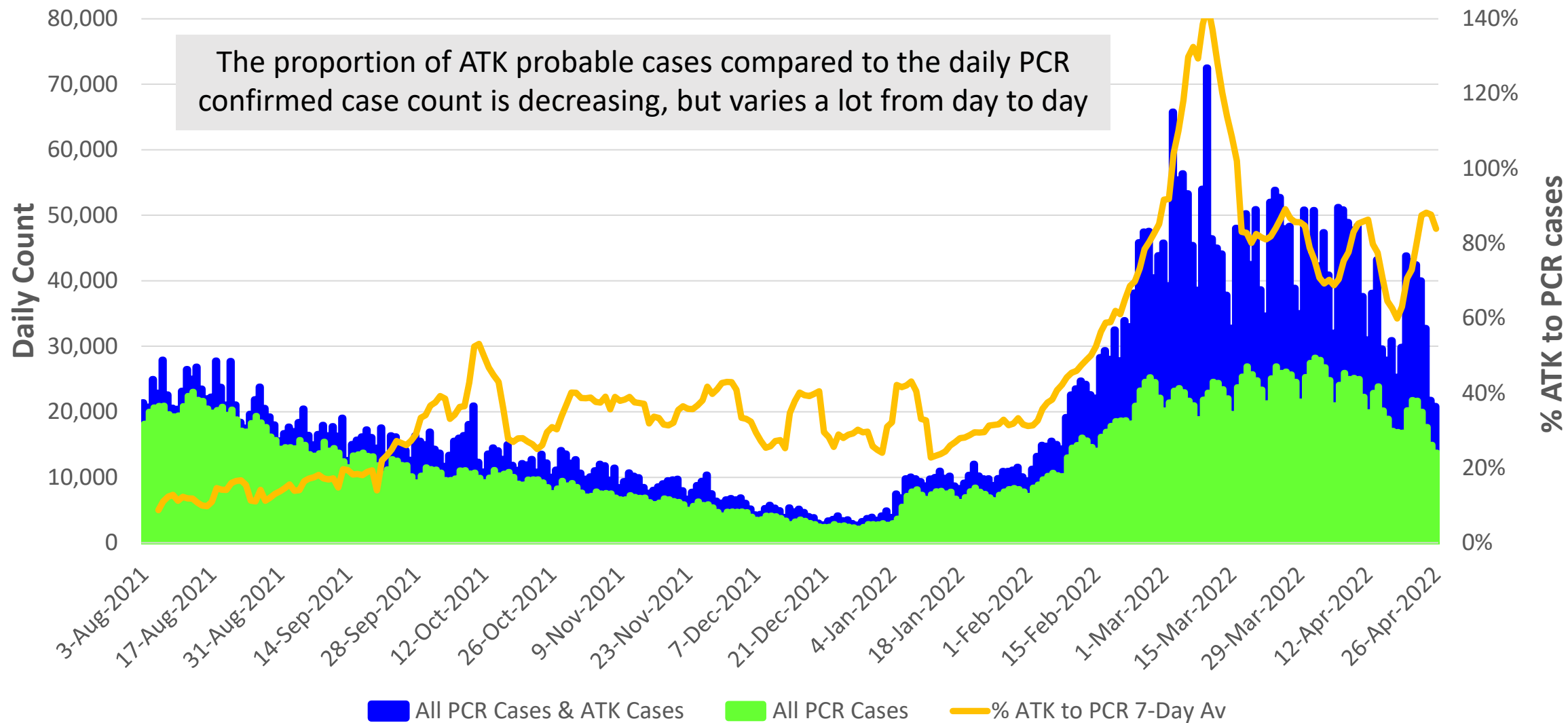
COVID Testing

Variation in 'Test Positivity Rate' over time*



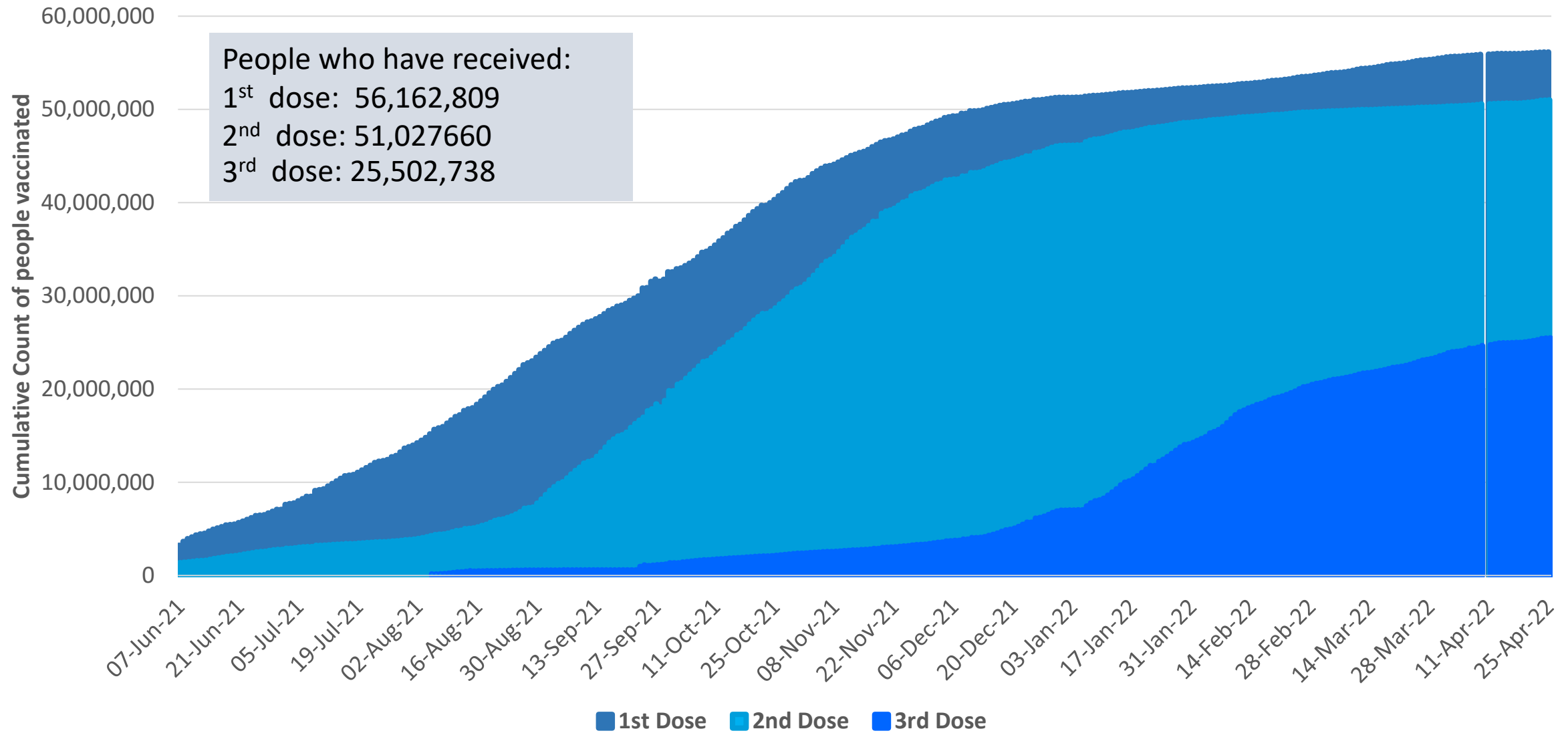
*The Test Positivity Rate (TPR) is the percentage of all PCR tests conducted in a day that return a positive result

PCR confirmed cases and antigen test kit (ATK) positive cases



Vaccination

National COVID-19 Vaccination Coverage



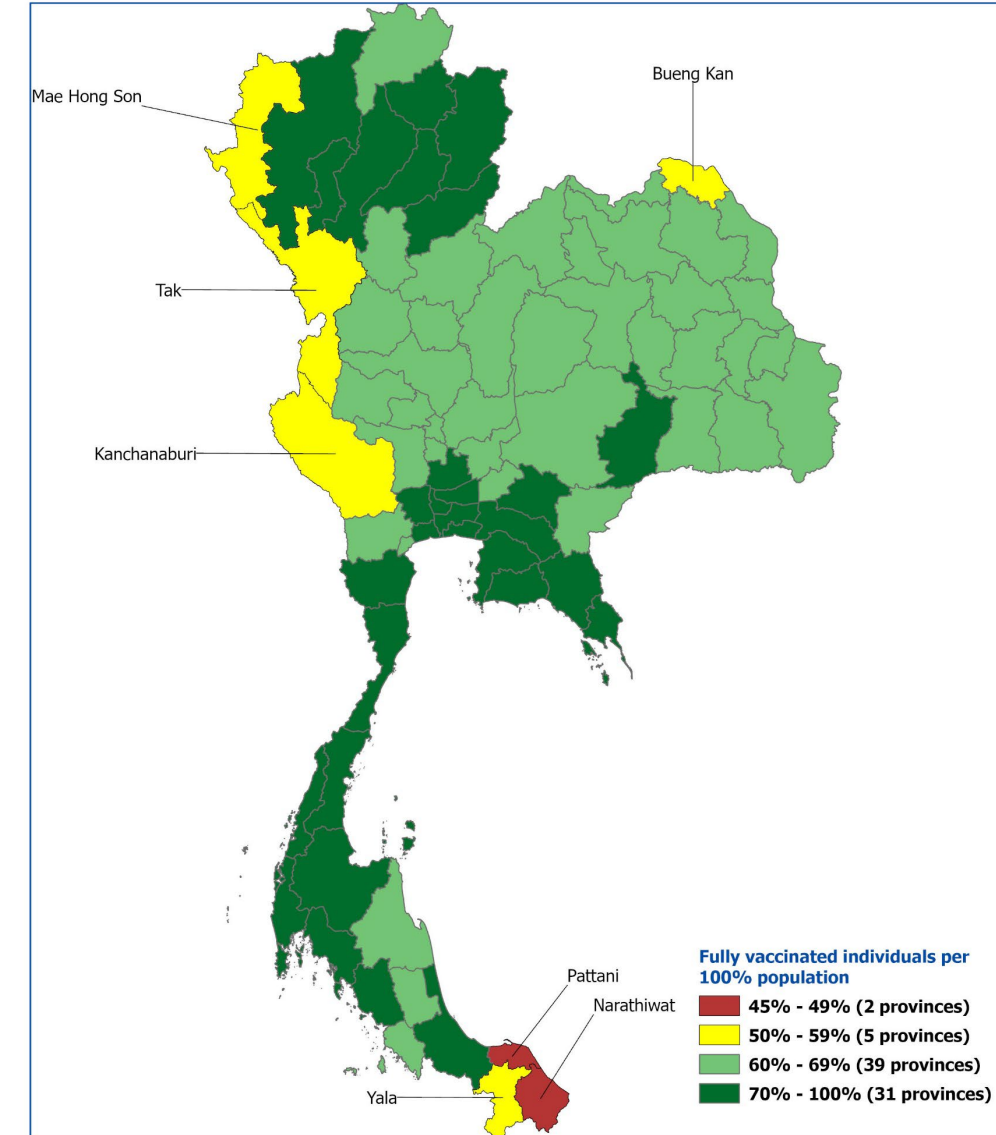
Source CCSA to 25 Apr 2022

Second dose coverage as a percentage of province population

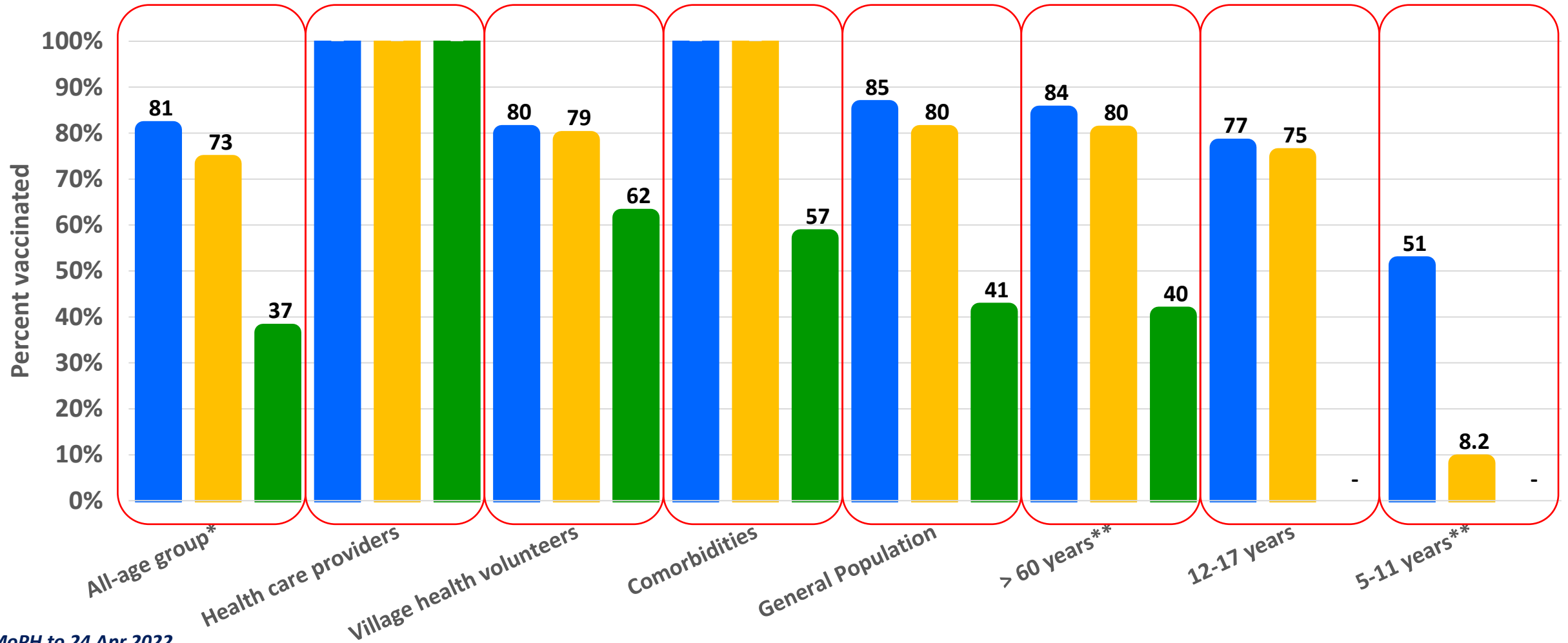
- The rate of two-dose vaccination varies widely across all 77 provinces ranging from 45 percent (Narathiwat) of the province population to 100 percent (Bangkok).
 - Two provinces have less than 50% two-dose coverage, both in the far south (Narathiwat, Pattani)
 - Two provinces have greater than 90% coverage in the Bangkok Metropolitan area (Bangkok, Nonthaburi).
- The lowest vaccination coverage rates remain in rural provinces of the far south (Yala 53%, Narathiwat 45% and Pattani 46%); the North-East (Bueng Kan 58%), and the West/North-West (Mae Hong Song 54%, Kanchanaburi 56%, Tak 56%)
- As with previous weeks, Tak and Mae Hong Song bordering Myanmar in the West/North-West report lower 2-dose vaccination coverage and low new cases (see new case map on slide 13). In contrast, Kanchanaburi, which also reports low 2-dose vaccination coverage, is reporting higher new cases per million.



Second dose vaccination as a percentage of province population until 24 April 2022



Vaccination coverage: 1st dose, 2nd dose, 3rd dose and additional booster doses



MoPH to 24 Apr 2022

*CCSA to 25 Apr 2022

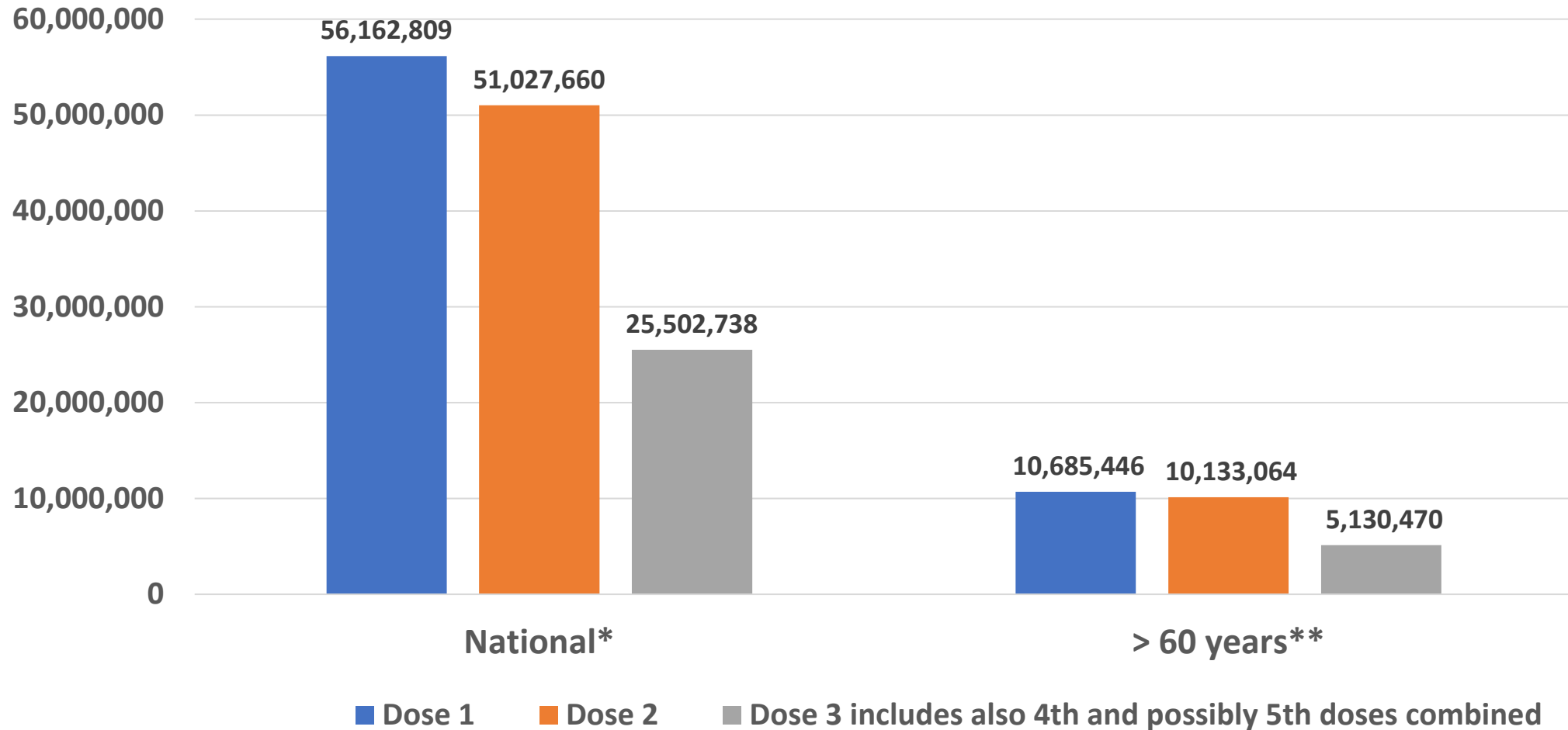
**CCSA to 24 Apr 2022

Blue = 1st dose

Yellow = 2nd dose

Green = 3rd dose includes also 4th and possibly 5th doses combined

Vaccination coverage: 1st dose, 2nd dose, 3rd dose and more doses (Nationally and in those 60 years and older)



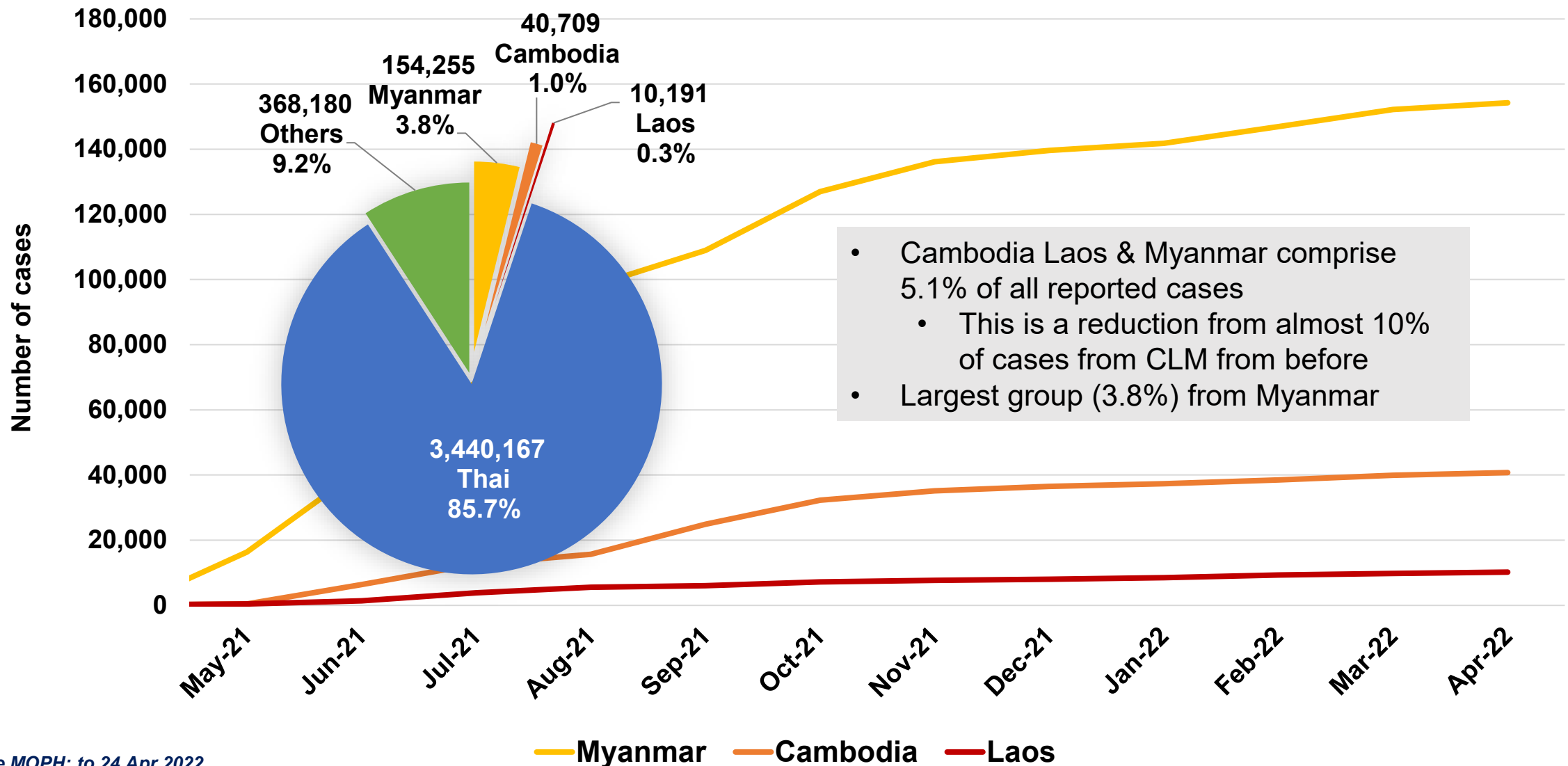
*CCSA to 25 Apr 2022

** CCSA to 24 Apr 2022

COVID-19 burden on vulnerable population groups

Cumulative COVID-19 Cases reported to date by nationality

(24 April 2022)



Source MOPH: to 24 Apr 2022

Policy Update

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

| 3 rd dose booster | Dose 1 | Dose 2 | Interval | | Dose 3 |
|------------------------------------|--------|--------|-----------|-----------|--------|
| | 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 |
| 4 th dose booster | Dose 1 | Dose 2 | Dose 3 | Interval | Dose 4 |
| | 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

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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 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 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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Entry Measures into Thailand by Air travel

(Effective on 1 May 2022 onwards / Register from 29 April 2022)


PRE-DEPARTURE

- Register on Thailand Pass >>> tp.consular.go.th 🔍

REQUIRED DOCUMENTS


Exemption from Quarantine

1 Fully Vaccinated Persons



- ✓ Passport
- ✓ Certificate of vaccination (according to Thai Ministry of Public Health regulations)
- ✓ Proof of insurance with at least 10,000 USD coverage for medical treatments in Thailand (for non-Thais only)


2 Unvaccinated / Not Fully Vaccinated Persons



- ✓ Passport
- ✓ **RT-PCR test result issued within 72 hours before departure (must be uploaded in Thailand Pass only)**
- ✓ Proof of insurance with at least 10,000 USD coverage for medical treatments in Thailand (for non-Thais only)


Quarantine

Unvaccinated / Not Fully Vaccinated Persons




- ✓ Passport
- ✓ Alternative Quarantine (AQ) hotel confirmation for 5 days (including 1 RT-PCR test* and airport transfer)
- ✓ Proof of insurance with at least 10,000 USD coverage for medical treatments in Thailand (for non-Thais only)

*undergo a RT-PCR test on Day 4 - 5 in Thailand during the mandatory 5-day quarantine at AQ hotel



Vaccines approved by Thailand



Vaccination Criteria for travellers into Thailand

02-572-8442 Department of Consular Affairs Ministry of Foreign Affairs **DC**



EXPLAINER: Immunization & Vaccination

Q: What is immunization?

A: Immunization is the process of using vaccines to stimulate our immune system to protect us against disease caused by invading viruses, bacteria, and fungi in the same way as though you had been infected naturally. Vaccines train the immune system to recognise and respond to invading germs so that if we are infected in the future, our immune system can quickly destroy the invaders before we become unwell.

Our immune system is complex. It is made up of different organs, cells, and proteins in our bodies that work together to protect us against different types of germs. These germs include viruses, bacteria, and fungi, all of which can lead to diseases, such as COVID-19, which is caused by the SARS-CoV-2 virus.

When our immune system encounters an invading germ, such as the SAR-CoV2-virus, our immune system immediately triggers a chain reaction that starts with a generalised response as the first line of defence. This first response is non-specific; the immune system does not yet know what the invader is. It just recognises that it is an invader which shouldn't be here and does something about it. This innate response includes cells that engulf (eat) foreign invaders with the aim of stopping the spread of the invaders throughout our bodies.

As the first line of defence is working away, the second part of our immune system starts to learn about the foreign invader to mount a targeted response just to that specific germ. This includes generating antibodies and cells able to attack and destroy invading germs and the cells they infect. Notably, this includes B-cells and T-cells that can remember what part of the invading germ looks like (which for the COVID-19 causing SARS-CoV-2 virus is called the 'spike protein'). So when it is encountered again, our immune system is already primed and can mount a defence quickly to limit the impact of the infection. This is where vaccines help play an important part in protecting us.

Vaccines mimic part of invading germs to train our adaptive immune system to mount a specific response quickly if our bodies are infected by the same germ again. Importantly vaccines do this without the harmful effects of natural infection that some diseases cause. This includes Long COVID that can occur 3 months after COVID-19, and emerging evidence shows that it can last for up to a year or more.

Vaccines are one of the significant developments in public health in the last century that have saved many millions of lives and greatly increased our life expectancy. Without vaccines, we are at risk of severe illness and disability from diseases like measles, meningitis, pneumonia, tetanus and polio. Although some diseases may have become uncommon, the germs that cause them continuously circulate. Infectious diseases can easily cross borders and infect anyone who is not protected. Hence preventative vaccination is a powerful tool that protects us from many diseases that can make us severely sick and kill us.

Two key reasons to get vaccinated are protecting ourselves and those around us. Because not everyone can be vaccinated – including very young babies, those who are seriously ill or have certain allergies – they depend on others being vaccinated to ensure they are also safe from vaccine-preventable diseases.



Click on the image to watch Dr Soumya Swaminathan WHO's Chief Scientist discuss how the body develops immunity when it encounters a new virus like SARS-CoV-2

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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

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Nonthaburi, Thailand, 11000. sethawebmaster@who.int



www.who.int/thailand



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Protect yourself and others from COVID-19:

- **Wash your hands frequently** with soap and water or alcohol-based hand rub.
- **Cover coughs and sneezes with a bent elbow.** Wash hands after.
- **Avoid touching** your eyes, nose & mouth.
- **Keep 1m distance** away from others.



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