

COVID-19 Situation, Thailand

4 May 2022

Based on data as reported by the CCSA

4,290,418 total confirmed cases

28,860 total deaths

Daily average reported from 27 April to 3 May 2022 (compared to the week prior)



12,407 new confirmed cases (18,692) 34% ↓



108 deaths (126) 14% ↓



19,236 people recovered (22,883) 16% ↓



176,305 vaccinations (37,054) 376% ↑

Main messages

| Reducing 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

For the first time in 2022, new cases, severe cases, ventilated cases and deaths have all shown a weekly decrease. The average number of new laboratory-confirmed (PCR positive) COVID-19 cases reported per day decreased by 34% in the past 7 days compared to the previous week, which reported a decrease of 5%. **There is no sign of an increase in cases after Songkran and other recent holidays, and this fourth week of decreases may represent a true decline in community transmission** of this Omicron variant driven COVID-19 fifth wave in Thailand. The average number of probable (ATK positive) cases reported per day over the last 7 days (9,994) decreased by 38%. However, reported ATK cases vary greatly, with recent weeks showing increases and decreases. Combining PCR confirmed and ATK probable cases (because not all ATK positive cases are subsequently confirmed by PCR testing), **the likely reported 'total' daily case count (14,737) is approximately half that it was 7-days ago (27,635).**

Bangkok continues to report the highest daily number of COVID cases, reporting a 7-day average decrease of 7.7% (3,092). This is a reversal of the previous week's increase and continues the prior three weeks of declines in cases reported from Bangkok.

The reduction in new cases has seen the average daily number of all currently 'active' COVID-19 cases (145,405) over the last seven days decrease by 21% compared to the previous week (which showed a decrease of 16%). 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 (37,735) decreased by 19%, the same proportional decrease as the week before. While decreasing, active cases remain high and double that of the 3rd **Alpha variant driven COVID-19 wave in Thailand.**

The weekly average of daily deaths has decreased for only the second time since the week to 25 **January**, decreasing by 14%. However, the daily average count of deaths remains high and above 100 deaths per day, decreasing to 108 from 126 average daily deaths reported in the week prior.

The average daily number of severe COVID-19 cases over the past seven days (1,773) accelerated the decrease over the previous week (4.7% to 9.3%). This is the second weekly decrease and the first consecutive two weeks of decrease in severe cases since early February. The average daily number of ventilated COVID-19 cases over the past seven days (827) has decreased 7.6%, the first decrease in ventilated cases since 1 February.

Although nationally new cases are decreasing the policy of not confirming all probable cases by PCR testing, 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 actual case counts. From the data reported, the high transmissibility of the Omicron variant is clear, with 48% (2 million) of all cases (4.2 million) in Thailand reported in the last 4-months, which was the time when the Omicron variant started to dominate circulation.

Vaccination in Thailand continues 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. The COVID-19 situation in Thailand is improving, but there remains a long way to go reduce the burden of ventilated cases and deaths from COVID-19 in Thailand. In particular, vaccination rates are still low in some provinces and some important risk groups.

Global Situation

Global COVID-19 (total) cases, deaths and vaccinations to date: chart showing cases reported per week (3 May 2022)

511,965,711 confirmed cases

341,199 new cases in last 24 hours

6,240,619 deaths

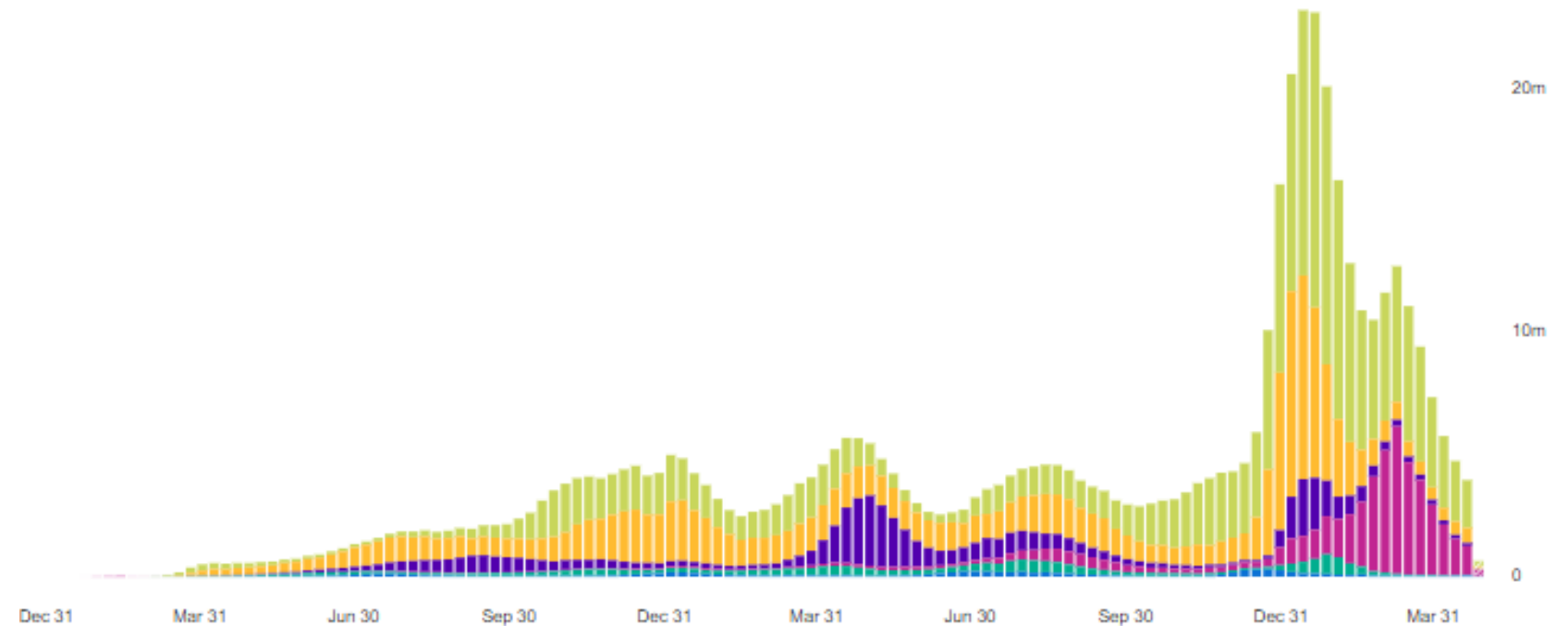
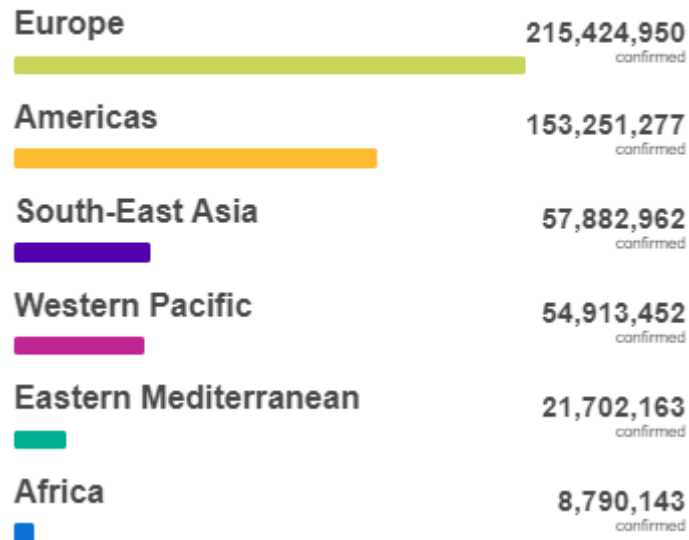
1,101 new deaths in last 24 hours

11,532,661,625 vaccine doses administered (30 Apr 2022)

5,134,478,158 persons vaccinated with at least one dose

4,621,601,492 persons fully vaccinated

Situation by WHO Region



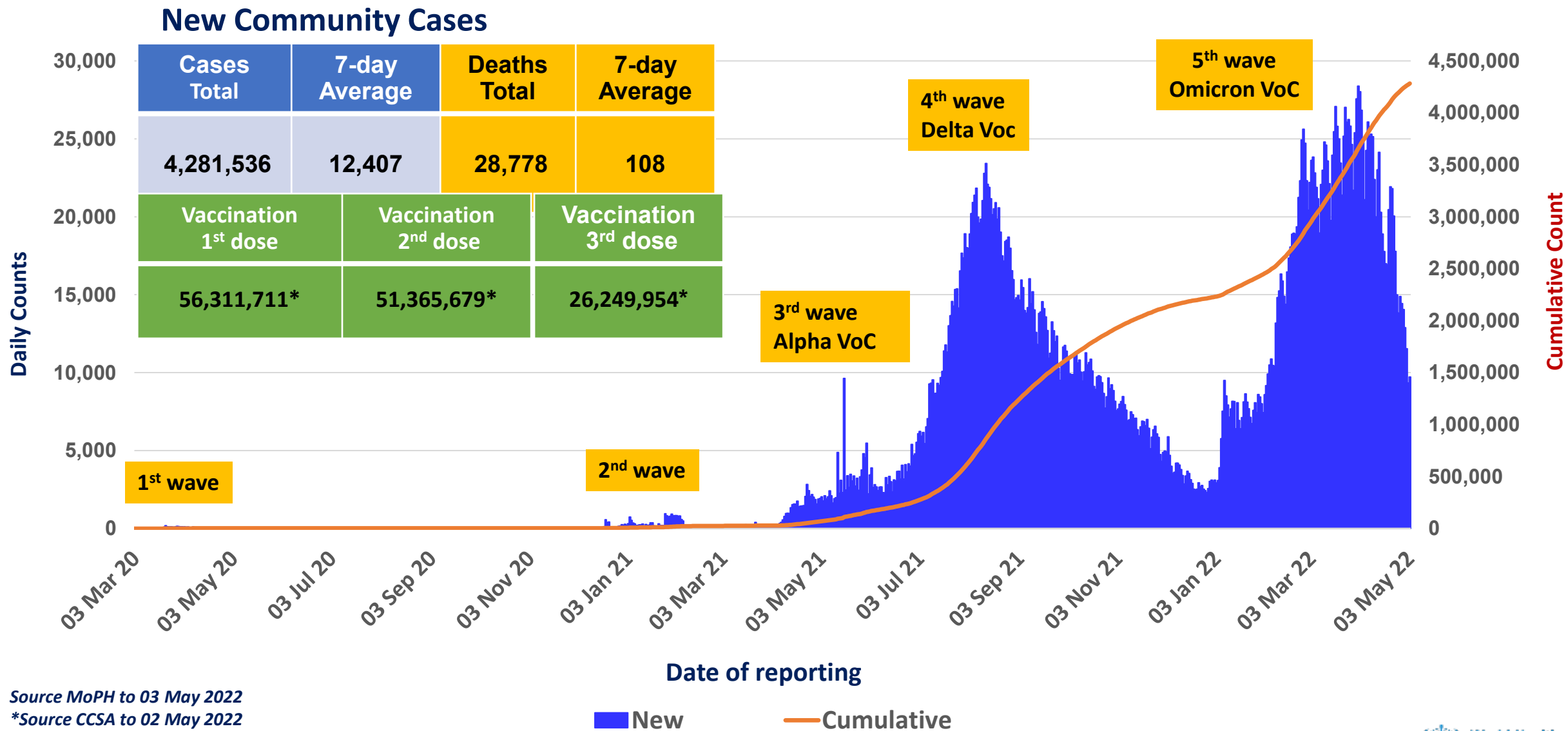
Source: <https://covid19.who.int/> - Data as of 3 May 2022, Vaccination data to 30 April 2022

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National Situation

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

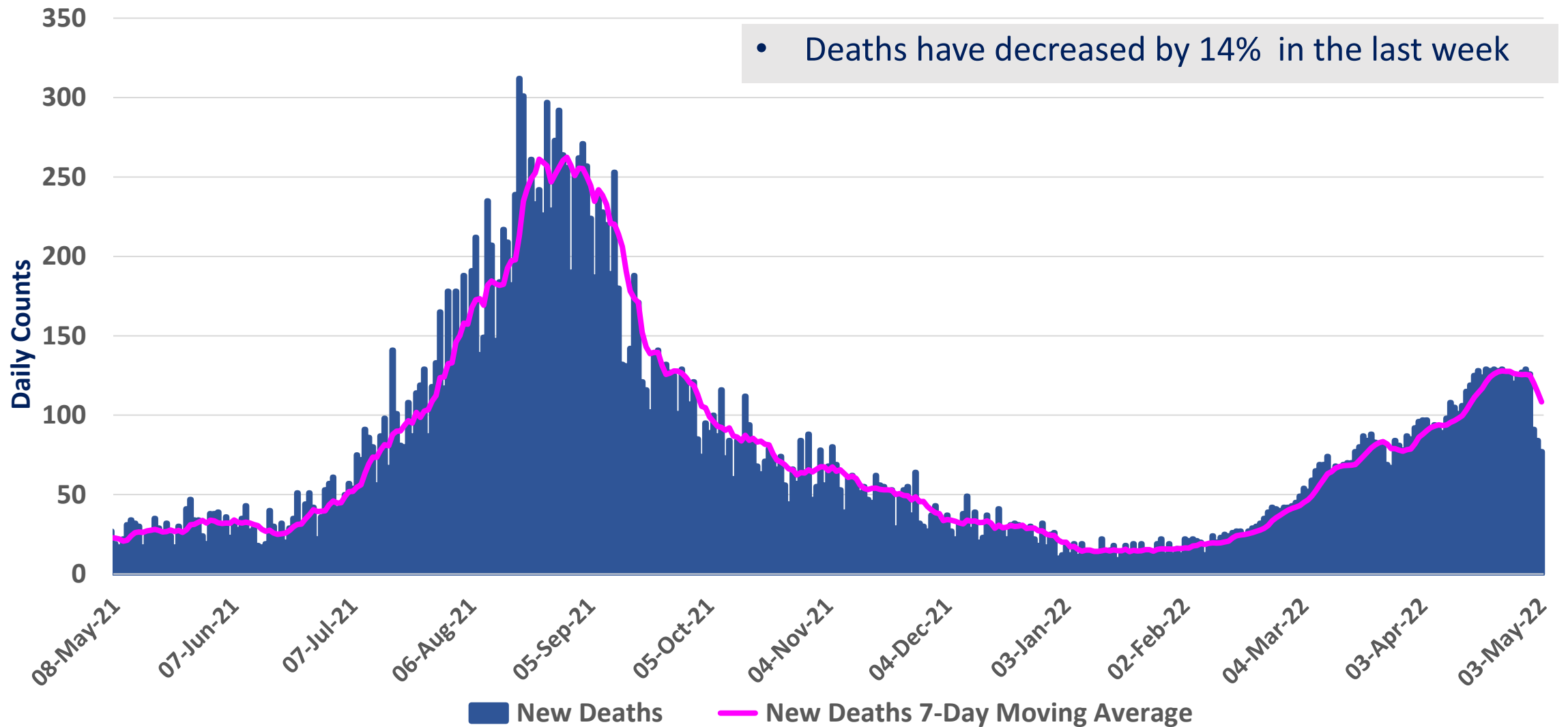


Source MoPH to 03 May 2022
*Source CCSA to 02 May 2022

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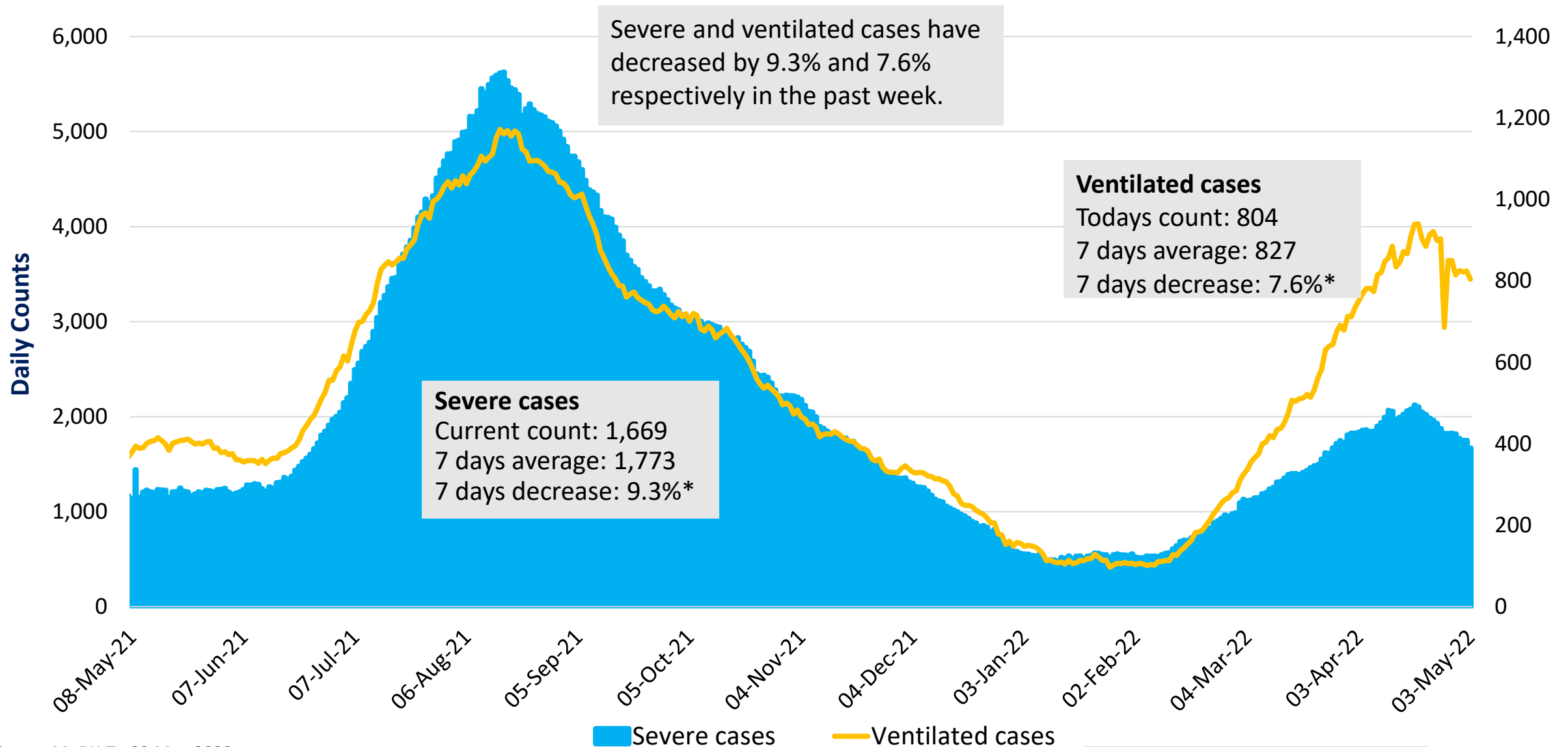


COVID-19 deaths in Thailand



Source MoPH to 03 May 2022

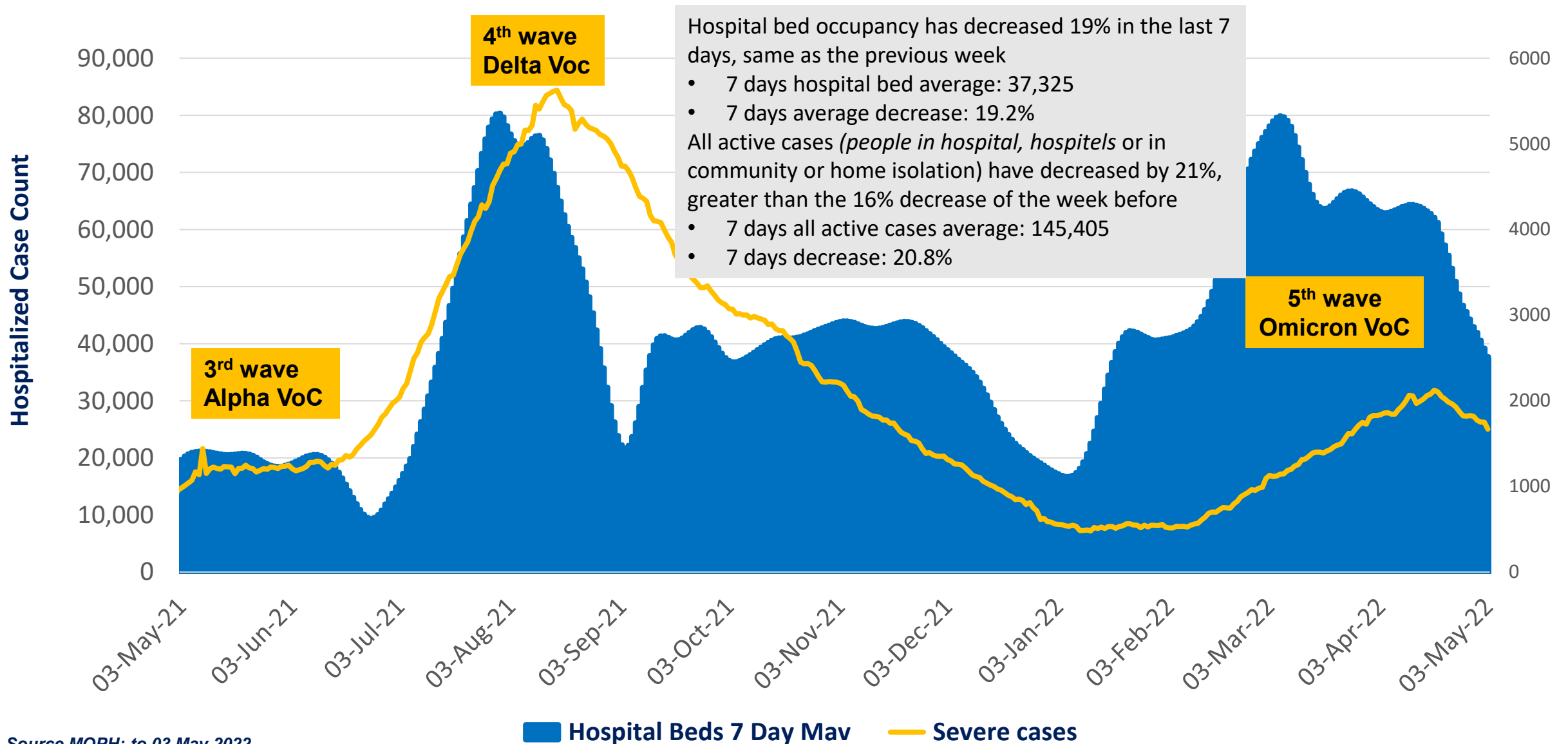
Severe and ventilated COVID-19 cases



Source MoPH To 03 May 2022

*Compared to the week prior

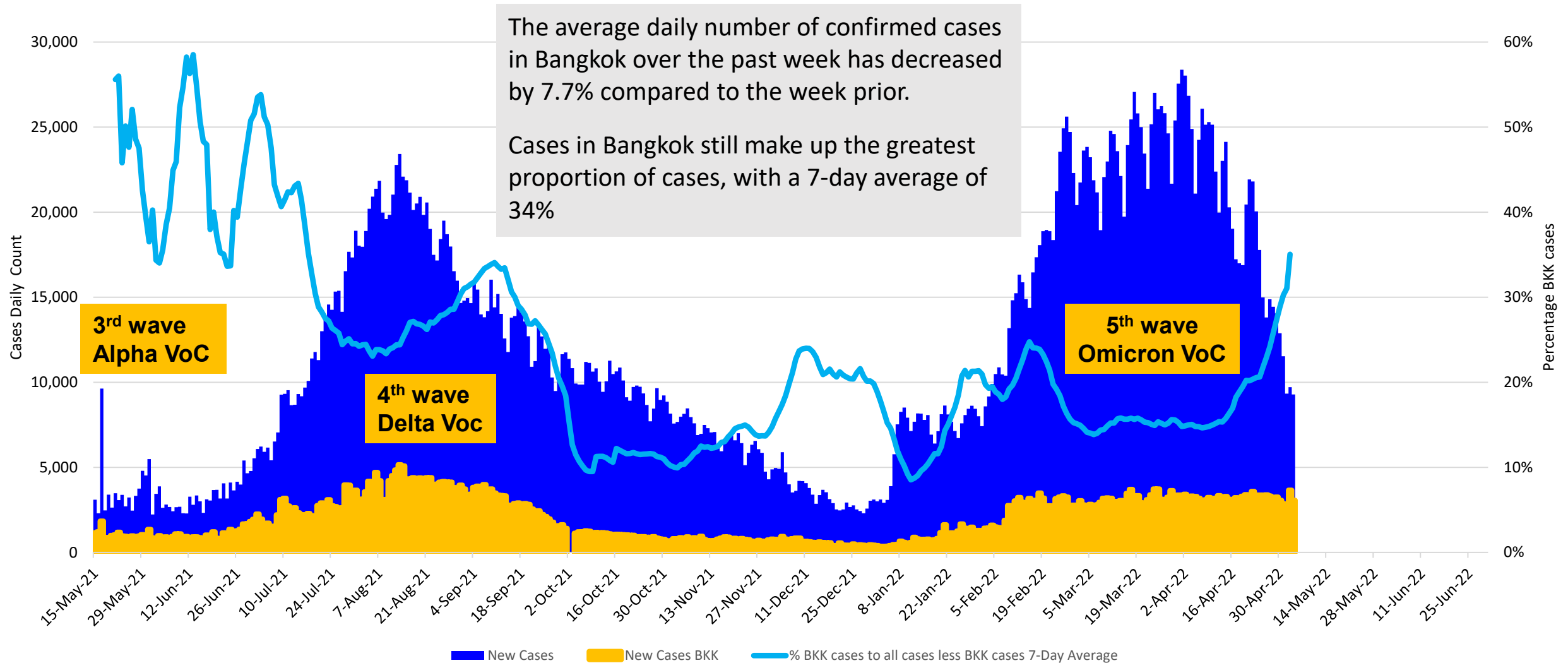
COVID-19 hospital bed occupancy (7-day average) and severe cases



Source MOPH: to 03 May 2022

Provincial Situation

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



Source MOPH: to 03 May 2022

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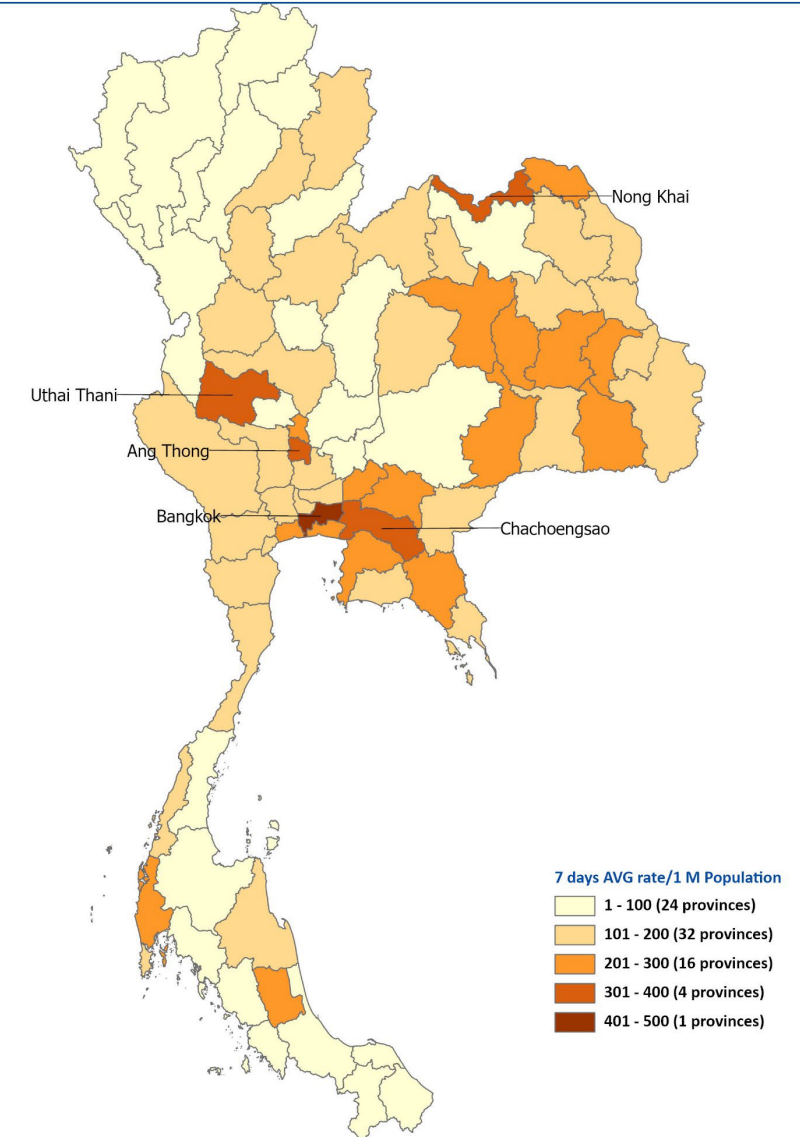
COVID-19 Update 04-May-22

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

- The spread from the lowest rate to the highest average rate of new cases has decreased, from 1 case per million (Lamphun, similar to last week) to 402 cases per million in Bangkok, as compared to last week's highest rate of 573 cases per million population (in Nong Khai).
 - There are now far more provinces reporting lower rates of transmission, with 56 provinces (73%) reporting an average of 200 or fewer cases per million population compared to previous weeks
 - At the upper range of new cases, only 1 province (Bangkok) reports more than 400 cases per million, a decrease from the 10 provinces (13%) that reported 400 or more average cases per million population last week. Nong Khai, the highest reporting province last week, has decreased 43% from the previous week.
- Higher rates of cases (201 or more cases per million population) continue to be seen mainly in the East of Thailand, though they are also seen around Bangkok, in Ang Thong, Uthai Thani and Phatthalung and Phang Nga in the south.

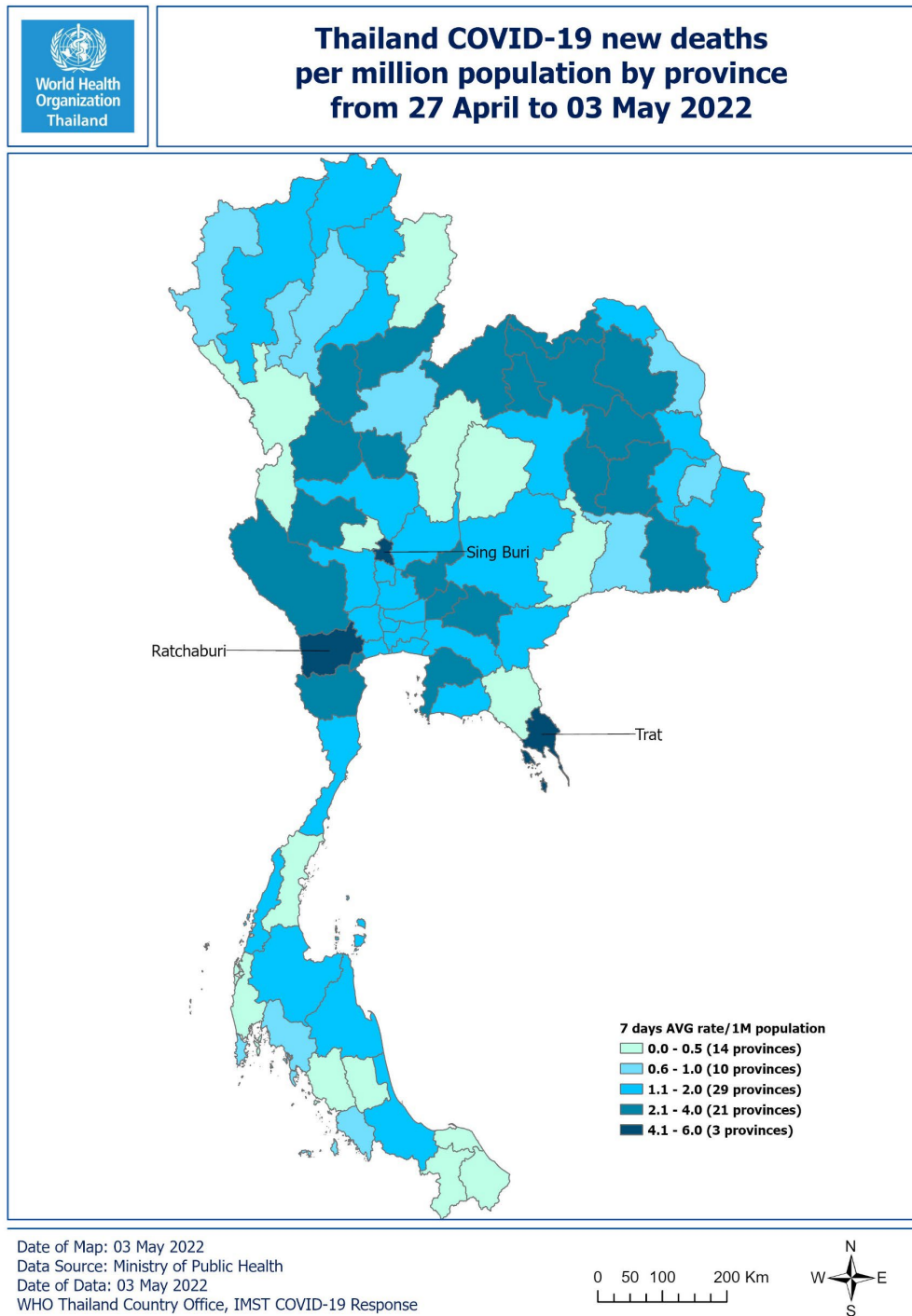


Thailand COVID-19 new cases
per 1,000,000 population by province
from 27 April to 03 May 2022



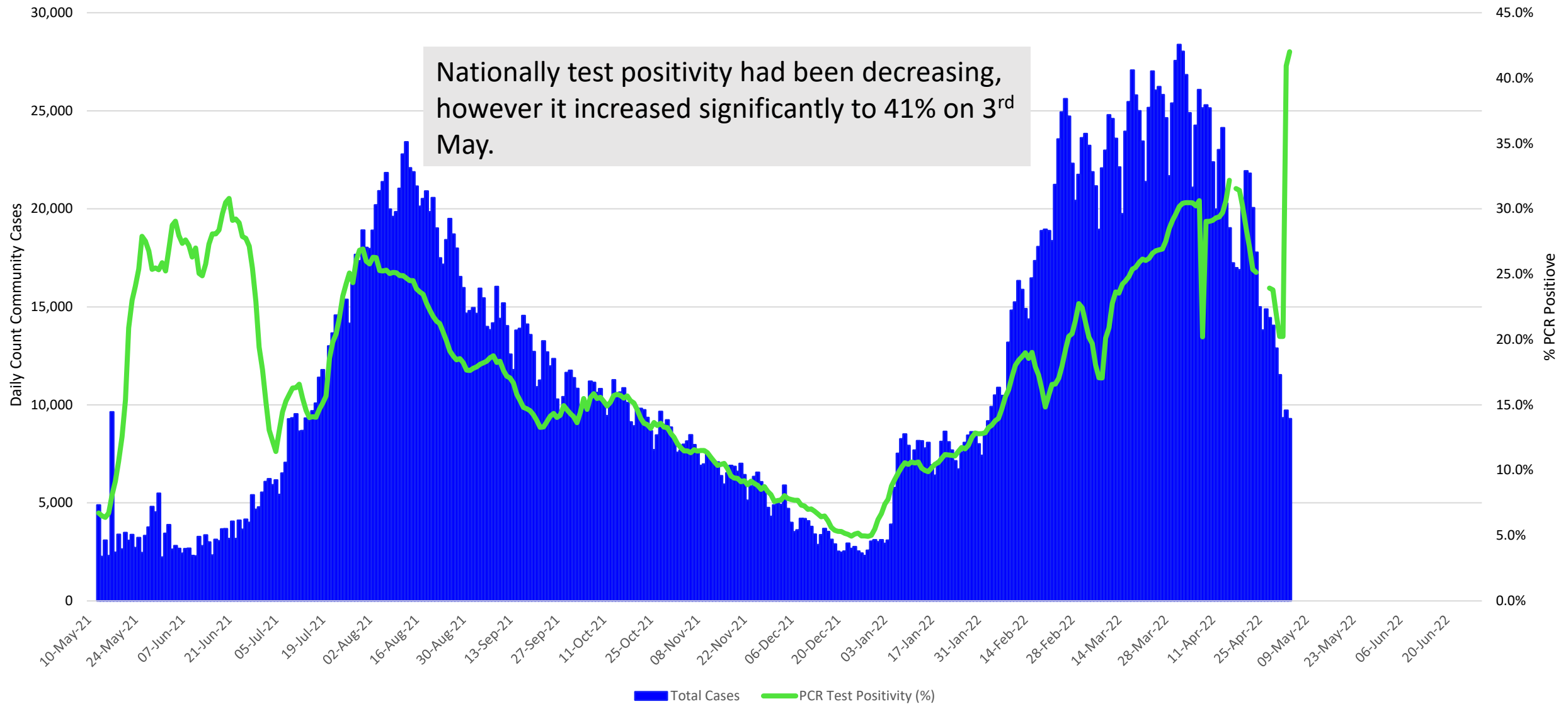
7-Day Average New COVID-19 deaths per million population by province

- The average rate of deaths per million population over the past week ranged from 0 (8 provinces, up from 3 provinces in the previous week) to 5.3 deaths per million population (Singburi), a decrease from the highest reported rate of 6.4 deaths per million population reported in the week before (in Uthai Thani).
 - The number of provinces reporting an average of 1 or less deaths per million population (fewer than 1 death is due to averaging) decreased from 27 (35%) in the previous week to 24 (31%) in this reporting week
 - At the upper range of average deaths 2 provinces (Trat, Sing Buri) reported 5 or more average deaths per million population. Sing Buri has consistently been reporting high average rates of deaths for a few weeks.
- Higher rates of deaths (greater than 2.1 per million population) are concentrated in central and eastern Thailand. No provinces in the south report higher average rates of deaths, and only Uttaradit in the north reports high rates.



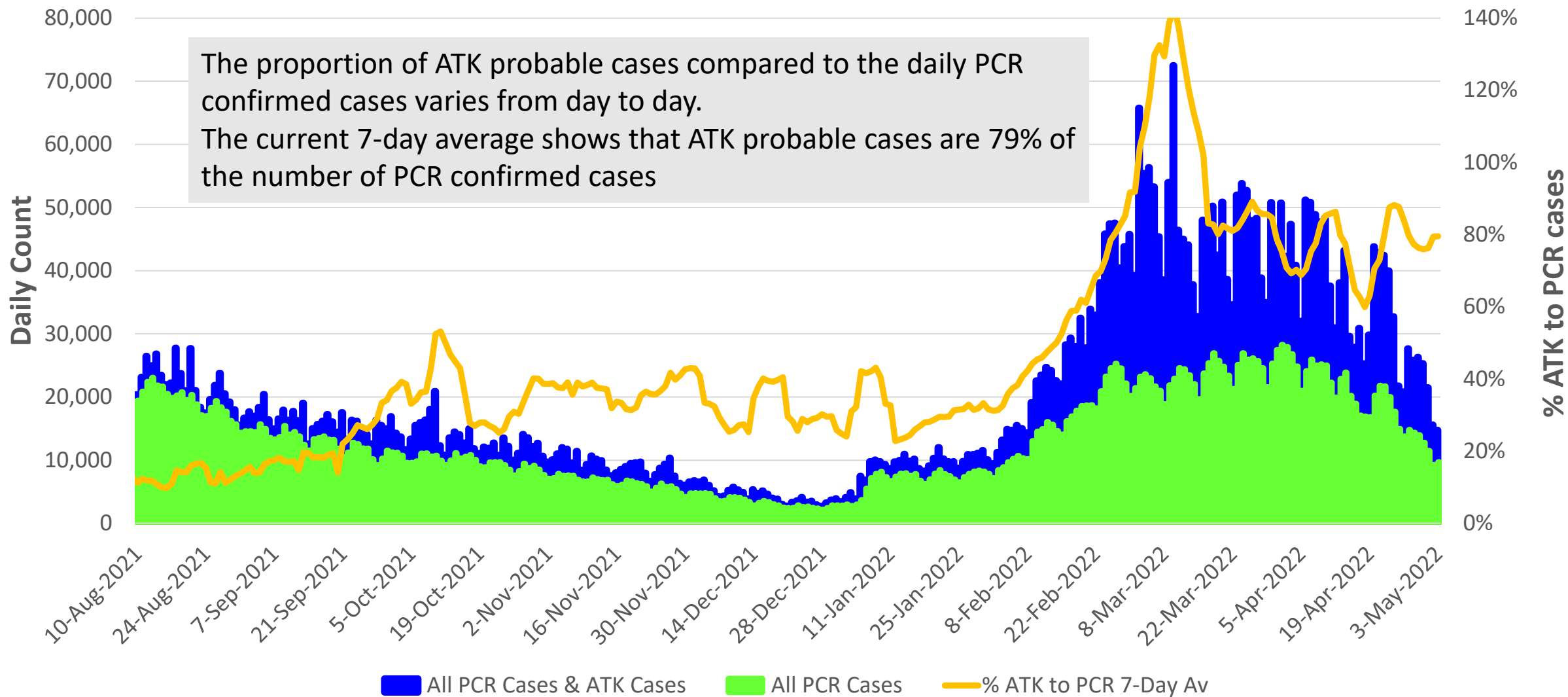
COVID Testing

Variation in 'Test Positivity Rate' over time*



to 26 Apr 2022
Source MoPH

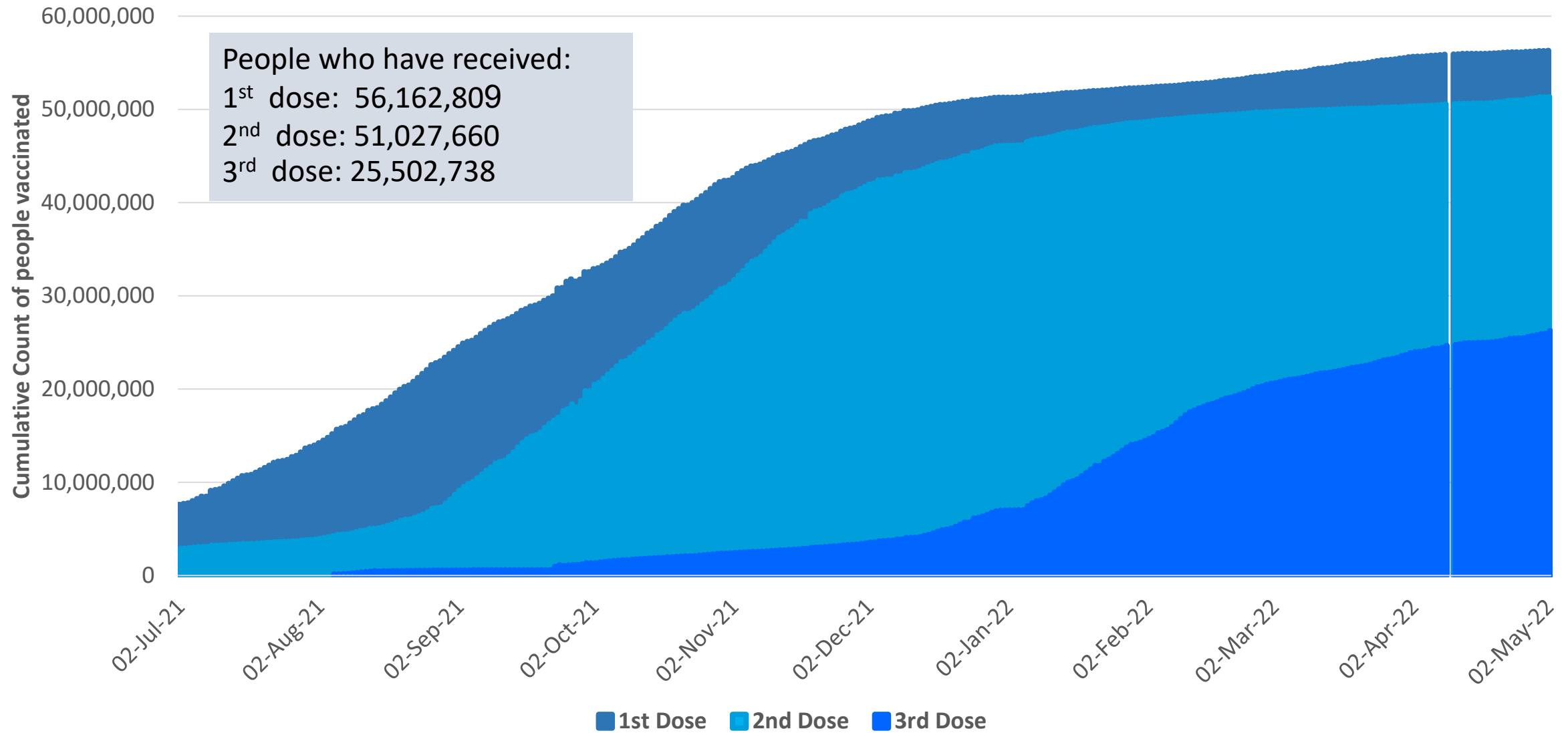
PCR confirmed cases and antigen test kit (ATK) positive cases



Source MOPH: to 03 May 2022

Vaccination

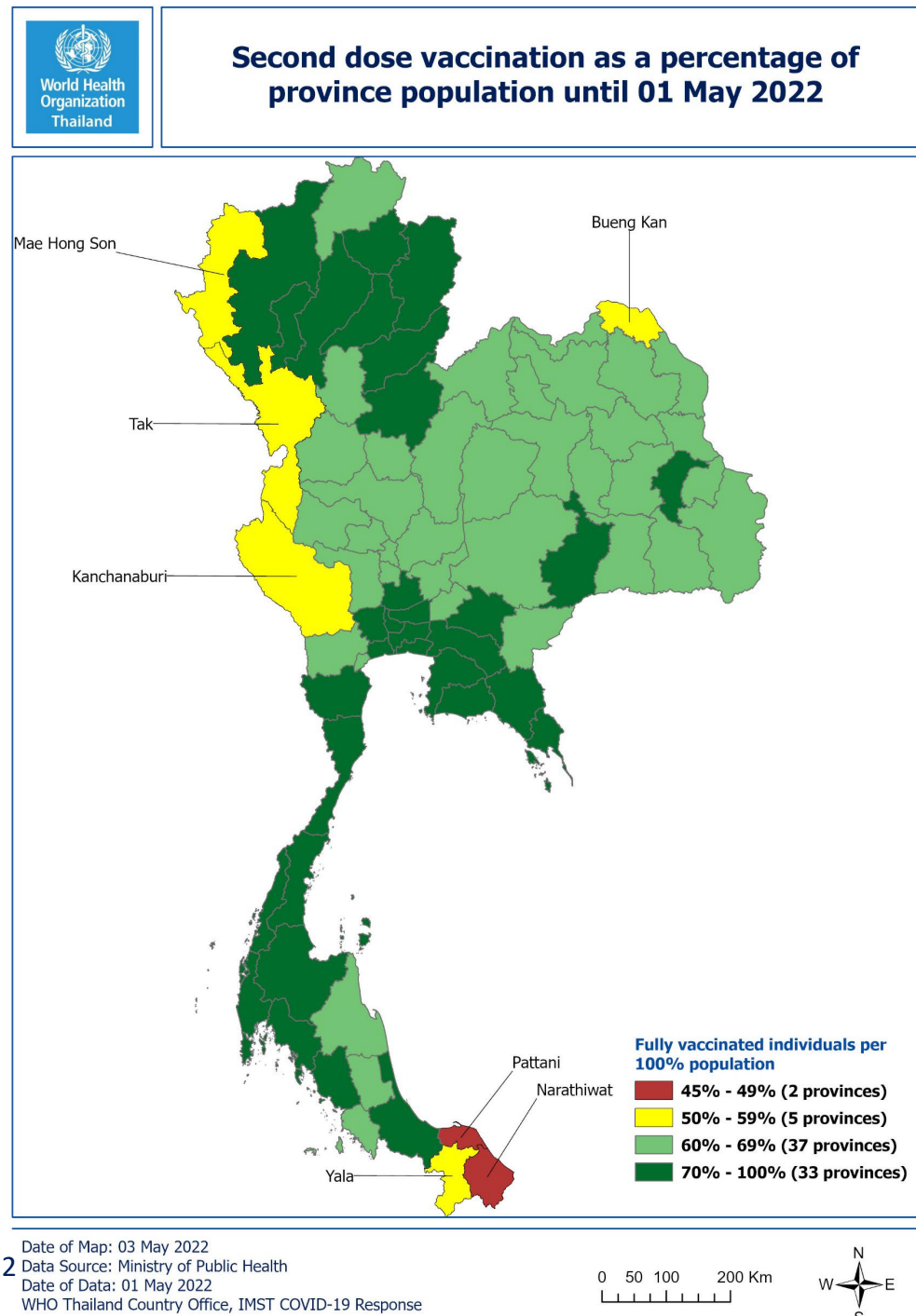
National COVID-19 Vaccination Coverage



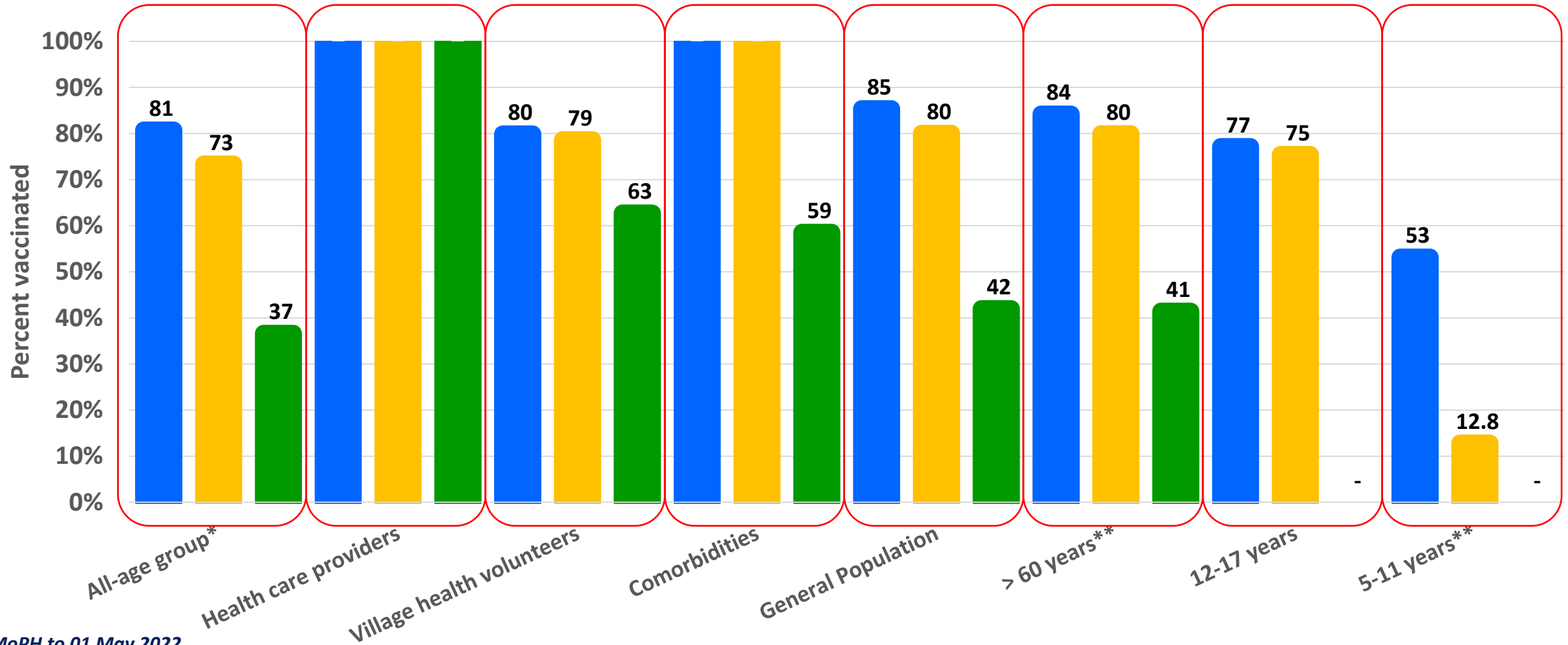
Source CCSA to 02 May 2022

Second dose coverage as a percentage of province population

- The rate of 2-dose vaccination continues to vary widely across all 77 provinces ranging from 45% of the province population in Narathiwat to 100% in Bangkok.
 - Two provinces have less than 50% 2-dose coverage, both located in the far south (Narathiwat and Pattani)
 - The number of provinces with greater than 70% 2-dose vaccination increased by 2 in the past week (Phitsanulok, Yasothon), i.e. from 31 to 33 provinces.
- 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%); all of which have no reported change in 2-dose vaccination coverage rates compared to the previous week
- As seen in previous weeks, Kanchanaburi continues to report low 2-dose vaccination coverage and higher rates of deaths (see map on slide 14).



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



MoPH to 01 May 2022

*CCSA to 2 May 2022

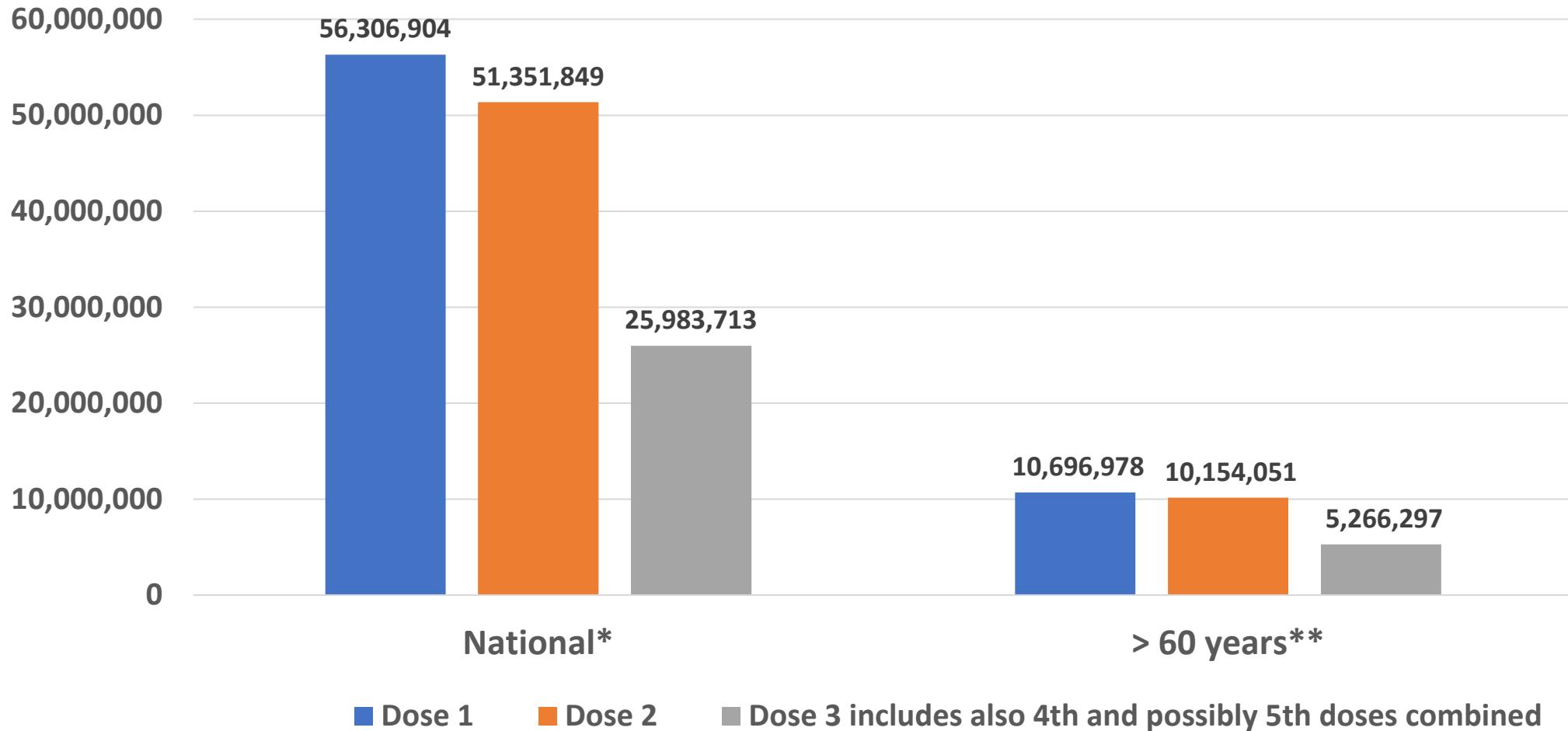
**CCSA to 01 May 2022

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)



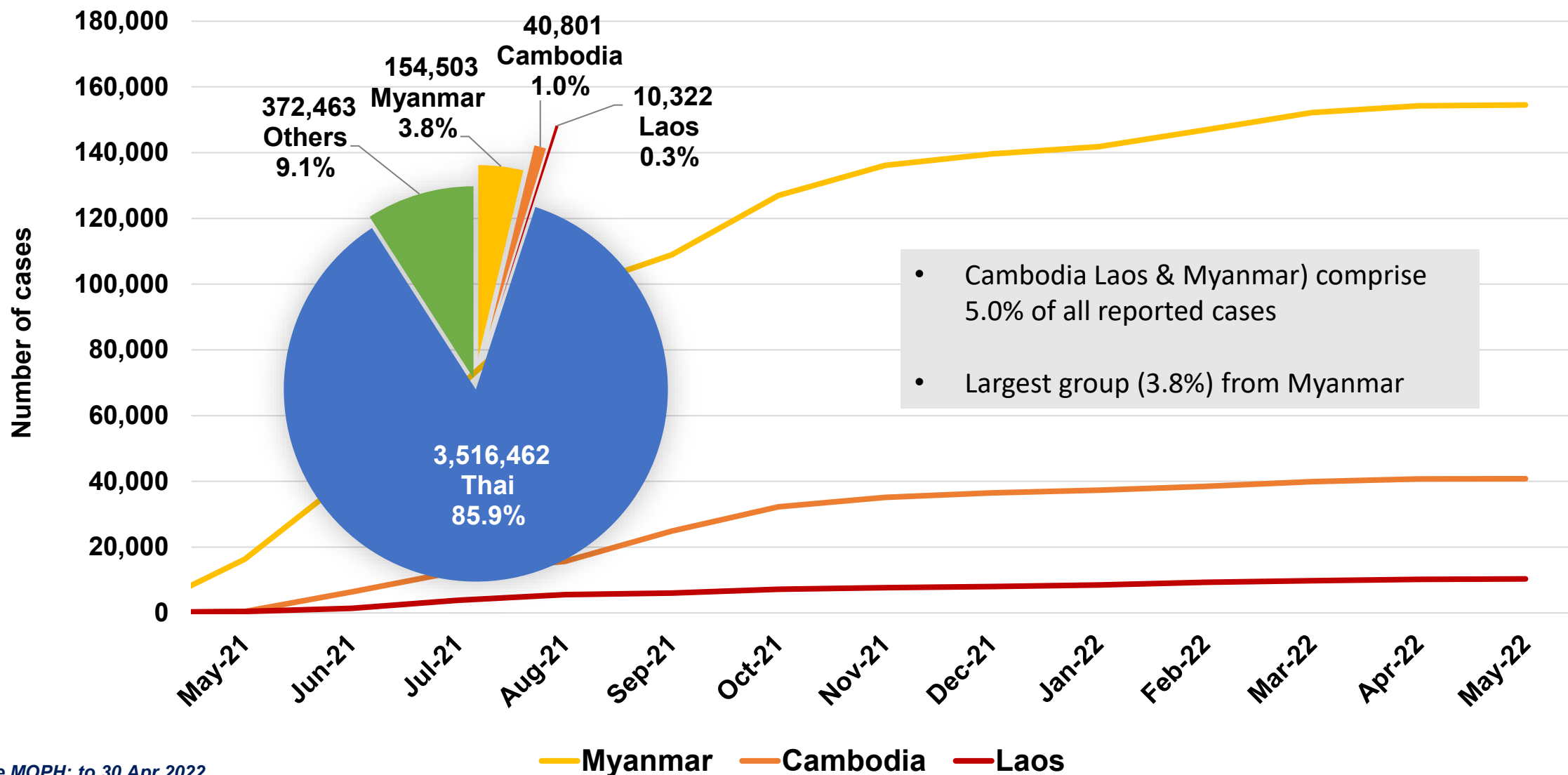
*CCSA to 02 May 2022

** CCSA to 01 May 2022

COVID-19 burden on vulnerable population groups

Cumulative COVID-19 Cases reported to date by nationality

(30 April 2022)



Source MOPH: to 30 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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COVID-19 Update 04-May-22



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)
- ☒ Thai Visa (if required)

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)
- ☒ Thai Visa (if required)



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)
 - ☒ Thai Visa (if required)
- *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



MFA updates FAQs relating to Thailand Pass at <https://consular.mfa.go.th/th/content/thailand-pass-faqs-2>

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EXPLAINER: MIS-C

Q: What is MIS-C?

A: Multisystem inflammatory syndrome in children (MIS-C) is a new and rare but serious condition associated with both COVID-19 infection and to a lesser extent, COVID-19 vaccination. MIS-C is treatable with most children recovering fully

Multisystem inflammatory syndrome in children (MIS-C) is a rare but serious condition associated with COVID-19 infection and, to a lesser extent, COVID-19 vaccination. MIS-C results in inflammation that can affect different body parts, including the heart, lungs, kidneys, brain, skin, eyes and gut. There is still much that is unknown about the causes of MIS-C. However, the *multi-inflammatory* part of the name indicates involvement, and in particular, over activation of the immune system.

Acute MIS-C 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, diarrhoea, dizziness, skin rash, and vomiting. Clinical criteria include myocarditis (inflammation of the heart). MIS-C most commonly affects children aged 8-9-year-old, 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. A review of reported successful treatments and clinical practice guidelines for MIS-C published in December 2021¹ identified that hospital in-patient treatment with a single dose intravenous antibody infusion, either separately or in combination with anti-inflammatory corticosteroids as first-line therapy have proven highly effective. The combined therapy of both antibodies and steroids leads to a reduction in further harmful immune system effects.

The review also identified second-line treatments, including antithrombotic therapy that reduces blood clotting and other drugs that reduce some of the harmful effects resulting from over-activation of the immune system linked to MIS-C.

Hospital treatment may last several weeks to reduce the likelihood of inflammation reoccurring and may also require ongoing anti-blood-clotting drugs for around 30 days after discharge. While there is still much unknown about the causes and full spectrum of treatment options for MIS-C, prompt diagnosis and treatment have been shown to reduce the severity of MIS-C and, in particular, to reduce the likelihood of needing intensive life support care and of death.

¹<https://link.springer.com/content/pdf/10.1007/s40124-021-00259-4.pdf>



Click on the image to watch Dr Maria Van Kerkhove WHO's Technical Lead for the COVID-19 response discuss COVID-19 in children

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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THE NEW NORMAL

Wherever you are, whether at work,
home or school, you can help prevent
#COVID19.

**Remember to wash your hands
frequently with soap and water or
alcohol-based hand rub.**



#StaySafe

28 June 2020