COVID-19 Situation, Thailand
4 May 2022

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

Based on data as reported by the CCSA
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
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

Europe
215,424,960 confirmed

Americas
163,251,277 confirmed

South-East Asia
57,882,962 confirmed

Western Pacific
54,913,452 confirmed

Eastern Mediterranean
21,702,163 confirmed

Africa
8,790,140 confirmed

Source: [https://covid19.who.int/](https://covid19.who.int/) - Data as of 3 May 2022, Vaccination data to 30 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>Cases Total</th>
<th>7-day Average</th>
<th>Deaths Total</th>
<th>7-day Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,281,536</td>
<td>12,407</td>
<td>28,778</td>
<td>108</td>
</tr>
</tbody>
</table>

Vaccination:
- 1st dose: 56,311,711*
- 2nd dose: 51,365,679*
- 3rd dose: 26,249,954*

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

Date of reporting

Source: World Health Organization Thailand

COVID-19 Update 04/05/2022
COVID-19 deaths in Thailand

- Deaths have decreased by 14% in the last week

Source MoPH to 03 May 2022
Severe and ventilated COVID-19 cases have decreased by 9.3% and 7.6% respectively in the past week.

**Severe cases**
- Current count: 1,669
- 7 days average: 1,773
- 7 days decrease: 9.3%*

**Ventilated cases**
- Todays count: 804
- 7 days average: 827
- 7 days decrease: 7.6%*

*Compared to the week prior
Hospital bed occupancy has decreased 19% in the last 7 days, same as the previous week
- 7 days hospital bed average: 37,325
- 7 days average decrease: 19.2%

All active cases (*people in hospital, hospitals or in community or home isolation*) have decreased by 21%, greater than the 16% decrease of the week before
- 7 days all active cases average: 145,405
- 7 days decrease: 20.8%
Provincial Situation
The average daily number of confirmed cases in Bangkok over the past week has decreased by 7.7% compared to the week prior.

Cases in Bangkok still make up the greatest proportion of cases, with a 7-day average of 34%
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.
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
Nationally test positivity had been decreasing, however it increased significantly to 41% on 3rd May.
The proportion of ATK probable cases compared to the daily PCR confirmed cases varies from day to day. The current 7-day average shows that ATK probable cases are 79% of the number of PCR confirmed cases.
People who have received:
1st dose: 56,162,809
2nd dose: 51,027,660
3rd dose: 25,502,738

Cumulative Count of people vaccinated

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: 1<sup>st</sup> dose, 2<sup>nd</sup> dose, 3<sup>rd</sup> dose and additional booster doses

MoPH to 01 May 2022  
*CCSA to 2 May 2022  
**CCSA to 01 May 2022

Blue = 1<sup>st</sup> dose   Yellow = 2<sup>nd</sup> dose   Green = 3<sup>rd</sup> dose includes also 4<sup>th</sup> and possibly 5<sup>th</sup> doses combined
Vaccination coverage: 1\(^{\text{st}}\) dose, 2\(^{\text{nd}}\) dose, 3\(^{\text{rd}}\) 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)

- Cambodia Laos & Myanmar) comprise 5.0% of all reported cases
- Largest group (3.8%) from Myanmar

Source MOPH: to 30 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>
</tr>
</thead>
<tbody>
<tr>
<td>SV/SP</td>
<td>SV/SP</td>
<td>4 weeks</td>
<td>AZ</td>
<td></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>Pf</td>
<td></td>
</tr>
<tr>
<td>Pf</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>
<td></td>
</tr>
</tbody>
</table>

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

SV=Sinovac  
SP=Sinopharm  
AZ=AstraZeneca  
Pf=Pfizer
## COVID-19 vaccination programme for children and adolescent

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccine</th>
<th>Dosage</th>
<th>Interval</th>
</tr>
</thead>
<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>
</tr>
<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></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dose 2: orange cap Pfizer (10 micrograms/ 0.2 ml.)</td>
<td>4 weeks</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 2\textsuperscript{nd} dose)

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

Source: MoPH’s press briefing 21 Mar 2022
MFA updates FAQs relating to Thailand Pass at [https://consular.mfa.go.th/th/content/thailand-pass-faqs-2](https://consular.mfa.go.th/th/content/thailand-pass-faqs-2)
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 2021 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.


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

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

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

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