

COVID-19 Situation, Thailand

11 May 2022

Based on data as reported by the CCSA

4,344,812 total confirmed cases

29,252 total deaths

Daily average numbers reported from 4 May to 10 May 2022 (compared to the week prior)



8,005 new confirmed cases (12,407) 35% ↓



60* deaths (108) 45% ↓

*(Counting deaths changed to 'deaths from COVID' where previously 'COVID deaths also included 'deaths with COVID')



13,454 people recovered (19,236) 30% ↓



108,956 vaccinations (176,305) 38% ↓

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 |



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

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 (8005) decreased by 35% in the past 7 days compared to the previous week (12,407). The average number of probable (ATK positive) cases reported per day over the last 7 also decreased by 24%

Bangkok continues to report the highest daily number of COVID cases (with a weekly average of 2,390) but reported a 7-day average decrease of 22.7% compared to the week before

The reduction in new cases has seen the average daily number of all currently 'active' COVID-19 cases (93,955) over the last seven days decrease by 35% compared to the previous week (which showed a decrease of 21%). 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 (29,678) decreased by 21%

The weekly average number of daily deaths decreased by 45%. However, the daily average count of deaths remains high at 60. Although this is a significant drop from an average of 108 the week prior, most of these deaths would have been prevented if vaccination rates were higher. The average daily number of severe COVID-19 cases over the past seven days (1,580) represented a decrease of 11% over the previous week (1,733).

The average daily number of ventilated COVID-19 cases over the past seven days (757) has decreased by 7.6% compared to the number the week before (827)

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 approximately half of all cases in Thailand reported in the last 4-months, 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 reduce the burden of ventilated cases and deaths from COVID-19 in Thailand. Vaccination rates remain 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 (10 May 2022)

515,748,861 confirmed cases

347,644 new cases in last 24 hours

6,255,835 deaths

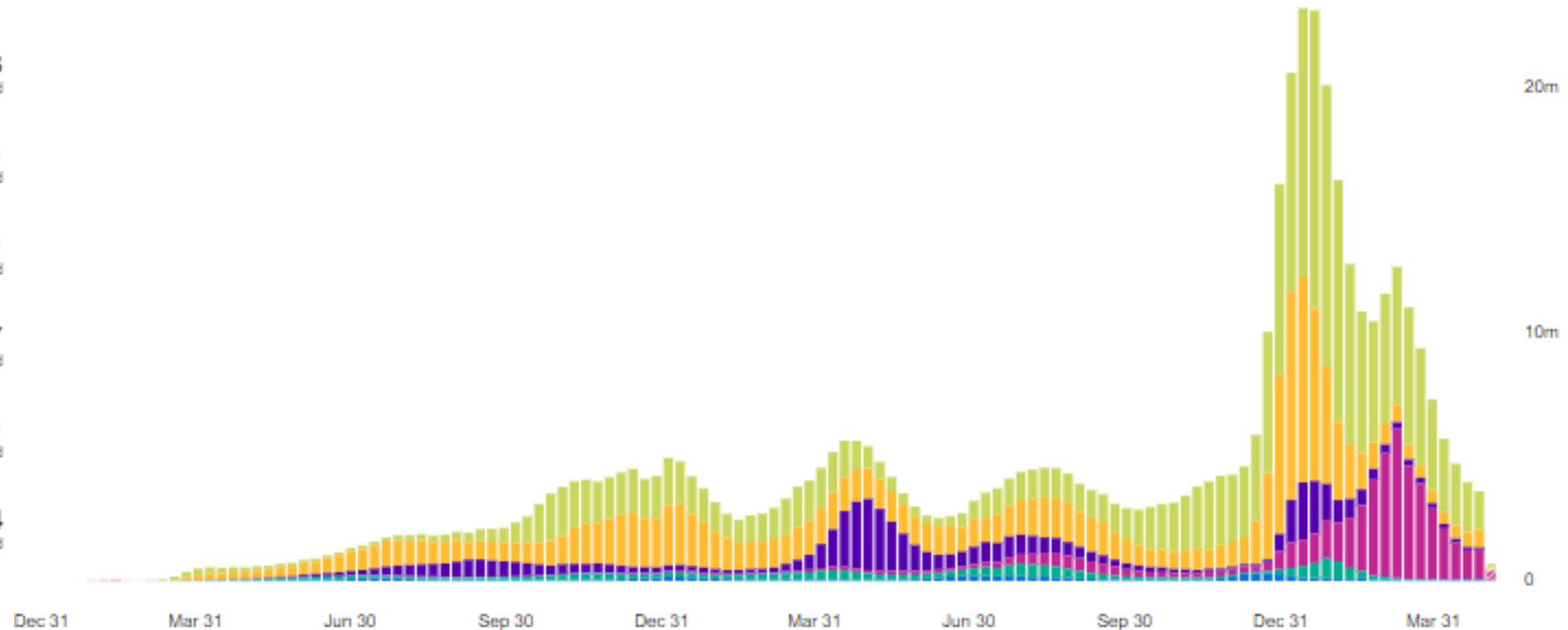
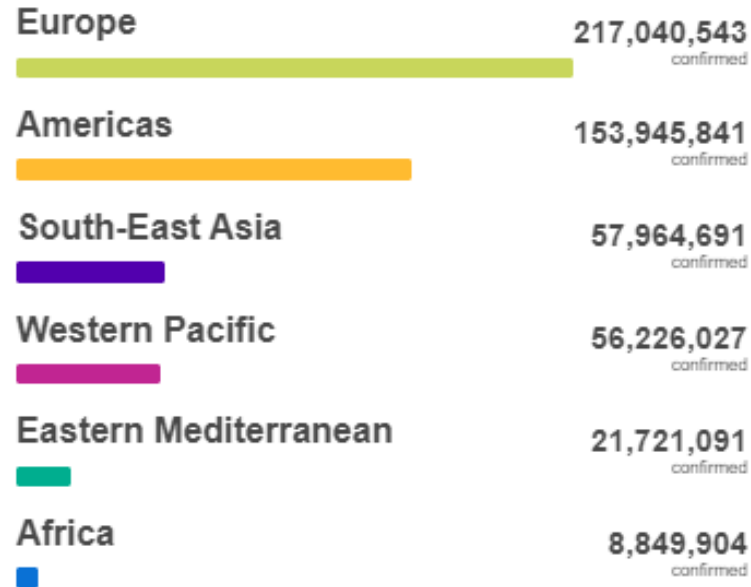
830 new deaths in last 24 hours

11,579,263,039 vaccine doses administered (7 May 2022)

5,147,710,324 persons vaccinated with at least one dose

4,647,790,622 persons fully vaccinated

Situation by WHO Region



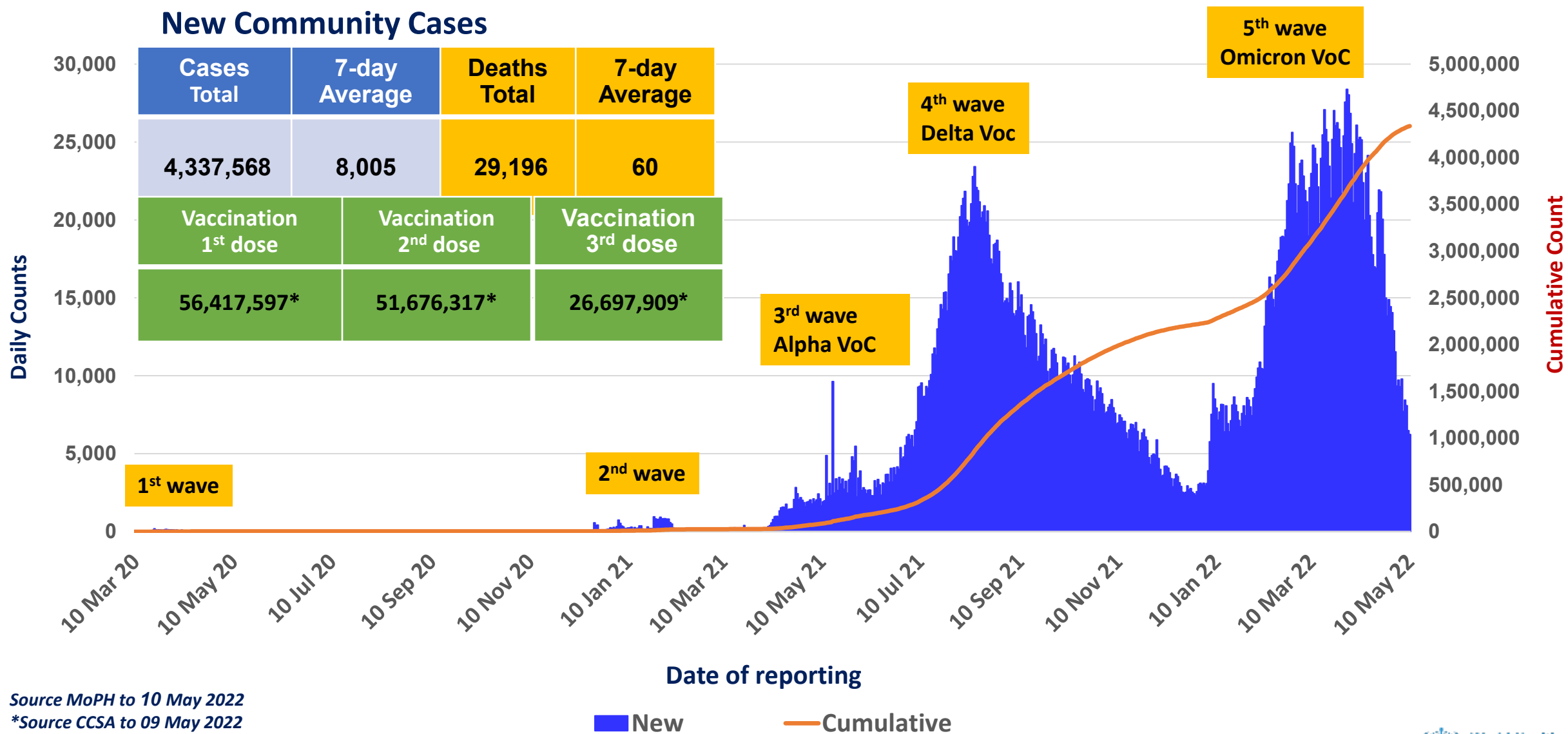
Source: <https://covid19.who.int/> - Data as of 3 May 2022, Vaccination data to 30 April 2022

[Back to Contents](#)

COVID-19 Update 11-May-22

National Situation

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

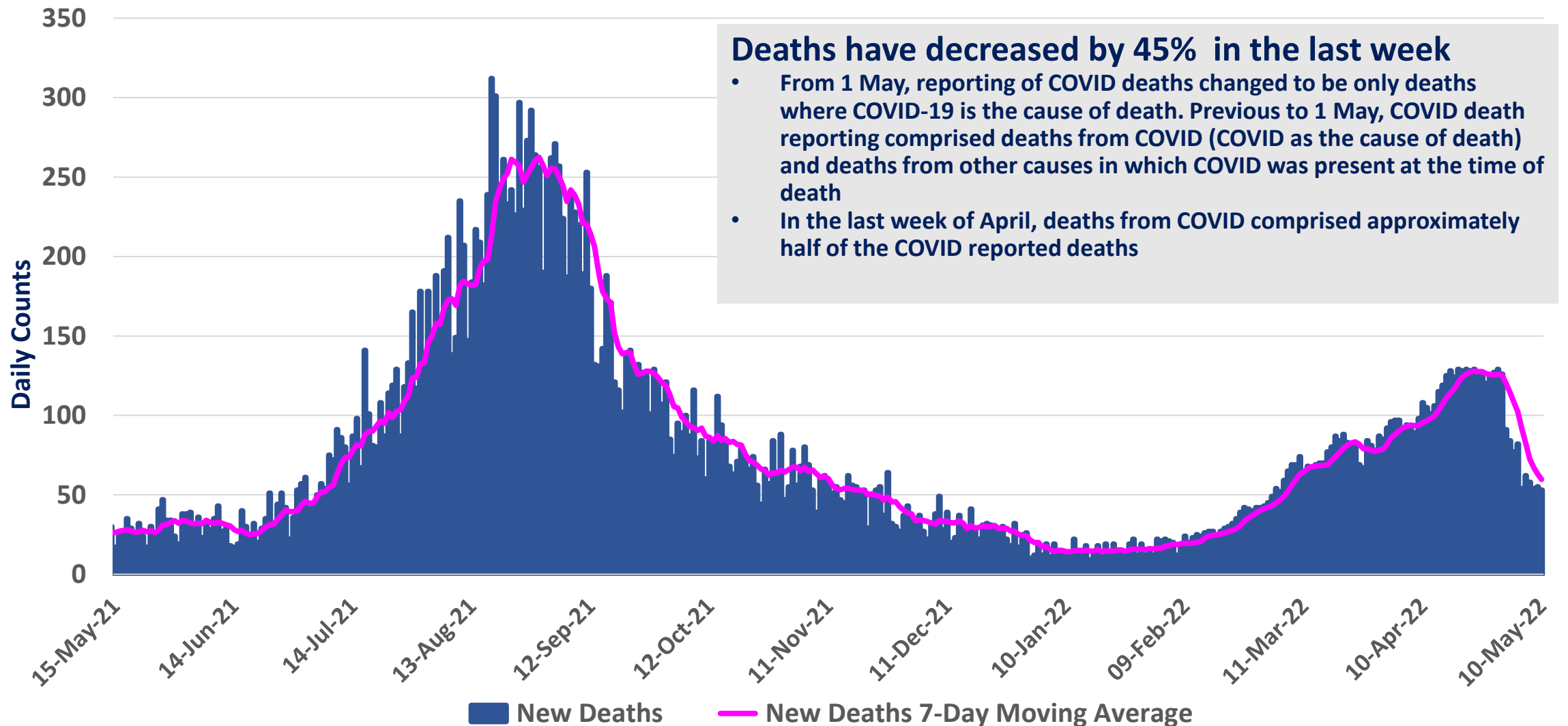


Source MoPH to 10 May 2022
*Source CCSA to 09 May 2022

[Back to Contents](#)

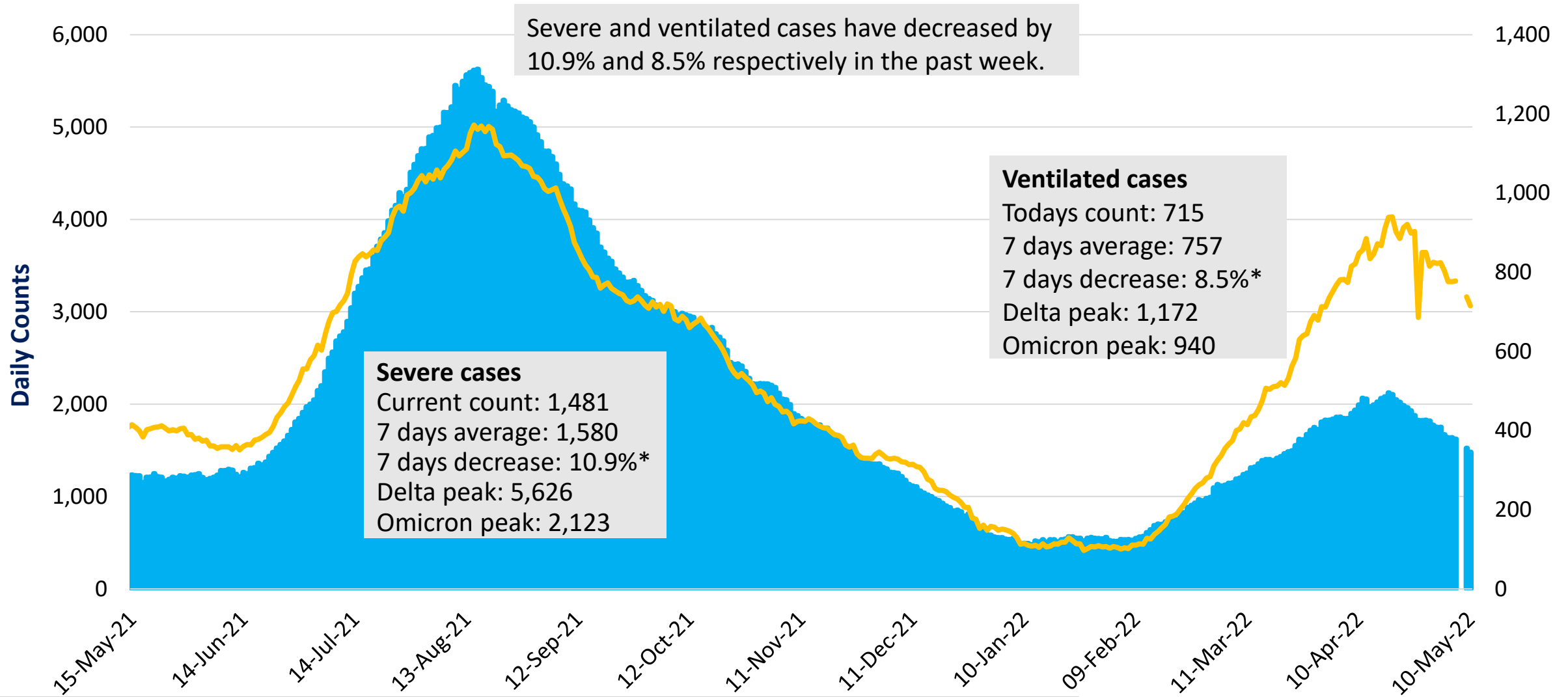


COVID-19 deaths in Thailand



Source MoPH to 10 May 2022

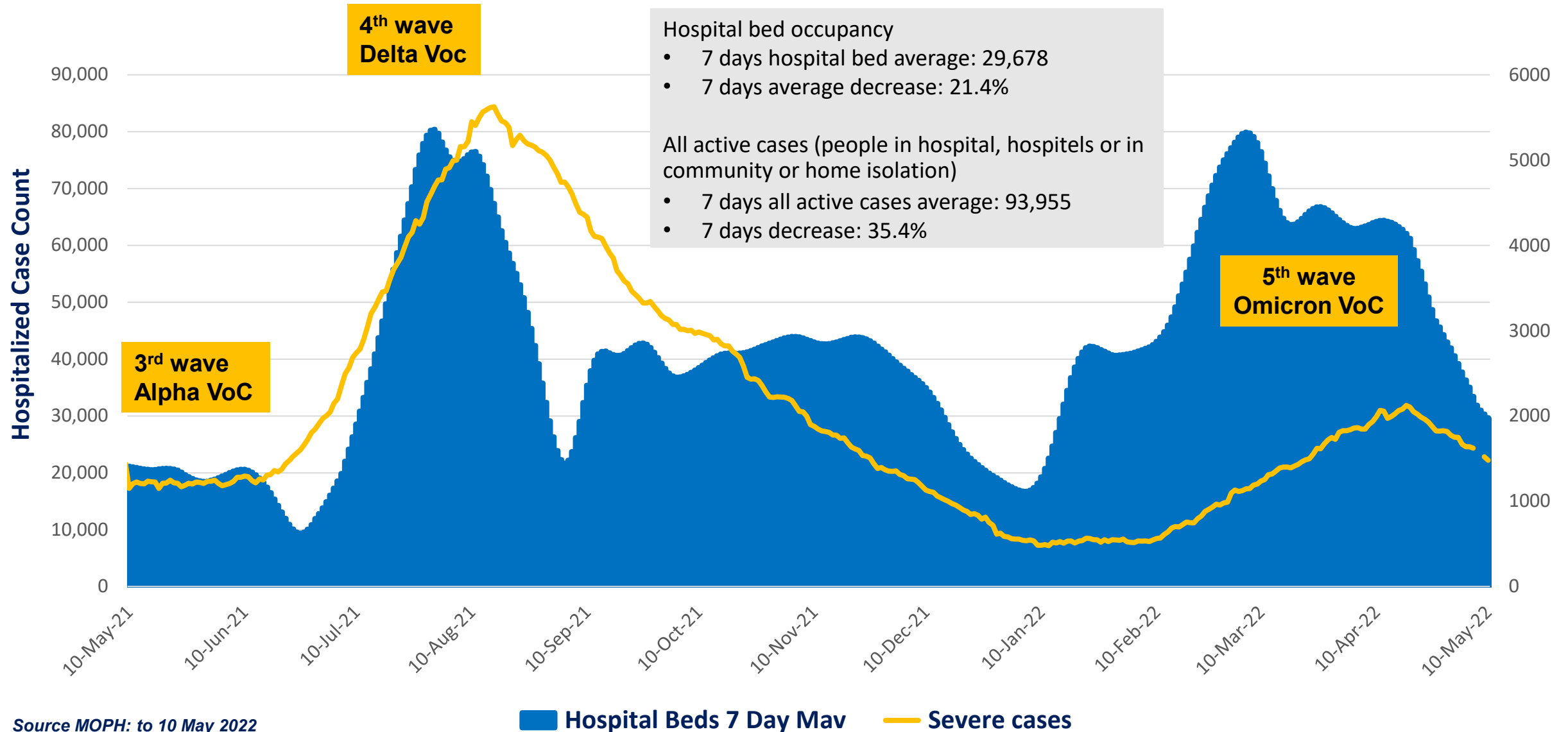
Severe and ventilated COVID-19 cases



*Compared to the week prior

No severe or ventilated cases data currently available for 7 & 8 May, the 7 day average is based on 5 days data

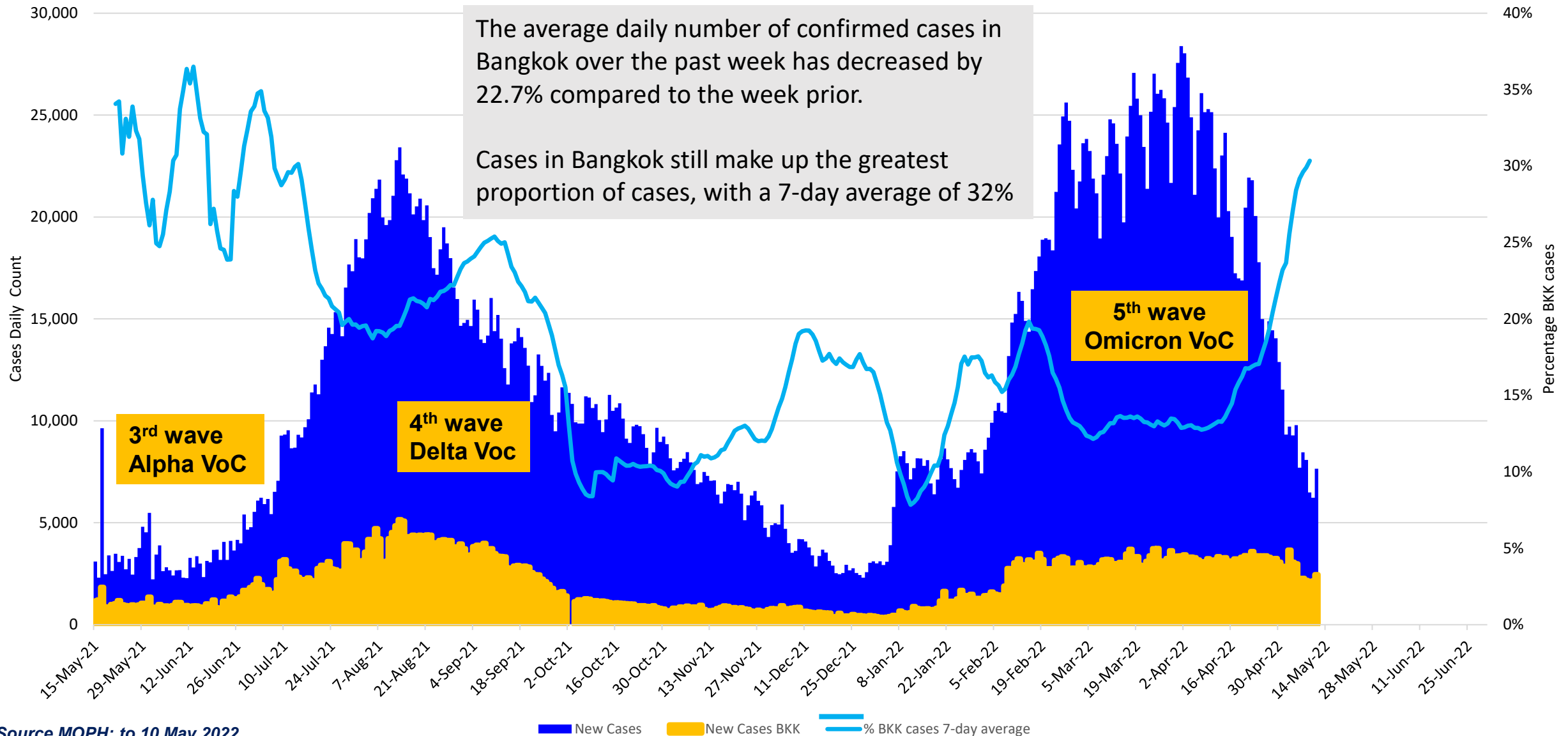
COVID-19 hospital bed occupancy (7-day average) and severe cases



Source MOPH: to 10 May 2022

Provincial Situation

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



Source MOPH: to 10 May 2022

[Back to Contents](#)

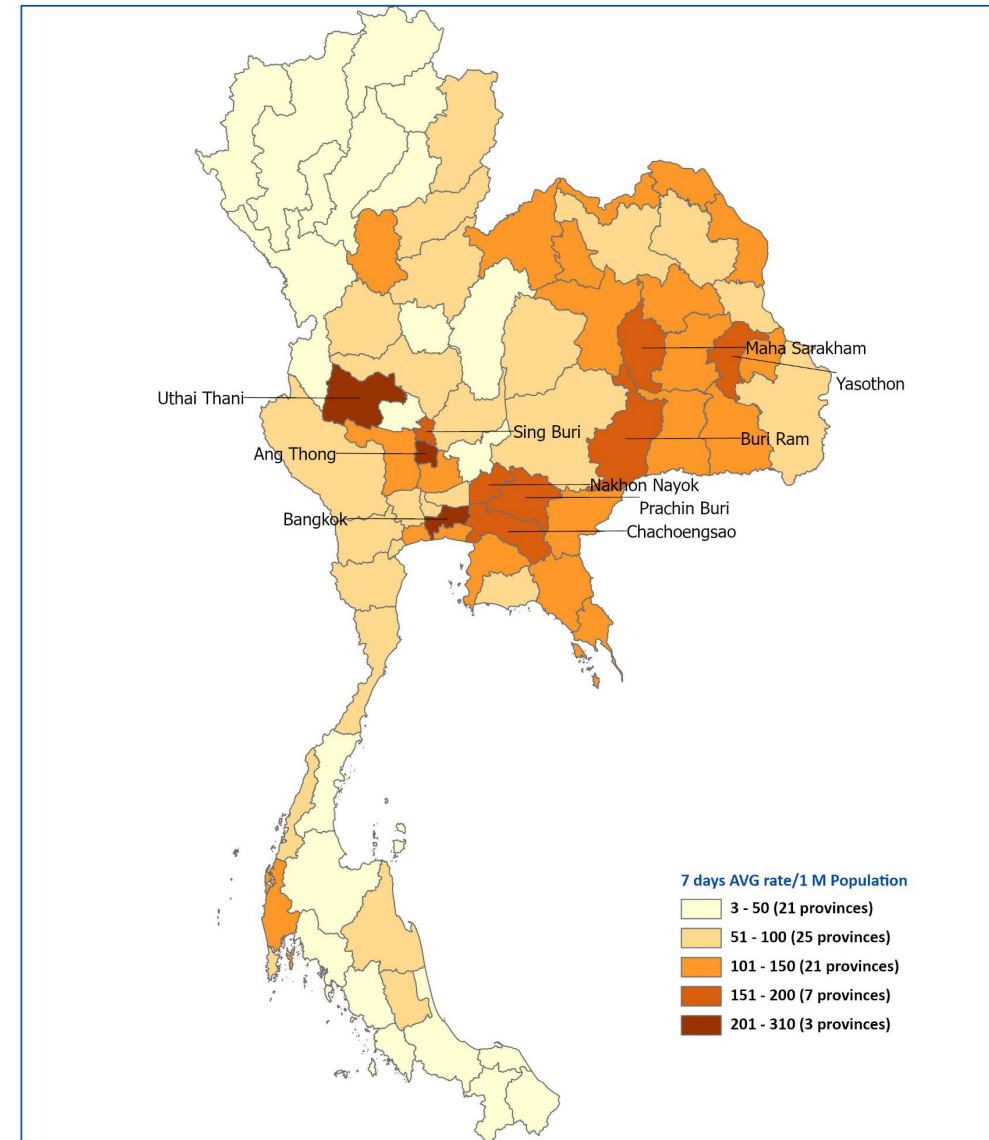
COVID-19 Update 11-May-22

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

- The variation between the lowest rate to the highest average rate of new cases has decreased, from 3 cases per million (Lamphun, up from an average of 1 case per million in Lamphun last week) to 310 cases per million in Bangkok (a decrease from the highest rate of an average of 403 cases per million population last week, also in Bangkok).
 - Nong Khai Province, which for the last few weeks has reported the highest average province rate per million population (last week 573), has decreased greatly, reporting an average of 137 cases per million population in the last week
 - 74 (96%) of 77 provinces report an average of 200 or fewer cases per million population compared to 56 provinces (73%) in the previous week
 - At the upper range of new cases, only 1 province (Bangkok) reports more than 248 cases per million.
- Higher rates of cases continue to be seen mainly in the East and North-East of Thailand, around Bangkok, in Ang Thong, Uthai Thani and Phang Nga in the south.

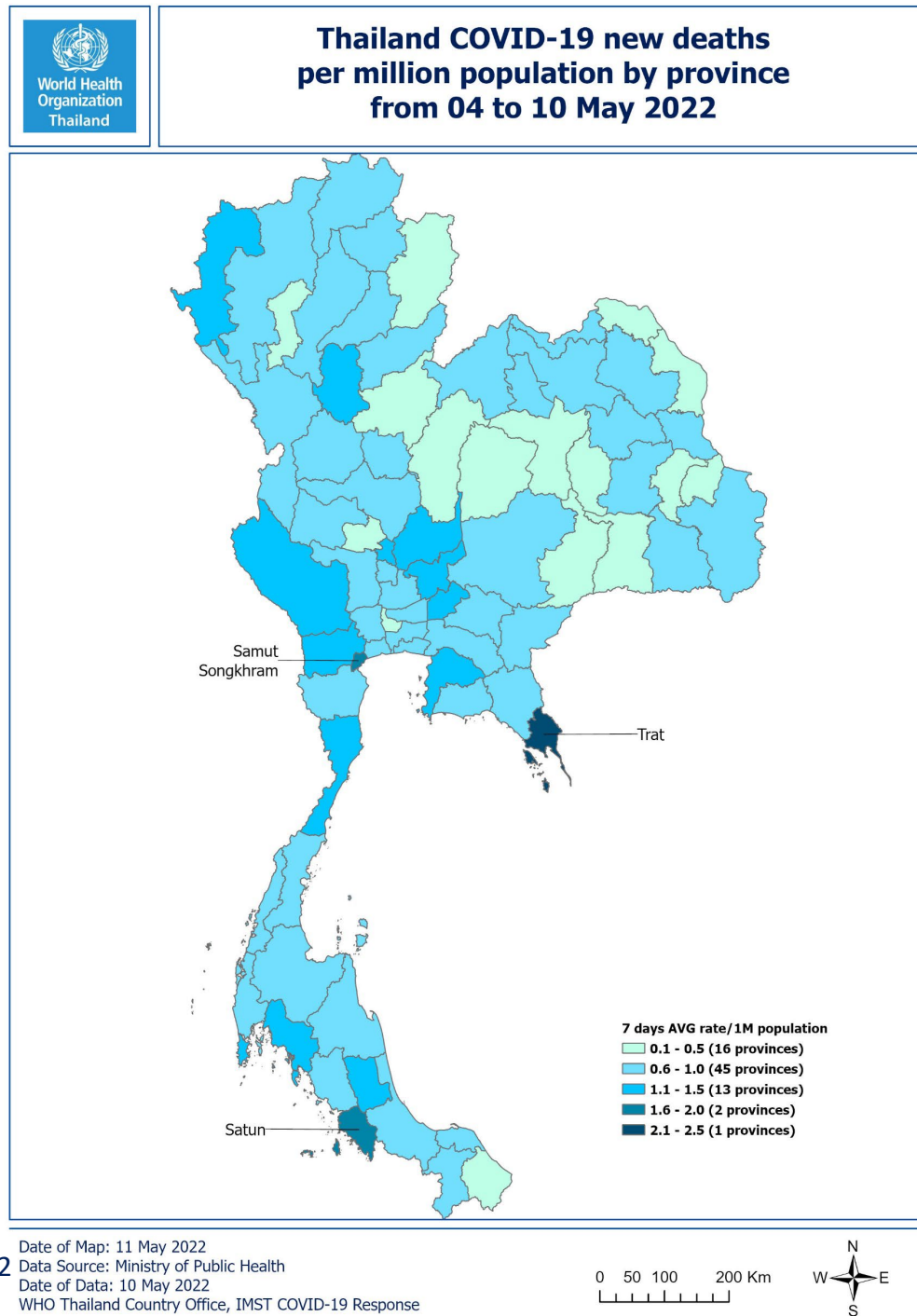


Thailand COVID-19 new cases
per 1,000,000 population by province
from 04 to 10 May 2022



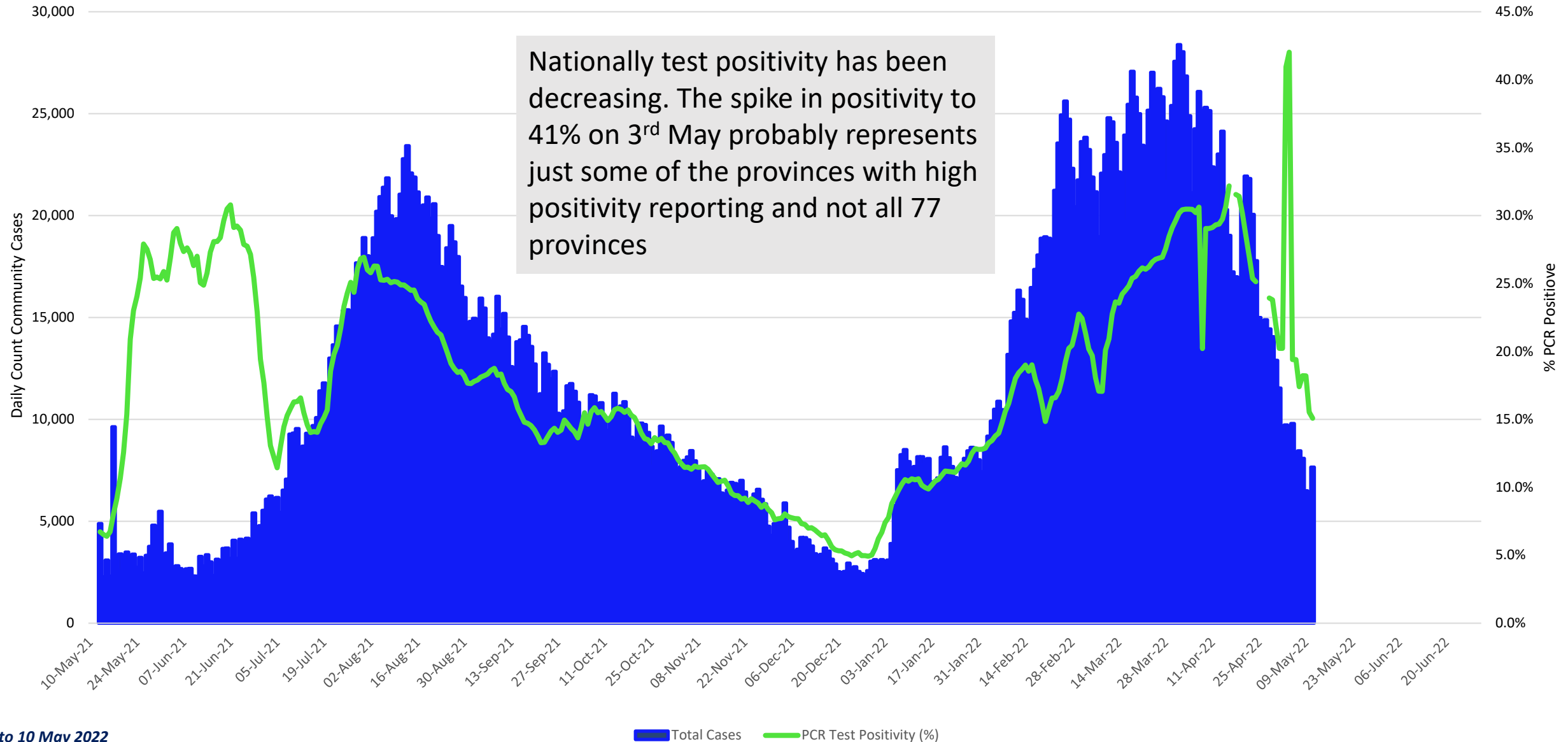
7-Day Average New COVID-19 deaths per million population by province

- The average rate of deaths per million population over the past week ranged from 0 (2 provinces, a decrease from 8 provinces in the previous week) to 2.5 average deaths per million province population. This is half the 5.3 average deaths per million province population reported in the week before.
 - The number of provinces reporting an average of 1 or fewer deaths per million population (fewer than 1 death is due to averaging) more than doubled, increasing from 24 (31%) in the previous week to 63 (82%) in this reporting week
 - At the upper range of average deaths, Trat continues to report the highest average province rate of deaths. Sing Buri, which had previously also reported the highest average rate of province deaths, has decreased to 1.4 average deaths per province population.



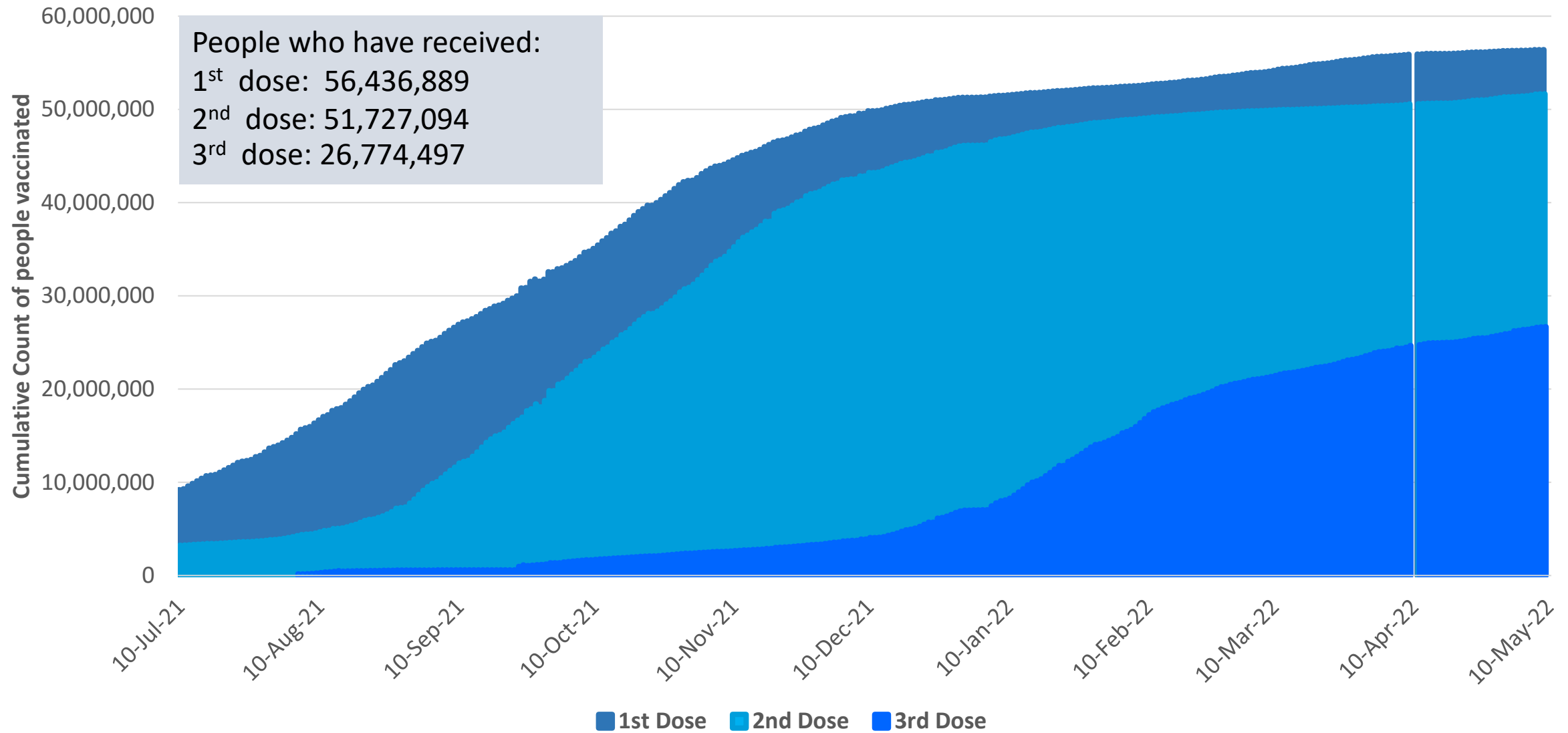
COVID Testing

Variation in 'Test Positivity Rate' over time*



Vaccination

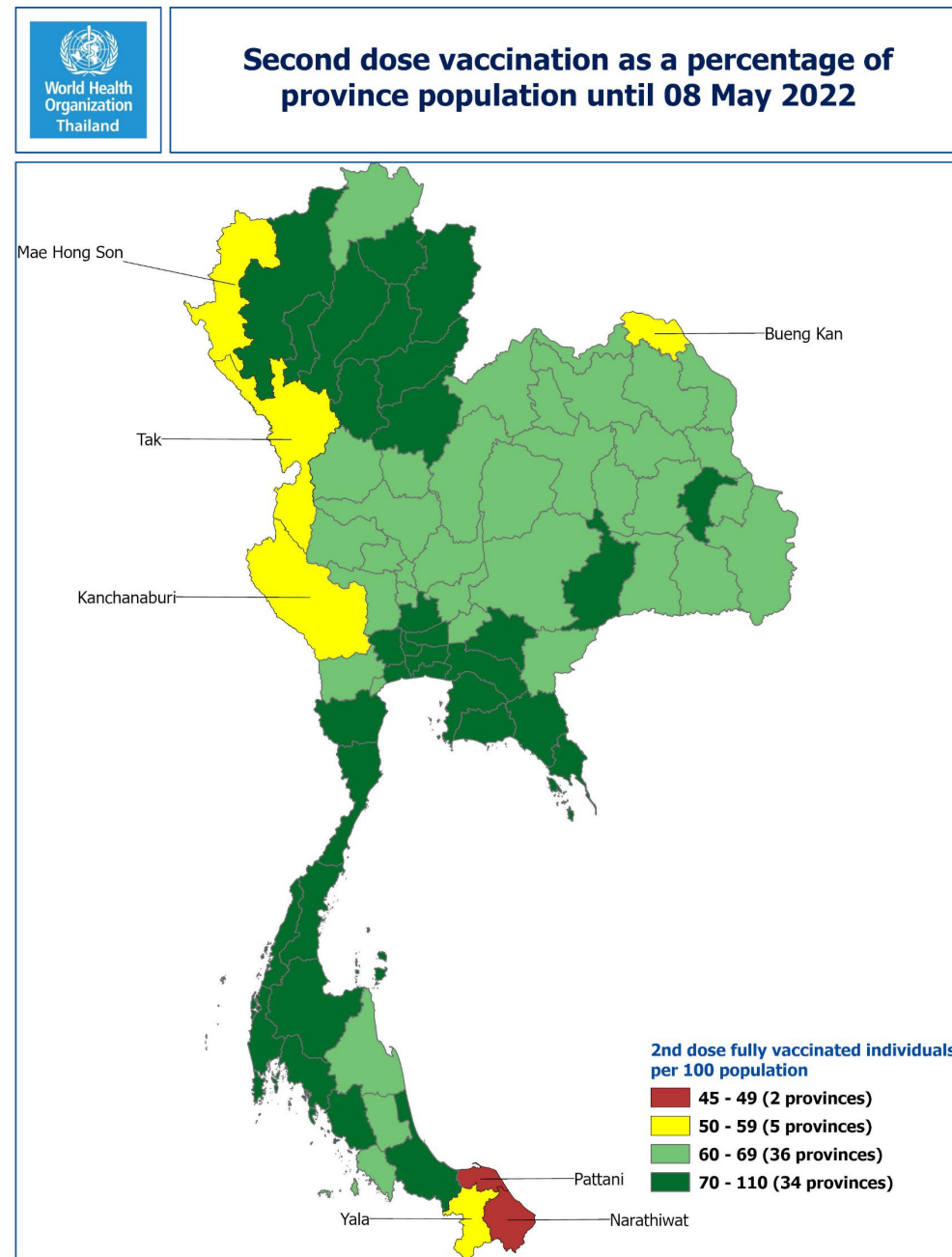
National COVID-19 Vaccination Coverage



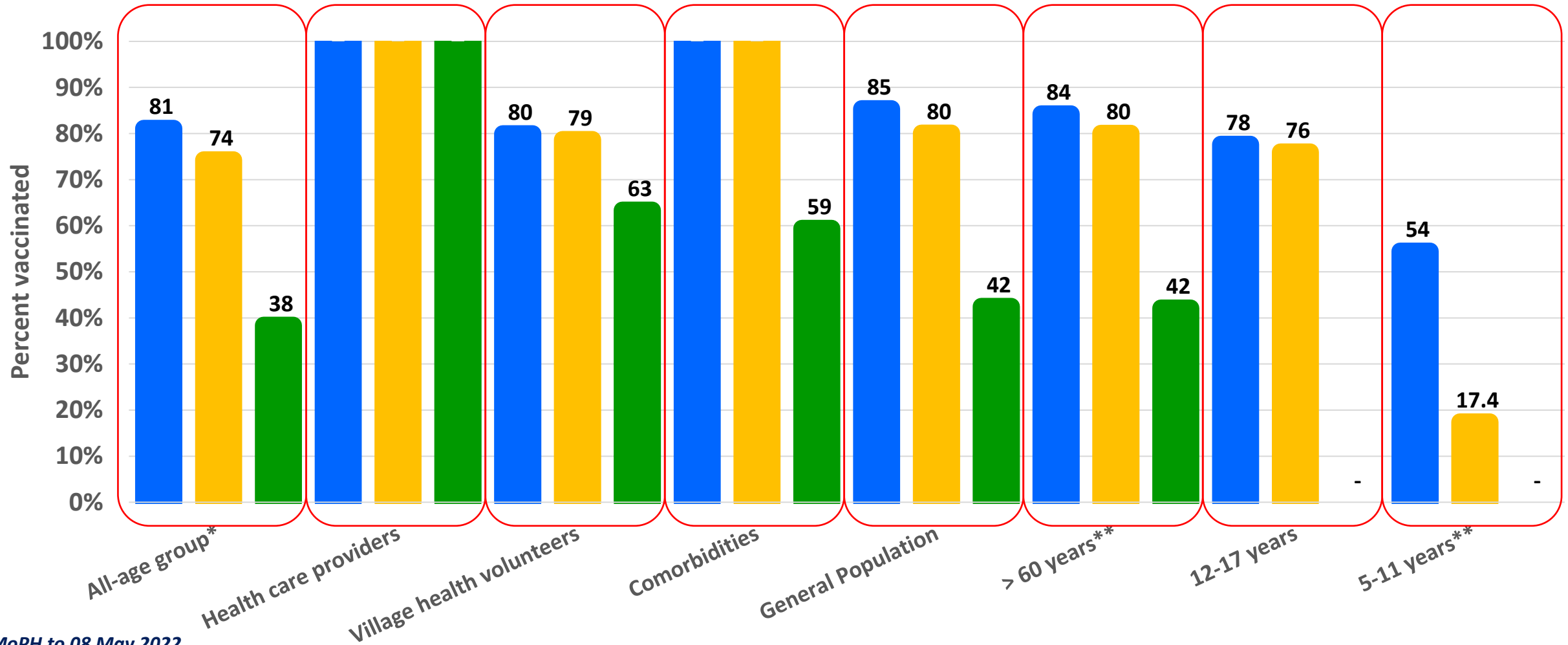
Source CCSA to 10 May 2022

Second dose coverage per million population by province

- The rate of 2-dose vaccination varies widely across all 77 provinces, continuing to range from 45% of the province population in Narathiwat to 100% in Bangkok.
- The pattern of distribution of 2-dose vaccination remains similar to previous weeks with the exception that Sukhothai increased 2-dose coverage to greater than 69% and falling to the fourth (highest 2-dose coverage) category.
 - 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 80% 2-dose vaccination increased by 1 from 8 to 9 provinces.
- The lowest vaccination coverage rates remains in the same two provinces (Narathiwat 45% and Pattani 45.5% – up from 46.4% last week)
- In a change from previous weeks, Kanchanaburi continues to report low 2-dose vaccination coverage and but now lower rates of deaths (see map on slide 14).



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



MoPH to 08 May 2022

*CCSA to 09 May 2022

**CCSA to 08 May 2022

Blue = 1st dose

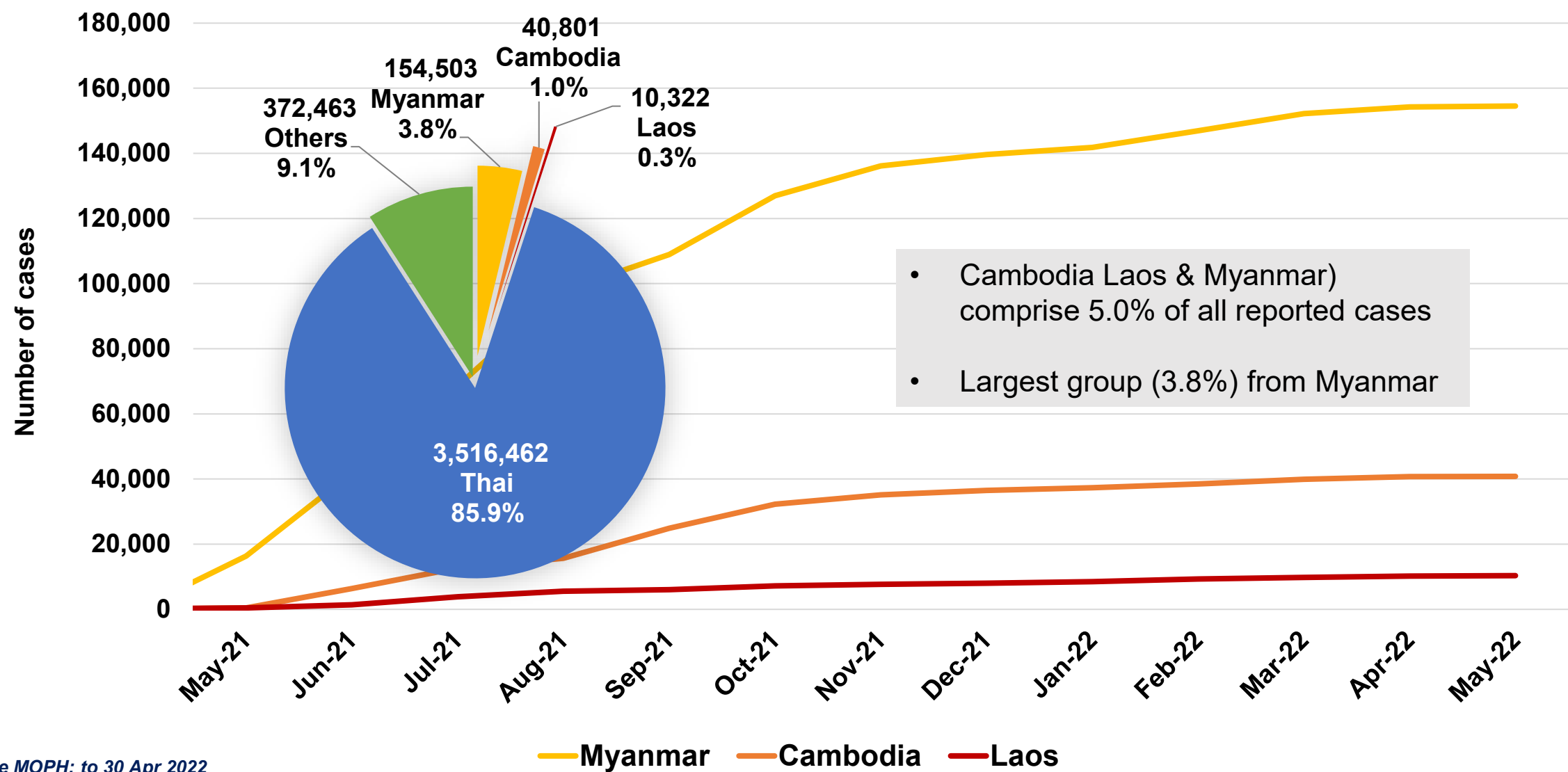
Yellow = 2nd dose

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

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

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

[Back to Contents](#)

COVID-19 Update 11-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>

[Back to Contents](#)

COVID-19 Update 11-May-22

EXPLAINER:

1. Omicron sub-variants BA.4 and BA.5

2. Flu vaccine & COVID Vaccine

Omicron sub-variants BA.4 and BA.5

Viruses continually mutate as they seek more efficient ways to spread. Most of these virus mutations will have no consequence on human health. However, occasionally mutations occur that confer an advantage to the virus. For example, a mutation may help the virus spread more easily by finding ways to escape the human immune defence mechanism. These mutations are the ones that characterise the Alpha, Beta, Gamma, Delta and Omicron ‘variants of concern’ (VoC). All these VoCs are a mutation of the original COVID-19 strain.

Mutations also occur within each VoC. The Omicron VoC, the dominant strain worldwide, currently has several mutations of public health importance. In February 2022, we learned about emerging sub lineages of Omicron called BA.1 and BA.2. Last week, the WHO received reports about emerging sub-lineages BA.4 and BA.5 in several countries.

Initial data from South Africa indicates that BA.4 and BA.5 may have a growth advantage over other sub lineages of Omicron. Scientists are now trying to understand if there’s an increase in disease severity with these variants. There does seem to be an increase in hospitalisations in South Africa, but that is expected when cases increase. Like other Omicron sublineages, there is some indication of immune escape, which means immunity built up via prior infection or vaccination may not be as effective at protecting against these variants. But vaccination **IS** working and is still reducing the risk of severe disease and of dying.

Q: Should we be concerned about the BA.4 and BA.5 sub-variants of Omicron?

A: No, we should not be overly concerned. Firstly, only one case of BA.5 has been detected in Thailand. But we also need more data about these new sub-variants to understand if they are more transmissible and if they can escape our immunity. We also need to better understand the severity of illness that they cause.

Similarly, public health and social measures, including mask-wearing, distancing and avoiding crowded and poorly ventilated spaces, still remain very effective at preventing the spread of COVID-19, including from the latest Omicron strains.

Flu vaccine and COVID-19 vaccine

COVID-19 and Influenza are caused by different respiratory viruses. It is possible to be infected with more than one type of respiratory virus at the same time. Each year, seasonal Influenza causes up to one billion cases and is responsible for as many as 650,000 respiratory-related deaths. But Influenza is preventable with vaccines. Some people who are at risk of COVID-19 are also at risk of Influenza. These include pregnant women, older persons, and people with underlying health conditions. It is very important that these people are vaccinated against **both** COVID-19 and Influenza.

It is safe to receive a flu vaccine and COVID-19 vaccine at the same vaccination session. Thailand’s Ministry of Public Health recommends administering each vaccine in different arms.



Click on the image to watch Dr Maria Van Kerkhove WHO’s Technical Lead for the COVID-19 response discuss what we know so far about the BA.4 and BA.5 sub-variants of Omicron

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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www.who.int/thailand



@WHO Thailand



WHO Thailand

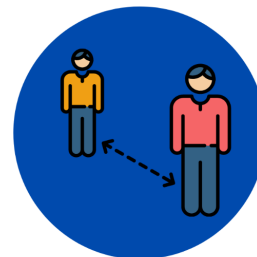


WHO Thailand

#StopTheSpread of COVID-19



#MaskUpWell



Maintain
distance



Wash hands
frequently



Get
vaccinated



Cough/sneeze
into bent elbow
or tissue



Avoid crowded
places



Open windows & be
in well-ventilated
places



World Health
Organization
REGIONAL OFFICE FOR
South-East Asia

#ItsOnUs