

by Emergency Operations Center, Department of Disease Control

### Thailand situation update on 6 May 2021

### 1. International Situation

	Total Number	Daily Increase	Case Fatality Rate (CFR)
Confirmed cases	155,886,756	861,280	
Deaths	3,257,603		2.09%

### 2.The Disease Situation in Thailand

Situation	Total Number*
Total number of new cases	1,911
Cases found in quarantine facilities/centers (Imported)	9
Cases found outside quarantine facilities/centers (Imported)	0
Cases infected in Thailand (Local transmission)	1,749
Cases found from active case finding	153
Total number of confirmed cases	76,811
Cases found in quarantine facilities/centers (Imported)	2,717
Cases found outside quarantine facilities/centers (Imported)	3,353
Cases infected in Thailand (Local transmission)	73,458
Cases found from active case finding	22,947
Total number of confirmed cases	76,811
Total recovered and discharged from hospitals     Newly recovered and discharged from hospitals	46,795 (60.92%) 2,435
Undergoing treatment	29,680 (39.08%)
Deaths     New deaths	336 (0.44%) 18



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Type of Screened People and PUI	Total Number
Total number	
Ports of entry (Airports, ground ports, and seaports)	8,372,356
People renewing their passports at the Immigration Bureau, Chaeng Watthana	542,580
Total number of laboratory tests	2,106,794
People who met the PUI criteria	1,679,384
From active case finding	15,834
Returnees in quarantine facilities/centers	81,676
People who did not meet the PUI criteria	329,900
Total number of people who met the criteria of PUI	1,679,384
Detected from ports of entry	5,189
Sought medical services on their own at hospitals     (348,548 cases in private hospitals, and 1,293,158 cases in public hospitals)	1,674,107
Notified by hotel residences, the Erawan Medical Center, local universities, tour groups, and U-Tapao	88

Remark: \*PUI (Patients Under Investigation)

Characteristics of Deaths (276 deaths)	Wave: 1 Jan - 14 Dec 2020 (60 deaths)	Wave: 15 Dec 2020 - 31 Mar 2021 (34 deaths)	Wave: 1 April 2021 - now (182 deaths)			
Case Fatality Rate (CFR) in each age group						
• 20-39 years old	0.20%	0.02%	0.09%			
40-59 years old	2.10%	0.02%	0.44%			
60+ years old	6.50%	2.60%	2.50%			
Percentage of patients who had underlying diseases including obesity, eldery patients, and pregnant patients who died from COVID-19						
	64%	100%	92%			
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Average number of days between the onset of symptoms and the date of receiving treatment (Minimum-Maximum)				
	3.5 (0-19)	1.2 (0-8)	2 (0-12)	

#### 3. Thailand Implementations

- The Ministry of Public Health established the "Budsarakam Hospital" in the Impact Challenger Hall, Muang Thong Thani, a field hospital with 1,200 beds for patients with mild to moderate symptoms (the yellow group). Involved agencies were assigned supporting tasks, i.e., the Phranangklao Hospital would support medical resources and personnel, the Public Health Administration Division would support equipment and budget, and the Department of Health Service would be responsible for the hospital standards. In addition, health officers of more than 60 provinces would take turn to work at the hospital.
- The Ministry of Justice informed that the Correctional Hospital had opened a COVID-19 testing service during Monday to Friday from 8:30 a.m. to 2:30 p.m. It expected to test approximately 100 people a day. Additional service would be provided also during Saturday, Sunday and public holidays to test approximately 200 people a day. This additional service aimed for high risk people such as those who have family members or workplace friends infected with COVID-19.
- Yala province ordered the opening and closing time of all 3 Checkpoints and Interception Points, namely, Khun Wai, Khlong Sai Nai, and Lammai. The Checkpoints would be closed at 6:00 p.m. and opened at 4 a.m. except for travel for medical treatment, transportation of necessary goods, consumption goods, agricultural products, livestock, animal feed, cooking gas, fuel oil, printing materials, construction materials, construction machines, postal mail, equipment, medical resuscitation equipment, and emergency rescue ambulance and staff. The order was effective from 8 May 2021 until further changes.
- The Ministry of Public Health revealed that Nonthaburi province was one of the provinces that still had more than 100 cases a day. The province had opened 2 field hospitals for asymptomatic or mild symptom (green group) patients, i.e., Nonthaburi Wittayalai School which had 250 accommodated beds out of 700 beds, and Bang Bua Thong 2 Hospital.
- The Department of Health, Ministry of Public Health, recommended 7 steps for safe management of a dead body from COVID-19 from the hospital to the funeral service area as follows: 1) When the patient dies, staff wearing PPE will collect the body, 2) Pack the body in a 2-layer leak-proof plastic body bag that has been cleaned with disinfectants, 3) Refrain from bathing or watering the body, and injecting formalin in the body, 4) Do not open the body bag and avoid opening the coffin by using the same practice for Buddhism, Islam, Christianity, and other religions, 5) Religious customs should be performed by cremation or burial of the entire bag. Opening of the body bag is strictly prohibited. This action should be completed within 24 hours. All steps must be strictly followed as per the guideline of the Ministry of Public Health.
  6) Avoid burning the bodies outdoors. The bodies from COVID-19 must be cremated



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only in a cremation furnace. Use a two-chamber, pollution-free cremation furnace and control temperature in the cremation chamber not to be less than 760 degrees Celsius and the temperature in the smoke chamber not to be less than 1,000 degrees Celsius throughout the cremation period. During cremation, the cremation door should not be opened. Avoid turning the body over, and 7) When the body is completely cremated, it can be considered that all the pathogens have been destroyed. Then relatives can collect the bones for religious customs.'

- The Department of Disease Control clarified about COVID-19 vaccination for foreigners living in Thailand that it had set up a special clinic at Bang Rak Building as it was close to the embassies, convenient to commute, and also foreigners residence area. The clinic could provide service to Thai people as well. The vaccines for the embassies' personnel in terms of types and immunization service are the diplomatic privilege of the embassies. Foreigners could contact their embassies to show evidence that they had been residing or working in Thailand and could join groups and notify the embassy of the country of origin in Bangkok or the Provincial Public Health Office.
- The BMA aimed to control the outbreaks in the Bangkok area within 2 weeks. The disease control and prevention guideline in the communities was composed of 8 steps: 1) identify the at risk of outbreak areas, 2) provide proactive testing to find infected cases, 3) lock the outbreak areas by reducing the people movement, 4) isolate infected cases to enter the medical treatment process, 5) quarantine high-risk people at home to observe symptoms, or take them to be quarantined at a hotel or a provided place, 6) take care of vulnerable groups including the elderly, people with underlying diseases and disadvantaged group, 7) vaccinate risk groups using the vaccines supported by the Ministry of Public Health, and 8) manage environmental sanitation and hygiene.

#### 4. Risk Assessment of COVID-19 Situation

According to the COVID-19 situation monitoring, the number of infected people has been continuously increasing. On 6 May 2021, there are 1,911 new cases reported. Accelerating the community immune level is therefore crucial and should be performed as soon as possible. According to data on the COVID -19 vaccination in Thailand, it has shown that there are 1,601,833 people that received and 434,114 people have received the complete 2 doses. The Department of Disease Control (DDC) has deployed 2,396,926 doses of the vaccine to all provinces. It also requested all provinces to ask target groups to receive the vaccination as soon as possible, particularly those in high-risk areas, to reduce serious illness and death.