HIGHLIGHTS

- On the 21st of March 2020, 89 new cases of laboratory-confirmed COVID-19 were announced by the Ministry of Public Health of Thailand (MoPH), bringing the total number of cases in Thailand to 411.

- The new cases announced today include two cases related to drinking venue clusters (59 total cases to date) and 32 cases related to boxing stadium clusters (84 total cases to date). These cases include waiters/waitresses, managerial staff, spectators at two venues and relatives.

- Eleven new cases are close contacts of other previously reported cases, six cases are related to attendance at a religious event in Malaysia, 18 cases are related to travel or contact with travelers, while 20 cases are still under investigation.

- Of the 411 COVID-19 cases reported in Thailand, 44 have recovered, 366 are receiving treatment (7 cases are severe) in healthcare settings and one has died.

- There is now a cumulative total of 9,670 Patients Under Investigation (PUIs) in Thailand since the COVID-19 outbreak began, including 4,004 people being actively investigated or treated. This group includes people being treated for other conditions who are no longer suspected of having COVID-19 infection.
EXPLAINER: Thailand joins the WHO Solidarity Trial – Global Testing of Covid-19 Drugs

Thailand will join the World Health Organization’s “Solidarity Trial” – an eight-country clinical study for potential treatments for COVID-19, part of a rapid global search for drugs to treat COVID-19.

In addition to Thailand, the multi-arm, multi-country trial will include the participation of Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain and Switzerland.

The Solidarity trial will test four different drugs or combinations – a) remdesivir, b) a combination of two drugs, lopinavir and ritonavir, c) lopinavir, ritonavir plus interferon beta, and d) chloroquine – and will compare their effectiveness to what is called standard of care — the standard supportive care that hospitalized patients currently receive for COVID-19

RECOMMENDATIONS AND ADVICE FOR THE PUBLIC

The Thailand MOPH recommends that people using public transportation clean their hands each time they leave the train, bus or taxi. Upon arriving home, people should wash their hands, shower, change cloths before interacting family members.

The basic principles to reduce the general risk of transmission of acute respiratory infections, including by the virus causing COVID-19, include the following:

• Avoiding close contact with people suffering from acute respiratory infections.
• Frequent hand-washing, especially after direct contact with ill people or their environment.
• People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).
• Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.
• Advice from WHO on cleaning practices and the survivability of the SARS-CoV-2 virus on surfaces & in different settings, available here.
• WHO does not recommend specific health measures for travelers. In case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share their travel history with their healthcare provider.

MEDIA

• WHO Thailand continues to receive media queries about the outbreak and through its website provides relevant content on a regular basis to the public and other constituencies. Media queries can be directed to sethawebmaster@who.int and risleyp@who.int
• WHO Thailand’s Twitter and Facebook accounts post useful information on hygiene and protection, such as when and how to use masks, as well as relevant WHO technical guidelines and other content related to the novel coronavirus situation in Thailand and globally.

WHO THAILAND STRATEGIC OBJECTIVES

WHO Thailand’s strategic objectives to support Thailand’s response are to:

• Limit human-to-human transmission including reducing secondary infections among close contacts and healthcare workers, preventing transmission amplification events, and preventing further spread within as well as to and from Thailand;
• Identify, isolate and care for patients early, including providing optimized care for infected patients;
• Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
• Communicate critical risk and event information to all communities and counter misinformation; and
• Minimize social and economic impact through multisectoral partnerships.
PREPAREDNESS AND RESPONSE

What Thailand is doing

- Thailand has strong capacities for case detection, risk assessment, case investigation, laboratory diagnosis, clinical management, infection prevention and control, and risk communication.
- Thailand is also updating its national pandemic influenza preparedness plan (pending approval by the Prime Minister’s Cabinet).
- With WHO support, the National Institute of Health of Thailand is supporting specimen testing for other countries as requested.
- Visitors to Thailand traveling from affected areas are being screened and provided information upon arrival by the Ministry of Public Health, including how to report any possible illness to the Department of Disease Control using the 1422 hotline.
- The Ministry has also introduced a self-reporting online tool, available in Thai, English and Chinese, which can be accessed here.

What WHO is doing in Thailand

- WHO Thailand remains in regular and direct contact with the Royal Thai Government through the Ministry of Public Health, sharing information with the Government including key developments elsewhere, as well as guidelines and updates.
- WHO supports the wider UN response and provides relevant information and advice to staff of the UN system in Thailand.

“You cannot fight a fire blindfolded. And we cannot stop this pandemic if we don’t know who is infected. We have a simple message for all countries: test, test, test. Test every suspected case. If they test positive, isolate them and find out who they have been in close contact with up to 2 days before they developed symptoms, and test those people too.” WHO Director-General, Dr Tedros Adhanom Ghebreyesus, 16 March, Geneva.

USEFUL LINKS

- For regular updates on WHO’s response in Thailand, access the WHO Thailand website: www.who.int/thailand
- For the latest worldwide figures and technical advice about the outbreak, including how to protect yourself, access WHO Headquarters’ website: www.who.int including daily global situation reports and WHO’s technical support worldwide to the COVID-19 response.
- The International Health Regulations (IHR) can be viewed here.
- For the latest on the Thai government response, access the Department of Disease Control, Thai Ministry of Public Health COVID-19 landing page.
- The Department of Disease Control Hotline is 1422 (dialed from within Thailand).
- The Thai Communicable Diseases Act (revised in 2015) is available here.
- For a comprehensive COVID-19 global case-tracker, access the Johns Hopkins University’s Centre for Systems Science and Engineering (CSSE): in English and Thai.
- Global research on novel coronavirus COVID-19
- The Global Health Network - Coronavirus Outbreak Knowledge Hub - a pop-up area on The Global Health Network serves as a knowledge hub and access to guidance on COVID-19. (Note: WHO does not take responsibility for content on external websites.)

For more information or queries on WHO Thailand’s response to the COVID-19 outbreak, or our work more widely, contact sethawebmaster@who.int, visit www.who.int/Thailand, and follow us on Twitter and Facebook

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1 This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.