
FAQs on COVID-19 Situation in Thailand

1. Thailand detected the very first case of COVID-19 outside of China and was the country with highest number of infections outside of China. Recently, however, the official number of confirmed infections announced by the Thai Ministry of Public Health (MOPH) has increased only slightly. How is this possible?

- Thailand implemented surveillance protocol for infections ever since 3 January, and activated an Emergency Operations Centre (EOC) since 4 January, much earlier than many other countries. This enabled the early detection of infections, and an effective start to control the spread. Hence, Thailand was able to detect the very first COVID-19 case outside of China on 8 January, an imported case from Wuhan City, even before the virus was made known to the world.

- At that time, our virologists were able to detect the virus, and initially identify it as an unknown coronavirus. They kept it isolated, and as soon as China shared the genome of the now known COVID-19, they were able to confirm a match and disclosed this information immediately on 12 January.

- Due to our past experience in handling previous epidemic situations, from the Avian Flu, to SARS and MERS, the MOPH decided to implement early on, a ‘contact tracing’ system, on suspected individuals and people they have come into close contact, which significantly helped prevent the spreading of COVID-19. This enabled the identification of carriers of the virus even before their symptoms started, preventing the carriers from unknowingly spreading the virus.

- We established various channels of communication with the public early on and maintained transparency of information flow with situation updates, for instance, interactive daily press conferences, interviews on television and radio, as well as an archive of updates on our websites and social media platforms, including the 1422 hotline to answer questions from the public and tourists.

- On 22 January, before Chinese New Year, we elevated our EOC to the ministerial level and national level, as a precautionary measure. Surveillance was expanded to include wider circles of high risk groups early on, monitoring not only incoming tourists, but also those working in environments in close contact with tourists, particularly those in the hospitality, transportation and tourism sectors. We also equipped medical facilities and hospitals with the capacity to detect and treat infected cases. This is why, on 30 January, we detected the first local transmission case, a taxi driver who was in close contact with a group of Chinese tourists.

- Since then, we have continued to increase the level of surveillance, monitoring and control measures that follow the standard guidelines for emerging infectious diseases. To date, we have maintained the infection status at Phase II, where all cases of infections can be accounted for and traceable to imported cases or tourists, which means the situation is relatively under control and not shifted to the epidemic phase yet.

- We will do our utmost to maintain our status at Phase II as long as possible. However, realistically, eventually the situation will likely bring us into Phase III, an epidemic, for which we are prepared.

2. What measures has Thailand implemented to date?

Surveillance and Monitoring

- Thailand set up screening measures including thermal scan at international airports, sea ports, and border checkpoints since early January 2020. By the end of the month, these measures were conducted on arriving passengers at six international airports, six sea ports and 34 overland border checkpoints.

- Thailand provided treatment for patients under investigation (PUI) at designated hospitals and conducted contact tracing among close contacts of confirmed cases.
- MOPH medical staff are stationed at points of entry 24 hours a day. A “Health Beware Card” that provides health advice is distributed to all inbound travelers.
- Since 17 February 2020, the MOPH enhanced screening on patients with pneumonia symptoms from unknown causes and people who had close contact with travelers from COVID-19 outbreak areas. At International Communicable Disease Control Offices and hospitals, there is elevated screening for people traveling from China, Hong Kong SAR and Macao SAR of China, Chinese Taipei, Japan, Singapore, Republic of Korea, Iran, and Italy, as well as people who had been to countries with cases of local transmission.
- Results from the diagnostic laboratory examination for suspected patients can be known within 24 hours. Laboratory investigation can now be performed at 13 medical science centers across the country and at laboratories in Department of Medical Science, University Hospitals.

Communication

- Prime Minister Prayut Chan-o-cha has emphasised the importance of providing accurate, trustworthy, and timely information to the people. The MOPH provides two press briefings daily with opportunities for the press to ask questions. In addition, it updates Thailand’s Situation Report every day which is available via the MOPH/ Department of Disease Control (DDC) website, Facebook, and Twitter. Furthermore, the Department of Disease Control has set up a telephone hotline 1422 to respond to public queries.
- The MOPH has been lauded for its active role in risk communication, providing updated information to the public and helping them to prevent the spread of the disease.

Preparedness

- The MOPH has an Emergency Operations Centre (EOC) to cope with public health threats. It has a qualified team of personnel, a good diagnostic capacity and a strong healthcare system in accordance with international standards. In addition, it has close collaboration with the World Health Organization (WHO), international infectious disease institutes, and relevant partners.
- The MOPH coordinated with ASEAN Member States, attended teleconference meetings with WHO and relevant Ministers of Health to exchange information and discuss the possibility of strengthening preventive measures.

3. Why has Thailand not imposed any travel restrictions on passengers from affected countries and areas?

- In light of the current circumstances and various measures being implemented by Thailand, we consider that travel restriction for people from high-risk countries is not yet required. In fact, WHO does not encourage such measures. Nevertheless, we continue to closely monitor the situation to evaluate the risk and are prepared to implement additional appropriate measures as necessary.
- Furthermore, China, which experienced the most widespread outbreak of COVID-19, has already imposed measures to restrict Chinese citizens from traveling abroad. This has resulted in reducing a great number of Chinese citizens traveling to Thailand. Therefore, additional restrictions from the Thai side are not needed at the moment.
- However, WHO has advised the public to keep updated on the situation. People who have to travel to areas at risk are advised to protect themselves by avoiding (1) markets that sell carcasses or live animals, (2) crowded areas, (3) eating uncooked food, and (4) contact with patients who have respiratory disease.

4. Why was MS Westerdam not allowed to dock at Laem Chabang Port in Thailand, while other cruise ships were allowed to dock in Phuket?

- MS Westerdam did not request permission to dock in advance. Passengers aboard the ship were suspected of being infected with COVID-19 and being a high-risk group.
- Thai passengers on MS Westerdam returning home will be followed up for 14 days in accordance with the disease prevention and control standards. Those who wish to continue their travel were screened. If they had a fever, they would not be allowed to board a plane and would be brought under disease surveillance.
- On 15 February 2020, one passenger of MS Westerdam, an 83 year old American female, was tested positive for COVID-19 during her stopover in Malaysia. Subsequently, on 17 February 2020, MOPH announced that foreign passengers aboard MS Westerdam would not be allowed to transit in Thailand.
- Cruise ships that were allowed to dock in Phuket were traveling to Thailand as their destination and had requested permission to dock beforehand. All passengers on board were screened by public health officials before they were allowed to come ashore.

5. How effective is thermal scanning?

- People infected with COVID-19, flu, or a cold, typically develop respiratory symptoms, such as fever, cough and runny nose. Thus, thermal scanning is helpful in detecting people with fever, and those with symptoms of COVID-19. As of 18 February 2020, the MOPH has detected almost 60 patients under investigation from surveillance screening at international airports.
- However, since COVID-19 produces the same symptoms as flus and colds, a laboratory test is required to confirm COVID-19 infection.
- WHO recommends that people who cough, have fever and difficulty breathing should seek medical care early. In addition, patients should inform health care providers if they have travelled in the past 14 days before they developed symptoms, or if they have been in close contact with someone who has been ill with respiratory symptoms.

6. As some countries in the region have entered Phase III of an epidemic in their countries, what are the authorities doing to make sure this doesn't happen in Thailand?

- Since the beginning of February, the number of COVID-19 cases in Thailand has changed only slightly. Therefore, on 17 February, the MOPH stepped up screening criteria for people in eight provinces, popular Chinese tourist destinations, as a more proactive approach to identify possible infections as soon as possible will ensure that there are no gaps in the surveillance system.
- Under this upgraded surveillance system, patients with pneumonia where the cause has not been verified will be automatically referred to Patients under Investigation (PUI) -- the group which tests for COVID-19 -- if they live in Chiang Mai, Chiang Rai, Krabi, Phuket, Prachuap Khiri Khan, Bangkok, Samut Prakan or Chon Buri.
- After the new screening was introduced, PUI cases increased significantly, from 837 to 1,580 cases as of 25 February, making a total of 743 cases within a week.
- On 24 February, the National Committee on Communicable Diseases listed COVID-19 as a dangerous communicable disease. This will enable health authorities to respond more quickly and effectively, take more precautionary measures, and enforce tougher rules to contain the outbreak in the event of local transmission.
- For example: (1) disease control officials are now able to perform a laboratory test, isolate, quarantine, or observe patients who are infected with COVID-19, or suspected of being infected with COVID-19; (2) in emergency situations, or where necessary, provincial

governors/the governor of Bangkok, with approval from the National Committee on Communicable Diseases, have the mandate to order the temporary closure of markets, commercial areas, factories, public spaces, educational institutions, or other venues, and to request people who are infected with COVID-19, or suspected of being infected with COVID-19, to temporarily take leave from work.
