

Thailand's Lessons Learned from Two Years of COVID-19 Disease Control

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United Nations

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Success factors in COVID-19 control in Thailand

Staff

- FETP and local network of PH staff through village health volunteers
- Health care service staff
- Communicable disease committee: national and provincial levels

Stuff

- EOC infrastructure
- IT infrastructure

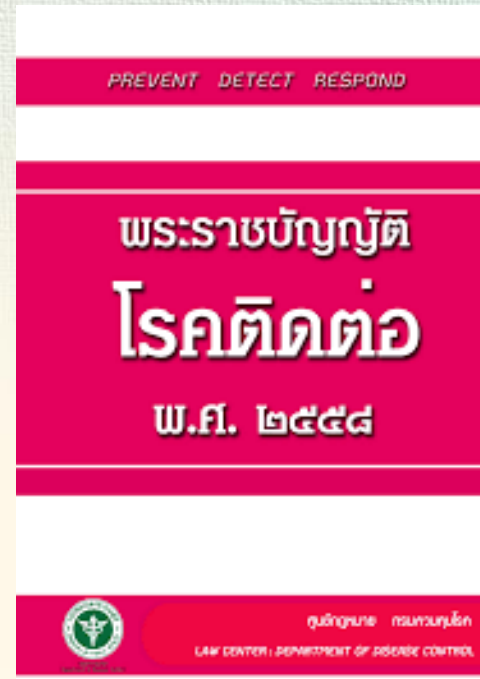
System

- Incident Command System and EOC
- IHR, & Communicable Disease Act 2015
- Electronic Data Reporting
- Government's CCSA
- Vaccine Program

Thailand's policy on disease control in public health emergency



■ IHR 2005



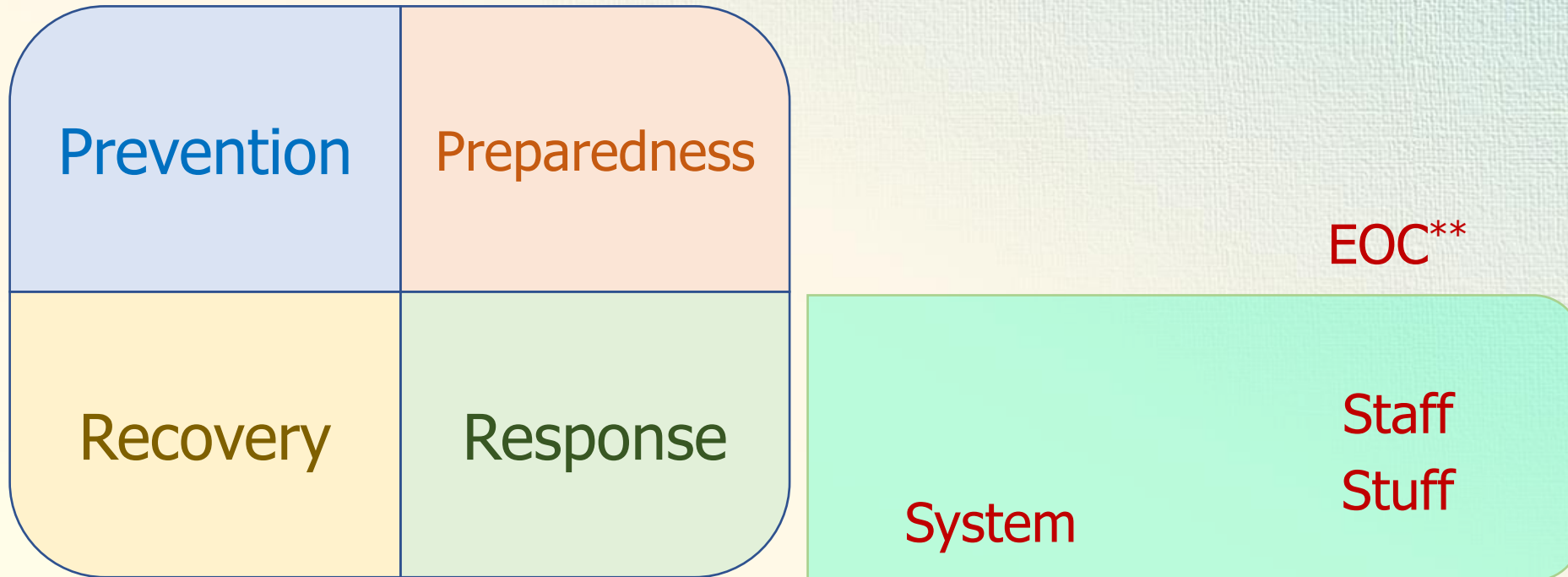
■ Communicable Disease Act 2015

Incident
Command
System
Emergency
Operations
Center
(ICS EOC)

■ ICS EOC &

Public Health Emergency Response

PHEM*: 2P 2R



*PHEM = Public Health Emergency Management

**EOC = Emergency Operation Center

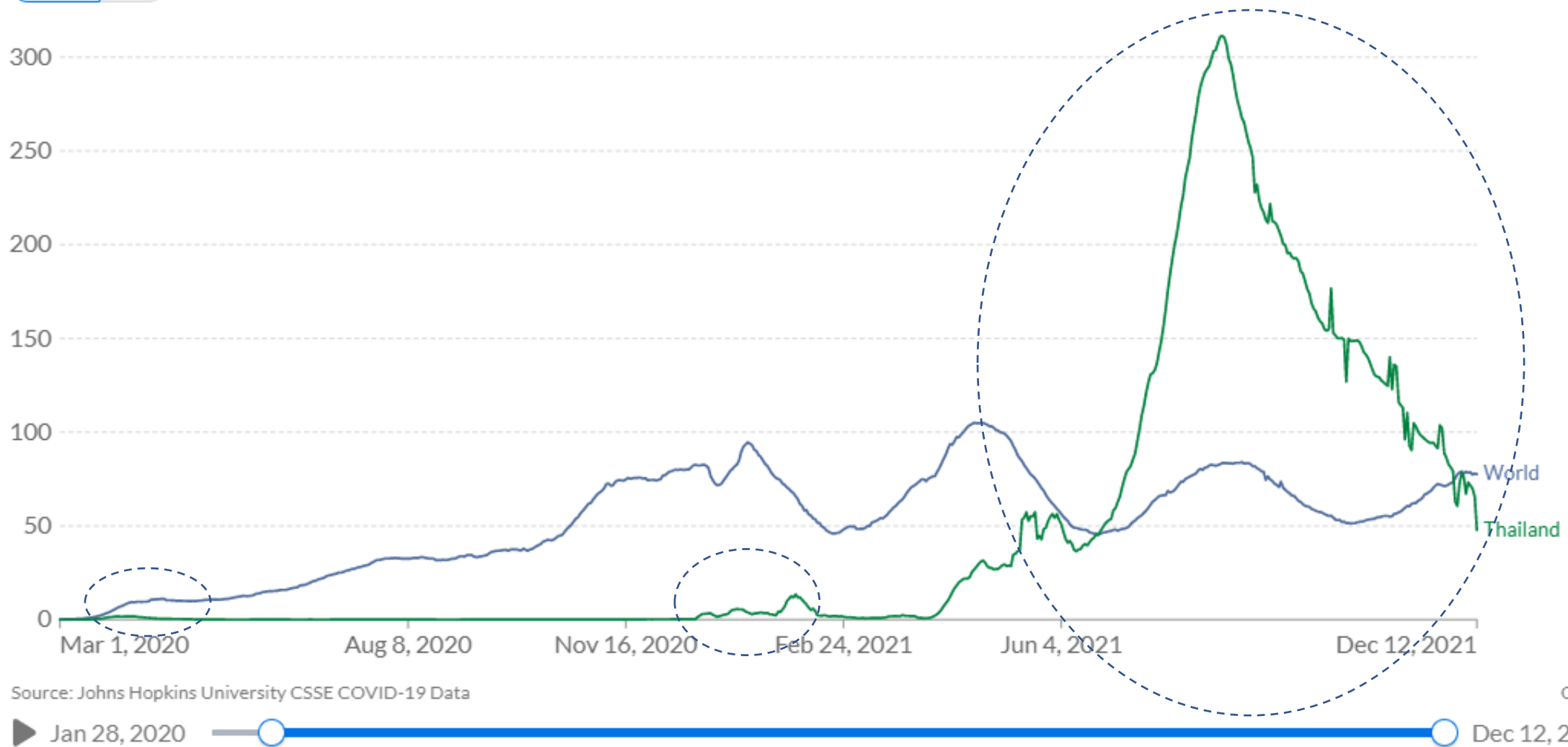
Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World
in Data

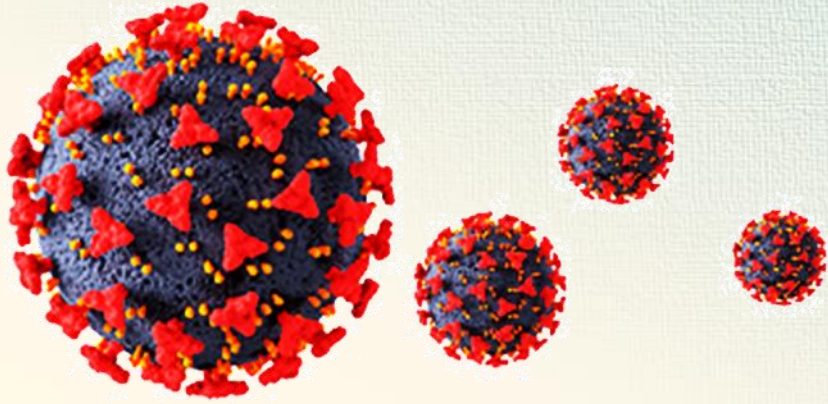
LINEAR

LOG



Note: As of 14 Dec 2021, Thailand has 2.1M cases and 21,137 deaths cumulatively.





What was the different
COVID-19 strategy between
2020 vs 2021?

Disease control policy in 2020 v.s. 2021

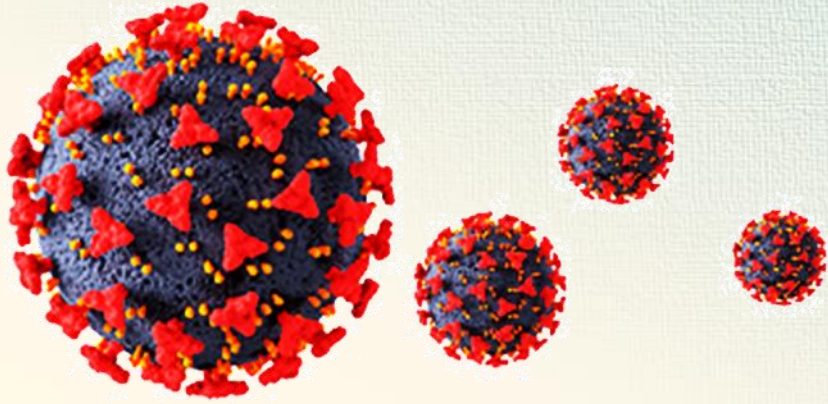
2020

- Aims: to prevent infection
- Key activities
 - ⊙ Test, Trace, Treat
 - ⊙ Case investigation
 - ⊙ Treatment in hospitals only
 - ⊙ Laboratory expansion / Financing
 - ⊙ Closure of the premises to cut the transmission



2021

- Aims: to prevent death
- Key activities
 - ⊙ Cluster investigation
 - ⊙ Triage cases and provide treatment at home (home isolation), in a designated area (community isolation), in the field hospitals and hospitals.
 - ⊙ Screening test (Antigen test kit)
 - ⊙ Bubble and Seal
 - ⊙ Vaccination campaign
 - ⊙ Variant surveillance



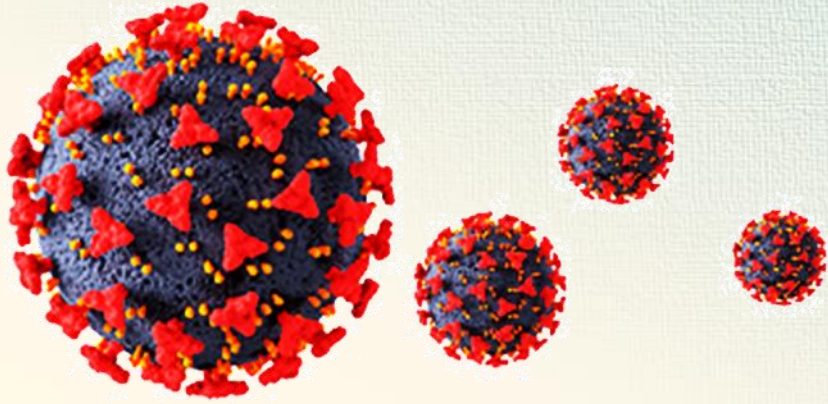
How is the contact tracing
strategy evolved between
2020 vs 2021?

2020 –

- Imported cases with a clear contact history and timeline
- Low number of local transmission cases
- the contact tracing teams try their best to identify every contact for testing and other needful actions

2021 –

- High local transmission that leads to unclear history timeline and contacts
- The cluster management is needed
- Heavy pressure on laboratory tests through RT-PCR and later antigen test kits can match an upsurge of demand
- There are relatively large numbers of severe cases that led to the categorizing of asymptomatic or mild conditions to receive care at home, in communities, in field hospitals, who require oxygen, or hospitals, who require close medical attention and ventilators.



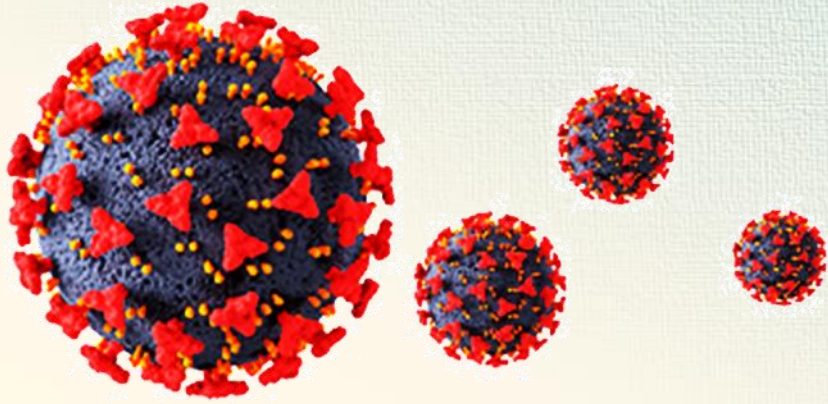
What was the application of sentinel surveillance and active case finding in each wave, and what were the principles in adopting each method?

Active case finding

- A step in the outbreak investigation.
- When we identify the index case and some cases at the beginning, we form the case definition based on the clinical symptoms, as well as time and place criteria that are likely to have the same risk as to the existing cases or link together.

Sentinel surveillance

- a way to find cases among risk populations.
- No actual prior cases link to that population, but the system is set to screen or test with the laboratory.
- The number of samples or people involved is identified.
- Normally it launches periodically. When the number of cases is very low, sentinel surveillance can be set up to see whether the high-risk group may have some cases or not.

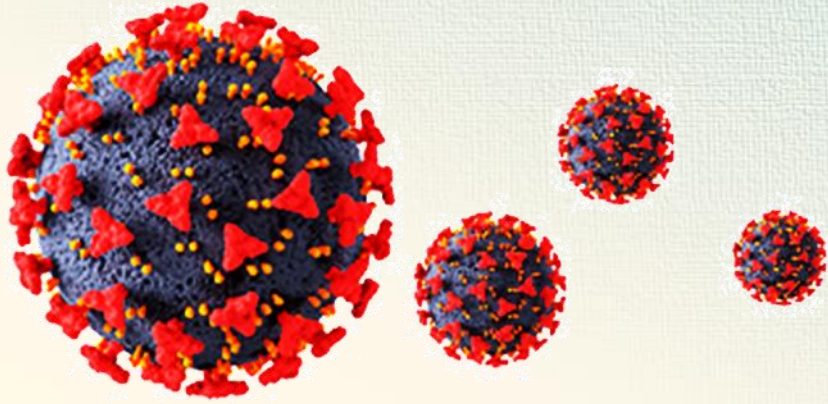


What was the most effective method to communicate the daily cases and death to the people and is there any lesson learned in the communication?

- Cases and deaths reports affect the perception of the people. It can create anxiety and panic in the population.
- The numbers attract the media audience. The mainstream and alternative social media love numbers.
- Transparent and daily released in the official channels is the best policy.



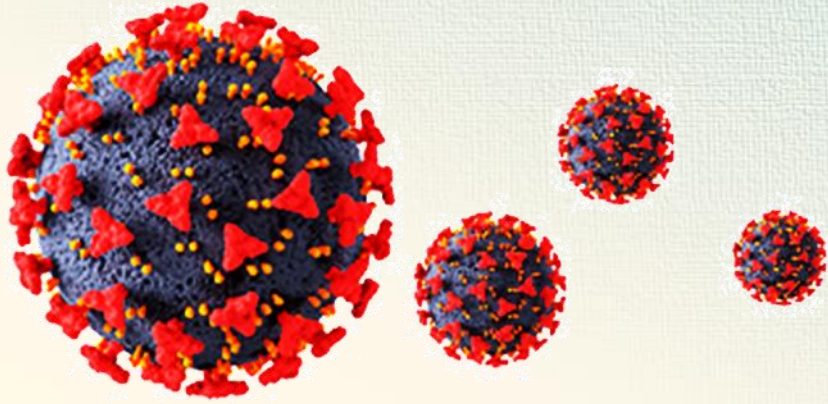
Communication



How did the country manage with the limited vaccine supply and procurement in early 2021?

- The rigidity of the Government Procurement and Inventory Management Act B.E. 2560 (2017) is the real bottleneck for Advance Market Commitment.
- The Law said, the government cannot purchase products which are not in the market; which means vaccines under clinical trials.
- The bottleneck was overcome by exercising Section 18(4) of the National Vaccine Security Act BE 2561 (2018).
- The background history of vaccination uptake brings uncertainty of the future solution.





What is the most important lesson
learned from the latest wave?

- The size does matter!
- Objectives of disease control and PH response must be guided by the evolution of the pandemic and the size of the wave.
- The idea to aim for “zero secondary cases” is not valid anymore during the third wave since June 2021. The spectrum of symptoms of COVID-19 infection ranges from mostly asymptomatic and mild cases where the rest small proportion, <5% are severe cases requiring hospital ICU services.
- The effective triage mechanisms and proper response with available resources are key adaptive measures.



Conclusion:

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กรมควบคุมโรค
DEPARTMENT OF DISEASE CONTROL

Thank You

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