Outbreak, Surveillance, Investigation & Response (OSIR) Journal
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Editorial

Second Wave of Coronavirus Disease (COVID-19) in Thailand: What Lessons did We Learn?

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Thailand demonstrated an outstanding performance in responding to COVID-19 since the early phase of the pandemic. It is the first country outside China that officially declared the presence of COVID-19 cases. The country passed through difficult times during March-April 2020, when a few clusters of local transmission were originated from entertainment venues and a boxing stadium. Lockdown policies were introduced, combining strict physical distancing measures. By May 2020, the situation seemed to be relaxed as the number of local cases sharply diminished. Since then, the majority of cases were Thai returnees and international travellers from affected countries who were detected during the 14 days mandatory state quarantine. Many Thais look forward to celebrating the 2021 new year with an expectation that the economy will gradually resume and all expect returning to 'normal life'.

However, such a hope was turned down as recently, on 20 Dec 2020, there emerged several large clusters of COVID-19 cases which widespread to almost half of the provinces in a week period. In late November 2020, there were Thai female workers illegally crossed through natural border from Myanmar to Thailand. These workers had epidemic linkage with one of the notorious entertainment areas in Myanmar. The border crossing took place without legitimate travel documents and not captured by state quarantine. Soon later, there was a shocking event in Samut Sakhon, a neighbour province of Bangkok, which is one of the most populated areas of cross border migrants in Thailand. The event happened in a renowned shrimp fresh market at the provincial center. Just a few days after the index case was notified, with an active case finding of the public health officers, members of Surveillance and Rapid Response Team, more than 1,000 cases were identified. This meant that the accumulative national cases sharply increased from 4000 in 1 Dec 2020 to around 6,020 in 26 Dec 2020. Over 90% of cases in Samut Sakhon were asymptomatic cases who are Myanmar workers and their dependants living crowdedly in the market dormitories. The investigation teams of the Ministry of Public Health are now working untiringly and concertedly with other partners to topple down this crisis. At the time of this writing, the Thai Government has introduced restrict mobility measures of all people at the epidemic centers for active case findings and proper case management according to the Protocol. All social gathering events in Samut Sakhon and affected provinces were prohibited.

What lessons can be drawn from these events? What are behind the veneer of "the new wave of COVID-19 cases?" Though there might not be a simple answer, these questions are still worth considering. First, the situation teaches us that COVID-19 is a borderless issue. While Thailand is able to contain the number of cases for quite a while since May 2020, the outbreaks in Myanmar has become worse during the last few months; cases increased exponentially from 919 in 1 Sep 2020 to 121,280 in 26 Dec 2020. This indicates that Thailand needs to work with Myanmar to strengthen cross-border health systems which support pandemic control and prepare adequate resources in case of case explosion. This is the time that Southeast Asian countries work collectively to strengthen cross-border preparedness and responses to contain the pandemic. Single country efforts are not effective as people can carry virus through the porous natural borders for economic opportunities in another country.

Second, at the height of very large second wave transmission, the social mentality is in favour of tightening the border control. However, a complete border seal is next to impossible, and the local community know the natural passes better than the security officers and recognizing the fact that Thailand shares a very long border with neighbouring countries. The second wave large outbreak largely caused by migrant workers exposes a deeper and larger conundrum related to labour policy. The large demand for labour from neighbouring countries to fill the gaps of 3 D jobs (dirty, dangerous and demanding) is not addressed by systematic labour policy and properly managed in the last decades. This gives a large room for human trafficking, regulatory capture, low employment standards, inadequate social security and work safety among migrants. Though the tip of iceberg of registered migrants are covered by payroll tax financed social security systems, their dependants and unregistered migrants are inadequately covered by voluntary migrant health insurance managed by Ministry of Public Health. All of these challenges cannot be addressed by the health sector alone; policy coherence and effective multi-sectoral actions are required.

Finally, at the peak of crisis, the common blaming narratives against 'scapegoats' emerge in the Thai society; instead of a deep reflection on its root causes and other contextual factors. There is a fine line between searching and blaming scapegoat and identifying and addressing the root of the outbreak. Social discrimination, victimization and stigmatisation make the situation worse and compromise the well-being of not only migrant populations, but also the local Thai community living in the epidemic centres. The Government should work with the media to transmit positive and supportive message, and ban all the hatred speeches, stereotyping and xenophobia statements in particular viral in the social media discourses.

Throughout 2020, OSIR has committed to publish numerous articles relevant to COVID-19 in the region. One of the highlights in this issue is a paper by Kripattanapong et al, "Clusters of coronavirus disease (COVID-19) in pubs, bars and nightclubs in Bangkok, 2020". Other articles include a variety of issues, such as comorbidities of people living with HIV, road traffic injuries and concentration index, claims for antiretroviral therapy, vaccination and chemotherapy in public facilities for migrants in Thailand, and the assessment of knowledge and performance of village health volunteers in Myanmar. We hope the readers enjoy and maximize benefit from all articles published in this issue.

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