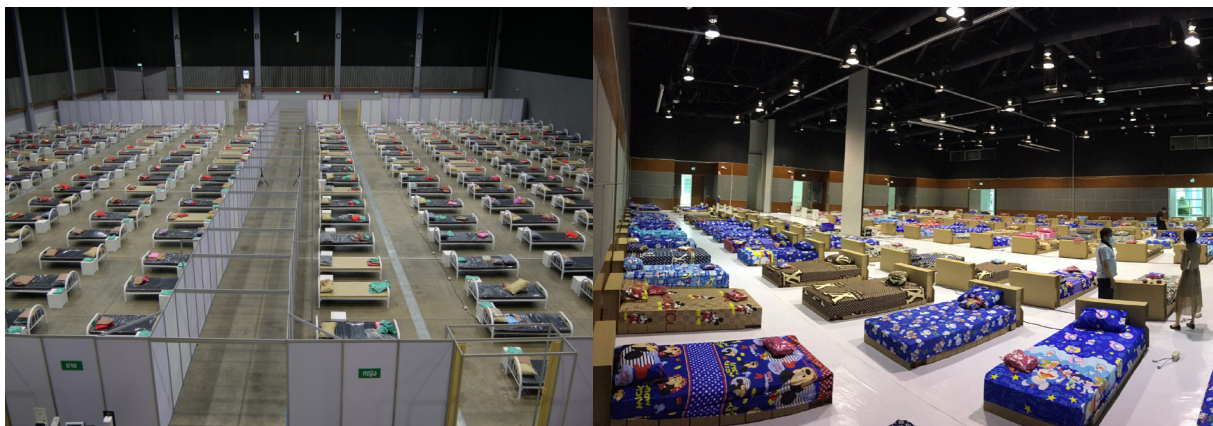


From The Editor

Received 20 April 2021; accepted 20 April 2021
doi:10.46475/aseanjr.v22i1.125

The third COVID-19 wave in Thailand

Thailand has faced the third wave of COVID19 since the first week of April. The first wave at the beginning of last year was from Chinese tourists, the second one at the end of last year from immigrants and Myanmar migrant laborers, but the source of the current wave remains unknown. It started with a group of young urban upper middle class people who got infected after visiting night clubs and restaurants at the heart of Bangkok during the long weekend, spreading the disease to their families and relatives and across the whole country. What is alarming is that it took less than two weeks to become widespread, much faster and wider than the two prior ones. It was that weekend and Qingming, the festival where relatives gather at their hometown in the certain lunar period once a year to show gratitude to their Chinese ancestors practiced widely in China, Eastern and Southeast Asia, to blame. Social distancing and mask wearing are not strictly observed, in fact impossible to do, in restaurants and night clubs where people drink, eat and chat for a couple of hours, not to mention in an air-conditioned room with low air circulation.



The top views inside the field hospitals (left) at Chiangmai, the most famous and significant province among tourists in the Northern Thailand [cited 2021 Apr 23]. Available from:<https://www.sanook.com/news/8362894/> and (right) at Songkla, the deep Southern Thailand.

To keep COVID-19 under control proves much more difficult this time as the infected cases are nationals, not tourists or migrant laborers. There are young middle class people in every career and sector; companies, factories, government offices, universities, service industries and even health services in hospitals. The government has declared the state of emergency thereof. It is by law that the suspected cases who are symptomatic, even with mild symptoms such as fever or a running nose, need to have a swab test done and are hospitalized once the test is revealed positive. There was no field hospital during the first wave, a few in a limited area of pandemic during the second wave, and everywhere this time.

Non-profit professional organizations in Radiology, including the Royal College of Radiologists of Thailand, the Thoracic Society of Thailand under Royal Patronage, the Thai Society of Radiological Technologists, the Radiological Society of Thailand, together with the Department of Medicine Services of the Ministry of Public Health, updated the practice guideline which was developed in the first wave. The core content is that imaging is not the sensitive test to detect COVID-19 infection. A chest radiograph should be performed only if the patient has symptoms and signs of pneumonia, to reveal the extent of disease involvement and to follow up. A CT is indicated only if other life-threatening conditions or comorbidities, such as pulmonary embolism or pneumothorax, are suspected. This is to reduce the unnecessary use of resources and workload.

Wiwatana Tanomkiat, M.D.

Editor,

The ASEAN Journal of Radiology

Email: aseanjournalradiology@gmail.com