

From The Editor

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Hospitals, field hospitals, community isolation centers, and home isolation



The Editor at his workplace in Southern Thailand interprets chest radiographs from all parts of Thailand through RadioVolunteer project's platform.

Unlike the first and second waves of COVID-19 pandemic in Thailand which were limited among certain populations in certain areas, the third wave starting in April 2021 has spread nationwide. The hospitals and health-care organizations in the outbreak areas responded to the second wave by setting field hospitals to expand their capacity for non-critical infected patients. Trimankha et al. shared their experiences in a field hospital during the second wave in this issue.

The first and second waves occupied the entire 2020 until March 2021 with 28,000 collective infected cases. There have been almost one million cases by far in combination with the cases arising in the third wave [1]. It went from less than 10 new cases a day in 2020, to around 2,000 a day in June and then more than 20,000 new cases a day in August 2021. Among the four doctors who were killed by COVID-19 during this third wave in Thailand, one of them was a very keen

and well-respected member at the Royal College of Radiologists of Thailand, Associated Professor Wilaiporn Bhothisuwan. Our memory of her is commemorated in this issue.

When hospitals and field hospitals are currently full, COVID-19 infected patients are cared for in the form of community isolation in public places such as hotels, temples and schools. Home isolation, the latest and probably the final form of health care, was established in August this year.

In whatever form of caring units for COVID-19 patients, a chest radiograph plays a pivotal role in showing the extent of lung involvement. Radiographic units were installed at all field hospitals and some community isolation sites. Six radiographic centers for patients with home isolation were installed in Bangkok, famously known as Rapid X-ray project by Rajavithi Foundation in cooperation with other non-profit organizations [2]. The Royal College of Radiologists of Thailand launched a project called “RadioVolunteer” to interpret and report chest radiographs of COVID-19 patients in prisons, field hospitals where there was a shortage of radiologists, some community isolation centers, and for the Rapid X-ray project. I participated in the RadioVolunteer project early, so did more than 350 radiologists from all parts of Thailand. How the RadioVolunteer project was established and operated has been described in this issue.

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