

## Itinerary

**Round Trip:** United States → Thailand → United States

## Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- Vaccine-Preventable Diseases: COVID-19, hepatitis A, hepatitis B, influenza, Japanese encephalitis, measles, mumps, rubella, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, chikungunya, dengue, enteroviruses, helminths, leishmaniasis, leptospirosis, melioidosis, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, West Nile virus, Zika

## Yellow Fever

### Requirement Information (for entry, per WHO)

Is yellow fever vaccine an official entry requirement for this itinerary?

**NO.** An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

**Visa application:** Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

### Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
THAILAND	No	Country with Transm. Risk	≥ 9 months	2

**Note 2:** Airport transit stops (no exit through immigration checkpoint) in a "Required if Coming From" country may impact the YF requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and evaluate whether a traveler's transit stops may change the YF requirement result.

### Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

#### Thailand

A certificate proving yellow fever vaccination is required for travelers aged ≥ 9 months coming from countries with risk of YF transmission. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk

countries.

## Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

**NO.** Vaccination is not necessary as a protective measure for any country on this itinerary.

## Travel Vaccination Recommendations

### COVID-19

#### Recommendation (for health protection)

##### Thailand

Risk exists throughout the year.

*Recommended for:* all travelers aged  $\geq 6$  months.

#### Vaccination Considerations

##### Thailand

Travelers not already vaccinated with the currently available vaccine formulation should be vaccinated. Consider nirmatrelvir-ritonavir (Paxlovid) as standby self-administered therapy, especially for those who are at high risk for complications from COVID-19 or who are not adequately vaccinated and may not be able to attain rapid, robust medical evaluation and advanced care when traveling. However, jurisdictions may differ in the degree to which the medication is available for such use. Also, the medication's ritonavir subcomponent has several drug-drug interactions that must be evaluated in each patient.

### Hepatitis A

##### Thailand

*Recommended for:* certain high-risk populations and travelers with adventurous dietary habits, prolonged stays, or itineraries outside of common tourist (or other prearranged fixed) packages, especially in rural areas.

*Consider for:* all risk-averse travelers desiring maximum pretravel preparation.

### Typhoid fever

##### Thailand

*Recommended for:* all travelers.

### Influenza

##### Thailand

Risk exists from June through November and from January through March, although off-season transmission can occur.

*Recommended for:* all travelers during transmission season due to demonstrated influenza risk in this group.

#### Vaccination Considerations

##### Thailand

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined. Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

### Hepatitis B

##### Thailand

*Recommended for:* all health care workers; adventure travelers; travelers with high potential to seek medical or dental care in local facilities; those with prolonged stays; those with frequent short stays in this or other high- or intermediate-risk countries; those with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

*Consider for:* risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

## Measles, mumps, rubella

### Thailand

Indicated for those born in 1957 or later (1970 or later in Canada and UK; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

## Rabies

### Thailand

Significant risk from dogs exists throughout the country, especially in northeastern, central, and southern areas.

#### **Preexposure preventive measures:**

*Recommended for prolonged stays:* all travelers and expatriates, with a priority for young children.

*Recommended for short stays:* adventure travelers, hikers, cyclists, and cavers; travelers going to locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

*Consider for:* risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe animal bite precautions.

#### **Postexposure prophylaxis considerations:**

Dog, bat, and other mammal (including cat and monkey) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

## Japanese encephalitis

### Thailand

Risk exists in rural agricultural areas throughout the country, especially in the Chiang Mai Valley and in coastal resort areas in the south. Transmission occurs throughout the year in the south and from May through September (with peak activity from June through July) in the north and northeast.

*Recommended for prolonged stays:* all travelers and expatriates (both urban and rural).

*Recommended for short stays:* travelers going to rural areas where risk exists, especially those with anticipated extensive outdoor exposure during the transmission season.

*Consider for:* all risk-averse travelers going to Chiang Mai Valley with short stays desiring maximum pretravel preparation.

*Not recommended for:* short-stay travelers going to urban areas only; day trips to usual tourist sites in rural areas; travel outside of the transmission season.

Travelers should observe insect precautions from dusk to dawn.

## Cholera

### Thailand

Low risk exists in scattered foci throughout the country.

Travelers, regardless of vaccination status, should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing) and carry empiric antibiotic therapy (azithromycin) and oral rehydration solution (ORS) for self-treatment if any moderate-to-severe diarrhea develops. Travelers who develop watery diarrhea should ensure adequate intake of clean water and avoid high sugar (high osmolality) beverages. In case of severe, watery diarrhea, oral rehydration (ideally with an ORS) should be considered if oral fluids are tolerated.

## Routine Vaccination Recommendations (adults only)

### Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

## Pneumococcal

Recommended for adults aged  $\geq 65$  years and all adults with chronic disease or immunocompromising conditions.

## Varicella

Indicated for all persons born outside the US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

# Malaria

## Malaria General Information

### Thailand

**General malaria information:** predominantly *P. vivax*. Transmission occurs throughout the year and is highest from May through October. *P. knowlesi* infections are increasingly reported in travelers. Sporadic *P. cynomolgi* infections are reported but have not been documented in travelers.

## Malaria Recommendations

### Thailand

#### Location-specific recommendations:

*Chemoprophylaxis is recommended for all travelers:* most districts along or near the borders with Burma (Myanmar) and Malaysia; certain districts along or near the borders with Cambodia and Laos; forested areas of Ko Chang Island and throughout the islands of Ko Mak and Ko Kut; certain isolated districts in other parts of the country; all cities and towns within these areas except the central urban area of Kanchanaburi.

*Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box):* certain districts along or near the borders with Burma (Myanmar), Laos, and Cambodia; certain isolated districts in other parts of the country; all cities and towns within these areas except the central urban areas of Trat and Yala.

*Insect precautions only are recommended (negligible transmission is reported):* the central urban areas of Kanchanaburi, Trat, and Yala; all islands comprising both Ang Thong National Park and Ko Tarutao National Park; all other areas of Ko Chang Island not mentioned above; the islands of Ko Samui, Ko Tao, and Ko Pha-Ngan (excluding major tourist resorts); the southern portion of Phuket Province (excluding major tourist resorts); typical daytime visits to the River Kwai Bridge; certain districts throughout the country; all cities and towns within these areas (including Bangkok) except Chiang Mai, Chaiphum, Khon Kaen, Rayong, Surat Thani, Tak, and Uttaradit.

*No preventive measures are necessary (no evidence of transmission exists):* Pattaya, Chiang Mai, Chaiphum, Khon Kaen, Rayong, Surat Thani, Tak, and Uttaradit, and all other cities not mentioned above; Similan Islands and Surin Islands; most other resort islands, including: Ko Samet, Ko Yao Noi, Ko Yao Yai, Ko Lanta, and Phi-Phi Islands; major tourists resorts in Phuket Province and on the islands of Ko Samui, Ko Tao, and Ko Pha-Ngan; all other areas not mentioned above.

## Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider. No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

### Thailand

**Preventive measures:** Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use.

#### Issues to Consider

<b>Factors favoring chemoprophylaxis</b>	<b>Factors against chemoprophylaxis</b>
<ul style="list-style-type: none"> <li>• Adventure travel</li> <li>• Risk-averse and vulnerable travelers</li> <li>• Areas subject to infrequent epidemics</li> <li>• Immigrants visiting friends and relatives</li> <li>• Flexible itineraries</li> <li>• Travel longer than 1 month</li> <li>• Unreliable medical expertise and/or treatment drugs at destination</li> </ul>	<ul style="list-style-type: none"> <li>• Air-conditioned hotels only</li> <li>• Urban areas only</li> <li>• Non-transmission season</li> <li>• Minimal outdoor exposure</li> <li>• Travel shorter than 3 days</li> </ul>
<p>For more information, see <i>Technical Explanation of Malaria Mapping</i>.</p>	

## Travelers' Diarrhea

### Thailand

Moderate risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures may be inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

## Current Health Bulletins

### Dengue

#### Thailand

#### Significant Dengue Increase

Updated Mar 20, 2024 (Posted Feb 7, 2024)

According to Thailand's Ministry of Health, more than 1,600 cases of dengue fever per week are being reported throughout the country. More than 19,800 cases, a significant increase over average incidence, have been reported since early January 2024 throughout the country, mainly in Chon Buri, Nakhon Si Thammarat, Songkhla, Samut Prakan, and Surat Thani provinces. The outbreak appears to be past peak, but case numbers are still above average incidence. Travelers should observe insect precautions; mosquitoes that transmit dengue can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

### Tetanus, Diphtheria, Pertussis (0-6 Years), Tetanus, Diphtheria, Pertussis (7 Years and Older)

#### Thailand

#### Significant Pertussis Increase

Updated Mar 20, 2024 (Posted Dec 26, 2023)

According to Thailand's Ministry of Health, approximately 810 cases of pertussis, a significant increase over average incidence, have been reported since September 2023 throughout the country (primarily in children aged  $\leq 14$  years), mainly in Narathiwat, Pattani, and Yala provinces. The outbreak is past peak. All adult travelers should receive 1 dose of Tdap (adult acellular pertussis-containing vaccine) every 10 years, assuming they previously received an adequate primary series. A booster dose (for protection against pertussis) should be considered if it has been at least 3 years since the last acellular pertussis-containing vaccine (e.g., Tdap) dose for persons aged  $> 65$  years or those with immunocompromising conditions or underlying lung disease (off-label). Those who received Td or TT for their most recent dose should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose. Parents of infants who have not yet completed a 3-dose series of a pertussis-containing vaccine may want to consider postponing travel until the infant has received the third dose.

### Zika

## Thailand

### Significant Zika Increase

Updated Mar 20, 2024 (Posted Dec 19, 2023)

According to Thailand's Ministry of Health, more than 830 cases of Zika virus infection, a significant increase over average incidence, have been reported since July 2023 throughout the country, mainly in central areas. The outbreak is past peak. Cases have been reported in travelers returning from Thailand. Pregnant women (in any trimester) should receive informed counseling and consider postponing nonessential travel to this country. Travelers, especially pregnant women, should observe insect precautions; mosquitoes that transmit Zika can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

## Other Concerns

### Dengue

#### Thailand

Significant risk exists in urban and rural areas throughout the country, including popular destinations (e.g., Bangkok, Surat Thani Province, including the islands of Koi Samui and Ko Pha Ngan, and Phuket, Ratchaburi, and Rayong provinces), especially in central and north-central provinces. Transmission occurs throughout the year, especially during the rainy season, with highest activity from April through December. Travelers should observe daytime insect precautions.

### Chikungunya

#### Thailand

Significant risk exists in urban and rural areas throughout the country (including Bangkok), especially in central and southern provinces. Transmission occurs throughout the year. Travelers should observe daytime insect precautions.

### Zika

#### Thailand

Risk exists throughout the country, including Bangkok and other areas frequented by tourists. Pregnant women (in any trimester) should receive informed counseling and consider postponing nonessential travel to this country, which has long-standing endemic transmission. Travelers, especially pregnant women, should observe daytime insect precautions.

### Marine hazards

#### Thailand

Risk from potentially deadly Australian box jellyfish exists throughout the year, but especially during the rainy season. Travelers wading, launching boats, or fishing are especially at risk.

Risk from coral (including fire coral), stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

### Tuberculosis

#### Thailand

Tuberculosis (TB) is common in all developing countries. TB incidence in this country is greater than 100 cases per 100,000 population (the highest risk category).

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for all travelers planning to stay more than 3 months and for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative. In areas where resistant tuberculosis is common, expert consultation may be required in selection of specific latent tuberculosis therapy, if indicated.

Travelers should avoid crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

## Schistosomiasis

### Thailand

Risk is presumed to be absent, but interruption of transmission has not been confirmed.

## Rickettsial infections

### Thailand

Significant risk of scrub typhus exists in brush areas throughout the country, especially in the northern provinces of Chiang Mai, Chiang Rai, Mae Hong Son, Nan, and Tak. Transmission occurs throughout the year, with highest activity from June through November. Travelers in brush areas should observe standard insect precautions.

Low risk of murine typhus exists throughout the country, mainly in refugee camps along the border with Burma (Myanmar). Transmission occurs throughout the year. Travelers should avoid contact with rodents and their fleas.

## Leishmaniasis

### Thailand

Low risk of cutaneous disease exists in foci throughout central, northern, and southern areas. Low risk of visceral disease exists, mainly in southern areas and in northwestern provinces and Bangkok and Chanthaburi provinces. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

## Air pollution

### Thailand

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy in select cities.

Ayutthaya, Bangkok, Chiang Mai, Chiang Rai, Nakhon Ratchasima, or Surat Thani: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

## Enteroviruses

### Thailand

Significant risk of hand, foot, and mouth disease (caused predominately by enterovirus A71, coxsackievirus A16, and coxsackievirus A6) exists throughout the country (including Bangkok), especially in the central, northern, and northeastern provinces. Transmission occurs throughout the year, with highest activity from May through August. Children aged  $\leq 6$  years account for almost all cases. Travelers should observe hand-hygiene (frequent, thorough handwashing).

## Seafood poisoning

### Thailand

Low risk of ciguatera poisoning exists and is limited to coastal areas of Phuket and Bangkok provinces. Travelers should avoid consumption of reef fish such as amberjack, barracuda, grouper, and snapper. The toxin remains even when these fish are well cooked.

## Monkey bites

### Thailand

Tourists are at risk of monkey bites. Monkeys may transmit a number of diseases, including rabies and herpes B. Travelers should avoid feeding monkeys; if bitten, victims should immediately cleanse bites thoroughly with soap or detergent under running water for at least 15 minutes, and seek urgent medical consultation.

## Snakebites

### Thailand

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

## Sexually transmitted infections

### Thailand

HIV is estimated to be present in more than 1% of the adult population (compared to < 1% in most countries) and is estimated to be present in more than 1% of sex workers. Travelers should be clearly informed of STI concepts and risks for HIV transmission. Travelers expected to engage in very high-risk behaviors should consider short-term preexposure prophylaxis (PrEP) with Truvada or other approved PrEP medication.

## West Nile virus

### Thailand

Negligible risk may exist, but current epidemiologic data are unavailable.

## Nipah virus

### Thailand

Negligible risk exists and is presumed to have widespread distribution. Infected bats have been detected, but no human cases have been reported. Travelers should avoid contact with bats and pigs and consumption of raw date palm sap.

## Leptospirosis

### Thailand

Risk exists throughout the country, especially in Chiang Rai, Nakhon Si Thammarat, Sisaket, and Songkhla provinces. Travelers should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and consider preexposure prophylaxis with doxycycline (200 mg once per week).

## Melioidosis

### Thailand

Risk exists throughout the country, especially in the northeastern provinces. Transmission occurs throughout the year, with highest activity from July through October. Travelers (especially diabetic persons) engaged in hiking, biking, swimming, or other outdoor activities should wear proper footwear and avoid direct contact with potentially contaminated soil, groundwater, or accumulated surface water.

## Helminths

### Thailand

Risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

Risk exists for trematode infection (liver, lung, and intestinal flukes) throughout the country. Travelers should avoid undercooked fish and shellfish and raw vegetables and salads outside of deluxe establishments.

## Anthrax disease

### Thailand

Negligible risk exists and is restricted to imported livestock, mainly from Burma (Myanmar). Travelers should avoid direct or indirect contact with animal carcasses or hides.

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## Additional Information by Country

## Thailand

### Medical Summary

#### General Information

Thailand is a developing nation classified as upper middle income. Located in Southeast Asia (south of Laos and north of Cambodia), the climate is extremely diverse with classifications that range from humid equatorial (no dry season) to subtropical dry winter.



## Medical Care

A high level of private medical care (comparable to that in industrialized countries) is available in Bangkok. Adequate medical care that meets most international standards is available in other major cities. Several JCI accredited hospitals are present in Bangkok, and one or more are present in many other major cities.

For a private ambulance in Bangkok, Samutprakan, Nonthaburi, Nakhon Pathom, and Patumtani provinces, call the Emergency Services of Bangkok Hospital at 1719 or 1724. For a private ambulance in Bangkok, call Bumrungrad Hospital at [+66] 2011-5222. For a private ambulance in Chiang Mai, call Changmai Ram Hospital at [+66] 53-920 300. For a private ambulance in Phuket, call Bangkok Hospital Phuket at [+66] 76-25-4425 ext. 1719. For a public ambulance anywhere in the country, call 1669. Because of traffic congestion, taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital.

Hyperbaric chambers for diving injuries are located in, but not limited to, the following cities: Bangkok, Koh Samui Island, Pattaya City, and Phuket.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is possibly required by private hospitals catering to foreigners (but not public hospitals) prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. A modest deposit may be required by hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals provide some services free to residents of Thailand. All hospitals are required to provide emergency stabilization without regard to ability to pay.

## Consular Advice

*The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.*

## Consular Travel Warning

Due to ongoing violence, Canada (GAC) and Australia (DFAT) advise avoiding travel to the provinces of Yala, Pattani, Narathiwat, and Songkhla. US (DOS) and UK (FCO) have more limited warnings.

## Terrorism Risk

Risk of attack by domestic terrorist groups exists in the southern provinces of Yala, Pattani, Narathiwat, and Songkhla. Risk of attack by transnational terrorist groups exists throughout the country, including Bangkok and Phuket. Targets may include domestic and international organizations and businesses; public places and events, including those frequented by tourists; and transportation systems.

## Crime

Moderate risk of violent crime (sexual assault, assault, and murder) exists throughout the country, especially in Bangkok (particularly on Khaosan Road and in nightlife districts), Chiang Mai, Pattaya, in resorts in southern areas (including Phuket), and during beach parties (including Full Moon parties).

High risk of petty crime exists throughout the country, especially in Bangkok (particularly in Chatuchak Weekend Market and on Khaosan Road) and in areas frequented by foreigners.

Theft of valuables from accommodations is common.

Scams involving credit cards, gems, false identity (such as criminals posing as police officers), motor vehicle rentals, time-share and property rentals, and exorbitant fees for services have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted. Highest threat areas include Bangkok (particularly in Khaosan, Patpong, and Soi Cowboy), Koh Samui Island, Pattaya, Phuket, and during Full Moon parties on Ko Pha Ngan Island.

## Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out

daily activities may occur.

## Unsafe Areas

A dangerous security environment exists in the southern provinces of Yala, Pattani, and Songkhla.

## Water Safety

Hazardous water conditions (including currents, tides, and undertows) may occur, especially in Phuket, Pattaya, and Koh Samui. Heed posted warnings, and avoid beaches that are not patrolled. Do not swim alone or after dark and do not walk on any beach after dark.

Passenger boats may be unsafe, including ferries and speedboats. Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

Basic safety standards for recreational water activities (including scuba diving, snorkeling, and jet-skiing) may not be in place. Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

## Outdoor Safety

Basic safety standards for adventure activities (including bungee jumping) are often not in place. Travelers should only use reputable adventure-sport operators for activities and equipment rentals.

## Other Safety Threats

Risk exists for fatal wildlife attacks exists on elephant treks and in elephant and tiger sanctuaries. Travelers should only use reputable sanctuaries and tour operators for wildlife excursions.

## Transportation Safety

Significant risk of traffic-related injury or death exists. The road traffic death rate is more than 24 per 100,000 population, the highest risk category. Carefully assess the safety of transportation options before any road travel.

Speed laws are poorly enforced.

## Airline Safety

The US Federal Aviation Administration has determined that the civil aviation authority of this country does not oversee its air carriers in accordance with minimum international safety standards.

## Natural Disasters

The monsoon season is from November through March on Koh Sumai Island and southeastern areas of the Malay Peninsula and from May through October throughout the rest of the country. Floods, mudslides, and landslides may occur.

Seismic activity frequently occurs, especially in northern areas.

## Consular Information

Selected Embassies or Consulates in Thailand

- United States: [+66] 2-205-4000; [th.usembassy.gov](http://th.usembassy.gov)
- Canada: [+66] 0-2646-4300; [www.thailand.gc.ca](http://www.thailand.gc.ca)
- United Kingdom: [+66] 2-305-8333; [www.gov.uk/world/organisations/british-embassy-bangkok](http://www.gov.uk/world/organisations/british-embassy-bangkok)
- Australia: [+66] 2-344-6300; [thailand.embassy.gov.au](http://thailand.embassy.gov.au)

Thailand's Embassies or Consulates in Selected Countries

- In the U.S.: [www.thaiembdc.org](http://www.thaiembdc.org)
- In Canada: [www.thaiembassy.ca](http://www.thaiembassy.ca)
- In the U.K.: [www.tajembassy.org.uk](http://www.tajembassy.org.uk)
- In Australia: [canberra.thaiembassy.org](http://canberra.thaiembassy.org)

## Visa/HIV Testing

HIV testing is not required to obtain a tourist, work, or residence visa.

## Cross-Cultural Considerations

### Official Name, Nationality

- Official Name: Kingdom of Thailand
- Nationality: Thai

### Conversation

Politeness is very important. Meetings begin with conversation before discussing business. Good topics of conversation include family, work, local sights, and food. Tennis, football, and boxing are popular sports. Thais may discuss things indirectly, rather than candidly. "No" is generally not said. Avoid speaking in a raised voice; soft-spoken voices are respected. Avoid expressing anger or confrontational remarks. Maintaining face is important.

Avoid discussing Thai politics or the military in public and avoid making any criticism of or insults to the royal family or Buddhism, all of which are criminal offenses. Internet postings of critical comments on the royal family are also seriously punished as crimes of *lèse majesté*.

### Currency

The official currency is the Thai baht (THB). Avoid damaging Thai bank notes, which carry an image of the king; doing so may be considered a criminal offense. Avoid accepting torn and faded bills, which may not be accepted by vendors.

### Dress

Professional attire is preferred for business. Women should wear knee-length or longer skirts and avoid sleeveless and low-cut blouses. Lightweight, natural fiber clothing may be most comfortable. Shoes are removed when entering Buddhist temples and many homes. Wear long pants (or a skirt, for women) when visiting a temple. Avoid wearing backless sandals (flipflops) in public.

### Food

Dinner in a restaurant is the most common form of business entertainment. The person who invites is expected to pay the bill in a restaurant. Thai food is eaten with a fork and spoon. The spoon is held in the right hand and the fork is used to push food onto the spoon. It is polite to leave a small amount in the serving dish and individual plates.

Rice is the staple food of most meals. Seafood is popular. Curries are eaten throughout the country, with regional variation. Some dishes are spicy-hot, while others (e.g., pad thai) are not. Food is brought to the table all at once, not served in courses.

### Gestures, Touching, and Personal Space

Most Thais greet each other with the wai--hands together, as in prayer, saying "*sawat dee krap*" (by men) or "*sawat dee kah*" (by women). This greeting should be returned to a colleague, but not to a child, waiter, or street vendor (smile and nod in response). Thais may shake hands with visitors, but allow a local woman to offer to shake hands. Make and maintain eye contact. A smile can have many meanings.

Avoid male-female physical contact and public displays of affection. Avoid touching anyone's head or pointing the sole of the shoes or feet toward other people or toward a Buddha statue. Women should never touch monks or hand items directly to them. Thais may stand close, and male friends or female friends may hold hands while walking or talking; this demonstrates friendship and nothing more. Beckon with the palm down, moving all fingers; avoid pointing or beckoning with the index finger (use the whole hand to point).

Step over the threshold of a doorway (not on it). Use only the right hand with food or to pass items.

### Gifts

Give and receive gifts with the right hand. Gifts are not opened in the presence of the giver. Popular gifts include items from the giver's home town or country, imported liquor, and quality desk accessories. Gifts are given when invited to someone's home; sweets, candy, flowers (not marigolds), and fruit are popular.

### Language(s)

Thai is the official language. English is used in international business and in tourist areas. Regional dialects are also spoken, as is a variant of Malay in southern provinces.

Translate business cards to Thai on reverse side.

## Names/Titles

Thais address each other using a title and first (given) name. Use "*Khun*" (pronounced "coon") and given name as default. People often address individuals of higher status or age by title or by fictive kinship terms to be polite. Ethnic Chinese use Chinese name order (family name, followed by given name).

## Protocol/Etiquette

Respect and deference are shown to people of greater age or status, especially Buddhist monks and the royal family.

## Religion

Freedom of religion is provided by law. The population is majority Theravada Buddhist, with a significant Sunni Muslim minority in the south. Thai Buddhists often incorporate aspects and practices from Hinduism, animism, and other faiths. Spirit houses and feng shui are widely respected and utilized. Most young men serve as Buddhist novices briefly before returning to secular life.

## Time

Be punctual for business meetings, but understand that local notions of time can be relaxed. Allow extra time for traffic in Bangkok. Avoid scheduling business trips during the New Year (Songkran) Festival in mid-April.

Dates are written day/month/year.

## Toilets

Travelers may want to carry toilet paper and hand sanitizer at all times. If a lidded bin is provided, place used toilet paper in it, rather than flushing paper. Public toilets may be squat type, and may cost a small fee or tip. Toilets may lack a flushing mechanism; use the bucket and tap afterward.

## Basic Protective Measures

*Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.*

## Health

### Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
  - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
  - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
  - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
  - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
  - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.

- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

## Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.
- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.
- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

## Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

## Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis (bilharzia).

- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.

## Rabies

- Never assume that an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

## Skin/Wound Care

*Extra vigilance, as outlined below, is recommended.*

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.
- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

## Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

## Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.

- If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

## Safety

### Safety and Crime Avoidance

*Extra vigilance, as outlined below, is recommended.*

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.
- Register a foreign trip and residence information with the Department of State at [travelregistration.state.gov](http://travelregistration.state.gov) (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

### Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

### Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.
- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.

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*Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.*

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