

Thailand

Medical Summary

COVID-19

Total cases: 3,356

Daily new cases: 4 (7-day rolling average)

Daily new cases / million: 0.06

Total deaths: 58

Last case reported: 8/12/2020

Case trend: ↘ Decreasing followed by plateau (based on the past 3 days' data or a 7-day rolling average)

COVID-19 Travel Restrictions

Ports of Entry/Exit

International flights must land at one of the following airports: Chiang Mai (CNX), Chiang Rai (CEI), Hat Yai (HDY), Hua Hin (HHQ), Krabi (KBV), Koh Samui (USM), Surat Thani (URT). The following airports are closed to departures: Chiang Mai (CNX), Phuket (HKT).

Land borders are closed to arriving foreigners.

Maritime ports are closed to cruise ships and passenger ferries. Cruise ships can dock, but passengers cannot disembark.

Entry Restrictions

Nationals and residents of Thailand may enter.

Foreigners on essential professional or personal business with an exemption may enter.

Medical Requirements:

Foreigners arriving from any country require a medical certificate issued within 3 days prior to arrival declaring that they are not infected with SARS-CoV-2.

Asymptomatic Arrivals

Nationals, residents, and foreigners arriving from any country must undergo COVID-19 PCR testing upon arrival if they have been in close contact with a positive COVID-19 case and quarantine at home or a designated location for 14 days.

CDC Travel Recommendation

Vulnerable persons should seek informed medical advice.

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.

Travel Vaccinations

Hepatitis A

Recommended for: all travelers.

Typhoid fever

Recommended for: all travelers.

Influenza

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.

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

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.

Yellow fever

Requirement (for entry, per WHO): A vaccination certificate 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 (for health protection): Not recommended for any traveler unless it is officially required for entry.

Measles, mumps, rubella

Indicated for those born in 1957 or later (1970 or later in Canada and U.K.; 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

Preexposure vaccination:

Significant risk from dogs exists throughout most of the country.

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.

Postexposure prophylaxis considerations:

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

Japanese encephalitis

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.

Routine Vaccinations

During the COVID-19 pandemic, routine vaccination of infants and young children aged ≤ 24 months is a top priority in the context of well-child care and should be prioritized when possible; vaccination of older children may still be conducted or postponed to a later date depending on community circumstances and resources.

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 ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

General malaria information: approximately equal between *P. falciparum* and *P. vivax*. Transmission occurs throughout the year and is highest from May through October. Human *P. knowlesi* infection is increasingly reported in travelers.

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: most districts along or near the border with Burma (Myanmar); certain districts along or near the borders with Cambodia, Laos, and Malaysia (including the islands of Ko Chang, 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 areas of Chiang Rai, Mae Sot, Kanchanaburi, and Trat.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): certain districts along or near the borders with Burma, Laos, and Cambodia (including the island of Ko Samet); certain isolated districts in other parts of the country, including Ko Pha Ngan; all cities and towns within these areas.

Insect precautions only are recommended (negligible transmission is reported): the central urban areas of Chiang Rai, Mae Sot, Kanchanaburi, and Trat; all islands comprising Ko Tarutao National Park; Phuket Province (excluding major tourist resorts); typical daytime visits to the River Kwai Bridge; certain districts located mostly in the northern, eastern, and southern provinces; all cities and towns within these areas (including Phuket) except Bangkok, Chiang Mai, Udon Thani, Khon Kaen, Chaiyaphum, Sukhothai, Nakhon Sawan, Nakhon Phanom, Ayutthaya, Pattaya, Surat Thani, Krabi, and Nakhon Si Thammarat.

No preventive measures are necessary (no evidence of transmission exists): Similan and Phi Phi islands; Surin Islands; most resort islands, including Ko Samui, Ko Tao, Ko Yao Noi, Ko Yao Yai, and Ko Lanta; major Phuket tourist resorts; the cities of Bangkok, Chiang Mai, Udon Thani, Khon Kaen, Chaiyaphum, Sukhothai, Nakhon Sawan, Nakhon Phanom, Ayutthaya, Pattaya, Surat Thani, Krabi, and Nakhon Si Thammarat; all other areas not mentioned above.

Preventive measures: Travelers should observe insect precautions from dusk to dawn in areas with any level of transmission. Atovaquone-proguanil (Malarone or generic), doxycycline, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. 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.

Issues to Consider

Factors favoring chemoprophylaxis

Factors against chemoprophylaxis

For more information, see *Technical Explanation of Malaria Mapping*.

- Adventure travel
- Risk-averse and vulnerable travelers
- Areas subject to infrequent epidemics
- Immigrants visiting friends and relatives
- Flexible itineraries
- Travel longer than 1 month
- Unreliable medical expertise and/or treatment drugs at destination

- Air-conditioned hotels only
- Urban areas only
- Non-transmission season
- Minimal exposure from dusk to dawn
- Travel shorter than 3 days

For more information, see *Technical Explanation of Malaria Mapping*.

Travelers' Diarrhea

Moderate risk exists throughout the country, including in deluxe accommodations. Food and beverage precautions may reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.

Current Health Bulletins

Chikungunya Increase, Mainly in Central and Northern Regions

Posted Aug 6, 2020

According to Thailand's Ministry of Health, more than 470 cases of chikungunya fever per week, a significant increase over average incidence, are being reported throughout the country, mainly in central and northern regions. More than 5,700 cases have been reported since January 2020 in 65 of 77 provinces (including the city of Bangkok), mainly in Chanthaburi, Lamphun, Trat, and Uthai Thani provinces. The outbreak has yet to peak. Travelers should observe daytime insect precautions.

Increased Measles Circulation

Updated Aug 11, 2020 (Posted Jul 2, 2020)

According to international and/or local health authorities, this country has experienced increased measles circulation resulting in generalized or local outbreaks at some time since the beginning of 2020. Shoreland continues to make the following recommendations for travelers: All individuals ≥ 12 months of age born in 1957 or later (1970 or later in Canada and the U.K.; 1966 or later in Australia) without history of disease or of 2 countable doses of live vaccine at any time during their lives should complete a lifetime total of 2 doses of MMR vaccine (spaced by at least 28 days). All infants aged 6-11 months should receive 1 dose of MMR vaccine. All those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine need 1 dose of MMR vaccine.

Other Concerns

Dengue

Significant risk exists in urban and rural areas throughout the country, including in popular destinations (e.g., Bangkok, Surat Thani Province, including the islands of Koi Samui and Ko Pha Ngan, and Phuket, Ratchaburi, and Rayong 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

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

Zika

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 longstanding endemic transmission. Travelers, especially pregnant women, should observe daytime insect precautions.

Marine hazards

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, stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

Tuberculosis

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). According to WHO, this is a high-burden multidrug-resistant TB country.

A documented interferon gamma release assay or, alternatively, a tuberculin skin test is recommended before departure and 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.

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

Rickettsial infections

Significant risk of scrub typhus exists in brush areas throughout the country, especially in northern areas, including Chiang Mai and Chiang Rai provinces. Transmission occurs throughout the year, with highest activity from July through October. 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

Negligible risk of cutaneous disease exists in Chang Rai, Nakhon Si Thammarat, and Songkhala provinces. Negligible risk of visceral disease exists in southern areas and in Bangkok, Chanthaburi, and Nan provinces. Travelers should observe insect precautions from dusk to dawn.

Air pollution

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

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 ≤ 6 years account for almost all cases. Travelers should observe hand-hygiene (frequent, thorough handwashing).

Seafood poisoning

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

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

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

HIV is estimated to be present in more than 1% of the adult population, compared to less than 1% in most countries. 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 with Truvada.

Nipah virus

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

Risk exists and is presumed to have widespread distribution. Travelers who anticipate activities with extensive outdoor exposure (e.g., hiking, biking, swimming, or rafting) should consider weekly prophylaxis with doxycycline.

Melioidosis

Risk exists throughout the country, especially in the northeastern provinces. Transmission occurs throughout the year, with highest activity from July through October. Travelers 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

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.

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. U.S. (DOS) and U.K. (FCO) have more limited warnings.

Key Security Threats: Terrorist attacks occur throughout the country, including Bangkok, Phuket, and the southern provinces of Yala, Pattani, Narathiwat, and Songkhla. International organizations may be targeted. Violent crime and petty crime occur throughout the country, especially in Bangkok, Chiang Mai, Pattaya, and resorts in southern areas (including Phuket) and during beach parties (including Full Moon parties). Theft of valuables from accommodations is common. Scams include charging exorbitant fees for services, gem fraud, people posing as police officers to commit crimes, and the intentional drugging of food and drink to facilitate robbery or assault. Additional threats to personal safety include a dangerous security environment in the southern provinces of Yala, Pattani, and Songkhla; the risk of traffic-related injury or death; hazardous water conditions (including currents, tides, and undertows), especially in Phuket, Pattaya, and Koh Samui. For more information, see Consular Advice.

Aviation Assessment: U.S. 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.

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. The national emergency number is 191. 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 Bangkok, Ko Samui, Ko Tao, Pattaya, and Phuket.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment of other than a modest deposit may be waived by hospitals that have

existing cashless agreements with at least some major international insurance providers. All hospitals are required to provide emergency stabilization without regard to ability to pay.

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.

Destinations content is continuously updated as new information becomes available.

Page last updated August 11, 2020.

© 2020 Shoreland, Inc. All rights reserved.