

Health Guidelines

THAILAND:

GENERAL INFORMATION

To protect your health in Thailand, you need certain pre-departure immunizations followed by reasonable health precautions while in the country. The following health guidelines and requirements are based on years of experience and the current recommendations from the US Centers for Disease Control and Prevention. It is designed to inform you of health concerns that may be present. Although no information sheet can address every conceivable contingency, the following health guidelines and requirements are an attempt to provide you with a standard, which if followed, should optimize good health during your stay abroad.

You may find that local customs and practice, as well as varying US physicians' approaches, at times conflict with these guidelines. It is essential that you review these health guidelines and requirements with your physician, to discuss individual issues such as pre-existing medical problems and allergies to particular drugs. Any further questions or concerns should be directed to the US Centers for Disease Control and Prevention (CDC) in Atlanta (Web site <http://www.cdc.gov/travel>) or your own physician.



PREVENTION OF INSECT-BORNE ILLNESS

Insect precautions

Insect precautions are recommended for this program. The following insect precautions should be followed, especially after dark, to prevent mosquito bites that may transmit infection:

- Wear long-sleeved shirts and long pants.
- Use mosquito netting over bedding.
- Use insect repellents on bedding and netting. (e.g. permethrin – commonly known as Permanone).
- Use insect repellents on skin and clothing. DEET-containing products (e.g. Off, Off Deep Woods, Jungle Juice, and Muskol) may be used on skin in concentrations up to 30–40% and on clothing in higher concentrations. Permethrin (Permanone) may also be used on clothing.

Japanese Encephalitis

This disease is a viral infection affecting the brain, which occurs in rural agricultural areas, primarily during the rainy season (March-November) and is passed by mosquitoes mainly during the evening hours. A vaccine, which is helpful in prevention, is currently licensed in the United States.

In addition all travelers should follow personal protective measures to avoid mosquito bites.

Malaria

While malaria is not prevalent in all areas of Thailand and is considered a “low” risk to US travelers according to the CDC, it does occur in certain locations. For full protection you should

explore anti-malarial medication with your physician and in consultation with the CDC guidelines.

CDC guidelines suggest that prevention of malaria is possible if you carefully follow personal protective measures as described below and /or take one of the following antimalarial drugs (listed alphabetically) as directed by your health care provider: atovaquone/proguanil (Malarone), doxycycline, or mefloquine. **The selection should be discussed with your physician or health-care provider.** If, despite adherence to these preventive measures, you develop symptoms of malaria, prompt medical attention lessens the severity of the illness.

PREVENTION OF FOOD- AND WATER-BORNE ILLNESSES

Diarrhea-Producing Infections

“Traveler’s diarrhea” is the most common form of diarrhea in Japan. This is a self-limited diarrhea lasting from a few to several days, characterized by watery, non-bloody bowel movements. Traveler’s diarrhea usually requires no treatment other than fluid replacement including ORS (World Health Organization’s Oral Rehydration Solution which comes in package form) or other home-made solutions such as: 1 teaspoon salt, 1/2 teaspoon baking soda, and 2–3 tablespoons sugar or honey in 1 liter of **clean** water; another option is carbonated soda diluted by one half. Antidiarrheals such as Imodium or Lomotil may be used short-term in some circumstances. Pepto Bismol in large amounts and certain antibiotics (doxycycline, sulfa-TMP, ciprofloxacin) can prevent or attenuate the infection. Antibiotics are indicated for more severe cases of traveler’s diarrhea.

More protracted and disabling diarrheal illnesses may be due to giardiasis and amoebic dysentery (caused by parasites) and bacillary dysentery (caused by bacteria), including cholera and typhoid. These infections (as well as “traveler’s diarrhea”) are caused by contaminated food and water. Therefore, the best way to avoid such infections is

to respect certain do’s and don’ts:

DO WASH your hands scrupulously with non-contaminated water and soap before eating and snacking.

DO DRINK

- Bottled or canned beverages (water, soda, soft drinks) from a trusted source (ensure caps are sealed).
- Hot beverages (coffee, tea).
- Water that reached a rolling boil for at least one minute at sea level (longer at higher altitudes).
- Carbonated mineral water.

DON’T DRINK

- Tap water, even in ice; don’t risk using it for brushing your teeth either.
- Tap water in larger cities is often safe, but the water in rural areas is probably not, so be sure to check with a reliable source before using, and if in any doubt, take all the recommended precautions.

DO USE

- Commercial iodide or tintured liquid iodine to treat water, **ONLY** if bottled water (from a trusted source) is not available and boiling water is not possible. Chlorine in various forms is less reliable than iodine. These provide substantial protection when added to tap water.

DO EAT

- Cooked vegetables, fruits with thick covering (citrus, bananas, and melons); and well-washed raw fruits and vegetables.
- Meat or fish that is thoroughly cooked (pork and lamb should be very well done).
- Pasteurized dairy products from large commercial dairies.

DON’T EAT

- Unwashed or unpeeled raw fruits and vegetables.

- Fruits that do not have a thick, disposable outside covering.
- Rare or raw meat or fish or shellfish.
- Dairy products from small, independent vendors without pasteurizing facilities, including food of any kind that has been left out in the sun, especially custards, creams, and mayonnaise.
- Raw (unpasteurized) milk or milk products. Tuberculosis and brucellosis, both serious diseases are transmitted in this way, so the consumption of unpasteurized milk and milk products should be strictly avoided.

Cholera

Cholera is a risk in parts of Thailand. CDC recommends this vaccine for adults who are traveling to an area of active cholera transmission. Most people do not travel to areas of active cholera transmission. Avoiding unsafe food and water can also prevent many cholera infections. Cholera is rare in travelers but can be severe.

Hepatitis A

Hepatitis A is a highly contagious virus that causes liver inflammation. It is most commonly spread through contaminated food and water. Most Americans have not previously been exposed to the hepatitis A virus and are at risk of contracting the disease during travel to areas where the disease is prevalent. A very effective vaccine is available and should be administered 2–3 weeks prior to travel.

Typhoid Fever

Typhoid is an infection caused by a particular species of the salmonella bacterium. It is spread by contaminated food and water. Symptoms include fever, severe toxicity, rash, and in about half the cases, bloody diarrhea. Untreated, there is a 30% mortality rate. Vaccines are 60–70 % effective in prevention. One vaccine involves a single injection, with immunity lasting 2 years. A second one is administered orally every other day for 4 doses, and lasts 5 years. Antibiotic resistance has been

developing, but treatment of the disease with certain well-known antibiotics is usually effective. As with all diarrheal illnesses, careful dietary discretion continues to be the main line of defense.



OTHER ILLNESSES

Rabies

Rabies is a viral disease almost always caused by animal bites (especially dogs). A low-risk occurs in Thailand and, therefore, you should take measures to prevent it. Given the serious danger posed by rabies as a uniformly fatal disease, follow these important guidelines:

- Consider pre-exposure immunization (if available).
- Avoid bites from all animals and especially avoid handling or feeding puppies, kittens, monkeys or other animals. They can have rabies before it is obvious.
- If you have been bitten or have had direct contact with the saliva of a suspected rabid animal, immediately wash the affected area with a soap solution and running water thoroughly minutes to neutralize and to rinse out the virus. **Then proceed immediately for post-exposure treatment**, the sooner the better; depending on the location of the bite, you may have little time.
- If at all possible, the animal should be captured and kept under cautious surveillance until the diagnosis and therapy are completed. If capture is not possible, a clear description of the animal and the circumstance of contact should be carefully recorded.

AIDS and Blood Supplies

AIDS is a concern worldwide. AIDS is an acquired

immune deficiency that can result in life-threatening infections. The HIV virus is transmitted by way of bodily fluids from an infected person. Other potential routes of infected blood transmission such as tattooing, body piercing and needle sharing must be strictly avoided.

Hepatitis B

Hepatitis B is a serious and often chronic viral infection of the liver. Since this type of hepatitis is most often acquired from contact with infected blood, or sexual contact (as with HIV), or from skin-to-skin contact of mutual open cuts and sores, appropriate precautions to avoid these types of exposure are necessary. This includes avoiding tattooing, ear/body piercing, and cuddling children with sores and draining insect bites. A series of three immunizing injections is recommended. This series should be initiated as early as possible so that at least two doses are taken prior to departure. This will provide partial protection. The third shot should be taken five months after the second dose, and may be given after returning home to achieve full, long-lasting immunity. An accelerated schedule can also be used as an alternative.

Tuberculosis

Tuberculosis (TB) is a bacterial disease spread by airborne droplets from a person with untreated pulmonary TB or by ingestion of TB-contaminated unpasteurized milk products. Transmission is more likely in conditions of crowding and poverty. A TB skin test can indicate prior exposure to tuberculosis and is required prior to travel (unless already known to be positive). A repeat test is recommended after returning to the US even if the pre-departure test was negative.

IMMUNIZATIONS FOR THAILAND

Immunizations fall under two categories: 1) those that are required for admission to The Experiment 2) those that are recommended to protect your health and well-being by building up your immune defenses against specific prevalent diseases. In addition, certain basic immunizations are required by US law.

In the case of Thailand, no immunizations are required for entry into the country from the US. However, several are strongly recommended to protect your own health, or may even be required if you are visiting other countries just before or after visiting.

The physician administering the inoculations should record all immunizations on the International Certificate of Vaccination or Prophylaxis (ICVP, also known as the WHO card). The WHO card should be kept with you at all times while in the host country.

If for some reason you are unable to obtain a WHO card or your WHO card is lost it will be sufficient to carry a copy of your immunization record with you.

Required (for participation in program):

- **MMR (Measles, Mumps, Rubella):** You will need to be immunized if you have not had 2 doses of live measles vaccine.
- **Tetanus, Diphtheria, and Pertussis:** The primary child series is required. Boosters (Td or Tdap) are effective for 10 years. If you are uncertain when you had your last injection, we recommend that you get another booster.

Recommended (as a health precaution - consult your physician):

- **Japanese Encephalitis:** This is given as a 2-dose series. The second dose should be given at least 1 week before departure. Certain conditions apply-see section on Japanese Encephalitis.
- **Hepatitis A:** Hepatitis A vaccine, which provides long-term immunity, is recommended.
- **Hepatitis B:** A series of 3 immunization injections is required. See section on Hepatitis B.
- **Influenza:** Influenza vaccine should be considered for any individual wishing to decrease risk of influenza or non-specific respiratory illness- especially those who are at

high risk for complications from influenza including those with asthma, COPD, diabetes, chronic cardiovascular disease and immunocompromised conditions.

- ***Rabies:*** Follow carefully the special instructions in the section on Rabies.
- **Cholera**