



## THAILAND (reviewed August 2011)

Thailand is a country of extremes. Whilst common tourist destinations such as Bangkok, central Thailand, Changmai (city), or the major southern coastal resorts (Phuket, Pattaya, Koh Samui, Koh Pee Pee, Koh Samet) are considered safe, travel to hilly forested border areas (with Myanmar & Cambodia), or rural parts of the peninsular pose serious health risks.

It should also be remembered that less common serious diseases do occur in city and resort areas, which can completely ruin ones holiday and even be life threatening.

Remember although 5 star hotels have a high standard of sanitation and a safe water supply, the people working in them do not always have the same high standards. Being well prepared with a travel kit is recommended.

### TRAVELLERS DIARRHOEA

Most episodes of diarrhoea are short-lived and require no particular treatment. Interestingly the use of oral cholera vaccine will reduce the incidence of common travellers diarrhoea by 60-70%. The WHO have an excellent pamphlet on travellers diarrhoea [see copy](#)

Transmission is mostly via contaminated food or water. Therefore:

- Choose food which is freshly and thoroughly cooked and served stemming hot
- Eat fruit or vegetables that you can peel or cut open yourself, eg. banana, citrus fruits.
- Dry foods and breads are generally safe.
- Canned and bottled drinks are safe.

### Dangers

- Avoid locally made milk products including ice cream unless made with pasteurised (or boiled) milk.
- Avoid sauces, mousses, mayonnaise.
- Avoid smorgasbord even in 5 star restaurants (reheated foods & food sitting at room temperature are risky)
- Avoid prawns, oysters, fish, unless thoroughly cooked.
- Uncooked leafy vegetables may pose a risk, e.g. salads.
- Ice is only as safe as the water it is made from.

### Treatment

Because diarrhoea is so common it is important to be aware of how to manage it if prevention fails.

### Fluids

Almost any beverage coupled with a source of salt (eg., salted crackers) suffices for hydrating most ill travellers Bottled or canned beverages, tea, broth, foods such as rice, bananas, papaya (papaw),

potatoes and dry biscuits are tolerated best. Mineral water is preferred.

Children with diarrhoea are of special concern. The younger the child, the more rapidly dehydration can occur. A child's fluid loss is best replaced with an oral rehydration solution (ORS) such as Gastrolyte. Adults travelling with young children should carry ORS sachets with them. Or use

- Lemonade (not low calorie) or fruit juice - 1 part to 4 parts of boiled water.
- Cordials (not low calorie) - 1 part cordial to 6 parts of boiled water.

### MALARIAL RISK

Resort, City & Urban Areas Minimal risk and antimalarial drugs not recommended. However use of insect repellents is recommended as other diseases spread by daytime biting mosquitoes in urban areas (eg dengue)

Inland Forested areas Highly drug resistant malaria occurs throughout the year particularly near the borders with Cambodia & Myanmar. Doxycycline and Stringent use of insect repellents is recommended

**Dengue** is a **viral** disease producing severe headache, bone & muscle pain, high fever and rash usually occur 4-6 days after an infected bite.

**RABIES:** (illness is 100% fatal to humans)

Source of infection: - mostly dogs & cats, (even minor scratch or lick of graze) Children over 12 months are particularly at risk as they will often befriend animals and not report a bite.

**Be wary of all animals whether tame or not** Vaccination should be considered more often.

### OTHER CONSIDERATIONS

**Medical Kit:** Discuss with your doctor

#### Heat and Humidity:

Plenty of drinks rich in mineral salts (fruit and vegetable juices, clear soups and even a little table salt) are recommended. Daily showering, loose cotton clothing and talcum powder will reduce heat rash. Risk of severe sunburn needs consideration.

**Travellers with special needs:** see

[wwwnc.cdc.gov/travel/page/special-needs.htm](http://wwwnc.cdc.gov/travel/page/special-needs.htm)

Nb. Malaria and Hepatitis are significantly more life threatening to pregnant women as is altitude.

#### Accident Prevention:

Traffic accidents are a leading cause of accidents among travellers. Vehicles are often unroadworthy. Unfamiliarity with roads, poor condition of roads and drunk drivers add to the dangers.

#### Travel Insurance:

Travel insurance should cover not only medical & hospital expenses but also costs due to general accidents, medical evacuation, loss of luggage & money, as well as delays due to strikes.

### **Management of Diarrhoea**

Bottled or canned beverages (eg carbonated mineral water), tea, broth & foods such as rice, bananas, papaya (pawpaw), potatoes and dry biscuits are tolerated best. Take gastrolyte sachets for children. When diarrhoea is prolonged and with fever seek medical attention

- Antimotility drugs ('stoppers'): eg. Imodium (loperamide) - helpful in relieving diarrhoea and cramps. Do not use if high fever or blood in motions. Do not use in children under 6, and be cautious in children under 12.
- Antibiotics. Diarrhoea with high fever, distressing symptoms or blood in motions: eg (single dose Norfloxacin 800mg or Azithromycin 1 Gm ). Nb Safe for children >12 months and in pregnancy.
- Prolonged diarrhoea greater than 10 days and without fever: A bowel parasite "giardiasis" is the commonest cause. Usually treated with tinidasole (Fasigyn) - 4 x 500mg tablets (2g) in a single dose

### **Antibiotics to prevent Diarrhoea.**

This is reasonable for short trips (less than 3 weeks). Indications include persons with

- Inflammatory bowel disease
- Insulin dependant diabetics
- Business travellers whose purpose of the trip would be ruined will often chose this option.

Children with diarrhoea are of special concern. The younger the child, the more rapidly dehydration can occur.

A child's fluid loss is best replaced with an oral rehydration solution (ORS) such as Gastrolyte. Adults travelling with young children should carry ORS sachets with them.

If ORS is not available, use one of the following:

- Lemonade (not low calorie) or fruit juice - 1 part to 4 parts of boiled water.
- Cordials (not low calorie) - 1 part cordial to 6 parts of boiled water.

Should the child show signs of significant dehydration with marked listlessness, decreased urine output or very dry mouth, medical advice is mandatory.

Medical advice should also be sought for diarrhoea of more than 24 hours duration in an infant aged less than one year.

Breast fed children should continue breast-feeding. Bottle foods or solids should be stopped for no longer than 24 hours, and preferably not at all. A child who wants to eat should do so.

The best solids for babies with diarrhoea are vegetables such as potato or pumpkin, or rice.

### **MALARIA**

Malarial symptoms can occur after 8 days following an infected bite. The classic symptoms are fever, malaise, headache, chills and sweats but malaria may present as a diarrhoeal illness with fever.

#### **Early diagnosis and treatment of malaria**

Any fever developing after 8 days or upon return (particularly within the first 3 months) may be malaria. You should consult a doctor, voice your suspicion of malaria, and ask for a blood film to be done. You should go to hospital emergency if you are more than moderately unwell.

#### **Antimalarial Drugs - Prevention**

Multi-drug resistant malaria occurs in areas bordering Thailand and western Cambodia. At present, doxycycline and Malarone are the recommended drugs but in some areas there is even resistance to these .

Common side effects of Doxycycline: These include thrush, stomach & bowel upsets, (particularly if medication is taken on an empty stomach) and sunlight sensitivity. Taking the drug in the evening with food & lots of water will reduce side-effects. Doxycycline may compromise Contraceptive pills.

Malarone: When used for malaria prevention, only minor side effects are evident. However, nausea, vomiting, abdominal pain, and diarrhoea can occur.

#### **Dengue & Dengue haemorrhagic fever**

A viral illness spread by day biting mosquitoes. 1<sup>st</sup> symptoms can occur after 5 days. Anyone suspected of being infected with Dengue, especially the haemorrhagic form (large bruises on skin, bleeding gums or blood from nose or bowel) should seek medical attention immediately.

#### **Rabies illness**

##### Post-exposure immunisation

You should wash the wound immediately with soap and water (but do not scrub) and then disinfect with iodine (betadine). Seek medical attention if risk seems high. (unprovoked attack, irritable animal) and have post-exposure vaccine as soon as possible (preferably within 48 hours).

**Medical Examination after travel:** It is advisable to visit your local doctor promptly if you

- develop fever, diarrhoea, vomiting, urinary, genital or skin disorder in the weeks following return
- have had a significant illness whilst away
- have spent a long time abroad

#### **Further Weblinks for information**

- CDC Travel planner:  
<http://wwwnc.cdc.gov/travel>
- WHO year book :  
<http://www.who.int/ith/en/>
- Australian consular advice:  
[www.smartraveller.gov.au](http://www.smartraveller.gov.au)