

TIPS FOR VISITORS TO THAILAND

Thailand is visited by approximately seven million visitors each year. It is a country of approximately sixty million populations, with a land area equivalent to that of France. It is undergoing a remarkable economic expansion, with growth rates of approximately 8% - 10% each year. Urban areas are well developed.

Geography and Environment:

Thailand is hot. Average temperatures in Bangkok are approximately 30⁰C throughout the year. The rainy season months are between May and October/November - the relatively cool season is between December and February, and the fiercely hot and humid season is between March and May. Air pollution in Bangkok is now the worst of any urban environment in the world. The city is congested with traffic, and movement is slow. During the cool season, occasionally a pullover might be required in the evening, but for the rest of the year shirtsleeves are all that is necessary. During the dry season it is very hot, and visitors often find it difficult to acclimatise for the first few days. People tend to feel rather weak and "washed out". The rainy season is unpredictable, and occasionally there may be flooding in Bangkok.

Travel:

Roads and travel in Thailand are easy. In Bangkok there are cheap public buses, air-conditioned taxis (always try to get a meter taxi as they are cheaper and usually better), and sky train, and for up-country travel there are overnight air-conditioned coaches (roads are dangerous though), excellent sleeper trains (but look well in advance), and a good system of internal air flights. On arrival at the airport it is probably simplest to get a metered taxi. There is a 50 baht surcharge on the meter. The trips to the city will cost 200 – 400 baht (plus highway tolls of 65 baht) and will take about 30 – 40 min. depending on traffic. If you have a lot of luggage it is probably worth spending the extra money to take a Thai limousine, which can be booked in the "Arrivals" hall. In Bangkok travel is slow, but relatively easy to obtain. Taxis are most comfortable, tuk-tuks (motorized tricycles) are more exciting, but not much cheaper, and buses are excellent value although it is quite difficult to work out where they are going. Motorbike taxis are also available, and can snake through the traffic much faster than anything else, although they are reasonably high-risk. The Unit is based in the Faculty of Tropical Medicine, Rajvithi Road, which is near the Victory Monument, and opposite the large military Pramongkutklao Hospital. The entrance to the Faculty of Tropical Medicine is on the south side of the road. There is a shiny sign on the roadside which is quite clearly seen. Our office is approximately 50 yards inside the gate in a rather sickly-green-looking building with a dilapidated cactus outside. We are on the third floor.

Our address is:-

Faculty of Tropical Medicine
Mahidol University
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Tel. 66-2-203-6333
Fax 66-2-354-9169
Office hours are 8:30 - 16:30, but someone is usually in
the office from 07:00 a.m. until about 7 or 8 o'clock at night.

Travelling in Thailand is relatively easy, but visitors should book well in advance as seats on planes or trains are often taken months in advance. Obtaining tickets is a time-consuming process, and it would be greatly appreciated if people could do as much of their own booking and obtaining tickets as possible, as this takes up a considerable amount of the Unit's time.

Visas:

It is possible to obtain a tourist visa on arrival at Don Muang or Suvarnabhumi Airport. This currently lasts for four weeks, with possible extension of another one more week. For longer visits we recommend obtaining a three-month non-immigrant visa at the Thai Embassy in your country. Long-term visitors need more complex visa arrangements, which start with a letter from the Dean of the Faculty of Tropical Medicine. Give us plenty of warning.

Couriers:

The Units always need people to bring items from Oxford, and also to take items back to Oxford. This is most appreciated. Anybody visiting Thailand should check in with Jeanne Packer (1865) 857433 first to see if there is anything that needs to be brought out to Thailand. Customs are perfunctory, and we usually do not bother them by declaring anything. There is almost never a problem.

Study Sites:

a) Ubol Ratchatani: Studies take place on melioidosis in the provincial hospital (Sappasitprasong Hospital). Ubon can be reached either by plane (daily flight), overnight sleeper train (excellent value), or overnight coach. We usually travel by train. There are many hotels in Ubon Ratchatani, and accommodation is not usually a problem except during festivals. Ubon is a delightful town near the borders of Laos and Cambodia, with many temples and some interesting archaeological sites nearby. It is in the relatively poor part of Thailand; a flat, largely rice-growing area. Studies take place in Ubon between June and November each year.

- b) Udon Thani: Studies of presumed leptospirosis and scrub typhus patients started in 2000. Studies take place in the provincial hospital (Udonthani Hospital). Udon can also be reached either by 'plane (daily flight), overnight sleeper train (excellent value), or overnight coach. We usually travel by train. There are many hotels in Udon Thani, and accommodation is not usually a problem except during festivals.
- c) Mae-Sot: The work is conducted now in Mae La camp 60 km north from Mae Sot easily accessible (along the main road) and in 4 different clinics along the border welcoming migrant population from Burma, all places easily accessible within a maximum 1 hour for the further places. There is no accommodation for expatriates in the camp or in the villages where the clinics are and we are traveling daily from Mae Sot to either places. There is no plane to reach Mae Sot anymore only the bus (day or night bus from Bangkok, day bus from Chiang Mai).

Culture: Language and Food

Thai is spoken everywhere except in the refugee camps on the borders. It is a tonal language. English is increasingly widely spoken, but it is usually not understood extensively in rural areas. As everywhere in Asia, it pays to have a sunny disposition, to smile in the face of adversity, and to remain polite. It does no good to lose one's temper and raise one's voice. The Thai are generally friendly, cheerful, and polite. They are shrewd observers of humanity. The extensive exposure of skin surfaces is not recommended! The feet are considered dirty, and should not be pointed at other people, or raised in the air. The 'Wai', or Thai greeting, involves placing the two outstretched hands together in an inverted "V" in front of one's face. The Wai should not be too low as this conveys superiority over the person being "Wai'ed". Although everyone seems very easy-going and forgiving of cultural indiscretions, it is wise to be prepared as social inter-actions and cultural mores are complicated.

Dressing in clinical research sites or hospitals:

In hospitals it is advisable to wear reasonably neat clothes. Male visitor should dress shirt with collar and trousers. Female visitor should dress skirt longer than knee and shirt covering the shoulders. Dress should be polite and professional but doesn't have to be formal. Miniskirt and shorts should not be worn. Long trousers for female visitor could be used.

Money:

Banks and moneychangers are found in most reasonable-sized towns. There is usually no problem about changing money. There is no black market rate. The current exchange rate is

approximately 50 Baht of 1 pound, but this fluctuates as the Baht is tied to the dollar. Prices of food, clothes, and travel are cheap, but imported goods are expensive. Bangkok is a shopping paradise (for those who view it so) and almost anything is available here. There are enormous luxury stores, thriving markets, bazaars, streetside stalls, etc. Bargaining is usual in the small stores and stalls.

Foods:

Thai food is the best in the world, and the risk from eating on streetside stalls are approximately the same as those in luxury hotels (very low). Thai food can be very hot so watch out for the small, green chillies.

Religion:

Thailand is a Buddhist country. Do not wear scant clothing when visiting temples (Wats). Women should not touch or sit next to monks. The rest days are Saturday and Sunday. There are many holidays, although the big one is New Year (January 1st).

Communications:

There is an excellent telephone service, and local and international calls are easily made. There is also ready access to fax machines in most towns. Postal rates are relatively low.

HEALTH ADVICE

In general the risks of a visitor to Thailand acquiring any serious infection are extremely low. Even mild gastrointestinal infections are rare.

Specific diseases:

Malaria: The risks of acquiring malaria during a visit to Thailand are very low indeed. Transmission is confined to the border areas. The incidence of falciparum and vivax is approximately equal. Vivax malaria remains uniformly sensitive to chloroquine. On the eastern and western borders (but not in the far north and south) of Thailand, falciparum malaria is multi-drug resistant. Mefloquine alone can no longer be relied upon for either prophylaxis or treatment. Doxycycline is probably still effective as prophylaxis although there are not good recent studies to confirm this. For treatment we would recommend the following:

In Thailand:

Artesunate – 4mg/kg stat followed by 2mg/kg per day for 3 days (total dose 10 mg/kg) plus Mefloquine – 25mg/kg.

In the U.K. or other countries where artesunate is not available:

Quinine – 10mg/kg 3 times daily for 7 days combined with
Tetracycline – 4 mg/kg per day for 7 days, or
Doxycycline – 1.5 mg/kg per day for 7 days.

The Tetracycline should not be given to children under 8 years old.
Failure rates with this regime may be as high as 30%.

The chances of acquiring malaria are obviously considerably reduced if visitors to endemic areas use early evening and early morning insect repellent (DEET), and sleep under permethrin-impregnated bed-nets. Visitors to the Shoklo Malaria Research Unit are at risk from malaria, and all visitors to this Unit must ensure that they bring with them insect repellent. They will be provided with impregnated bed-nets. We do not recommend prophylaxis, but all visitors must be aware that they are at risk from malaria if they have visited this research station. We recommend that they should purchase Artesunate locally (in Mae-Sot) to bring back with them to the U.K. as a contingency in case they have acquired an infection. If they do have falciparum malaria they MUST NOT receive mefloquine alone, as R3 resistance occurs now.

Gastrointestinal infections:

Typhoid fever is extremely rare in Thailand. Mild gastrointestinal infections are uncommon. There is no particular pathogen of note. Drugs (including antibiotics) can be readily purchased from pharmacies. We do not recommend any particular precautions.

Arbovirus infections:

During the midsummer months, June to September, dengue is common in urban areas, and Japanese B encephalitis is a risk to visitors staying in rural villages (particularly if pigs are being kept in or near the house). We recommend all visitors to Thailand should receive Japanese B encephalitis vaccine.

HIV:

Thailand is currently experiencing an explosion of HIV, and the risks of acquisition through sexual or blood exposure are high as a consequence. The virus is prevalent throughout the country, but is particularly common in the north.

Precautions:

All visitors to Thailand should have received their usual immunizations and, in addition, we recommend rabies and Japanese B encephalitis vaccines (see below). The risks from typhoid are extremely low. Although cholera is found in Thailand (and recently non-01 biotypes have been reported), the risks are extremely low. Clinical and laboratory workers visiting the Wellcome Units are likely to be exposed to blood, through research, and should take the usual precautions against needle-stick and other accidental exposure. The Unit has a particular research interest in Pseudomonas pseudomallei infections. This organism is common in soil in the north-east of Thailand. It is regarded as a dangerous pathogen in the United Kingdom, although with good laboratory practices the risks of acquiring the infection are very low. Laboratory workers in endemic areas handle the infection with care on the open bench. Visitors to the Unit should not work with this organism until they have been instructed by our Microbiologists on safe laboratory practices. There is no indication for taking prophylaxis.

A list of recommend vaccinations or immunizations for Thailand and Viet Nam

Diphtheria / Polio / Tetanus : Boosters should be given if needed

Hepatitis B

Hepatitis A

Rabies

Japanese 'B' Encephalitis

Typhoid (still controversial; for Viet Nam only)