

## 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: chikungunya, cholera, COVID-19, dengue, hepatitis A, influenza, Japanese encephalitis, mpox, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, brucellosis, helminths, leishmaniasis, leptospirosis, melioidosis, Nipah virus, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, West Nile virus, Zika

## Current Health Bulletins

### Influenza

#### Thailand

#### Seasonal Influenza; Growing Mismatch of A(H3N2) Vaccine Strain

Updated Jan 23, 2026 (Posted Oct 20, 2025)

Northern Hemisphere seasonal influenza rates have moderately increased in Japan and South Korea and moderately decreased in Canada, China, Europe, Southeast Asia, and the US since the last report. As of epidemiological week (EW) 1 (January 4-10) in 2026, seasonal influenza activity is above the average in Canada and China; above the baseline in the US; and below the average in Europe, Japan, South Korea, and Southeast Asia. In vitro antigenic and serological analyses show that the current vaccine formulations are poorly matched to the predominant circulating strain of A(H3N2), with a mismatch of 92% in Canada (84% of all isolated strains), 91% in England (87% of all isolated strains), and 96% in the US (85% of all isolated strains). The vaccine formulations remain well-matched to circulating A(H1N1) and B/Victoria strains in North America, Europe, and East Asia, and A(H3N2) in Europe and East Asia.

Despite a vaccine mismatch against A(H3N2), early estimates suggest that influenza vaccination continues to provide protection against hospitalization (72%–75% for children and 32%–39% for adults) and protection against clinical disease at the primary care level (52% for children and 57% for adults). For additional information, see the full Northern Hemisphere Seasonal Influenza report.

## Current Safety Bulletins

#### Thailand

#### Armed Conflict

Updated Jan 13, 2026 (Posted Jul 15, 2025)

Despite Thailand and Cambodia signing a second ceasefire agreement on December 27, 2025, heightened security risks persist along the Thailand-Cambodia border due to armed conflict, including airstrikes, rocket fire, artillery fire, and the use of landmines. Land border crossing points and some popular tourist destinations in border areas are closed. The presence of heavily armed security forces should be expected. Security forces have responded with excessive force, including the use of riot control agents (e.g., tear gas) when related protests have occurred in the area. Travelers should avoid the border area, maintain a high level of security awareness, and check with local authorities for up-to-date information on border crossing availability.

## Yellow Fever

## Requirement Information (for entry)

### 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.

## Vaccinations

**Routine vaccinations** are essential due to a persistent global rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles). Prior to travel, travelers should be up-to-date with the age-appropriate and risk-based routine vaccinations recommended by their home country, which may include:

- COVID-19
- *H. influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B: Protection is especially important for those at increased risk.
- Herpes zoster
- Human papillomavirus

- Influenza
- Measles, mumps, rubella: A single early dose is recommended for travelers aged 6-11 months.
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis: Tdap preferred; consider an early pertussis booster for high-risk travelers.
- Varicella

**Long-stay children** should be vaccinated (prior to departure if possible) according to destination-country vaccination schedules as applicable (which may differ from that of the home country and require off-label administration); schedules for multiple countries globally can be found at WHO Immunization Data and for European countries only at European CDC Vaccine Scheduler.

Travel-specific vaccination recommendations are noted below as appropriate.

## All Travelers

### COVID-19

#### Recommendation (for health protection)

##### Thailand

Risk exists throughout the year. Peaks generally occur during influenza season, although off-season peaks also occur.

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

#### Vaccination Considerations

##### Thailand

Travelers are advised to stay current with local COVID-19 vaccination recommendations and to consider transmission activity at their planned destinations. Travelers at highest risk (e.g., those with chronic cardiopulmonary disease or immunocompromise) should consider early booster vaccination, carrying Paxlovid (nirmatrelvir/ritonavir) or another self-administered antiviral therapy, and rapid diagnostic tests. Prophylactic administration of monoclonal antibodies for those at highest risk of poor outcomes may also be considered, especially during periods of peak transmission at their destination or in transit hubs.

## Dengue

##### Thailand

Risk exists in urban and rural areas throughout the country, including popular destinations (e.g., the capital city of Bangkok, Surat Thani Province, including the islands of Koi Samui and Ko Pha Ngan, and Phuket, Ratchaburi, and Rayong provinces), especially in Mae Hong Song Province. Transmission occurs throughout the year, especially during the rainy season, with highest activity from May through August.

*Recommended for:* all travelers aged 4-60 years. Qdenga (Takeda) is the only vaccine approved for travelers (not yet approved in the US). Countries differ in their recommendations for use in children; see Indications for Vaccination for more information.

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.

## 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; risk during transit should be considered.

#### Vaccination Considerations

##### Thailand

Travelers who have not received the currently available vaccine formulation should be vaccinated against influenza. Travelers who received 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 who are inadequately vaccinated.

## Typhoid fever

### Thailand

High risk exists and is presumed to have widespread distribution.

*Recommended for:* all travelers.

## Most Travelers

### Hepatitis A

#### Thailand

Risk exists and is presumed to have widespread distribution.

*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.

## Some Travelers

### Chikungunya

#### Thailand

Significant risk exists in urban and rural areas throughout the country (including the capital city of Bangkok), especially in central and southern provinces. Transmission occurs throughout the year.

*Consider for:* travelers aged  $\geq 12$  years with a prolonged stay  $\geq 6$  months.

Travelers should observe insect precautions; mosquitoes that transmit chikungunya can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

## Japanese encephalitis

#### Thailand

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

*Recommended for prolonged stays (i.e.,  $\geq 1$  month):* all travelers.

*Recommended for short stays:* travelers going to rural areas, especially those with anticipated extensive outdoor exposure.

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

*Not recommended for:* short-stay travelers going to urban areas only or day trips to usual tourist sites in rural areas.

Insect precautions are recommended; mosquitoes (mainly *Culex* species) that transmit Japanese encephalitis virus are generally night biters but have peak activity at dusk and again at dawn and may bite during the day.

## Mpox

#### Thailand

Very low risk exists for persons (and partners of persons) who have multiple sex partners (including commercial sex workers) in social networks that include men who have sex with men; risk for persons outside these groups is low. Travelers should avoid close contact with persons with symptoms consistent with mpox and should observe hand and respiratory hygiene and safer-sex practices.

*Recommended for:* High-risk persons and persons with known, suspected, or anticipated exposure to someone with mpox.

## 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.

## Generally Not Recommended

## Cholera

### Thailand

Very 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.

## Malaria

### Malaria General Information

#### Thailand

**General malaria information:** predominantly (> 90%) *P. vivax*. Transmission occurs throughout the year and is highest from May through October, particularly in districts along the border with Burma (Myanmar). Increasing numbers of infections due to *P. knowlesi* are reported but are rare in returning travelers. Sporadic infections due to *P. cynomolgi* are also reported, but no cases have been documented in travelers.

### Malaria Recommendations

#### Thailand

##### Location-specific recommendations:

*Chemoprophylaxis is recommended for all travelers:* throughout most districts along or near the borders with Burma (Myanmar) and Malaysia; throughout certain districts along or near the borders with Cambodia and Laos; the islands of Ko Chang, Ko Mak, and Ko Kut; throughout certain isolated districts in other parts of the country (including Ratchathewi District in Bangkok Metropolis).

*Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box):* throughout certain districts along or near the borders with Burma (Myanmar), Laos, and Cambodia; throughout certain districts in other parts of the country.

*Insect precautions only are recommended (negligible transmission is reported):* all islands comprising both Ang Thong National Park and Ko Tarutao National Park; Ko Samui and northern Phuket Province; certain districts throughout the country; certain peripheral districts of Bangkok Metropolis (excluding the city of Bangkok); various other districts throughout the country; all cities

and towns within these areas except Chiang Mai, Chiang Rai, Uttaradit, Khon Kaen, Nakhon Sawan, Nakhon Ratchasima, Pattaya, Rayong, Trat, Surat Thani, Nakhon Si Thammarat, Krabi, Hat Yai, and Yala.

*No preventive measures are necessary (no evidence of sustained local transmission exists):* Bangkok, Chiang Mai, Pattaya, and all other cities not exempted above; Similan Islands and Surin Islands; most other resort islands, including: Ko Samet, Ko Yao Noi, Ko Yao Yai, Ko Lanta, Phi-Phi Islands, Ko Tao, and Ko Pha Ngan; major Phuket tourist resorts; all other areas not referenced above.

## Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Medical attention is necessary for persistent or recurrent febrile illness within 12 months after travel to 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. Anecdotal and in vitro evidence exists for the use of these same drugs as effective protection against *P. knowlesi*. G6PD testing is required prior to tafenoquine use. Mefloquine is not recommended due to the presence of drug-resistant *P. falciparum* in the country.

Issues to Consider	
<i>Factors favoring chemoprophylaxis</i>	<i>Factors against chemoprophylaxis</i>
<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>• Nontransmission season</li> <li>• Minimal outdoor exposure</li> <li>• Travel shorter than 3 days</li> </ul>
For more information, see <i>Technical Explanation of Malaria Mapping</i> .	

## 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.

## Other Concerns

### 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 insect precautions; mosquitoes that transmit Zika can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

## West Nile virus

### Thailand

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

## 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).

## Schistosomiasis

### Thailand

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

## 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.

## 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.

## 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.

## Brucellosis

### Thailand

Significant risk exists throughout the country. Travelers should avoid consumption of unpasteurized dairy products and meat that is raw, undercooked, or unlikely to have been inspected. Travelers should also avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides.

## Sexually transmitted infections

### Thailand

Most travel increases the risk for all sexually transmitted infections (STIs), with an increased risk of mpox for persons (and partners of persons) who have behavioral risk factors; risk for persons outside these groups is low. 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 4% of sex workers. Travelers should be counseled on risk factors for STIs, indications for mpox vaccination and short-term preexposure prophylaxis (PrEP) against HIV (with Truvada or other approved PrEP medication), and observation of safer-sex practices.

## Visa/HIV Testing

### Thailand

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

## 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.

## 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 and their predators. Fish species and local names vary by region but commonly include barracuda, grouper, jacks, snappers, sharks, moray eels, and lionfish. The toxin responsible for poisoning remains even when these fish are thoroughly cooked.

## 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.

## 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.

## Helminths

## Thailand

Low risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should observe 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.

## 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.

## Nipah virus

### Thailand

Very low 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 directly or in food products.

## Anthrax disease

### Thailand

Negligible risk exists and is limited to Mukdahan and Sa Kaeo provinces. 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, Chonburi, Phuket, Thon Buri, and on Koh Samui Island.

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.

## Safety and Security

### Consular Travel Warning

Updated Sep 5, 2025 (Posted Nov 13, 2014)

**Avoid travel** to areas along the border with Cambodia due to armed conflict.

### Key Safety Risks

- Road conditions and traffic collisions
- Domestic and/or international air travel
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Scams

### Key Security Threats

- Unresolved conflict with breakaway region
- Terrorist attacks by domestic and/or transnational groups
- Risk of violent civil unrest
- Risk of violent protests
- Risk of security forces responding to protests with excessive force
- Cross-border threats in areas bordering Burma (Myanmar) and Cambodia
- Explosions in public places
- Landmines
- Occasional violent crime
- Piracy

### Emergency Contacts

The police emergency number is 191. The tourist police number is 1155 (or use the Thailand Tourist Police app, which does not require a local SIM card).

### 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.

### 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.

## Cybersecurity

Internet access/content is monitored, censored, and restricted. Social media accounts are widely monitored.

Travelers can be arrested for being critical of/defaming the government online, even in private messages. In 2021, reports of a large-scale data exposure involving travelers' personal information raised concerns about Thailand's cybersecurity practices.

Cybercrime occurs, including a wide range of internet scams and cyberattacks.

## Natural Hazards

The monsoon season is from November through March on Ko Samui 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.

## Terrorism

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.

## Transportation Safety

Border crossing points with Burma (Myanmar) may close without notice. Traveling by road near the border in Mae Hong Son and Tak provinces is hazardous due to risks of highway robbery and clashes between government forces and drug traffickers.

The border with Cambodia near the Preah Vihear temple is disputed and the area contains landmines. Travelers commonly monitor the regional situation prior to and during travel near the border with Cambodia.

Not all land border crossings into Laos are open to foreign nationals.

Overland travel (by road or rail) to Malaysia is unsafe. Travel by road in Narathiwat, Pattani, Songkhla, and Yala provinces in southern Thailand is unsafe due to the unpredictable security situation and potential for violent attacks by militants.

Driving is not recommended for safety reasons. The traffic fatality rate is among the highest in the world, especially for motorcycles.

Travel by mountain road is unsafe at night, especially during the rainy season. During the rainy season (May-October on the mainland and November-March on Koh Samui and in southeastern Thailand), landslides and flooding may disrupt travel by road.

Thailand has one of the highest motorcycle fatality rates in the world. Riding motorcycles and scooters on public roads is unsafe; motorcycles and scooters rented at beach resorts are often unregistered and cannot be used legally on public roads. Scooters and motorcycles often drive on sidewalks.

Scams regarding vehicle rental (for cars, motorcycles, jet skis) occur. Travelers typically use only reputable companies.

Unscrupulous companies will hold the renter's passport as collateral until the traveler pays for real or fictitious damages. Some companies will "steal" a rented vehicle and charge the renter for replacement.

Motorcycle taxis are unsafe.

Public transportation is generally safe and reliable. In Bangkok, the BTS elevated "Skytrain," "Airport Rail Link" mass transit, and the underground MRT systems are reliable, air conditioned, and often faster than local traffic. Buses are widely used but are often overcrowded and driven without regard for passenger safety. Outside of Bangkok, cities typically have only rudimentary public transportation, such as motorcycle taxis, tuk-tuks, bicycle-powered rickshaws, and pick-up trucks, and do not have metered taxis.

Official, metered taxis from official taxi stands or arranged by a hotel are generally safe. Registered taxicab drivers have a yellow placard on the dashboard with their photograph and name (in Latin script); confirm that the photograph matches the driver. Vehicles with black-and-white license plates that are not licensed taxis, do not use meters, and are not insured to carry passengers, are unsafe. Taxis in some tourist areas may not have meters. Taxi drivers often refuse fares, especially during rush hour or to unfamiliar destinations.

Passenger boat services operating between the mainland and islands may use unsafe vessels or operate during hazardous weather conditions. Piracy occurs in coastal waters.

For transportation from airports, travelers commonly use public transportation from the airport's official pick-up area, cars from the limousine counters, or a car and driver sent by the hotel.

## 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.

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.

## 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). It is illegal to deface or destroy currency.

Travelers should avoid accepting torn and faded bank notes, 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).

## Photography

The use of aerial drones (including for photography or filming) requires registration.

## 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.

## Other

Feeding fish in the ocean is illegal and may result in a large fine and up to 1 year in prison.

# 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 eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.
- 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.

## 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](https://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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