

International Committee of the Red Cross Memo for Foreign Workers near Thai-Cambodian Border, Date Unknown

To all foreigners working along the Thai-Cambodian border

There have been many reports of illnesses recently in foreign medical staff working at KID and the border area. The majority of the illnesses appear to be self-limited mild diarrheal diseases and upper respiratory infection but bloody diarrhea and malaria symptoms have also been reported. It appears to be an appropriate time to review health measures for foreigners working in this area.

General recommendations:

Eat only fruit you can peel or which has been washed with water from a clean source.
Do not drink any local water (or ice) unless it is known to have been boiled or adequately chlorinated.
Do not brush your teeth with tap water.

Observe basic personal hygiene – use your own eating utensils, cups, etc. if possible. Wash hands after each patient contact and before eating, if possible.

Specific disease:

1. Malaria – North of Aranyaprathet, *P. vivax* is the predominant malaria type and south of Aranyaprathet *P. falciparum* predominate. Fansidervor maloprim (2 tablets each week) is the prophylactic drug of choice. Since *vivax* is relatively resistant to Fansidar, consideration should be given to adding chloroquine (one 500 mg tablet per week) to Fansidar when malaria transmission increases during the rainy season. Foreigners should continue their malaria prophylaxis for 6 weeks after returning to their own countries. If chloroquine is taken in addition to Fansidar, a course of Primaquine (26.3mg (15 mg base)) 1 balet daily for 14 days should also be taken on return home.

2. Hepatitis – Hepatitis A and B are endemic in S.E. Asia. Both can cause significant morbidity. Precautions should be taken. Gamma Globulia – 0.02 mg/kg intramuscular every 2 months.

or – 0.05 mg/kg intramuscular every 4 months.

Is indicated for all foreign staff. Also, care should be taken in handling blood specimens from patients to prevent accidental needle sticks with potential Hepatitis B blood specimens.

3. Polio – polio is endemic in Thailand and there are presently 2 cases at KID which clinically appear to be paralytic polio. All foreign staff should have a booster dose of trivalent oral polio vaccine if they are unsure of their immune status.

4. Cholera, typhoid – available vaccines are not very effective and frequently cause adverse reactions. They are at present not recommended.

5. TB Skin Tests – there is a high incidence of tuberculosis in S.E. Asia. Foreigners who have had no prior BCG vaccination should have a Mantoux or PPD skin test 2 months after returning to their own countries.

Miscellaneous:

A. Any illness in foreign staff which requires absence from work for more than 2 days should be reported to the ICRC Medical Coordinator or the camp epidemiologist.

B. ICRC will arrange for transportation, lab tests, and/or hospital care in Bangkok for all ICRC staff. Volag groups and other organisations (e.g. UNHCR, UNICEF) should make their own arrangements for care of sick personnel but ICRC will provide technical assistance and cooperation to all relief agencies to ensure that all foreigners working on the border have optimal medical care.

C. Advice concerning immunization and other public health matters should be referred to the camp epidemiologist.

D. Since working along the Thai-Cambodian border exposes foreigners to disease with potentially long incubation periods (e.g. T.B. and malaria), foreign staff should advise their physicians of the fact that they have worked in Thailand should they develop illnesses after returning to their own countries.

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