

### List of countries, territories, and areas<sup>1</sup>

Vaccination requirements and recommendations for international travellers, including yellow fever and malaria

#### Introduction

The information provided for each country includes the country's stated requirements and WHO recommendations for travellers regarding yellow fever vaccination<sup>2</sup> and malaria prevention. A brief description of the malaria risk situation is provided by WHO where appropriate. The country's stated requirements for other diseases are also mentioned, if any.<sup>3,4</sup>

This document is produced after consultation with States' Parties and includes input from WHO technical units in Headquarters and from WHO Regional Offices. States are consulted yearly to confirm or update their country's requirements for international travellers.<sup>4</sup> Additionally, yellow fever risk mapping for international travellers and WHO recommendations are submitted to the Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping (GRYF)<sup>5</sup> for review.

Country requirements are subject to change at any time. It is important for travellers to ensure that they know the requirements of the country to which they are travelling by checking with the relevant consulate or embassy. The latest updates received by WHO from countries can be found on the WHO *International Travel and Health* (ITH) website.<sup>6</sup>

#### Yellow fever

##### Vaccination

Yellow fever vaccination is carried out for two different purposes:

##### 1. To prevent the international spread of the disease

Countries protect themselves from the risk of importing or further spreading the yellow fever virus by establishing entry requirements on yellow fever vaccination for travellers. The countries that require proof of vaccination are those where the disease may or may not occur and where the mosquito vector and potential non-human primate hosts of yellow fever are present. Any importation of the virus into such countries by infected travellers may result in its propagation and establishment, leading to a permanent risk of infection for the human population. Proof of vaccination is often required for travellers arriving from countries with risk of yellow fever transmission and sometimes for travellers in transit through such countries. It should be noted that some countries require proof of vaccination from all travellers.

A meeting of yellow fever experts proposed in 2010, that less than 12 hours of airport transit in an area at risk of yellow fever poses an almost non-existent risk of yellow fever and, therefore, that proof of vaccination might not be necessary. This information is provided to WHO Member States, but travellers should confirm individual country requirements by contacting the relevant consulate or embassy of the country they intend to visit.

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<sup>1</sup> In this publication, the terms "country" and "countries" refer to countries, territories, and areas.

<sup>2</sup> WHO publishes these requirements for purposes of information only; this publication does not constitute an endorsement or confirmation that such requirements are in accordance with the provisions of the International Health Regulations.

<sup>3</sup> The requirements by some countries for vaccination of infants over 6 months of age are not in accordance with WHO's advice (Chapter 6). Travellers should, however, be informed that the requirement exists for entry into the countries concerned.

<sup>4</sup> When available, the date of the most recent update or confirmation is indicated in parentheses in the country list. If no accurate date is indicated, the most recent update or confirmation was provided prior to 2013.

<sup>5</sup> For further information, see the WHO website at: <http://www.who.int/ith/yellow-fever-risk-mapping/en/>.

<sup>6</sup> WHO *International Travel and Health* website, see Updates for travellers section, <http://www.who.int/ith/en/>

Countries requiring yellow fever vaccination for entry do so in accordance with the International Health Regulations (IHR 2005). Yellow fever is currently the only disease for which proof of vaccination may be required for travellers as a condition of entry to a State Party under Annex 7 of the IHR (2005). An important change was made in May 2014, when the World Health Assembly adopted an updated annex (Annex 7), which extends the validity of a certificate of vaccination against yellow fever from 10 years to life.<sup>7</sup> This change came into force on 11 July 2016.

**The fact that a country has no requirement for yellow fever vaccination does not imply that there is no risk of yellow fever transmission.**

## 2. To protect individual travellers who may be exposed to yellow fever infection

The risk of yellow fever transmission in a country depends on the presence of the virus in humans, mosquitoes, or animals. Because yellow fever is frequently fatal for those who have not been vaccinated, vaccination is recommended for all travellers (with few exceptions, as noted in Chapter 6) visiting areas where there is a risk of yellow fever transmission. Annex 1 of *International Travel and Health* provides a summary list of countries with risk of yellow fever transmission in whole or in part as defined by WHO, as well as a list of countries that require proof of yellow fever vaccination as a condition for entry.

WHO determines those areas where “a risk of yellow fever transmission is present” on the basis of the diagnosis of cases of yellow fever in humans and/or animals, the results of yellow fever serosurveys, and the presence of vectors and animal reservoirs. The (GRYF) was established in 2015 to maintain up-to-date yellow fever risk mapping and to provide guidance on yellow fever vaccination for travellers in ways that facilitate international travel.<sup>8</sup>

Decisions regarding the use of yellow fever vaccine for travellers must take several factors into account, including the risk of travel-associated yellow fever virus disease, country requirements, and the potential for serious adverse events following yellow fever vaccination (Chapter 6). Yellow fever maps and graphics are available from the WHO web site.<sup>9</sup> The table below summarizes WHO’s revised recommendations for yellow fever vaccination for travellers.

### WHO Recommendations for Yellow Fever Vaccination for Travellers

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#### Yellow fever vaccination category Rationale for recommendation

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Recommended	Yellow fever vaccination is recommended for all travellers $\geq 9$ months of age in areas where there is evidence of persistent or periodic yellow fever virus transmission.
Generally not recommended	Yellow fever vaccination is generally not recommended in areas where there is low potential for yellow fever virus exposure (no human cases of yellow fever ever reported and evidence to suggest only low levels of yellow fever virus transmission in the past). However, vaccination might be considered for a small subset of travellers to these areas who are at increased risk of exposure to mosquitoes or are unable to avoid mosquito bites. When considering vaccination, any traveller must take into account the risk of being infected with yellow fever virus, country entry requirements, and individual risk factors (e.g., age, immune status) for serious vaccine-associated adverse events.

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<sup>7</sup> Resolution WHA 67.13 and the updated Annex 7 of the IHR (2005): [http://www.who.int/ith/A67\\_2014\\_Annex-7-en.pdf?ua=1](http://www.who.int/ith/A67_2014_Annex-7-en.pdf?ua=1)

<sup>8</sup> For further information, see the WHO website at: <http://www.who.int/ith/yellow-fever-risk-mapping/en/>

<sup>9</sup> WHO yellow fever: maps and graphics, <http://www.who.int/emergencies/yellow-fever/maps/en/> and yellow fever web page, see <http://www.who.int/csr/disease/yellowfev/en/>

## Polio

On 5 May 2014, WHO's Director-General declared the international spread of wild poliovirus to be a public health emergency of international concern (PHEIC) under the IHR and issued temporary recommendations to reduce the international spread of wild poliovirus. Recommendations concerning international travellers arriving from affected countries are as follows:

**1. For States with wild poliovirus (WPV1) or circulating vaccine-derived poliovirus (cVDPV1 or cVDPV3) transmission with potential risk of international spread, it is recommended that:**

- All residents and long-term visitors (i.e., those staying for 4 weeks or longer) of all ages receive a dose of bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel.
- International travellers undertaking urgent travel (i.e., within 4 weeks), who have not received a dose of bOPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure because this will still provide benefit, particularly for frequent travellers.
- Travellers be provided with an International Certificate of Vaccination or Prophylaxis (ICVP) in the form specified in Annex 6 of the IHR to record their polio vaccination and serve as proof of vaccination.
- The international travel of any resident lacking documentation of appropriate polio vaccination be restricted at the point of departure. This applies to international travellers from all points of departure, irrespective of the means of conveyance (e.g., road, air, sea).

**2. For States with circulating vaccine-derived poliovirus (cVDPV2) transmission with potential risk of international spread, it is recommended that:**

- Residents and long-term visitors receive a dose of IPV, 4 weeks to 12 months prior to international travel or, for those undertaking urgent travel (i.e., within 4 weeks), a dose at least by the time of departure.
- Travellers who receive such vaccination have access to an appropriate document to record their polio vaccination status.

Updates on currently endemic, affected States (whether exporting the disease or not) and vulnerable countries are available from the *Global Polio Eradication Initiative* website.<sup>10</sup>

Some individual polio-free countries also require proof of polio vaccination for a visa or entry into their territory. Travellers should confirm individual country requirements by contacting the relevant consulate or embassy of the country they intend to visit.

## Malaria

General information about malaria, its geographical distribution, and details of preventive measures are included in Chapter 7. Protective measures against mosquito bites are described in Chapter 3. Specific information for each country is provided in this section, including epidemiological details for all countries with malarious areas (geographical and seasonal distribution, altitude, predominant species, reported resistance). The recommended types of prevention are also indicated. For each country, the recommendation of prevention type is based on the following factors: the risk of contracting malaria, the prevailing species of malaria parasites in the area, the level and spread of drug resistance reported from the country, and the possible risk of serious side effects resulting from the use of the various prophylactic drugs. Where *Plasmodium falciparum* and *P. vivax* both occur, prevention of *P. falciparum* malaria takes priority. Unless the malaria risk is defined as due “exclusively” to a certain species (e.g., *P. falciparum* or *P. vivax*), travellers may be at risk from any of the parasite species, including mixed infections. ***P. falciparum***

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<sup>10</sup> Global Polio Eradication Initiative. Where we work web page: <http://polioeradication.org/where-we-work/> and poliomyelitis WHO web page <http://www.who.int/topics/poliomyelitis/en/>

**resistance to chloroquine and sulfadoxine-pyrimethamine is at present nearly universal and is no longer specifically mentioned in the country list below;** these two medications currently have no role in the prevention or treatment of falciparum malaria in travellers. Depending on the type of malaria risk in the specific area of the country/territory visited, the recommended prevention method may be mosquito-bite prevention only, or mosquito-bite prevention in combination with chemoprophylaxis and/or standby emergency treatment (SBET). The selection of medicine to use for chemoprophylaxis should take into account the reported drug-resistance pattern in the locality, as shown in the table below, where the letters A, B, and C refer to the type of prevention. Please note that this table has been revised this year to include all possible case scenarios for prevention of all plasmodium species causing malaria in humans. For example, prevention against *P. knowlesi* is now included in type B. More information on malaria including country profile<sup>11</sup> and threat maps<sup>12</sup> are available from the WHO web site.<sup>13</sup>

**Table - Malaria Risk and Type of Prevention**

	<b>Malaria risk</b>	<b>Type of prevention</b>
Type A	Very limited risk of malaria transmission	Mosquito-bite prevention only
Type B	Risk of non-falciparum malaria	Mosquito-bite prevention plus chloroquine, or doxycycline or atovaquone-proguanil or mefloquine chemoprophylaxis (select according to drug resistance pattern, reported side effects, and contraindications) <sup>a</sup>
Type C	Risk of <i>P. falciparum</i> malaria	Mosquito-bite prevention plus atovaquone-proguanil or doxycycline or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side effects, and contraindications) <sup>a, b</sup>

<sup>a</sup> Alternatively, for travel to rural areas with low risk of malaria infection, mosquito-bite prevention can be combined with SBET.

<sup>b</sup> In certain areas with multidrug-resistant malaria, mefloquine chemoprophylaxis is no longer recommended. At present, these areas include Cambodia, southeastern Myanmar, and Thailand.

### Other diseases

Information on the main infectious disease threats for travellers, their geographical distribution, and corresponding precautions as well as information on vaccine-preventable diseases are provided on the WHO *International Travel and Health* website.<sup>14, 15</sup>

<sup>11</sup> Malaria country profile, see <http://www.who.int/malaria/publications/country-profiles/en/>

<sup>12</sup> Malaria threats map, <http://apps.who.int/malaria/maps/threats/>

<sup>13</sup> WHO web page on Malaria, <http://www.who.int/malaria/en/>

<sup>14</sup> WHO *International Travel and Health*, Infectious diseases of potential risk for travellers webpage, [http://www.who.int/ith/other\\_health\\_risks/infectious\\_diseases/en/](http://www.who.int/ith/other_health_risks/infectious_diseases/en/)

<sup>15</sup> WHO *International Travel and Health* website, Vaccine preventable diseases and vaccines document, [http://www.who.int/ith/ITH\\_chapter\\_6.pdf?ua=1](http://www.who.int/ith/ITH_chapter_6.pdf?ua=1)

## AFGHANISTAN

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due to *P. falciparum* and *P. vivax* exists from May through November below 2000 m.

**WHO recommended prevention in risk areas:** C

### Other country requirement(s) (2018)

Proof of polio vaccination is required for residents of Nigeria travelling to Afghanistan.

## ALBANIA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## ALGERIA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk is limited, with mainly imported cases. No confirmed indigenous cases have been reported since 2014.

**WHO recommended prevention in risk areas:** none

## AMERICAN SAMOA

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ANDORRA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ANGOLA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

<sup>16</sup> In this publication, the terms “country” and “countries” refer to countries, territories, and areas.

### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **ANGUILLA**

### **Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **ANTIGUA AND BARBUDA**

### **Yellow fever (2017)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **ARGENTINA**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to Corrientes and Misiones provinces.

*Generally not recommended* for travellers going to Formosa Province and designated areas of Chaco, Jujuy, and Salta provinces.

*Not recommended* for travellers whose itineraries are limited to areas and provinces not listed above.

### **Malaria (2018)**

No indigenous cases have been reported since 2011. Previous endemic areas due to *P. vivax* were located in Salta, Corrientes, and Misiones provinces.

**WHO recommended prevention in risk areas:** A

## **ARMENIA**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **ARUBA**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **ASCENCION ISLAND**

### **Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **AUSTRALIA**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission (with the exception of Galápagos Islands in Ecuador; the island of Tobago; and limited to Misiones Province in Argentina) and for travellers

having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission (with the same exceptions as mentioned above).

**WHO vaccination recommendation:** no

## AUSTRIA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## AZERBAIJAN

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due exclusively to *P. vivax* exists from June through October in lowland areas, mainly in the area between the Kura and Arax rivers. There is no malaria transmission in Baku city (the capital city). No locally acquired cases have been reported since 2013.

**WHO recommended prevention in risk areas:** A

## AZORES *see* PORTUGAL

## BAHAMAS

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## BAHRAIN

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## BANGLADESH

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk exists throughout the year, but transmission occurs only in rural areas, in 13 of 64 districts. Risk is high in Chittagong Hill Tract districts (Bandarban, Rangamati, and Khagrachari), Chittagong District, and Cox's Bazaar District. Low risk exists in the districts of Hobigonj, Kurigram, Moulvibazar, Mymensingh, Netrakona, Sherpur, Sunamgonj, and Sylhet. Most parts of the country, including Dhaka City, have no risk of malaria.

**WHO recommended prevention in risk areas:** C

## BARBADOS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission (with the exception of Guyana and the island of Trinidad).

**WHO vaccination recommendation:** no

## BELARUS

### Yellow fever (2015)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BELGIUM

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BELIZE

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. vivax* exists in some areas of Stan Creek and is negligible elsewhere.

**WHO recommended prevention in risk areas:** A

### Other country requirement(s) (2016)

All travellers arriving from polio-endemic countries as well as Belizeans or persons living in Belize travelling to countries where polio cases have been confirmed must have a proof of polio vaccination.

## BENIN

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## BERMUDA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BHUTAN

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.



**WHO vaccination recommendation:** no

**Malaria (2013)**

Malaria risk exists throughout the year in the southern belt of the country, which is comprised of seven districts: Chukha, Dagana, Pemagatshel, Samdrup Jongkhar, Samtse, Sarpang, and Zhemgang. No transmission occurs in the four following districts: Bumthang, Gasa, Paro, and Thimphu. Seasonal transmission during the rainy summer months occurs in focal areas in the rest of the country.

**WHO recommended prevention in risk areas and seasons:** C

**BOLIVIA (PLURINATIONAL STATE OF)**

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to the following areas east of the Andes below 2300 m: the entire departments of Beni, Pando, and Santa Cruz; and designated areas of the departments of Chuquisaca, Cochabamba, La Paz, and Tarija.

*Not recommended* for travellers whose itineraries are limited to areas above 2300 m and all areas not listed above, including the cities of La Paz and Sucre.

**Malaria (2018)**

Malaria risk due almost exclusively to *P. vivax* (99.9%) exists throughout the year in the entire country below 2500 m. The risk of malaria is highest in the northern departments of Beni and Pando, especially in the localities of Riberalta, Guayaramerín, and Sena.

**WHO recommended prevention in risk areas:** B

**BONAIRE**

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**BOSNIA AND HERZEGOVINA**

**Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**BOTSWANA**

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from or having transited through countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists from November through May/June in the northern parts of the country: Bobirwa, Boteti, Chobe, Ngamiland, Okavango, and Tutume districts/subdistricts.

**WHO recommended prevention in risk areas:** C

**BRAZIL**

**Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for travellers aged 9 months or over going to the states of Acre, Amapá, Amazonas, Distrito Federal (including the capital city of Brasília), Espírito Santo, Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Paraná, Piauí, Rio de Janeiro, Rio Grande do Sul, Rondônia, Roraima, Santa Catarina, Sao Paulo, Tocantins; as well as to designated areas of Bahia State. Vaccination is also recommended for travellers visiting Iguazu Falls.

*Not recommended* for travellers whose itineraries are limited to areas not listed above, including the cities of Fortaleza and Recife.

#### **Malaria (2018)**

Malaria risk due to *P. vivax* (88.8%), *P. falciparum* (10.6%), and mixed infections (0.5%) exists in most forested areas below 900 m within the nine states of the Amazon region (Acre, Amapá, Amazonas, Maranhão, Mato Grosso [northern part], Pará [except Belém City], Rondônia, Roraima and Tocantins [western part]). Transmission intensity varies from one municipality to another and is higher in jungle-mining areas, in agricultural settlements, in indigenous areas, and in some peripheral urban areas of Cruzeiro do Sul, Manaus, and Pôrto Velho. Malaria also occurs on the periphery of large cities such as Boa Vista, Macapá, Marabá, Rio Branco, and Santarém. In the states outside the administrative region of Amazonas, the risk of malaria transmission is negligible or non-existent, but there is a residual risk of *P. vivax* transmission in Atlantic forest areas of the states of São Paulo, Minas Gerais, Rio de Janeiro, and Espírito Santo. Detailed information on the epidemiological situation of malaria in Brazil is available at [www.saude.gov.br/malaria](http://www.saude.gov.br/malaria).

**WHO recommended prevention in risk areas:** B in *P. vivax* risk areas; C in *P. falciparum* risk areas

### **BRITISH VIRGIN ISLANDS**

#### **Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **BRITISH INDIAN OCEAN TERRITORY**

#### **Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **BRUNEI DARUSSALAM**

#### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

#### **Malaria (2018)**

Human *P. knowlesi* infection has been reported.

**WHO recommended prevention:** B

#### **Other country requirement(s) (2018)**

Polio vaccination is required for travellers arriving from polio-affected countries (polio-exporting countries).

### **BULGARIA**

#### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BURKINA FASO

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## BURUNDI

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## CABO VERDE

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Limited malaria risk due predominantly to *P. falciparum* exists from August through November in Santiago Island and in Boa Vista Island.

**WHO recommended prevention in risk areas:** A

## CAMBODIA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2017)

Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year in forested rural areas. Phnom Penh and areas close to Tonle Sap (Siem Reap) are not at risk. Risk within the tourist area surrounding Angkor Wat is negligible. *P. falciparum* resistance to artesunate, mefloquine, lumefantrine, and piperaquine has been reported in western Cambodia and extends to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia.

**WHO recommended prevention in risk areas:** C

## CAMEROON

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention: C**

## CANADA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CANARY ISLANDS *see* SPAIN

## CAYMAN ISLANDS

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CENTRAL AFRICAN REPUBLIC

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention: C**

## CHAD

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas south of the Sahara Desert.

*Not recommended* for travellers whose itineraries are limited to areas within the Sahara Desert.

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention: C**

## CHILE

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CHINA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission. This requirement does not apply to travellers whose itineraries are limited to Hong Kong Special Administrative Region (SAR) and Macao SAR.

**WHO vaccination recommendation:** no

### Malaria (2017)

Currently, malaria cases imported from overseas constitute over 98% of the cases reported in China. Limited malaria transmission still exists in areas in Yunnan Province bordering Myanmar and very few areas in

Tibet. Indigenous cases of *P. falciparum* are reported only in Yunnan Province and cases resistant to artemisinin-derived drugs have not yet been identified.

**WHO recommended prevention in risk areas:** A, for non-border areas in Yunnan; C, for border areas in Yunnan

## CHRISTMAS ISLAND

(Indian Ocean)

**Yellow fever (prior to 2013)**

Same requirements as mainland Australia.

**WHO vaccination recommendation:** no

## COLOMBIA

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from Angola, Brazil, Democratic Republic of the Congo, and Uganda and for travellers having transited for more than 12 hours through an airport from the same countries mentioned above.

**WHO vaccination recommendation:** yes

*Generally not recommended* for travellers going to the cities of Barranquilla, Cali, Cartagena, and Medellín.

*Not recommended* for travellers whose itineraries are limited to all areas above 2300 m, the department of San Andrés y Providencia, and the capital city of Bogotá.

**Malaria (2018)**

*Malaria risk is high* in the following municipalities of the departments of Antioquia (El Bagre, Vigía del Fuerte, Segovia, Tarazá, Zaragoza, Cáceres, Nechí, Murindó, Anorí, Remedios, Mutatá, Frontino, San Pedro de Urabá, Dabeiba, Valdivia, and Cauca), Amazonas (Tarapacá, La Pedrera, Puerto Nariño, Leticia, Miriti-Paraná, and La Chorrera), Bolívar (Montecristo, Norosi, Tiquisio and San Pablo), Cauca (Timbiquí), Chocó (Bagadó, Nóvita, Lloró, Tadó, Río Quito, El Cantón del San Pablo, Río Iro, Atrato, Bojaya, San José del Palmar, Quibdó, Bajo Baudó, Medio San Juan, Carmen de Darien, Nuquí, Medio Baudó, Alto Baudó, Istmina, Bahía Solano, Medio Atrato, Juradó, Sipí, Unión Panamericana, Condoto, and Certegui), Córdoba (Puerto Libertador and Tierralta), Guainía (Inirida and La Guadalupe), Nariño (Roberto Payán, Olaya Herrera, El Charco, Mosquera, Barbacoas, Santa Barbarba, Magüi, Francisco Pizarro, and San Andrés de Tumaco), Risaralda (Pueblo Rico and La Virginia), Valle del Cauca (Cartago), Vaupés (Taraira and Yavarate) and Vichada (Puerto Carreño and Cumaribo).

*Malaria risk is moderate* in the following municipalities of the departments of Antioquia (Urrao, Chigorodó, Apartadó, Necoclí, and Yondo), Amazonas (El Encanto and Puerto Santander), Bolívar (Santa Rosa del Sur and Río Viejo), Cauca (Guapi and López), Chocó (El Litoral de San Juan, Riosucio, Acandí, and Unguía), Córdoba (San José de Uré and La Apartada), Guaviare (San José de Guaviare, Miraflores, Calamar, and El Retorno), Nariño (La Tola) and Vaupés (Pacoa).

*A lesser risk* exists in some municipalities of Amazonas, Caqueta, Guaviare, Guainia, Meta, Putumayo, Vaupes, and Vichada.

**WHO recommended prevention in risk areas:** C

## COMOROS

**Yellow fever (2015)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## CONGO

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## COOK ISLANDS

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## COSTA RICA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, excluding Argentina and Panama.

**WHO vaccination recommendation:** no

### Malaria (2018)

Very low malaria risk was historically due almost exclusively to *P. vivax*. Negligible or no risk of malaria transmission exists in the country.

**WHO recommended prevention in risk areas:** A

## CÔTE D'IVOIRE

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## CROATIA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CUBA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## CURAÇAO

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## CYPRUS

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CZECH REPUBLIC

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (prior 2013)

Limited malaria risk due exclusively to *P. vivax* exists in some southern areas.

**WHO recommended prevention in risk areas:** A

## DEMOCRATIC REPUBLIC OF THE CONGO

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over.

### Malaria (2017)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## DENMARK

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## DJIBOUTI

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2015)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## DOMINICA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## DOMINICAN REPUBLIC

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

Malaria risk due exclusively to *P. falciparum* exists throughout the year, especially in the western provinces of Dajabón, Elias Pina, and San Juan. In 2015, transmission increased in the National District and the provinces of Santo Domingo and La Altagracia, specifically in Bávaro district. Risk in other areas is low to negligible. There is no evidence of *P. falciparum* resistance to any antimalarial drug.

**WHO recommended prevention in risk areas:** C

## ECUADOR

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to the following provinces east of the Andes below 2300 m: Morona-Santiago, Napo, Orellana, Pastaza, Sucumbios, and Zamora-Chinchipec, and the province west of the cordillera, Esmeraldas.

*Generally not recommended* for travellers whose itineraries are limited to the following provinces west of the Andes including below 2300 m: Guayas, Los Rios, Santa Helena, and Santo Domingo de los Tsachilas and designated areas of Azuay, Bolivar, Canar, Carchi, Chimborazo, Cotopaxi, El Oro, Imbabura, Loja, Pichincha, and Tungurahua.

*Not recommended* for travellers whose itineraries are limited to all areas above 2300 m altitude, the cities of Guayaquil and Quito, and the Galápagos Islands.

### Malaria (2018)

Malaria risk due to *P. vivax* (67%) and *P. falciparum* (33%) exists throughout the year below 1500 m, with moderate risk in coastal provinces. Risk is low in Quito and in provinces that are part of the Inter-Andean or Sierra region. Risk of *P. vivax* malaria is present in some provinces of the country, predominantly in the Amazon region, especially the provinces of Morona Santiago, Pastaza, Orellana, and Sucumbíos. Risk of *P. falciparum* malaria is present in some provinces of the country with predominance on the coast, especially the province of Esmeraldas as well as in the Amazon region, especially the provinces of Pastaza and Morano Santiago.

**WHO recommended prevention in risk areas:** C

## EGYPT

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission (with the addition of Eritrea, Rwanda, Somalia, United Republic of Tanzania, and Zambia) and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission (with the same additions mentioned above). In the absence of a vaccination certificate, the individual will be detained in quarantine for up to 6 days of departure from an area at risk of yellow fever transmission.

**WHO vaccination recommendation:** no



### **Malaria (2018)**

Very limited malaria risk due to *P. falciparum* and *P. vivax* may exist from June through October in El Faiyûm Governorate. No indigenous cases have been reported since 1998.

**WHO recommended prevention:** none

### **Other country requirement(s) (2018)**

Polio vaccination is requested regardless of age and vaccination status. Proof of receipt of a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) in the form of an international vaccination certificate as specified in Annex 6 of the IHR within the previous 12 months and at least 4 weeks before departure is required for travellers arriving from Afghanistan, Pakistan, and Nigeria in order to apply for an entry visa. Proof of vaccination with OPV or IPV is required from all travellers arriving from Democratic Republic of the Congo and Syrian Arab Republic. In the absence of such proof, the travellers will be vaccinated upon arrival.

## **EL SALVADOR**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Very limited malaria risk due almost exclusively to *P. vivax* exists in rural areas prone to migration from Central American countries. Sporadic *P. vivax* malaria cases are reported from specific parts of the country.

**WHO recommended prevention in risk areas:** A

## **EQUATORIAL GUINEA**

### **Yellow fever (2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **ERITREA**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** in general, no

*Generally not recommended* for travellers going to the following states: Anseba, Debub, Gash Barka, Mae Kel, and Semenawi Keih Bahri.

*Not recommended* for all other areas not listed above, including the islands of the Dahlak Archipelagos.

### **Malaria (2018)**

Malaria risk due to *P. falciparum* (65%) and *P. vivax* (35%) exists throughout the year in the entire country below 2200 m. There is no risk in Asmara.

**WHO recommended prevention in risk areas:** C

## **ESTONIA**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ETHIOPIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to Afar and Somali provinces.

### Malaria (2018)

Malaria risk due to approximately 60% *P. falciparum* and 40% *P. vivax* exists throughout the year in the entire country below 2000 m. *P. vivax* resistance to chloroquine reported. There is no malaria risk in Addis Ababa.

**WHO recommended prevention in risk areas:** C

## FALKLAND ISLANDS (MALVINAS)

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FAROE ISLANDS

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FIJI

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## FINLAND

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FRANCE

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FRENCH GUIANA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due to *P. falciparum* (45%) and *P. vivax* (55%) is high throughout the year in 9 municipalities of the territory bordering Brazil (Oiapoque river valley) and Suriname (Maroni river valley). In the other 13

municipalities, transmission risk is low or negligible. Multidrug-resistant *P. falciparum* has been reported in areas influenced by Brazilian migration.

**WHO recommended prevention in risk areas:** C

## **FRENCH POLYNESIA**

### **Yellow fever (2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **GABON**

### **Yellow fever (2016)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **GALAPAGOS ISLANDS *see* ECUADOR**

## **GAMBIA**

### **Yellow fever (2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

### **Other country requirement(s) (2013)**

Meningococcal meningitis vaccination is required.

## **GEORGIA**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Limited malaria risk due exclusively to *P. vivax* may exist locally from June through October in the eastern part of the country bordering Azerbaijan. No locally acquired cases have been reported since 2010.

**WHO recommended prevention in risk areas:** A

### **Other country requirement(s) (2018)**

A polio vaccination certificate is required from travellers arriving from countries and territories with risk of polio transmission. Travellers who are not vaccinated or unable to present the vaccination certificate are offered oral polio vaccine at the border.

## **GERMANY**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GHANA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## GIBRALTAR

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GREECE

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

Very limited malaria risk (*P. vivax* only) may exist from May through October in certain high-risk agricultural areas.

**WHO recommended prevention in high-risk agricultural areas:** A

## GREENLAND

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GRENADA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## GUADELOUPE

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## GUAM

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GUATEMALA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2017)

Malaria risk due almost exclusively to *P. vivax* (99.9%) exists throughout the year below 1500 m. *Malaria risk is highest* in the departments of Escuintla (especially in the municipalities of Gomera, Masagua, Santa Lucia Cotzumalguapa, and Tiquisate) and Alta Verapaz (in the municipalities of Telemán, Panzós, and La Tinta). *Malaria risk is moderate* in the departments of Suchitepéquez, Retalhuleu and Izabal. *Malaria risk is low* in the rest of the departments (Chiquimula, Zacapa, Baja Verapaz, San Marcos, Peten, Jutiapa, Jalapa, El Progreso, Santa Rosa, Guatemala, Chimaltenango, Huehuetenango, and Quiche).

**WHO recommended prevention in risk areas:** B

## GUINEA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## GUINEA-BISSAU

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## GUYANA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due to *P. vivax* (36%), *P. falciparum* (53%), and mixed infections (11%) is high throughout the year in all parts of the interior. Risk is highest in regions 1 and 7-9, and very low in regions 3-6. Sporadic cases of malaria have been reported from the densely populated coastal belt.

**WHO recommended prevention in risk areas:** C

## HAITI

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk due exclusively to *P. falciparum* exists throughout the year in the entire country. No chloroquine-resistant *P. falciparum* has been reported.

**WHO recommended prevention:** C

## **HONDURAS**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk due to *P. vivax* (79%), *P. falciparum* (20%), and mixed infections (~0.8%) exists. *P. vivax* transmission risk is high in the departments of Colon and Gracias a Dios and moderate in Atlántida, El Paraiso, Olancho, and Yoro. *P. falciparum* transmission risk is high in Colon and Gracias a Dios. No chloroquine-resistant *P. falciparum* has been reported.

**WHO recommended prevention in risk areas:** B in *P. vivax* and mixed risk areas; C in *P. falciparum* risk areas

## **HUNGARY**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **ICELAND**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **INDIA**

### **Yellow fever (2018)**

**Country requirement at entry:** anyone (except infants up to the age of 9 months) arriving by air or sea without a yellow fever vaccination certificate is detained in isolation for up to 6 days if that person (i) arrives within 6 days of departure from an area with risk of yellow fever transmission, or (ii) has been in such an area in transit (except those passengers and members of the crew who, while in transit through an airport situated in an area with risk of yellow fever transmission, remained within the airport premises during the period of their entire stay and the Health Officer agrees to such exemption), or (iii) arrives on a ship that started from or touched at any port in an area with risk of yellow fever transmission up to 30 days before its arrival in India, unless such a ship has been disinfected in accordance with the procedure laid down by WHO, or (iv) arrives on an aircraft that has been in an area with risk of yellow fever transmission and has not been disinfected in accordance with the Indian Aircraft Public Health Rules, 1954, or as recommended by WHO.

Countries and areas regarded as having risk of yellow fever transmission are, in Africa: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, South Sudan, Togo, and Uganda; and in the Americas: Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago (Trinidad only), and Venezuela (Bolivarian Republic of). *Note: When a case of yellow fever is reported from any country, that country is regarded by the Government of India as a country with risk of yellow fever transmission and is added to the above list.*

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk due to *P. falciparum* (40-50%) and *P. vivax* (50-60%) exists throughout the year in the entire country below 2000 m. There is no transmission in parts of the states of Himachal Pradesh, Jammu and Kashmir, and Sikkim. Risk of *P. falciparum* malaria is relatively higher in the northeastern states, in the Andaman and Nicobar Islands, Chhattisgarh, Gujarat, Jharkhand, Karnataka (with the exception of the city of Bangalore), Madhya Pradesh, Maharashtra (with the exception of the cities of Mumbai, Nagpur, Nasik, and Pune), Orissa, and West Bengal (with the exception of the city of Kolkata).

**WHO recommended prevention in risk areas: C**

### **Other country requirement(s) (2018)**

Proof of oral polio vaccination at least 4 weeks before departure for resident national travellers from polio-endemic countries (Afghanistan, Nigeria, and Pakistan) and countries with poliovirus circulation following importation (Ethiopia, Kenya, Somalia, Syrian Arab Republic, and Democratic Republic of the Congo) is required.

## **INDONESIA**

### **Yellow fever (prior to 2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk exists throughout the year in most areas of the five eastern provinces of East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua. In other parts of the country, there is malaria risk in some districts, except in Jakarta Municipality, in cities and urban areas, and in the areas of the main tourist resorts. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported in the province of Kalimantan.

**WHO recommended prevention in risk areas: C**

## **IRAN (ISLAMIC REPUBLIC OF)**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk due to *P. vivax* and very limited risk due to *P. falciparum* exist from March through November in rural areas of the provinces of Hormozgan and Kerman (tropical part) and the southern part of Sistan and Baluchestan.

**WHO recommended prevention in risk areas: C**

### **Other country requirement(s) (2018)**

Proof of polio vaccination between 4 weeks and 12 months prior to arrival to Iran is required from all travellers of all ages arriving from a polio-endemic country (Afghanistan, Nigeria, and Pakistan). If such a certificate cannot be presented, travellers will receive a dose of polio vaccination at entry.

## **IRAQ**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Limited malaria risk due exclusively to *P. vivax* may exist from May through November in areas in the north below 1500 m (Duhok, Erbil, and Sulaimaniya provinces). No indigenous cases have been reported since 2009.

**WHO recommended prevention in risk areas:** none

### **Other country requirement(s) (2018)**

Polio vaccination is required for all travellers arriving from polio-endemic areas and for travellers from Iraq to polio-endemic countries.

## **IRELAND**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **ISRAEL**

### **Yellow fever (2015)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **ITALY**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **JAMAICA**

### **Yellow fever (2017)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **JAPAN**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **JORDAN**

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Other country requirement(s) (2018)**

Proof of receipt of a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV), within the previous 12 months and at least 4 weeks before departure, is required for travellers arriving from polio-endemic countries as determined by WHO in order to apply for an entry visa.



## KAZAKHSTAN

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## KENYA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the following areas: the entire North Eastern Province; the states of Kilifi, Kwale, Lamu, Malindi, and Tanariver in Coastal Province; and the cities of Nairobi and Mombasa.

### Malaria (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Normally, there is little risk in the city of Nairobi and in the highlands (above 2500 m) of Central, Eastern, Nyanza, Rift Valley, and Western provinces.

**WHO recommended prevention:** C

## KIRIBATI

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## KOREA, REPUBLIC OF, *see* REPUBLIC OF KOREA

## KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF, *see* DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

## KUWAIT

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## KYRGYZSTAN

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## LAO PEOPLE'S DEMOCRATIC REPUBLIC

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria** (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country except in Vientiane.

**WHO recommended prevention in risk areas:** C

## **LATVIA**

### **Yellow fever** (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LEBANON**

### **Yellow fever** (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Other country requirement(s)** (2018)

Polio vaccination is required for travellers arriving from or going to affected countries, in accordance with WHO recommendations.

## **LESOTHO**

### **Yellow fever** (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **LIBERIA**

### **Yellow fever** (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### **Malaria** (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **LIBYA**

### **Yellow fever** (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Other country requirement(s)** (2015)

Proof of meningococcal meningitis vaccination is required. Proof of polio vaccination within last 12 months and at least 4 weeks before departure for residents arriving from Afghanistan and Pakistan is required.

## **LIECHTENSTEIN**

### **Yellow fever** (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## LITHUANIA

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### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## LUXEMBOURG

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### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MADAGASCAR

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### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country, with the highest risk in coastal areas.

**WHO recommended prevention:** C

## MADEIRA ISLANDS *see* PORTUGAL

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## MALAWI

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### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## MALAYSIA

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### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk exists only in limited foci in the deep hinterland of the states of Sabah and Sarawak and the central areas of Peninsular Malaysia. Urban, suburban, and coastal areas are free from malaria. Human *P. knowlesi* infection has been reported.

**WHO recommended prevention in risk areas:** C

## MALDIVES

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### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Other country requirement(s) (2016)**

Proof of polio vaccination is required for persons travelling to and from countries exporting poliovirus as well as for Hajj and Umrah pilgrims.

## **MALI**

**Yellow fever (2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas south of the Sahara Desert.

*Not recommended* for travellers whose itineraries are limited to areas in the Sahara Desert.

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **MALTA**

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission. If indicated on epidemiological grounds, infants under 9 months of age are subject to isolation or surveillance if arriving from an area with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **MARSHALL ISLANDS**

**Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MARTINIQUE**

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **MAURITANIA**

**Yellow fever (2013)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas south of the Sahara Desert.

*Not recommended* for travellers whose itineraries are limited to areas in the Sahara Desert.

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country except in northern areas (Dakhlet-Nouadhibou and Tiris-Zemour). In Adrar and Inchiri there is malaria risk during the rainy season (from July through October).

**WHO recommended prevention in risk areas:** C

## MAURITIUS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## MAYOTTE

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2013)

Malaria risk due predominantly to *P. falciparum* exists throughout the year.

**WHO recommended prevention:** C

## MEXICO

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due almost exclusively to *P. vivax* exists intermittently throughout the year in some rural areas that are not often visited by tourists. Low risk exists in some localities in Chiapas State (Costa). Localities with very low risk are situated in the states of Chihuahua, Durango, Nayarit, Quintana Roo, and Sinaloa.

**WHO recommended prevention in risk areas:** A

## MICRONESIA (FEDERATED STATES OF)

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONACO

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONGOLIA

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONTENEGRO

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONTserrat

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## MOROCCO

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Other country requirement(s) (2018)

An international certificate of immunization, attesting to the taking of a dose of poliomyelitis vaccine over a period of 12 months and 4 weeks prior to departure, is required for all travellers from poliomyelitis-affected countries.

## MOZAMBIQUE

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## MYANMAR

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in remote rural, hilly, and forested areas of the country as well as in some coastal areas in Rahkine State. There is no transmission in cities and urban areas. The central plains and the dry zone are generally free of malaria but some pockets of transmission still exist. Mefloquine resistance has been reported in Kayin State and the eastern part of Shan State. Emerging artemisinin resistance is suspected in south-eastern Myanmar. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported.

**WHO recommended prevention in risk areas:** C

## NAMIBIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due to *P. falciparum* exists from November through June in the following regions: Ohangwena, Omaheke, Omusati, Oshana, Oshikoto, and Otjozondjupa. Risk exists throughout the year along the Kunene

river in Kunene Region, the Zambezi river in Zambezi Region, and the Okavango river in Kavango regions (West and East).

**WHO recommended prevention in risk areas:** C

## NAURU

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## NEPAL

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. vivax* exists throughout the year in rural areas of the 20 Terai districts bordering India, with occasional outbreaks of *P. falciparum* from July through October. Seasonal transmission of *P. vivax* takes place in 45 districts of the inner Terai and mid-hills.

**WHO recommended prevention in risk areas:** C

### Other country requirement(s) (2015)

Polio vaccination is required.

## NETHERLANDS

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NEW CALEDONIA

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

*Note.* In the event of an epidemic threat to the territory, a specific vaccination certificate may be required.

**WHO vaccination recommendation:** no

## NEW ZEALAND

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NICARAGUA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due to *P. vivax* (79.2%) and *P. falciparum* (20.8%) exists throughout the year in a number of municipalities, mainly in Región Autónoma del Atlántico Norte, with sporadic transmission also reported in

Boaca, Chinandega, Jinoteca, León, and Matagalpa. Cases are reported from other municipalities in the central and western departments but the risk in these areas is considered to be very low or negligible. Risk due to *P. falciparum* is high mainly in Región Autónoma del Atlántico Norte, specifically in the municipalities of Rosita, Siuna, Bonanza, Puerto Cabezas, and Waspán. No chloroquine-resistant *P. falciparum* reported.

**WHO recommended prevention in risk areas:** B in *P. vivax* risk areas; C in *P. falciparum* risk areas

## NIGER

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over and recommended for travellers departing Niger.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas south of the Sahara Desert.

*Not recommended* for travellers whose itineraries are limited to areas in the Sahara Desert.

### Malaria (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## NIGERIA

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## NIUE

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## NORFOLK ISLAND *see* AUSTRALIA

## NORTHERN MARIANA ISLANDS

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NORWAY

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## OMAN

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.



**WHO vaccination recommendation:** no

**Malaria (2018)**

Sporadic transmission of *P. falciparum* and *P. vivax* may occur subsequent to international importations of parasites. In 2010, local outbreaks of *P. falciparum* and *P. vivax* were reported in Ash Sharqiyah North Governorate. Local cases were also reported in 2011 and 2012.

**WHO recommended prevention:** none

**Other country requirement(s) (2017)**

Polio vaccination is required for travellers arriving from polio-exporting countries.

## PAKISTAN

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Malaria (2018)**

Malaria risk due to *P. vivax* and *P. falciparum* exists throughout the year in the entire country below 2000 m, especially in rural areas from July through December.

**WHO recommended prevention in risk areas:** C

**Other country requirement(s) (2016)**

Administration of mandatory oral polio vaccine (OPV) to all outgoing international travellers and incoming long-term visitors (i.e. > 4 weeks) of all ages, and an International Certificate of Vaccination as proof of vaccination.

## PALAU

**Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PANAMA

**Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and from countries with an active yellow fever outbreak.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to mainland areas east of the area surrounding the Canal (the entire comarcas of Emberá and Kuna Yala, the province of Darién, and areas of the provinces of Colón and Panama that are east of the Canal).

*Not recommended* for travellers whose itineraries are limited to areas west of the Canal, the city of Panama, the Canal area itself, Balboa Islands (Pearl Islands), and San Blas Islands.

**Malaria (2018)**

Malaria risk due predominantly to *P. vivax* (97%) exists throughout the year in the following provinces and comarcas along the Atlantic coast and the borders with Costa Rica and Colombia: Bocas del Toro, Chiriquí, Colón, Darién, Kuna Yala, Ngäbe Buglé, Panama, and Veraguas. In Panama City, the Canal Zone, and other provinces, the risk of malaria transmission is negligible or non-existent.

**WHO recommended prevention in risk areas:** B; in eastern endemic areas bordering Colombia: C

## PAPUA NEW GUINEA

**Yellow fever (2015)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2015)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country below 1800 m. *P. vivax* resistance to chloroquine has been reported.

**WHO recommended prevention in risk areas:** C

## PARAGUAY

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the city of Asunción.

### Malaria (2018)

No indigenous cases have been reported since 2012. Previous endemic departments due to *P. vivax* were in Alto Paraná, Canindeyú, and Caaguazú.

**WHO recommended prevention in risk areas:** A

## PERU

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas below 2300 m in the regions of Amazonas, Loreto, Madre de Dios, San Martín, Ucayali, Puno, Cuzco, Junín, Pasco, and Huánuco and going to designated areas of the following regions: far-north of Apurímac, far-northern Huancavelica, far-northeastern Ancash, eastern La Libertad, northern and eastern Cajamarca, northern and northeastern Ayacucho, and eastern Piura.

*Generally not recommended* for travellers whose itineraries are limited to the following areas west of the Andes: regions of Lambayeque and Tumbes and the designated areas of western Piura and south, west, and central Cajamarca.

*Not recommended* for travellers whose itineraries are limited to the following areas: all areas above 2300 m, areas west of the Andes not listed above, the city of Cuzco, the capital city of Lima, Machu Picchu, and the Inca Trail.

### Malaria (2018)

Malaria risk due to *P. vivax* (84%) and *P. falciparum* (16%) exists throughout the year in rural areas in inter-Andean valleys below 2300 m and in the high and low Amazonian jungle regions. The 45 highest-risk districts where the largest number of cases are concentrated are in the regions of Amazonas, Junín, San Martín, and principally Loreto. Ninety-eight percent of *P. falciparum* cases are reported from Loreto, which is situated in the Amazon and contains 14 of the highest-risk districts in the country.

**WHO recommended prevention in risk areas:** B in *P. vivax* risk areas; C in Loreto Region.

## PHILIPPINES

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk exists throughout the year in areas below 600 m except in the 22 provinces of Aklan, Albay, Benguet, Biliran, Bohol, Camiguín, Capiz, Catanduanes, Cavite, Cebu, Guimaras, Iloilo, Northern Leyte, Southern Leyte, Marinduque, Masbate, Eastern Samar, Northern Samar, Western Samar, Siquijor, Sorsogon, Surigao Del Norte, and metropolitan Manila. No risk is considered to exist in urban areas or in the plains. Human *P. knowlesi* infection has been reported in the province of Palawan.

**WHO recommended prevention in risk areas:** C

## PITCAIRN ISLANDS

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### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## POLAND

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### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PORTUGAL

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### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PUERTO RICO

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### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## QATAR

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### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Other country requirement(s) (2017)

International certificate of polio vaccination is required in accordance with the International Health Regulations (IHR, Annex 6) for all travellers arriving from polio-exporting countries.

## REPUBLIC OF KOREA

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### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

Limited malaria risk due exclusively to *P. vivax* exists mainly in the northern areas of Gangwon-do and Gyeonggi-do provinces and in Incheon City (towards the demilitarized zone or DMZ).

**WHO recommended prevention in risk areas:** A

## REPUBLIC OF MOLDOVA

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### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## REUNION

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## ROMANIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## RUSSIAN FEDERATION

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2016)

Very limited malaria risk due exclusively to *P. vivax* may exist in areas under the influence of intense migration from southern countries of the Commonwealth of Independent States.

**WHO recommended prevention:** none

## RWANDA

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** in general, no

*Generally not recommended* for travellers going to Rwanda

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## SABA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SAINT BARTHELEMY

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT HELENA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT KITTS AND NEVIS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Other country requirement(s) (2016)

Oral polio vaccination is required for travellers arriving from polio-endemic countries as identified by WHO.

## SAINT LUCIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT MARTIN

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT PIERRE AND MIQUELON

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SAINT VINCENT AND THE GRENADINES

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAMOA

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAN MARINO

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SAO TOME AND PRINCIPE

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

*Generally not recommended* for travellers going to São Tomé and Príncipe.

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## SAUDI ARABIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2016)

The country is in the pre-elimination phase of malaria. Local transmission is reported only in villages on the border with Yemen (except in the high-altitude areas of Asir Province) due predominantly to *P. falciparum* and mainly from September through January. The infection rate is reduced to less than 0.3 cases/100,000 inhabitants. No risk exists in the cities of Mecca and Medina.

**WHO recommended prevention in risk areas:** C

### Other country requirement(s) (2016)

All travellers arriving for Hajj and Umrah or for seasonal work are required to present a certificate of vaccination with quadrivalent (ACYW135) vaccine against meningitis issued not less than 10 days prior to arrival in Saudi Arabia. Conjugate vaccine must not have been administered more than 5 years prior to the traveller's arrival in Saudi Arabia, polysaccharide vaccine not more than 3 years. In addition, chemoprophylaxis at port of entry will be administered to travellers from Benin, Burkina Faso, Cameroon, Chad, Central African Republic, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, Sudan, and South Sudan.

All visitors going to Saudi Arabia from Afghanistan, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Guinea, Iraq, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Myanmar, Niger, Nigeria, Pakistan, Sierra Leone, Somalia, South Sudan, Syrian Arab Republic, Ukraine, and Yemen should have proof of polio vaccination at least 4 weeks prior to departure. All travellers from these countries will also receive 1 dose of oral poliovirus vaccine (OPV) at the borders on arrival in Saudi Arabia regardless of age and vaccination status.

## SENEGAL

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. There is less risk from January through June in the central western regions.

**WHO recommended prevention:** C

## SERBIA

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SEYCHELLES

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Other country requirement(s) (2018)

Polio vaccination is required for travellers arriving from countries with polio outbreaks.

## SIERRA LEONE

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers.

**WHO vaccination recommendation:** yes

### Malaria (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## SINGAPORE

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SINT EUSTATIUS

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SINT MAARTEN

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SLOVAKIA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SLOVENIA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SOLOMON ISLANDS

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year except in a few outlying eastern and southern islets. *P. vivax* resistance to chloroquine has been reported.

**WHO recommended prevention in risk areas:** C

## SOMALIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** in general, no

*Generally not recommended* for travellers going to the following regions: Bakool, Banaadir, Bay, Gado, Galgadud, Hiran, Lower Juba, Middle Juba, Lower Shabelle, and Middle Shabelle.

*Not recommended* for all other areas not listed above.

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Risk is relatively low and seasonal in the north; it is higher in the central and southern parts of the country.

**WHO recommended prevention:** C

## SOUTH AFRICA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the low-altitude areas of Mpumalanga Province (including the Kruger National Park), Limpopo Province, and north-eastern KwaZulu-Natal Province. Risk is highest from October through May.

**WHO recommended prevention in risk areas:** C

## SOUTH SUDAN

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C



## SPAIN

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SRI LANKA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Other country requirement(s) (2018)

A polio vaccination certificate is required from travellers and visitors arriving from Pakistan, Afghanistan, and Nigeria for bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) vaccination (for wild poliovirus 1 protection) and for travellers arriving from Democratic Republic of the Congo and Syrian Arab Republic for IPV vaccination (for vaccine-derived poliovirus 2). Travellers who are not vaccinated or who are unable to present the vaccination certificate are offered bOPV or IPV as appropriate on entry.

## SUDAN

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas south of the Sahara desert.

*Not recommended* for travellers whose itineraries are limited to areas in the Sahara desert and the city of Khartoum.

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Risk is low and seasonal in the north; it is higher in the central and southern parts of the country. Malaria risk on the Red Sea coast is very limited.

**WHO recommended prevention:** C

## SURINAME

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due to *P. falciparum* (40%), *P. vivax* (58%), and mixed infections (2%) continues to decrease in recent years. Suriname is in the process of malaria elimination. Malaria occurs throughout the year in the interior of the country beyond the coastal savannah area, with highest risk mainly along the eastern border and in gold-mining areas. Paramaribo city and the other seven coastal districts have been free from malaria transmission since 1968. *P. falciparum* resistance to mefloquine has reported. Some decline in quinine sensitivity has also been reported.

**WHO recommended prevention in risk areas:** C

## SWAZILAND

### **Yellow fever (2018)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in all low veld areas (mainly Big Bend, Mhlume, Simunye, and Tshaneni). Risk is highest from November through May.

**WHO recommended prevention in risk areas:** C

## **SWEDEN**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SWITZERLAND**

### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SYRIAN ARAB REPUBLIC**

### **Yellow fever (2015)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2015)**

Very limited malaria risk due exclusively to *P. vivax* may exist from May through October in foci along the northern border, especially in rural areas of El Hasaka Governorate. No indigenous cases have been reported since 2005, but the reporting system has been disrupted since 2010.

**WHO recommended prevention:** none

### **Other country requirement(s) (2015)**

Polio vaccination is required for travellers arriving from Cameroon, Equatorial Guinea, and Pakistan and for travellers from Syrian Arab Republic going to other countries.

## **TAJIKISTAN**

### **Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2017)**

No indigenous cases of *P. falciparum* have been reported since 2009 and of *P. vivax* since 2015. Previous risk due predominantly to *P. vivax* existed (from June through October) particularly in southern areas (Khatlon Region) and in some central (Dushanbe), western (Gorno-Badakhshan Autonomous Region), and northern (Leninabad Region) areas.

**WHO recommended prevention in risk areas:** A

## **TANZANIA, UNITED REPUBLIC OF, *see* UNITED REPUBLIC OF TANZANIA**

## THAILAND

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk exists throughout the year in rural (especially forested and hilly) areas of the country, mainly toward the international borders, including the southernmost provinces. There is no risk in cities (e.g. Bangkok, Chiang Mai, and Pattaya), urban areas, Samui Island, and the main tourist resorts of Phuket Island. However, there is a risk in some other areas and islands. *P. falciparum* resistance to mefloquine and to quinine has been reported from areas near the borders with Cambodia and Myanmar. Artemisinin resistance has been reported near the border with Myanmar. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported.

**WHO recommended prevention in risk areas:** A; in areas near Cambodia and Myanmar borders: C

## THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

### Yellow fever (2015)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TIMOR-LESTE

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## TOGO

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## TOKELAU

Same requirements as New Zealand.

## TONGA

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TRINIDAD AND TOBAGO

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to densely-forested areas on the island of Trinidad. *Not recommended* for cruise ship passengers and aircraft passengers in transit or travellers whose itineraries are limited to the island of Tobago.

## TRISTAN DA CUNHA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## TUNISIA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TURKS AND CAICOS

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TURKEY

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

Local malaria transmission has been interrupted; no locally acquired cases have been reported since 2010. There is no malaria risk in the country.

**WHO recommended prevention in risk areas:** none

## TURKMENISTAN

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TUVALU

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UGANDA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## UKRAINE

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED ARAB EMIRATES

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED KINGDOM (WITH CHANNEL ISLANDS AND ISLE OF MAN)

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED REPUBLIC OF TANZANIA

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** *Generally not recommended* for travellers going to United Republic of Tanzania.

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country below 1800 m.

**WHO recommended prevention in risk areas:** C

## UNITED STATES OF AMERICA

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED STATES VIRGIN ISLANDS

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## URUGUAY

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UZBEKISTAN

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

Limited malaria risk due exclusively to *P. vivax* exists from June through October in some villages located in the southern and eastern parts of the country bordering Afghanistan, Kyrgyzstan, and Tajikistan. No locally acquired cases have been reported since 2011.

**WHO recommended prevention in risk areas:** A

## VANUATU

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

Low to moderate malaria risk due predominantly to *P. vivax* exists throughout the year in most of the country. *P. vivax* resistance to chloroquine has reported. Malaria risk due to *P. falciparum* is still present.

**WHO recommended prevention:** C

## VENEZUELA (BOLIVARIAN REPUBLIC OF)

### Yellow fever (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from Brazil and for travellers having transited for more than 12 hours through an airport in Brazil.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the following areas: the entire states of Aragua, Carabobo, Miranda, Vargas and Yaracuy, and the Distrito Federal.

*Not recommended* for travellers whose itineraries are limited to the following areas: all areas > 2300 m in altitude in the states of Merida, Trujillo, and Tachira; the States of Falcon and Lara; Margarita Island; the capital city of Caracas; and the city of Valencia.

### Malaria (2018)

Malaria risk due to *P. vivax* (74.6%) and *P. falciparum* (25.4%) is high throughout the year in some areas of Amazonas, Bolívar, Delta Amacuro, and Sucre states. There is moderate risk in Zulia State. There is low risk in Anzoátegui and Monagas states. Risk of *P. falciparum* malaria is mostly restricted to municipalities in areas of Amazonas (Alto Orinoco, Atabapo, Atures, Autana, and Manapiare), Bolívar (Angostura, Cedeño, El Callao, Gran Sabana, Heres, Piar, Rocio, and Sifontes), Delta Amacuro, and Sucre (Benítez, Bermúdez, Cajigal, and Arismendi) states.

**WHO recommended prevention in risk areas:** B in *P. vivax* risk areas; C in *P. falciparum* risk areas

## VIET NAM

### Yellow fever (2018)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **Malaria** (2018)

Malaria risk due predominantly to *P. falciparum* exists in the entire country, excluding urban centres, the Red River delta, the Mekong delta, and the coastal plain areas of central Viet Nam. High-risk areas are the highland areas below 1500 m south of 18°N, notably in the four central highlands provinces of Dak Lak, Dak Nong, Gia Lai, and Kon Tum; in Binh Phuoc Province; and in the western parts of the coastal provinces of Khanh Hoa, Ninh Thuan, Quang Nam, and Quang Tri. Resistance to mefloquine reported.

**WHO recommended prevention in risk areas:** C

## **WAKE ISLAND**

### **Yellow fever** (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **WALLIS AND FUTUNA**

### **Yellow fever** (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **YEMEN**

### **Yellow fever** (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria** (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year, but mainly from September through February, in the entire country below 2000 m. There is no risk in Sana'a city. Malaria risk on Socotra Island is very limited.

**WHO recommended prevention in risk areas:** C; Socotra Island: A

## **ZAMBIA**

### **Yellow fever** (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** in general, no

*Generally not recommended* for travellers going to the following areas: the entire North West and Western provinces.

*Not recommended* for all other areas not listed above.

### **Malaria** (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country.

**WHO recommended prevention:** C

## **ZIMBABWE**

### **Yellow fever** (2018)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists from November through June in areas below 1200 m and throughout the year in the Zambezi valley. In Bulawayo and Harare, risk is negligible.

**WHO recommended prevention in risk areas: C**

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