

# 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 of 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 requirements for international travellers. In addition 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 web site<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 could 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.

A meeting of yellow fever experts proposed, in 2010, that under 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 a proof of vaccination might not be necessary. This information is provided to WHO Member States, but travellers are recommended to consult individual country requirements by contacting the embassy of each country they intend to visit. It should be noted that some countries require proof of vaccination from all travellers.

Countries requiring yellow fever vaccination for entry do so in accordance with the International Health Regulations (IHR). 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. An important change was made in May

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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> States are consulted yearly to confirm or update their requirements for international travellers. 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 web site, see Updates for travellers section, <http://www.who.int/ith/en/>

2014 when the World Health Assembly adopted an updated Annex 7, extending the validity of a certificate of vaccination against yellow fever from 10 years to life. 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. As 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 sero-surveys, and the presence of vectors and animal reservoirs. The Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping (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>7</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).

The table below summarizes WHO’s revised recommendations for yellow fever vaccination for travellers.

### WHO recommendations for yellow fever vaccination for travellers

Yellow fever vaccination category	Rationale for recommendation
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.

## 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 coming from affected countries are as follows:

### 1. For States currently exporting wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV), it is recommended that:

- All residents and long-term visitors (i.e. staying for 4 weeks or longer) of all ages receive a dose of oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel.

<sup>7</sup> For further information, see the WHO website at: <http://www.who.int/ith/yellow-fever-risk-mapping/en/>.

- International travellers undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure. This will still provide benefit, particularly for frequent travellers.
- Travellers are provided with an international certificate of vaccination or prophylaxis 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 is 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 affected by WPV or cVDPV but not currently exporting**, it is recommended that:

- Residents and long-term visitors receive a dose of OPV or 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>8</sup>

Some individual polio-free countries also require proof of polio vaccination for a visa or entry into their territory. It is important that travellers ensure they know the requirements of the country to which they are travelling by checking with the relevant consulate.

## 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 falciparum malaria takes priority. Unless the malaria risk is defined as due “exclusively” to a certain species (*P. falciparum* or *P. vivax*), travellers may be at risk of any of the parasite species, including mixed infections. *P. falciparum* 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.

The letters A, B, C and D refer to the type of prevention based on the table below.

### Malaria risk and type(s) of prevention

	Malaria risk	Type of prevention
Type A	Very limited risk of malaria transmission	Mosquito bite prevention only
Type B	Risk of <i>P. vivax</i> malaria only	Mosquito bite prevention plus chloroquine chemoprophylaxis <sup>a</sup>
Type C	Risk of <i>P. falciparum</i> malaria, in combination with reported chloroquine and sulfadoxine–pyrimethamine resistance	Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported side-effects and contraindications) <sup>a</sup>
Type D	Risk of <i>P. falciparum</i> malaria in combination with reported multidrug	Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select

<sup>8</sup> Global Polio Eradication Initiative. Where we work web page. See: <http://polioeradication.org/where-we-work/>.

resistance

according to reported drug-resistance pattern,  
side-effects and contraindications)<sup>a,b</sup>

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

<sup>b</sup> In certain areas with multidrug-resistant malaria, mefloquine chemoprophylaxis is no longer recommended. At present these areas include Cambodia, south-eastern 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 web site<sup>9,10</sup>.

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<sup>9</sup> WHO International Travel and Health, Infectious diseases of potential risk for travellers web page,  
[http://www.who.int/ith/other\\_health\\_risks/infectious\\_diseases/en/](http://www.who.int/ith/other_health_risks/infectious_diseases/en/)

<sup>10</sup> WHO International Travel and Health web site, 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)

## List of countries, territories and areas<sup>11</sup> as of 16 February 2017

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

### AFGHANISTAN

#### 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.

**WHO vaccination recommendation:** no

#### Malaria (2013)

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

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

### ALBANIA

#### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 over 1 year of age 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 (2015)

Malaria risk is limited. Small foci of local transmission (*P. vivax*) have previously been reported in the six southern and south-eastern wilayas (Adrar, El Oued, Ghardaia, Illizi, Ouargla, Tamanrasset), with 59 local cases of *P. falciparum* and *P. vivax* transmission reported in 2012 in areas under the influence of trans-Saharan migration.

**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 (2017)

**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 travellers over 9 months of age.

**WHO vaccination recommendation:** yes

#### Malaria (2015)

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

**WHO recommended prevention:** C

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## 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 over 1 year of age arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## ARGENTINA

### Yellow fever (2017)

**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 (2017)

Malaria risk is exclusively due to *P. vivax* and is very low, being limited to the departments of Oran and San Martin in Salta Province in the north of the country, and to a lesser extent Corrientes and Misiones provinces. There is no risk in other areas of the country. No local cases reported since 2011 in any part of the country.

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

## ARMENIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ASCENCION ISLAND

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## AUSTRALIA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission (with the exception of Galápagos Islands in Ecuador, the island of Tobago; 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 (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## AZERBAIJAN

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2016)**

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 were reported in 2013.

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

**AZORES *see* PORTUGAL**

**BAHAMAS**

**Yellow fever (2017)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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.

**WHO vaccination recommendation:** no

**BAHRAIN**

**Yellow fever (2016)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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)**

All travellers coming from polio-endemic countries must have proof of polio vaccination.

**BANGLADESH**

**Yellow fever (2013)**

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

**WHO vaccination recommendation:** no

**Malaria (2013)**

Malaria risk exists throughout the year, but transmission occurs only in rural areas, in 13 of 64 districts. The risk is high in Chittagong Hill Tract districts (Bandarban, Rangamati and Khagrachari), Chittagong district and Cox 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 over 1 year of age 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 (2017)**

**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 over 1 year of age 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 (2016)

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

## BENIN

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2016)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 comprising 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 the rest of the country.

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

## BOLIVIA (PLURINATIONAL STATE OF)

### Yellow fever (2017)

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

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over travelling to the following area east of the Andes at altitudes 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 at altitudes above 2300 m and all areas not listed above, including the cities of La Paz and Sucre.

### Malaria (2016)

Malaria risk due predominantly (94%) to *P. vivax* exists throughout the year in the whole country below 2500 m. *P. falciparum* exists in Santa Cruz and in the northern departments of Beni and Pando, especially in the localities of

Guayaramerín and Riberalta.

**WHO recommended prevention in risk areas:** B; in Beni, Pando and Santa Cruz: C

## BONAIRE

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 6 months of age arriving from countries with risk of yellow fever transmission. This requirement applies only to travellers going to Bonaire, Saba or Sint Eustatius.

**WHO vaccination recommendation:** no

## BOSNIA AND HERZEGOVINA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BOTSWANA

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from or having passed through 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 (2016)

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, Tutume districts/sub-districts.

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

## BRAZIL

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from Angola and the Democratic Republic of Congo.

**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), Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Rondônia, Roraima and Tocantins, and designated areas of the following states: Bahia, Paraná, Piauí, Rio Grande do Sul, Santa Catarina and São Paulo. Vaccination is also recommended for travellers visiting Iguazu Falls. As of 31 January 2017 additional areas for which yellow fever vaccination is recommended for international travellers include:

Bahia State: extension of the areas at risk for yellow fever transmission with the inclusion of the following municipalities in the south and south-west of the states: Alcobasa; Belmonte; Canavieiras; Caravelas; Ilheus; Itacare; Mucuri; Nova Visosa; Porto Seguro; Prado; Santa Cruz Cabralia; Una; Urusuca; Almadina; Anage; Arataca; Barra do Chosa; Barro Preto; Belo Campo; Buerarema; Caatiba; Camacan; Candido Sales; Coaraci; CondeUba; Cordeiros; Encruzilhada; Eunapolis; Firmino Alves; Floresta Azul; Guaratinga; Ibicarai; Ibicui; Ibirapua; Itabela; Itabuna; Itagimirim; Itaju do Colonia; Itajuípe; Itamaraju; Itambe; Itanhem; Itape; Itapebi; Itapetinga; Itapitanga; Itarantim; Itororo; Jucurusu; Jussari; Lajedao; Macarani; Maiquinique; Mascote; Medeiros Neto; Nova Canaa; Pau Brasil; Piripa; Planalto; Posoes; Potiragua; Ribeirao do Largo; Santa Cruz da Vitoria; Santa Luzia; São Jose da Vitoria; Teixeira de Freitas; Tremedal; Vereda; Vitoria da Conquista.

Espírito Santo State: at risk for yellow fever transmission with the exception of the urban area of Vitoria.

Rio de Janeiro State: at risk for yellow fever transmission in the following northern municipalities bordering Minas Gerais and Espírito Santo states: Bom Jesus do Itabapoana; Cambuci; Cardoso Moreira; Italva; Itaperuna; Laje do Muriae; Miracema; Natividade; Porciuncula; Santo Antonio de Padua; São Fidelis; São Jose de Uba; Varre-Sai; Campos dos Goytacazes; São Francisco de Itabapoa; São João da Barra.

The determination of these extended areas considered to be at risk for yellow fever transmission is preliminary. Updates will be provided regularly<sup>12</sup>.

*Not recommended* for travellers whose itineraries are limited to areas not listed above, including the cities of Fortaleza, Recife, Rio de Janeiro, Salvador and São Paulo.

#### **Malaria (2017)**

Malaria risk – *P. vivax* (84%), *P. falciparum* (15%), mixed infections (1%) – exists in most forested areas below 900 m within the nine states of the Amazon region (Acre, Amapá, Amazonas, Maranhão (western part), 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:** In *P. vivax* risk areas: B; in *P. falciparum* risk areas: C

### **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 (2016)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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)**

Human *P. knowlesi* infection reported.

**WHO recommended prevention:** A

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

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

### **BULGARIA**

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

**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 over 9 months of age 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

<sup>12</sup> WHO International Travel and Health web site, Temporary yellow fever vaccination recommendations for international travellers related to current situation Brazil (31 January 2017) <http://www.who.int/ith/updates/20170131/en/>; see latest updates section from <http://www.who.int/ith/en/>

### **Malaria (2015)**

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

**WHO recommended prevention:** C

## **BURUNDI**

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

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age.

**WHO vaccination recommendation:** yes

### **Malaria (2016)**

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

**WHO recommended prevention:** C

## **CABO VERDE**

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

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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)**

Limited malaria risk due predominantly to *P. falciparum* exists from August to November inclusive 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 over 1 year of age 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 piperazine has been reported in western Cambodia and extending to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia.

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

## **CAMEROON**

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

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2017)**

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

**WHO recommended prevention:** C

## **CANADA**

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

**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 (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age.

**WHO vaccination recommendation:** yes

### Malaria (2013)

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

**WHO recommended prevention:** C

## CHAD

### 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.

**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 (2013)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 over 9 months of age 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 (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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

*Generally not recommended* for travellers 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 (2017)

Malaria risk is high in some municipalities of the departments of Antioquia (Apartadó, Turbo, Neococli, San Juan de Urabá, Arboletes, Cáceres, El Bagre, Tarazá, Zaragoza, Segovia Nechi, Cauca, Remedios and Mutatá), Bolívar (San Pablo, Tiquisio, Talaigua Nuevo, Cantagallo y Norosí), Cauca (Guapi, Timbiquí and López de Micay), Chocó (all municipalities), Córdoba (the municipalities of Tierralta, Puerto Libertador, Valencia and Monteliebano), and Nariño (Tumaco, Barbacoas, Roberto Payán, Mosquera, El Charco, Magui Payán, Santinga, Pizarro, Santa Bárbara de Iscuandé). A lesser risk exists in some municipalities of Amazonas, Caquetá, Guaviare, Guainía, Meta, Putumayo, Vaupés, and Vichada. Resistance of *P. falciparum* to Chloroquine and Sulfadoxine-pyrimethamine have been documented.

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

## COMOROS

### 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 whole country.

**WHO recommended prevention:** C

## CONGO

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age.

**WHO vaccination recommendation:** yes

### Malaria (2017)

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

**WHO recommended prevention:** C

## COOK ISLANDS

### Yellow fever

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## COSTA RICA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from countries with risk of yellow fever transmission (with the addition of Eritrea, Sao Tome and Principe, Somalia, Tanzania, Zambia in Africa and with the exception of Argentina, Guyana, Panama, Paraguay and Suriname in the Americas).

**WHO vaccination recommendation:** no

### Malaria (2017)

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 travellers over 9 months of age.

**WHO vaccination recommendation:** yes

### Malaria (2013)

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

**WHO recommended prevention:** C

## CROATIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CUBA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (prior to 2013)

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

**WHO vaccination recommendation:** no

## CYPRUS

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CZECH REPUBLIC

### Yellow fever (2017)

**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 over 1 year of age arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria

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 travellers over 9 months of age.

**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 whole 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 over 1 year of age 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 whole country.

**WHO recommended prevention:** C

## DOMINICA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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:** B

## ECUADOR

### Yellow fever (2017)

**Country requirement at entry:** no.

**WHO vaccination recommendation:** yes

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

*Generally not recommended* for travellers whose itineraries are limited to the following provinces west of the Andes including at altitudes below 2300 m: Esmeraldas, Guayas, Los Rios, Santa Helena, 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 (2017)

Malaria risk – *P. vivax* (67%), *P. falciparum* (33%) – exists throughout the year below 1500 m, with moderate risk in coastal provinces. The risk is low in Quito and in provinces that are part of the Inter-Andean or Sierra region. The 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. Malaria risk due to *P. falciparum* 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 (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2017)

Very limited *P. falciparum* and *P. vivax* malaria risk may exist from June through October in El Faiyûm governorate (no indigenous cases reported since 1998).

**WHO recommended prevention:** none

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

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), within the previous 12 months and at least 4 weeks before departure, is required for travellers arriving from polio-endemic countries (Afghanistan, Pakistan) in order to apply for an entry visa.

## EL SALVADOR

### Yellow fever (2017)

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

**WHO vaccination recommendation:** no

### Malaria (2017)

Very low 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 over 6 months of age arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2013)

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

**WHO recommended prevention:** C

## ERITREA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2017)

Malaria risk – *P. falciparum* (65%) and *P. vivax* (35%) – exists throughout the year in the whole country below 2200 m. There is no risk in Asmara. Chloroquine-resistant *P. falciparum* is reported.

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

## ESTONIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ETHIOPIA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 the Afar and Somali provinces.

### Malaria (2017)

Malaria risk – approximately 60% *P. falciparum*, 40% *P. vivax* – exists throughout the year in the whole 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 over 1 year of age 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 (2013)

**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 (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age.

**WHO vaccination recommendation:** yes

### Malaria (2013)

Malaria risk – *P. falciparum* (45%), *P. vivax* (55%) – is high throughout the year in nine 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* 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 over 1 year of age 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 travellers over 1 year of age.

**WHO vaccination recommendation:** yes

### Malaria (2016)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 over 9 months of age arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2013)

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

**WHO recommended prevention:** C

### Other country requirements (2013)

Meningococcal meningitis vaccination

## **GEORGIA**

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

Limited malaria risk due exclusively to *P. vivax* may exist locally from June to October inclusive in the eastern part of the country bordering Azerbaijan. No locally-acquired cases were reported in 2013.

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

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

Travellers coming from countries and territories with risk of polio transmission who are not vaccinated, or who are not able to present the vaccination certificate, are offered oral polio vaccine at the border.

## **GERMANY**

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **GHANA**

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age.

**WHO vaccination recommendation:** yes

### Malaria (2017)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 over 1 year of age 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 (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 over 1 year of age 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 predominantly to *P. vivax* exists throughout the year below 1500 m; risk due to *P. falciparum* is limited to the municipality of Masagua in the department of Escuintla. The risk of malaria 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). The risk is moderate in the departments of Suchitepéquez, Retalhuleu and Izabal. The 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, Quiche).

**WHO recommended prevention:** B

## GUINEA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 whole country.

**WHO recommended prevention:** C

## GUINEA-BISSAU

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age

**WHO vaccination recommendation:** yes

### Malaria (prior to 2013)

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

**WHO recommended prevention:** C

## GUYANA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2015)

Malaria risk – *P. vivax* (36%), *P. falciparum* (53%), 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. Chloroquine-resistant *P. falciparum* reported.

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

## HAITI

### Yellow fever (2017)

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

**WHO vaccination recommendation:** no

### Malaria (2013)

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

**WHO recommended prevention:** B, or C if chloroquine is not available pre-travel

## HONDURAS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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. vivax* (79%), *P. falciparum* (20%) and mixed infections (~0.8%). *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 Gracias a Dios, and a few cases are also reported in Colon, Olancho and Yoro.

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

## HUNGARY

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ICELAND

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## INDIA

### Yellow fever (2014)

**Country requirement at entry:** anyone (except infants up to the age of 6 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 (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 (2014)

Malaria risk exists throughout the year in the whole country at altitudes below 2000 m, with overall 40–50% of cases due to *P. falciparum* and the remainder due to *P. vivax*. There is no transmission in parts of the states of Himachal Pradesh, Jammu and Kashmir, and Sikkim. Risk of falciparum malaria is relatively higher in the north-eastern 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) (2014)

Oral polio vaccination at least 4 weeks before departure for resident national travellers from polio-endemic countries (Afghanistan, Nigeria, Pakistan) and countries with poliovirus circulation following importation (Ethiopia, Kenya, Somalia, Syrian Arab Republic).

## INDONESIA

### Yellow fever (prior to 2013)

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

**WHO vaccination recommendation:** no

### Malaria (prior to 2013)

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* resistant to chloroquine reported. Human *P. knowlesi* infection reported in the province of Kalimantan.

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

## IRAN (ISLAMIC REPUBLIC OF)

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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)

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) (2016)

International certification of receiving one dose of polio vaccine between 4 weeks and 12 months prior to travelling from infected or endemic countries.

## IRAQ

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from or departing to 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)

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 reported since 2009.

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

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

Polio vaccination for all travellers coming from polio-endemic areas and for travellers from Iraq to polio-endemic countries.

## IRELAND

### Yellow fever (prior to 2013)

**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 (2016)

**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 over 1 year of age 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 (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## JORDAN

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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) (2017)

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 (Afghanistan, Pakistan) in order to apply for an entry visa.

## KAZAKHSTAN

### 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

## KENYA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 2013)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 over 1 year of age 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 (2015)

**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 over 1 year of age 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 (prior to 2013)

Malaria risk due exclusively to *P. vivax* exists from June through October in some southern and western parts of the country, mainly in areas bordering Tajikistan and Uzbekistan (Batken, Jalal-Abad and Osh regions) and in the outskirts of Bishkek. No locally acquired cases reported between 2011 and 2013.

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

## 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 2013)

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

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

## LATVIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## LEBANON

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

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

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

## LESOTHO

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age.

**WHO vaccination recommendation:** yes

### Malaria (prior to 2013)

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

**WHO recommended prevention:** C

## LIBYA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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)

Meningococcal meningitis vaccination. Polio vaccination within last 12 months and at least 4 weeks before departure for residents arriving from Afghanistan and Pakistan.

## LIECHTENSTEIN

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## LITHUANIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

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

Oral polio vaccination for travellers arriving from countries still reporting polio.

## LUXEMBOURG

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MADAGASCAR

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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)

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

**WHO recommended prevention:** C

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

Proof of polio vaccination for travellers spending more than 28 days in the country.

## MADEIRA ISLANDS *see* PORTUGAL

## MALAWI

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 in the whole country.

**WHO recommended prevention:** C

## MALAYSIA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 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 reported. *P. falciparum* resistance to chloroquine reported.

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

## MALDIVES

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 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 travellers over 1 year of age.

**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 (2013)

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

**WHO recommended prevention:** C

## MALTA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2013)

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

**WHO vaccination recommendation:** yes

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

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

### Malaria (2013)

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

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

## MAURITIUS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 over 1 year of age 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 (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

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 moderate risk areas:** A

## MICRONESIA (FEDERATED STATES OF)

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONACO

### Yellow fever (2017)

**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 (2016)

**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 over 1 year of age 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 (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

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

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 (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from countries with risk of yellow fever transmission (with the exception of South Sudan and with the addition of São Tomé and Príncipe, Somalia, and United Republic of Tanzania in Africa; with the exception of Argentina, French Guiana and Paraguay in South America) 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 and additions mentioned above).

**WHO vaccination recommendation:** no

### Malaria (2015)

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

**WHO recommended prevention:** C

## MYANMAR

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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. Nationals and residents of Myanmar are required to possess certificates of vaccination on their departure to an area with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2015)

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 Rakhine 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 reported in Kayin State and the eastern part of Shan State. Emerging artemisinin resistance suspected in south-eastern Myanmar. *P. vivax* resistance to chloroquine reported. Human *P. knowlesi* infection reported.

**WHO recommended prevention in risk areas:** C; in south-eastern Myanmar: D

## NAMIBIA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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* exists from November through June in the following regions: Oshana, Oshana, Oshana, Oshikoto and Otjozondjupa. Risk exists throughout the year along the Kunene river in Kunene region, Zambesi river in Zambesi region and 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 over 1 year of age 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 over 1 year of age 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 (2015)

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 to October inclusive. 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

## 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 over 1 year of age 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 (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NICARAGUA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

Low malaria risk due predominantly to *P. vivax* (82%) exists throughout the year in a number of municipalities, mainly in Región Autónoma del Atlántico Norte, with sporadic transmission also reported in Boaca, Chinandega, Jinotega, 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.

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

## NIGER

### Yellow fever (prior to 2013)

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

**WHO vaccination recommendation:** yes

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

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

### Malaria (prior to 2013)

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

**WHO recommended prevention:** C

## NIGERIA

### Yellow fever (2013)

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

**WHO vaccination recommendation:** yes

### Malaria (2013)

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

**WHO recommended prevention:** C

## NIUE

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 over 9 months of age 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)

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 for travellers arriving from polio-exporting countries.

## PAKISTAN

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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)

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

**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 (2017)

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

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over travelling to all 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, and the Balboa Islands (Pearl Islands) and San Blas Islands.

### Malaria (2017)

Malaria risk due predominantly to *P. vivax* (> 99%) exists throughout the year in 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, in the Canal Zone and in the other provinces there is no or negligible transmission risk.

**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 whole country below 1800 m. *P. vivax* resistant to chloroquine reported.

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

## PARAGUAY

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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

*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 (2017)

Malaria risk due almost exclusively to *P. vivax* is low in certain municipalities of the departments of Alto Paraná, Canindeyú and Caaguazú. The last indigenous case was recorded in 2011. In other departments there is no or negligible transmission risk.

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

## PERU

### Yellow fever (2017)

**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 and Ucayali, Puno, Cuzco, Junín, Pasco and Huánuco; and going to designated areas of the following regions: far-north of Apurímac, far-northern Huancavelica, far-north-eastern Ancash, eastern La Libertad, northern and eastern Cajamarca, northern and north-eastern 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 altitude, areas west of the Andes not listed above, the city of Cuzco, the capital city of Lima, Machu Picchu, and the Inca Trail.

### Malaria (2017)

Malaria risk – *P. vivax* (84%), *P. falciparum* (16%) – exists throughout the year in rural areas in inter-Andean valleys at altitudes below 2300 m and in 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. *P. falciparum* resistance to chloroquine and sulfadoxine-pyrimethamine (Fansidar) has been reported in Peru since 2000.

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

## PHILIPPINES

### Yellow fever (2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 areas below 600 m, except in the 22 provinces of Aklan, Albay, Benguet, Biliran, Bohol, Camiguin, 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 reported in the province of Palawan.

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

## PITCAIRN ISLANDS

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PORTUGAL

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PUERTO RICO

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## QATAR

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

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

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

## REPUBLIC OF KOREA

### 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

### 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 over 1 year of age 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 influence of intense migration from southern countries of the Commonwealth of Independent States.

**Recommended prevention:** none

## RWANDA

### Yellow fever (2016)

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

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

*Generally not recommended* for travellers to Rwanda

### Malaria (2015)

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

**Recommended prevention:** C

## SAINT BARTHELEMY

### Yellow fever (2013)

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

**WHO vaccination recommendation:** no

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

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

## SAINT LUCIA

### Yellow fever (prior to 2013)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 over 1 year of age 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 over 1 year of age 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 over 1 year of age 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 over 1 year of age 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 to São Tomé and Príncipe.

### Malaria (2015)

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

**WHO recommended prevention:** C

## SAUDI ARABIA

### Yellow fever (2016)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 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 to January. The infection rate is reduced to less than 0.3 cases/100 000 inhabitants. No risk 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 areas should present a valid certificate of vaccination with the quadrivalent (ACYW135) vaccine against meningitis issued not less than 10 days and not more than 3 years prior to the traveller's arrival in Saudi Arabia. All visitors travelling to Saudi Arabia from polio-endemic countries should have proof of polio vaccination at least 4 weeks prior to departure. All travellers will also receive 1 dose of 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 over 9 months of age 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 (2016)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole country. There is less risk from January to June inclusive 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 (2015)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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) (2015)**

Polio vaccination 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 2013)**

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

**Recommended prevention:** C

## **SINGAPORE**

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

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age who, within the preceding 6 days, have been in or have transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2017)**

Human *P. knowlesi* infection reported.

**Recommended prevention in *P. knowlesi* risk areas:** A

## SINT MAARTEN

### Yellow fever (prior to 2013)

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

**WHO vaccination recommendation:** no

## SLOVAKIA

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SLOVENIA

### Yellow fever (2013)

**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 (prior to 2013)

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 reported.

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

## SOMALIA

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2015)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 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. Risk is highest from October to May inclusive.

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

## SOUTH SUDAN

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

### Malaria (prior to 2013)

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

**WHO recommended prevention:** C

## SPAIN

### Yellow fever (2016)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SRI LANKA

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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) (2017)

Polio vaccination certificate for travellers arriving from polio-endemic and polio-infected countries.

## SUDAN

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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. A certificate may be required for travellers departing Sudan.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over travelling 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 (2015)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from all countries.

**WHO vaccination recommendation:** yes

### Malaria (2017)

Malaria risk – *P. falciparum* (40%), *P. vivax* (58%), mixed infections (2%) – has continued to decrease in recent years. The coastal area is malaria-free since 1968. Malaria risk is low 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. In Paramaribo city and the other seven coastal districts, transmission risk is low or negligible. Some decline in quinine sensitivity also reported.

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

## SWAZILAND

### 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 2013)

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 to May inclusive.

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

## SWEDEN

**Yellow fever** (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SWITZERLAND

**Yellow fever** (2017)

**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 reported since 2005, but the reporting system has been disrupted since 2010).

**WHO recommended prevention:** none

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

Polio vaccination for travellers coming from Cameroon, Equatorial Guinea, 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)

Malaria risk due predominantly to *P. vivax* exists 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 *P. vivax* only risk areas:** B; in southern risk areas near the border with Afghanistan: C

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

## THAILAND

**Yellow fever** (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 exists throughout the year in rural, especially forested and hilly, areas of the country, mainly towards the international borders, including the southernmost provinces. There is no risk in cities (e.g. Bangkok, Chiang Mai city, 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* resistant to mefloquine and to quinine reported from areas near the borders with

Cambodia and Myanmar. Artemisinin resistance reported near the border with Myanmar. *P. vivax* resistance to chloroquine reported. Human *P. knowlesi* infection reported.

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

## THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

### Yellow fever (2015)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## TIMOR-LESTE

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2017)

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

**WHO recommended prevention:** C

## TOGO

### Yellow fever (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age.

**WHO vaccination recommendation:** yes

### Malaria (2015)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the whole 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 (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 6 months of age 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

*Recommended* for all travellers aged 9 months or over travelling 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 over 6 months of age 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 (2015)**

**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 (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2017)**

Local malaria transmission has been interrupted. There is no malaria risk in the country. No locally acquired cases were reported in 2015.

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

## TURKMENISTAN

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

**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 (prior to 2013)**

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

**WHO vaccination recommendation:** yes

### **Malaria (prior to 2013)**

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

**WHO recommended prevention:** C

## UKRAINE

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

**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 (2015)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 to United Republic of Tanzania.

### Malaria (2013)

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

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

## UNITED STATES OF AMERICA

### Yellow fever (2017)

**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 (prior to 2013)

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 reported between 2011 and 2013.

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

## VANUATU

### Yellow fever (2017)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2017)

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

**WHO recommended prevention:** C

## VENEZUELA (BOLIVARIAN REPUBLIC OF)

### Yellow fever (2017)

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from Brazil 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 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 elevation 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 (2017)**

Malaria risk due to *P. vivax* (75%) and *P. falciparum* (25%) is moderate to high throughout the year in some rural areas of Amazonas, Bolívar and Delta Amacuro states. There is low risk in Anzoátegui, Apure, Monagas and Zulia. Risk of *P. falciparum* malaria is mostly restricted to municipalities in jungle areas of Amazonas (Alto Orinoco, Atabapo, Atures, Autana, Manapiare) and Bolívar (Angostura, Cedeño, El Callao, Gran Sabana, Heres, Piar, Rocío, Sifontes) and Sucre (Benítez, Bermúdez, Cajigal y Arismendi).

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

### **VIET NAM**

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

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2017)**

Malaria risk due predominantly to *P. falciparum* exists in the whole 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 over 1 year of age 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 2013)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year, but mainly from September through February, in the whole 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 (2015)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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* in all other areas not listed above.

**Malaria (2015)**

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

**WHO recommended prevention:** C

**ZIMBABWE**

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**Yellow fever (2016)**

**Country requirement at entry:** a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2015)**

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, the risk is negligible.

**WHO recommended prevention:** C

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