

Travax Traveler Report

Itinerary

Round Trip: United States → Vietnam → United States

Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- Vaccine-Preventable Diseases: COVID-19, hepatitis A, hepatitis B, influenza, Japanese encephalitis, measles, mumps, rubella, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, chikungunya, dengue, enteroviruses, helminths, hepatitis C, leptospirosis, melioidosis, plague, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, Zika

Yellow Fever

Requirement Information (for entry, per WHO)

Is yellow fever vaccine an official entry requirement for this itinerary?

NO. An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

Visa application: Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
VIETNAM	No	None	None	

Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

NO. Vaccination is not necessary as a protective measure for any country on this itinerary.

Travel Vaccination Recommendations

COVID-19

Recommendation (for health protection)

Vietnam

Risk exists throughout the year.

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Vietnam

Travelers not already vaccinated with the currently available vaccine formulation should be vaccinated. Consider nirmatrelvir-ritonavir (Paxlovid) as standby self-administered therapy, especially for those who are at high risk for complications from COVID-19 or who are not adequately vaccinated and may not be able to attain rapid, robust medical evaluation and advanced care when traveling. However, jurisdictions may differ in the degree to which the medication is available for such use. Also, the medication's ritonavir subcomponent has several drug-drug interactions that must be evaluated in each patient.

Hepatitis A

Vietnam

Recommended for: all travelers.

Typhoid fever

Vietnam

Recommended for: all travelers.

Influenza

Vietnam

Risk exists throughout the year, with highest activity usually occurring from April through September.

Recommended for: all travelers due to demonstrated influenza risk in this group.

Vaccination Considerations

Vietnam

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined. Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

Hepatitis B

Vietnam

Significant risk exists ($\geq 8\%$ of the population), although one-time, short-stay travelers with no anticipated contact with blood/bodily fluids may be at lower risk.

Recommended for: all travelers.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

Measles, mumps, rubella

Vietnam

Indicated for those born in 1957 or later (1970 or later in Canada and UK; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

Rabies

Vietnam

Significant risk from dogs exists throughout the country.

Preexposure preventive measures:

Recommended for prolonged stays: all travelers and expatriates, with a priority for young children.

Recommended for short stays: adventure travelers, hikers, cyclists, and cavers; travelers going to locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

Consider for: risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe animal bite precautions.

Postexposure prophylaxis considerations:

Dog, bat, and other mammal (including monkey) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

Japanese encephalitis

Vietnam

Risk exists in rural agricultural areas throughout the country, especially in northern and northeastern provinces, including peri-urban areas surrounding the city of Hanoi and the Mekong Delta. Transmission occurs throughout the year, with peak activity from May through July.

Recommended for prolonged stays: all travelers with anticipated travel to risk areas and all expatriates (both urban and rural).

Recommended for short stays: travelers going to rural areas where risk exists, especially those with anticipated extensive outdoor exposure during the transmission season.

Not recommended for: travelers going to urban areas only; day trips and short overnight trips to usual tourist sites.

Travelers should observe insect precautions from dusk to dawn.

Routine Vaccination Recommendations (adults only)

Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

Pneumococcal

Recommended for adults aged ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

Malaria General Information

Vietnam

General malaria information: approximately equal between *P. falciparum* and *P. vivax*. Transmission occurs throughout the year. Human *P. knowlesi* infection has been reported but is rare in travelers.

Malaria Recommendations

Vietnam

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout Lai Chau, Gia Lai, and Binh Phuoc provinces; throughout most districts of Phu Yen Province, including all cities and towns except Tuy Hoa.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout Dak Nong and Binh Thuan provinces; throughout most districts of Dak Lak Province; certain districts of Dien Bien and Phu Yen provinces; all cities and towns within these areas.

Insect precautions only are recommended (negligible transmission is reported): various provinces and districts in the northern, central, and southern parts of the country; all cities and towns within these areas except Hanoi, Ho Chi Minh, Da Nang, Lao Cai, Sa Pa, Yen Bai, Ha Long, Thai Binh, Thanh Hoa, Tay Ninh, and Vung Tau.

No preventive measures are necessary (no evidence of transmission exists): the cities of Hanoi, Ho Chi Minh, Da Nang, Lao Cai, Sa Pa, Yen Bai, Ha Long, Thai Binh, Thanh Hoa, Tuy Hoa, Tay Ninh, and Vung Tau; all other areas not mentioned above.

Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider. No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

Vietnam

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use.

Issues to Consider	
Factors favoring chemoprophylaxis	Factors against chemoprophylaxis
<ul style="list-style-type: none">• Adventure travel• Risk-averse and vulnerable travelers• Areas subject to infrequent epidemics• Immigrants visiting friends and relatives• Flexible itineraries• Travel longer than 1 month• Unreliable medical expertise and/or treatment drugs at destination	<ul style="list-style-type: none">• Air-conditioned hotels only• Urban areas only• Non-transmission season• Minimal outdoor exposure• Travel shorter than 3 days
For more information, see <i>Technical Explanation of Malaria Mapping</i> .	

Travelers' Diarrhea

Vietnam

Moderate risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures may be inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

Other Concerns

Dengue

Vietnam

Significant risk exists in urban and rural areas in the southern half of the country (including Ho Chi Minh City). Risk exists in urban and rural areas in the northern half of the country (including Hanoi). Transmission occurs throughout the year, especially during the rainy season, with highest activity from April through October in the northern provinces and June through December in the southern provinces. Travelers should observe daytime insect precautions.

Chikungunya

Vietnam

Low risk exists and is presumed to have widespread distribution in urban and rural areas at elevations below 2,300 m (7,500 ft). Travelers should observe daytime insect precautions.

Zika

Vietnam

Risk exists in southern and central areas of the country, especially in Ho Chi Minh City. Pregnant women (in any trimester) should receive informed counseling and consider postponing nonessential travel to risk areas in this country, which has long-standing endemic transmission. Travelers, especially pregnant women, should observe daytime insect precautions.

Marine hazards

Vietnam

Risk from potentially deadly Australian box jellyfish exists throughout the year, but especially during the rainy season. Travelers wading, launching boats, or fishing are especially at risk.

Risk from coral (including fire coral), stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

Tuberculosis

Vietnam

Tuberculosis (TB) is common in all developing countries. According to WHO, this is a high-burden multidrug-resistant TB country.

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for all travelers planning to stay more than 3 months and for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative. In areas where resistant tuberculosis is common, expert consultation may be required in selection of specific latent tuberculosis therapy, if indicated.

Travelers should avoid crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

Schistosomiasis

Vietnam

Risk is presumed to be absent, but risk exists in Cambodia and China along the border.

Rickettsial infections

Vietnam

Significant risk of scrub typhus exists in brush areas throughout the country. Transmission occurs throughout the year, with highest activity from May through November. Travelers in brush areas should observe standard insect precautions.

Low risk of murine typhus exists and is presumed to have widespread distribution (including Hanoi and Ho Chi Minh City). Transmission occurs throughout the year. Travelers should avoid contact with rodents and their fleas.

Air pollution

Vietnam

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy in select cities.

Hanoi or Ho Chi Minh City: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

Enteroviruses

Vietnam

Risk of hand, foot, and mouth disease (caused predominately by enterovirus A71, coxsackievirus A16, and coxsackievirus A6) exists throughout the country, especially in the southern provinces (including Ho Chi Minh City). Transmission occurs throughout the year, with highest activity from September through December and a smaller peak from March through May. Children aged ≤ 6 years account for almost all cases. Travelers should observe hand-hygiene (frequent, thorough handwashing).

Seafood poisoning

Vietnam

Low risk of ciguatera poisoning exists and is limited to coastal areas of Binh Thuan, Ninh Thuan, and Quang Ngai provinces. Travelers should avoid consumption of reef fish such as amberjack, barracuda, grouper, and snapper. The toxin remains even

when these fish are well cooked.

Monkey bites

Vietnam

Tourists are at risk of monkey bites. Monkeys may transmit a number of diseases, including rabies and herpes B. Travelers should avoid feeding monkeys; if bitten, victims should immediately cleanse bites thoroughly with soap or detergent under running water for at least 15 minutes, and seek urgent medical consultation.

Snakebites

Vietnam

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

Sexually transmitted infections

Vietnam

HIV is estimated to be present in 2% of sex workers. Travelers should be clearly informed of STI concepts and risks for HIV transmission. Travelers expected to engage in very high-risk behaviors should consider short-term preexposure prophylaxis (PrEP) with Truvada or other approved PrEP medication.

Hepatitis C

Vietnam

Hepatitis C is estimated to be present in 1.1% of the population, compared to less than 0.8% in low-risk countries. No vaccine is available. Travelers should avoid contact with potentially contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) and observe safer-sex practices. Medical and dental procedures, injectable medications, and exposure to blood/blood products should be restricted to highly reputable facilities.

Nipah virus

Vietnam

Negligible risk exists and is presumed to have widespread distribution. Infected bats have been detected, but no human cases have been reported. Travelers should avoid contact with bats and pigs and consumption of raw date palm sap.

Leptospirosis

Vietnam

Risk exists and is presumed to have widespread distribution. Travelers should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and consider preexposure prophylaxis with doxycycline (200 mg once per week).

Melioidosis

Vietnam

Risk exists throughout most of the country (including Hanoi and Ho Chi Minh City). Travelers (especially diabetic persons) engaged in hiking, biking, swimming, or other outdoor activities should wear proper footwear and avoid direct contact with potentially contaminated soil, groundwater, or accumulated surface water.

Plague

Vietnam

Although no human cases have been reported since 2002, potential risk exists and is limited to central provinces, mainly Binh Dinh, Dak Lak, Gia Lai, Khanh Hoa, and Phu Yen. Transmission occurs throughout the year, with highest activity from January through April. Travelers should avoid contact with potentially infected rodents and their fleas.

Helminths

Vietnam

Risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

Risk exists for trematode infection (liver, lung, and intestinal flukes) throughout the country. Travelers should avoid undercooked fish and shellfish and raw vegetables and salads outside of deluxe establishments.

Anthrax disease

Vietnam

Negligible risk exists and is limited to northern provinces. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Additional Information by Country

Vietnam

Medical Summary

General Information

Vietnam is a developing nation classified as lower middle income. Located in Southeast Asia along the South China Sea (east of Cambodia and Thailand), the climate is classified as humid equatorial (short dry season) in the north and humid equatorial (long dry season) in the south.

Medical Care

Medical care throughout the country is inadequate and usually does not meet international standards. One or more JCI accredited hospitals are present in Hanoi and Ho Chi Minh City. Highly specialized cases or complex emergencies will usually require evacuation. Singapore and Bangkok, Thailand are frequent destinations. Shortages of routine medications and supplies may be encountered.

For a private ambulance in Hanoi, call Family Medical Practice at [+84] 24-3843-0748 or call Vinmec International Hospital at [+84] 24-3974-4333. For a private ambulance in Ho Chi Minh City, call Family Medical Practice at [+84] 28-3822-7848. For a public ambulance anywhere in the country, call 115.

A hyperbaric chamber for diving injuries is located in Hai Phong.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals may provide some services free to foreigners. All hospitals are required to provide emergency stabilization without regard to ability to pay.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Terrorism Risk

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

Crime

Moderate risk of violent crime (armed robbery and sexual assault) exists in Ho Chi Minh City, Da Nang, Nha Trang, Sa Pa (especially on the train from Lao Cai), and on Cat Ba Island (near Ha Long Bay).

High risk of petty crime exists in large cities, especially in areas frequented by tourists (including hotels and markets), particularly during the Christmas and Tet seasons.

Theft of valuables by criminals in passing vehicles is common.

Scams involving private card games (where travelers are invited by "friendly" strangers and incur substantial financial loss) and exorbitant fees for services have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted.

Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Unsafe Areas

Landmines and other unexploded ordnance may be present and restrictions may exist in areas bordering Laos and in the Central Highlands. Piracy (involving commercial and private leisure vessels) may occur in coastal waters.

Water Safety

Passenger boats may be unsafe, including ferries (especially in Ha Long Bay). Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

Outdoor Safety

Basic safety standards for adventure activities may not be in place. Travelers should only use reputable adventure-sport operators for activities and equipment rentals.

Transportation Safety

Significant risk of traffic-related injury or death exists. The road traffic death rate is more than 24 per 100,000 population, the highest risk category. Carefully assess the safety of transportation options before any road travel.

Structural standards for vehicles may not meet international standards.

Airline Safety

The US Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in accordance with minimum international safety standards.

Natural Disasters

The typhoon season is from June through December, especially in northern and central coastal areas. The monsoon season is from June through September in northern and southern areas and from October through December in central areas. Floods, mudslides, and landslides may occur, especially in Hanoi and surrounding areas and in areas along the Red and Mekong rivers.

Consular Information

Selected Embassies or Consulates in Vietnam

- United States: [+84] 24-3850-5000; vn.usembassy.gov
- Canada: [+84] 4-3734-5000; www.vietnam.gc.ca
- United Kingdom: [+84] 24-3936-0500; www.gov.uk/world/organisations/british-embassy-hanoi
- Australia: [+84] 24-3774-0100; www.vietnam.embassy.gov.au

Vietnam's Embassies or Consulates in Selected Countries

- In the U.S.: www.vietnamembassy-usa.org
- In Canada: www.vietnamembassy.ca
- In the U.K.: www.vietnamembassy.org.uk
- In Australia: www.vietnamembassy.org.au

Visa/HIV Testing

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

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Socialist Republic of Vietnam
- Nationality: Vietnamese

Conversation

Meetings begin with conversation before discussing business. Good topics of conversation include family, food, sports, and travel. Avoid discussing religion or politics, or criticizing local practices or government. Vietnamese may discuss things indirectly, rather than be straightforward. "Yes" may mean "I hear you" rather than agreement. Avoid speaking in a loud voice.

Vietnam does not allow freedom of speech.

Currency

The official currency is the Vietnamese dong (VND). Only change money at official money exchange counters; changing money elsewhere is illegal.

Dress

Professional attire is preferred for business. Travelers should wear shirts with sleeves and avoid low-cut necklines. Local women's dress includes the *ao dai* (long, fitted tunic, slit on the sides, over wide-legged slacks) and the conical *non* hat.

Food

Tea is served at meetings; it is rude to decline. Rice is the staple, and is eaten with chopsticks and the bowl held in the hand; it is bad form to eat rice from a bowl on the table. Food is often flavored with fish sauce. The national dish is pho (pronounced *fu*h), a rice noodle soup with meat, bean sprouts, and herbs. A small dish or shaker of white crystal on the table is more likely to be monosodium glutamate (MSG) than sugar or salt. *Bia hoi* is a popular fresh beer that is brewed and served the same day.

Business lunches are popular; dinners are generally social, so business is only discussed if the hosts introduce it. Reciprocate business meals with a restaurant meal in return.

Gestures, Touching, and Personal Space

Offer a handshake in greeting; handshakes may be softer than in the West. Older people and women may bow instead of shaking hands. People avoid most physical contact other than handshakes in public. Make eye contact, but a steady gaze may be seen as disrespectful. People tend to be reserved and avoid public displays of frustration or affection. Beckon with the palm down, moving all fingers; avoid pointing or beckoning with the index finger. Use both hands together to pass items. Avoid touching anyone's head or pointing the sole of the shoes or feet toward others (men should avoid sitting with 1 leg crossed, ankle on the knee). Smiles can mean many things. Avoid male-female physical contact and public displays of affection.

Gifts

Small gifts are given at a first business meeting to each participant and when invited to someone's home; a larger gift is presented at the end of a visit or negotiations. Gifts should be wrapped in brightly colored paper (not white or black), and are not opened in presence of the giver. Imported liquor (whiskey), desk accessories such as pens, as well as items from the visitor's home town are appreciated. A gift of wine, candy, or flowers (and small gifts for children) is appreciated when invited to someone's home. Avoid giving handkerchiefs.

Language(s)

Vietnamese is the official language; it has 6 tones, and is written in a modified Latin script. Dozens of local languages and dialects are also spoken. English is sometimes understood, and some older residents understand French.

Names/Titles

The basic order of Vietnamese names is: family name, middle name, then given name. Address someone politely by title (anh for older men; chi for older women; Mr./Mrs./Miss as default) and then his/her third (given) name; e.g., Nguyen Tan Dung is Mr. Dung. (The middle name "Thi" indicates a female.) People often address individuals of higher status or age by fictive kinship terms to be polite.

Personal

Foreign visitors to Vietnam are generally not permitted to invite Vietnamese nationals of the opposite sex into their hotel rooms.

Possession of pornographic, non-state-sanctioned political, or religious material is illegal, and may result in fines or detention.

Participation in non-state sanctioned political activities is illegal.

Photography

Photography of border crossings, anything of security interest, and military installations is prohibited and may result in a fine, detention, or arrest. Avoid photographing demonstrations, which may attract the attention of the military or police.

Protocol/Etiquette

Respect and deference are shown to people of greater age or status.

Business cards may be exchanged in an initial meeting. Give and receive a business card with both hands.

Religion

Freedom of religion is provided by the constitution, with restrictions. Significant Buddhist and Confucian influences, as well as observation of indigenous practices, are present. Other faiths include Catholicism, Cao Dai, and Hoa Hao. Mahayana Buddhism is prominent in the north; Theravada Buddhism is also practiced in the south.

Participation in unsanctioned religious activities, including online, is illegal. Proselytizing may result in detention and/or deportation.

Time

Be punctual for business meetings, but understand that local notions of time can be relaxed. Avoid scheduling business trips for the week of lunar New Year (Tet), which falls in January or February.

Dates are written day/month/year.

Toilets

Travelers may want to carry toilet paper and hand sanitizer at all times. Public toilets may be squat type.

Basic Protective Measures

Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

Health

Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
 - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
 - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.

- *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
- *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
- *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.
- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.
- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.
- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim

- directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis (bilharzia).
- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.

Rabies

- Never assume that an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

Skin/Wound Care

Extra vigilance, as outlined below, is recommended.

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.
- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

Pretravel Checklist

- Have predeparture medical and dental exams.

- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.
 - If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

Safety

Safety and Crime Avoidance

Extra vigilance, as outlined below, is recommended.

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.
- Register a foreign trip and residence information with the Department of State at travelregistration.state.gov (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.

- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.
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Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.

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