

Itinerary

Round Trip: United States → Nepal → 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, polio, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, chikungunya, dengue, helminths, hepatitis C, leishmaniasis, leptospirosis, melioidosis, plague, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus

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	
NEPAL	No	Country with Transm. Risk	≥ 9 months	2

Note 2: Airport transit stops (no exit through immigration checkpoint) in a "Required if Coming From" country may impact the YF requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and evaluate whether a traveler's transit stops may change the YF requirement result.

Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

Nepal

A certificate proving yellow fever vaccination is required for travelers aged ≥ 9 months coming from countries with risk of YF transmission. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk countries.

Recommendation Information (for health protection)

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

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

Travel Vaccination Recommendations

COVID-19

Recommendation (for health protection)

Nepal

Risk exists from December through February and June through August (although off-season transmission can occur, occasionally with significant spikes).

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Nepal

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

Nepal

Recommended for: all travelers.

Typhoid fever

Nepal

Recommended for: all travelers.

Influenza

Nepal

Risk exists from January through February and July through August, although off-season transmission can occur.

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

Vaccination Considerations

Nepal

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

Nepal

Recommended for: all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

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

Measles, mumps, rubella

Nepal

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.

Polio

Nepal

Adult polio boosters are not recommended for travel to this country.

A non-IHR entry requirement for proof of vaccination has been registered with WHO: Travelers arriving from Afghanistan, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Côte d'Ivoire, Egypt, Ethiopia, Gambia, Guinea, Guinea-Bissau, Iran, Kenya, Liberia, Madagascar, Mali, Mauritania, Mali, Niger, Nigeria, Pakistan, Papua New Guinea, Republic of the Congo, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tajikistan, Uganda, Ukraine, or Yemen require vaccination. All travelers and residents with stays of more than 4 weeks require vaccination between 4 weeks and 12 months prior to travel.

Rabies

Nepal

Significant risk from dogs exists throughout the country, especially in the southern Terai plains.

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 fox and monkeys [especially at temples]) 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

Nepal

Risk exists in agricultural areas throughout the country, including the Kathmandu Valley, especially in the southern lowlands (Terai region). Transmission occurs from May through October, with peak activity from August through September.

Recommended for prolonged stays: all travelers and 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 on typical high-altitude treks; short-stay travelers going to urban areas only; day trips to usual tourist sites in rural areas; or travel outside of the transmission season.

Travelers should observe insect precautions from dusk to dawn.

Cholera

Nepal

Low risk exists throughout the country (including Kathmandu and surrounding areas), mainly in Terai region.

Travelers, regardless of vaccination status, should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing) and carry empiric antibiotic therapy (azithromycin) and oral rehydration solution (ORS) for self-treatment if any moderate-to-severe diarrhea develops. Travelers who develop watery diarrhea should ensure adequate intake of clean

water and avoid high sugar (high osmolality) beverages. In case of severe, watery diarrhea, oral rehydration (ideally with an ORS) should be considered if oral fluids are tolerated.

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

Nepal

General malaria information: predominantly *P. vivax*. Transmission occurs throughout the year and is highest from July through October.

Malaria Recommendations

Nepal

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout elevations below 2,500 m (8,200 ft) in certain municipalities of Karnali Pradesh Province.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout elevations below 2,500 m in certain municipalities of Sudurpashchim Pradesh and Karnali Pradesh provinces.

Insect precautions only are recommended (negligible transmission is reported): elevations below 2,500 m in certain municipalities of Sudurpashchim Pradesh and Karnali Pradesh provinces; elevations below 2,000 m (6,600 ft) in certain municipalities of all other provinces; all cities and towns within these areas except Patan and Bhaktapur.

No preventive measures are necessary (no evidence of transmission exists): the cities of Kathmandu, Pokhara, Patan, and Bhaktapur; Chitwan National Park; elevations above 2,500 m in Sudurpashchim Pradesh and Karnali Pradesh provinces; elevations above 2,000 m in all other provinces, including the Annapurna Circuit and typical high-elevation trekking itineraries out of Pokhara; 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.

Nepal

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Due to risk of adverse events, mefloquine should be reserved for travelers for whom it has clear advantage over other chemoprophylaxis options.

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
<p>For more information, see <i>Technical Explanation of Malaria Mapping</i>.</p>	

Travelers' Diarrhea

Nepal

High risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures are generally 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

Altitude illness

Nepal

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). The elevations of Kathmandu, Lukla, Pheriche, and Namche Bazar are 1,400 m (4,600 ft), 2,860 m (9,400 ft), 4,370 m (14,300 ft), and 3,440 m (11,300 ft), respectively. Much of the Annapurna Circuit has elevations above 2,800 m. Not all local guides are experienced with regimens.

Dengue

Nepal

Risk exists in urban and rural areas throughout the country at elevations below 2,300 m (7,500 ft), including Kathmandu, especially in south-central and southeastern areas bordering India and in Kaski District, Gandaki Pradesh Province. Transmission occurs from April through December, especially during the rainy season, with highest activity from August through November. Travelers should observe daytime insect precautions.

Chikungunya

Nepal

Risk exists in urban and rural areas at elevations below 2,300 m (7,500 ft) along the border with India (Terai region) and in Bagmati Pradesh and Gandaki Pradesh provinces. Travelers should observe daytime insect precautions.

Tuberculosis

Nepal

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.

Rickettsial infections

Nepal

Significant risk of scrub typhus exists in brush areas throughout most of the country, especially in the southern Terai region (including Chitwan National Park). Transmission occurs throughout the year, with highest activity from June through October. Travelers in brush areas should observe standard insect precautions.

Risk of murine typhus exists and is presumed to have widespread distribution (including Kathmandu). Transmission occurs throughout the year, with peak activity from December through February. Travelers should avoid contact with rodents and their fleas.

Leishmaniasis

Nepal

Low risk of cutaneous disease exists throughout the country at elevations below 3,000 m (9,800 ft), mainly in western areas. Risk of visceral disease exists throughout the county, mainly in southeastern areas of the Terai region bordering Bihar, India. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

Air pollution

Nepal

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

Kathmandu: 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.

Monkey bites

Nepal

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

Nepal

Risk of envenomation exists in lowland areas with dense vegetation (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

Nepal

HIV is estimated to be present in more than 4% 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

Nepal

Hepatitis C is estimated to be present in 0.9% 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.

West Nile virus

Nepal

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

Viral hemorrhagic fevers

Nepal

Current country-specific epidemiologic data are unavailable. However, this country is in an area of higher-than-average risk for Crimean-Congo hemorrhagic fever. Tick precautions should be considered.

Leptospirosis

Nepal

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

Nepal

Sporadic cases have been reported, and the risk is presumed to have widespread distribution. Travelers (especially diabetic persons) should consider wearing proper footwear in damp environments.

Plague

Nepal

Although no human cases have been reported, potential risk exists in Sudurpashchim Pradesh and along the border with China due to established endemicity in that country. Travelers should avoid contact with potentially infected rodents and their fleas.

Helminths

Nepal

Low risk exists for soil-transmitted helminths in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and wear appropriate footwear.

Anthrax disease

Nepal

Negligible risk exists and is presumed to have widespread distribution. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Additional Information by Country

Nepal

Medical Summary

General Information

Nepal is a developing nation classified as low income. Located in southern Asia (north of India and south of China), the climate is classified as subtropical dry winter in the south, with cooler temperatures in some high-altitude areas (in the north).

Medical Care

Adequate medical care that meets many international standards is available in Kathmandu. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. Any serious medical condition will require evacuation. Bangkok, Thailand is a frequent destination.

For a private ambulance in Kathmandu, call CIWEC Hospital and Travel Medicine Center at [+977] 1-452-4111, Grande Hospital at [+977] 1-515-9266, or Medicity Hospital at [+977] 1-421-7766. For a public ambulance in Kathmandu, call 102. The national medical emergency number is 100. Because of traffic congestion, a taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital.

The closest hyperbaric chamber for diving injuries is located in New Delhi, India.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is possibly 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 and private hospitals may provide some services free to citizens of Nepal. All hospitals are required to provide emergency stabilization without regard to ability to pay. Some hospitals are reported to offer lucrative referral commissions to mountain guides for unnecessary helicopter rescues and hospital admissions.

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

Low risk of attack by transnational terrorist groups exists throughout the country. Targets may include public places and events, including those frequented by tourists, and transportation systems.

Crime

Low risk of violent crime (armed robbery, sexual assault, and assault) exist throughout the country, mainly in Kathmandu, Pokhara, and in remote mountainous areas.

High risk of petty crime exists throughout the country, (especially during festival season from September to November), particularly in areas frequented by tourists, in Kathmandu (particularly in Thamel, Sanepa, and Kupondole districts), in national parks, and on or near public transportation.

Theft of valuables from unattended accommodations is common.

Theft of valuables by criminals in passing vehicles is common.

Scams involving fraudulent charities and bargain treks (where guides deliberately misdiagnose severe altitude illness to profit from inflated helicopter rescues and hospital admissions) 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 occur throughout the country 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.

Water Safety

Passenger boats may be unsafe. Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

Basic safety standards for recreational water activities (including rafting) are often not in place. Rent water sports equipment from reputable operators.

Outdoor Safety

Basic safety standards for adventure activities (including paragliding and ultralight aircraft tours) may not be in place. Travelers should only use reputable adventure-sport operators for activities and equipment rentals.

Transportation Safety

High risk of traffic-related injury or death exists. The road traffic death rate is 12 to 24 per 100,000 population. The rate is less than 10 in most high-income countries.

Seat belt laws are poorly enforced.

There are no restrictions on mobile phone usage while driving.

Structural standards for vehicles may not meet international standards.

Natural Disasters

The monsoon season is from June through September. Floods, mudslides, and landslides may occur.

Seismic activity frequently occurs.

Consular Information

Selected Embassies or Consulates in Nepal

- United States: [+977] 1-423-4000; np.usembassy.gov
- Canada: [+977] 1-438-7910; travel.gc.ca/assistance/embassies-consulates/nepal
- United Kingdom: [+977] 1-4237100; www.gov.uk/world/organisations/british-embassy-kathmandu
- Australia: [+977] 1-4371-678; www.nepal.embassy.gov.au

Nepal's Embassies or Consulates in Selected Countries

- In the U.S.: us.nepalembassy.gov.np
- In Canada: ca.nepalembassy.gov.np
- In the U.K.: uk.nepalembassy.gov.np
- In Australia: au.nepalembassy.gov.np

Visa/HIV Testing

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

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Federal Democratic Republic of Nepal
- Nationality: Nepalese; Nepali

Conversation

Greet Nepalese with "*Namaste*." Good topics of conversation include family, education, work, and sports (football and cricket). It is polite to ask about a colleague's family and health. Avoid criticizing the government or its policies and avoid mentioning caste or religion. The law prohibits speech and writing that "harms the religious sentiment" of any caste, ethnic community, or class. Speech or acts that "may undermine the sovereignty, territorial integrity, nationality of Nepal, or harmonious relations between the federal units or harmonious relations between the various castes, tribes, religions, or communities" are illegal.

Currency

The official currency is the Nepalese rupee (NPR). Currency restrictions limit the amount of Nepalese rupees that can be taken out of the country. Rupees cannot be exchanged outside of Nepal. US dollars older than 2003 will not be accepted for exchange; nor will damaged bank notes with tears, creases, or repairs.

Dress

Professional attire is preferred for business; for men, ties and jackets are worn to government offices and formal receptions. Women should wear shirts with sleeves and loose slacks or a long skirt; cover arms and legs, and avoid low-cut necklines. Avoid wearing shorts in public. Shoes are removed when entering most religious sites and some homes.

Nepalese women often wear the *salwar-kameez* or *kurta-shawal* (tunic and pants) or a sari. It is acceptable for visiting women to wear local dress. Nepali men's attire may include a cap (*dhaka topi*).

Food

Rice is the main staple, eaten with most meals. Nepalese may greet each other with "*Bhaat khayo?*" (Have you eaten rice?). Rice may be served with lentils (*daal*) and vegetables. Some Hindus are strict vegetarians; others are not. Meals may be eaten with the right hand, or with a spoon and fork.

Gestures, Touching, and Personal Space

The "Namaste" greeting is made with hands together as in prayer. Many Nepalese prefer "Namaste" to a handshake. Some businessmen will shake hands; allow a local woman to offer to shake hands. Men may stand close and may hold hands while walking or talking; this demonstrates friendship and nothing more. Some gender segregation exists.

Avoid male-female physical contact and displays of male-female affection in public, especially at religious sites. Avoid expressing anger or speaking in a raised voice.

Make eye contact, but understand that some people may avoid direct eye contact in respect for those senior in age or social status.

Use the right hand for gestures, with food, and for passing items. Feet are considered unclean; avoid showing the soles of feet or shoes.

Nepalese head gestures for "yes" and "no" may mean the opposite of those in the West.

Language(s)

Nepali is the official language. Dozens of regional languages and dialects are also spoken. Hindi and English are widely used in government and business.

Names/Titles

Use academic/professional/religious titles when known. People may address individuals of higher status or age by title alone, by fictive kinship terms, or with the suffix "-ji" added to their name, to be polite.

Photography

Photography of military sites, checkpoints, or personnel is prohibited.

Protocol/Etiquette

Respect and deference are shown to people of greater age or status. Understandings of caste may inform social interactions.

Religion

The constitution declares Nepal to be a secular state; it allows individuals to practice their religion, but proselytizing and converting people from their religion are illegal. The population is majority Hindu, with a significant Buddhist minority and other smaller minorities.

Some temples allow only Hindus to enter.

Time

Local notions of time can be very relaxed. Arrival at the appointed time is referred to as "British time" (*belait bala*). Government offices and meetings may start an hour late. Chief guests may arrive 1-2 hours late.

Toilets

Travelers may want to carry toilet paper. 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.

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.

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.

