

Itinerary

Round Trip: United States → Peru → 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, measles, mumps, rubella, rabies, typhoid fever, yellow fever
- Malaria
- Other Diseases: anthrax disease, bartonellosis, brucellosis, Chagas' disease (American trypanosomiasis), chikungunya, dengue, hantavirus, helminths, leishmaniasis, leptospirosis, melioidosis, plague, 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	
PERU	Yes	None	None	

Recommendation Information (for health protection)

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

YES. Vaccination is recommended for travel to areas of one or more countries on this itinerary.

Individual Country Recommendations

Peru

Recommended for travelers aged ≥ 9 months: areas below 2,300 m (7,500 ft) east of the Andes Mountains (see map); eastern Piura; Salkantay Trek, Inca Jungle Trek, and Choquequirao Trek. Insect precautions are essential for unvaccinated travelers.

Generally not recommended (except for highly risk-averse travelers and long-stay travelers): itineraries limited to areas below 2,300 m west of the Andes (see map) in the regions of Tumbes, Lambayeque, western Piura, or west-central Cajamarca. Data analysis by WHO indicates extremely low potential for YF virus exposure. Travelers aged ≥ 60 years going to these areas should not be vaccinated.

Not recommended: itineraries limited to the cities of Lima, Cusco, Puno, Aguas Calientes, or Arequipa; areas above 2,300 m (see map); areas west of the Andes not mentioned above; Lake Titicaca, Colca Canyon, Machu Picchu Ruins (including Huayna Picchu), Classic Inca Trail, High Inca Trail, Quarry Trail, Lares Trek, Rainbow Mountain Trek, Ausangate Trek, or any intermediate tourist points in the Sacred Valley (the only direct route between Cusco and Machu Picchu Ruins).

Travel Vaccination Recommendations

COVID-19

Recommendation (for health protection)

Peru

Risk exists from April through October (although off-season transmission can occur, occasionally with significant spikes).

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Peru

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

Peru

Recommended for: all travelers.

Typhoid fever

Peru

Recommended for: most travelers, especially those with adventurous dietary habits; those without consistent access to safe food and water; those with prolonged stays; and those traveling outside common tourist packages and other prearranged fixed itineraries, especially in rural areas.

Consider for: all risk-averse travelers desiring maximum pretravel preparation.

Influenza

Peru

Risk exists from May through October, although off-season transmission can occur.

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

Vaccination Considerations

Peru

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

Peru

High risk exists in the Amazon region, especially in Loreto and Madre de Dios regions, and lowland jungle areas in Ayacucho, Cusco, Junín, and Pasco regions. Low risk exists throughout the rest of the country.

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.

For travel to the high-risk Amazon region, also recommended for: adventure travelers; travelers with high potential to seek medical or dental care in local facilities; those with prolonged stays; those with frequent short stays in this region or high- or intermediate-risk countries.

Consider for: risk-averse travelers with short stays going to the high-risk Amazon region desiring maximum pretravel preparation. Travelers should observe safer-sex practices and blood/bodily fluid precautions.

Measles, mumps, rubella

Peru

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

Peru

Significant risk from dogs exists in Arequipa Region, and risk from dogs exists in Cusco and Puno regions. Risk from bats exists in most Amazon jungle areas.

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 kinkajous) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

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

Peru

General malaria information: predominantly *P. vivax* (*P. falciparum* is limited almost exclusively to Loreto Region). Transmission occurs throughout the year.

Malaria Recommendations

Peru

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: elevations below 2,300 m (7,600 ft) in most districts east of the Andes; certain districts in Tumbes, Cajamarca, and Ancash regions; certain areas along the Marañón River Valley; all cities and towns within these areas (including Tumbes) except the central urban area of Iquitos.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): elevations below 2,300 m in certain districts of Tumbes, Piura, San Martín, Loreto, Ucayali, Huánuco, Junín, Apurímac, Madre de Dios, and Puno regions; all cities and towns within these areas except the central urban area of Pucallpa.

Insect precautions only are recommended (negligible transmission is reported): the central urban areas of Iquitos and Pucallpa; elevations below 2,300 m in certain districts of Piura, Cajamarca, Amazonas, San Martín, Loreto, La Libertad, Ucayali, Huánuco, Ancash, Lima, Junín, Ica, Ayacucho, Madre de Dios, Puno, and Arequipa regions; all cities and towns within these areas except Trujillo and Puerto Maldonado.

No preventive measures are necessary (no evidence of transmission exists): Lima, Cusco, Callao, Piura, Sullana, Puerto Maldonado, and all other cities not mentioned above; Lake Titicaca; Colca Canyon, Machu Picchu Ruins, most major Machu Picchu trek routes, and any intermediate tourist points in the Sacred Valley (the only direct route between Cusco and Machu Picchu Ruins); elevations above 2,300 m; 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.

Peru

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.

Issues to Consider	
<i>Factors favoring chemoprophylaxis</i>	<i>Factors against chemoprophylaxis</i>
<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

Peru

High risk exists throughout the country, with moderate risk 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.

Current Health Bulletins

Peru

Significant Oropouche Fever Increase

Reviewed Mar 20, 2024 (Posted Mar 8, 2024)

According to PAHO, approximately 150 confirmed cases of Oropouche fever, a significant increase over average incidence, have been reported since early January 2024 in Loreto (> 80 cases), Ucayali (> 45 cases), Madre de Dios (> 18 cases) regions; the last available case information was in late February 2024. Oropouche fever usually presents with a dengue-like illness 4 to 8 days (range: 3-12 days) following exposure; aseptic meningitis may occur. Travelers should observe insect precautions; biting midges that transmit Oropouche virus can bite throughout the day but have increased activity in the late afternoon.

Dengue

Peru

Significant Dengue Increase

Updated Mar 20, 2024 (Posted Feb 28, 2024)

According to Peru's Ministry of Health, more than 12,000 cases of dengue fever per week are being reported. More than 61,700 cases (including > 38,100 laboratory-confirmed), a significant increase over average incidence, have been reported since January 2024 throughout the country (including in Cusco Region at elevations below 2,300 m [7,500 ft]), mainly in La Libertad Region. The outbreak has yet to peak. Travelers should observe insect precautions; mosquitoes that transmit dengue can bite throughout the day but have peak activity in the early morning, late afternoon, and evening. The risk of yellow fever infection is increased during a dengue fever outbreak due to increased activity of the shared mosquito vector; review yellow fever recommendations for the affected areas.

Leptospirosis

Peru

Significant Leptospirosis Increase

Updated Mar 20, 2024 (Posted Feb 23, 2024)

According to Peru's Ministry of Health, more than 430 cases of leptospirosis per week are being reported throughout the country. More than 3,400 cases of leptospirosis, a significant increase over average incidence due to flooding, have been reported since January 1, 2024, throughout the country, mainly in Loreto (> 1,900 cases). The outbreak appears to be past peak, but case numbers are still above average incidence. Travelers going to Peru, (including disaster relief workers) should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, freshwater, wet soil, and mud; and avoid contact with rodents (including their excreta). Consider prophylaxis with 200 mg of doxycycline once per week for travelers with at-risk itineraries.

Other Concerns

Altitude illness

Peru

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). The elevations of Cusco, Puno, and Machu Picchu are 3,400 m (11,200 ft), 3,830 m (12,600 ft), and 2,430 m (8,000 ft), respectively. Many Andean mines have elevations above 2,800 m.

Dengue

Peru

Significant risk exists in urban and rural areas throughout the country at elevations below 2,300 m (7,500 ft), especially in Amazonas, Loreto, Madre de Dios, San Martín, and Tumbes regions. Low risk exists in west-central (including the city of Lima) and southern regions. Transmission occurs throughout the year, especially during the rainy season. Travelers should observe daytime insect precautions.

Chikungunya

Peru

Risk exists in urban and rural areas at elevations below 2,300 m (7,500 ft) in the northern, western, and eastern regions (including Lima), especially in Piura, San Martín, and Tumbes regions. Transmission occurs throughout the year, with highest activity from March through June. Travelers should observe daytime insect precautions.

Zika

Peru

Risk exists throughout the country at elevations below 2,300 m (7,500 ft), especially in Amazonas, Cajamarca, Huánuco, Loreto, Piura, and Ucayali regions. Pregnant women (in any trimester) from nonaffected areas should postpone nonessential travel to affected areas, which has had long-standing endemic transmission. Travelers, especially pregnant women, should observe daytime insect precautions.

Marine hazards

Peru

Risk from jellyfish exists, including highly venomous bluebottle jellyfish. Travelers wading, launching boats, or fishing are especially at risk.

Risk from sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

Tuberculosis

Peru

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

Peru

Risk is presumed to be absent, but risk exists in Brazil along the border.

Leishmaniasis

Peru

Risk of cutaneous disease exists in jungle areas and on the western slopes of the Andes at elevations below 3,000 m (9,800 ft), especially in Madre de Dios Region (including Manu National Park). Risk of mucosal disease exists in jungle areas, especially in Madre de Dios and Cusco (excluding the city of Cusco) regions. Low risk of cutaneous and mucosal disease exists throughout the rest of the country at elevations below 3,000 m (9,800 ft). Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

Air pollution

Peru

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

Lima: 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.

Brucellosis

Peru

Risk exists throughout the country. Travelers should avoid consumption of unpasteurized dairy products.

Snakebites

Peru

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

Peru

HIV is estimated to be present in more than 1% 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.

Chagas' disease (American trypanosomiasis)

Peru

Risk to travelers is unknown but is presumed to be low and limited to the northern, northeastern, and southwestern coastal regions. Travelers should avoid overnight stays in houses constructed of mud, adobe brick, or palm thatch.

Mayaro virus

Peru

Risk exists in foci throughout the country at elevations below 2,300 m (7,500 ft), especially in Loreto Region. Transmission occurs from April through August, with peak activity from May through June. Travelers should observe daytime insect precautions.

Leptospirosis

Peru

Risk exists throughout the country, especially in Loreto, Madre de Dios, Ayacucho, Tumbes, Piura, and Ucayali regions. Transmission occurs throughout the year. 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

Peru

Sporadic cases have been reported along the northern coast. Travelers (especially diabetic persons) should consider wearing proper footwear in damp environments.

Plague

Peru

Low risk exists and is limited to Lima Province and northwestern regions, mainly in Cajamarca, La Libertad, Lambayeque, and Amazonas. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

Hantavirus

Peru

Negligible risk of hantavirus cardiopulmonary syndrome exists and is limited to Loreto Region, mainly in Maynas Province. Transmission is presumed to occur throughout the year. Travelers, especially campers, should avoid inadequately ventilated buildings and forested areas harboring rodent excreta, which may become aerosolized, and should camp only in designated areas.

Bartonellosis

Peru

Risk exists mainly in inter-Andean valleys, including near Macchu Picchu and Urubamba, Cusco Region and the immediate surrounding areas. Risk to travelers is low. Insect precautions are recommended.

Helminths

Peru

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

Peru

Negligible risk exists throughout most of the country, mainly in departments along the coast. Transmission occurs throughout the year, with highest activity from January through May. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Additional Information by Country

Peru

Medical Summary

General Information

Peru is a developing nation classified as upper middle income. Located in South America along the Pacific Ocean (north of Chile and south of Colombia), the climate is extremely diverse with classifications that range from dry (arid) to humid equatorial (no dry season), with cooler temperatures in some high-altitude areas.

Medical Care

Adequate private medical care that meets most international standards is available in Lima and Arequipa. Highly specialized cases or complex emergencies will require evacuation. São Paulo, Brazil and US are frequent destinations. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. One or more JCI accredited hospitals are present in Lima.

For a private ambulance in Lima, call Alerta Medica at [+51] 1-416-6777. For a private ambulance in Cusco, call Clinica MacSalud at [+51] 84-582-060. For a public ambulance anywhere in the country, call 116. The national medical emergency number is 105. Public ambulances are not reliable. 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 outside of Lima.

Hyperbaric chambers for diving injuries are located in Lima and Talara.

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. 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.

Consular Travel Warning

Due to crime, terrorism, and civil unrest, US (DOS) advises avoiding areas bordering Colombia in Loreto Region, the valley of the Apurímac, Ene, and Mantaro rivers (including areas within Ayacucho, Cusco, Huancavelica, and Junín regions), Puno Region

(including the Peruvian side of Lake Titicaca), and Apurímac Region. Canada (GAC) and Australia (DFAT) have more limited warnings. UK (FCO) has no current warning.

States of emergency for crime prevention have been declared in some parts of Peru. Specific regions and highways may have an increased security presence. Travelers should avoid crowds, carry photo identification (ID) at all times, follow the advice of local authorities, and monitor the situation through local media.

Terrorism Risk

Risk of attack by domestic terrorist groups exists in rural or remote areas of Apurímac, Ayacucho, Cusco, Huánuco (including the upper Huallaga river valley), Junín, and San Martín regions. Targets may include domestic and international organizations and businesses.

Crime

High risk of violent crime (armed robbery, sexual assault, carjacking, and assault) exists throughout the country, especially in Lima (including tourist areas of Miraflores and Barranco and on routes to and from the airport), Cusco, Arequipa, Huaraz (Ancash Region), and other cities; on river cruises in the Amazon jungle; along the Inca Trail.

High risk of petty crime exists throughout the country, especially in Lima, Cusco and other major cities, particularly on intercity buses, in bus stations, and in hotels, restaurants, and airports.

Express kidnappings to force cash withdrawals at ATMs may occur throughout the country, especially in Arequipa.

Scams involving counterfeit currency, credit cards, extortion, and false identity (such as criminals posing as police officers or taxi drivers) 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 frequently occur throughout the country (including in Cusco, Arequipa, Puerto Maldonado, Iquitos, Puno, and Machu Picchu Ruins) 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

A dangerous security environment exists in areas bordering Ecuador, Colombia, and Brazil. Landmines and other unexploded ordnance may exist in areas bordering Ecuador.

Water Safety

Basic safety standards for recreational water activities (including scuba diving and rafting) are often not in place. 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 (including recreational off-roading in Ica and Huacachina, Ica Region and all activities in Cusco Region) are often not 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.

Speed laws are poorly enforced.

Seat belt laws are poorly enforced.

Drunk driving laws are poorly enforced.

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 rainy season is from November through May in areas east of the Andes mountains. Floods, mudslides, and landslides may occur.

Seismic and volcanic activity frequently occur, especially in southern areas.

Consular Information

Selected Embassies or Consulates in Peru

- United States: [+51] 1-618-2000; pe.usembassy.gov
- Canada: [+51] 1-319-3200; www.peru.gc.ca
- United Kingdom: [+51] 1-617-3000; www.gov.uk/world/organisations/british-embassy-peru
- Australia: [+51] 1-630-0500; peru.embassy.gov.au

Peru's Embassies or Consulates in Selected Countries

- In the U.S.: www.embassyofperu.org
- In Canada: www.embassyofperu.ca
- In the U.K.: www.peruembassy-uk.com
- In Australia: www.embaperu.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: Republic of Peru
- Nationality: Peruvian

Conversation

Greet everyone individually upon arrival. Good topics of conversation include family, sports (especially football), international travel, and local sights. Peruvians are proud of local literature, folk music, and cuisine. Avoid asking about a person's ethnic background, or speaking in a raised voice; soft-spoken voices and polite formality are respected. Peruvians may discuss things indirectly, rather than be straightforward.

Currency

The official currency is the Peruvian nuevo sol (PEN). US dollars are widely accepted.

Dress

Professional attire is preferred for business (dark suit with tie for men; dress or suit for women), with attention to a neat appearance. Avoid wearing shorts or tennis shoes.

Food

The main meal is eaten midday, during which many offices close. *La merienda* is a light snack eaten late afternoon. Business entertaining is usually dinner, eaten after 9:00 p.m.; Chinese restaurants (*Chifas*) and elegant hotel restaurants are popular venues. If dining in a restaurant, the person who invites usually pays (the host arranges payment in advance). Guests wear semiformal attire to a dinner party at someone's home. Business is only discussed if the host introduces it.

Peruvians use the Continental manner of eating (fork inverted in left hand, knife in right); keep wrists on table edge (not in lap). Regional variation exists in foods, but popular dishes include *ceviche* (marinated fish), potatoes with a cheese and pepper sauce, and tamale-like *humitas*; *cuy* is roasted guinea pig. *Aji* is a widely used hot sauce. Inka Cola (a bubble-gum-flavored soft drink) and *pisco* (a brandy) are from Peru.

Gestures, Touching, and Personal Space

Offer a firm handshake to everyone present in greeting. Close friends may exchange hugs and/or an air kiss to the right cheek. People may stand close and be offended if the other person backs away. Maintain eye contact. Friends may stroll arm-in-arm, or touch each other while talking. Beckon with the palm down, moving all 4 fingers; avoid pointing or beckoning with the index finger. Avoid sitting with 1 leg crossed, ankle on the knee.

Indecent behavior, such as not showing respect at cultural, historical, or sacred sites, is illegal and may result in detention.

Gifts

Business gifts are exchanged after a formal meeting. Popular gifts include small electronics, desk accessories (leather appointment books, quality pens), and crafts from one's home country. Avoid giving knives or letter openers, or anything purple or black, or in sets of 13. Bring chocolates, wine, or liquor when invited to someone's home. Gifts for children are appreciated (T-shirts or caps with a sports team or university logo).

Language(s)

Spanish and Quechua are official languages. The lingua franca is Spanish, often including indigenous words. The government recognizes 49 indigenous languages, such as Aymara. Use respectful terms of address (*usted* instead of *tú*) until invited to use the familiar form. Educated people may speak English.

Translate business card to Spanish, on reverse side. Written communication can be quite formal.

Names/Titles

Use academic/professional/religious titles when known (*Señor/Señora/Señorita* as default) with or without surnames until invited to use first names. Titles are very important in Peru. Peruvians use 3 names: the given name; the father's family name, which is the individual's surname; followed by the mother's family name. Friends may use the honorific *Don* (male) or *Doña* (female) with a person's first name (e.g., Don Eduardo).

Personal

Participation in political activities by foreign nationals is illegal.

Homosexual activity is not illegal but is not widely accepted. Avoid same-sex public displays of affection.

Photography

Photography of military establishments, equipment and personnel, public water and electricity plants, police stations, harbors, mines, and bridges is prohibited.

Protocol/Etiquette

Politeness and good manners are valued in this stratified society, and may be expressed with formal language. Respect and deference are shown to people of greater age or status.

Religion

Freedom of religion is provided by law. The population is majority Roman Catholic, often syncretic with indigenous faith practices; a significant evangelical Protestant minority exists.

Time

Be punctual for business meetings, but understand that local notions of time can be very relaxed. For social functions, it is polite to arrive 30 minutes later than when invited. Most businesses are open 6 days per week. Offices may close for a long lunch (i.e., 1:00-3:00 p.m.). For social functions, it is polite to arrive 30 minutes later than when invited.

Dates are written day/month/year. Avoid scheduling business trips in January and February (summer vacation) and the week prior to Christmas and Easter.

Tipping

Restaurants usually include a tip in the bill. Porters and gas station attendants are tipped a small amount. Taxis are not usually tipped.

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.

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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