

## Itinerary

**Round Trip:** United States → India → 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: cholera, COVID-19, hepatitis A, hepatitis B, influenza, Japanese encephalitis, measles, mumps, rubella, polio, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, brucellosis, chikungunya, dengue, hantavirus, helminths, hepatitis C, leishmaniasis, leptospirosis, melioidosis, plague, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus, 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	
INDIA	No	Country with Transm. Risk	≥ 9 months	1, 2

**Note 1:** Additional conditions pertain for this country's requirement. Please refer to the Individual Country Requirements information presented below.

**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.

#### India

A certificate proving yellow fever vaccination is required for travelers aged  $\geq 9$  months arriving within 6 days of departure from countries with risk of YF transmission. Note: At the discretion of the local Health Officer, this requirement may apply to air passengers who have transited risk countries and to persons who arrive on craft (plane or ship) originating in or transiting risk countries that were not properly disinfected following WHO guidelines or Indian regulations. In addition, some airlines may impose a boarding requirement for a vaccination certificate for passengers transiting a risk country en route to India.

## 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)

##### India

Risk exists from October through April in northern temperate latitudes, from September through December in far-southern latitudes, and from May through September in the rest of the country, especially during and after the monsoon season (although off-season transmission can occur, occasionally with significant spikes).

*Recommended for:* all travelers aged  $\geq 6$  months.

#### Vaccination Considerations

##### India

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

##### India

*Recommended for:* all travelers.

### Typhoid fever

##### India

*Recommended for:* all travelers.

### Influenza

##### India

Risk exists from November through April in northern temperate latitudes, from October through December in far-southern latitudes, and from June through September in the rest of the country, especially during and after the monsoon season, although off-season transmission can occur.

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

#### Vaccination Considerations

##### India

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

### India

*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

### India

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

### India

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 who are both current residents and nationals of Afghanistan, Democratic Republic of the Congo, Ethiopia, Kenya, Nigeria, Pakistan, Somalia, and Syria require vaccination (OPV per Indian government; at least 4 weeks prior to each arrival).

## Rabies

### India

Significant risk from dogs exists throughout the country.

#### **Preexposure preventive measures:**

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

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

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

Travelers should observe animal bite precautions.

#### **Postexposure prophylaxis considerations:**

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

Travelers should practice proper wound care.

#### **For Andaman and Nicobar Islands and Lakshadweep union territories only:**

Risk of lyssavirus from bats exists and is presumed to have widespread distribution. Rabies is not present in dogs or other mammals.

#### **Preexposure preventive measures:**

*Recommended for:* all travelers likely to have contact with bats.

Travelers should observe animal bite precautions.

#### **Postexposure prophylaxis considerations:**

Bat bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated. Other mammal bites or scratches are less likely to involve rabies but should still be carefully assessed for risk of rabies by a qualified health care provider.

Travelers should practice proper wound care.

## Japanese encephalitis

### India

Low risk exists in rural agricultural areas throughout most of the country, mainly in Assam, Bihar, Uttar Pradesh, and West Bengal states. Cases have not been reported in the northern states of Jammu and Kashmir and Himachal Pradesh. Transmission occurs throughout the year in the southern half of the country and from May through October in the northern half.

*Recommended for prolonged stays:* all travelers and expatriates with anticipated travel to risk areas.

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

*Not recommended for:* travelers going to urban areas only; day trips and short overnight trips to usual tourist sites; travel outside of the transmission season.

Travelers should observe insect precautions from dusk to dawn.

## Cholera

### India

Risk exists throughout most of the country, especially in Chandigarh Union Territory and in Karnataka, Madhya Pradesh, Maharashtra, Punjab, and West Bengal states. *Consider for:* aid and refugee workers, medically vulnerable persons, and travelers visiting friends and relatives.

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  $\geq 65$  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

#### India

**General malaria information:** approximately equal between *P. vivax* and *P. falciparum*, with rare *P. knowlesi* infections also reported. Transmission occurs throughout the year and is highest following the monsoon season that typically spans from June through September.

### Malaria Recommendations

#### India

##### Location-specific recommendations:

*Chemoprophylaxis is recommended for all travelers:* elevations below 2,000 m (6,600 ft) in most districts of northeastern states; most districts of central states; certain districts of northern and southern states (including all of Lakshadweep and certain districts of Andaman and Nicobar Islands); all cities and towns within these areas except the central urban area of Jamnagar.

*Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): elevations below 2,000 m in various districts throughout the country; all cities and towns within these areas except the central urban area of Indore.*

*Insect precautions only are recommended (negligible transmission is reported): the cities of New Delhi, Agra (including the Taj Mahal, and Lucknow; the central urban areas of Jamnagar and Indore; elevations below 2,000 m in all other areas not mentioned above, including all cities and towns within these areas.*

*No preventive measures are necessary (no evidence of transmission exists): elevations above 2,000 m.*

## 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.

### India

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

## Travelers' Diarrhea

### India

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.

## Current Health Bulletins

### Dengue

#### India

#### Significant Dengue Increase

Updated Mar 20, 2024 (Posted Sep 27, 2023)

According to regional health authorities and press sources citing regional health authorities, more than 980 cases of dengue fever per week are being reported in Kerala State. Approximately 31,100 (including > 9,700 laboratory-confirmed) cases, a significant increase over average incidence, have been reported since mid-September 2023 in Kerala State. Additionally, a

significant increase in cases was reported in Bihar and West Bengal states; the last available case information was in late 2023. The outbreak is past peak in Kerala State, but case numbers are still above average incidence. 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.

## Measles, Mumps, Rubella

### India

#### Significant Mumps Increase in Kerala State

Posted Mar 14, 2024

According to regional health authorities, more than 1,850 cases of mumps per week are being reported in Kerala State. More than 12,000 cases, a significant increase over average incidence, have been reported since early January 2024. The outbreak has yet to peak. Additionally, cases have been reported in Maharashtra, Andhra Pradesh, and Telangana states. Shoreland continues to make the following recommendations for travelers: All persons aged  $\geq 12$  months born in 1957 or later (1970 or later in Canada and the UK; 1966 or later in Australia) without history of disease or of 2 countable doses of live vaccine at any time during their lives should complete a lifetime total of 2 doses of MMR vaccine (spaced by at least 28 days). All infants aged 6-11 months should receive 1 dose of MMR vaccine. All those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of mumps-containing vaccine need 1 dose of MMR vaccine.

## Varicella

### India

#### Varicella in Kerala State

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

According to regional health authorities, approximately 630 confirmed cases of varicella per week are being reported in Kerala State, mainly in Malappuram District. More than 7,100 confirmed cases, a significant increase over average incidence, have been reported since early January 2024 throughout Kerala State. The outbreak has peaked. Shoreland continues to make the following recommendations for travelers: All persons born outside the US or born in the US after 1979, without reliable evidence of previous infection, laboratory confirmation of immunity, or an adequate vaccination history (2 lifetime doses) should complete a lifetime total of 2 doses of varicella vaccine (spaced by at least 28 days).

## Current Safety Bulletins

### India

#### Curfew in Manipur State

Reviewed Mar 19, 2024 (Posted May 5, 2023)

In early May 2023, protests and civil unrest between tribal and nontribal communities were reported in Manipur State, resulting in fatalities. The situation remains tense. Curfews have been imposed in parts of Manipur State. Disruptions to transportation and to mobile and internet services are possible. The presence of heavily armed security forces should be expected. Travelers should avoid demonstrations, carry a fully charged communication device, follow the advice of local authorities, and monitor the situation through local media and embassy communications.

## Other Concerns

## Dengue

### India

Significant risk exists in urban and rural areas throughout the country, including Bengaluru (Bangalore), New Delhi, Mumbai, and other cities, especially in Dadra and Nagar Haveli and Puducherry union territories and Maharashtra State. Low risk exists in urban and rural areas in north-central states and at elevations below 2,300 m (7,500 ft) in Arunachal Pradesh and Jammu and Kashmir states. Transmission occurs throughout the year, especially during the monsoon season, with highest activity from August through November. Travelers should observe daytime insect precautions.

## Chikungunya

### India

Significant risk exists in urban and rural areas throughout the country (including Mumbai) at elevations below 2,300 m (7,500 ft), especially in central and southern states, including Delhi Union Territory and the states of Karnataka, Maharashtra, and Gujarat. Transmission occurs throughout the year, with peak activity from June through October. Travelers should observe daytime insect precautions.

## Zika

### India

Risk exists throughout the country, especially in Gujarat, Kerala, Madhya Pradesh, and Uttar Pradesh states. Pregnant women (in any trimester) from nonaffected areas should receive informed counseling and consider postponing nonessential travel to this country. Travelers, especially pregnant women, should observe daytime insect precautions.

## Marine hazards

### India

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

Risk from stonefish and sea urchins exists. Risk from coral (including fire coral) is limited to the Gulf of Kutch, Gulf of Mannar, Kerala State, and the union territories of Lakshadweep and Andaman and Nicobar Islands. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches. Additional hazards include crocodile attacks in coastal areas and in-land waterways, especially in Adaman and Nicobar Islands.

## Tuberculosis

### India

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

### India

Risk is presumed to be absent, but current epidemiologic data are unavailable. Cases have not been reported since approximately 1950.

## Rickettsial infections

### India

Significant risk of scrub typhus exists in brush areas throughout the country, especially in north-central areas (including Delhi Union Territory). Transmission occurs throughout the year, with peak activity from August through November. Travelers in brush areas should observe standard insect precautions.

Negligible risk of infection caused by *Rickettsia conorii* exists throughout the country. Transmission occurs throughout the year, with highest activity from July through September. Travelers should observe tick precautions.

Low risk of murine typhus exists and is presumed to have widespread distribution. Transmission occurs throughout the year, with highest activity from March through November. Travelers should avoid contact with rodents and their fleas.

## Leishmaniasis

### India

Low risk of cutaneous disease exists in Kerala State and northern states, mainly in Rajasthan State (especially in the city of Bikaner). Risk of visceral disease exists in Bihar and Jharkhand states, with low risk in Uttar Pradesh and West Bengal states; sporadic cases occur in the Himalayan foothills in northern areas and in Gujarat, Kerala, Madhya Pradesh, and Tamil Nadu states. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

## Air pollution

### India

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

Agra, Jaipur, Lucknow, New Delhi, Patna, or Varanasi: When air quality worsens, travelers should avoid all outdoor physical activity until air quality is better; those with lung disease or at the extremes of age should remain indoors and keep activity levels low.

Kolkata or Mumbai: When air quality worsens, travelers should avoid prolonged or heavy outdoor exertion until air quality is better; those with lung disease or at the extremes of age should avoid all outdoor physical activity, except at times when air quality is better.

Bengaluru (Bangalore), Chennai (Madras), Hyderabad, Madurai, Puducherry, Pune, Shimla, or Surat: 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.

## Seafood poisoning

### India

Low risk of ciguatera poisoning exists and is limited to coastal areas of Karnataka State. Travelers should avoid consumption of reef fish such as amberjack, barracuda, grouper, and snapper. The toxin remains even when these fish are well cooked.

## Brucellosis

### India

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

## Monkey bites

### India

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

### India

Risk of envenomation exists in rural areas with dense vegetation or rock formations and urban areas (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

### India

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

## Hepatitis C

### India

Hepatitis C is estimated to be present in 0.5% of the population, making this a high-burden country due to population size. 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

### India

Low risk exists and is limited to Kerala State. Negligible risk may exist throughout most of the country, but recent cases have not been reported. Travelers in Kerala State with significant outdoor exposure in affected areas should observe insect precautions from dusk to dawn.

## Viral hemorrhagic fevers

### India

Negligible risk of Crimean-Congo hemorrhagic fever exists and is limited to Gujarat, Rajasthan, and Uttar Pradesh states. Tick precautions are recommended. Travelers should avoid contact with infected livestock and animal tissue/blood.

## Nipah virus

### India

Risk exists and is limited to Kerala and West Bengal states. Travelers should avoid contact with bats and pigs and consumption of raw date palm sap.

## Leptospirosis

### India

Risk exists throughout the country, especially in the coastal states of Gujarat, Karnataka, Kerala, Maharashtra, and Tamil Nadu, and Andaman and Nicobar Islands Union Territory. 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

### India

Risk exists throughout the country, especially in Karnataka and Tamil Nadu states. Transmission occurs throughout the year, with highest activity from June through September. Travelers (especially diabetic persons) engaged in hiking, biking, swimming, or other outdoor activities should wear proper footwear and avoid direct contact with potentially contaminated soil, groundwater, or accumulated surface water.

## Plague

### India

Although no human cases have been reported since 2004, potential risk exists throughout most of the country, mainly in northern, south-central, and southwestern states. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

## Hantavirus

### India

Sporadic cases of severe hemorrhagic fever with renal syndrome (caused by Seoul and Puumala viruses) have been reported in southern regions of the country. Travelers, especially campers, should avoid inadequately ventilated buildings and outdoor areas harboring rodent excreta, which may become aerosolized.

## Helminths

### India

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

## Anthrax disease

### India

Low risk exists throughout most of the country, mainly in northeastern and southwestern areas. Travelers should avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides, as well as consumption of meat that is raw, undercooked, or unlikely to have been inspected.

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## Additional Information by Country

### India

#### Medical Summary

##### General Information

India is a developing nation classified as lower middle income. Located in southern Asia (between the Arabian Sea and the Bay of Bengal), the climate is extremely diverse with classifications that range from humid equatorial (no dry season) to subtropical dry winter.

##### Medical Care

Adequate private medical care that meets many international standards is available in some major cities. Highly specialized cases or complex emergencies may require evacuation. Singapore and Bangkok, Thailand are frequent destinations. Medical care in remote areas of the country is inadequate and usually does not meet international standards. Several JCI accredited hospitals are present in New Delhi and Mumbai, and one or more are present in many other major cities. Adequate medical care for routine minor-care medical situations is available at 1 or more internationally staffed outpatient clinics. Travelers seeking medical care without a prearranged medical visa will be denied entry. Hospitals may only admit foreign patients possessing a medical visa. In case of emergency rather than elective hospitalization after entry, the hospital must subsequently arrange conversion of the tourist visa to a medical visa. Outpatient treatment is allowed with a nonmedical visa.

For a private ambulance in Mumbai, call Breach Candy Hospital at [+91] 22-2366-7997, call P.D. Hinduja Hospital and Medical Research Centre at [+91] 22-2445-2575, or call 1298. For a private ambulance in New Delhi, call MARS (Manipal Hospital Rescue Services) at [+91] 11-4040-7070 or call Falck India Ambulance at [+91] 124-400-6675. For a private ambulance in Bangalore, call Sakra Hospital at [+91] 80-4969-4969. For a private ambulance in Kolkata, call Apollo Gleneagles Hospital at [+91] 33-6060-1066. For a private ambulance in Chennai, call Gleneagles Global Health City, Perumbakkamat [+91] 44-4624-2424, call Sri Ramachandra Medical Centre at [+91] 44-2476-8402, or call Apollo hospital at 1066. For a public ambulance anywhere in the country, call 102 or 108. The national medical emergency number is 100 or 112 from a mobile device. 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.

Hyperbaric chambers for diving injuries are located in, but not limited to, the following cities: Bengaluru, Hyderabad, Mumbai, New Delhi, and Port Blair.

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 terrorism, civil unrest, and other ongoing security concerns, Canada (GAC) advises avoiding travel to Jammu and Kashmir State (except the Ladakh area) and areas bordering Pakistan in the states of Gujarat, Rajasthan, and Punjab (except

the Wagah border crossing). Canada also advises reconsidering travel (or avoiding nonessential travel) to Assam and Manipur. US (DOS), UK (FCO), and Australia (DFAT) have more limited warnings.

### **Terrorism Risk**

High risk of attack by domestic and transnational terrorist groups exists throughout the country. Targets may include domestic and international organizations and businesses; public places and events, including those frequented by tourists; and transportation systems.

High risk of kidnapping by terrorist groups exists in rural areas throughout the country. Targets may include foreigners (especially Westerners).

### **Crime**

Moderate risk of sexual assault, including verbal and physical harassment, exists throughout the country, especially in New Delhi (particularly in Vasant Kunj area), Bangalore, and other cities; in Bodh Gaya; in Goa and Rajasthan states; in other areas frequented by tourists.

High risk of petty crime exists throughout the country, especially in New Delhi and crowded places, including areas frequented by tourists, public transportation, markets, trade fairs, and airports.

Scams involving gems and precious metals and false identity (such as criminals posing as tour guides) 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 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**

Armed conflict may occur in areas bordering Pakistan, Bangladesh, and Burma (Myanmar). A dangerous security environment, a military presence, and unmarked boundaries may exist in Jammu and Kashmir State and other areas bordering Pakistan.

### **Water Safety**

Hazardous water conditions (including currents, tides, and undertows) may occur, especially at beaches in Mumbai and the Bay of Bengal. Heed posted warnings, and avoid beaches that are not patrolled. Do not swim alone or after dark, and do not walk on any beach after dark.

Passenger boats may be unsafe, including ferries and small crafts. Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

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

### **Other Safety Threats**

Risk exists for fatal wildlife attacks on safaris and in game parks and reserves. Travelers should closely follow park regulations, always maintain a safe distance from wildlife, and should not exit vehicles or protected enclosures.

### **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.

Drunk driving laws are poorly enforced.

### **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 cyclone season is from April through December, especially in coastal areas of the Bay of Bengal. The monsoon season is from June through October. Floods, mudslides, and landslides may occur, especially in the northern states of Uttarakhand, Uttar Pradesh, and Bihar and in the southern states of Andhra Pradesh and Karnataka.

Seismic activity frequently occurs, especially in the northern states of Uttar Pradesh, Bihar, and West Bengal.

## Consular Information

Selected Embassies or Consulates in India

- United States: [+91] 11-2419-8000; [in.usembassy.gov](mailto:in.usembassy.gov)
- Canada: [+91] 11-4178-2000; [www.canada.ca/CanadaAndIndia](http://www.canada.ca/CanadaAndIndia)
- United Kingdom: [+91] 11-2419-2100; [www.gov.uk/world/organisations/british-high-commission-new-delhi](http://www.gov.uk/world/organisations/british-high-commission-new-delhi)
- Australia: [+91] 11-4139-9900; [www.india.highcommission.gov.au](http://www.india.highcommission.gov.au)

India's Embassies or Consulates in Selected Countries

- In the U.S.: [indianembassyusa.gov.in](http://indianembassyusa.gov.in)
- In Canada: [www.hciottawa.gov.in](http://www.hciottawa.gov.in)
- In the U.K.: [www.hcilondon.gov.in](http://www.hcilondon.gov.in)
- In Australia: [www.hcicanberra.gov.in](http://www.hcicanberra.gov.in)

## 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 India
- Nationality: Indian

### Conversation

When greeting people, wait to hear their response to such questions as, "How are you?" Good topics of conversation include family, sports (cricket is hugely popular), Indian movies (Bollywood or art films), Indian music, literature, and local sights. Avoid commenting on challenges facing India (e.g., the conflict in the Kashmir region). Food is a popular topic, but avoid discussing meat dishes with vegetarians. Strangers may pose personal questions about marital status, income, and immigration. The caste system was outlawed in 1949 (avoid mentioning); Dalit and Scheduled Castes are categories of the population for whom affirmative action programs are in place.

### Currency

The official currency is the rupee (INR); the Indian rupee is not fully convertible. Avoid accepting torn and faded bills, which may not be accepted by vendors or bankers.

### Dress

Professional attire is preferred for business. Women should wear slacks and a blouse with sleeves or a knee-length or longer skirt or dress. Casual attire should cover legs and upper arms (except at a beach or swimming pool). Local dress may reflect religious, class, and ethnic background; many people wear some form of Western dress. Many Indian women wear a sari or the pants-and-tunic shalwar-kameez; some Muslim women wear a burqa (veil). Indian men, especially in rural settings, may wear a lungi or dhoti (cotton wrap). Travelers are not expected to wear local dress, though they should observe standards of dress at religious sites. Shoes are removed when entering a mosque, a temple, or some homes; women must cover their hair and shoulders at mosques and (Sikh) gurdwaras. Avoid wearing leather in Hindu temples. Avoid wearing sneakers and T-shirts to dine in upscale hotels and restaurants. When in doubt, ask someone about appropriate attire and behavior.

### Food

Hot tea (chai) or carbonated cold drinks are often served in meetings, shops, and homes. Local foods reflect regional, ethnic, class, and religious variation. North Indian Mughlai cuisine features grilled or stewed meats (no pork or beef). Some Hindus and Jains are strict vegetarians. South Indian cuisine features trays of vegetarian small dishes with rice and lentils or a wrap (dosa).

Meals are often eaten with the hand, sometimes using a piece of flatbread to pick up a bite of food: use the right hand only.

Desserts are very sweet and often milk-based.

Invitations to take tea or have a meal may be lightly declined at first offer, but continued refusal to repeated invitations may be seen as an insult. Food may be served on platters from which all will take food, but Indians usually do not share food from their individual plates. Avoid eating, drinking, or smoking in public in predominantly Muslim areas during daylight hours of the fasting month of Ramadan.

Splitting the check is not customary; whoever invites usually pays. Women planning to treat for a restaurant meal may want to arrange payment in advance.

### Gestures, Touching, and Personal Space

Greetings vary by religious and/or class background. Generally, the Hindu "*Namaste*" greeting with hands placed together, as in prayer, is acceptable. Men may shake hands lightly; male friends may embrace; women may do the same with other females. Allow a local woman to offer to shake hands. Muslims greet each other with "*Salaam aleikum*," bringing the right hand upward toward the forehead. Sikhs greet each other with "*Sat sri akaal*," with hands placed together, as in prayer. Make eye contact, but travelers should refrain from looking intently at members of the opposite sex. Some local women veil or avoid eye contact.

Men may stand close, but unfamiliar people usually do not touch during conversations. Avoid touching a person's head (or head covering). Male friends or female friends often talk or walk holding hands; this demonstrates friendship and nothing more. Avoid public displays of male-female affection. The left hand is considered unclean; use the right hand to hand items to another person. Avoid pointing the sole of the shoes or feet toward others. Beckon with the palm down, moving all 4 fingers; avoid beckoning or pointing with the index finger (Indians may point with the chin).

Indian gestures may have different meanings; e.g., a head waggle may look like "no" to a Westerner, but mean "yes."

### Gifts

Gifts are not opened when received. Bring chocolates or flowers, toys or desk supplies for children when invited to someone's home. Imported whiskey is well received by hosts who drink alcohol. Avoid gifts with images of dogs for Muslims.

### Language(s)

Hindi and English are used for official matters; 22 local languages are officially recognized. Hundreds of local languages and dialects are spoken, many of which have unique scripts. Hindi is a second language for most Indians; many people in the north speak Hindustani. Other languages include Bengali, Telugu, Marathi, Tamil, Urdu, Gujarati, Malayalam, Kannada, and Assamese.

Business cards are often exchanged; English is fine (not necessary to have them translated).

### Names/Titles

Use academic/professional/religious titles when known, until invited to use given names. Use "Sir" or "Madam" in formal meetings. Naming patterns vary by personal background. On forms, s/o means "son of," d/o means "daughter of."

### Personal

Maiming or killing a cow is an offense which may receive up to five years imprisonment.

Homosexual activity is no longer illegal, but is not widely accepted in Indian society. Avoid same-sex public displays of affection.

### Photography

Photography of airports, train stations, military establishments, power plants, and dams is illegal and may result in long jail sentences. Some places of worship do not allow visitors to take pictures or videos; seek permission from a religious site's administrative office before photographing. Ask before photographing people; some people may decline or expect payment for being photographed. Use of aerial drones for photography or filming is illegal in some areas and requires a permit in all locations.

### Protocol/Etiquette

In this hierarchical society, people defer to individuals of greater age or status. Officials expect deference; address them formally and wait for an invitation to be seated. Audiences in public places are expected to stand when the national anthem is played.

### Religion

Freedom of religion is provided by law, with social and legal restrictions on conversion. The population is majority Hindu, with significant Muslim and Sikh minorities and smaller Buddhist, Christian, Jain, and Parsi groups. Religion is a key aspect of identity and daily life for most Indians.

Travelers doing missionary work without a missionary visa risk criminal prosecution and deportation. "Missionary work" may include such activities as speaking at a religious meeting to which the general public is invited.

The states of Odisha, Chhattisgarh, Gujarat, Arunachal Pradesh, Himachal Pradesh, Jharkhand, Rajasthan, Uttarakhand, Uttar Pradesh, and Madhya Pradesh have stringent laws regulating conversion from one faith to another faith.

## Time

Be punctual for business meetings, but understand that local notions of time can be very relaxed. Reconfirm meeting time the day beforehand. Be prepared to wait at government offices.

## Tipping

View tipping a small amount as an investment in getting things done in the future—not just as a reward for good service. (A tip to a bell hop upon arrival may facilitate good service during a visit.) Tips are generally not left in the room at the end of a hotel stay. For home stays, consult with host(ess) about how much and whom to tip on their household staff. For taxis, ask the driver to set the meter or set a fare in advance (there may be an additional charge sheet); round up fare as a tip; otherwise, tip a small amount if the driver moves luggage. Tip a hired car driver at the end of the trip; for multi-day trips, include enough to cover tea breaks and meals, as well as a proportionate amount as thanks for good service. "*Baksheesh*" can mean anything from a cash tip to alms for the poor to an illicit bribe.

## Toilets

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

## Other

Keep in mind that most aspects of life and travel in India are flexible and negotiable; reconfirming contract details and travel arrangements may be necessary. Be prepared to negotiate (or haggle).

# 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](http://travelregistration.state.gov) (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

### Safety in the Hotel

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

### Safety while Driving

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

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

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