

## Country List<sup>1</sup>

Country vaccination requirements<sup>2</sup> and WHO recommendations for vaccination against yellow fever, poliomyelitis, and malaria prophylaxis in international travellers

### Introduction

The Country List is a compilation of key information to facilitate international travel. The information provided for each country includes vaccination requirements for international travellers as provided by States Parties to the International Health Regulations (2005) (IHR), as well as WHO recommendations for vaccination against yellow fever, poliomyelitis, and malaria prophylaxis.<sup>3,4,5</sup>

The Country List is produced after consultation with States Parties to the IHR, and includes input from WHO technical units at headquarters and from WHO Regional Offices. States Parties are consulted yearly to confirm or update their country's requirements for international travellers.<sup>6</sup>

Country requirements are subject to change at any time. Temporary country requirements and WHO recommendations related to specific events are published on the *Travel advice* page of WHO website.<sup>7</sup> However, it is important for travellers to ensure that they know the requirements of the country to which they are travelling by checking with the relevant consulate or embassy.

As a complement to the Country List, the *International Travel and Health* (ITH) Chapter 6 on Vaccine-preventable diseases and vaccines describes WHO recommendations on: 1) routine vaccines for review before travelling, and 2) vaccines for certain destinations. This document is updated every two years and is available from the WHO website (most recent update from 2020).<sup>8</sup>

## Yellow fever

### Vaccination

Pursuant to IHR provisions, States Parties may require proof of vaccination against yellow fever as a condition of entry or of exit from an area where WHO has determined there is a risk of yellow fever transmission. WHO is recommending vaccination against yellow fever for travellers to areas that are determined to be at risk for yellow fever transmission. Yellow fever risk mapping for international travellers and WHO recommendations are submitted to the Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping (GRYF) for review.<sup>9</sup> Due to the COVID-19 pandemic, however, due to COVID-19 GRYF has not been assembled since 2019. Additional information about risk of yellow fever has been collected from the WHO Eliminate yellow fever epidemics (EYE) strategy 2017-2026 (EYE) initiative.<sup>10</sup>

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<sup>1</sup> In this publication, the terms “country” and “countries” refer to countries, territories and areas.

<sup>2</sup> Country vaccination requirements against COVID-19 are not encompassed by this publications.

<sup>3</sup> WHO publishes these requirements for purposes of information only; this publication does not constitute an endorsement or confirmation that such requirements provided by WHO Member States / States Parties to the IHR are in accordance with the provisions of the IHR.

<sup>4</sup> The requirement by some countries for vaccination against yellow fever of infants over 6 months of age is not in accordance with WHO advice outlines in Chapter 6 of the ITH. Travellers should, however, be informed that such requirement exists for entry into those countries concerned.

<sup>5</sup> When available, the date of the most recent update or confirmation is indicated in parentheses in the country list. If no accurate date is indicated, the most recent update or confirmation was provided prior to 2013.

<sup>6</sup> The consultation with States Parties to the IHR is conducted through a survey, prepared by WHO headquarters on 16 March 2022 in the six official languages, and dispatched, to the 196 States Parties by email, through the relevant WHO Regional Offices. States Parties with dependencies were requested to provide information on those as well. The deadline for States Parties to share the completed questionnaire with both, WHO headquarters and the relevant WHO Regional Office, was 15 May 2022. Between 25 March and 15 August 2022, 70 States Parties (36%) responded to the survey (African Region: 0/47 (0%) States Parties; Region of the Americas: 20/35 (57%) States Parties; Eastern Mediterranean Region: 21/21 (100%) States Parties; European Region: 20/55 (36%) States Parties; South-East Asia Region: 5/11 (45%) States Parties; Western Pacific Region: 4/27 (15%) States Parties. In addition, information was provided regarding 9 dependencies.

<sup>7</sup> WHO *International Travel and Health* web page, see All updates for travellers section at: <https://www.who.int/travel-advice/all-updates-for-travellers> (accessed 3 November 2022).

<sup>8</sup> For further information, see Chapter 6 on the WHO web page at: [https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c\\_14](https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c_14) (accessed 3 November 2022).

<sup>9</sup> For further information on the GRYF, see the WHO web page at: <http://www.who.int/ith/yellow-fever-risk-mapping/en/> (accessed 3 November 2022).

<sup>10</sup> For further information on the EYE initiative, see the WHO web page at: <https://www.who.int/initiatives/eye-strategy#:~:text=The%20EYE%20strategy%20is%20a,prevent%20international%20spread%3B%20and> (accessed 7 November 2022).

Annex 1 of the ITH provides a summary list of countries that WHO has determined with risk of yellow fever transmission – either across their entire territory or part(s) of it –, as well as of country requirements for proof of vaccination against yellow fever as a condition for entry.<sup>11</sup>

The rationale for vaccination against yellow fever vaccination in international travellers is two-folds:

### **1. To prevent the international spread of the disease**

Countries protect themselves from the risk of importing or further spreading yellow fever virus by establishing entry requirements on yellow fever vaccination. Generally, countries that require proof of vaccination are those where the mosquito vector and potential non-human primate hosts of yellow fever are present. Any importation of the virus into such countries by infected travellers may result in its propagation and establishment, posing the local population at risk. Proof of vaccination is often required for travellers arriving from countries with risk of yellow fever transmission and sometimes for travellers in transit through such countries. It should be noted that some countries require proof of vaccination from all travellers.

A WHO meeting of yellow fever experts proposed in 2010 that less than 12 hours of airport transit in an area at risk of yellow fever poses an almost non-existent risk of yellow fever and, therefore, that proof of vaccination might not be necessary. This publication captures such information to the extent possible. Therefore, travellers should confirm individual country requirements by contacting, prior to departure, the relevant consulate or embassy of the country they intend to visit.

Yellow fever is currently the only disease for which proof of vaccination may be required for travellers as a condition of entry to a State Party under Articles 35 and 36, and Annex 7 of the IHR. Requirements of proof of vaccination against other diseases may be introduced in the context of a public health emergency of international concern (PHEIC) according to the temporary recommendations issued by the Director-General of WHO (e.g. PHEIC related to the ongoing events and context involving transmission and international spread of poliovirus). With respect to Annex 7 of the IHR, specifically referring to yellow fever, an important change was made in May 2014, when the World Health Assembly adopted a revision to it, which extends the validity of a certificate of vaccination against yellow fever from 10 years to the life of the person vaccinated.<sup>12</sup> This change came into force on 11 July 2016. For both existing and newly issued certificates, revaccination or a booster dose of yellow fever vaccine cannot be required from international travellers as a condition of entry into a country, regardless of the date on which their international certificate of vaccination was initially issued.

### **2. To protect individual travellers who may be exposed to yellow fever infection**

The risk of yellow fever transmission in a country depends on both, the presence of the virus in humans or animals, as well as the presence of competent mosquito-vectors. Because yellow fever is frequently fatal for those who have not been vaccinated, vaccination is recommended for travellers (with few exceptions, as noted in Chapter 6) visiting areas where there is a risk of yellow fever transmission.

WHO determines those areas where “a risk of yellow fever transmission is present” on the basis of the diagnosis of cases of yellow fever in humans and/or animals, the results of yellow fever sero-surveys, and the presence of vectors and animal reservoirs. The maps presenting areas at risk for yellow fever transmission are available from the WHO website.<sup>13</sup>

Decisions regarding the use of yellow fever vaccine for travellers must take several factors into account, including the risk of exposure to yellow fever virus (e.g. workers in extractive industries such as mining or forestry in areas at risk for yellow fever) and the potential for serious adverse events following yellow fever vaccination (Chapter 6).<sup>14</sup>

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<sup>11</sup> Annex 1 (2022) is available on the WHO web page at: <https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-november-2022>.

<sup>12</sup> World Health Assembly resolution WHA67.13 containing the updated Annex 7 of the IHR (2005), see the WHO website at: [https://apps.who.int/gb/ebwha/pdf\\_files/WHA67/A67\\_R13-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA67/A67_R13-en.pdf) (accessed 3 November 2022).

<sup>13</sup> See WHO yellow fever risk maps for Africa at [ITH\\_YF\\_vaccination\\_africa.png \(2028×1358\) \(who.int\)](https://www.who.int/ith/yf/vaccination/africa.png), and for the Americas at [Yellow Fever Vaccination Recommendations in the Americas, 2019 \(arcgis.com\)](https://www.who.int/ith/yf/vaccination/americas.png) (both accessed 3 November 2022).

<sup>14</sup> For further information, see Chapter 6 on the WHO web page at: [https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c\\_14](https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c_14) (accessed 3 November 2022).

The table below summarizes the categories of WHO recommendations for vaccination against yellow fever in international travellers.

### WHO recommendations for yellow fever vaccination for travellers

| Yellow fever vaccination category | Rationale for recommendation   |
|-----------------------------------|--|
| Recommended                       | Yellow fever vaccination is recommended for all travellers $\geq 9$ months of age in areas where there is evidence of persistent or periodic yellow fever virus transmission.  |
| Generally not recommended         | Yellow fever vaccination is generally not recommended in areas where there is low potential for yellow fever virus exposure (no human cases of yellow fever ever reported and evidence to suggest only low levels of yellow fever virus transmission in the past). However, vaccination might be considered for a small subset of travellers to these areas who are at increased risk of exposure to mosquitoes or are unable to avoid mosquito bites. When considering vaccination, any traveller must take into account the risk of being infected with yellow fever virus, country entry requirements, and individual risk factors (e.g. age, immune status) for serious vaccine-associated adverse events. |

### Poliomyelitis

Until the disease has been certified as eradicated globally, the risks of acquiring polio (for travellers to infected areas) and of reinfection of polio-free areas (by travellers from infected areas) remain.

Travellers from polio-free to polio-endemic countries should have completed polio vaccination according to their national immunization schedule. Incomplete polio vaccinations should be completed. It is particularly important that people living in countries with active transmission of poliovirus (including vaccine-derived virus) be fully vaccinated. In addition, travellers from such countries should receive a dose of oral poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV) at least 4 weeks before (and within 12 months of) departure. For further details on vaccine data and WHO recommendations please consult the updated Chapter 6 of the ITH.<sup>15</sup>

On 5 May 2014, the Director-General of WHO determined the international spread of wild poliovirus to constitute a PHEIC under the IHR and issued temporary recommendations to reduce the international spread of wild poliovirus. The temporary recommendations are reviewed and updated by the Director-General of WHO every three months, based on advice from the IHR Emergency Committee concerning ongoing events and context involving transmission and international spread of poliovirus.<sup>16</sup> The most up to date temporary recommendations are available on the WHO website.<sup>15</sup>

Updates on currently endemic, affected states and vulnerable countries are available from the Global Polio Eradication Initiative website.<sup>17</sup>

Some polio-free countries require resident travellers and long-term visitors from polio-infected countries to provide documentation of recent vaccination against polio in order to obtain an entry visa, or they may require travellers to receive an additional dose of polio vaccine on arrival, or both. Travellers should confirm individual country requirements by contacting the relevant consulate or embassy of the country they intend to visit.

<sup>15</sup> For further information, see Chapter 6 on the WHO web page at: [https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c\\_14](https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-6.pdf?sfvrsn=8c1a400c_14) (accessed 3 November 2022).

<sup>16</sup> IHR Emergency Committee concerning ongoing events and context involving transmission and international spread of poliovirus: <https://www.who.int/groups/poliovirus-ih-er-emergency-committee> (accessed 3 November 2022).

<sup>17</sup> See Global Polio Eradication Initiative web page on *Where we work* at <http://polioeradication.org/where-we-work/> and the WHO poliomyelitis web page at <https://www.who.int/health-topics/poliomyelitis> (both accessed 3 November 2022).

## Malaria

General information about malaria, its geographical distribution, and details of preventive measures are included in Chapter 7 of the ITH, which is updated every two years and is available on the WHO website.<sup>18</sup> Specific information for each country is provided in this section, including epidemiological details for countries with malarious areas (geographical and seasonal distribution, altitude, predominant species, reported resistance). The recommended types of prevention are also indicated.

For each country, the recommendation of prevention type is based on the following factors: the risk of contracting malaria, the prevailing species of malaria parasites in the area, the level and spread of drug resistance reported from the country, and the possible risk of serious side-effects resulting from the use of the various prophylactic drugs.

Where *Plasmodium falciparum* and *P. vivax* both occur, prevention of *P. falciparum* malaria takes priority. Unless the malaria risk is defined as due “exclusively” to a certain species (e.g. *P. falciparum* or *P. vivax*), travellers may be at risk from any of the parasite species, including mixed infections. *P. falciparum* resistance to chloroquine and sulfadoxine-pyrimethamine is at present nearly universal and is no longer specifically mentioned in the country list below. These two medications currently have no role in the prevention or treatment of falciparum malaria in travellers.

Depending on the type of malaria risk in the specific area of the country/territory visited, the recommended prevention method may be mosquito-bite prevention only, or mosquito-bite prevention in combination with chemoprophylaxis and/or standby emergency treatment (SBET). The selection of medicine to use for chemoprophylaxis should take into account the reported drug-resistance pattern in the locality, as shown in the table below, where the letters A, B and C refer to the type of prevention. Please note that this table includes all possible case scenarios for prevention of all plasmodium species causing malaria in humans. For example, prevention against *P. knowlesi* is included in type B. More information on malaria – including country profiles,<sup>19</sup> threat maps,<sup>20</sup> and countries and territories certified malaria-free by WHO<sup>21</sup> – is available from the WHO website.<sup>22</sup>

### Malaria risk and type of prevention

|        | Malaria risk                              | Type of prevention   |
|--------|---|--|
| Type A | Very limited risk of malaria transmission | Mosquito-bite prevention only  |
| Type B | Risk of non-falciparum malaria            | Mosquito-bite prevention plus chloroquine, or doxycycline or atovaquone-proguanil or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects and contraindications) <sup>a</sup> |
| Type C | Risk of <i>P. falciparum</i> malaria      | Mosquito-bite prevention plus atovaquone-proguanil or doxycycline or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects and contraindications) <sup>a, b</sup>              |

<sup>18</sup> For further information, see Chapter 7 on the WHO web page at: [https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-7.pdf?sfvrsn=8be7067\\_13](https://cdn.who.int/media/docs/default-source/travel-and-health/9789241580472-eng-chapter-7.pdf?sfvrsn=8be7067_13) (accessed 3 November 2022).

<sup>19</sup> Malaria country profiles, see: <https://www.who.int/data/gho/data/themes/malaria> (accessed 3 November 2022).

<sup>20</sup> Malaria threats map, see: <http://apps.who.int/malaria/maps/threats/> (accessed 3 November 2022).

<sup>21</sup> Countries and territories certified malaria-free by WHO, see: <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (accessed 3 November 2022).

<sup>22</sup> WHO web page on malaria, see: [https://www.who.int/health-topics/malaria#tab=tab\\_1](https://www.who.int/health-topics/malaria#tab=tab_1) (accessed 3 November 2022).

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

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

## AFGHANISTAN

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2022)

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

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

### Other country requirement(s) (2021)

Proof of polio, *Haemophilus influenzae* and *Meningococcal meningitis* vaccination is required for travellers going to Hajj. For residents or travellers who stay in Afghanistan for more than 4 weeks, a proof of polio vaccination may be required when departing from Afghanistan. This vaccination should be received between 4 weeks and 12 months before the date of departure.

## ALBANIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## ALGERIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria

(2020)

Country certified malaria-free by WHO in 2019.<sup>25</sup>

## AMERICAN SAMOA *see* UNITED STATES OF AMERICA

## ANDORRA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ANGOLA

### Yellow fever (2015)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

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

**WHO recommended prevention:** C

<sup>23</sup> In this publication, the terms “country” and “countries” refer to countries, territories and areas.

<sup>24</sup> Territories and areas are indented and enumerated in alphabetical order under the name of sovereign State.

<sup>25</sup> Countries and territories certified malaria-free by WHO available at: <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (accessed 3 November 2022).

## ANGUILLA *see* UNITED KINGDOM

## ANTIGUA AND BARBUDA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## ARGENTINA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to Corrientes and Misiones provinces.

*Generally not recommended* for travellers going to Formosa Province and designated areas of Chaco, Jujuy and Salta provinces.

*Not recommended* for travellers whose itineraries are limited to areas and provinces not listed above.

### Malaria (2021)

Country certified malaria-free by WHO in 2019.<sup>26</sup>

## ARMENIA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ARUBA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission. Entry will be denied if a valid vaccination certificate cannot be provided.

**WHO vaccination recommendation:** no

## ASCENSION ISLAND *see* UNITED KINGDOM

## AUSTRALIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and with the exception of Galápagos Islands in Ecuador, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission and with the same exception as mentioned above.

**WHO vaccination recommendation:** no

## AUSTRIA

### Yellow fever (2021)

**Country requirement at entry:** no

<sup>26</sup> Countries and territories certified malaria-free by WHO available at: <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (accessed 3 November 2022).

**WHO vaccination recommendation:** no

## **AZERBAIJAN**

### **Yellow fever (2019)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2019)**

Malaria risk due exclusively to *P. vivax* exists from June through October in lowland areas, mainly in the area between the Kura and Arax rivers. There is no malaria transmission in Baku city (the capital city). No locally acquired cases have been reported since 2013.

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

## **AZORES *see* PORTUGAL**

## **BAHAMAS (THE)**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## **BAHRAIN**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **BANGLADESH**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2022)**

Malaria risk exists throughout the year with a peak during monsoon (May–October); transmission occurs only in 13 of 64 districts (both in rural and urban areas). The risk is high in Chittagong Hill Tracts (Bandarban, Rangamati, and Khagrachari), Chittogram, and Cox's Bazar districts. Low risk exists in the districts of Hobigonj, Kurigram, Moulvibazar, Mymensingh, Netrakona, Sherpur, Sunamgonj, and Sylhet. Most parts of the country, including Dhaka City, have no risk of malaria.

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

### **Other country requirement(s) (2022)**

Proof of vaccination against poliomyelitis required for arriving travellers under 5 years of age.

Proof of vaccination against meningococcal meningitis and seasonal influenza required for departing travellers in the context of Hajj.

## **BARBADOS**

### **Yellow fever (2020)**



**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and with the exception of Guyana and Trinidad and Tobago unless an outbreak is occurring.

**WHO vaccination recommendation:** no

## BELARUS

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BELGIUM

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## BELIZE

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria risk due predominantly to *P. vivax* exists in some areas of Stan Creek and is negligible elsewhere.

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

## BENIN

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2020)

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

**WHO recommended prevention:** C

## BERMUDA *see* UNITED KINGDOM

## BHUTAN

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2022)

malaria risk exists throughout the year in the southern belt of the country, which comprises seven districts: Chukha, Dagana, Pemagatshel, Samdrup Jongkhar, Samtse, Sarpang and Zhemgang. No transmission occurs in the four following districts: Bumthang, Gasa, Paro and Thimphu. Seasonal transmission during the rainy summer months occurs in focal areas in the rest of the country.

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

## BOLIVIA (PLURINATIONAL STATE OF)

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to the following areas east of the Andes below 2300 m: the entire departments of Beni, Pando and Santa Cruz; and designated areas of the departments of Chuquisaca, Cochabamba, La Paz and Tarija.

*Not recommended* for travellers whose itineraries are limited to areas above 2300 m and all areas not listed above, including the cities of La Paz and Sucre.

#### **Malaria (2021)**

Malaria risk due almost exclusively to *P. vivax* (99.9%) exists throughout the year in the entire country below 2500 m. The risk of malaria is highest in the northern departments of Beni and Pando, especially in the localities of Riberalta, Guayaramerín and Sena.

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

### **BONAIRE**

#### **Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation: no**

### **BOSNIA AND HERZEGOVINA**

#### **Yellow fever (2021)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

### **BOTSWANA**

#### **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from or having transited through a country with risk of yellow fever transmission.

**WHO vaccination recommendation: no**

#### **Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists from November through May/June in the northern parts of the country: Bobirwa, Boteti, Chobe, Ngamiland, Okavango and Tutume districts/subdistricts.

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

### **BRAZIL**

#### **Yellow fever (2022)**

**Country requirement at entry: no**

**WHO vaccination recommendation: yes**

*Recommended* for all travellers aged 9 months or over going to the states of Acre, Amapá, Amazonas, Distrito Federal (including the capital Brasília), Espírito Santo, Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Paraná, Piauí, Rio de Janeiro, Rio Grande do Sul, Rondônia, Roraima, Santa Catarina, Sao Paulo, Tocantins; as well as to designated areas of Bahia State. Vaccination is also recommended for travellers visiting Iguazu Falls.

*Not recommended* for travellers whose itineraries are limited to areas not listed above, including the cities of Fortaleza and Recife.

#### **Malaria (2022)**

According to 2021 data, malaria risk due to *P. vivax* (83%), *P. falciparum* and mixed infections (17%) exists in most forested areas below 900 m within in eight states of the administrative region of Amazonas (Acre, Amapá, Amazonas, Maranhão, Mato Grosso [northern part], Pará, Rondônia and Roraima). Transmission intensity varies from one municipality to another and is higher in jungle-mining areas, in agricultural settlements, in indigenous areas, and in some peripheral urban areas, including the large cities of Cruzeiro do Sul, Manaus, Porto Velho, Boa Vista, Macapá, Marabá and Rio Branco. *P. vivax* and *P. falciparum* are co-circulating in the above-mentioned areas. *P. falciparum* circulating in Brazil is resistant to chloroquine, hence

the use of this drug for chemoprophylactic purposes is not recommended. In the states outside the administrative region of Amazonas, the risk of malaria transmission is negligible or non-existent, but there is a residual risk of *P. vivax* transmission in Atlantic forest areas of the states of São Paulo, Minas Gerais, Rio de Janeiro and Espírito Santo. Detailed information on the epidemiological situation of malaria in Brazil is available at [www.saude.gov.br/malaria](http://www.saude.gov.br/malaria).

**WHO recommended prevention in risk areas:** C in areas where *P. vivax* and *P. falciparum*; A according to the level of risk in the area visited.

## **BRITISH VIRGIN ISLANDS *see* UNITED KINGDOM**

## **BRITISH INDIAN OCEAN TERRITORY**

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

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **BRUNEI DARUSSALAM**

### **Yellow fever (2019)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2019)**

Human *P. knowlesi* infection has been reported.

**WHO recommended prevention:** B

### **Other country requirement(s) (2019)**

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

## **BULGARIA**

### **Yellow fever (2019)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **BURKINA FASO**

### **Yellow fever (2020)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### **Malaria (2020)**

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

**WHO recommended prevention:** C

## **BURUNDI**

### **Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### **Malaria (2020)**

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

**WHO recommended prevention:** C

## CABO VERDE (THE REPUBLIC OF)

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2020)

Limited malaria risk due predominantly to *P. falciparum* exists from August through November in Santiago Island and in Boa Vista Island.

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

## CAMBODIA

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2020)

Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year in forested rural areas. Phnom Penh and areas close to Tonle Sap (Siem Reap) are not at risk. Risk within the tourist area surrounding Angkor Wat is negligible. *P. falciparum* resistance to artesunate, mefloquine, lumefantrine, and piperaquine has been reported in western Cambodia and extends to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia.

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

## CAMEROON

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2020)

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

**WHO recommended prevention:** C

## CANADA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CANARY ISLANDS *see* SPAIN

## CAYMAN ISLANDS *see* UNITED KINGDOM

## CENTRAL AFRICAN REPUBLIC

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2020)

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

**WHO recommended prevention:** C

## CHAD

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

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

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

### Malaria (2020)

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

**WHO recommended prevention:** C

## CHILE

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CHINA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2021)

Country certified malaria-free by WHO in 2021.<sup>27</sup>

## CHRISTMAS ISLAND

(Indian Ocean)

### Yellow fever (2019)

Same requirements as mainland Australia.

**WHO vaccination recommendation:** no

## COLOMBIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from Angola, Brazil, Democratic Republic of the Congo, and Uganda and for travellers having transited for more than 12 hours through an airport from the same countries.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to Colombia except for the areas described below.

*Generally not recommended* for travellers going to the cities of Barranquilla, Cali, Cartagena and Medellín.

*Not recommended* for travellers whose itineraries are limited to all areas above 2300 m, the department of San Andrés y Providencia, and the capital city of Bogotá.

### Malaria (2020)

Malaria risk is high in some municipalities of the departments of Antioquia, Bolívar, Cauca, Chocó, Córdoba, La Guajira, Nariño, and Risaralda. Lower level risk is also present in some municipalities of Amazonas, Caqueta, Guaviare, Guainía, Meta, Norte de Santander, Putumayo, Vaupes, and Vichada.

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

<sup>27</sup> Countries and territories certified malaria-free by WHO available at: <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (accessed 3 November 2022).

## COMOROS

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2018)

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

**WHO recommended prevention:** C

## CONGO

### Yellow fever (2018)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

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

**WHO recommended prevention:** C

## COOK ISLANDS

### Yellow fever (2020)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## COSTA RICA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, with the addition of Tanzania and Zambia in the African region; the exception of Argentina and Panama in the Americas; and the following specifications for the following countries: Colombia (the entire country except Bogotá (the capital), Barranquilla, Cali, Cartagena, Medellín, and San Andrés Providencia); Ecuador (applies only to Morona-Santiago, Napo, Orellana, Pastaza, Sucumbíos, and Zamora-Chinchipe); Paraguay (the entire country except Asunción (the capital)); Peru (the entire country except Lima (the capital), Cajamarca, Cuzco, Lambayeque, Machu Picchu, Ruta de los Incas, Piura, Tumbes); Trinidad and Tobago (the entire country except the urban areas of Port of Spain (the capital), and for travellers in transit or whose itineraries are limited to the island of Tobago).

**WHO vaccination recommendation:** no

### Malaria (2022)

Very low malaria risk was historically due almost exclusively to *P. vivax*. Negligible or no risk of malaria transmission exists in the country. **WHO recommended prevention in risk areas:** A

## CÔTE D'IVOIRE

### Yellow fever (2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2018)

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

**WHO recommended prevention:** C

## CROATIA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CUBA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## CURAÇAO

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## CYPRUS

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## CZECHIA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

### Yellow fever (prior to 2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2020)

Limited malaria risk due exclusively to *P. vivax* exists in some southern areas.

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

## DEMOCRATIC REPUBLIC OF THE CONGO

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2021)

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

**WHO recommended prevention:** C

## DENMARK

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## DJIBOUTI

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

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

**WHO recommended prevention:** C

### Other country requirement(s) (2022)

Proof of vaccination against meningococcal meningitis and yellow fever for departing travellers in the context of Hajj. Administration of vaccines(s) against meningococcal meningitis, poliomyelitis, and yellow fever, and related proof of vaccination issued depending on requirements of countries of destination.

## DOMINICA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## DOMINICAN REPUBLIC

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from the states of Mina Gerais, Espirito Santo, Sao Paulo and Rio de Janeiro in Brazil and for travellers having transited for more than 12 hours through an airport of the same states in Brazil.

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria risk due exclusively to *P. falciparum* exists throughout the year, especially in the provinces of Santo Domingo and San Juan. Risk in other areas is low to negligible. No evidence of *P. falciparum* resistance to any antimalarial drug has been reported.

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

## ECUADOR

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from Brazil, Democratic Republic of the Congo and Uganda and for travellers having transited for more than 12 hours through an airport of the same countries.

**WHO vaccination recommendation:** yes

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

*Generally not recommended* for travellers whose itineraries are limited to the following provinces west of the Andes including below 2300 m: Guayas, Los Rios, Santa Helena and Santo Domingo de los Tsachilas, and designated areas of Azuay, Bolivar, Canar, Carchi, Chimborazo, Cotopaxi, El Oro, Imbabura, Loja, Pichincha and Tungurahua.

*Not recommended* for travellers whose itineraries are limited to all areas above 2300 m, the cities of Guayaquil and Quito, and the Galápagos Islands.

It should be noted that, although urban areas (cities) and the Galapagos Islands are not risk areas for yellow fever, the jungle area of the Amazon Region of Ecuador – where the provinces of Orellana, Sucumbios, Pastaza, Napo, Morona Santiago, Zamora Chinchiipe and the coastal province of Esmeraldas are found and



where the vectors *Haemagogus spp.* and *Sabethes spp.* are transmitters of the disease – is considered risky and endemic for the circulation of the virus.

#### **Malaria (2022)**

Malaria risk due to *P. vivax* (67%) and *P. falciparum* (33%) exists throughout the year below 1500 m, with moderate risk in coastal provinces. Risk is low in Quito and in provinces that are part of the Inter-Andean or Sierra region. Risk of *P. vivax* malaria is present in some provinces of the country, predominantly in the Amazon region, especially the provinces of Morona Santiago, Pastaza, Orellana and Sucumbíos. Risk of *P. falciparum* malaria is present in some provinces of the country with predominance on the coast, especially the province of Esmeraldas, as well as in the Amazon region, especially the provinces of Pastaza and Morano Santiago.

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

## **EGYPT**

#### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

#### **Malaria (2022)**

Very limited malaria risk due to *P. falciparum* and *P. vivax* may exist from June through October in El Faiyûm Governorate. No indigenous cases have been reported since 1998.

**WHO recommended prevention:** none

#### **Other country requirement(s) (2020)**

Polio vaccination is requested regardless of age and vaccination status; proof of receipt of a dose of oral polio vaccine (bOPV) or inactivated poliovirus vaccine (IPV) in the form of an international vaccination certificate, as specified in Annex 6 of the IHR, issued within the previous 12 months and at least 4 weeks before departure is required for travellers arriving from Afghanistan, Indonesia, Myanmar, Nigeria, Pakistan, Papua New Guinea and Somalia to apply for an entry visa. Proof of receipt of a dose of bOPV or IPV in the form of an international vaccination certificate, as specified in Annex 6 of the IHR, issued within the previous 12 months and at least 4 weeks before departure is required from all travellers arriving from Angola, Benin, Cameroon, Central African Republic, China, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mozambique, Niger and Philippines.

## **EL SALVADOR**

#### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

#### **Malaria (2022)**

Very limited malaria risk due almost exclusively to *P. vivax* exists in rural areas prone to migration from Central American countries. Sporadic *P. vivax* malaria cases are reported from specific parts of the country.

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

## **EQUATORIAL GUINEA**

#### **Yellow fever (2019)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

#### **Malaria (2019)**

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

**WHO recommended prevention: C**

## ERITREA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

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

*Generally not recommended* for travellers going to the following states: Anseba, Debub, Gash Barka, Mae Kel and Semenawi Keih Bahri.

*Not recommended* for all other areas not listed above, including the islands of the Dahlak Archipelago.

### Malaria (2020)

Malaria risk due to *P. falciparum* (65%) and *P. vivax* (35%) exists throughout the year in the entire country below 2200 m. There is no risk in Asmara.

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

## ESTONIA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ESWATINI (KINGDOM OF)

### Yellow fever (2018)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in all low veld areas (mainly Big Bend, Mhlume, Simunye and Tshaneni). Risk is highest from November through May.

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

## ETHIOPIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to Afar and Somali provinces.

### Malaria (2020)

Malaria risk due to approximately 60% *P. falciparum* and 40% *P. vivax* exists throughout the year in the entire country below 2000 m. *P. vivax* resistance to chloroquine reported. There is no malaria risk in Addis Ababa.

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

## FALKLAND ISLANDS (MALVINAS) *see* UNITED KINGDOM

## FAROE ISLANDS

### Yellow fever (2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FIJI

### Yellow fever (2016)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## FINLAND

### Yellow fever (2020)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FRANCE

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## FRENCH GUIANA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2022)

Malaria risk due to *P. falciparum* (~15%) and *P. vivax* (~85%) is high throughout the year in 9 municipalities of the territory bordering Brazil (Oiapoque river valley) and Suriname (Maroni river valley). In the other 13 municipalities, transmission risk is low or negligible. Multidrug-resistant *P. falciparum* has been reported in areas influenced by Brazilian migration.

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

## FRENCH POLYNESIA

### Yellow fever (2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## GABON

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### Malaria (2021)

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

**WHO recommended prevention:** C

## GALAPAGOS ISLANDS *see* ECUADOR

## GAMBIA

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

**Malaria (2020)**

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

**WHO recommended prevention:** C

## GEORGIA

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2022)**

Limited malaria risk due exclusively to *P. vivax* may exist locally from June through October in the eastern part of the country bordering Azerbaijan. No locally-acquired cases have been reported since 2010.

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

**Other country requirement(s) (2022)**

Proof of vaccination against poliomyelitis required for travellers arriving from countries and territories with risk of poliovirus transmission. Travellers who are not vaccinated or are unable to present the vaccination certificate are offered oral polio vaccine at the border.

## GERMANY

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GHANA

**Yellow fever (2019)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

**Malaria (2019)**

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

**WHO recommended prevention:** C

## GIBRALTAR *see* UNITED KINGDOM

## GREECE

**Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2017)**

Very limited malaria risk (*P. vivax* only) may exist from May through October in certain high-risk agricultural areas.

**WHO recommended prevention in high-risk agricultural areas:** A

## GREENLAND

**Yellow fever (2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## GRENADA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## GUADELOUPE

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## GUAM *see* UNITED STATES OF AMERICA

## GUATEMALA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2021)

Malaria risk due almost exclusively to *P. vivax* (99.9%) exists throughout the year below 1500 m.

*Malaria risk is highest* in the departments of Escuintla (especially in the municipalities of Gomera, Masagua, Santa Lucia Cotzumalguapa and Tiquisate) and Alta Verapaz (in the municipalities of Telemán, Panzós and La Tinta).

*Malaria risk is moderate* in the departments of Suchitepéquez, Retalhuleu and Izabal.

*Malaria risk is low* in the rest of the departments (Chiquimula, Zacapa, Baja Verapaz, San Marcos, Peten, Jutiapa, Jalapa, El Progreso, Santa Rosa, Guatemala, Chimaltenango, Huehuetenango and Quiche).

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

## GUINEA

### Yellow fever (2019)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (unknown)

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

**WHO recommended prevention:** C

## GUINEA-BISSAU

### Yellow fever (2019)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

### Malaria (2019)

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

**WHO recommended prevention:** C

## GUYANA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year and over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 4 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2020)

Malaria risk due to *P. vivax* (32%), *P. falciparum* (34%) and mixed infections (9%) is high throughout the year in all parts of the interior. Risk is highest in regions 1, 7, 8 and parts of 9, and very low in regions 2, 3, 10 and parts of 6 with no risk in regions 4 and 5.

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

## HAITI

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria risk due exclusively to *P. falciparum* exists throughout the year in the entire country, but especially in the southern departments such as Grand'Anse, Nippes, and Sud-Est. No chloroquine-resistant *P. falciparum* has been reported.

**WHO recommended prevention:** C

## HONDURAS

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged between 1 and 60 years arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria risk due to *P. vivax* (79%), *P. falciparum* (20%) and mixed infections (~0.8%) exists. *P. vivax* transmission risk is high in the departments of Colon and Gracias a Dios and moderate in Atlántida, El Paraiso, Olancho and Yoro. *P. falciparum* transmission risk is high in Colon and Gracias a Dios. No chloroquine-resistant *P. falciparum* has been reported.

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

## HUNGARY

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ICELAND

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## INDIA

### Yellow fever (2019)

**Country requirement at entry:** anyone (except infants up to the age of 9 months) arriving by air or sea without proof of vaccination against yellow fever is detained in isolation for up to 6 days if that person (i) arrives within 6 days of departure from an area with risk of yellow fever transmission, or (ii) has been in such an area in transit (except those passengers and members of the crew who, while in transit through an airport situated in an area with risk of yellow fever transmission, remained within the airport premises during the period of their entire stay and the Health Officer agrees to such exemption), or (iii) arrives on a ship that started from or touched at any port in an area with risk of yellow fever transmission up to 30 days before its arrival in India, unless such a ship has been disinfected in accordance with the procedure laid down by WHO, or (iv) arrives on an aircraft that has been in an area with risk of yellow fever transmission and has not been disinfected in accordance with the Indian Aircraft Public Health Rules, 1954, or as recommended by WHO. Countries and areas regarded as having risk of yellow fever transmission are, in Africa: Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Togo and Uganda; and in the Americas: Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago (Trinidad only) and Venezuela (Bolivarian Republic of). *Note: When a case of yellow fever is reported from any country, that country is regarded by the Government of India as a country with risk of yellow fever transmission and is added to the above list.*

**WHO vaccination recommendation:** no

#### **Malaria (2019)**

Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year in the entire country below 2000 m. The majority of malaria in India is reported from the eastern and central parts of the country and from states which have large forest, hilly and tribal areas. These states include Odisha, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra and some north-eastern states such as Tripura, Meghalaya and Mizoram. There is no transmission in parts of the states of Himachal Pradesh, Jammu and Kashmir, and Sikkim.

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

#### **Other country requirement(s) (2018)**

Proof of oral polio vaccination at least 4 weeks before departure for resident national travellers from polio-endemic countries (Afghanistan, Nigeria, Pakistan) and countries with poliovirus circulation following importation (Democratic Republic of the Congo, Ethiopia, Kenya, Somalia, Syrian Arab Republic) is required.

## **INDONESIA**

#### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

#### **Malaria (2022)**

Malaria risk exists throughout the year in most areas of the five eastern provinces of East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua. In other parts of the country, there is malaria risk in some districts, except in Jakarta municipality, in cities and urban areas, and in the areas of the main tourist resorts. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported in the province of Kalimantan.

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

#### **Other country requirement(s) (2022)**

Proof of vaccination against meningococcal meningitis for departing travellers to Saudi Arabia and Meningitis Belt areas. Proof of vaccination against poliomyelitis for departing travellers to endemic countries.

## **IRAN (ISLAMIC REPUBLIC OF)**

#### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2022)**

Malaria risk due to *P. vivax* and very limited risk due to *P. falciparum* exist from March through November in rural areas of the provinces of Hormozgan and Kerman (tropical part) and the southern part of Sistan and Baluchestan.

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

### **Other country requirement(s) (2022)**

Proof of polio vaccination between 4 weeks and 12 months prior to arrival to Iran is required for all travellers of all ages arriving from a polio-endemic country (Afghanistan, Nigeria, Pakistan). If such a certificate cannot be presented, travellers will receive a dose of polio vaccine at entry

## **IRAQ**

### **Yellow fever (2022)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

### **Malaria (2022)**

No indigenous cases have been reported since 2009, and only imported cases have been registered since then.

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

## **IRELAND**

### **Yellow fever (2021)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

## **ISRAEL**

### **Yellow fever (2019)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

## **ITALY**

### **Yellow fever (2022)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

## **JAMAICA**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation: no**

## **JAPAN**

### **Yellow fever (2021)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

## **JORDAN**

### **Yellow fever (2022)**

**Country requirement at entry: no**

**WHO vaccination recommendation: no**

**Other country requirement(s) (excluding COVID-19 related) (2022):**



Proof of vaccination against meningococcal meningitis and seasonal influenza required for departing travellers in the context of Hajj.

## KAZAKHSTAN

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## KENYA

### Yellow fever (prior to 2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the following areas: the entire North Eastern Province; the states of Kilifi, Kwale, Lamu, Malindi and Tanariver in Coastal Province; and the cities of Nairobi and Mombasa.

### Malaria (prior to 2018)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Normally, there is little risk in the city of Nairobi and in the highlands (above 2500 m) of Central, Eastern, Nyanza, Rift Valley and Western provinces.

**WHO recommended prevention:** C

## KIRIBATI

### Yellow fever (2019)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## KOREA (REPUBLIC OF)

### Yellow fever (2019)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Malaria (2019)

Limited malaria risk due exclusively to *P. vivax* exists mainly in the northern areas of Gangwon-do and Gyeonggi-do provinces and in Incheon City (towards the demilitarized zone or DMZ).

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

## KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF, *see* DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

## KUWAIT

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## KYRGYZSTAN

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LAO PEOPLE'S DEMOCRATIC REPUBLIC**

### **Yellow fever (2020)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2020)**

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

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

## **LATVIA**

### **Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LEBANON**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LESOTHO**

### **Yellow fever (2020)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LIBERIA**

### **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### **Malaria (2018)**

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

**WHO recommended prevention:** C

## **LIBYA**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Other country requirement(s) (2022)**

Proof of vaccination against meningococcal meningitis and seasonal influenza required for departing travellers in the context of Hajj.

## **LIECHTENSTEIN**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **LITHUANIA**

## Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## LUXEMBOURG

### Yellow fever (2020)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MADAGASCAR

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2020)

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

**WHO recommended prevention:** C

## MADEIRA ISLANDS *see* PORTUGAL

## MALAWI

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

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

**WHO recommended prevention:** C

## MALAYSIA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria risk exists only in limited foci in the deep hinterland of the states of Sabah and Sarawak and the central areas of Peninsular Malaysia. In 2021, no indigenous *P. falciparum* cases were reported and 23 imported *P. falciparum* cases were registered. Human *P. knowlesi* infection has been reported. Urban, suburban and coastal areas are free from malaria.

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

## MALDIVES

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

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

Proof of polio vaccination is required for persons travelling to and from countries exporting poliovirus as well as for Hajj and Umrah pilgrims.

## **MALI**

**Yellow fever (2020)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

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

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

**Malaria (2020)**

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

**WHO recommended prevention:** C

## **MALTA**

**Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## **MARSHALL ISLANDS**

**Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MARTINIQUE**

**Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## **MAURITANIA**

**Yellow fever (2013)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

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

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

**Malaria (2018)**

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

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

## **MAURITIUS**

**Yellow fever (2020)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MAYOTTE**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2022)**

Significant reduction in malaria burden with the island transitioning into an elimination phase. Low malaria risk due predominantly to *P. falciparum* exists throughout the year, with only sporadic cases registered in 2021.

**WHO recommended prevention:** A

## **MEXICO**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2022)**

Malaria risk due almost exclusively to *P. vivax* exists intermittently throughout the year in some rural areas that are not often visited by tourists. These areas are located in the states of Campeche, Chiapas, Chihuahua and Sinaloa.

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

## **MICRONESIA (FEDERATED STATES OF)**

### **Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MOLDOVA (REPUBLIC OF)**

### **Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MONACO**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MONGOLIA**

### **Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **MONTENEGRO**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## MONTSEERRAT

### Yellow fever (2017)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## MOROCCO

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### Other country requirement(s) (2022)

Proof of vaccination against poliomyelitis, documented in the International Certificate of Vaccination or Prophylaxis and certifying the administration of one dose of vaccine within the previous 12 months and at least 4 weeks prior to departure, for all travellers arriving from poliomyelitis-affected countries.

## MOZAMBIQUE

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2020)

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

**WHO recommended prevention:** C

## MYANMAR

### Yellow fever (2019)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2019)

Malaria risk due predominantly to *P. falciparum* exists throughout the year in remote rural, hilly and forested areas of the country, as well as in some coastal areas in Rahkine State. There is no transmission in cities and urban areas. The central plains and the dry zone are generally free of malaria, but some pockets of transmission still exist. Mefloquine resistance has been reported in Kayin State and the eastern part of Shan State. Emerging artemisinin resistance is suspected in south-eastern Myanmar. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported.

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

## NAMIBIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due to *P. falciparum* exists from November through June in the following regions: Ohangwena, Omaheke, Omusati, Oshana, Oshikoto and Otjozondjupa. Risk exists throughout the year along the Kunene

river in Kunene Region, the Zambezi river in Zambezi Region, and the Okavango river in Kavango regions (West and East).

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

## NAURU

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NEPAL

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

Malaria infection is present in the far-western region of the country and inner Terai (plain land) – along the forests, foothills, forest fringes and in upper hilly river valleys. Malaria transmission is mostly seasonal (March–October), with peak months during the rainy season (May–August). The risk is due predominantly to *P. vivax*. A drastic decrease of malaria cases was observed during the last 3 years and the goal is elimination of malaria by 2025.

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

### Other country requirement(s) (2022)

Proof of vaccination against poliomyelitis, documented in the International Certificate of Vaccination or Prophylaxis, for all travellers arriving from from the following countries. Countries with risk of Polio transmission: Afghanistan, Benin, Burkina Faso, Cameroon, Central African Republic (CAR), Chad, Republic of Congo, Democratic Republic of Congo, Côte d'Ivoire, Egypt, Ethiopia, Gambia, Guinea, Guinea Bissau, Iran (Islamic Republic of), Kenya, Liberia, Madagascar, Mali, Mauritania, Niger, Nigeria, Pakistan, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tajikistan, Uganda, Ukraine, Yemen. All residents and long-term visitors (i.e. > four weeks) of all ages should have received the polio vaccine between four weeks and 12 months prior to travel and those undertaking urgent travel (i.e. within four weeks) should have received a dose of polio vaccine at least by the time of departure.

## NETHERLANDS (THE)

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NEW CALEDONIA

### Yellow fever (2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

*Note.* In the event of an epidemic threat to the territory, a specific vaccination certificate may be required.

**WHO vaccination recommendation:** no

## NEW ZEALAND

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NICARAGUA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

Malaria risk due to *P. vivax* (79.2%) and *P. falciparum* (20.8%) exists throughout the year in a number of municipalities, mainly in Región Autónoma del Atlántico Norte, with sporadic transmission also reported in Boaca, Chinandega, Jinotega, León and Matagalpa. Cases are reported from other municipalities in the central and western departments but the risk in these areas is considered to be very low or negligible. Risk due to *P. falciparum* is high mainly in Región Autónoma del Atlántico Norte, specifically in the municipalities of Rosita, Siuna, Bonanza, Puerto Cabezas and Waspán. No chloroquine-resistant *P. falciparum* reported.

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

## NIGER

### Yellow fever (2020)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

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

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

### Malaria (2020)

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

**WHO recommended prevention:** C

### Other country requirement(s) (2020)

Proof of meningococcal (groups A, C, Y and W-135) meningitis vaccination is required for travellers going to Hajj and Umrah.

## NIGERIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

### Malaria (2020)

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

**WHO recommended prevention:** C

## NIUE

### Yellow fever (2019)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## NORFOLK ISLAND *see* AUSTRALIA

## NORTHERN MARIANA ISLANDS *see* UNITED STATES OF AMERICA

## NORTH MACEDONIA (REPUBLIC OF)

### Yellow fever (2019)



**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## NORWAY

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## OMAN

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, with the addition of Rwanda and Tanzania in the African region; and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

Sporadic transmission of *P. falciparum* and *P. vivax* may occur subsequent to international importations of parasites. In 2010, local outbreaks of *P. falciparum* and *P. vivax* were reported in Ash Sharqiyah North Governorate. Local cases were also reported in 2011 and 2012.

**WHO recommended prevention:** none

## PAKISTAN

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

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

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

### Other country requirement(s) (2022)

Application of requirements according to relevant Temporary Recommendations, issued in the context of the Public Health Emergency of International Concern (PHEIC) related to the international spread of poliovirus, available through: <https://www.who.int/groups/poliovirus-ihf-emergency-committee>.

## PALAU

### Yellow fever (prior to 2013)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PANAMA

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to mainland areas east of the area surrounding the Canal (the entire comarcas of Emberá and Kuna Yala, the province of Darién, and areas of the provinces of Colón and Panama that are east of the Canal).

*Not recommended* for travellers whose itineraries are limited to areas west of the Canal, the city of Panama, the Canal area itself, Balboa Islands (Pearl Islands) and San Blas Islands.

## **Malaria (2022)**

Malaria risk due predominantly to *P. vivax* (97%) exists throughout the year in the following provinces and comarcas along the Atlantic coast and the borders with Costa Rica and Colombia: Bocas del Toro, Chiriquí, Colón, Darién, Kuna Yala, Ngäbe Buglé, Panama, and Veraguas. In Panama City, the Canal Zone, and other provinces, the risk of malaria transmission is negligible or non-existent.

**WHO recommended prevention in risk areas:** B; in eastern endemic areas bordering Colombia: C

## **PAPUA NEW GUINEA**

### **Yellow fever (2019)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2019)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country below 1800 m. *P. vivax* resistance to chloroquine has been reported.

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

## **PARAGUAY**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from Brazil, Bolivia, Peru, and Venezuela, and for travellers having transited for more than 24 hours in those countries.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the capital city of Asunción.

### **Malaria (2022)**

Country certified malaria-free by WHO in 2018.<sup>28</sup>

## **PERU**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to areas below 2300 m in the regions of Amazonas, Loreto, Madre de Dios, San Martín, Ucayali, Puno, Cuzco, Junín, Pasco and Huánuco and going to designated areas of the following regions: far-north of Apurímac, far-northern Huancavelica, far-northeastern Ancash, eastern La Libertad, northern and eastern Cajamarca, northern and northeastern Ayacucho, and eastern Piura.

*Generally not recommended* for travellers whose itineraries are limited to the following areas west of the Andes: regions of Lambayeque and Tumbes and the designated areas of western Piura and south, west and central Cajamarca.

*Not recommended* for travellers whose itineraries are limited to the following areas: all areas above 2300 m, areas west of the Andes not listed above, the city of Cuzco, the capital city of Lima, Machu Picchu, and the Inca Trail.

### **Malaria (2022)**

Malaria risk due to *P. vivax* (80%) and *P. falciparum* (20%) exists throughout the year in rural areas in inter-Andean valleys below 2500 m. Twelve departments in the country reported indigenous malaria cases; 90% of cases are concentrated in the department of Loreto and 16% of the total cases are due to *P. falciparum* from Loreto.

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

<sup>28</sup> Countries and territories certified malaria-free by WHO available at: <https://www.who.int/teams/global-malaria-programme/elimination/countries-and-territories-certified-malaria-free-by-who> (accessed 3 November 2022).

## PHILIPPINES

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2022)

The risk of malaria transmission is very limited.

Malaria risk exists throughout the year in 9 remaining endemic provinces (Palawan, Sultan Kudarat, Mindoro occidental),

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

### Other country requirement(s) (2019)

International certificate of polio vaccination is required for travellers arriving from or going to high-risk countries. Meningococcal vaccine is required for Hajj pilgrims.

## PITCAIRN ISLANDS

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## POLAND

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PORTUGAL

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## PUERTO RICO

### Yellow fever (2019)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## QATAR

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Other country requirement(s) (2022)

Proof of vaccination against poliomyelitis for all travellers arriving from endemic countries.

## REUNION

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## ROMANIA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## RUSSIAN FEDERATION

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## RWANDA

### Yellow fever (2016)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2018)

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

**WHO recommended prevention:** C

## SABA

### Yellow fever (2021)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SAINT BARTHELEMY

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT HELENA

### Yellow fever (2017)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SAINT KITTS AND NEVIS

### Yellow fever (2017)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

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

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

## SAINT LUCIA

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **SAINT MARTIN**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## **SAINT PIERRE AND MIQUELON**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SAINT VINCENT AND THE GRENADINES**

### **Yellow fever (prior to 2013)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **SAMOA**

### **Yellow fever (2020)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **SAN MARINO**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SAO TOME AND PRINCIPE**

### **Yellow fever (2015)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2018)**

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

**WHO recommended prevention:** C

## **SAUDI ARABIA**

### **Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2022)**

The country is in the pre-elimination phase of malaria. Local transmission is reported only in villages on the border with Yemen (except in the high-altitude areas of Asir Province) due predominantly to *P. falciparum* and mainly from September through January. The infection rate is reduced to less than 0.3 cases per 100 000 inhabitants. No risk exists in the cities of Mecca and Medina.

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

**Other country requirement(s) (2022)**

**Requirements for Travellers to Saudi Arabia for Hajj and Umrah**

- ***Proof of vaccination against meningococcal meningitis***
  - All travellers, domestic or international, adults and children aged over 1 year arriving for Umrah, Hajj or for seasonal work in Hajj zones, are required to submit a valid vaccination certificate with a quadrivalent (ACYW) meningococcal vaccine received at least 10 days prior to the planned arrival to Hajj and Umrah areas.
  - Vaccination with ONE of the following vaccines is acceptable:
    - Quadrivalent (ACYW) polysaccharide vaccine within the last 3 years.
    - Quadrivalent (ACYW) conjugate vaccine within the last 5 years.
  - Current scientific evidence suggests that conjugate vaccines are safe and effective for those above 55 years of age.
  - Health authorities at the pilgrims' country of origin should ensure their vaccination within the required validity period and make sure that the type of vaccine is clearly shown in the vaccination certificate. If the vaccine type is not indicated on the certificate, it will be considered valid for 3 years only.
- ***Proof of vaccination against poliomyelitis***
  - Travellers from states reporting cases of WPV1 or cVDPV1 (Appendix 1-Table 1) are required to submit a valid polio vaccination certificate with at least one dose of bivalent oral polio vaccine (bOPV) or inactivated polio vaccine (IPV) within the previous 12 months and administered not less than 4 weeks prior to arrival.
  - Travellers from states reporting cases of cVDPV2 (Appendix 1-Table 2) are required to submit a valid polio vaccination certificate with at least one dose of IPV within the previous 12 months and administered at least 4 weeks prior to arrival.

## **SENEGAL**

**Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

**Malaria (2018)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. There is less risk from January through June in the central western regions.

**WHO recommended prevention:** C

## **SERBIA**

**Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SEYCHELLES**

**Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SIERRA LEONE

### Yellow fever (prior to 2013)

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers.

**WHO vaccination recommendation:** yes

### Malaria (2018)

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

**WHO recommended prevention:** C

## SINGAPORE

### Yellow fever (2022)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## SINT EUSTATIUS

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 6 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SINT MAARTEN

### Yellow fever (2021)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## SLOVAKIA

### Yellow fever (2019)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SLOVENIA

### Yellow fever (2022)

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## SOLOMON ISLANDS

### Yellow fever (2019)

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### Malaria (2019)

Malaria risk due predominantly to *P. falciparum* exists throughout the year except in a few outlying eastern and southern islets. *P. vivax* resistance to chloroquine has been reported.

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

## SOMALIA

## **Yellow fever (2022)**

**Country requirement at entry:** no

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

*Generally not recommended* for travellers going to the following regions: Bakool, Banaadir, Bay, Gado, Galgadud, Hiran, Lower Juba, Middle Juba, Lower Shabelle and Middle Shabelle.

*Not recommended* for all other areas not listed above.

## **Malaria (2022)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Risk is relatively low and seasonal in the north; it is higher in the central and southern parts of the country.

**WHO recommended prevention:** C

## **Other country requirement(s) (2022)**

Application of requirements according to relevant Temporary Recommendations, issued in the context of the Public Health Emergency of International Concern (PHEIC) related to the international spread of poliovirus, available through: <https://www.who.int/groups/poliovirus-ihc-emergency-committee>.

## **SOUTH AFRICA**

### **Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2020)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year in the low-altitude areas of Mpumalanga Province (including the Kruger National Park), Limpopo Province, and north-eastern KwaZulu-Natal Province. Risk is highest from October through May.

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

## **SOUTH SUDAN**

### **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

### **Malaria (2018)**

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

**WHO recommended prevention:** C

## **SPAIN**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **SRI LANKA**

### **Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **SUDAN**

### **Yellow fever (2022)**

**Country requirement at entry:** no



**WHO vaccination recommendation:** yes

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

*Not recommended* for travellers whose itineraries are limited to areas within the Sahara Desert and the city of Khartoum.

**Malaria (2022)**

∴ malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country. Risk is low and seasonal in the north; it is higher in the central and southern parts of the country. Malaria risk on the Red Sea coast is very limited.

**WHO recommended prevention:** C

**SURINAME**

**Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** yes

**Malaria (2022)**

Malaria risk due to *P. falciparum* and *P. vivax* continues to decrease in recent years. The last indigenous case of *P. falciparum* infection was registered in 2018 and the last outbreak of *P. vivax* was reported in August 2021. Suriname is in the process of malaria elimination. Malaria occurs throughout the year in the interior of the country beyond the coastal savannah area, with highest risk mainly along the eastern border and in gold-mining areas. Paramaribo city and the other seven coastal districts have been free from malaria transmission since 1968. *P. falciparum* resistant to mefloquine has been reported. Some decline in quinine sensitivity has also been reported.

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

**SWEDEN**

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**SWITZERLAND**

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**SYRIAN ARAB REPUBLIC**

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2022)**

Very limited malaria risk due exclusively to *P. vivax* may exist from May through October in foci along the northern border, especially in rural areas of El Hasaka Governorate. No indigenous cases have been reported since 2005, but the reporting system has been disrupted since 2010.

**WHO recommended prevention:** none

**Other country requirement(s) (excluding COVID-19 related) (2022):** Proof of vaccination against meningococcal meningitis required for departing travellers [not specified whether this requirement applies in the context of Hajj].

**TAJIKISTAN**

**Yellow fever (2017)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2017)**

No indigenous cases of *P. falciparum* have been reported since 2009 and none of *P. vivax* since 2015. Previous risk due predominantly to *P. vivax* existed (from June through October) particularly in southern areas (Khatlon Region) and in some central (Dushanbe), western (Gorno-Badakhshan Autonomous Region) and northern (Leninabad Region) areas.

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

**TANZANIA (UNITED REPUBLIC OF)**

**Yellow fever (2020)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Malaria (2020)**

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

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

**THAILAND**

**Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

**Malaria (2022)**

Malaria risk exists throughout the year in rural (especially forested and hilly) areas of the country, mainly toward the international borders, including the southernmost provinces. There is no risk in cities (e.g. Bangkok, Chiang Mai and Pattaya), urban areas, Samui Island, and the main tourist resorts of Phuket Island. However, there is a risk in some other areas and islands. *P. falciparum* resistance to mefloquine and to quinine has been reported from areas near the borders with Cambodia and Myanmar. Artemisinin resistance has been reported near the border with Cambodia. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported.

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

**TIMOR-LESTE**

**Yellow fever (2019)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2019)**

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

**WHO recommended prevention:** C

**TOGO**

**Yellow fever (2020)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 9 months or over.

**WHO vaccination recommendation:** yes

**Malaria (2020)**

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

**WHO recommended prevention:** C

## **TOKELAU SEE NEW ZEALAND**

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## **TONGA**

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### **Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **TRINIDAD AND TOBAGO**

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### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over going to densely-forested areas on the island of Trinidad.

*Not recommended* for cruise ship passengers and aircraft passengers in transit or travellers whose itineraries are limited to the island of Tobago.

## **TRISTAN DA CUNHA *see* UNITED KINGDOM**

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## **TUNISIA**

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### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **TURKS AND CAICOS *see* UNITED KINGDOM**

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## **TURKEY**

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### **Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2018)**

Local malaria transmission has been interrupted; no locally-acquired cases have been reported since 2010. There is no malaria risk in the country.

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

## **TURKMENISTAN**

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### **Yellow fever (2018)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **TUVALU**

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### **Yellow fever (2019)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **UGANDA**

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### **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for all travellers aged 1 year or over.

**WHO vaccination recommendation:** yes

**Malaria (2018)**

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

**WHO recommended prevention:** C

## UKRAINE

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED ARAB EMIRATES

**Yellow fever (2022)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over, arriving from countries at risk for yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of countries at risk for yellow fever transmission.

**WHO vaccination recommendation:** no

## UNITED KINGDOM (WITH CHANNEL ISLANDS AND ISLE OF MAN)

**Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UNITED STATES OF AMERICA

**Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## URUGUAY

**Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## UZBEKISTAN

**Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## VANUATU

**Yellow fever (2021)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

**Malaria (2019)**

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

**WHO recommended prevention:** C

## VENEZUELA (BOLIVARIAN REPUBLIC OF)

## **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from Brazil and for travellers having transited for more than 12 hours through an airport in Brazil.

**WHO vaccination recommendation:** yes

*Recommended* for all travellers aged 9 months or over, except as mentioned below.

*Generally not recommended* for travellers whose itineraries are limited to the following areas: the entire states of Aragua, Carabobo, Miranda, Vargas and Yaracuy, and the Distrito Federal.

*Not recommended* for travellers whose itineraries are limited to the following areas: all areas above 2300 m in the states of Merida, Trujillo and Tachira; the states of Falcon and Lara; Margarita Island; the capital city of Caracas; and the city of Valencia.

## **Malaria (2018)**

Malaria risk due to *P. vivax* (74.6%) and *P. falciparum* (25.4%) is high throughout the year in some areas of Amazonas, Bolívar, Delta Amacuro and Sucre states. There is moderate risk in Zulia State. There is low risk in Anzoátegui and Monagas states. Risk of *P. falciparum* malaria is mostly restricted to municipalities in areas of Amazonas (Alto Orinoco, Atabapo, Atures, Autana and Manapiare), Bolívar (Angostura, Cedeño, El Callao, Gran Sabana, Heres, Piar, Rocio and Sifontes), Delta Amacuro, and Sucre (Benítez, Bermúdez, Cajigal and Arismendi) states.

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

## **VIET NAM**

### **Yellow fever (2019)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (2019)**

Malaria risk due predominantly to *P. falciparum* exists in the entire country, excluding urban centres, the Red River delta, the Mekong delta, and the coastal plain areas of central Viet Nam. High-risk areas are the highland areas below 1500 m south of 18°N, notably in the four central highlands provinces of Dak Lak, Dak Nong, Gia Lai and Kon Tum; in Binh Phuoc Province; and in the western parts of the coastal provinces of Khanh Hoa, Ninh Thuan, Quang Nam and Quang Tri. Resistance to mefloquine has been reported.

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

## **WAKE ISLAND**

### **Yellow fever (prior to 2013)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

## **WALLIS AND FUTUNA**

### **Yellow fever (2021)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

## **YEMEN**

### **Yellow fever (2022)**

**Country requirement at entry:** no

**WHO vaccination recommendation:** no

### **Malaria (prior to 2022)**

Malaria risk due predominantly to *P. falciparum* exists throughout the year, but mainly from September through February, in the entire country below 2000 m. There is no risk in Sana'a city. Malaria risk on Socotra Island is very limited.

**WHO recommended prevention in risk areas:** C; Socotra Island: A

## **ZAMBIA**

### **Yellow fever (2018)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

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

*Generally not recommended* for travellers going to the following areas: the entire North West and Western provinces.

*Not recommended* for all other areas not listed above.

### **Malaria (2018)**

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

**WHO recommended prevention:** C

## **ZIMBABWE**

### **Yellow fever (2019)**

**Country requirement at entry:** proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

**WHO vaccination recommendation:** no

### **Malaria (2019)**

Malaria risk due predominantly to *P. falciparum* exists from November through June in areas below 1200 m and throughout the year in the Zambezi valley. In Bulawayo and Harare, risk is negligible.

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

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