Country list
Vaccination requirements and malaria situation

Introduction
The information provided for each country includes the name and approximate altitude of the capital city, the requirements for mandatory yellow fever vaccination where these apply, and details concerning the malaria situation and recommended prophylaxis.

Yellow fever vaccination
Yellow fever vaccination is carried out for two different purposes:
- *To protect individual travellers* who may be exposed to yellow fever infection. Vaccination in these cases is recommended but not mandatory. As yellow fever is frequently fatal for those who have not been vaccinated, vaccination is recommended for all travellers (with few exceptions—see Chapter 6) intending to visit areas where there may be a risk of exposure to yellow fever.
- *To protect countries* from the risk of importing yellow fever virus. This is mandatory vaccination and is a requirement for entry into the countries concerned.

Travellers should be warned that the requirement for vaccination against yellow fever is not related to the risk of exposure to the disease.

The countries that require proof of vaccination are those where the disease does not occur but where the mosquito vector and non-human primate hosts of yellow fever are present. Consequently, any importation of the virus by an infected traveller could result in its establishment and propagation in the local mosquitoes and primates, leading to a risk of infection for the human population.

1 For the purpose of this publication, the term “country” covers countries, territories and areas.

2 Please note that the requirements for vaccination of infants over 6 months of age by some countries is not in accordance with WHO’s recommendations (see Chapter 6). Travelers should however be informed that the requirement exists for entry into the countries concerned.
Proof of vaccination is required for all travellers coming from countries where yellow fever occurs, including transit through such countries. The international yellow fever vaccination certificate becomes valid 10 days after vaccination and remains valid for a period of 10 years.

The fact that a country has no mandatory requirement for vaccination does not imply that there is no risk of yellow fever infection.

In accordance with the International Health Regulations, countries are required to notify all cases of yellow fever to WHO. Such countries are then considered to be “infected areas”. This terminology is likely to change in the revised version of the Regulations, but is meantime retained in the following country list to maintain consistency with the official reports provided by the WHO Member States. The list of infected areas is published in the *Weekly epidemiological record*.

In addition, countries are considered to be “endemic areas” for yellow fever if the virus is present in mosquitoes and non-human primates and where there is therefore a potential risk of infection for humans (see map).

**Other**

*Routine vaccination* (see Chapter 6). It is recommended that all travellers are fully vaccinated with the appropriate routine vaccines; schedules for booster doses should be followed at the recommended time intervals.

*Cholera*. No country requires a certificate of vaccination against cholera as a condition for entry. For information on selective use of cholera vaccines, see Chapter 6.

*Smallpox*. Since the global eradication of smallpox was certified in 1980, WHO does not recommend smallpox vaccination for travellers.

*Hepatitis A*. Vaccination against hepatitis A is recommended for all travellers to developing countries and to countries with economies in transition.

Information on other vaccines for selective use is given in Chapter 6.

*Infectious diseases*. Information on the main infectious disease threats for travellers, their geographical distribution, and corresponding precautions is provided in Chapter 5.

*Malaria*. General information about the disease, its geographical distribution and details of preventive measures are included in Chapter 7. Protective measures against mosquito bites are described in Chapter 3. Specific information for each country is provided in this section, including epidemiological details for all countries with malarious areas (geographical and seasonal distribution, altitude, predominant species, reported resistance). The recommended prevention is also
indicated. The recommended prevention for each country is decided on the basis of 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 *P. falciparum* and *P. vivax* both occur, prevention of falciparum malaria takes priority.

The numbers I, II, III and IV refer to the type of prevention based on the table below.

<table>
<thead>
<tr>
<th>Malaria risk</th>
<th>Type of prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type I</strong></td>
<td>Very limited risk of malaria transmission</td>
</tr>
<tr>
<td><strong>Type II</strong></td>
<td>Risk of <em>P. vivax</em> malaria or fully chloroquine-sensitive <em>P. falciparum</em> only</td>
</tr>
<tr>
<td><strong>Type III</strong></td>
<td>Risk of malaria transmission and emerging chloroquine resistance</td>
</tr>
<tr>
<td><strong>Type IV</strong></td>
<td>High risk of falciparum malaria plus drug resistance, or moderate/low risk falciparum malaria but high drug resistance</td>
</tr>
</tbody>
</table>

Please note that altitudes quoted in this list are averages for guidance only.

**AFGHANISTAN**

- **Capital**: Kabul
- **Altitude**: 1800 m
- **Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas.
- **Malaria**: Malaria risk—*P. vivax* and *P. falciparum*—exists from May through November below 2000 m. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.
- **Recommended prevention**: IV

**ALBANIA**

- **Capital**: Tirana
- **Altitude**: 130 m
- **Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**ALGERIA**

- **Capital**: Algiers
- **Altitude**: 30 m
- **Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
- **Malaria**: Malaria risk is limited. Small foci of local transmission (*P. vivax*) have been reported in the 6 southern and south-eastern wilayas (Adrar, El Oued, Ghardaia, Illizi, Ouargla, Tamanrasset). Isolated local *P. falciparum* transmission has been reported from the two southernmost wilayas in areas under influence of trans-Saharan migration. No indigenous cases reported in 2005.
- **Recommended prevention in risk areas**: I
COUNTRY LIST: VACCINATION REQUIREMENTS AND MALARIA SITUATION

AMERICAN SAMOA
Capital: Pago Pago
Altitude: 10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

ANDORRA
Capital: Andorra la Vella
Altitude: 1410 m
No vaccination requirements for any international traveller.

ANGOLA
Capital: Luanda
Altitude: 10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistant to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

ANGUILLA
Capital: The Valley
Altitude: 0 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

ANTIGUA AND BARBUDA
Capital: St John’s
Altitude: 0 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

ARGENTINA
Capital: Buenos Aires
Altitude: 30 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—exclusively due to *P. vivax*—is very low and is confined to rural areas along the borders with Bolivia (lowlands of Jujuy and Salta provinces) and with Paraguay (lowlands of Corrientes and Misiones provinces).
Recommended prevention in risk areas: II

ARMENIA
Capital: Yerevan
Altitude: 1000 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—exclusively due to *P. vivax*—exists focally from June through October in some of the villages located in Ararat Valley, mainly in the Masis district. No risk in tourist areas.
Recommended prevention: I

AUSTRALIA
Capital: Canberra
Altitude: 610 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age entering Australia within 6 days of having stayed overnight or longer in an infected country, as listed in the *Weekly epidemiological record*.

AUSTRIA
Capital: Vienna
Altitude: 170 m
No vaccination requirements for any international traveller.

AZERBAIJAN
Capital: Baku
Altitude: 0 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—exclusively due to *P. vivax*—exists from June through October in lowland areas, mainly in the area between the Kura and the Arax rivers.
Recommended prevention: I

BAHAMAS
Capital: Nassau
Altitude: 10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
### Bangladesh

**Capital**: Dhaka  
**Altitude**: 10 m  
**Yellow fever**: Any person (including infants) who arrives by air or sea without a certificate is detained in isolation for a period of up to 6 days if arriving within 6 days of departure from an infected area or having been in transit in such an area, or having come by an aircraft that has been in an infected area and has not been disinfected in accordance with the procedure and formulation laid down in Schedule VI of the Bangladesh Aircraft (Public Health) Rules 1977 (First Amendment) or those recommended by WHO.  
The following countries and areas are regarded as infected:  
**America**: Belize, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Guyana, Honduras, Nicaragua, Panama, Peru, Suriname, Trinidad and Tobago, Venezuela.  
**Note**: When a case of yellow fever is reported from any country, that country is regarded by the Government of Bangladesh as infected with yellow fever and is added to the above list.  
**Malaria**: Malaria risk exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.  
**Recommended prevention**: IV

### Belguim

**Capital**: Brussels  
**Altitude**: 80 m  
**No vaccination requirements for any international traveller.**

### Belize

**Capital**: Belmopan  
**Altitude**: 60 m  
**Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas.  
**Malaria**: Malaria risk—almost exclusively due to *P. vivax*—exists in all districts but varies within regions. Risk is highest Toledo and Stan Creek Districts; moderate in Corozal and Cayo; and low in Belize District and Orange Walk. No resistant *P. falciparum* strains reported.  
**Recommended prevention in risk areas**: II

### Benin

**Capital**: Porto-Novo (constitutional) / Cotonou (seat of Government)  
**Altitude**: 40 m / 50 m  
**Yellow fever**: A yellow fever vaccination certificate is required from all travellers over 1 year of age.  
**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.  
**Recommended prevention**: IV

### Bermuda

**Capital**: Hamilton  
**Altitude**: 0 m  
**No vaccination requirements for any international traveller.**

### Bhutan

**Capital**: Thimphu  
**Altitude**: 2740 m  
**Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas.  
**Malaria**: Malaria risk exists throughout the year in the southern belt of the country comprising five districts: Chhukha, Samchi, Samdrup Jongkhar, Geyleg-phug and Shemgang. *P. falciparum*
resistant to chloroquine and sulfadoxine−pyrimethamine reported.
Recommended prevention in risk areas: IV

**BOLIVIA**

**Capital** La Paz (administrative) / Sucre (legislative)

**Altitude** 3700 m / 2800 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas. Vaccination is recommended for incoming travellers from non-infected zones visiting risk areas such as the departments of Beni, Cochabamba and Santa Cruz, and the subtropical part of La Paz Department.

**Malaria:** Malaria risk—predominantly due to *P. vivax* (95%)—exists throughout the year in the whole country below 2500 m. Falciparum malaria occurs in Santa Cruz and in the northern departments of Beni and Pando, especially in the localities of Guayaramerin and Riberalta. *P. falciparum* resistant to chloroquine and sulfadoxine−pyrimethamine reported.
Recommended prevention in risk areas: II; in Beni, Pando and Santa Cruz, IV.

**BOSNIA AND HERZEGOVINA**

**Capital** Sarajevo

**Altitude** 520 m

No vaccination requirements for any international traveller.

**BOTSWANA**

**Capital** Gaborone

**Altitude** 1000 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 9 months of age coming from infected areas, unless they are in possession of a waiver stating that immunization is contraindicated on medical grounds.

Vaccination is recommended for travellers to endemic areas, including rural areas in the states of Acre, Amapá, Amazonas, Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Pará, Rondônia, Roraima and Tocantins, and to other states where transmission risk exists including all the state of Minas Gerais and specific areas of Espirito Santo, Piauí, Bahia, São Paulo, Paraná, Santa Catarina and Rio Grande do Sul. The complete list of municipalities are available at www.saude.gov.br/svs.

**Malaria:** Malaria risk—*P. vivax* (78%), *P. falciparum* (22%)—is present in most forested areas below 900 m within the nine states of the “Legal Amazonia” region (Acre, Amapá, Amazonas, Maranhão (western part), Mato Grosso (northern part), Pará (except Belém City), Rondônia, Roraima and Tocantins). Transmission intensity varies from municipality to municipality, but is higher in jungle areas of mining, lumbering and agricultural settlements less than 5 years old, than in the urban areas, including in large cities such as Pôrto Velho, Boa Vista, Macapá, Manaus, Santarém, Rio Branco and Maraba, where the transmission occurs on the periphery of these cities. In the states outside “Legal Amazonia”, malaria transmission risk is negligible or non-existent. Multidrug-resistant *P. falciparum* reported.
Recommended prevention in risk areas: IV.

**BRITISH VIRGIN ISLANDS**

**Capital** Road Town

**Altitude** 0 m

No vaccination requirements for any international traveller.

**BRUNEI DARUSSALAM**

**Capital** Bandar Seri Begawan

**Altitude** 0 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 9 months of age coming from infected areas, unless they are in possession of a waiver stating that immunization is contraindicated on medical grounds.

Vaccination is recommended for travellers to endemic areas, including rural areas in the states of Acre, Amapá, Amazonas, Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Pará, Rondônia, Roraima and Tocantins, and to other states where transmission risk exists including all the state of Minas Gerais and specific areas of Espirito Santo, Piauí, Bahia, São Paulo, Paraná, Santa Catarina and Rio Grande do Sul. The complete list of municipalities are available at www.saude.gov.br/svs.

**Malaria:** Malaria risk—*P. vivax* (78%), *P. falciparum* (22%)—is present in most forested areas below 900 m within the nine states of the “Legal Amazonia” region (Acre, Amapá, Amazonas, Maranhão (western part), Mato Grosso (northern part), Pará (except Belém City), Rondônia, Roraima and Tocantins). Transmission intensity varies from municipality to municipality, but is higher in jungle areas of mining, lumbering and agricultural settlements less than 5 years old, than in the urban areas, including in large cities such as Pôrto Velho, Boa Vista, Macapá, Manaus, Santarém, Rio Branco and Maraba, where the transmission occurs on the periphery of these cities. In the states outside “Legal Amazonia”, malaria transmission risk is negligible or non-existent. Multidrug-resistant *P. falciparum* reported.
Recommended prevention in risk areas: IV.

**BRAZIL**

**Capital** Brasilia

**Altitude** 1000 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 9 months of age coming from infected areas, unless they are in possession of a waiver stating that immunization is contraindicated on medical grounds.

Vaccination is recommended for travellers to endemic areas, including rural areas in the states of Acre, Amapá, Amazonas, Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Pará, Rondônia, Roraima and Tocantins, and to other states where transmission risk exists including all the state of Minas Gerais and specific areas of Espirito Santo, Piauí, Bahia, São Paulo, Paraná, Santa Catarina and Rio Grande do Sul. The complete list of municipalities are available at www.saude.gov.br/svs.

**Malaria:** Malaria risk—*P. vivax* (78%), *P. falciparum* (22%)—is present in most forested areas below 900 m within the nine states of the “Legal Amazonia” region (Acre, Amapá, Amazonas, Maranhão (western part), Mato Grosso (northern part), Pará (except Belém City), Rondônia, Roraima and Tocantins). Transmission intensity varies from municipality to municipality, but is higher in jungle areas of mining, lumbering and agricultural settlements less than 5 years old, than in the urban areas, including in large cities such as Pôrto Velho, Boa Vista, Macapá, Manaus, Santarém, Rio Branco and Maraba, where the transmission occurs on the periphery of these cities. In the states outside “Legal Amazonia”, malaria transmission risk is negligible or non-existent. Multidrug-resistant *P. falciparum* reported.
Recommended prevention in risk areas: IV.
BULGARIA
Capital: Sofia
Altitude: 570 m
No vaccination requirements for any international traveler.

BURKINA FASO
Capital: Ouagadougou
Altitude: 320 m
Yellow fever: A yellow fever vaccination certificate is required from all travelers over 1 year of age.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

BURUNDI
Capital: Bujumbura
Altitude: 780 m
Yellow fever: A yellow fever vaccination certificate is required from travelers over 1 year of age coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

CAMEROON
Capital: Yaoundé
Altitude: 730 m
Yellow fever: A yellow fever vaccination certificate is required from all travelers over 1 year of age.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

CANADA
Capital: Ottawa
Altitude: 80 m
No vaccination requirements for any international traveler.

CAPE VERDE
Capital: Praia
Altitude: 0 m
Yellow fever: A yellow fever vaccination certificate is required from travelers over 1 year of age coming from countries having notified cases in the last 6 years.
Malaria: Limited malaria risk exists from September through November in São Tiago Island.
Recommended prevention: I

CAYMAN ISLANDS
Capital: Georgetown
Altitude: 0 m
No vaccination requirements for any international traveler

CAMBODIA
Capital: Phnom Penh
Altitude: 20 m
Yellow fever: A yellow fever vaccination certificate is required from travelers coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country except in Phnom Penh and close around Tonle Sap. Risk within the tourist area of Angkor Wat is limited. *P. falciparum* resistant to chloroquine and sulfadoxine-pyrimethamine reported. Resistance to mefloquine reported in western provinces near the Thai border.
Recommended prevention: IV

CENTRAL AFRICAN REPUBLIC
Capital: Bangui
Altitude: 380 m
Yellow fever: A yellow fever vaccination certificate is required from all travelers over 1 year of age.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV
<table>
<thead>
<tr>
<th>Country</th>
<th>Capital</th>
<th>Altitude</th>
<th>Yellow fever:</th>
<th>Malaria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>N'Djamena</td>
<td>300 m</td>
<td>Recommended</td>
<td>Predominantly due to <em>P. falciparum</em>, resistance to chloroquine and sulfadoxine-pyrimethamine reported.</td>
</tr>
<tr>
<td>Chile</td>
<td>Santiago</td>
<td>520 m</td>
<td>Required</td>
<td>Predominantly due to <em>P. falciparum</em>, chloroquine and sulfadoxine-pyrimethamine resistant.</td>
</tr>
<tr>
<td>China</td>
<td>Beijing</td>
<td>60 m</td>
<td>Recommended</td>
<td>Predominantly due to <em>P. falciparum</em>, resistance to chloroquine and sulfadoxine-pyrimethamine reported.</td>
</tr>
<tr>
<td>Christmas Island</td>
<td>The Settlement</td>
<td>0 m</td>
<td>None</td>
<td>Same requirements as mainland Australia.</td>
</tr>
<tr>
<td>Colombia</td>
<td>Bogotá</td>
<td>2600 m</td>
<td>Recommended</td>
<td>Predominantly due to <em>P. falciparum</em>, chloroquine and sulfadoxine-pyrimethamine resistant.</td>
</tr>
<tr>
<td>Comoros</td>
<td>Moroni</td>
<td>10 m</td>
<td>None</td>
<td>Predominantly due to <em>P. falciparum</em>, chloroquine and sulfadoxine-pyrimethamine resistant.</td>
</tr>
<tr>
<td>Hong Kong</td>
<td>Hong Kong</td>
<td>30 m</td>
<td>None</td>
<td>None.</td>
</tr>
<tr>
<td>Macao Sar</td>
<td>Macao</td>
<td>10 m</td>
<td>None</td>
<td>None.</td>
</tr>
<tr>
<td>Congo</td>
<td>Brazzaville</td>
<td>300 m</td>
<td>Recommended</td>
<td>Predominantly due to <em>P. falciparum</em>, chloroquine and sulfadoxine-pyrimethamine resistant.</td>
</tr>
</tbody>
</table>
whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.
Recommended prevention: IV

**CONGO, DEMOCRATIC REPUBLIC OF THE (formerly ZAIRE)**

- **Capital**: Kinshasa
- **Altitude**: 200 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

**COOK ISLANDS**

- **Capital**: Avarua
- **Altitude**: 210 m

No vaccination requirements for any international traveller.

**COSTA RICA**

- **Capital**: San José
- **Altitude**: 1160 m

No vaccination requirements for any international traveller.

**Malaria**: Malaria risk—almost exclusively due to *P. vivax*—occurs throughout the year in the provinces of Limón and Puntarenas, with highest risk in the cantons—Guacimo, Limón, Matina and Talamanca (Limón Province) and Garabito (Puntarenas Province). Negligible or no risk of malaria transmission exists in the other cantons of the country.
Recommended prevention in risk areas: II

**CÔTE D’IVOIRE**

- **Capital**: Yamoussoukro / Abidjan (seat of Government )
- **Altitude**: 220 m / 50 m

**Yellow fever**: A yellow fever vaccination certificate is required from all travellers over 1 year of age.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

**CROATIA**

- **Capital**: Zagreb
- **Altitude**: 140 m

No vaccination requirements for any international traveller.

**CUBA**

- **Capital**: Havana
- **Altitude**: 30 m

No vaccination requirements for any international traveller.

**CYPRUS**

- **Capital**: Nicosia
- **Altitude**: 140 m

No vaccination requirements for any international traveller.

**CZECH REPUBLIC**

- **Capital**: Prague
- **Altitude**: 250 m

No vaccination requirements for any international traveller.

**DENMARK**

- **Capital**: Copenhagen
- **Altitude**: 0 m

No vaccination requirements for any international traveller.

**DJIBOUTI**

- **Capital**: Djibouti
- **Altitude**: 0 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

**DOMINICA**

- **Capital**: Roseau
- **Altitude**: 0 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
DOMINICAN REPUBLIC
Capital  Santo Domingo
Altitude  380 m
No vaccination requirements for any international traveler.

Malaria: Malaria risk—exclusively due to *P. falciparum*—exists throughout the year, especially in the western provinces and in La Altagracia province. Risk in other areas is low to negligible. There is no evidence of *P. falciparum* resistance to any antimalarial drug.

Recommended prevention in risk areas: II

ECUADOR
Capital  Quito
Altitude  2800 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. Nationals and residents of Ecuador are required to possess certificates of vaccination on their departure to an infected area.

Malaria: Malaria risk—*P. falciparum* (23%), *P. vivax* (77%)—exists throughout the year below 1500 m, with moderate to high transmission risk in El Oro, Esmeraldas, Guayas, Los Ríos, Manabí, Morona Santiago, Napo, Orellana, Pastaza, Pichincha and Sucumbíos. There is no risk in Guayaquil or Quito. *P. falciparum* resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention in risk areas: IV

EGYPT
Capital  Cairo
Altitude  20 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. The following countries and areas are regarded as infected areas; air passengers in transit coming from these countries or areas without a certificate will be detained in the precincts of the airport until they resume their journey:

**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, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sudan (south of 15°N), Togo, Uganda, United Republic of Tanzania, Zambia.

**America:** Belize, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, French Guiana, Guyana, Panama, Peru, Suriname, Trinidad and Tobago, Venezuela.

All arrivals from Sudan are required to possess either a vaccination certificate or a location certificate issued by a Sudanese official centre stating that they have not been in Sudan south of 15°N within the previous 6 days.

Malaria: Very limited *P. falciparum* and *P. vivax* malaria risk may exist from June through October in El Faiyûm governorate (no indigenous cases reported since 1998).

Recommended prevention: none

EL SALVADOR
Capital  San Salvador
Altitude  680 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 6 months of age coming from infected areas.

Malaria: Very low malaria risk—almost exclusively due to *P. vivax*—exists throughout the year in Santa Ana Province, in rural areas of migratory influence from Guatemala Sporadic vivax malaria cases are reported from other parts of the country.

Recommended prevention in risk areas: II

EQUATORIAL GUINEA
Capital  Malabo
Altitude  380 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: IV

ERITREA
Capital  Asmara
Altitude  2400 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country below 2200 m. There is no risk in Asmara. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: IV

---

**ESTONIA**

Capital: Tallinn  
Altitude: 40 m  
No vaccination requirements for any international traveller.

---

**ETHIOPIA**

Capital: Addis Ababa  
Altitude: 2400 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country below 2000 m. *P. falciparum* resistance to chloroquine and sulfadoxine–pyrimethamine reported. There is no malaria risk in Addis Ababa.

Recommended prevention: IV

---

**FALKLAND ISLANDS (MALVINAS)**

Capital: Stanley  
Altitude: 0 m  
No vaccination requirements for any international traveller.

---

**FAROE ISLANDS**

Capital: Torshavn  
Altitude: 0 m  
No vaccination requirements for any international traveller.

---

**FIJI**

Capital: Suva  
Altitude: 10 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age entering Fiji within 10 days of having stayed overnight or longer in infected areas.

---

**FINLAND**

Capital: Helsinki  
Altitude: 20 m  
No vaccination requirements for any international traveller.

---

**FRANCE**

Capital: Paris  
Altitude: 40 m  
No vaccination requirements for any international traveller.

---

**FRENCH GUIANA**

Capital: Cayenne  
Altitude: 0 m  
Yellow fever: A yellow fever vaccination certificate is required from all travellers over 1 year of age.

Malaria: Malaria risk—*P. falciparum* (80%), *P. vivax* (20%)—is high throughout the year in nine 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* reported in areas influenced by Brazilian migration.

Recommended prevention in risk areas: IV

---

**FRENCH POLYNESIA**

Capital: Papeete  
Altitude: 0 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

---

**GABON**

Capital: Libreville  
Altitude: 10 m  
Yellow fever: A yellow fever vaccination certificate is required from all travellers over 1 year of age.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: IV

---

**GAMBIA**

Capital: Banjul  
Altitude: 0 m
**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age arriving from endemic or infected areas.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported. Recommended prevention: IV

**GREENLAND**
Capital: Nuuk  
Altitude: 0 m  
No vaccination requirements for any international traveller.

**GRENADA**
Capital: Saint George’s  
Altitude: 30 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**GUAM**
Capital: Agana  
Altitude: 0 m  
No vaccination requirements for any international traveller.

**GUATEMALA**
Capital: Guatemala City  
Altitude: 1500 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from countries with infected areas.  
Malaria: Malaria risk—predominantly due to *P. vivax*—exists in the whole country below 1500 m. There is moderate to high risk in the departments of Alta Verapaz, Baja Verapaz, Escuintla, Huehuetenango, Izabal, Petén, Quiché (Ixcan) and Retalhuleu.  
Recommended prevention in risk areas: II

**GUINEA**
Capital: Conakry  
Altitude: 230 m  
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.  
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine reported. Recommended prevention: IV
GUINEA-BISSAU

Capital: Bissau
Altitude: 0 m

Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas, and from the following countries:


America: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Suriname, Venezuela.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine—pyrimethamine reported.

Recommended prevention: IV

HAITI

Capital: Port-au-Prince
Altitude: 100 m

Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

Malaria: Malaria risk—exclusively due to *P. falciparum*—exists throughout the year in certain forest areas in Chantal, Gros Morne, Hinche, Jacmel and Maissade. In the other cantons, risk is estimated to be low. No *P. falciparum* resistance to chloroquine reported.

Recommended prevention in risk areas: IV

HONDURAS

Capital: Tegucigalpa
Altitude: 960 m

Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. vivax*—is high throughout the year in the provinces of Colón, Gracias a Dios, and Islas de la Bahía; and moderate in the province of Atlántida. *P. falciparum* risk is the highest in Colón, Gracias a Dios, and the Islas de la Bahía.

Recommended prevention: II

HONG KONG SPECIAL ADMINISTRATIVE REGION OF CHINA see CHINA

HUNGARY

Capital: Budapest
Altitude: 110 m

No vaccination requirements for any international traveller.

ICELAND

Capital: Reykjavik
Altitude: 20 m

No vaccination requirements for any international traveller.
INDIA
Capital New Delhi
Altitude 210 m
Yellow fever: Anyone (except infants up to the age of 6 months) arriving by air or sea without a certificate is detained in isolation for up to 6 days if that person (i) arrives within 6 days of departure from an infected area, or (ii) has been in such an area in transit (excepting those passengers and members of the crew who, while in transit through an airport situated in an infected area, remained within the airport premises during the period of their entire stay and the Health Officer agrees to such exemption), or (iii) has come on a ship that started from or touched at any port in a yellow fever infected area 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) has come by an aircraft which has been in an infected area and has not been disinfected in accordance with the provisions laid down in the Indian Aircraft Public Health Rules, 1954, or those recommended by WHO. The following countries and areas are regarded as infected:


America: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Suriname, Trinidad and Tobago, Venezuela.

Note. When a case of yellow fever is reported from any country, that country is regarded by the Government of India as infected with yellow fever and is added to the above list.

Malaria: Malaria risk exists throughout the year in the whole country below 2000 m, with overall 40% to 50% of cases due to P. falciparum. There is no transmission in parts of the states of Himachal Pradesh, Jammu and Kashmir, and Sikkim. Risk of falciparum malaria and drug resistance are relatively higher in the north-eastern states, in Andaman and Nicobar Islands, Chhattisgarh, Goa, Gujar, Jharkhand, Karnataka (with exception of the city of Bangalore), Madhya Pradesh, Maharashtra (with the exception of the cities of Mumbai, Nagpur, Nasik and Pune), Orissa and West Bengal (with the exception of the city of Kolkata) P. falciparum resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: III. In the listed higher risk areas: IV.

INDONESIA
Capital Jakarta
Altitude 10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas. The countries and areas included in the endemic zones (see map page 84) are considered by Indonesia as infected areas.

Malaria: Malaria risk exists throughout the year in the whole country except in Jakarta Municipality, big cities, and within the areas of the tourist resorts of Bali and Java. P. falciparum resistant to chloroquine and sulfadoxine–pyrimethamine reported. P. vivax resistant to chloroquine reported.

Recommended prevention in risk areas: IV.

IRAN, ISLAMIC REPUBLIC OF
Capital Tehran
Altitude 1150 m
No vaccination requirements for any international traveller.

Malaria: Limited risk—exclusively due to P. vivax—exists during the summer months in Ardebil and East Azerbaijan provinces north of the Zagros mountains. Malaria risk due to P. vivax and P. falciparum exists from March through November in rural areas of the provinces of Hormozgan, Kerman (tropical part) and the southern part of Sistan–Baluchestan. P. falciparum resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: II in P. vivax risk areas; IV in P. falciparum risk areas.

IRAQ
Capital Baghdad
Altitude 40 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.
Malaria: Malaria risk—exclusively due to *P. vivax*—exists from May through November, principally in areas in the north below 1500 m (Duhok, Erbil and Sulaimaniya provinces) but also in Basrah Province.

Recommended prevention: II

IRELAND

Capital Dublin
Altitude 30 m
No vaccination requirements for any international traveller.

ISRAEL

No vaccination requirements for any international traveller.

ITALY

Capital Rome
Altitude 30 m
No vaccination requirements for any international traveller.

JAMAICA

Capital Kingston
Altitude 30 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

JAPAN

Capital Tokyo
Altitude 10 m
No vaccination requirements for any international traveller.

JORDAN

Capital Amman
Altitude 800 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

KAZAKHSTAN

Capital Astana
Altitude 356 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

KENYA

Capital Nairobi
Altitude 1800 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. There is normally little risk in the city of Nairobi and in the highlands (above 2500 m) of Central, Eastern, Nyanza, Rift Valley and Western provinces. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: IV

KIRIBATI

Capital Tarawa
Altitude 0 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

KOREA, DEMOCRATIC PEOPLE’S REPUBLIC OF

Capital Pyongyang
Altitude 0 m
No vaccination requirements for any international traveller.

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

Recommended prevention: I

KOREA, REPUBLIC OF

Capital Seoul
Altitude 60 m
No vaccination requirements for any international traveller.

Malaria: Limited malaria risk—exclusively due to *P. vivax*—exists mainly in the northern areas of Kyunggi Do and Gangwon Do Provinces.

Recommended prevention: I

KUWAIT

Capital Kuwait
Altitude 30 m
No vaccination requirements for any international traveller.
KYRGYZSTAN
Capital  Bishkek
Altitude  730 m
No vaccination requirements for any international traveler.

Malaria: Malaria risk—exclusively due to *P. vivax*—exists from June through October in some southern and western parts of the country, mainly in areas bordering Tajikistan and Uzbekistan—Batken, Osh and Jalal-Abad regions. The first case of autochthonous *P.falciparum* malaria was reported in 2004 in the southern part of the country, in an area bordering Uzbekistan.
Recommended prevention: I

LAO PEOPLES DEMOCRATIC REPUBLIC
Capital  Vientiane
Altitude  160 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country except in Vientiane. Chloroquine and sulfadoxine–pyrimethamine resistant *P. falciparum* reported.
Recommended prevention: IV

LATVIA
Capital  Riga
Altitude  0 m
No vaccination requirements for any international traveller.

LEBANON
Capital  Beirut
Altitude  50 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

MACAO SPECIAL ADMINISTRATIVE REGION OF CHINA see CHINA

MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF
Capital  Skopje
Altitude  240 m
No vaccination requirements for any international traveller.

MADAGASCAR
Capital  Antananarivo
Altitude  1300 m

LIBERIA
Capital  Monrovia
Altitude  10 m
Yellow fever: A yellow fever vaccination certificate is required from all travellers over 1 year of age.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

LIBYAN ARAB JAMAHIRIYA
Capital  Tripoli
Altitude  20 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

LIECHTENSTEIN
Capital  Vaduz
Altitude  600 m
No vaccination requirements for any international traveller.

LITHUANIA
Capital  Vilnius
Altitude  180 m
No vaccination requirements for any international traveller.

LUXEMBOURG
Capital  Luxembourg
Altitude  340 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country, with the highest risk in the coastal areas. Resistance to chloroquine reported.

Recommended prevention: **IV**

MALAWI

**Capital**: Lilongwe

**Altitude**: 1030 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

MALAYSIA

**Capital**: Kuala Lumpur

**Altitude**: 50 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age arriving within 6 days from yellow fever endemic areas. The countries and areas included in the endemic zones are considered as infected areas.

**Malaria**: Malaria risk exists only in limited foci in the deep hinterland. Urban and coastal areas are free from malaria. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention in risk areas: **IV**

MALDIVES

**Capital**: Malé

**Altitude**: 0 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas.

MALI

**Capital**: Bamako

**Altitude**: 340 m

**Yellow fever**: A yellow fever vaccination certificate is required from all travellers over 1 year of age.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

MALTA

**Capital**: Valletta

**Altitude**: 0 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 9 months of age coming from infected areas. If indicated on epidemiological grounds, infants under 9 months of age are subject to isolation or surveillance if coming from an infected area.

MARSHALL ISLANDS

**Capital**: Majuro

**Altitude**: 0 m

No vaccination requirements for any international traveller.

MARTINIQUE

**Capital**: Fort-de-France

**Altitude**: 0 m

No vaccination requirements for any international traveller.

MAURITANIA

**Capital**: Nouakchott

**Altitude**: 10 m

**Yellow fever**: A yellow fever vaccination certificate is required from all travellers over 1 year of age, except those arriving from a non-infected area and staying less than 2 weeks in the country.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country, except in the northern areas: Dakhlet-Nouadhibou and Tiris-Zemmour. In Adrar and Inchiri there is malaria risk during the rainy season (July through October). Resistance to chloroquine reported.

Recommended prevention in risk areas: **IV**

MAURITIUS

**Capital**: Port Louis

**Altitude**: 90 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. The countries and areas included in the endemic zones (see map page 84) are considered as infected areas.

**Malaria**: Malaria risk—exclusively due to *P. vivax*—may exist in certain rural areas (no
indigenous cases reported since 1998). There is no risk on Rodrigues Island.

Recommended prevention: none

**MAYOTTE (FRENCH TERRITORIAL COLLECTIVITY)**

- **Capital**: Mamoudzou
- **Altitude**: 280 m

No vaccination requirements for any international traveller.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prevention: IV

**MEXICO**

- **Capital**: Mexico City
- **Altitude**: 2250 m

**Yellow fever**: No vaccination requirements for any international traveller.

**Malaria**: Malaria risk—almost exclusively due to *P. vivax*—exists throughout the year in some rural areas that are not often visited by tourists. There is high risk of transmission in some localities in the states of Chiapas and Oaxaca; moderate risk in the states of Chihuahua, Sinaloa and Tabasco; and low risk in Campeche, Durango, Guerrero, Michoacán, Jalisco, Nayarit, Quintana Roo, Sonora, Veracruz and Yucatan.

Recommended prevention in risk areas: II

**MICRONESIA, FEDERATED STATES OF**

- **Capital**: Palikir
- **Altitude**: 0 m

No vaccination requirements for any international traveller.

**MOLDOVA, REPUBLIC OF**

- **Capital**: Chisinau
- **Altitude**: 100 m

No vaccination requirements for any international traveller.

**MONACO**

- **Capital**: Monaco
- **Altitude**: 0 m

No vaccination requirements for any international traveller.

**MONGOLIA**

- **Capital**: Ulaanbaatar
- **Altitude**: 1300 m

No vaccination requirements for any international traveller.

**MOROCCO**

- **Capital**: Rabat
- **Altitude**: 0 m

No vaccination requirements for any international traveller.

**Malaria**: Very limited malaria risk—exclusively due to *P. vivax*—may exist from May to October in certain rural areas of Chefchaouen Province (no indigenous cases reported in 2005).

Recommended prevention: I

**MOZAMBIQUE**

- **Capital**: Maputo
- **Altitude**: 50 m

**Yellow fever**: A yellow fever vaccination certificate is required from travellers coming from infected areas. Nationals and residents of Myanmar are required to possess certificates of vaccination on their departure to an infected area.

**Malaria**: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year at altitudes below 1000 m, excluding the main urban
areas of Yangon and Mandalay. Risk is highest in remote rural, hilly and forest areas. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported. Mefloquine resistance reported in Kayin state and the eastern part of Shan state. *P. vivax* with reduced sensitivity to chloroquine reported.

Recommended prevention: **IV**

**NAMIBIA**

**Capital** Windhoek  
**Altitude** 1720 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas. The countries, or parts of countries, included in the endemic zones in Africa and South America are regarded as infected, Travellers on scheduled flights that originated outside the areas regarded as infected, but who have been in transit through these areas, are not required to possess a certificate provided that they remained at the scheduled airport or in the adjacent town during transit. All passengers whose flights originated in infected areas or who have been in transit through these areas on unscheduled flights are required to possess a certificate. The certificate is not insisted upon in the case of children under 1 year of age, but such infants may be subject to surveillance.  
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists from November to June in the following regions: Oshana, Oshikoto, Omusati, Omaheke, Ohangwena and Otjozondjupa. Risk throughout the year exists along the Kunene river and in Kavango and Caprivi regions. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.  
Recommended prevention in risk areas: **IV**

**NAURU**

**Capital** Yaren  
**Altitude** 10 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 6 months of age coming from infected area

**NEPAL**

**Capital** Kathmandu  
**Altitude** 1300 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.  
Malaria risk—predominantly due to *P. vivax*—exists throughout the year in rural areas of the 20 Terai districts (including forested hills and forest areas) bordering with India, and in parts of the inner Terai valleys of Udaypur, Sindhupalchowk, Makwanpur, Chitwan and Dang. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.  
Recommended prevention in risk areas: **IV**

**NETHERLANDS**

**Capital** Amsterdam / The Hague  
(Seat of Government)  
**Altitude** 0 m / 0 m  
No vaccination requirements for any international traveller.

**NETHERLANDS ANTILLES**

**Capital** Willemstad  
**Altitude** 0 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 6 months of age coming from infected area

**NEW CALEDONIA AND DEPENDENCIES**

**Capital** Nouméa  
**Altitude** 10 m  
**Cholera:** Vaccination against cholera is not required. Travellers coming from an infected area are not given chemoprophylaxis, but are required to complete a form for use by the Health Service.  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.  
*Note.* In the event of an epidemic threat to the territory, a specific vaccination certificate may be required.

**NEW ZEALAND**

**Capital** Wellington  
**Altitude** 70 m  
No vaccination requirements for any international traveller.

**NICARAGUA**

**Capital** Managua  
**Altitude** 70 m
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**Malaria:** Malaria risk—predominantly due to *P. vivax*—exists throughout the year in 119 municipalities, with the highest risk in 7 municipalities in the department of RA Atlántico Sur and moderate risk in 6 municipalities in RA Atlántico Norte. Cases are reported from 138 other municipalities in the central and western department; but the risk in these areas is considered low or negligible. No chloroquine-resistant *P. falciparum* reported.

Recommended prevention in risk areas: **II**

**NIGER**  
**Capital** Niamey  
**Altitude** 220 m  
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers over 1 year of age and recommended for travellers leaving Niger.  

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Chloroquine-resistant *P. falciparum* reported.

Recommended prevention: **IV**

**NIGERIA**  
**Capital** Abuja  
**Altitude** 360 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.  

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

**NIUE**  
**Capital** Alofi  
**Altitude** 10 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**NORTHERN MARIANA ISLANDS**  
**Capital** Saipan  
**Altitude** 0 m  

No vaccination requirements for any international traveller.

**NORWAY**  
**Capital** Oslo  
**Altitude** 50 m  
No vaccination requirements for any international traveller.

**OMAN**  
**Capital** Muscat  
**Altitude** 20 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.  

**Malaria:** No indigenous *P. vivax* or *P. falciparum* cases reported since 2001.  

Recommended prevention: **none**

**PAKISTAN**  
**Capital** Islamabad  
**Altitude** 350 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from any part of a country in which yellow fever is endemic; infants under 6 months of age are exempt if the mother’s vaccination certificate shows that she was vaccinated before the birth of the child. The countries and areas included in the endemic zones are considered as infected areas.

**Malaria:** Malaria risk—*P. vivax* and *P. falciparum*—exists throughout the year in the whole country below 2000 m. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

**PALAU**  
**Capital** Koror  
**Altitude** 0 m  
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers over 1 year of age coming from infected areas or from countries in any part of which yellow fever is endemic.

**PAKISTAN**  
**Capital** Panama City  
**Altitude** 20 m  
**Yellow fever:** A yellow fever vaccination certificate is recommended for all travellers going to Chepo, Darién and San Blas.
Malaria: Malaria risk—predominantly due to *P. vivax* (83%); *P. falciparum* (17%)—exists throughout the year in provinces along the Atlantic coast and the border with Colombia: Bocas del Toro, Colon, Darien, Embera, Kuna Yala, Ngobe Bugle, panama and Veraguas. In the other provinces there is no or negligible risk of transmission. Chloroquine-resistant *P. falciparum* has been reported in Darien and San Blas provinces. Recommended prevention in risk areas: II; in eastern endemic areas, IV

**PAPUA NEW GUINEA**

Capital Port Moresby
Altitude 20 m

Yellow fever: A yellow fever vaccination certificate is required from all travellers over 1 year of age coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country below 1800 m. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported. *P. vivax* resistant to chloroquine reported. Recommended prevention: IV

**PARAGUAY**

Capital Asunción
Altitude 60 m

Yellow fever: A yellow fever vaccination certificate is required from travellers leaving Paraguay to go to endemic areas and from travellers coming from endemic areas.

Malaria: Malaria risk—exclusively due to *P. vivax*—is moderate in certain municipalities of the departments of Alto Paraná, Caaguazú, Caazapa, Canendiyú and Guaira. In the other departments there is no or negligible transmission risk. Recommended prevention in risk areas: II

**PERU**

Capital Lima
Altitude 90 m

Yellow fever: Yellow fever vaccination is required from travellers over 6 months of age coming from infected areas and is recommended for those who intend to visit jungle areas of the country below 2300 m.

coming from infected areas. The requirement applies only to travellers arriving in or bound for the Azores and Madeira. However, no certificate is required from passengers in transit at Funchal, Porto Santo and Santa Maria.

**PUERTO RICO**
Capital: San Juan
Altitude: 10 m
No vaccination requirements for any international traveller.

**QATAR**
Capital: Doha
Altitude: 20 m
No vaccination requirements for any international traveller.

**REUNION**
Capital: Saint-Denis
Altitude: 0 m
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**ROMANIA**
Capital: Bucharest
Altitude: 80 m
No vaccination requirements for any international traveller.

**RUSSIAN FEDERATION**
Capital: Moscow
Altitude: 160 m
No vaccination requirements for any international traveller.

**RWANDA**
Capital: Kigali
Altitude: 1550 m
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers over 1 year of age coming from infected areas.
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

**SAINT HELENA**
Capital: Jamestown
Altitude: 0 m
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers over 1 year of age coming from infected areas.

**SAINT KITTS AND NEVIS**
Capital: Basseterre
Altitude: 360 m
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**SAINT LUCIA**
Capital: Castries
Altitude: 200 m
No vaccination requirements for any international traveller.

**SAINT PIERRE AND MIQUELON**
Capital: Saint-Pierre
Altitude: 360 m
No vaccination requirements for any international traveller.

**SAINT VINCENT AND THE GRENADINES**
Capital: Kingstown
Altitude: 0 m
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**SAMOA**
Capital: Apia
Altitude: 0 m
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**SAN MARINO**
Capital: San Marino
Altitude: 290 m
No vaccination requirements for any international traveller.
**SAO TOME AND PRINCIPE**

**Capital** Sao Tomé  
**Altitude** 0 m  
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers over 1 year of age.  
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year. Chloroquine-resistant *P. falciparum* reported.  
Recommended prevention: IV

**SAUDI ARABIA**

**Capital** Riyadh  
**Altitude** 610 m  
**Yellow fever:** A yellow fever vaccination certificate is required from all travellers coming from countries, any parts of which are infected.  
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in most of the South-western Region (except in the high-altitude areas of Asir Province). No risk in Mecca or Medina cities. Chloroquine-resistant *P. falciparum* reported.  
Recommended prevention in risk areas: IV

**SENEGAL**

**Capital** Dakar  
**Altitude** 20 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from endemic areas.  
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. There is less risk from January through June in the central western regions. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.  
Recommended prevention: IV

**SEYCHELLES**

**Capital** Victoria  
**Altitude** 0 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas or who have passed through partly or wholly endemic areas within the preceding 6 days. The countries and areas included in the endemic zones are considered as infected areas.

**SIERRA LEONE**

**Capital** Freetown  
**Altitude** 50 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.  
**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.  
Recommended prevention: IV

**SINGAPORE**

**Capital** Singapore  
**Altitude** 50 m  
**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. Certificates of vaccination are required from travellers over 1 year of age who, within the preceding 6 days, have been in or have passed through any country partly or wholly endemic for yellow fever. The countries and areas included in the endemic zones are considered as infected areas:  
**Africa:** Angola, Benin, Burkina Faso, Burundi, Cameroong, Cape Verde, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania.  
**America:** Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Paraguay, Peru, Trinidad and Tobago, Suriname, Venezuela.

**SLOVAKIA**

**Capital** Bratislava  
**Altitude** 130 m  
No vaccination requirements for any international traveller.

**SLOVENIA**

**Capital** Ljubljana  
**Altitude** 320 m  
No vaccination requirements for any international traveller.
### SOLOMON ISLANDS

**Capital**  | Honiara
---|---
**Altitude**  | 30 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year except in a few eastern and southern outlying islets. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

### SOMALIA

**Capital**  | Mogadishu
---|---
**Altitude**  | 20 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

### SOUTH AFRICA

**Capital**  | Pretoria (administrative) / Cape Town (legislative) / Bloemfontein (judicial)
---|---
**Altitude**  | 1330 m / 10 m / 1420 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. The countries or areas included in the endemic zones in Africa and the Americas are regarded as infected (see map page 84).

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the low altitude areas of Mpumalanga Province (including the Kruger National Park), Northern Province and north-eastern KwaZulu-Natal as far south as the Tugela River. Risk is highest from October to May. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention in risk areas: **IV**

### SRI LANKA

**Capital**  | Colombo
---|---
**Altitude**  | 10 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

**Malaria:** Malaria risk—*P. vivax* (88%), *P. falciparum* (12%)—exists throughout the year, except in the districts of Colombo, Galle, Gampaha, Kalutara, Matara and Nuwara Eliya. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention in risk areas: **III**

### SUDAN

**Capital**  | Khartoum
---|---
**Altitude**  | 380 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. The countries and areas included in the endemic zones (see map page 84) are considered as infected areas. A certificate may be required from travellers leaving Sudan.

**Malaria:** Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Risk is low and seasonal in the north. It is higher along the Nile south of Lake Nasser and in the central and southern part of the country. Malaria risk on the Red Sea coast is very limited. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: **IV**

### SURINAME

**Capital**  | Paramaribo
---|---
**Altitude**  | 0 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria:** Malaria risk—*P. falciparum* (81%)—is high throughout the year in the interior of the country beyond the coastal savannah area, with highest risk along the eastern border and in gold mining areas. In Paramaribo city and the other seven coastal districts, transmission risk is low or negligible. Chloroquine, sulfadoxine–pyrimethamine and mefloquine resistant *P. falciparum* reported. Some decline in quinine sensitivity also reported.

Recommended prevention in risk areas: **IV**

No vaccination requirements for any international traveller.
SWAZILAND
Capital Mbabane (administrative) / Lolamba (legislative)
Altitude 1240 m / 650 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in all low veld areas (mainly Big Bend, Mhlume, Simunye and Tshaneni). Chloroquine-resistant *P. falciparum* reported.
Recommended prevention in risk areas: IV

SWEDEN
Capital Stockholm
Altitude 30 m
No vaccination requirements for any international traveller.

SWITZERLAND
Capital Berne
Altitude 520 m
No vaccination requirements for any international traveller.

SYRIAN ARAB REPUBLIC
Capital Damascus
Altitude 700 m
Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.
Malaria: Limited malaria risk—exclusively due to *P. vivax*—exists from May through October in foci along the northern border, especially in rural areas of El Hasaka Governorate (no indigenous cases reported in 2005).
Recommended prevention in risk areas: none

TAJIKISTAN
Capital Dushanbe
Altitude 1030 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—predominantly due to *P. vivax*—exists from June through October, particularly in southern border areas (Khatlon Region), and in some central (Dushanbe), western (Gorno-Badakhshan), and northern (Leninabad Region) areas. Chloroquine and sulfadoxine-pyrimethamine resistant *P. falciparum* reported in the southern part of the country.
Recommended prevention: III

TANZANIA, UNITED REPUBLIC OF
Capital Dodoma
Altitude 1150 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country below 1800 m. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

THAILAND
Capital Bangkok
Altitude 10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas. The countries and areas included in the endemic zones are considered as infected areas.
Malaria: Malaria risk exists throughout the year in rural, especially forested and hilly, areas of the whole country, mainly towards the international borders. There is no risk in cities and the main tourist resorts (e.g. Bangkok, Chiangmai, Pattaya, Phuket, Samui). However, there is risk in some other islands as well as resorts. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported. Resistance to mefloquine and to quinine reported from areas near the borders with Cambodia and Myanmar.
Recommended prevention in risk areas near Cambodia and Myanmar borders: IV

TIMOR LESTE
Capital Dili
Altitude 0 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole territory. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV
TOGO
Capital  Lomé
Altitude  40 m
Yellow fever: A yellow fever vaccination certificate is required from all travellers over 1 year of age.
Malaria: Malaria risk—predominantly due to P. falciparum—exists throughout the year in the whole country. Chloroquine-resistant P. falciparum reported.
Recommended prevention: IV

TOKELAU
Same requirements as New Zealand.
(Non-self governing territory of New Zealand)

TONGA
Capital  Nuku’alofa
Altitude  0 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

TRINIDAD AND TOBAGO
Capital  Port of Spain
Altitude  10 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

TUNISIA
Capital  Tunis
Altitude  50 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.

TURKEY
Capital  Ankara
Altitude  920 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—exclusively due to P. vivax—exists from May to October mainly in the south-eastern part of the country, and in Amikova and Çukurova Plain. There is no malaria risk in the main tourist areas in the west and south-west of the country.
Recommended prevention in risk areas: II

TURKMENISTAN
Capital  Ashkabat
Altitude  220 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk—exclusively due to P. vivax—exists from June to October in some villages located in the south-eastern part of the country, mainly in Mary district.
Recommended prevention: I

TUVALU
Capital  Fongafale
Altitude  0 m
No vaccination requirements for any international traveller.

UGANDA
Capital  Kampala
Altitude  1200 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from endemic areas.
Malaria: Malaria risk—predominantly due to P. falciparum—exists throughout the year in the whole country including the main towns of Fort Portal, Jinja, Kampala, Mbale and parts of Kigezi. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.
Recommended prevention: IV

UKRAINE
Capital  Kiev
Altitude  170 m
No vaccination requirements for any international traveller.

UNITED ARAB EMIRATES
Capital  Abu Dhabi
Altitude  10 m
No vaccination requirements for any international traveller.

UNITED KINGDOM (with Channel Islands and Isle of Man)
Capital  London
Altitude  10 m
No vaccination requirements for any international traveller.
UNITED STATES OF AMERICA
Capital Washington DC
Altitude 20 m
No vaccination requirements for any international traveller.

URUGUAY
Capital Montevideo
Altitude 30 m
Yellow fever: A yellow fever certificate is required for travellers coming from endemic areas and from infected countries according to the epidemiological situation and the evaluation of risk.

UZBEKISTAN
Capital Tashkent
Altitude 460 m
No vaccination requirements for any international traveller.
Malaria: Sporadic autochthonous cases of *P. vivax* malaria are reported in some locations of Surkhanda-rinskaya Region.
Recommended prevention: I

VANUATU
Capital Port-Vila
Altitude 0 m
No vaccination requirements for any international traveller.
Malaria: Low to moderate malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine–pyrimethamine reported. *P. vivax* resistant to chloroquine reported.
Recommended prevention: III

VENEZUELA (BOLIVARIAN REPUBLIC OF)
Capital Caracas
Altitude 1000 m
No vaccination requirements for any international traveller.
Malaria: Malaria risk due to *P. vivax* (90%); *P. falciparum* (10%) exists throughout the year in some rural areas of Apure, Amazonas, Barinas, Bolivar, Sucre and Táchira states. Risk of *P. falciparum* malaria is mostly restricted to municipalities in jungle areas of Amazonas (Alto Orinoco, Atabapo, Aures, Autana, Manapiare, Rio Negro), Bolivar (Cedeño, Gran Sabana, Piar, Raul Leoni, Sifontes and Sucre), Carabobo (Naguanagua) and Delta Amacuro (Antonia Diaz, Casacoima and Pedernales). Chloroquine and sulfadoxine-pyrimethamine resistant *P. falciparum* reported.
Recommended prevention: II in *P. vivax* risk areas; IV in *P. falciparum* risk areas.

VIET NAM
Capital Hanoi
Altitude 20 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists in the whole country, excluding urban centres, the Red River 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 4 central highlands provinces Dak Lak, Dak Nong, Gia Lai and Kon Tum, Binh Phuoc province, and the western parts, of the coastal provinces Quang Tri, Quang Nam, Ninh Thuan and Khanh Hoa. Resistance to chloroquine, sulfadoxine–pyrimethamine and mefloquine reported.
Recommended prevention in risk areas: IV

VIRGIN ISLANDS (USA)
Capital Charlotte Amalie
Altitude 230 m
No vaccination requirements for any international traveller.

WAKE ISLAND
No vaccination requirements for any international traveller.

YEMEN
Capital Sana’a
Altitude 2230 m
Yellow fever: A yellow fever vaccination certificate is required from travellers over 1 year of age coming from infected areas.
Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year, but mainly from September through February, in the
whole country below 2000 m. There is no risk in Sana’a city. Malaria risk on Socotra Island is limited. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention in risk areas: IV; Socotra Island: I

YUGOSLAVIA, FEDERAL REPUBLIC OF
Capital: Belgrade
Altitude: 60 m
No vaccination requirements for any international traveller.

ZAIRE see CONGO, DEMOCRATIC REPUBLIC OF THE

ZAMBIA
Capital: Lusaka
Altitude: 1280 m

Yellow fever: No vaccination requirements for any international traveller.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine–pyrimethamine reported.

Recommended prevention: IV

ZIMBABWE
Capital: Harare
Altitude: 1450 m

Yellow fever: A yellow fever vaccination certificate is required from travellers coming from infected areas.

Malaria: Malaria risk—predominantly due to *P. falciparum*—exists from November through June in areas below 1200 m and throughout the year in the Zambezi valley. In Harare and Bulawayo, the risk is negligible. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prevention: IV