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The World Health Organization (WHO) presents its compliments to the State Parties to the International Health Regulations (2005), and has the honour of inviting them to complete the annual questionnaire for updating the WHO International Travel and Health (ITH) country list of vaccination requirements and recommendations for international travellers.

The questionnaire aims to:

- (1) collect information about States Parties, requirements for proof of vaccination against yellow fever as a condition of entry, as stated in the Annex 7, paragraph 1, of the International Health Regulations (2005);²
- (2) collect information on the risk of yellow fever transmission, as per Annex 7, paragraph 2b, of the International Health Regulations (2005);
- (3) collect information about States Parties' requirements of proof of vaccination for other disease as a condition of entry, as per Annex 6 of the International Health Regulations (2005);
- (4) collect information about risk of infection for malaria, as per resolution WHA22.48 (1969).³

The information collected through this annual questionnaire is reviewed by the appropriate technical units at WHO headquarters and Regional Offices, and then published on the WHO International Travel and Health website, as "Country List" and "Annex 1".

The "Country List" provides the list of countries, territories and areas with State Parties' requirements, as well as WHO recommendations, for Yellow Fever vaccination; State Parties' requirements for vaccination against other diseases; and the malaria risk situation by country, together with WHO recommended type of prevention. "Annex 1" of the International Travel and Health publication provides a table with countries and territories at risk of yellow fever

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¹ Including with regard to "overseas territories", "territories", "commonwealths", "insular areas", "outre mer".

² International Health Regulations, see Annexes 6 and 7.

³ WHA22.48 Diseases under Surveillance: Malaria, http://apps.who.int/iris/bitstream/10665/91273/1/WHA22.48 eng.pdf.

⁴ International Travel and Health. Country list 2017. Available at http://www.who.int/ith/2017-ith-country-list.pdf?ua=1.

transmission, and related States Parties' requirements for vaccination upon entry. These two documents provide information to international travellers as well as health professionals.

Annex A to this letter presents the annual questionnaire for completion, and Annex B provides the instructions on how to complete and submit the questionnaire to the WHO ITH Secretariat. State Parties are requested to verify the accuracy of its country's requirements as reflected in Annexes C and D.

In order to prepare the timely publication of the 2018 edition of the "International Travel and Health", it is essential to have this information from health administrations by no later than 30 November 2017.

The World Health Organization takes this opportunity to renew to State Parties to the International Health Regulations (2005) the assurance of its highest consideration.

GENEVA, 5 September 2017

¹ International Travel and Health. Annex 1. List of countries, territories and areas with vaccination requirements and recommendations for international travellers. Available at: http://www.who.int/ith/2017-ith-annex1.pdf?ua=1.

INTERNATIONAL TRAVEL AND HEALTH - ANNUAL QUESTIONNAIRE

STATES PARTIES REQUIREMENTS OF PROOF OF VACCINATION AGAINST YELLOW FEVER & OTHER DISEASES, AND WHO MALARIA RISK SITUATION & PREVENTION

States Parties to the International Health Regulations are consulted yearly through this questionnaire to review their requirements of proof of vaccination against yellow fever and other diseases for international travellers, as well as to review the WHO malaria risk situation and prevention.

Section 1 of this questionnaire includes questions related to States Parties' requirements for vaccination against yellow fever, as well as their requests for yellow fever risk assessment; section 2 relates to requirements for vaccination against other diseases; and section 3 relates to WHO malaria risk situation and prevention.

For instructions on how to fill in and submit the questionnaire please see Annex B. Please note the deadline for submitting the questionnaire is 30 November 2017.

For States Parties with overseas territories characterized by epidemiological contexts that warrant the adoption of requirements different from those of the mainland, please complete one questionnaire for the mainland States Party and one each for the overseas territories.

Please note that the following countries/areas at risk of yellow fever transmission were identified by WHO and listed on the International travel and health 2017:

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, Senegal, Sierra Leone, South Sudan, Togo and Uganda.

Americas

Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Ecuador, French Guyana, Guyana, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago and Venezuela (Bolivarian Republic of).

¹ http://www.who.int/ith/2017-ith-annex1.pdf?ua=1.

INTERNATIONAL TRAVEL AND HEALTH ANNUAL QUESTIONNAIRE

Name of the State Party: Email for contact: Name of the overseas territory to which the questionnaire applies:			
		Date questi	onnaire completed: day/ month/ year
Section I. Y	ELLOW FEVER		
	rty's requirements of proof of vaccination against yellow fever arriving travellers:		
cond	ition of entry for arriving travellers?		
	No → Go to question 7. ☐ Yes, for all travellers arriving from all countries and territories → Go to question 3.		
	Yes, for travellers arriving from countries and territories at risk of yellow fever transmission → Go to question 2.		
2. Is t	he list of countries/territories at risk of yellow fever to which you apply the		
requi	rement in question 1 identical with the WHO list mentioned above? Yes.		
	No. If no, please list on a separate sheet the countries/territories to which you apply such requirement.		
3. Ho	w is this requirement applied to travellers in transit through an airport of a		
count	ry/territory at risk of yellow fever transmission?		
	Not applied to travellers in transit.		
	Required for all travellers, independently from the duration of the transit. Required only for travellers having transited more than 12 hours. ²		

² Transit of less than 12 hours in airports located in countries with risk of YF virus transmission should not be considered as a departure from that area for certification purposes, see Background for the Consultation on Yellow Fever and International Travel, 2010 (update February 2011), http://www.who.int/ith/YFrisk.pdf?ua=1.

	4. Pl	ease indicate the age group of arriving travellers for which your country/territory
	requ	tires yellow fever vaccination (tick one box only):
		From 6 months of age (contraindicated by WHO). ³
		From 9 months of age.
		From 1 year of age.
	5. "It	n force" status of entry requirements:
		Entry requirements are in force as of the date of completion of this questionnaire.
		Entry requirements will be in force starting from:
		day / month / year
		Please send an update when these requirements come to an end using the same questionnaire.
	6. In	accordance with resolution WHA68.4, international certificates of vaccination
	agai	inst yellow fever, using approved WHO vaccines, are now valid for the life of the
		on vaccinated. ⁵ Is this implemented for international travellers arriving in your
		e Party?
		Yes.
		No. If no, please indicate implementation schedule here:
		day / month / year
* .		
		arty's requirement of proof of vaccination against yellow fever
at	exit for c	leparting travellers
	7. Is	your country/territory considered by WHO at risk for yellow fever transmission?
		No.
		Yes.
		Only some areas are considered at risk.

³ The vaccine is contraindicated in children aged <6 months and is not recommended for those aged 6–8 months, except during epidemics when the risk of infection with the YF virus may be very high. Vaccines and vaccination against yellow fever, WHO position paper, June 2013, http://www.who.int/wer/2013/wer8827.pdf?ua=1.

⁴ WHO prequalified vaccines web page, http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/.

⁵ In May 2014, the World Health Assembly adopted an amendment to the Annex 7 of IHR, which stipulates that the protection provided by the vaccination against yellow fever will continue for the life of the person vaccinated, beginning 10 days after the date of vaccination. The amended Annex 7 of the IHR (2005) entered into force and is legally binding upon all States Parties on 11 July 2016. Accordingly, revaccination or booster dose of yellow fever vaccine cannot be required of international travellers as a condition of entry into a State Party, regardless of the date that their international certificate of vaccination was initially issued.

		our country/territory requiring proof of vaccination against yellow fever for Hers leaving your country/territory?
		No.
		Yes.
	9. "In	force" status of exit requirements:
		Exit requirements are in force as of the date of completion of this questionnaire. Exit requirements will be in force starting from: day / month / year
		Please send an update when these requirements come to an end using the same questionnaire.
Lc) Pi	ablic inf	ormation for international travellers
Pl in	ease pro formation	ovide the links to the websites where the State Party has published the following on for international travellers, pertaining both to arriving and departing travellers:
_	those t	Party's requirements regarding the proof of vaccination against yellow fever for both ravelling outside the State Party (exit requirements) and those visiting the State partits overseas territories (entry requirements);
-	The lis	of designated yellow fever vaccination centres that can issue the International cate of Vaccination or Prophylaxis;
I.d) St	ate Part	ry's comment
	operat	es this questionnaire allow you to adequately capture the administrative and ional arrangements regarding proof of vaccination against yellow fever as a ion for entry and exit into the State Party and/or its overseas territories?
	describ	tance, if a temporary nature is anticipated for some of the entry or exit requirements be procedures that the State Party would apply should a traveller carrying an invalid tional Certificate of Vaccination or Prophylaxis be identified.
		No. If no, please comment on a separate sheet. Yes.

I.e) WHO risk mapping for yellow fever transmission

The WHO Scientific and Technical Advisory Group on Yellow Fever Risk Mapping (GRYF), managed by the WHO Secretariat, is mandated to review the scientific evidence and public health justification, in order to add countries/areas at risk of yellow fever on the WHO ITH country list, or remove them from this list. States Parties may request to the GRYF, through the WHO Secretariat to revise their risk of yellow fever transmission and their level of risk classification. For further information on evidence required for such a review please consult the WHO technical guidance on risk assessment on yellow fever virus circulation in endemic countries.

11.1	Has your country submitted to the GRYF, through the WHO Secretariat, a request for
	revision of its risk for yellow fever transmission?
	No.
	Yes. If yes, please describe your request on a separate sheet including date, scientific
	justification, and indicate contact details of the technical focal point for follow up.

Section II. OTHER DISEASES

12. Do	es your country/territory have any vaccination requirement for diseases other than
yellow	fever for arriving or departing travellers?
	No.
	37 10 1 11 11 11 11 11 11 11 11 11 11 11 1

Yes. If yes, please provide the list on a separate sheet. Please provide the links to the websites where the State Party has published this information.

Section III. WHO MALARIA RISK SITUATION

13. Do you agree with the WHO malaria risk situation and the WHO recommendations for prevention in your country/territory, as currently presented in the Country List?¹⁰

No. If no. please provide the list on a separate sheet including references to scientific

□ No. If no, please provide the list on a separate sheet including references to scientific justification.

□ Yes.

nded vaccination for travellers website. http://www.who.int/ith/vellow

⁶ WHO Yellow fever risk mapping and recommended vaccination for travellers website, http://www.who.int/ith/yellow-fever-risk-mapping/en/.

⁷ http://www.who.int/ith/yellow-fever-risk-mapping/scope-of-work/en/.

⁸ http://www.who.int/ith/yellow-fever-risk-mapping/state_request/en/.

⁹ WHO, 2014. Risk assessment on yellow fever virus circulation in endemic countries. http://www.who.int/csr/disease/yellowfev/risk assessment/en/.

¹⁰ http://www.who.int/ith/2017-ith-country-list.pdf?ua=1.



INTERNATIONAL TRAVEL AND HEALTH - ANNUAL QUESTIONNAIRE

STATES PARTIES REQUIREMENTS OF PROOF OF VACCINATION AGAINST YELLOW FEVER & OTHER DISEASES, AND WHO MALARIA RISK SITUATION & PREVENTION

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

Submitting the questionnaire online

The National IHR Focal Points can fill in the questionnaire online by following this link: https://extranet.who.int/ihrportal/. Please see below detailed instructions on filling in the form online.

Submititng the form by email or by post

Alternatively, you can complete the questionnaire in Annex A by hand, and submit it either by email (to the email address "travelhealth@who.int"), or by post to the following address:

International Travel and Health
Country health emergencies Preparedness and IHR (CPI),
WHO Health Emergencies Programme (WHE),
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland
Email: travelhealth@who.int

Fax: +41 22 791 1388

Deadline for submitting the questionnaire is 30 November 2017

In order to prepare the timely publication of the requirements from all countries for the 2018 edition of the "International Travel and Health", it is essential to have this information from health administrations by 30 November 2017.

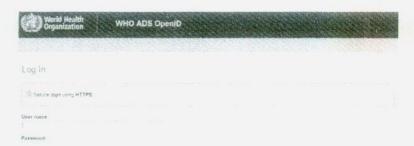
INSTRUCTIONS TO FILL IN THE QUESTIONNAIRE ONLINE

This form can be completed by the National IHR Focal Points using their IHR Portal login. In case of login problems, please contact the WHO Secretariat at: travelhealth@who.int.

1. Go to http://extranet.who.int/ihrportal



2. Click "ADS"



3. Login with username and password

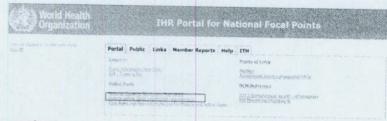
In case of problem regarding your ADS login and password please go to the WHO Partners Password Self Service web page: https://extranet.who.int/pwm/



- 4. Click "OK"
- 5. Click on "Links"



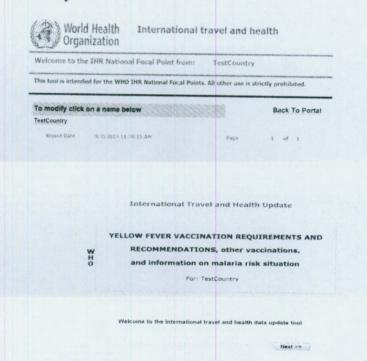
6. Click on "Update yellow fever vaccination requirements"



7. Click on the name of your country

8.

Click "Next"



9. Input your changes/additions - don't forget to click "Submit"



The updated information will be available online on the IHR Portal after review by the Secretariat.



INTERNATIONAL TRAVEL AND HEALTH - 16 FEBRUARY 2017

List of countries, territories and areas1

Vaccination requirements and recommendations for international travellers, including yellow fever and malaria

Introduction

The information provided for each country includes the country's stated requirements and WHO recommendations for travellers regarding yellow fever vaccination² and malaria prevention. A brief description of the malaria risk situation is provided by WHO where appropriate. The country's stated requirements for other diseases are also mentioned, if any^{3, 4}.

This document is produced after consultation of States Parties and includes input from WHO technical units in Headquarters and from WHO Regional Offices. States are consulted yearly to confirm or update their country requirements for international travellers. In addition 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)⁵ for review.

Country requirements are subject to change at any time. 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. The latest updates received by WHO from countries can be found on the WHO International Travel and Health web site⁶.

Yellow fever

Vaccination

Yellow fever vaccination is carried out for two different purposes:

1. To prevent the international spread of the disease

Countries protect themselves from the risk of importing or further spreading the yellow fever virus by establishing entry requirements on yellow fever vaccination for travellers. The countries that require proof of vaccination are those where the disease may or may not occur and 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 could result in its propagation and establishment, leading to a permanent risk of infection for the human population. 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.

¹ In this publication, the terms "country" and "countries" refer to countries, territories and areas.

³ The requirements by some countries for vaccination of infants over 6 months of age are not in accordance with WHO's advice (Chapter 6). Travellers should, however, be informed that the requirement exists for entry into the countries concerned.

² WHO publishes these requirements for purposes of information only; this publication does not constitute an endorsement or confirmation that such requirements are in accordance with the provisions of the International Health Regulations.

⁴ States are consulted yearly to confirm or update their requirements for international travellers. 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.

For further information, see the WHO website at: http://www.who.int/ith/yellow-fever-risk-mapping/en/.
WHO International Travel and Health web site, see Updates for travellers section, http://www.who.int/ith/en/

A meeting of yellow fever experts proposed, in 2010, that under 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 a proof of vaccination might not be necessary. This information is provided to WHO Member States, but travellers are recommended to consult individual country requirements by contacting the embassy of each country they intend to visit. It should be noted that some countries require proof of vaccination from all travellers.

Countries requiring yellow fever vaccination for entry do so in accordance with the International Health Regulations (IHR). 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 Annex 7 of the IHR. An important change was made in May 2014 when the World Health Assembly adopted an updated Annex 7, extending the validity of a certificate of vaccination against yellow fever from 10 years to life. This change came into force on 11 July 2016.

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

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

The risk of yellow fever transmission in a country depends on the presence of the virus in humans, mosquitoes or animals. As yellow fever is frequently fatal for those who have not been vaccinated, vaccination is recommended for all travellers (with few exceptions, as noted in Chapter 6) visiting areas where there is a risk of yellow fever transmission. Annex 1 of *International Travel and Health* provides a summary list of countries with risk of yellow fever transmission in whole or in part as defined by WHO, as well as a list of countries that require proof of yellow fever vaccination as a condition for entry.

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 Scientific and Technical Advisory Group on Geographical Yellow Fever Risk Mapping (GRYF) was established in 2015 to maintain up-to-date yellow fever risk mapping and to provide guidance on yellow fever vaccination for travellers in ways that facilitate international travel.

Decisions regarding the use of yellow fever vaccine for travellers must take several factors into account, including the risk of travel-associated yellow fever virus disease, country requirements, and the potential for serious adverse events following yellow fever vaccination (Chapter 6).

The table below summarizes WHO's revised recommendations for yellow fever vaccination for travellers.

WHO recommendations for yellow fever vaccination for travellers

Yellow fever vaccination cate	gory Rationale for recommendation
Recommended	Yellow fever vaccination is recommended for all travellers ≥ 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.

⁷ For further information, see the WHO website at: http://www.who.int/ith/yellow-fever-risk-mapping/en/.

Polio

On 5 May 2014 WHO's Director-General declared the international spread of wild poliovirus to be a public health emergency of international concern (PHEIC) under the IHR, and issued temporary recommendations to reduce the international spread of wild poliovirus. Recommendations concerning international travellers coming from affected countries are as follows:

1. For States currently exporting wild poliovirus (WPV) or circulating vaccine-derived poliovirus (cVDPV), it is recommended that:

- All residents and long-term visitors (i.e. staying for 4 weeks or longer) of all ages receive a dose of oral
 poliovirus vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to
 international travel.
- International travellers undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio vaccine at least by the time of departure. This will still provide benefit, particularly for frequent travellers.

• Travellers are provided with an international certificate of vaccination or prophylaxis in the form specified in Annex 6 of the IHR to record their polio vaccination and serve as proof of vaccination.

• The international travel of any resident lacking documentation of appropriate polio vaccination is restricted at the point of departure. This applies to international travellers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea).

2. For States affected by WPV or cVDPV but not currently exporting, it is recommended that:

- Residents and long-term visitors receive a dose of OPV or IPV 4 weeks to 12 months prior to international travel or, for those undertaking urgent travel (i.e. within 4 weeks), a dose at least by the time of departure.
- Travellers who receive such vaccination have access to an appropriate document to record their polio vaccination status.

Updates on currently endemic, affected States, whether exporting the disease or not, and vulnerable countries, are available from the Global Polio Eradication Initiative website.⁸

Some individual polio-free countries also require proof of polio vaccination for a visa or entry into their territory. It is important that travellers ensure they know the requirements of the country to which they are travelling by checking with the relevant consulate.

Malaria

General information about malaria, 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 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 falciparum malaria takes priority. Unless the malaria risk is defined as due "exclusively" to a certain species (*P. falciparum* or *P. vivax*), travellers may be at risk of 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.

⁸ Global Polio Eradication Initiative. Where we work web page. See: http://polioeradication.org/where-we-work/.

The letters A, B, C and D refer to the type of prevention based on the table below.

Malaria risk and type(s) of prevention

	Malaria risk	Type of prevention
Type A	Very limited risk of malaria transmission	Mosquito bite prevention only
Type B	Risk of P. vivax malaria only	Mosquito bite prevention plus chloroquine chemoprophylaxis ^a
Туре С	Risk of P. falciparum malaria, in combination with reported chloroquine and sulfadoxine-pyrimethamine resistance	Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported side-effects and contraindications) ^a
Type D	Risk of P. falciparum malaria in combination with reported multidrug resistance	Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported drug-resistance pattern, side-effects and contraindications) ^{a,b}

^a Alternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with standby emergency treatment (SBET).

Other diseases

Information on the main infectious disease threats for travellers, their geographical distribution and corresponding precautions as well as information on vaccine-preventable diseases are provided on the WHO International Travel and Health web site^{9,10}.

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

⁹ WHO International Travel and Health, Infectious diseases of potential risk for travellers web page, http://www.who.int/ith/other_health_risks/infectious_diseases/en/

WHO International Travel and Health web site, Vaccine preventable diseases and vaccines document, attp://www.who.int/ith/ITH chapter 6.pdf?ua=1

List of countries, territories and areas 11 as of 16 February 2017

Vaccination requirements and recommendations for international travellers for yellow fever and malaria

AFGHANISTAN

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

Malaria (2013)

Malaria risk – P. falciparum and P. vivax – exists from May through November below 2000 m.

WHO recommended prevention in risk areas: C

ALBANIA

Yellow fever (prior to 2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

ALGERIA

Yellow fever (2015)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2015)

Malaria risk is limited. Small foci of local transmission (P. vivax) have previously been reported in the six southern and south-eastern wilayas (Adrar, El Oued, Ghardaia, Illizi, Ouargla, Tamanrasset), with 59 local cases of P. falciparum and P. vivax transmission reported in 2012 in areas under the influence of trans-Saharan migration.

WHO recommended prevention in risk areas: none

AMERICAN SAMOA

Yellow fever (prior to 2013)

Country requirement at entry: no

WHO vaccination recommendation: no

ANDORRA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

ANGOLA

Yellow fever (2015)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age.

WHO vaccination recommendation: yes

Malaria (2015)

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

WHO recommended prevention: C

¹¹ In this publication, the terms "country" and "countries" refer to countries, territories and areas.

ANGUILLA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

ANTIGUA AND BARBUDA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

ARGENTINA

Yellow fever (2017)

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 (2017)

Malaria risk is exclusively due to *P. vivax* and is very low, being limited to the departments of Oran and San Martin in Salta Province in the north of the country, and to a lesser extent Corrientes and Misiones provinces. There is no risk in other areas of the country. No local cases reported since 2011 in any part of the country.

WHO recommended prevention in risk areas: A

ARMENIA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

ASCENCION ISLAND

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

AUSTRALIA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission (with the exception of Galápagos Islands in Ecuador, the island of Tobago; limited to Misiones Province in Argentina) and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission (with the same exceptions as mentioned above).

WHO vaccination recommendation: no

AUSTRIA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

AZERBAIJAN

Yellow fever (2016)

Country requirement at entry: no

WHO vaccination recommendation: no

Malaria (2016)

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 were reported in 2013.

WHO recommended prevention in risk areas: A

AZORES see PORTUGAL

BAHAMAS

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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.

WHO vaccination recommendation: no

BAHRAIN

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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)

All travellers coming from polio-endemic countries must have proof of polio vaccination.

BANGLADESH

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

Malaria (2013)

Malaria risk exists throughout the year, but transmission occurs only in rural areas, in 13 of 64 districts. The risk is high in Chittagong Hill Tract districts (Bandarban, Rangamati and Khagrachari), Chittagong district and Cox Bazaar district. 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

BARBADOS

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission (with the exception of Guyana and the island of Trinidad).

WHO vaccination recommendation: no

BELARUS

Yellow fever (2015)

Country requirement at entry: no WHO vaccination recommendation: no

BELGIUM

Yellow fever (2017)

Country requirement at entry: no WHO vaccination recommendation: no

BELIZE

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2016)

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

Other country requirement(s) (2016)

All travellers coming from polio-endemic countries as well as Belizeans or persons living in Belize travelling to countries where polio cases have been confirmed must have proof of polio vaccination.

BENIN

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2016)

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

WHO recommended prevention: C

BERMUDA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

BHUTAN

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate 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

Malaria (2013)

Malaria risk exists throughout the year in the southern belt of the country comprising 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 the rest of the country.

WHO recommended prevention in risk areas and seasons: C

BOLIVIA (PLURINATIONAL STATE OF)

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: yes

Recommended for all travellers aged 9 months or over travelling to the following area east of the Andes at altitudes 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 at altitudes above 2300 m and all areas not listed above, including the cities of La Paz and Sucre.

Malaria (2016)

Malaria risk due predominantly (94%) to *P. vivax* exists throughout the year in the whole country below 2500 m. *P. falciparum* exists in Santa Cruz and in the northern departments of Beni and Pando, especially in the localities of Guayaramerín and Riberalta.

WHO recommended prevention in risk areas: B; in Beni, Pando and Santa Cruz: C

BONAIRE

Yellow fever (prior to 2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 6 months of age arriving from countries with risk of yellow fever transmission. This requirement applies only to travellers going to Bonaire, Saba or Sint Eustatius.

WHO vaccination recommendation: no

BOSNIA AND HERZEGOVINA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

BOTSWANA

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from or having passed through 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 (2016)

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, Tutume districts/sub-districts.

WHO recommended prevention in risk areas: C

BRAZIL

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from Angola and the Democratic Republic of Congo.

WHO vaccination recommendation: yes

Recommended for travellers aged 9 months or over going to the states of Acre, Amapá, Amazonas, Distrito Federal (including the capital city of Brasília), Goiás, Maranhão, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Pará, Rondônia, Roraima and Tocantins, and designated areas of the following states: Bahia, Paraná, Piauí, Rio Grande do Sul, Santa Catarina and São Paulo. Vaccination is also recommended for travellers visiting Iguazu Falls. As of 31 January 2017 additional areas for which yellow fever vaccination is recommended for international travellers include:

Bahia State: extension of the areas at risk for yellow fever transmission with the inclusion of the following municipalities in the south and south-west of the states: Alcobasa; Belmonte; Canavieiras; Caravelas; Ilheus; Itacare; Mucuri; Nova Visosa; Porto Seguro; Prado; Santa Cruz Cabralia; Una; Urusuca; Almadina; Anage; Arataca; Barra do Chosa; Barro Preto; Belo Campo; Buerarema; Caatiba; Camacan; Candido Sales; Coaraci; CondeUba; Cordeiros; Encruzilhada; Eunapolis; Firmino Alves; Floresta Azul; Guaratinga; Ibicarai; Ibicui; Ibirapua; Itabela; Itabuna; Itagimirim; Itaju do Colonia; Itajuipe; Itamaraju; Itambe; Itanhem; Itape; Itapebi; Itapetinga; Itapitanga; Itarantim; Itororo; Jucurusu; Jussari; Lajedao; Macarani; Maiquinique; Mascote; Medeiros Neto; Nova Canaa; Pau Brasil; Piripa; Planalto; Posoes; Potiragua; Ribeirao do Largo; Santa Cruz da Vitoria; Santa Luzia; São Jose da Vitoria; Teixeira de Freitas; Tremedal; Vereda; Vitoria da Conquista.

Espírito Santo State: at risk for yellow fever transmission with the exception of the urban area of Vitoria.

Rio de Janeiro State: at risk for yellow fever transmission in the following northern municipalities bordering Minas Gerais and Espírito Santo states: Bom Jesus do Itabapoana; Cambuci; Cardoso Moreira; Italva; Itaperuna; Laje do Muriae; Miracema; Natividade; Porciuncula; Santo Antonio de Padua; São Fidelis; São Jose de Uba; Varre-Sai; Campos dos Goytacazes; São Francisco de Itabapoa; São João da Barra.

The determination of these extended areas considered to be at risk for yellow fever transmission is preliminary. Updates will be provided regularly¹².

Not recommended for travellers whose itineraries are limited to areas not listed above, including the cities of Fortaleza, Recife, Rio de Janeiro, Salvador and São Paulo.

Malaria (2017)

Malaria risk – P. vivax (84%), P. falciparum (15%), mixed infections (1%) – exists in most forested areas below 900 m within the nine states of the Amazon region (Acre, Amapá, Amazonas, Maranhão (western part), Mato Grosso (northern part), Pará (except Belém City), Rondônia, Roraima and Tocantins (western part)). 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 of Cruzeiro do Sul, Manaus and Pôrto Velho. Malaria also occurs on the periphery of large cities such as Boa Vista, Macapá, Maraba, Rio Branco and Santarém. 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 Espirito Santo. Detailed information on the epidemiological situation of malaria in Brazil is available at www.saude.gov.br/malaria.

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

BRITISH VIRGIN ISLANDS

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

BRITISH INDIAN OCEAN TERRITORY

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

BRUNEI DARUSSALAM

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2016)

Human P. knowlesi infection reported.

WHO recommended prevention: A

Other country requirement(s) (2016)

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

BULGARIA

Yellow fever (2016)

Country requirement at entry: no

WHO vaccination recommendation: no

BURKINA FASO

Yellow fever (2015)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2015)

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

WHO recommended prevention: C

WHO International Travel and Health web site, Temporary yellow fever vaccination recommendations for international travellers related to http://www.who.int/ith/updates/20170131/en/; see latest updates section from

BURUNDI

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age.

WHO vaccination recommendation: yes

Malaria (2016)

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

WHO recommended prevention: C

CABO VERDE

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2013)

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

WHO recommended prevention in risk areas: A

CAMBODIA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2017)

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 extending to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia.

WHO recommended prevention in risk areas: D

CAMEROON

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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 (2017)

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

WHO recommended prevention: C

CANADA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

CANARY ISLANDS see SPAIN

CAYMAN ISLANDS

Yellow fever (2017)

Country requirement at entry: no WHO vaccination recommendation: no

CENTRAL AFRICAN REPUBLIC

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age.

WHO vaccination recommendation: yes

Malaria (2013)

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

WHO recommended prevention: C

CHAD

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers 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 (2013)

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

WHO recommended prevention: C

CHILE

Yellow fever (2013)

Country requirement at entry: no WHO vaccination recommendation: no

CHINA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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. This requirement does not apply to travellers whose itineraries are limited to Hong Kong Special Administrative Region (SAR) and Macao SAR.

WHO vaccination recommendation: no

Malaria (2017)

Currently, malaria cases imported from overseas constitute over 98% of the cases reported in China. Limited malaria transmission still exists in areas in Yunnan Province bordering Myanmar and very few areas in Tibet. Indigenous cases of P. falciparum are reported only in Yunnan Province and cases resistant to artemisinin-derived drugs have not yet been identified.

WHO recommended prevention in risk areas: A, for non-border areas in Yunnan; C, for border areas in Yunnan

CHRISTMAS ISLAND

(Indian Ocean)

Yellow fever (prior to 2013):

Same requirements as mainland Australia.

WHO vaccination recommendation: no

COLOMBIA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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

Generally not recommended for travellers 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 Andrès y Providencia and the capital city of Bogotá.

Malaria (2017)

Malaria risk is high in some municipalities of the departments of Antioquia (Apartadó, Turbo, Neococli, San Juan de Urabá, Arboletes, Cáceres, El Bagre, Tarazá, Zaragoza, Segovia Nechi, Caucasia, Remedios and Mutatá), Bolivar (San Pablo, Tiquisio, Talaigua Nuevo, Cantagallo y Norosí), Cauca (Guapi, Timbiquí and López de Micay), Chocó (all municipalities), Cordoba (the municipalities of Tierralta, Puerto Libertador, Valencia and Monteliebano), and Nariño (Tumaco, Barbacoas, Roberto Payan, Mosquera, El Charco, Magui Payan, Santinga, Pizarro, Santa Bárbara de Iscuandé). A lesser risk exists in some municipalities of Amazonas, Caqueta, Guaviare, Guainia, Meta, Putumayo, Vaupes, and Vichada. Resistance of *P. falciparum* to Chloroquine and Sulfadoxine-pyrimethamine have been documented.

WHO recommended prevention in all risk areas: C

COMOROS

Yellow fever (2015)

Country requirement at entry: no

WHO vaccination recommendation: no

Malaria (2015)

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

WHO recommended prevention: C

CONGO

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age.

WHO vaccination recommendation: ves

Malaria (2017)

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

WHO recommended prevention: C

COOK ISLANDS

Yellow fever

Country requirement at entry: no

WHO vaccination recommendation: no

COSTA RICA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from countries with risk of yellow fever transmission (with the addition of Eritrea, Sao Tome and Principe, Somalia, Tanzania, Zambia in Africa and with the exception of Argentina, Guyana, Panama, Paraguay and Suriname in the Americas).

WHO vaccination recommendation: no

Malaria (2017)

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: a yellow fever vaccination certificate is required for travellers over 9 months of age.

WHO vaccination recommendation: yes

Malaria (2013)

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

WHO recommended prevention: C

CROATIA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

CUBA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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

CURAÇÃO

Yellow fever (prior to 2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 6 months of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

CYPRUS

Yellow fever (2017)

Country requirement at entry: no WHO vaccination recommendation: no

CZECH REPUBLIC

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Yellow fever (prior to 2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

Malaria

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 (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age. WHO vaccination recommendation: yes

Recommended for all travellers aged 9 months or over.

Malaria (2017)

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

WHO recommended prevention: C

DENMARK

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

DJIBOUTI

Yellow fever (2015)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2015)

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

WHO recommended prevention: C

DOMINICA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

Malaria (2017)

Malaria risk due exclusively to *P. falciparum* exists throughout the year, especially in the western provinces of Dajabón, Elias Pina and San Juan. In 2015, transmission increased in the National district and the provinces of Santo Domingo and La Altagracia, specifically in Bávaro district. Risk in other areas is low to negligible. There is no evidence of *P. falciparum* resistance to any antimalarial drug.

WHO recommended prevention in risk areas: B

ECUADOR

Yellow fever (2017)

Country requirement at entry: no.

WHO vaccination recommendation: yes

Recommended for all travellers aged 9 months or over going to the following provinces east of the Andes at altitudes below 2300 m: Morona-Santiago, Napo, Orellana, Pastaza, Sucumbios and Zamora-Chinchipe.

Generally not recommended for travellers whose itineraries are limited to the following provinces west of the Andes including at altitudes below 2300 m: Esmeraldas, Guayas, Los Rios, Santa Helena, 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 altitude, the cities of Guayaquil and Quito, and the Galápagos Islands.

Malaria (2017)

Malaria risk – P. vivax (67%), P. falciparum (33%) – exists throughout the year below 1500 m, with moderate risk in coastal provinces. The risk is low in Quito and in provinces that are part of the Inter-Andean or Sierra region. The 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 Sucumbios. Malaria risk due to P. falciparum 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 (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from countries with risk of yellow fever transmission (with the addition of Eritrea, Rwanda, Somalia, United Republic of Tanzania, and Zambia and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission (with the same additions mentioned above). In the absence of a vaccination certificate, the individual will be detained in quarantine for up to 6 days of departure from an area at risk of yellow fever transmission.

WHO vaccination recommendation: no

Malaria (2017)

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).

WHO recommended prevention: none

Other country requirement(s) (2016)

Polio vaccination is requested regardless of age and vaccination status. Proof of receipt of a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV), within the previous 12 months and at least 4 weeks before departure, is required for travellers arriving from polio-endemic countries (Afghanistan, Pakistan) in order to apply for an entry visa.

EL SALVADOR

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: no

Malaria (2017)

Very low 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 (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 6 months of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: yes

Malaria (2013)

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

WHO recommended prevention: C

ERITREA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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 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 Archipelagos.

Malaria (2017)

Malaria risk – P. falciparum (65%) and P. vivax (35%) – exists throughout the year in the whole country below 2200 m. There is no risk in Asmara. Chloroquine-resistant P. falciparum is reported.

WHO recommended prevention in risk areas: C

ESTONIA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

ETHIOPIA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age 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 the Afar and Somali provinces.

Malaria (2017)

Malaria risk – approximately 60% P. falciparum, 40% P. vivax – exists throughout the year in the whole 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)

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

FAROE ISLANDS

Yellow fever (2013)

Country requirement at entry: no

WHO vaccination recommendation: no

FIJI

Yellow fever (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2013)

Country requirement at entry: no

WHO vaccination recommendation: no

FRANCE

Yellow fever (2013)

Country requirement at entry: no

WHO vaccination recommendation: no

FRENCH GUIANA

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age.

WHO vaccination recommendation: yes

Malaria (2013)

Malaria risk – P. falciparum (45%), P. vivax (55%) – 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.

WHO recommended prevention in risk areas: C

FRENCH POLYNESIA

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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 (2016)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age.

WHO vaccination recommendation: yes

Malaria (2016)

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

WHO recommended prevention: C

GALAPAGOS ISLANDS see ECUADOR

GAMBIA

Yellow fever (2013)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age arriving from countries with risk of yellow fever transmission.

WHO vaccination recommendation: yes

Malaria (2013)

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

WHO recommended prevention: C

Other country requirements (2013)

Meningococcal meningitis vaccination

GEORGIA

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

Malaria (2017)

Limited malaria risk due exclusively to *P. vivax* may exist locally from June to October inclusive in the eastern part of the country bordering Azerbaijan. No locally-acquired cases were reported in 2013.

WHO recommended prevention in risk areas: A

Other country requirement(s) (2017)

Travellers coming from countries and territories with risk of polio transmission who are not vaccinated, or who are not able to present the vaccination certificate, are offered oral polio vaccine at the border.

GERMANY

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

GHANA

Yellow fever (2017)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 9 months of age.

WHO vaccination recommendation: yes

Malaria (2017)

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

WHO recommended prevention: C

GIBRALTAR

Yellow fever (2017)

Country requirement at entry: no

WHO vaccination recommendation: no

GREECE

Yellow fever (2017)

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 (2015)

Country requirement at entry: a yellow fever vaccination certificate is required for travellers over 1 year of age 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