

Health Information for International Travel 1976

PUBLISHED AS A SUPPLEMENT TO THE

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MORBIDITY AND MORTALITY WEEKLY REPORT
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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

PREFACE

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
BUREAU OF EPIDEMIOLOGY
QUARANTINE DIVISION
ATLANTA, GEORGIA 30333

PREFACE

One of the important responsibilities of the Center for Disease Control is providing health information as up-to-date and comprehensive as possible on immunizations which are required and recommended for world travelers. It is hoped that the 1976 Edition of this pamphlet will substantially meet the need for this kind of information. Readers are invited to send comments and suggested improvements to:

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INTRODUCTION

This pamphlet is published annually as a supplement to the *Morbidity and Mortality Weekly Report* (MMWR) by the Bureau of Epidemiology, Center for Disease Control (CDC). It is intended to provide those who must advise international travelers on measures for health protection with the necessary information on required vaccinations, International Certificates of Vaccination, United States Public Health Service recommendations, and health hints so that transmission of internationally quarantinable and other diseases can be prevented and international travel facilitated.

ORGANIZATION

This pamphlet is organized into these primary sections:

Sources—This section shows facsimiles of the sources of data used to prepare and update the pamphlet.

Definitions—This section clarifies key words, terms, and phrases used throughout the pamphlet.

Vaccination Information—This section provides practical information about the reasons for International Certificates of Vaccination, the completion of Certificates, how to determine vaccinations required, and exceptions to regulations.

Health Hints for the Traveler—This section gives practical suggestions for avoiding illness while traveling.

United States Public Health Service (USPHS) Recommendations—This section gives information on the recommendations of the United States Public Health Services (USPHS) on immunizations and prophylaxis.

Vaccination Certificate Requirements for International Travel—This section gives information furnished the World Health Organization (WHO) by each country on the vaccinations required by the country.

COUNTRIES WITH AREAS INFECTED WITH QUARANTINABLE DISEASES—"BLUE SHEET"

Because the situation with regard to quarantinable diseases (smallpox, cholera, yellow fever, and plague) may change frequently, CDC distributes weekly a blue sheet entitled *Countries with Areas Infected with Quarantinable Diseases* which lists countries currently

reporting these diseases. Some countries require vaccination against smallpox, cholera, and yellow fever only if a traveler arrives from a country infected with these diseases; therefore, it is necessary that infected areas be considered in determining if vaccinations are required.

ADVISORY MEMORANDA

Occasionally, the Bureau of Epidemiology, CDC, issues an *Advisory Memorandum* which reports and describes newly identified health problems associated with some international travel.

CHANGES IN VACCINATION REQUIREMENTS

Changes in vaccination requirements reported by WHO are published at the bottom of the "Blue Sheet" and also in the MMWR under "International Notes – Quarantine Measures." Changes in vaccination requirements should be entered in the "Vaccination Requirements" section of this pamphlet so that individuals advising travelers can keep information on vaccination requirements current.

DEFINITIONS

Blue Sheet – Weekly Summary of Countries with Areas Infected with Quarantinable Diseases.

CDC – Center for Disease Control.

Direct transit area – A special area established in an airport, approved and supervised directly by the health administration concerned, for segregating passengers and crews breaking their air voyage without leaving the airport.

Diseases subject to International Health Regulations – Smallpox, cholera, yellow fever, and plague.

Endemic – Present in a community at all times, but occurring in low frequency.

Epidemic – More than the expected number of cases of disease which would occur in a community or region during a given time period.

Enzootic – Present in a geographically defined animal community at all times at a relatively constant rate.

Epizootic – The occurrence of a disease in a defined animal population at an increased rate in excess of the expected rate.

Imported case – An infected person arriving on an international voyage.

Infected area – An area which harbors a particular agent of infection and which because of population characteristics, density and mobility, and/or vector and animal reservoir potential, could support transmission of disease(s) identified there. It is defined on epidemiologic principles by the health administration reporting the disease and need not correspond to administrative boundaries.

In quarantine – That state or condition during which measures are applied by a health administration to a ship, an aircraft, a train, road vehicle, other means of transport or container, or individuals, to prevent the spread of disease from the object of quarantine to reservoirs, vectors of disease, or to other individuals.

International Certificates of Vaccination – The official Certificates used to document the vaccinations a traveler has received, when and where received, and who administered them.

Isolation — The separation of a person or group of persons from others (except the health staff on duty) to prevent the spread of infection.

MMWR — Morbidity and Mortality Weekly Report.

Quarantinable diseases — Cholera, plague, smallpox, and yellow fever.

Recommended vaccination — Vaccination not required by International Health Regulations but suggested for travelers visiting or living in certain countries.

Required vaccination — Vaccination the traveler must have for entry (and sometimes exit) from a country. The traveler must present a validated International Certificate of Vaccination which documents the vaccination(s) received.

Short term travel — Less than 3 months.

Traveler's diarrhea — Acute intestinal disease which develops 1-2 days or more after arrival in a foreign country. Often etiologically undefined; however, recent studies in selected areas of the world suggest that bacteria (enterotoxin-producing strains of *Escherichia coli* and to a lesser extent salmonella and shigella), parasites (such as *Giardia lamblia*), and viruses (parvoviruses and reovirus-like agents) may all be responsible.

Uniform Stamp — An official validation stamp which may be issued in the United States by the state health departments to local health departments and physicians licensed by the State.

Validation — Application of an official stamp to the Vaccination Certificate by the health department or other appropriate agency. Approved validation stamps in the United States are: (1) the Department of Defense Stamp; (2) the Department of State Seal; (3) the Public Health Service Seal; (4) the National Aeronautics and Space Administration Stamp; and (5) the Uniform Stamp.

Valid Certificate — A Certificate which has been fully completed, signed, and validated with an official stamp. A model of a correctly completed International Certificate of Vaccination appears on page 8.

WHO — World Health Organization.

Yellow Fever Vaccination Center — A Center designated under the authority of the health administration of a country to administer yellow fever vaccine.

VACCINATION INFORMATION

Under the International Health Regulations adopted by the WHO a country may, under certain conditions, require International Certificates of Vaccination against Cholera, Smallpox, and Yellow Fever from international travelers. Therefore, this pamphlet has been compiled for use as a reference by health departments, agencies, and physicians who furnish information to the international traveler on immunizations required and recommended.

This pamphlet, kept up-to-date with changes in vaccination requirements, and the "Blue Sheet" provide accurate information on vaccinations required for international travel. Travelers should be advised to call their local health department at least 2 weeks prior to departure to obtain the most current information on countries to be visited.

HOW TO DETERMINE VACCINATIONS REQUIRED

It is important to note that the Vaccination Certificate Requirements section of this pamphlet lists the vaccinations required by the countries; the "Blue Sheet" lists countries which currently have areas infected with quarantinable diseases. Both must be checked to determine vaccinations required.

The following steps are suggested to determine vaccinations required:

1. List the traveler's itinerary in the sequence in which the countries will be visited. Consider the length of stay in each country. For the purpose of the Regulations, the incubation periods of the quarantinable diseases are:

Smallpox — 14 days	Yellow Fever — 6 days
Cholera — 5 days	Plague — 6 days

2. Check the current weekly "Blue Sheet" to determine if any country on the itinerary is currently infected with cholera, smallpox, or yellow fever. This is essential because some countries require vaccination only if a traveler arrives from an infected area.

3. Use the Vaccination Certificate Requirements section of this pamphlet (pp. 47-78) to determine the vaccinations required by each country (consider the sequence of travel). Read the code under each

disease first; then read all notes carefully. The codes are explained at the bottom of the page. If code I appears, vaccination against that disease is required from ALL TRAVELERS. If code II appears, vaccination against that disease is required only if travelers ARRIVE FROM AN INFECTED AREA (i.e., any country on the traveler's itinerary listed on the weekly "Blue Sheet"). Many countries have exceptions to code I or code II and these exceptions can be found listed as notes under the respective country. THESE NOTES SHOULD BE READ CAREFULLY.

EXEMPTION FROM VACCINATION

Age: Some countries do not require International Certificates of Vaccination for infants under 13 months of age. Check the individual country requirements for age exemptions.

Medical grounds: If a physician thinks that vaccination should not be performed on medical grounds, the traveler should be given a signed, dated statement of these reasons on the physician's letterhead stationery.

There are no other acceptable reasons for exemption from vaccination.

It is best to check with the Embassy or local Consulate General Office of the country in question about such situations before traveling.

UNVACCINATED PERSONS

Travelers who do not have the required vaccinations upon entering a country may be subject to vaccination, medical follow-up, and/or isolation. In a few countries, unvaccinated travelers are denied entry.

TRAVEL ON MILITARY ORDERS

Since military requirements may exceed the requirements indicated in this pamphlet, any person who plans to travel on military orders (civilians and military personnel) should contact the nearest military medical facility to determine the requirements for the trip.

PERSONS AUTHORIZED TO VACCINATE AND TO VALIDATE CERTIFICATES

Vaccinations may be given under the supervision of any licensed physician. Validation of the Certificate can be obtained at most city,

county, and state health departments, or from vaccinating physicians who possess a "Uniform Stamp." Yellow fever vaccinations must be given at an officially designated Yellow Fever Vaccination Center, and the Certificate must be validated by the Center which administers the vaccine. Physicians administering vaccine to travelers should emphasize that International Certificates must be validated to be acceptable to quarantine authorities. Failure to secure validation may cause a traveler to be revaccinated or quarantined.

PERSONS AUTHORIZED TO SIGN CERTIFICATES

International Certificates of Vaccination must be signed by a licensed physician or by a person under his supervision whom he has designated to sign the Certificates. A signature stamp is not acceptable.

MODEL OF A CORRECTLY COMPLETED CERTIFICATE

International Certificates of Vaccination must be complete in every detail; if incomplete or inaccurate, they are not valid. Revisions of this Certificate dated 9-66, 9-69, 9-71, or 1-74 are still acceptable.

INTERNATIONAL CERTIFICATES OF VACCINATION
 AS APPROVED BY
THE WORLD HEALTH ORGANIZATION
 (EXCEPT FOR ADDRESS OF VACCINATOR)

CERTIFICATS INTERNATIONAUX DE VACCINATION
 APPROUVES PAR
L'ORGANISATION MONDIALE DE LA SANTE
 (SAUF L'ADRESSE DU VACCINATEUR)

TRAVELER'S NAME - NOM DU VOYAGEUR
John Doe

ADDRESS-ADRESSE (Number-Numéro) (Street-Rue)
0000 CLERMONT ROAD

(City-Ville)
Atlanta, Georgia 30029
 (County-Département) (State-Etat)

 U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
 PUBLIC HEALTH SERVICE
 WHO-721 (REV. 1-74)

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to certify that John Doe was vaccinated on 1/May/1951 against smallpox.

Signature of vaccinator John Doe Date of issue 1/May/1951

Has on the date indicated been vaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfill the requirements of the World Health Organization? YES NO

Date	Place of vaccination	Signature, title, or address of vaccinator	Manufacturer and batch no. of vaccine	Center
1/Feb/1976	<input checked="" type="checkbox"/> Vaccination	<u>John Q. Physician, M.D.</u> 0000 North Decatur Rd. Decatur, Georgia 30033	<u>Merrell-National</u> 1323FA	OFFICIAL VACCINATION BY WHO U. S. A.
7/Feb/1979	<input checked="" type="checkbox"/> Revaccination	<u>John Q. Physician, M.D.</u> 0000 North Decatur Rd. Decatur, Georgia 30033		OFFICIAL VACCINATION BY WHO U. S. A.
8/Aug/1976	<input checked="" type="checkbox"/> Revaccination	<u>John Q. Physician, M.D.</u> 0000 Columbia Drive Decatur, Georgia 30032	<u>Merrell-National</u> 1451FD	OFFICIAL VACCINATION BY WHO U. S. A.
	<input type="checkbox"/> Revaccination			
	<input type="checkbox"/> Revaccination			
	<input type="checkbox"/> Revaccination			

The validity of this certificate expires for a period of 3 years, beginning 3 days after the date of a fourth or primary vaccination. Or, in the case of a revaccination, on the date of this revaccination, the date of the last vaccination.

HEALTH HINTS FOR THE TRAVELER

WATER may be safe in hotels in large cities commonly used by American travelers; *however, only water from adequately chlorinated sources can be considered truly safe.* However, in areas where chlorinated water is not available and where hygiene and sanitation are poor, the traveler should be advised that only the following may be safe to drink:

1. Beverages such as tea and coffee which have been made with boiled water
2. Canned or bottled *carbonated* beverages, including bottled water and soft drinks
3. Beer and wine

Where water is contaminated, ice must also be considered contaminated; it should also be emphasized that under these circumstances ice may contaminate containers used for drinking unless the containers have been thoroughly cleaned with soap and hot water after the ice has been discarded. Water on the outside of cans or bottles of beverages might also be contaminated. Wet containers should be dried before opening and pouring, and surfaces which are contacted directly by the mouth in drinking should be wiped clean prior to consumption. If no other source of safe drinking water is available or can be obtained, tap water which is uncomfortably hot to the touch is usually safe and after allowing cooling at room temperature in a clean container may be used for brushing teeth as well as for drinking.

Water of uncertain purity may be made safe for drinking by the use of either chemicals or heat. If water is cloudy or not obtained directly from the tap, strain it through a clean cloth into a container to remove any sediment or floating matter; then treat with chemicals or heat as follows:

Chemicals (laundry bleach or tincture of iodine)

Liquid chlorine laundry bleach (can be purchased at grocery stores, etc.). Read the label to find the percentage of chlorine available and follow the directions in Table 1. Liquid chlorine laundry bleach usually has 4% to 6% available chlorine.

TABLE 1—TREATMENT OF WATER WITH CHLORINE

Available Chlorine	Drops* to be added per quart or liter	
	Clean water	Cloudy water
1%	10	20
4 to 6%	2	4
7 to 10%	1	2
Unknown	10	20

*1 drop = 0.05 ml

- a) Mix thoroughly by stirring or shaking water in container.
- b) Let stand for 30 minutes.
- c) A slight chlorine odor should be detectable in the water; if not, repeat the dosage and let stand for an additional 15 minutes before using.
- d) Water is safe to use.

Tincture of iodine (from medicine chest or first-aid kit). Follow directions in Table 2.

TABLE 2—TREATMENT OF WATER WITH TINCTURE OF IODINE

Tincture of iodine	Drops* to be added per quart or liter	
	Clean water	Cloudy water
2%	5	10

*1 drop = 0.05 ml

- a) Let stand for 30 minutes.
- b) Water is safe to use.

Heat

- 1) Boil the water vigorously for at least 10 full minutes. Cool.
- 2) Adding a pinch of salt to each quart or pouring the water from one clean container to another several times will improve the taste.

FOOD should be selected with care to avoid illness. In areas of the world where hygiene and sanitation are poor, the traveler should be advised to avoid unpasteurized milk and milk products, such as cheese, and to eat only what can be peeled or has been cooked and is still hot.

PREVENTION AND TREATMENT OF DIARRHEA

The measures mentioned above under water and food are particularly helpful in the prevention of the most serious intestinal

infections; unfortunately, even when people follow these general guidelines, they may still develop diarrhea. If diarrhea occurs, drugs should be avoided unless prescribed by a physician. If there is blood and/or mucus in the stool, if fever occurs with shaking chills, or if there is persistent diarrhea with dehydration, a physician should be consulted promptly. Fortunately most cases of diarrhea are self limited and only require simple replacement of fluids and salts lost in diarrheal stools. Fluids that are readily available such as canned fruit juices, hot tea or carbonated drinks may be used. Iced drinks and noncarbonated bottled fluids made from water of uncertain quality should be avoided. Travelers may prepare their own fruit juice from fresh fruit. An ideal formula for the treatment of diarrheal disease is as follows:

TABLE 3—FORMULA FOR TREATMENT OF DIARRHEAL DISEASE

Prepare two separate glasses of the following:

Glass Number 1

Orange, apple, or other fruit juice	8 ounces
(rich in potassium)	
Honey, corn syrup, or table sugar (fructose)	½ teaspoon
(sugars necessary for absorption of essential salts)	
Salt, table	1 pinch
(rich in sodium and chloride)	

Glass Number 2

Water (carbonated or boiled)	8 ounces
Soda, baking (sodium carbonate)	¼ teaspoon

Drink alternately from each glass. Supplement with carbonated beverages or water, and tea made with boiled or carbonated water as desired. Avoid solid foods and milk until recovery occurs.

MISCELLANEOUS HINTS

Swimming in contaminated water may result in eye, ear, and certain intestinal infections, particularly if the swimmer's head is submerged. Only chlorinated pools may be considered totally safe places to swim.

The traveler should be advised to take an extra pair of glasses or lens prescription, and a card, tag, or bracelet identifying any physical condition which may require emergency care.

If a physician is needed abroad, travel agents or the American Embassy or Consulate can usually provide names of physicians or hospitals.

Prescription drugs or medicines which the traveler must take should be accompanied by a letter from his physician which will provide information for medical authorities in case of emergency. The traveler should be advised to carry an adequate supply of such drugs.

REENTRY OR IMPORTATION OF PETS

It is important that pets in international travel be free of communicable diseases because many animals carry infections that are dangerous to man.

Information on the requirements of the United States Public Health Service for reentry or importation of pets (cats, dogs, psittacine birds, and turtles) into the United States may be obtained from the *Center for Disease Control, Attention: Bureau of Epidemiology, Quarantine Division, Atlanta, Georgia 30333*.

Travelers who plan to take a pet to a foreign country should be advised that the entry requirements of the country of destination must also be met. This information may be obtained by writing directly to that country or to the country's Embassy or Consulate in Washington, D.C.

UNITED STATES PUBLIC HEALTH SERVICE RECOMMENDATIONS

INTRODUCTION

The issue of which immunizations and prophylaxis (excluding cholera, smallpox, yellow fever) should be recommended to individuals engaging in international travel is a complex one. The recommendations are concerned primarily with immunizations and prophylactic measures not required by countries but generally advisable for U.S. citizens planning to spend time in areas of the world where diseases such as poliomyelitis, typhoid fever, viral hepatitis, and malaria occur either in endemic or epidemic form and, therefore, pose a threat to their health. The plain facts are that the majority of U.S. citizens engaging in international travel probably do not need any additional immunization or prophylaxis provided that their routine immunization status is up to date according to the standards of the Public Health Service Advisory Committee on Immunization Practices (ACIP).

The extent to which advisory statements can be made specific for each country and each disease is greatly limited by the lack of reliable data. Although data on the occurrence of many of these diseases are published regularly by WHO, these figures represent only a small percentage of the total number of cases that actually occur — in fact, many countries do not report these diseases at all. Furthermore, communicable diseases are not well reported by practicing physicians, and in some countries where the number of physicians is inadequate, many cases never come to medical attention. For these reasons, any recommendations must be interpreted with care.

Therefore, USPHS recommendations are not given by country but rather **general guidelines** are presented for the international traveler tailored to the areas of the world to be visited and the nature and duration of travel.

In general, the risk of acquiring illness when engaging in international travel depends on the areas of the world to be visited — travelers to generally underdeveloped countries have greater risks than those traveling to developed areas. In most developed countries, the risk to the health of the traveler will be no greater than that incurred while traveling throughout the United States. The countries of Canada, Australia, New Zealand, and the Continent of Europe can

be considered in that category. In the countries of Africa, Asia, and South America and in the countries of southern North America, the South Pacific, Middle East and Far East, living conditions and standards of sanitation and hygiene vary considerably. In these areas, the risk of acquiring disease can also vary greatly. For travelers visiting primarily tourist areas on itineraries which do not include travel or visits in rural areas and consequently less risk of exposure to food or water of questionable quality, the risk of disease remains quite small and probably similar to that for travelers in the United States. Travelers who venture to smaller cities somewhat off the usual tourist routes and those who spend time in small villages or rural areas for extended periods are at greater risk of acquiring infectious diseases because of exposure to water and food of uncertain quality and closer contact with local residents who may harbor the organisms that cause such diseases. Consequently, the added protection of booster doses of certain vaccines and prophylaxis are recommended for these individuals.

More detailed comments can be found under Specific Recommendations for Immunization and Prophylaxis.

IMMUNIZATIONS AND PROPHYLAXIS

The *Collected Recommendations of the Public Health Service Advisory Committee on Immunization Practices* (ACIP), Supplement to the MMWR, Vol. 21, No. 25, June 24, 1972, currently being revised, contains complete information on use of vaccines. It is recommended that all U.S. citizens planning to engage in international travel have completed all routine and booster immunizations recommended by the ACIP for persons living in the United States. Text and tables 4-15 (pages 15-40) present information on dosage, duration of effectiveness, and recommendations for use of selected vaccines. For more detailed background, rationale, consideration of contraindications, etc., the reader should consult the ACIP recommendations directly.

Simultaneous Administration of Certain Vaccines

Mounting experimental evidence and in-use experience with simultaneously administered vaccines have considerably strengthened the justification for giving certain important vaccines at the same time. It appears that under most circumstances both the effectiveness and the safety of the procedure are favorable. This knowledge is

particularly helpful when circumstances such as imminent exposure to several infectious diseases, foreign travel, or limited-time access to patients call for vaccination with multiple antigens.

In general, inactivated vaccines can be administered simultaneously at separate sites.

Inactivated vaccine and live, attenuated virus vaccine can be administered simultaneously at separate sites, keeping in mind the precautions which apply to single antigens or combination products.

Smallpox and yellow fever vaccines, once thought to be unsuitable for simultaneous administration because of virus interference, have been given at the same time at separate sites with an effectiveness and safety equal to that following their individual administration. Furthermore, the reactogenicity and antigenicity of live smallpox and yellow fever vaccines are unaffected by the interval between inoculations so that it is not necessary to separate the injections by 2 to 4 weeks if they cannot be given simultaneously.* This finding is of special importance in assuring suitable protection when preparing for international travel to areas where both vaccines are needed.

Summary of Immunizations which may be Required by International Health Regulations (WHO)

TABLE 4

Type	Doses	Comments
Cholera	1	Certificate valid for 6 months beginning 6 days after 1 injection of vaccine or on the date of revaccination if within 6 months of first injection
Smallpox	1	Certificate valid for 3 years beginning 8 days after successful primary vaccination or on the date of revaccination
Yellow Fever	1	Certificate valid for 10 years beginning 10 days after primary vaccination or on the date of revaccination if within 10 years of first injection

*Tauroso NM, Myers MG, Nau, EV, et al: Effect of Interval between Inoculation of Live Smallpox and Yellow Fever Vaccines on Antigenicity in Man. *J. Infect. Dis.* 126:362-371, 1972

SPECIFIC RECOMMENDATIONS FOR IMMUNIZATION AND PROPHYLAXIS

QUARANTINABLE DISEASES

■ **SMALLPOX**

Continuing transmission of smallpox is limited to a few provinces in Ethiopia. Therefore, vaccination is necessary only for travel to countries which require an International Certificate of Vaccination against Smallpox as a condition for entry, for travel to or from Ethiopia, and for persons at special risk in laboratories where variola virus is handled.

Some countries not infected with smallpox but which require vaccination will waive the requirement for children under 1 year of age and for persons with the medical conditions listed below under contraindications if they possess a medical statement from a physician indicating that vaccination is contraindicated for health reasons. While it is best to check with the Embassy or local Consulate General Office of the country in question before traveling, this procedure has been widely accepted.

Complications and Risks

Smallpox vaccination, as with other medical procedures, has a definite, measurable risk of untoward reactions and, rarely, death. Such reactions are especially likely to occur in certain segments of the general population. Special precautions need to be exercised for these groups. Complication rates and case fatality rates are considerably higher for children under 1 year of age as compared to slightly older children.

Contraindications

Survey data show clearly that more than half of the complications from smallpox vaccination might not have occurred if known contraindications were heeded. Skin disorders such as eczema and other forms of chronic dermatitis; pregnancy; altered immune states such as leukemia, lymphoma, other reticuloendothelial malignancies; dysgammaglobulinemia; therapy with immunosuppressive drugs such as steroids and antimetabolites; or radiation therapy are strong contraindications to vaccination.

Prophylactic Use of Vaccinia Immune Globulin (VIG)

The supply of vaccinia immune globulin (VIG) is very limited and is no longer being manufactured in the United States. It should be

used only after careful consideration of the actual need for vaccination. In most instances smallpox vaccination is required for reasons other than biological.

Persons with any of the medical contraindications listed above who will travel to or from Ethiopia or laboratory personnel who work with or who are otherwise at special risk to variola virus should be protected against smallpox and also be given VIG intramuscularly in a dose of 0.3 ml/kg* body weight at the time of a primary smallpox vaccination. VIG is not necessary in revaccination.

Vaccination Techniques

Site of Vaccination

The skin over the insertion of the deltoid muscle or the posterior aspect of the arm over the triceps muscle are the preferred sites of vaccination.

Methods of Vaccination

1) *Multiple pressure*—Chemical agents should not be used for the preparation of the skin for vaccination. If necessary, the skin can be cleansed with water. Care should be taken that the skin is dry when the vaccination is made. The needle or vaccinostyle used to perform the vaccination should be sterile. The vaccinator should ensure that the instrument has cooled before being used. A small drop of vaccine is placed on the dry, cleansed skin; and a series of pressures is made through the vaccine in an area about 1/8-inch in diameter with the side of a sharp, single-pointed, sterile needle held tangentially to the skin. For primary vaccination, 10 pressures are adequate; for revaccination, 30 pressures should be made. The remaining vaccine should be wiped off with dry, sterile gauze. Preferably, no dressing should be applied to the site.

2) *Multiple puncture*—The vaccination site should be prepared as described above. The multiple puncture technique uses a pre-sterilized bifurcated needle which is inserted into the vaccine vial—causing a droplet of vaccine to adhere between the prongs of the needle—its presence should be confirmed visually. Touching the needle points to the skin deposits the vaccine. Holding the bifurcated needle **perpendicular** to the skin, punctures are made through the droplet of vaccine with strokes vigorous enough to allow a trace of blood to appear. For primary vaccination, 5 puncture strokes are

*kg = approximately 2.2 lbs.

adequate; for revaccination, 15 puncture strokes should be made. Any remaining vaccine should be wiped off with dry sterile gauze and no dressing applied.

Interpretation of Responses

Time of inspection—The vaccination site should be inspected 6-8 days after vaccination. The response at this time should be interpreted. Primary vaccination: A “successful” primary vaccination shows a typical Jennerian vesicle. If none is observed, vaccination procedures should be checked and vaccination repeated with vaccine from other lots until a successful result is obtained.

Revaccination—Two types of revaccination response are defined by the WHO Expert Committee on Smallpox, eliminating the use of older terms such as “accelerated” and “immune.” They are:

1) *Major reaction*—A vesicular or pustular lesion or an area of definite palpable induration or congestion surrounding a central lesion which may be a crust or an ulcer. This reaction indicates that virus multiplication has taken place and that the revaccination is successful.

2) *Equivocal reaction*—All reactions other than “major reactions.” They may be the consequences of immunity adequate to suppress viral multiplication or may represent only allergic reactions to an inactive vaccine. If an equivocal reaction is observed, revaccination procedures should be checked and revaccination repeated with vaccine from another lot.

To validate an International Certificate of Vaccination, primary vaccinations must be examined, and the traveler revaccinated if the initial vaccination was not successful. Although examination of revaccination is not required by international regulations, health workers are strongly encouraged to examine the revaccination site and again revaccinate the traveler if a major reaction has not occurred.

■ **CHOLERA**

Cholera immunization is not routinely recommended for travelers to countries not requiring vaccination as a condition for entry. The risk of cholera to United States travelers is so low that it is questionable that vaccination is needed. The traveler’s best protection against cholera is to avoid potentially contaminated food and water. However, travelers to countries which require evidence of

cholera vaccination for entry should receive one injection of vaccine before leaving the United States. The complete primary series is suggested only for special high risk groups that work and live in highly endemic areas under less than adequate sanitary conditions and those persons with compromised defense mechanisms (e.g., antacid therapy, previous surgery for gastric or duodenal ulcer, or achlorhydria). The primary series need never be repeated for the booster doses to be effective. Table 5 summarizes the recommended doses for primary and booster immunizations:

TABLE 5 – CHOLERA VACCINE

Doses	Dose volume*			Comments
	<5 years of age	5-10 years of age	>10 years of age	
Primary series:				Give at least 1 week apart
1	0.1 ml	0.3 ml	0.5 ml	
2	0.3 ml	0.5 ml	0.5 ml	
Booster:	0.1 ml	0.3 ml	0.5 ml	

*For subcutaneous or intramuscular injection

Contraindications—Information is not available with regard to the safety of this vaccine during pregnancy; therefore, it is prudent on theoretical grounds to avoid vaccinating pregnant women. Serious reactions to vaccination are extremely rare. If one does experience a serious reaction, revaccination is not advisable.

■ YELLOW FEVER

To be acceptable for purposes of international travel, the yellow fever vaccine must be approved by the WHO and administered at a designated Yellow Fever Vaccination Center. Travelers should be advised to call their local health department for information on Centers in their area.

A few countries in Africa require evidence of vaccination from all entering travelers. A number of countries require a Certificate from travelers arriving from infected areas. Some countries in Africa, French Guiana in South America, and Portuguese Timor in Asia waive the requirements for travelers coming from non-infected areas and staying less than 2 weeks. Some countries consider “yellow fever

endemic zones” as infected areas and require a Certificate from travelers arriving from these areas. (See the maps on pages 79–80).

Vaccination is recommended for travel to infected areas, currently parts of Africa and South America.

Table 6 provides information on dosage:

TABLE 6 – YELLOW FEVER VACCINE

Doses	Dose volume	Comments
	>6 months of age	
Primary: 1	0.5 ml	
Booster:	0.5 ml	1 dose every 10 years

Precautions and Contraindications

Pregnancy

Although specific information is not available concerning possible adverse effects of yellow fever vaccine on the developing fetus, it is prudent on theoretical grounds to avoid vaccinating pregnant women. The morbidity and mortality from yellow fever is not altered by pregnancy. Therefore, pregnant women who **must** travel to areas where the risk of yellow fever is high should be vaccinated. It is considered that in these situations the relatively small risk of vaccination for mother and fetus is far outweighed by the morbidity associated with the yellow fever infection. Otherwise, vaccination during pregnancy is contraindicated and all efforts should be made to postpone travel until after delivery.

Altered Immune States

Yellow fever vaccine virus infection might be potentiated by severe underlying diseases, such as leukemia, lymphoma, or generalized malignancy, and by lowered resistance, such as from therapy with steroids, alkylating drugs, antimetabolites, or radiation; therefore, vaccination of such patients should be avoided.

Allergy

Documented hypersensitivity to eggs can be a contraindication to vaccination. In making the decision to vaccinate despite a history of egg allergy, a physician must weigh 3 factors: 1) the nature of the history and of the reported hypersensitivity, 2) the relative risk of

exposure to yellow fever, and 3) the possible inconvenience from disrupted travel plans.

Some countries not infected with yellow fever but which require vaccination will waive the requirement for children under 1 year of age and for persons with the medical conditions listed above if they possess a medical statement from a physician indicating that vaccination is contraindicated for health reasons. While it is best to check with the Embassy or local Consulate General of the country before traveling, this procedure has been widely accepted.

■ PLAGUE

Vaccination against plague is not required by any country as a condition for entry and is not recommended for travelers to most countries, even those reporting plague. Plague vaccine, however, is advisable for all persons traveling to the interior regions of Viet-Nam, Cambodia, and Laos, and for all persons whose occupation brings them into frequent and regular contact with wild rodents in plague enzootic areas of South America, Africa, or Asia. Primary and booster vaccinations are summarized in Table 7:

TABLE 7 - PLAGUE VACCINE

Doses	Dose volume*				Comments
	<1 year of age	1-4 years of age	5-10 years of age	>10 years of age	
Primary series:					
1 and 2	0.1 ml	0.2 ml	0.3 ml	0.5 ml	Give doses 1 and 2 4 or more weeks apart; give dose 3, 4-12 weeks after dose 2
3	0.04 ml	0.08 ml	0.12 ml	0.2 ml	
Booster:	0.04 ml	0.08 ml	0.12 ml	0.2 ml	Every 6-12 months if risk of exposure persists

*For intramuscular injection

*NON-QUARANTINABLE DISEASES***■ AFRICAN SLEEPING SICKNESS (Trypanosomiasis)**

The risk of infection in international travel is considered very small and the acquisition of the disease by American travelers is exceedingly rare. The disease is confined to tropical Africa between 15° North and 20° South latitude corresponding to the distribution of the tsetse fly. Insect repellent and long-sleeved clothing while traveling in endemic areas may be useful.

■ GIARDIASIS

Symptoms of giardiasis include diarrhea, abdominal cramps, fatigue, weight loss, flatulence, anorexia, nausea, and vomiting. There is no known chemoprophylaxis. Travelers to endemic areas are advised to follow the precautions included under "Health Hints for the Traveler" (page 9). Persons who develop a diarrheal illness after returning from an endemic area should consult a physician.

■ IMMUNE SERUM GLOBULIN (ISG) FOR PROTECTION AGAINST VIRAL HEPATITIS, TYPE A

The risk of hepatitis-A for United States residents traveling abroad appears to be small; it varies with living conditions, the prevalence of hepatitis in the areas visited, and particularly the length of stay.

Travelers may be at no greater risk than in the United States when their travel involves ordinary tourist routes and is for less than 3 months; ISG is not routinely recommended for these travelers. However, travelers to tropical areas and developing countries who bypass ordinary tourist routes may be at greater risk of acquiring hepatitis-A. If ISG is administered, the dosage schedule shown in Table 8 (length of stay less than 3 months) should apply.

Travelers planning to stay 3 or more months in tropical areas or developing countries where hepatitis-A is common and where they may be exposed to infected persons and contaminated food and water are at greater risk of acquiring hepatitis. The dosage of ISG shown in Table 8 (length of stay 3 months or more) is recommended for them.

For persons residing abroad in tropical areas or developing countries, the risk of hepatitis appears to persist. Experience has shown that regular administration of ISG offers at least partial protection against hepatitis. It is recommended that prophylactic ISG be repeated every 4-6 months at the higher doses (length of stay 3 months or more) shown in Table 8.

TABLE 8—IMMUNE SERUM GLOBULIN FOR PROTECTION AGAINST VIRAL HEPATITIS, TYPE A

Length of stay	Body weight		Dose volume*	Comments
	lb	kg**		
Short term travel (<3 mos)	<50	<23	0.5 ml	Dose volume depends on body weight and length of stay
	50-100	23-45	1.0 ml	
	>100	>45	2.0 ml	
Long term travel (>3 mos)	<50	<23	1.0 ml	
	50-100	23-45	2.5 ml	
	>100	>45	5.0 ml	

*For intramuscular injection

**kg = approximately 2.2 lbs.

■ MALARIA PROPHYLAXIS

All travelers to areas where malaria transmission occurs should use prophylactic drugs. Table 9 provides information on the recommended regimen.

TABLE 9 – MALARIA PROPHYLAXIS

Dose	Comments
Chloroquine phosphate 500 mg (300 mg base) orally once a week beginning 1 week prior to arrival, during the stay, and continuing 6 weeks after departure	Nursing infants probably get sufficient drug levels from breast milk of mothers on full dose chemoprophylaxis. Infants and children up to 50 kg* in body weight should receive 5 mg (base)/kg body weight. All persons over 50 kg can be given full dose chemoprophylaxis. Pediatric suspension preparations are available commercially in some countries but not in the United States. Pharmacists in the United States may be able to prepare suspensions for pediatric use.

*kg = approximately 2.2 lbs.

Travelers to malarious areas should be informed that after leaving the area and completing the recommended prophylaxis, a delayed malaria attack may occur within a few months but occasionally manifests after periods of one year or more. Travelers who experience a febrile attack after departure from a malarious area should always seek medical attention and be sure to tell the

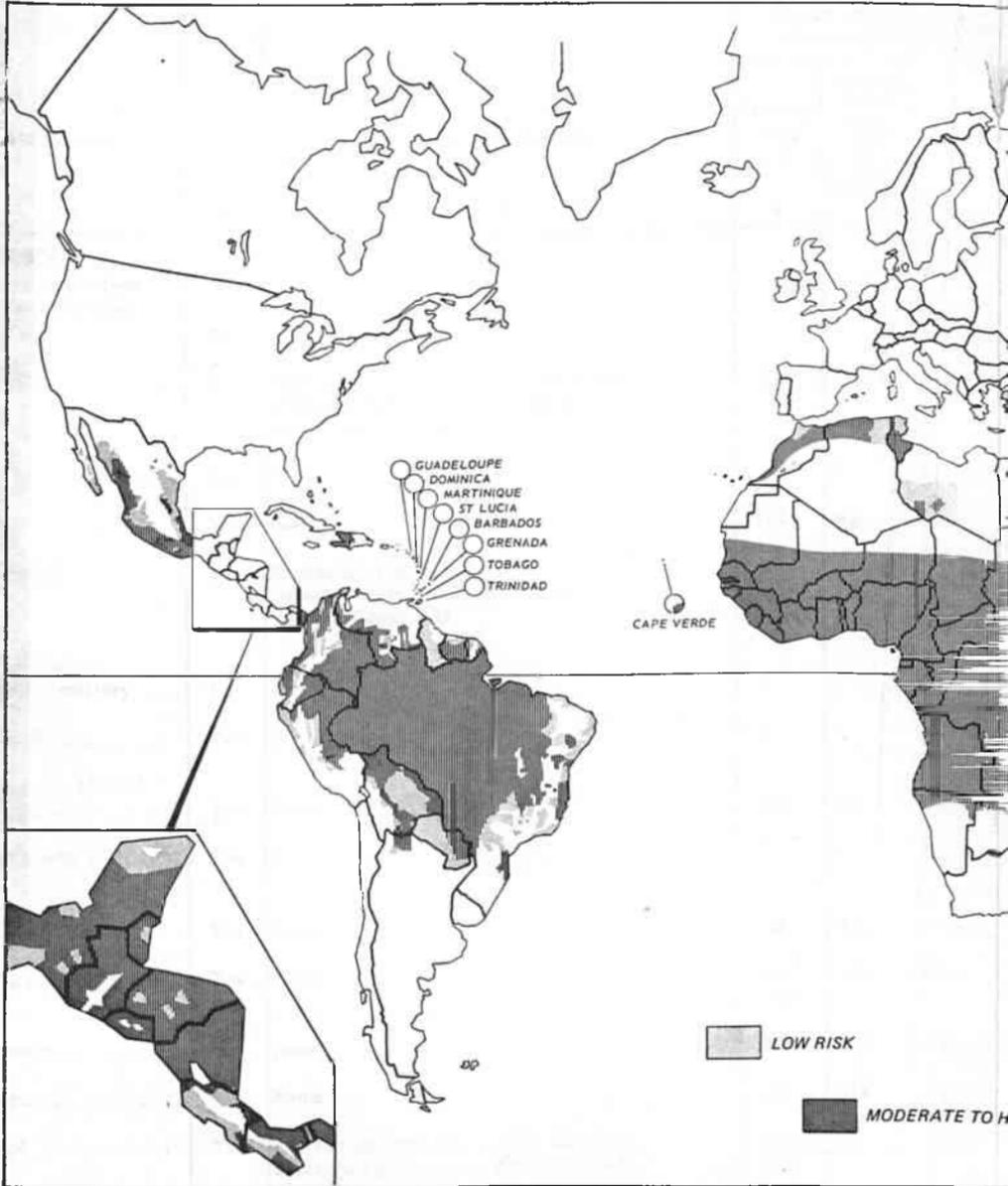
physician about the travel in malarious areas so that the possibility of illness due to malaria may be considered.

Travelers to the countries of Southeast Asia and northern South America, including Panama, should be informed that one of the types of malaria found there (*Plasmodium falciparum* malaria) may be resistant to some of the anti-malaria drugs, including chloroquine. In these areas the same prophylaxis with chloroquine recommended above should be used. Furthermore, the traveler should be advised that because of the possibility of acquiring malaria that is resistant to chloroquine, he should seek medical attention without delay if a febrile illness occurs. Alternative drugs which are effective for the treatment of this type of malaria should be initiated as early as possible to avoid serious illness.

Countries where malaria transmission occurs or might occur are shown in the following map and Table 10. This information has been adapted from the Weekly Epidemiological Record 24:184-196, 11 June 1976, and estimates the areas of risk as of December 1975. Note that for practically all the countries of the Caribbean, Europe, and Oceania there is no risk of malaria, and if a country in these regions does not appear in column 1 of Table 10, it can be assumed to have no malaria risk.

Table 10 represents the most recent information of this type available in printed form. The malaria situation in a number of areas is currently unstable and would merit caution in full acceptance of this risk information. Travelers would be well advised to seek information from local public health officials in the countries to determine the status of malaria transmission risk and the advisability of malaria prophylaxis under current local conditions.

AREAS OF RISK FOR MALARIA TR



Map published in WHO Weekly Epidemiological Record, No. 24, 1976.

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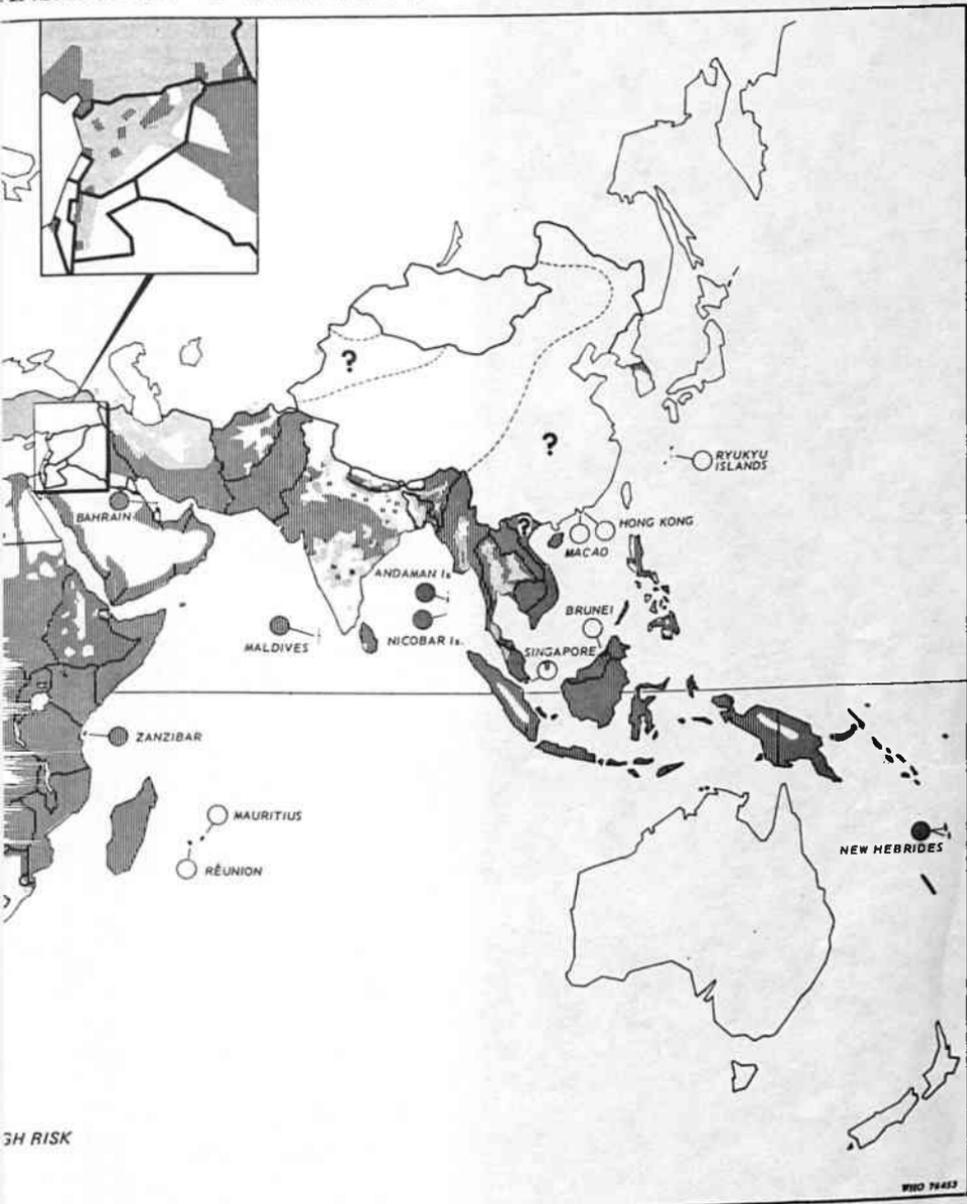


TABLE 10 – INFORMATION ON MALARIA RISK BY COUNTRY

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
AFRICA					
Afars and the Issas, French Territory of the	No				
Algeria	Yes	Most of the country, excluding Wilaya (= Dep.): Blida, el Asnam, Medea, Tiaret (risk limited)	Jun-Oct	1,200	No
Angola	Yes	?	?	?	?
Benin	Yes	None	All	All	Yes
Botswana	Yes	Kgalagadi, Kweneng (part.), Ngwaketse, D.; southern part of Central, Ghanzi, D.	Nov-May	All	Yes ¹
British Indian Ocean Territory ...	?	?	?	?	?
Burundi	Yes	?	?	?	?
Cameroon, United Republic of	Yes	None	All	All	Yes
Cape Verde	Yes	?	?	?	?
Central African Republic	Yes	None	All	All	Yes
Chad	Yes	None	Jul-Nov	All	Yes
Comoros	Yes	None	All	All	Yes
Congo	Yes	None	All	All	Yes
Egypt	Yes	Most of the country, except the Nile delta, El Faiyum area, the oases, and part of Upper Egypt	Jun-Oct	All	No ²
Equatorial Guinea ...	Yes	?	?	?	?
Ethiopia	Yes	None	All	2,000	Yes

*Meter = approximately 3.3 feet ? = Information not available

¹Except Gaborone, Francistown, Lobatsi, Selebi-Pikwe²Except outskirts

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area	Malaria risk	Areas without risk	For all other areas not shown in column 3		
			Months with risk	Altitude below which risk exists (meters)*	Risk in urban areas
1	2	3	4	5	6
AFRICA—(Cont'd)					
French Southern and Antarctic Territory	No				
Gabon	Yes	None	All	1,000	Yes
Gambia	Yes	None	All	All	Yes
Ghana	Yes	None	All	All	Yes
Guinea	Yes	None	All	All	Yes
Guinea-Bissau	Yes	?	?	?	?
Ivory Coast	Yes	None	All	All	Yes
Kenya	Yes	None	Apr-Jun & Nov-Dec ³	2,000 ⁴	Yes ⁵
Lesotho	No				
Liberia	Yes	None	All	All	Yes
Libyan Arab Republic	Yes	Whole country, except 2 small foci in the southwest of the country	Feb-Aug	All	No
Madagascar	Yes	Ambatolampy, Ambohidratrimo, Andramasina, Antanifotsy, Antsirabe, Arivonimamo, Faratsiho, Manjakandriana, Tananarive, Tananarive-Banlieu, Sous-Prefecture	Sep-Mar	1,100	Yes
Malawi	Yes	None	All	1,700	Yes
Mali	Yes	None	All ⁶	All	Yes
Mauritania	Yes	?	?	?	?

*Meter = approximately 3.3 feet ? = Information not available

³North Eastern, Nyanza, Western, Coast, Prov.: All months

⁴Rift Valley Prov.: 2,500; North Eastern Prov.: 1,500

⁵Risk very low: Nairobi Area, Central Prov., Rift Valley Prov. Low risk: Eastern, Nyanza, Western, Coast, Prov. Moderate risk: North Eastern Prov.

⁶Excl. less risk: Apr-Jun

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
AFRICA—(Cont'd)					
Mauritius	No				
Morocco	Yes	Agadir, Boulmane, Casablanca, Chaouen, El Hoceima, El Jadida, Figuig, Ksar-Es-Souk, Rabat-Sale, Tanger, Tarfaya, Taza, Tetouan, Tiznit, Prov.	May-Oct	?	No ⁷
Mozambique	Yes	?	?	?	?
Namibia	Yes	?	?	?	?
Niger	Yes	None	Jul ⁸ -Nov	All	Yes
Nigeria	Yes	None	All	All	Yes
Reunion	No				
Rhodesia	Yes	?	?	?	?
Rwanda	Yes	None	All	All	Yes
St. Helena	No				
Sao Tome and Principe	Yes	?	?	?	?
Senegal	Yes	None	All ⁹	All	Yes ¹⁰
Seychelles	No				
Sierra Leone	Yes	None	All	All	Yes
Somali	Yes	None	All	All	Yes ¹¹
South Africa	Yes	Cape Prov. (excl. Molopo and lower Orange River areas); Orange Free State; Transvaal (excl. north, east and western low altitude areas); Natal (excl. North Zululand)	Feb-May All All	1,200 800 500	No Yes No

*Meter = approximately 3.3 feet ? = Information not available

⁷Except outskirts⁸Agades Dep.: Aug-Oct⁹Cap-Vert: less risk during Jan-Jun¹⁰Dakar, town: no risk during Jan-Jun¹¹Mogadishu: very low risk

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
AFRICA—(Cont'd)					
Spanish Sahara	No				
Sudan	Yes	None	All	All	Yes
Swaziland	Yes	Most of the country ¹²	Dec-Mar	All	Yes
Tanzania, United Republic of	Yes	None	All	All	Yes
Togo	Yes	None	All	All ¹³	Yes
Tunisia	Yes	Whole country, but occasionally risk exists	May Nov	All	No
Uganda	Yes	Kigezi D. (southern parts)	All	1,800	Yes ¹⁴
Upper Volta	Yes	None	All ¹⁵	All	Yes
Zaire	Yes	None	All	All	Yes
Zambia	Yes	None	Nov-May	All	Yes
AMERICAS					
Argentina	Yes	Most of the country, malaria risk exists only in: Oran, San Martin Dep. (Salta Prov.); Ledesma, Dep. (Jujuy Prov.)	Sep-May	2,000	No
Belize	Yes	None	All	500	Yes
Bermuda	No				
Bolivia	Yes	La Paz (Highlands), Oruro, Potosi, Dep.	All	2,000	No
Brazil	Yes	Alagoas, Ceara, Distrito Federal, Paraiba, Pernambuco, Rio Grande do Norte, Rio Grande do Sul, Rio de Janeiro, Sao Paulo, Sergipe, States; Fernando de Noronha, Terr. Fed.; Part of: Bahia, Espirito Santo, Goias, Maranhao, Mato Grosso, Minas Gerais, Parana, Piaui, Santa Catarina, States	All	900	No ¹⁶

*Meter = approximately 3.3 feet ? = Information not available

¹²Excl. northern border areas: Bordergate, Lomahasha, Mhlume, Tshaneni

¹³Above 600 meters marked reduction of risk

¹⁴Excl. Entebbe, Fort Portal, Jinja, Kampala, Mbale

¹⁵Djibo, Oudaian, cercles: Jun-Dec

¹⁶Except Acre, Amazonas, Para, States; Amapa, Rondonia, Roraima, Terr. Federales

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
AMERICAS—(Cont'd)					
British Antarctic Territory	No				
Canada	No				
Canal Zone	No				
Chile	No				
Colombia	Yes	Bogota, Dep.; San Andres, Providencia, Is. Part of Cundinamarca, Huila, Tolima, Dep.	All	1,500 ¹⁷	No
Costa Rica	Yes	Mountainous center of the country	All	500	No
Cuba	No				
Ecuador	Yes	Tungurahua Prov., Arch. de Colon (Galapagos Is.); Part of Azuay, Bolivar, Carchi, Chimborazo, Cotopaxi, Imbabura, Zamora-Chinchiipe, Prov.	All ¹⁸	1,500 ¹⁹	No ²⁰
El Salvador	Yes	None	All	1,000	No
Falkland Is. (Malvinas)	No				
French Guiana	Yes	Cayenne City	All	All	Yes
Greenland	No				
Guatemala	Yes	Baja Verapaz, Chimaltenango, El Progreso, Guatemala, Jalapa, Sacatepequez, Solola, Totonicapan, Dep.	Jun-Nov ²¹	1,000	No
Guyana	Yes	East Berbice, West Berbice, East Demerara, West Demerara, Essequibo Is., Essequibo Coast	All	All	No

*Meter = approximately 3.3 feet ? = Information not available

¹⁷Boyaca, Norte de Santander, Santander, Dep.; Caqueta, Casanare, Putumayo, Intendencias: 1,000 meters

¹⁸Canar, Loja, Prov.: Dec-Jul

¹⁹Morona-Santiago, Napo, Pastaza, Zamora-Chinchiipe: 1,000 meters

²⁰Concerning only the urban centers of: Guayaquil (Guayas Prov.); Manta, Portoviejo (Manabi Prov.); Macas (Morona Prov.)

²¹Alta Verapaz, Izabal, Dep.: all months. Higher risk: Alta Verapaz, Izabal, Huehuetenango (northern part), El Peten (southern part), Dep. Low risk in forest areas: Jun-Nov

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area	Malaria risk	Areas without risk	For all other areas not shown in column 3		
			Months with risk	Altitude below which risk exists (meters)*	Risk in urban areas
1	2	3	4	5	6
AMERICAS—(Cont'd)					
Honduras	Yes	Ocotepeque Dep.	All ²²	1,000	No
Mexico	Yes	Aguascalientes, Baja California Norte, Baja California Sur, Coahuila, Distrito Federal, Guanajuato, Nuevo Leon, Tlaxcala, States. Part of: Chihuahua, Durango, Hidalgo, Mexico, Puebla, Queretaro, San Luis Potosi, Sonora, Tamaulipas, Yucatan, Zacatecas, States	All ²³	1,800	No
Nicaragua	Yes	None	All	1,000	No
Panama (excl. Canal Zone)	Yes	Ciudad Panama, Ciudad Colon; Prov.: Herrera, Los Santos, Chiriqui (excl. Baru Distr.), Code (excl. Penonome, La Pintada, Distr.)	All	700	No
Paraguay	Yes	Alto Paraguay, Boqueron, Central, Chaco, Concepcion, Cordillera, Guaira, Itapua, Misiones, Nueva Asuncion, Neembucu, Presidente Hayes, San Pedro, Dep.	Sep-May ²⁴	All	Yes
Peru	Yes	Amazonas (excl. Bagua, Luya, Prov.), Ancash (excl. Santa Prov.), Apurimac, Arequipa, Ayacucho (excl. Huanta, La Mar, Prov.), Cajamarca (excl. Cutervo, Jaen, S. Ignacio, Contumaza, Celendin, Cajamarca, Cajabamba, Prov.), Callao, Cuzco (excl. part. La Convencion, Prov.), Huancavelica, Huanuco (excl. Pachitea, Tingo Maria, Prov.), Ica, Junin (excl. Satipo Prov.), La Libertad (excl. Pacasmayo, Trujillo, Bolivar, Prov.), Lambayeque (excl. Lambayeque, Ferrenafe, Prov.), Lima, Madre de Dios, Moquegua, Pasco (excl. Oxapampa Prov.), Piura (excl. Ayabaca, Huancabamba, Morropon, part. Piura, Prov.), Puno, Tacna, Tumbes (excl. Tumbes, Zarumilla, Prov.), Dep.	All ²⁵	1,500	No

*Meter = approximately 3.3 feet ? = Information not available

²²Copan, Intibuca, la Paz, Lempira, Olancho, Dep.: May-Dec

²³Higher risk during Jun-Nov in: Campeche, Chiapas, Colima, Guerrero, Jalisco, Michoacan, Morelos, Nayarit, Oaxaca, Quintana Roo, Sinaloa, Tabasco, Veracruz

²⁴Amambay Dep.: risk very low, and in small parts only

²⁵Piura Dep.: Dec-Jul

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
AMERICAS— (Cont'd)					
Saint-Pierre and Miquelon	No				
Surinam	Yes	Commewijne, Coronie, Para, Paramaribo, D.	All	All	Yes ²⁶
United States of America	No				
Uruguay	No				
Venezuela	Yes	Anzoategui (excl. Mapipe, Municipio), Aragua, Carabobo, Cojedes, Falcon, Guarico (excl. Cabruta, Espino, Mun.), Lara, Miranda, Monagas (excl. Colon, San Simon, Tabasca, Mun.), Nueva Esparta, Portuguesa, Sucre (excl. El Paujil, Rio Caribe, Tunapui, Union, Yaguaraparo, Mun.), Trujillo, Yaracuy, States; Distrito Federal; Territorio Federal Delta-Amacuro (excl. Pedernales, Tucupita, Dep.)	All	600	No
CARIBBEAN²⁷					
Dominican Republic	Yes	Whole country (excl. Municipios: Banica, Dajabon, Elias Pina, El Llano, Partido, Pedernales, Pepillo Salcedo)	All	500	No
Haiti	Yes	Dep. Sud-Ouest, Dep. Nord, Dep. Nord-Est	Jun-Feb	500	No ²⁸
ASIA					
Afghanistan	Yes	None	May-Nov	2,000 ²⁹	Yes
Bahrain	Yes	None	All	All	Yes
Bangladesh	Yes	Bogra, Dacca, Dinajpur, Faridpur (part.), Jessore, Khulna (part.), Kushtia, Pabna, Rajshahi, Tangail, D.	All	All	Yes

*Meter = approximately 3.3 feet ? = Information not available

²⁶Except Albina, Moengo (Marowijne D.), Nickerie, Wageningen (Nickerie D.)²⁷If a country is not listed, it can be assumed to have no malaria risk²⁸Except outskirts²⁹Occasionally risk above 2,000 meters

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area 1	Malaria risk 2	Areas without risk 3	For all other areas not shown in column 3		
			Months with risk 4	Altitude below which risk exists (meters)* 5	Risk in urban areas 6
ASIA—(Cont'd)					
Bhutan	Yes	Sanchi, Chirang	Mar-Oct	1,600	Yes
Brunei	No				
Burma	Yes	Rangoon City and suburbs; Mandalay City; Maymyo Town; Naung-U Township (Pagan); Taunggyi Town and Inle Lake area	Apr-Nov	900	No ³⁰
Cambodia	Yes	?	All	All	Yes
China	?	?	?	?	?
Cyprus	No				
Gaza Strip (Palestine)	Yes	None ³¹	Jun-Oct	All	Yes
Hong Kong	No				
India	Yes	Andhra Pradesh S.: Nellore, D. Arunachal Pradesh S.: Kameng, Siang, Subansiri, D. Himachal Pradesh S.: Chamba, Kinnaur, Lahaul Spiti, Mahasu, Mandi, Simla, Sirmour (part.), D. Jammu and Kashmir S.: Anantnag, Ladakh, Punch, Srinagar, D. Karnataka S.: Coorg, N. Kanara, S. Kanara, D. Kerala S.: Kottayam, Palghat, Trivandrum (part.), D. Nagaland S.: Mon, Wokhe, D. Sikkim: Sikkim North, Sikkim East Tamil Nadu S.: Batlagundu, Coimbatore (part.), Madurai, Nilgiris, D. Uttar Pradesh S.: Almora (part.), Almora and Champawat, Chamoli, Dehradun (part.), Garhwal, Nainital (Teh), Pithoragarh, Tehri Garhwal, Uttar Kashi, D. West Bengal S.: Darjeeling (part.), D.	Mar-Oct	1,600	Yes
Indonesia	Yes	Jakarta Raya, Surabaya, Municip.	All	1,200	Yes

*Meter = approximately 3.3 feet ? = Information not available

³⁰Generally no risk in most urban areas

³¹Risk very limited

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area	Malaria risk	Areas without risk	For all other areas not shown in column 3		
			Months with risk	Altitude below which risk exists (meters)*	Risk in urban areas
1	2	3	4	5	6
ASIA—(Cont'd)					
Iran	Yes	Ostans (=Regions): Azarbaijan (East-oriental), Azarbaijan (West-occidental), Bushehr, Guilan, Hamedan, Isfahan, Khorasan, Khuzestan (excl. Sharestans (=Prov.): Behbahan, Izeh, Masjed Soleyman), Kordestan, Markazi (Central/Teheran), Mazandaran, Yazd; Sharestans (=Prov.): Abadeh, Estahban, Neyriz, Shiraz (Fars Ostan); Kerman, Rafsanjan, Sirjan (Kerman Ostan); Borujerd (Lorestan Ostan); Zabol, Zahedan (Sistan and Baluchistan Ostan)	Jul-Nov	1,500	No ³²
Iraq	Yes	Most of the country, excl. northern region: Dehok, Erbil, Kirkuk, Ninawa, Sulaimaniya, Prov.	May-Nov	1,500	Yes
Israel	No				
Japan	No				
Jordan	Yes	Whole country, with exception of Jordan Valley and Karak Lowlands where there is some risk, but normally not visited by tourists	Apr-Nov	All	No
Korea					
Democratic People's Republic of	No				
Republic of	Yes	Whole country, excl. northern areas of: Chungchong-Pukdo, Kyongsang Pukdo, Prov.	Jun-Sep	All	No
Kuwait	No				
Laos	Yes	Vientiane, and two neighboring subdistricts	All	All	Yes
Lebanon	No				
Macao	No				
Malaysia	Yes	None	All	1,700	No ^{33,34}

*Meter = approximately 3.3 feet ? = Information not available

³²Except Minab Bandar Abbas, Jiroft, Chahbahar, Iranshahr³³Except Sabah (excl. Kota Kinabalu, Sandakan, Tawau, Victoria, Towns)³⁴Except West Malaysia: Small towns near foothills

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area	Malaria risk	Areas without risk	For all other areas not shown in column 3		
			Months with risk	Altitude below which risk exists (meters)*	Risk in urban areas
1	2	3	4	5	6
ASIA—(Cont'd)					
Maldives	Yes	Male I. (Cap.), Kaaf Atoll (Male Atoll)	All	All	No ³⁵
Mongolia	No				
Nepal	Yes	Dhaulagiri Anchal (=Prov.), Karnali Anchal	Jun-Nov ³⁶ All ³⁷	1,200	Yes
Oman	Yes	None	All	1,000	Yes
Pakistan	Yes	None	Mar-Oct ³⁸	2,000	Yes
Philippines	Yes	Bohol, Catanduanes, Cebu, Leyte, Is.; plain areas of: Negros, Panay, Is.	All	600	No ³⁹
Portuguese Timor	Yes	None	All	All	Yes
Qatar	Yes	None	All	All	Yes
Saudi Arabia	Yes	Alhasa, Arar, Jauf, Quraiya (Gurayyat), Riyad, Tabuk, Taif, and urban areas of: Jeddah, Mecca, Medina	All	?	Yes ⁴⁰
Singapore	Yes	City District (southern part of the island)	All	All	No
Sri Lanka	Yes	Galle, Kalutara, Colombo (part.)	All	800	Yes
Syrian Arab Republic	Yes	Damascus, Deir-ez-Zor, Hama, al Hasakeh, Homs, Latakia, Sweida, Tartus, D.	May-Oct	600	No
Thailand	Yes	Ang Thong, Nakhon Pathom, Nonthaburi, Pathum Thani, Phichit, Phra Nakhon (Bangkok and Thon Buri), Phra Nakhon Si Ayutthaya, Samut Prakan, Samut Sakhon, Samut Songkhram, Sing Buri, Prov. Part of: Buri Ram, Chachoengsao, Chai Nat, Chiang Mai, Chon Buri, Kanchanaburi, Khon Kaen, Lamphun, Lop Buri, Maha Sarakham, Nakhon Nayok, Nakhon Ratchasima (Korat), Nakhon Sawan, Nakhon Si Thammarat, Narathiwat,	All	All	No ⁴¹

*Meter = approximately 3.3 feet ? = Information not available

³⁵There are no urban agglomerations in the malarious areas except the capital city

³⁶In cultivated areas (below 250 meters) and in hill valleys (750-1,200 meters): Jun-Nov

³⁷250-750 meters

³⁸North-West-Frontier Prov., hilly areas of Baluchistan and Punjab Prov.: Jun-Sept

³⁹Practically no risk

⁴⁰Except Jeddah, Mecca, Medina, Qatif

⁴¹In Bangkok and in most urban areas

TABLE 10—INFORMATION ON MALARIA RISK BY COUNTRY—(Continued)

Country or area	Malaria risk	Areas without risk	For all other areas not shown in column 3		
			Months with risk	Altitude below which risk exists (meters)*	Risk in urban areas
1	2	3	4	5	6
ASIA—(Cont'd) Thailand—(Cont'd)		Phangnga, Phetchaburi, Phitsanulok, Phuket, Prachin Buri, Prachuap Khiri Khan, Ratchaburi, Roi Et, Songkhla, Sukothai, Suphan Buri, Surat Thani, Surin, Ubon Ratchathani, Udon Thani, Uthai Thani, Yasothon; Prov.			
Turkey	Yes	Whole country (excl. plain of Cucurova (Adana, Hatay, Icel (part.), Prov.); Hakkari, Siirt (part.), Prov.)	July-Oct ⁴²	1,000	No
United Arab Emirates	Yes	None	All	All	Yes
Viet-Nam Democratic Republic of	Yes	None	Mar-Nov	1,000	No
Republic of South	Yes	?	?	?	?
Yemen	Yes	Hajja, Sada, Prov.	Sep-Feb	1,400	Yes
Yemen, Democratic	Yes	First Governorate (Aden and airport perimeter)	All	All	Yes
EUROPE⁴³ Greece	Yes	Practically the whole country	Jun-Nov	All	No
UNION OF SOVIET SOCIALIST REPUBLICS Union of Soviet Socialist Republic	Yes	?	?	?	?
OCEANIA⁴³ British Solomon Islands	Yes	Some eastern and southern outlying islets	All	400	Yes
New Hebrides	Yes	Port Vila, Futuna I.	All	All	Yes
Papua New Guinea ..	Yes	None	All	?	Yes

*Meter = approximately 3.3 feet ? = Information not available

⁴²Hakkari Prov.: Aug-Oct; Siirt Prov.: Jul-Sept⁴³If a country is not listed, it can be assumed to have no malaria risk

■ POLIOMYELITIS

Persons traveling to tropical areas or developing countries whose plans call for visits to rural or remote sections of such countries which are off the usual tourist routes and will bring them into close contact with local residents may be at risk of exposure to poliomyelitis. To protect such travelers against infection, a single booster dose of trivalent oral polio vaccine (TOPV) is recommended for those having completed the primary series. If the traveler has not been previously immunized, the primary series of 3 doses is recommended. If the traveler has received only 1 or 2 doses of TOPV, the number of doses needed to complete the primary series should be given.

TABLE 11 – POLIOMYELITIS VACCINE

Doses	Number of doses	Comments
Primary series	3 (TOPV)	Give doses 1 and 2, 6-8 weeks apart; give dose 3 8-12 months after dose 2
Booster	1 (TOPV)	

Contraindications—Infection with live, attenuated polioviruses might be potentiated by severe underlying disease; therefore, vaccination of such patients should be avoided.

■ RABIES

Rabies immunization is not a requirement for entry into any country. Persons who are potentially exposed to rabies should contact local health authorities immediately for advice about postexposure prophylaxis.

Table 12 defines areas recognized as free of rabies. Information about animal rabies in other countries should be obtained from the health authorities of the country or the Embassy or local Consulate General Office in the United States.

Pre-exposure immunization is recommended only for travelers going into rabies enzootic and epizootic areas who will be in prolonged (more than 1 year) or unusually frequent high contact with species likely to have rabies, especially dogs, wild carnivores, or vampire bats. Field biologists or others engaged in activities involving

intimate contact with wildlife should be immunized if working in enzootic and epizootic areas.

All who receive the pre-exposure vaccination should have serum tested for neutralizing antibody 3-4 weeks after the last injection. Tests for rabies antibody can be arranged by state health department laboratories. If no antibody is detected, booster doses should be given until a response is demonstrated. Persons with continuing exposure should receive 1.0 ml boosters every 2-3 years.

TABLE 12 – COUNTRIES REPORTED TO BE RABIES FREE

AMERICAS	
Bermuda	
CARIBBEAN	
Anguilla, Antigua, Aruba, Bahamas, Barbados, Curacao, Guadeloupe, Jamaica, Martinique, Montserrat, Nevis, St. Kitts, St. Lucia, St. Martin, St. Vincent, Virgin Islands	
EUROPE	
Faroe Islands, Finland, Iceland, Ireland, Norway, Sweden, United Kingdom	
ASIA	
Japan	
OCEANIA	
American Samoa, Australia, Fiji, Guam, New Zealand	

Table 13 provides information on pre-exposure prophylaxis.

TABLE 13 – RABIES PRE-EXPOSURE PROPHYLAXIS

Doses	Dose volume*	Interval	Comments
Primary series: 3	1.0 ml duck embryo vaccine (DEV)	Give doses 1 and 2 1 month apart; give dose 3, 6-7 months after dose 2	Primary series produces neutralizing antibody by 1 month after the third dose in 80-90% of vaccinees. For more rapid immunization, give 3, 1.0 ml injections at weekly intervals and dose 4, 3 months later. This schedule produces an antibody response in about 80% of the vaccinees.
Booster:	1.0 ml DEV	Every 2-3 years	

*For subcutaneous injection in the deltoid area

■ TETANUS AND DIPHTHERIA

Tetanus remains an important health problem. Since there is no natural immunity to the tetanus toxin and since the tetanus organism is found throughout the world, immunization is a universal recommendation regardless of age.

Most cases of diphtheria occur in unimmunized or inadequately immunized persons. With adequate immunization, antitoxin will provide protection for 10 years or more.

The usual schedule recommended by the American Academy of Pediatrics or the Public Health Service Advisory Committee on Immunization Practices for immunization with diphtheria and tetanus toxoids provides adequate protection for children. Adults should receive booster injections in the recommended dose of tetanus-diphtheria toxoid (adult type) every 10 years.

■ TUBERCULOSIS

In many countries tuberculosis is much more common than in the United States, but it should not be a major hazard to American travelers. To become infected, a person usually would have to spend a prolonged period of time in a closed environment where the air was contaminated by a person with untreated tuberculosis who is coughing and has numerous organisms in secretions from the lungs. Tuberculosis is generally transmitted through the air, therefore, there is little danger of its being spread by dishes, linens, and items that are touched. It can, however, be transmitted through unpasteurized milk or milk products.

A traveler who anticipates possible prolonged exposure to tuberculosis should ask his physician for a tuberculin skin test before leaving and after returning home. A traveler who suspects he has been exposed to tuberculosis should inform his physician of the possible exposure if he becomes ill.

■ TYPHOID FEVER

Typhoid vaccination is not required for international travel, but vaccine is recommended for persons who plan to travel, work, or reside in areas of the world that are highly endemic for typhoid. Typhoid is prevalent in many countries of Africa, Asia, Central and South America; therefore, immunization is suggested for travelers to the smaller cities and villages or rural areas off the usual tourist itinerary.

Vaccination is also recommended for travelers to areas which are not endemic but are having outbreaks, particularly when such outbreaks are extended in time and/or caused by strains which are resistant to the drugs usually employed in therapy. Table 14 provides information on dosage:

TABLE 14 – TYPHOID FEVER VACCINE

Doses	Dose volume*		
	<10 years of age	>10 years of age	Comments
Primary series: 1 and 2	0.25 ml	0.50 ml	Give 4 or more weeks apart
Booster:	0.25 ml	0.50 ml	1 dose every 3 years

*For subcutaneous injection

Contraindications—Information is not available on the safety of the vaccine during pregnancy; therefore, it is prudent on theoretical grounds to avoid vaccinating pregnant women.

■ TYPHUS FEVER

The potential threat of louse-borne (epidemic) typhus exists only in mountainous, highland, or other areas where a cold climate and other local conditions favor louse infestation. Vaccination may be considered for travelers to rural or remote highland areas of Ethiopia, Rwanda, Burundi, Mexico, Ecuador, Bolivia, Peru, and mountainous areas of Asia. Even in these areas, however, the risk of typhus for U.S. travelers is extremely low. No typhus case in an American traveler is known to have occurred in recent years. Vaccination against typhus is not required by any country as a condition of entry.

Typhus vaccination is suggested only for the following special risk groups:

1. Scientific investigators (e.g., anthropologists, archaeologists, or geologists), oil field and construction workers, missionaries, some government workers, and others who live in or visit areas where the disease actually occurs and who will be in close contact with the indigenous population.

2. Medical personnel, including nurses and attendants, who are providing care for patients in areas where louse-borne (epidemic) typhus occurs.

Table 15 provides information on dosage.

TABLE 15 – TYPHUS FEVER VACCINE

Doses	Dose volume	Comments
Primary series:	As indicated by manufacturer for adults or for children	Give 4 or more weeks apart
Booster:		Give at intervals of 6-12 months

→ **Contraindications**—Hypersensitivity to eggs.

VACCINATION CERTIFICATE REQUIREMENTS

SUMMARY OF REQUIREMENTS FOR UNITED STATES TRAVELERS TO COUNTRIES MOST FREQUENTLY VISITED

Europe

There are no vaccination requirements for travel directly between the United States and countries in Europe. The countries which are considered to comprise Europe are listed on page 43. If an outbreak of smallpox, cholera, or yellow fever occurs in any of these countries, and if the traveler visits an infected area, most countries remaining on his itinerary will require a Smallpox Certificate; a few countries will require a Cholera or Yellow Fever Certificate.

Canada and Mexico

There are no vaccination requirements for travel directly between the United States and either of these countries. If an outbreak of smallpox, cholera, or yellow fever occurs in any country and the traveler visits an infected area, a Smallpox Certificate will be required by both Canada and Mexico, and a Yellow Fever Certificate by Mexico but not by Canada; neither country will require a Cholera Certificate.

The Caribbean

There are no vaccination requirements for travel directly between the United States and any one of the Caribbean countries. For travel to more than one country in the Caribbean, check the individual country requirements. The countries which are considered to comprise the Caribbean are listed on page 42. If an outbreak of smallpox, cholera, or yellow fever occurs in any of these countries, and if the traveler visits an infected area, most countries remaining on his itinerary will require a Smallpox Certificate; a few countries will require a Yellow Fever Certificate. No Caribbean country has a cholera vaccination requirement.

Return to the United States

To return to the United States, smallpox vaccination is the only requirement and that is necessary only if, within the 14 days before arrival in the United States, the traveler has been in a country reporting smallpox.

TRAVEL FROM THE UNITED STATES TO AND BETWEEN OTHER COUNTRIES

Check the individual country requirements (pages 47-78).

LIST OF COUNTRIES BY CONTINENT

To facilitate the use of this pamphlet, the following list of countries by continent is provided:

AFRICA		
Afars and the Issas, French Territory of the	Guinea	Rhodesia
Algeria	Guinea-Bissau	Rwanda
Angola	Ivory Coast	Saint Helena
Benin, People's Republic of	Kenya	Sao Tome and Principe
Botswana	Lesotho	Senegal
Burundi	Liberia	Seychelles
Cameroon, United Republic of	Libyan Arab Republic	Sierra Leone
Canary Islands	Madagascar	Somali
Cape Verde Islands	Madeira	South Africa
Central African Republic	Malawi	Spanish Sahara
Chad	Mali	Sudan
Comoro Archipelago	Mauritania	Swaziland
Congo	Mauritius	Tanzania, United Republic of
Egypt	Morocco	Togo
Equatorial Guinea	Mozambique	Tunisia
Ethiopia	Namibia	Uganda
Gabon	Niger	Upper Volta
Gambia	Nigeria	Zaire
Ghana	Portuguese Guinea	Zambia
	Reunion	
THE AMERICAS		
Argentina	Cuba	Nicaragua
Belize	Ecuador	Panama
Bermuda	El Salvador	Paraguay
Bolivia	Falkland Islands	Peru
Brazil	French Guiana	Saint Pierre and Miquelon
Canada	Greenland	Surinam
Canal Zone	Guatemala	United States of America
Chile	Guyana	Uruguay
Colombia	Honduras	Venezuela
Costa Rica	Mexico	
THE CARIBBEAN		
The Bahama Islands	All Leeward Islands:	All Windward Islands:
Cayman Islands	Anguilla, Antigua	Barbados, Dominica,
Greater Antilles:	Barbuda, the British Virgin	Grenada, the Grenadines,
Dominican Republic	Islands, Guadeloupe,	Martinique, Saint Lucia,
Haiti	Montserrat, Nevis,	Saint Vincent
Jamaica	Redonda, Saint Kitts,	
Lesser Antilles:	Saint Martin	
Aruba, Bonaire,		
Curacao, Trinidad		
and Tobago		

ASIA

Afghanistan	Israel	Philippines
Bahrain	Japan	Portuguese Timor
Bangladesh	Jordan	Qatar
Brunei	Khmer Republic	Ryukyu Islands
Burma	Korea, Republic of	Saudi Arabia
Cambodia	Kuwait	Singapore
China (People's Republic)	Laos	Sri Lanka
China, Republic of (Taiwan)	Lebanon	Syrian Arab Republic
Cyprus	Macao	Thailand
Hong Kong	Malaysia	Turkey
India	Maldives	United Arab Emirates
Indonesia	Mongolian People's Republic	Viet-Nam
Iran	Nepal	Yemen
Iraq	Oman	Yemen, Democratic
	Pakistan	

EUROPE

Albania	Guernsey,	Norway
Austria	Alderney and Sark	Poland
Azores	Hungary	Portugal
Belgium	Iceland	Romania
Bulgaria	Ireland	Russia (USSR)
Czechoslovakia	Isle of Man	Spain
Denmark	Italy	Sweden
Faroe Islands	Jersey	Switzerland
Finland	Liechtenstein	United Kingdom
France	Luxembourg	(England, Scotland,
Germany (East)	Malta	Northern Ireland,
Germany (West)	Monaco	Wales)
Gibraltar	Netherlands	Yugoslavia
Greece		

OCEANIA

American Samoa	Gilbert and Ellice Islands	Pacific Islands
Australia	Guam	Papua New Guinea
British Solomon Islands	Nauru	Pitcairn Island
Christmas Island	New Caledonia	Tokelau Islands
Cocos (Keeling) Island	New Hebrides	Tonga
Cook Islands	New Zealand	Wake Island
Fiji	Niue Island	Wallis and Futuna Islands
French Polynesia	Norfolk Island	Western Samoa

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Cambodia (formerly Khmer Republic)	51	Ghana	58
Cameroon, United Republic of	51	Gibraltar	58
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VACCINATION REQUIREMENTS AND RECOMMENDATIONS FOR CHOLERA, YELLOW FEVER, AND SMALLPOX, BY COUNTRY

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
AFARS AND THE ISSAS, FRENCH TERRITORY OF THE	None	II >1 yr.	I >3 mos.
AFGHANISTAN	II	None	I
ALBANIA	II >6 mos.	II >1 yr.	I >6 mos.
<p><i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 15 days before arriving in Albania:</p> <p>Americas: USA, Canada Europe: All countries Asia: China (Peking), Korea (North), Viet-Nam (North) Turkey Africa: Morocco Oceania: All countries</p> <p>However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.</p>			
ALGERIA	None	II >1 yr.	I
<p><i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Algeria:</p> <p>Americas: USA, Canada Europe: All countries Africa: Morocco, Tunisia</p> <p>However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.</p>			
ANGOLA	II	II >1 yr.	I >3 mos.
<p><i>CHOLERA</i> – Angola recommends vaccination. <i>YELLOW FEVER</i> – Angola recommends vaccination.</p>			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
ANTIGUA <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada Caribbean: Bahamas, Barbados, British Virgin Islands, Dominica, Grenada, St. Kitts-Nevis-Anguilla, St. Lucia, Montserrat, Trinidad and Tobago, St. Vincent However, a Certificate will be required from travelers arriving from these countries if they have been in a smallpox endemic country, or where a recent case of smallpox occurred, during the 14 days before arriving in Antigua.	None	II >1 yr.	I
ARGENTINA	None	None	I
AUSTRALIA <i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80). <i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected. NOTE: Australia is not bound by the International Health Regulations.	None	II	II >1 yr.
AUSTRIA <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Canada Europe: All countries Africa: Algeria, Egypt, Libyan Arab Republic, Morocco, Tunisia Asia: Israel, Jordan, Lebanon, Syrian Arab Republic, Turkey Oceania: All countries However, a Certificate will be required from travelers arriving from any smallpox infected area.	None	None	I >1 yr.
AZORES <i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers in transit at Santa Maria.	None	II >1 yr.	II >6 mos.

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
BAHAMAS <i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.	None	II >1 yr.	II
BAHRAIN	None	II >1 yr.	I
BANGLADESH	None	II	I
BARBADOS <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada Caribbean: Antigua, Bahamas, British Virgin Islands, Dominica, Grenada, Guadeloupe, Jamaica, Martinique, Montserrat, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago However, a Certificate is required from travelers from Guadeloupe and Martinique who, within 14 days before arriving in Barbados, have been in a country NOT listed above.	None	II >1 yr.	I >1 yr.
BELGIUM	None	None	II
BELIZE (formerly British Honduras)	None	II	I
BENIN, PEOPLE'S REPUBLIC OF (formerly Dahomey) <i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks. <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.	None	I >1 yr.	I >1 yr.
BERMUDA <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Canada, Canal Zone, Greenland, Mexico, St. Pierre and Miquelon Caribbean: Aruba, Bahamas, Barbados, Bonaire, British Virgin Islands, Cayman Islands, Curacao, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Montserrat, Puerto Rico, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago Europe: Iceland	None	None	I

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
BOLIVIA	None	None	I
BOTSWANA	None	II	I >1 yr.
BRAZIL	None	II	I >3 mos.
<i>YELLOW FEVER</i> – A Certificate is required ONLY from travelers from infected areas who arrive in or are destined for the Belem area.			
BRITISH SOLOMON ISLANDS	None	II <i>by air</i>	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for the Solomon Islands: Oceania: American Samoa, Australia, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga, Western Samoa			
BRUNEI	II >6 mos.	II >1 yr.	I
BULGARIA	None	None	I >6 mos.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Bulgaria: Americas: USA, Canada Europe: All countries Africa: Algeria, Morocco, Tunisia Asia: China, Mongolian People's Republic, Turkey However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.			
BURMA		II	I
<i>CHOLERA</i> – A Certificate is required ONLY from travelers proceeding to countries which require a certificate. <i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers who arrive within 9 days of departure from or transit through countries in the endemic zones (pp. 79-80).			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
BURUNDI	None	II >1 yr.	I >1 yr.
<i>TYPHOID FEVER</i> – Burundi recommends vaccination.			
<i>TYPHUS</i> – Burundi recommends vaccination for extensive travel in the country.			
CAMBODIA (formerly Khmer Republic)	None	II	I
CAMEROON, UNITED REPUBLIC OF	None	I >1 yr.	I
<i>YELLOW FEVER</i> – Except that NO Certificate is required for stay of less than 2 weeks.			
CANADA	None	None	II >1 yr.
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in or transited a country any part of which is infected.			
CANAL ZONE	None	None	I
CANARY ISLANDS	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
CAPE VERDE ISLANDS	II	II >1 yr.	I >3 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers arriving in Boa Vista, Maio, Sal, Santiago, and Sao Vicente.			
CAYMAN ISLANDS	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas: USA			
Caribbean: Jamaica			
CENTRAL AFRICAN REPUBLIC	None	I >1 yr.	I
CHAD	None	II >1 yr.	I >1 yr.
<i>CHOLERA</i> – Chad recommends vaccination for travelers arriving from an infected area.			
<i>YELLOW FEVER</i> – Chad recommends vaccination for all travelers over 1 year of age.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
CHILE	None	None	I
CHINA, PEOPLE'S REPUBLIC OF	I		I
(No official information has been received. These recommendations are made.)			
CHINA, REPUBLIC OF (TAIWAN)	II		I
(No official information has been received. These recommendations are made.)			
CHRISTMAS ISLAND (Indian Ocean)	II > 1 yr.	II	I > 1 yr.
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).			
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Christmas Island:			
Americas: USA, Canada			
Oceania: American Samoa, Antarctica, Australia, Cocos (Keeling) and Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands (including Ocean and Fanning Islands), Hawaii, Lord Howe Island, Nauru, New Caledonia, New Hebrides, New Zealand, Niue and Norfolk Islands, Papua New Guinea, Solomon and Tokelau Islands, Tonga, Western Samoa			
However, a Certificate will be required from travelers arriving from any smallpox infected area.			
COLOMBIA	None	None	I > 3 mos.
COMORO ARCHIPELAGO	None	None	I
CONGO	None	I > 1 yr.	I > 6 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
COOK ISLANDS	None	None	I <i>by air</i> > 3 mos.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days prior to arriving in the Cook Islands:			

Continued on next page

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
<p>COOK ISLANDS (Continued)</p> <p>Americas: USA, Canada</p> <p>Oceania: American Samoa, Australia, British Solomon Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, Hawaii, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga, Western Samoa</p> <p>However, a Certificate will be required from travelers arriving from any smallpox infected area.</p> <p><i>Arrivals by sea:</i> A Certificate is ALSO required from travelers arriving from:</p> <p>Americas: All South American countries</p> <p>Asia: All countries</p>			
<p>COSTA RICA</p>	None	None	II
<p>CUBA</p> <p><i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from:</p> <p>Americas: Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Surinam, Venezuela</p> <p>Africa: Afars and the Issas, French Territory of, Angola, Benin, People's Republic of, Burundi, Cameroon, United Republic of, Cape Verde Islands, Central African Republic, Chad, Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somali, Tanzania, United Republic of, Togo, Uganda, Upper Volta, Zaire, Zambia</p> <p><i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from or transiting a country any part of which is infected.</p>	None	II	II
<p>CYPRUS</p> <p><i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).</p> <p><i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:</p> <p>Americas: North America only</p> <p>Europe: All countries</p> <p>However, a Certificate will be required from travelers arriving from any smallpox infected area.</p>	None	II	I > 1 yr.

EXPLANATION OF CODES

- II Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
CZECHOSLOVAKIA	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 15 days before arriving in Czechoslovakia:			
Americas: All North and South American countries			
Europe: All countries			
Asia: Mongolian People's Republic (via USSR), Turkey			
DENMARK	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Denmark:			
Americas: USA, Canada			
Europe: All countries			
Africa: Canary Islands, Madeira, Morocco			
However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.			
DOMINICA	None	II > 1 yr.	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas: USA and territories, Bermuda, Canada			
Caribbean: Antigua, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Grenada, Jamaica, Montserrat, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago			
DOMINICAN REPUBLIC	None	None	II
ECUADOR	None	II	I
EGYPT	II > 1 yr.	II > 1 yr.	I > 3 mos.
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from or transiting:			
Americas: Belize, Bolivia, Brazil, Canal Zone, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Guyana, Honduras, Nicaragua, Panama, Peru, Surinam, Venezuela			
Caribbean: Trinidad			

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EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
EGYPT (Continued)			
Africa: Angola, Benin, People's Republic of, Botswana, Burundi, Cameroon, United Republic of, Central African Republic, Chad, Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somali, Sudan (south of 15°N latitude), Tanzania, United Republic of, Togo, Uganda, Upper Volta, Zaire, Zambia			
All travelers arriving from Sudan are required to possess a Certificate or a location certificate issued by a Sudanese official center that they have not been in Sudan south 15° north within the preceding 6 days.			
EL SALVADOR	None	II >6 mos.	I >1 yr.
<i>SMALLPOX</i> - Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in El Salvador:			
Americas: USA, Canada			
EQUATORIAL GUINEA	None	II	I
ETHIOPIA	None	I	I
FALKLAND (MALVINAS) ISLANDS	None	None	I
FAROE ISLANDS	None	None	I
<i>SMALLPOX</i> - Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in the Faroe Islands:			
Americas: USA, Canada			
Europe: All countries			
Africa: Canary Islands, Madeira, Morocco			
However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.			
FIJI	II	II by air >1 yr.	I by air
<i>SMALLPOX</i> - Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for Fiji:			
<i>Continued on next page</i>			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
FIJI (Continued) Americas: USA, Canada Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, French Polynesia, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga, Western Samoa <i>Arrivals by sea:</i> A Certificate is ALSO required from travelers arriving from: Asia: Bangladesh, India, Pakistan			
FINLAND <i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.	None	None	II
FRANCE <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam Caribbean: All countries Europe: All countries Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights) However, a Certificate will be required from travelers arriving from any smallpox infected area. NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in France.	None	None	I
FRENCH GUIANA <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam Caribbean: All countries Europe: All countries <i>Continued on next page</i>	None	I >1 yr.	I

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
FRENCH GUIANA (Continued)			
Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia			
Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey			
Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights)			
However, a Certificate will be required from travelers arriving from any smallpox infected area. NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in French Guiana.			
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
FRENCH POLYNESIA (TAHITI)	None	II > 1 yr.	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for French Polynesia:			
Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Tonga, Western Samoa			
GABON	None	I > 1 yr.	I > 6 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
GAMBIA	None	II > 1 yr.	I > 1 yr.
GERMAN DEMOCRATIC REPUBLIC (EAST)	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in the German Democratic Republic:			
Americas: All countries			
Caribbean: All countries			
Asia: Japan, Korea (North), Mongolian People's Republic, Viet-Nam (North), Viet-Nam, South, Republic of			
Europe: All countries			
Oceania: All countries			
However, a Certificate will be required from travelers arriving from any smallpox infested area.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
GERMANY, FEDERAL REPUBLIC OF (WEST) <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in the Federal Republic of Germany: Americas: All countries Caribbean: All countries Africa: Canary Islands, Madeira Europe: All countries Asia: Cyprus, Turkey Oceania: All countries However, a Certificate will be required from travelers arriving from any smallpox infected area.	None	None	I
GHANA	None	I > 1 yr.	I > 1 yr.
GIBRALTAR	None	None	II > 3 mos.
GILBERT AND ELLICE ISLANDS <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for the Gilbert and Ellice Islands: Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga, Western Samoa	None	II > 1 yr.	I
GREECE <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, French Guiana, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam Caribbean: All countries Europe: All countries Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Reunion, Tunisia Asia: Cyprus, Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights) <i>Continued on next page</i>	None	II > 6 mos.	I

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
GREECE (Continued) However, a Certificate will be required from travelers arriving from any smallpox infected area.			
GREENLAND <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Greenland: Americas: USA, Canada Europe: All countries Africa: Canary Islands, Madeira, Morocco However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.	None	None	I
GRENADA <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Belize, Bermuda, Guyana Caribbean: Antigua, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Dominica, Jamaica, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago	None	None	I
GUADELOUPE <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam Caribbean: All countries Europe: All countries Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights) However, a Certificate will be required from travelers arriving from any smallpox infected area. NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in Guadeloupe.	None	II >1 yr.	I

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
GUAM	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
<i>YELLOW FEVER</i> – Guam recommends vaccination for travel to infected areas.			
GUATEMALA	None	None	I
GUERNSEY, ALDERNEY AND SARK	None	None	II
GUINEA	None	II >1 yr.	I >1 yr.
GUINEA-BISSAU	II	I >1 yr.	I >3 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
GUYANA	None	II	I >3 mos.
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from:			
Americas: Belize, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Honduras, Nicaragua, Panama, Peru, Surinam, Venezuela			
Africa: Angola, Benin, Burundi, Cameroon, United Republic of, Central African Republic, Chad, Congo, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somali, Tanzania, United Republic of, Togo, Uganda, Upper Volta, Zaire			
HAITI	None	II	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving directly from:			
Americas: USA			
HONDURAS	None	II	I >1 yr.
HONG KONG	None	None	I

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
HUNGARY <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 15 days before arriving in Hungary: Americas: USA, Canada Europe: All countries Asia: Mongolian People's Republic, Turkey However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.	None	None	I
ICELAND <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Iceland: Americas: USA, Canada Europe: All countries Africa: Canary Islands, Madeira, Morocco However, a Certificate will be required from travelers arriving from any smallpox infected area.	None	None	I
INDIA <i>CHOLERA</i> – A Certificate is required ONLY from travelers proceeding to countries which require a Certificate. India recommends vaccination. <i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from: Americas: Belize, Bolivia, Brazil, Canal Zone, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Guyana, Honduras, Nicaragua, Panama, Peru, Surinam, Trinidad and Tobago, Venezuela Africa: Angola, Benin, Botswana, Burundi, Cameroon, United Republic of, Central African Republic, Chad, Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Ivory Coast, Kenya, Liberia, Malawi, Mali, Mauritania, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somali, Sudan (south of 15°N), Tanzania, United Republic of, Togo, Uganda, Upper Volta, Zaire, Zambia Any person (including infants) arriving without a Certificate within 6 days of departure from or transit through an infected area will be isolated up to 6 days. <i>SMALLPOX</i> – A Certificate is required ONLY from travelers proceeding to countries which require a Certificate. India recommends vaccination.		II	

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
INDONESIA	None	II	I > 1 yr.
IRAN	II > 6 mos.	II > 1 yr.	I
<i>CHOLERA</i> – A Certificate is ALSO required from travelers arriving from:			
Asia:	Afghanistan, Bahrain, Bangladesh, Burma, India, Iraq, Malaysia, Pakistan, Philippines, Saudi Arabia, Singapore, Thailand, Viet-Nam, South, Republic of		
Africa:	Malawi		
A Certificate is ALSO required from travelers who have been in an infected area in transit.			
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (pp. 79-80).			
IRAQ	None	II	I > 1 yr.
IRELAND	None	None	I > 1 yr.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas:	USA, Bermuda, Canada, French Guiana, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam		
Caribbean:	All countries		
Europe:	All countries		
Africa:	Algeria, Canary Islands, Madeira, Libyan Arab Republic, Morocco, Reunion, Tunisia		
Asia:	Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey		
Oceania:	Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights)		
However, a Certificate will be required from travelers arriving from any smallpox infected area.			
ISLE OF MAN	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
ISRAEL	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from:			
Africa: Ethiopia			
Asia: Bangladesh, India, Pakistan			
ITALY	II > 1 yr.	None	II
<i>CHOLERA</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
IVORY COAST	None	I > 1 yr.	I
JAMAICA	None	II > 1 yr.	I > 1 yr.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Jamaica:			
Americas: USA, Bermuda, Canada, Cuba			
Caribbean: Antigua, Aruba, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guadeloupe, Martinique, Montserrat, Netherlands Antilles, St. Kitts-Nevis-Anguilla, St. Lucia, St. Vincent, Trinidad and Tobago			
JAPAN	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from:			
Africa: Ethiopia			
Asia: Bangladesh			
JERSEY	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
JORDAN	None	None	I
KENYA	None	II > 1 yr.	I
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).			
KOREA, REPUBLIC OF (SOUTH)	None	None	I > 1 yr.

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
KUWAIT	II	II >1 yr.	I >3 mos.
LAOS	II	II	I
LEBANON	None	II <i>by air</i>	I
LESOTHO	None	II	I >13 mos.
LIBERIA	None	I	I
LIBYAN ARAB REPUBLIC	II	II >1 yr.	I >1 yr.
LIECHTENSTEIN	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
LUXEMBOURG	None	None	II
MACAO	None	II >1 yr.	I >3 mos.
MADAGASCAR	II >6 mos.	II >1 yr.	I >3 mos.
MADEIRA	None	II >1 yr.	II >6 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers in transit at Funchal and Porto Santo.			
MALAWI	I	II	I
MALAYSIA	None	II >1 yr.	I >6 mos.
MALDIVES	I	II	I
MALI	II	I	I
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected country and stay less than 2 weeks.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
MALTA <i>YELLOW FEVER</i> – Children under 6 months of age may be subject to isolation or surveillance. <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Canada Europe: All countries Oceania: All countries However, a Certificate will be required from travelers arriving from any smallpox infected area.	None	II >6 mos.	I
MARTINIQUE <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam Caribbean: All countries Europe: All countries Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights) However, a Certificate will be required from travelers arriving from any smallpox infected area. NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in Martinique.	None	II >1 yr.	I
MAURITANIA <i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.	None	I >1 yr.	I
MAURITIUS <i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).	None	II >1 yr.	I

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
MEXICO	None	II >6 mos.	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Mexico: Americas: USA, Canada			
MONACO	None	None	None
NO vaccinations are required.			
MONGOLIAN PEOPLE'S REPUBLIC	None	None	I
MONTSERAT	None	II	I >1 yr.
MOROCCO	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: All countries Caribbean: All countries Africa: Algeria, Tunisia Europe: All countries Oceania: All countries However, a Certificate will be required from travelers arriving from any smallpox infected area.			
MOZAMBIQUE	None	II >1 yr.	I >3 mos.
<i>CHOLERA</i> – Mozambique recommends vaccination.			
NAMIBIA	None	II >1 yr.	I
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zone in Africa (see p. 79). A Certificate is ALSO required from travelers whose flights have originated in or transited a country in the endemic zones on unscheduled flights which use airports other than those used by scheduled airlines. Children under one year of age may be subject to surveillance. They may not proceed to Natal or to the Lowveld of the Transvaal within 6 days of leaving an infected area.			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
NAURU	II >1 yr.	II >1 yr.	I >6 mos.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for Nauru:			
Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk Islands, Papua New Guinea, Tokelau Islands, Tonga, Western Samoa			
NEPAL	None	II	I
NETHERLANDS	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the previous 14 days have been in a country any part of which is infected.			
NETHERLANDS ANTILLES	None	II >6 mos.	I >3 mos.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in the Netherlands Antilles:			
Americas: USA, Bermuda, Canada, Canal Zone, French Guiana, Greenland, Mexico, St. Pierre and Miquelon, Surinam			
Caribbean: Bahamas, British Virgin Islands, Guadeloupe, Jamaica, Martinique, Puerto Rico, Virgin Islands (USA)			
Europe: All countries			
Africa: Canary Islands, Madeira, Reunion			
Oceania: All countries			
However, a Certificate will be required from travelers arriving from any smallpox infected area.			
NEW CALEDONIA AND DEPENDENCIES	None	II	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for New Caledonia:			
Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, Nauru, New Hebrides, New Zealand, Tonga, Western Samoa			
<i>TYPHOID</i> – New Caledonia recommends vaccination.			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
NEW HEBRIDES	None	II >1 yr.	II >1 yr.
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
NEW ZEALAND	None	None	II >3 mos.
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
NICARAGUA	None	None	I
NIGER	None	I >1 yr.	I >6 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 15 days. Niger recommends vaccination.			
NIGERIA		I >1 yr.	I >3 mos.
<i>CHOLERA</i> – A Certificate is required ONLY from travelers proceeding to countries which require a Certificate.			
NORWAY	None	None	I >1 yr.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Norway. Americas: USA, Canada Europe: All countries Africa: Canary Islands, Madeira, Morocco However, a Certificate will be required from travelers arriving from any smallpox infected area.			
OMAN	II >1 yr.	II	I
PACIFIC ISLANDS, TRUST TERRITORY OF THE USA	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, possessions and territories, Canada, Mexico Caribbean: All countries Asia: Japan (via direct flight or Guam)			

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EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
PACIFIC ISLANDS, TRUST TERRITORY OF THE USA-- (Continued)			
Oceania: Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands (via direct or trans-Hawaii flight), Papua New Guinea, Tonga, Western Samoa			
PAKISTAN	II	II	I
<i>YELLOW FEVER</i> - A Certificate is ALSO required from travelers (irrespective of age) arriving from or transiting countries in the endemic zones (see pp. 79-80).			
PANAMA	None	None	I
<i>CHOLERA</i> - Panama recommends vaccination.			
PAPUA NEW GUINEA	I > 1 yr.	II	I > 1 yr.
<i>CHOLERA</i> - Except that NO Certificate is required from travelers who have been resident in the following countries for 6 days before arriving in Papua New Guinea: Oceania: American Samoa, Australia, Australian Antarctic Territories, British Solomon Islands, Cook Islands, Fiji, Gilbert and Ellice Islands Colony, Guam, Lord Howe Island, Nauru, New Caledonia, New Hebrides, New Zealand, Norfolk Island, Society Archipelago, Tonga, Western Samoa However, a Certificate will be required from travelers arriving from any cholera infected area.			
<i>SMALLPOX</i> - Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Papua New Guinea: Oceania: American Samoa, Australia, Australian Antarctic Territories, British Solomon Islands, Cook Islands, Fiji, Gilbert and Ellice Islands Colony, Guam, Lord Howe Island, Nauru, New Caledonia, New Hebrides, New Zealand, Norfolk Island, Society Archipelago, Tonga, Western Samoa However, a Certificate will be required from travelers arriving from any smallpox infected area.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
PARAGUAY	None	II	I >6 mos.
PERU	None	II >6 mos.	I >6 mos.
PHILIPPINES	None	II >1 yr.	I
<i>YELLOW FEVER</i> – Children under one year of age arriving from infected areas are subject to isolation or surveillance.			
PITCAIRN ISLAND	II	II <i>by air</i> >1 yr.	I <i>by air</i>
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for Pitcairn Island: Americas: USA, Canada Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, French Polynesia, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga, Western Samoa <i>Arrivals by sea:</i> A Certificate is ALSO required from travelers arriving from: Asia: Bangladesh, India, Pakistan			
POLAND	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from children under 10 months of age who have not been in an infected area during the 14 days before arriving in Poland. NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Poland: Americas: USA, Canada Europe: All countries Africa: Morocco However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.			
PORTUGAL	None	II >1 yr.	II >6 mos.
<i>YELLOW FEVER</i> – A Certificate is required ONLY from travelers arriving from infected areas who are destined for the Azores and Madeira.			

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
PORTUGUESE TIMOR	None	I >1 yr.	I >3 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
PUERTO RICO	None	None	II
<i>YELLOW FEVER</i> – Puerto Rico recommends vaccination for travel to infected areas.			
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
QATAR	II	II	I
REUNION	None	II >1 yr.	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, St. Pierre and Miquelon, Surinam			
Caribbean: All countries			
Europe: All countries			
Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia			
Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey			
Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights)			
However, a Certificate will be required from travelers arriving from any smallpox infected area.			
NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in Reunion.			
RHODESIA	None	II	I
ROMANIA	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in Romania:			
Americas: USA, Canada			
Europe: All countries			

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EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
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- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
ROMANIA—(Continued)			
Asia: China (Peking), Korea (North), Mongolian People's Republic, Turkey			
Oceania: Australia			
However, a Certificate will be required from travelers arriving from these countries if any part is infected with smallpox.			
RWANDA	None	II >1 yr.	I >6 mos.
RYUKYU ISLANDS	II	II	I
(No official information has been received. These recommendations are made.)			
SAINT HELENA	II >1 yr.	None	I >1 yr.
SAINT KITTS-NEVIS-ANGUILLA	None	II >1 yr.	I >3 mos.
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas: USA, Belize, Bermuda, Canada, Guyana			
Caribbean: Antigua, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Dominica, Grenada, Jamaica, Montserrat, St. Lucia, St. Vincent, Trinidad and Tobago			
However, a Certificate will be required from travelers arriving from any smallpox infected area.			
SAINT LUCIA	None	II >1 yr.	I
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).			
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
Americas: USA, Canada			
Caribbean: Antigua, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts, St. Vincent			
However, a Certificate will be required from travelers arriving from any smallpox infected area.			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
SAINT PIERRE AND MIQUELON <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada, Greenland, Guyana, Mexico, Surinam Caribbean: All countries Europe: All countries Africa: Algeria, Canary Islands, Libyan Arab Republic, Madeira, Morocco, Tunisia Asia: Israel, Japan (by trans-polar, trans-Pacific, or trans-Siberia flights), Turkey Oceania: Australia and New Zealand (by trans-polar, trans-Pacific, or trans-Siberia flights) However, a Certificate will be required from travelers arriving from any smallpox infected area. NO Certificate is required from sea travelers who have left an infected area or a country NOT listed above 15 days before arriving in Saint Pierre and Miquelon.	None	None	I
SAINT VINCENT <i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from: Americas: USA, Bermuda, Canada Caribbean: Antigua, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guadeloupe, Jamaica, Martinique, Montserrat, Netherlands Antilles, St. Kitts-Nevis-Anguilla, St. Lucia, Trinidad and Tobago	None	None	I >3 mos.
SAMOA, AMERICAN	None	None	II
SAMOA, WESTERN <i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for Western Samoa: Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Tonga	None	II >1 yr.	I

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
SAO TOME AND PRINCIPE	None	I >1 yr.	I >3 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
SAUDI ARABIA	I	II	I
<i>CHOLERA</i> – During the period of mass congregations, usually late September to late December, a Certificate showing a single dose of vaccine administered not less than 1 week and not more than 6 months before arriving in Saudi Arabia is required from ALL travelers. In addition, travelers arriving from countries any parts of which are infected are required to possess: (1) a certificate showing that, before arriving in Saudi Arabia, they have spent 5 days in a cholera-free area in their countries which should be designated by health authorities and notified in advance to Saudi Arabia Health Authorities (time spent on board a safe vessel may be considered as a period spent in a cholera-free area provided no case appears on board): (ii) a certificate from local health authorities showing that arrivals have taken adequate doses of tetracycline or any substitute antibiotic for 4 subsequent days immediately before leaving the local infected area or during their stay in the cholera-free area.			
During the period from 24 December 1976 until amended, a Certificate is required only from travelers arriving from all countries any part of which is infected.			
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
SENEGAL	None	I >1 yr.	I >6 mos.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
SEYCHELLES	I	II >1 yr.	I
SIERRA LEONE	None	I >1 yr.	I
SINGAPORE	None	II	I >1 yr.
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zones (see pp. 79-80).			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
SOMALI	None	II	I
SOUTH AFRICA	None	II	I
<p><i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from countries in the endemic zone in Africa (see p. 79).</p> <p>A Certificate is ALSO required from travelers whose flights have originated in or transited a country in the endemic zones on unscheduled flights which use airports other than those used by scheduled airlines.</p> <p>Children under one year of age are subject to surveillance. They may not proceed to Natal or to the Lowveld of the Transvaal within 6 days of leaving an infected area.</p>			
SPAIN	None	None	II
<p><i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.</p>			
SPANISH SAHARA	None	None	II
<p><i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.</p>			
SRI LANKA (formerly CEYLON)	None	II >1 yr.	I
SUDAN	None	I >1 yr.	I
SURINAM	None	II	I
SWAZILAND	II	II	I
SWEDEN	None	None	II
<p><i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.</p>			
SWITZERLAND	None	None	II
<p><i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.</p>			
SYRIAN ARAB REPUBLIC	None	II	I >6 mos.

EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
TANZANIA, UNITED REPUBLIC OF	None	II > 1 yr.	I
<i>TYPHOID</i> – Tanzania recommends vaccination.			
THAILAND	None	II > 1 yr.	I
TOGO	None	I > 1 yr.	I > 1 yr.
<i>YELLOW FEVER</i> – Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks.			
TONGA	None	II > 1 yr.	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before departing for Tonga:			
Oceania: American Samoa, Australia, British Solomon Islands, Cook Islands, Fiji, French Polynesia, Gilbert and Ellice Islands, Nauru, New Caledonia, New Hebrides, New Zealand, Niue, Norfolk and Tokelau Islands, Western Samoa			
NO Certificate is required from children under 6 months of age who have been resident in a non-infected country for 15 days before arriving in Tonga.			
TRINIDAD AND TOBAGO	None	II > 1 yr.	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
<i>YELLOW FEVER</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
TUNISIA	None	II > 1 yr.	II > 1 yr.
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.			
TURKEY	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers arriving from:			
<i>(Continued on next page)</i>			

EXPLANATION OF CODES

- I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.
- II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.
- > Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
TURKEY (Continued) Americas: All countries Caribbean: All countries Africa: Morocco Europe: All countries Oceania: All countries However, a Certificate will be required from travelers arriving from any smallpox infected area.			
UGANDA	None	I > 1 yr.	I
UNION OF SOVIET SOCIALIST REPUBLICS	None	None	I
<i>SMALLPOX</i> – Except that NO Certificate is required from travelers who have been resident in the following countries for 14 days before arriving in the USSR: Americas: All North and South American countries Europe: All countries Asia: Mongolian People's Republic, Turkey However, a Certificate will be required from travelers arriving from any smallpox infected area.			
UNITED ARAB EMIRATES	None	II	I > 3 mos.
(formerly TRUCIAL SHEIKHDOMS)			
UNITED KINGDOM	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
UNITED STATES OF AMERICA	None	None	II
<i>YELLOW FEVER</i> – The United States recommends vaccination for travel to infected areas. <i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
UPPER VOLTA	None	I > 1 yr.	I
URUGUAY	None	None	I > 1 yr.
VENEZUELA	None	None	I > 6 mos.

EXPLANATION OF CODES

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II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

Country (Read all notes carefully)	Vaccinations required by the country		
	Cholera	Yellow Fever	Smallpox
VIET-NAM, SOUTH, REPUBLIC OF	None	II <i>by air</i> >1 yr.	I >6 mos.
<i>CHOLERA</i> – Viet-Nam recommends vaccination.			
VIRGIN ISLANDS (USA)	None	None	II
<i>YELLOW FEVER</i> – The Virgin Islands recommends vaccination for travel to infected areas.			
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
WAKE ISLAND	None	None	II
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
YEMEN	None	II >1 yr.	I
YEMEN, DEMOCRATIC	None	II >1 yr.	I
YUGOSLAVIA	None	None	II >1 yr.
<i>SMALLPOX</i> – A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.			
ZAIRE	None	II >1 yr.	I >3 mos.
<i>YELLOW FEVER</i> – A Certificate is required ONLY from travelers from infected areas arriving in or destined for that part of Zaire south of 10°S. Zaire recommends vaccination.			
<i>TYPHOID</i> – Zaire recommends vaccination.			
ZAMBIA	II >1 yr.	II >1 yr.	I >6 mos.

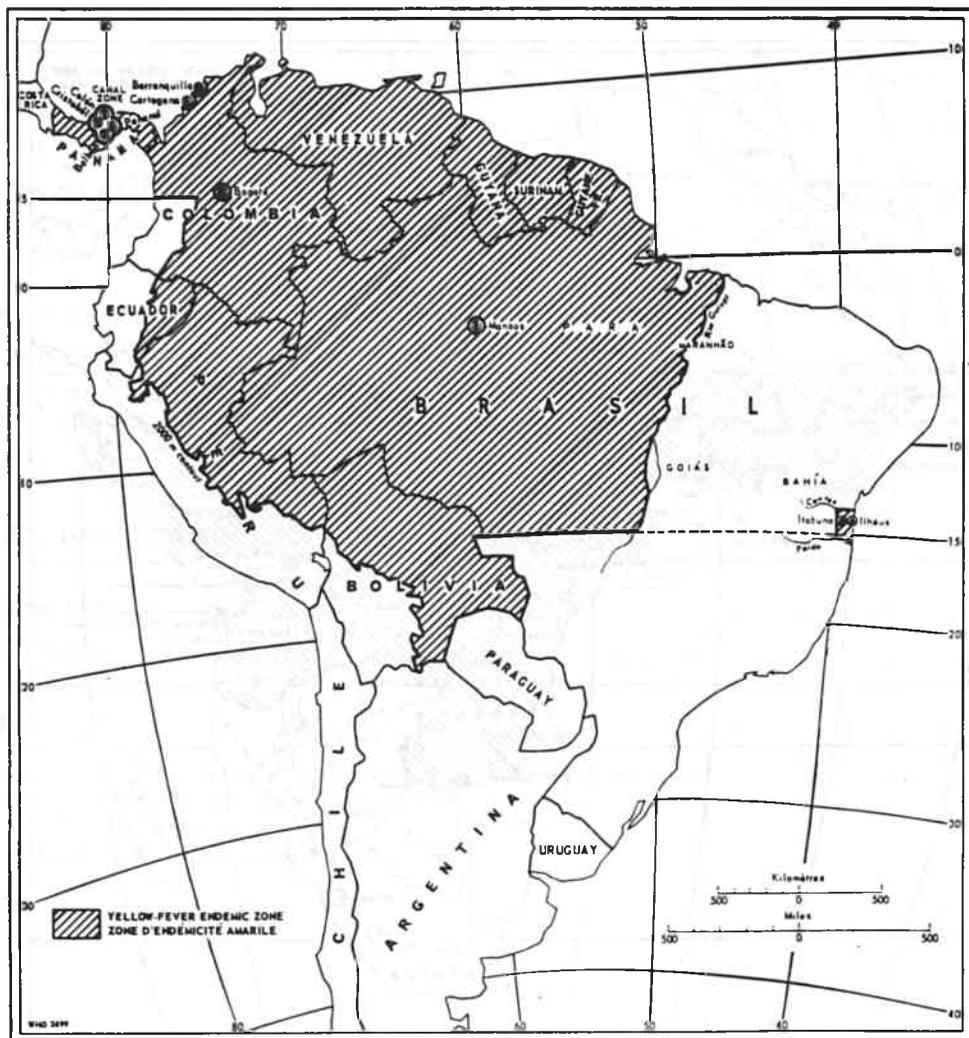
EXPLANATION OF CODES

I Vaccination Certificate required of travelers arriving from ALL COUNTRIES except as indicated in notes for individual countries.

II Vaccination Certificate required of travelers arriving from INFECTED AREAS except as indicated in notes for individual countries.

> Required only of travelers age indicated or older.

MAP SHOWING THE YELLOW FEVER ENDEMIC ZONES AMERICAS



NOTE: Although the "yellow fever endemic zones" are no longer included in the Regulations, a number of countries (most of them being not bound by the Regulations or bound with reservations) consider these zones as infected areas and require an International Certificate of Vaccination against Yellow Fever from travelers arriving from those areas. The above map has therefore been included in this publication for practical reasons.

**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333**

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