

ADDITIONAL RECOMMENDATIONS

Cholera

* *Cambodia, India, Laos, Nepal and Viet Nam*

Cholera vaccine is not recommended by any authoritative body for travel to this country. While cases of cholera have been reported, risk to travelers is minimal.

* *Swaziland*

Although immunization with cholera vaccine is not necessary for purposes of meeting entry requirements, vaccination is recommended for aid and refugee workers only. Vaccine is available in most countries, but not in the U.S.

Hepatitis A

* *Australia*

Immunization with hepatitis A vaccine is recommended for prolonged stays in remote regions of the interior.

* *Cambodia, India, Laos, Mexico, Morocco, Nepal, Swaziland, Thailand, Turkey and Viet Nam*

Immunization with hepatitis A vaccine is recommended for all travelers.

* *Greece*

Immunization with hepatitis A vaccine is recommended for travelers with adventurous dietary habits; prolonged stays; travel outside of pre-arranged fixed itineraries, including common tourist packages, especially in rural areas. Consider for all risk-averse travelers desiring maximum pre-travel preparation.

Hepatitis B

* *Australia and New Zealand*

Immunization with hepatitis B vaccine is recommended for all health care workers; the possibility of a new sexual partner during stay; prolonged stays in aboriginal or native communities. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

* *Cambodia, India, Laos, Morocco, Nepal, Swaziland, Thailand, Turkey and Viet Nam*

Immunization with hepatitis B vaccine is recommended for prolonged stays; frequent short stays in this or other high risk countries; adventure travelers; the possibility of acupuncture, dental work, or tattooing; all health care workers; the possibility of a new sexual partner during stay; and travelers with high potential to seek medical care in local facilities. Consider for short stays in risk-averse travelers desiring maximum pre-travel preparation. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

* *France*

Immunization with hepatitis B vaccine is recommended for all health care workers; the possibility of a new sexual partner during stay. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

* *Greece, Italy, Portugal and Spain*

Immunization with hepatitis B vaccine is recommended for prolonged stays; frequent short stays in this or other high risk countries; adventure travelers; the possibility of acupuncture, dental work, or tattooing; all health care workers; the possibility of a new sexual partner during stay. Consider for short stays in risk-averse travelers desiring maximum pre-travel preparation. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

* *Mexico*

Immunization with hepatitis B vaccine is recommended for prolonged stays; all health care workers; the possibility of a new sexual partner during stay. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

Japanese Encephalitis

* *Australia*

Limited risk exists on the outer islands of the Torres Strait and in the adjacent Cape York Peninsula of the mainland. Transmission is presumed to occur all year. Vaccine is recommended for prolonged stays or frequent short stays in the Torres Strait Islands only. Evening and nighttime insect precautions are recommended.

* *Cambodia*

Significant risk exists throughout the country including in Phnom Penh. Transmission season is from May to October. Vaccine is recommended for prolonged stays or frequent short stays in risk areas, shorter visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Evening and nighttime insect precautions are recommended.

*** India**

Significant risk exists in rural areas in most of the country except for Himachal Pradesh, Jammu & Kashmir, and Rajasthan. Risk is highest in Andhra Pradesh, Karnataka, and Uttar Pradesh. Transmission season is July to December in the northern risk areas. In southern India risk is greatest September to December in Andhra Pradesh, October to January in Tamil Nadu, May to October in Goa, and August to December in Karnataka (with a second peak April to June in Mandya district) but sporadic cases may appear year round. Vaccine is recommended for prolonged stays or frequent short stays in risk areas, shorter rural visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Sporadic urban cases have been reported (e.g., in Lucknow). Not recommended for short visits to usual rural tourist sites. Evening and nighttime insect precautions are recommended.

*** Laos**

Significant risk exists in rural areas throughout the country. Transmission season is from May to October. Vaccine is recommended for prolonged stays or frequent short stays in risk areas, shorter rural visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Not recommended for urban areas or short visits to usual rural tourist sites. Evening and nighttime insect precautions are recommended.

*** Nepal**

Significant risk exists in the Terai (southern lowlands) and rural areas of Kathmandu valley not usually visited by tourists. Most cases occur in southwestern districts. Transmission season is from July to December with a peak after the monsoons (August - October). Vaccine is recommended for prolonged stays or frequent short stays in risk areas, shorter visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Not recommended for visitors to Kathmandu city only or for typical high altitude itineraries. Evening and nighttime insect precautions are recommended.

*** Thailand**

Significant risk exists in rural areas throughout the country, with much higher risk in the north (Chiang Mai Valley). In the north transmission season is from May to October with epidemic peaks normally in July. In the south sporadic transmission may occur year round. Sporadic cases are reported from the suburbs of Bangkok. Recommended for: prolonged stays or frequent short stays in risk areas, shorter rural visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Not recommended for urban areas (including Chiang Mai city) or short visits to usual rural tourist sites. Evening and nighttime insect precautions are recommended.

*** Viet Nam**

Significant risk exists in rural areas throughout the country, particularly in the northern half of the country with the highest incidence in the area around Hanoi and in the Mekong and Red River deltas. Transmission season is from April to November in the north and year round in the south. Vaccine is recommended for prolonged stays or frequent short stays in risk areas, shorter rural visits by those with extensive outdoor exposure such as hikers and adventure travelers, and all long-term urban expatriates due to the likelihood of occasional rural travel. Not recommended for short-stay visitors to urban areas or short visits to usual rural tourist sites. Consider for: visits greater than 2 weeks to Hanoi. Evening and nighttime insect precautions are recommended.

Meningococcal

*** Australia and Spain**

Immunization with conjugated quadrivalent vaccine (Menactra), where available, is recommended for children 2 to 18 years of age and university students who will be living in dormitories or residence halls. Conjugated C vaccine (not available in the U.S.) is a routine infant vaccine in this country and, if unavailable in the traveler's home country, should be administered according to local dosing regimens to children less than or equal to 2 years of age upon arrival. In these countries, conjugate C vaccine should be administered upon arrival in children 2-18 who cannot obtain meningococcal meningitis conjugated quadrivalent vaccine. Conjugated C vaccine does not replace the need for quadrivalent (A, C, Y, W-135) vaccine in the event of subsequent travel to Africa or to the Hajj in Saudi Arabia. Use of quadrivalent conjugate vaccine (Menactra), currently available only in the U.S., is preferred over the older quadrivalent polysaccharide vaccine (Menomune).

Polio

*** India, Nepal and Swaziland**

One adult booster of polio vaccine is recommended (in addition to an adequate primary series according to normal indications).

Rabies

* *Australia and France*

Considered rabies-free in terrestrial animals using the WHO criteria of no animal cases in 2 consecutive years. Bat Lyssaviruses related to rabies and causing clinical rabies have, in rare instances, been reported from this country.

* *Cambodia, Laos and Viet Nam*

Risk occurs in most parts of the country. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. All dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Greece, Italy, New Zealand and Portugal*

Considered rabies-free by the WHO criteria of no animal cases in 2 consecutive years.

* *India*

High risk occurs in most parts of the country. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. All dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Mexico*

Risk occurs in many parts of the country with highest risk near the Guatemala border. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. Bat, dog, and skunk bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Morocco and Swaziland*

Risk should be presumed to occur in most parts of the country. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. All dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Nepal*

High risk occurs in most parts of the country. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. Dog and monkey bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Spain*

Continental Spain is considered rabies-free in terrestrial animals using the WHO criteria of no animal cases in 2 consecutive years. Bat Lyssaviruses related to rabies and causing clinical rabies have, in rare instances, been reported from this country. In the North African territories of Ceuta and Melilla, risk exists from dogs and bats. Rabies vaccine is recommended for occupational exposure only. Dog and bat bites or scratches while in these territories should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

* *Thailand*

High risk occurs in most parts of the country with higher risk in central areas. Rabies vaccine is recommended for prolonged stays with priority for young children. Also recommended for shorter stays at locations more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; occupational exposure; all adventure travelers, hikers, cave explorers, and backpackers. Consider for risk-averse travelers desiring maximum pre-travel preparation. All dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

*** Turkey**

Risk should be presumed to occur in most parts of the country. Rabies vaccine is recommended for occupational exposure; children with prolonged stays; adventure travelers, hikers, cave explorers, and backpackers, especially individuals who will be more than 24 hours travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment. All dog bites or scratches while in this country should be taken seriously and post-exposure prophylaxis sought even in those already immunized.

Typhoid

*** Cambodia, India, Laos, Morocco, Nepal, Swaziland, Thailand and Viet Nam**

Immunization with typhoid vaccine is recommended for all travelers.

*** Mexico and Turkey**

Immunization with typhoid vaccine is recommended for travelers with adventurous dietary habits; prolonged stays; travel outside of pre-arranged fixed itineraries, including common tourist packages, especially in rural areas. Consider for all risk-averse travelers desiring maximum pre-travel preparation.

Routine

*** Australia, Cambodia, France, Greece, India, Italy, Laos, Mexico, Morocco, Nepal, New Zealand, Portugal, Spain, Swaziland, Thailand, Turkey and Viet Nam**

An adequate primary series of tetanus/diphtheria vaccine is recommended for all travelers, plus 1 dose of Td (or Tdap) within the last 10 years. Adults who have not received at least 1 previous dose of any acellular pertussis-containing vaccine should receive Tdap vaccine at least once, in place of a Td booster. Measles/mumps: vaccine is indicated for those born in 1957 or later (1970 or later in Canada) without history of disease or of 2 adequate doses of live vaccine at any time during their life. Many countries (including the U.K.) recommend that adults need to have had only 1 countable dose at any time during their life. Pneumococcal vaccine is indicated for all adults over 65 and those with chronic disease or compromising conditions. Varicella vaccine is indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

*** Australia, New Zealand and Swaziland**

Influenza is transmitted April to September and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

*** Cambodia, Laos, Thailand and Viet Nam**

Flu is transmitted year round in the tropics and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness, or the risk of having respiratory symptoms mistaken for avian influenza infection upon return. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

*** France, Greece, Italy, Spain and Turkey**

Flu is transmitted November to April and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness, or the risk of having respiratory symptoms mistaken for avian influenza infection upon return. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

*** India**

Influenza is transmitted from November to March in areas north of the Tropic of Cancer and throughout the year in areas south of that, and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness, or the risk of having respiratory symptoms mistaken for avian influenza infection upon return. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

Mexico

Influenza is transmitted from November to March in areas north of the Tropic of Cancer and throughout the year in areas south of that, and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

Morocco, Nepal and Portugal

Influenza is transmitted November to March and all travelers are at increased risk. Vaccine is recommended for all travelers over age 50; children ages 6-23 months and close contacts of children 0-23 months; all travelers of any age with any chronic or immunocompromising conditions; women who will be pregnant at any time during the influenza season. Consider for any traveler wishing to decrease risk of influenza or non-specific respiratory illness. Consider oseltamivir/zanamivir as standby therapy or prophylaxis for those inadequately immunized.

MALARIA

Malaria Risk Summary

Country	Infected	Resistant
UNITED STATES	N	N
MEXICO	Y	N
NEW ZEALAND	N	N
AUSTRALIA	Y	N
THAILAND	Y	Y
CAMBODIA	Y	Y
VIET NAM	Y	Y
LAOS	Y	Y
NEPAL	Y	Y
INDIA	Y	Y
TURKEY	Y	N
GREECE	N	N
SWAZILAND	Y	Y
MOROCCO	Y	N
SPAIN	N	N
ITALY	N	N
FRANCE	N	N
PORTUGAL	N	N

Risk Information

** Australia*

No risk exists anywhere on mainland Australia. Minimal risk exists in the Torres Strait (between Australia and Papua New Guinea), an area off tourist itineraries.

** Cambodia*

Risk (predominantly *P. falciparum*) exists throughout the year in the whole country, except there is no risk in Phnom Penh or immediately around Tonle Sap. Risk is very high in forest and forest fringe areas, especially in the northeast, and risk is lower in the southeast. Mefloquine-resistant *P. falciparum* exists in the northwestern provinces of Otdar Mean Cheay, Banteay Mean Cheay, Siem Reab (including Angkor Wat), Preah Vihear, Batdambang, and Pouthisat.

** India*

Risk (approximately 50% *P. falciparum*) exists throughout the year and peaks after the monsoon season, which is usually June to September. Risk is widespread, though patchy, in the whole country, except there is no risk above 6,600 feet (2,000 meters) in Himachal Pradesh, Sikkim, and Jammu & Kashmir states. Risk is highest in the flood plain states of the northeast, with significant risk as well in coastal plain areas of both east and west coasts. Significant risk occurs in forest and forest fringe areas of Orissa, Jharkhand, Gujarat, Madhya Pradesh, Chhattisgarh, Maharashtra, Bihar, and Goa states. Malaria within metropolitan areas accounts for 15% of all endemic cases, but the risk is negligible for typical short-stay business and leisure travelers visiting highly urbanized city centers in the large cities, including New Delhi, Mumbai (Bombay), Chennai (Madras), Bangalore, and Hyderabad. While risk is also negligible for most travelers to Kolkata (Calcutta), it is higher for those such as aid and relief workers visiting poor areas of the city.

** Laos*

Risk (predominantly *P. falciparum*) exists throughout the year in the whole country including urban areas, except there is no risk in the city of Vientiane.

** Mexico*

Low risk (almost exclusively *P. vivax*) exists throughout the year in some rural areas of the following states: Sonora (southern areas), Chihuahua (southern areas), Sinaloa, Durango (northwestern areas), Nayarit, Jalisco (northern mountainous areas), Michoacan, Guerrero, Oaxaca, and areas bordering Guatemala or Belize in Chiapas, Tabasco, Campeche, and Quintana Roo. Some risk may be present in rural resorts; however, for travel restricted to the major resort areas in urban or well-developed areas on the Pacific and Gulf coasts (Acapulco, Ixtapa, Mazatlan, Cancun, Cozumel, Merida), travelers should use insect precautions only. Risk may exist upon leaving the proximity of Pacific resorts. Chemoprophylaxis is recommended for overnight stays in any risk area. No malaria exists anywhere along the United States-Mexico border.

* *Morocco*

Very limited risk (exclusively *P. vivax*) may exist in limited foci from May to October in Chefchaouen Province in rural areas located off typical tourist itineraries. The cities of Tangier, Rabat, Casablanca, Marrakech, and Fez do not have risk.

* *Nepal*

Risk (predominantly *P. vivax*) exists in rural areas below 6,500 feet (2,000 meters) including forested hills in Mahakali, Seti, Bheri, Rapti, Lumbinin, Narayani, Janakpur, Sagarmatha, Kosi, and Mechi provinces, especially along the Indian border. Risk is highest in Dandeldhura, Kanchanpur, Kailali, Bardia, Nawal Parasi, Kavre, Sindhuli, Mahottari, Dhanukha, Morang, Ilam, and Jhapa districts. No risk exists in the Kathmandu valley, Pokhara, or on typical high altitude itineraries. Risk exists in Chitawan National Park from June to August but is negligible during the rest of the year.

* *Swaziland*

Risk (predominantly *P. falciparum*) exists throughout the year in the sparsely populated region along the northeastern border with Mozambique.

* *Thailand*

Risk is limited to evening or nighttime exposure in rural forest/jungle areas infrequently visited by travelers: primarily international border regions with Laos in the north and east, with Burma in the west, and with Cambodia in the east. Risk is highest in the provinces of Chiang Mai, Mae Hong Son, Tak, Kanchanaburi, Ratchaburi, Chanthaburi, Trat, Prachuap Khiri Khan, Surat Thani, Sa Kaeo, and Yala. Risk is lower in most provinces of the southern isthmus and the island of Ko Phangan. There is no risk in the interior of Thailand nor in the cities and main tourist resorts (Bangkok, Chiang Mai, Chiang Rai, Pattaya, Phuket Island, Ko Samui, Ko Samet, etc.)

* *Turkey*

Risk (exclusively *P. vivax*) exists May through October in the south and southeast. The provinces with higher risk are Batman, Diyarbakir, Mardin, Sanliurfa, Siirt, and Sirnak. Risk also exists in the provinces of Adana, Adiyaman, Bingol, Bitlis, Elazig, Gaziantep, Hakkari, Hatay, Icel, Kahramanmaras, Kilis, Mus, Osmaniye, and Van. Risk is not considered to exist in Istanbul, the entire west and southwest of Turkey, at the Incirlik U.S. Air Force base, or on any usual cruise itinerary.

* *Viet Nam*

Risk (predominantly *P. falciparum*) exists throughout the year in many rural areas. Highest risk areas are in the north along the border with China, highland and forested areas below 4,900 feet (1,500 meters) south of 18 degrees N (notably the central highlands provinces of Dac Lak, Dac Nong, Gia Lai, and Kon Tum), Binh Phuoc province, and the western parts of the coastal provinces Quang Tri, Quang Nam, Ninh Thuan, and Khanh Hoa. No risk exists in the Red River delta region, the coastal plain north of Nha Trang, the area from Ho Chi Minh City (Saigon) southwest to Rach Gia, or in the cities of Hanoi, Ho Chi Minh, Da Nang, Nha Trang, Qui Nhon, and Hai Phong. Medicines that protect against malaria in this area include mefloquine (Lariam), doxycycline, or atovaquone/proguanil (Malarone). Primaquine may be used in special circumstances (G6PD testing is required).

Prevention Information

* *Australia and Morocco*

Medicines to protect against malaria are not needed. Take personal protective measures in risk areas.

* *Cambodia*

Medicines that protect against malaria in risk areas other than the northwest include mefloquine (Lariam), doxycycline, or atovaquone/proguanil (Malarone). Primaquine may be used in special circumstances (G6PD testing is required). Because mefloquine resistance is confirmed in the northwestern provinces of Otdar Mean Cheay, Banteay Mean Cheay, Siem Reab (including Angkor Wat), Preah Vihear, Batdambang, and Pouthisat, mefloquine is not an option in this area. The best drug for you depends on your itinerary and on a number of personal factors that should be discussed between you and your health care provider.

* *India, Laos, Nepal, Swaziland and Viet Nam*

Medicines that protect against malaria in this area include mefloquine (Lariam), doxycycline, or atovaquone/proguanil (Malarone). Primaquine may be used in special circumstances (G6PD testing is required). The best drug for you depends on your itinerary and on a number of personal factors that should be discussed between you and your health care provider. Take personal protective measures in risk areas.

* *Mexico and Turkey*

The medicine chloroquine protects against malaria in this area. The best drug for you depends on your itinerary and on a number of personal factors that should be discussed between you and your health care provider. Take personal protective measures in risk areas.

Thailand

Medicines that protect against malaria in this area include doxycycline or atovaquone/proguanil (Malarone). Primaquine may be used in special circumstances (G6PD testing is required). Because mefloquine resistance is reported from areas near the borders with Cambodia and Myanmar, mefloquine is not an option in Thailand. The best drug for you depends on your itinerary and on a number of personal factors that should be discussed between you and your health care provider. Take personal protective measures in risk areas.

YELLOW FEVER INFORMATION

Immunization Summary - YELLOW FEVER

Country	Inf	End	Required From	Age	See Note
UNITED STATES	No	No	None	None	
MEXICO	No	No	None	None	
NEW ZEALAND	No	No	None	None	
AUSTRALIA	No	No	Inf. Country	1 yr. *	
THAILAND	No	No	Inf. & End.	1 yr.	
CAMBODIA	No	No	Inf. Area	All	
VIET NAM	No	No	Inf. Area	1 yr.	
LAOS	No	No	Inf. Area	All	
NEPAL	No	No	Inf. Area	All	
INDIA	No	No	Inf. & List	6 mos.* / **	
TURKEY	No	No	None	None	
GREECE	No	No	None	None	
SWAZILAND	No	No	Inf. Area	All	
MOROCCO	No	No	None	None	
SPAIN	No	No	None	None	
ITALY	No	No	None	None	
FRANCE	No	No	None	None	
PORTUGAL	No	No	I.A./Special	1 yr.	

Requirement:

Official certification of vaccination is not required for entry with this itinerary sequence. Health-related requirements for a visa may be different; if a visa is necessary, be sure to inquire when applying (up-to-date requirements are not always listed on forms or web sites).

Recommendation:

Yellow fever vaccination is not needed for health protection when visiting countries on this itinerary.

*** Note:**

Additional conditions pertain for this country's requirement. Please review the requirement in the Official Health Data section of the Country Information.

**** Note:**

Direct air transit stops in a "Required From" area or country may impact the yellow fever requirement. Please review the requirement in the Official Health Data section of the Country Information.