Travel Recommendations

Afghanistan  Maldives
Bangladesh  Nepal
Bhutan  Pakistan
India  Sri Lanka

Recommended Travel Vaccines
- ☐ Hepatitis A
- ☐ Typhoid
- ☐ Rabies: consider for high risk travel or long term/frequent travel to low/medium resource countries.
- ☐ Polio vaccine: Afghanistan, Pakistan
- ☐ Japanese encephalitis vaccine: only if in rural farming areas for more than 3 weeks in Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka
  - Generally low risk for short term tourist travel and in urban areas.
  - Higher risk if spending substantial time outdoors in rural or agricultural areas.
  - Higher risk if staying in accommodations without air conditioning, screens, or bed nets.
  - High risk season: April through October.

Malaria Prophylaxis:
- ☐ Malarone: One tablet once daily; start one to two days before travel to region with malaria, every day while in at risk area, and for 7 days after leaving at risk area.
- ☐ Doxycycline: One 100mg once daily; start one to two days before travel to region with malaria, every day while in at risk area, and for 28 days after leaving at risk area.

Malaria Risk
- Afghanistan: April–December in all areas <2,500 m (8,202 ft).
- Bangladesh: All areas, except in the city of Dhaka.
- Bhutan: All rural areas <1,700 m (5,577 ft), especially the southern belt districts along the border with India: Chirang, Geylegphug, Samchi, Samdrup Jongkhar, and Shemgang.
- India: All areas throughout the country, including cities of Bombay (Mumbai) and Delhi, except none in areas >2,000 m (6,561 ft) in Himachal Pradesh, Jammu and Kashmir, and Sikkim.
- Maldives: no risk.
- Nepal: Present throughout the country at altitudes <2,000 m (6,562 ft). None in Kathmandu and on typical Himalayan treks.
- Pakistan: All areas (including all cities) <2,500 m (<8,202 ft).
- Sri Lanka: Last locally transmitted case in October 2012

Non-Vaccine Preventable Diseases:

ALTITUDE ILLNESS

The symptoms of altitude illness can range from benign to severe, but are preventable with gradual acclimatization. It is more of a risk for travelers who fly or drive directly to higher altitudes, since gradual acclimatization cannot occur.
Popular trekking destinations in Nepal:

Annapurna region: viewpoints that are not at high altitude can be reached; however, the highest point can be 5400m/17,700ft.

Langtang region (highest point: 4200m/14,000ft)

Mount Everest region: trekkers usually fly into Lukla (2860m/9300ft) and travel to Namche Bazaar at (3440m/11,290ft). Trekkers routinely sleep at 4200-4800m/14,000-18,000ft and hike to altitudes >5480m/18,000ft.

Trekkers are at significantly greater risk for the more serious manifestations of altitude illness such as high altitude cerebral edema (HACE) and high altitude pulmonary edema (HAPE). All trekkers must be aware of the symptoms of altitude illness in themselves and their companions. If symptoms develop, immediate descent and medical attention is urgent.

☐ Acetazolamide (125 mg twice daily): start 24 hours before ascent and continue daily for two or more days. May cause increased urination and numbness in extremities. Caution with sulfa allergy.

Avoid Bug Bites to Protect against:

Dengue

• Risk in urban and residential areas
• Leading cause of febrile illness among travelers returning from the Caribbean, South America, and South and Southeast Asia.

Chikungunya

• Mosquitoes carrying disease bite during the day and night, both indoors and outdoors, and often live around buildings

See General Travel Advice for more information on personal safety and security, food and water precautions, malaria and how to avoid bug bites.

For the Most Up To Date Information:

Centers for Disease Control Travelers’ Health: http://wwwnc.cdc.gov/travel/

State Department (Travel Alerts and Warnings): http://travel.state.gov/

Travel Registration with Embassies: https://step.state.gov/step/

State Department Smart Travel for Students Abroad: http://studentsabroad.state.gov/