

## Itinerary

Round Trip: United States → Fiji → United States

## Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- Vaccine-Preventable Diseases: COVID-19, dengue, hepatitis A, influenza, rabies, typhoid fever
- Other Diseases: arboviral infections, brucellosis, helminths, leptospirosis, sexually transmitted infections, travelers' diarrhea, tuberculosis, Zika

## Yellow Fever

### Requirement Information (for entry)

#### Is yellow fever vaccine an official entry requirement for this itinerary?

**NO.** An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

**Visa application:** Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

#### Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
FIJI	No	Country with Transm. Risk	≥ 1 year	2

**Note 2:** Airport transit stops (no exit through immigration checkpoint) in a "Required if Coming From" country may impact the YF requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and evaluate whether a traveler's transit stops may change the YF requirement result.

### Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

#### Fiji

A certificate proving yellow fever vaccination is required for travelers aged ≥ 1 year coming from countries with risk of YF transmission. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk countries.

## Recommendation Information (for health protection)

### Is yellow fever vaccine a recommended protective measure for this itinerary?

**NO.** Vaccination is not necessary as a protective measure for any country on this itinerary.

## Vaccinations

**Routine vaccinations** are essential due to a persistent global rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles). Prior to travel, travelers should be up-to-date with the age-appropriate and risk-based routine vaccinations recommended by their home country, which may include:

- COVID-19
- *H. influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B: Protection is especially important for those at increased risk.
- Herpes zoster
- Human papillomavirus
- Influenza
- Measles, mumps, rubella: A single early dose is recommended for travelers aged 6-11 months.
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis: Tdap preferred; consider an early pertussis booster for high-risk travelers.
- Varicella

**Long-stay children** should be vaccinated (prior to departure if possible) according to destination-country vaccination schedules as applicable (which may differ from that of the home country and require off-label administration); schedules for multiple countries globally can be found at WHO Immunization Data and for European countries only at European CDC Vaccine Scheduler.

Travel-specific vaccination recommendations are noted below as appropriate.

## All Travelers

### COVID-19

#### Recommendation (for health protection)

##### Fiji

Risk exists throughout the year. Peaks generally occur during influenza season, although off-season peaks also occur.

*Recommended for:* all travelers aged  $\geq 6$  months.

#### Vaccination Considerations

##### Fiji

Travelers are advised to stay current with local COVID-19 vaccination recommendations and to consider transmission activity at their planned destinations. Travelers at highest risk (e.g., those with chronic cardiopulmonary disease or immunocompromise) should consider early booster vaccination, carrying Paxlovid (nirmatrelvir/ritonavir) or another self-administered antiviral therapy, and rapid diagnostic tests. Prophylactic administration of monoclonal antibodies for those at highest risk of poor outcomes may also be considered, especially during periods of peak transmission at their destination or in transit hubs.

## Dengue

##### Fiji

Significant risk exists in urban and rural areas throughout the country, especially on Vita Levu Island. Transmission occurs throughout the year, especially during the rainy season, with highest activity from January through June.

*Recommended for:* all travelers aged 4-60 years. Qdenga (Takeda) is the only vaccine approved for travelers (not yet approved in the US). Countries differ in their recommendations for use in children; see Indications for Vaccination for more information.

Travelers should observe insect precautions; mosquitoes that transmit dengue can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

## Hepatitis A

### Fiji

High risk exists and is presumed to have widespread distribution.

*Recommended for:* all travelers.

## Influenza

### Fiji

Risk exists throughout the year, with highest activity usually occurring from January through June.

*Recommended for:* all travelers; risk during transit should be considered.

## Vaccination Considerations

### Fiji

Travelers who have not received the currently available vaccine formulation should be vaccinated against influenza. Travelers who received the current formulation more than 6 months earlier should consider revaccination because immunity may have declined. Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or who are inadequately vaccinated.

## Most Travelers

### Typhoid fever

#### Fiji

Risk exists and is presumed to have widespread distribution.

*Recommended for:* most travelers, especially those with adventurous dietary habits; those without consistent access to safe food and water; those with prolonged stays (> 1 month); and those traveling outside common tourist packages and other prearranged fixed itineraries, especially in rural areas.

*Consider for:* all risk-averse travelers desiring maximum pretravel preparation.

## Generally Not Recommended

### Rabies

#### Fiji

Risk of lyssavirus from bats exists and is presumed to have widespread distribution. Rabies is not present in dogs or other mammals.

#### **Preexposure preventive measures:**

*Recommended for:* all travelers likely to have contact with bats.

Travelers should observe animal bite precautions.

#### **Postexposure prophylaxis considerations:**

Bat bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated. Other mammal bites or scratches are less likely to involve rabies but should still be carefully assessed for risk of rabies by a qualified health care provider.

Travelers should practice proper wound care.

## Malaria

No evidence of sustained local transmission exists.

## Travelers' Diarrhea

### Fiji

Moderate risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures may be inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

## Other Concerns

### Zika

#### Fiji

Negligible risk may exist, but current epidemiologic data are unavailable. No cases have been reported since 2016. Travelers, especially pregnant women, should observe insect precautions; mosquitoes that transmit Zika can bite throughout the day but have peak activity in the early morning, late afternoon, and evening.

### Leptospirosis

#### Fiji

Risk exists throughout the country. Travelers should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and consider preexposure prophylaxis with doxycycline (200 mg once per week).

### Tuberculosis

#### Fiji

Tuberculosis (TB) is common in all developing countries and presents risk in certain developed countries. TB incidence in this country is 25 to 100 cases per 100,000 population (not the highest risk category).

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative.

Travelers should avoid crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

### Brucellosis

#### Fiji

Low risk exists throughout the country. Travelers should avoid consumption of unpasteurized dairy products and meat that is raw, undercooked, or unlikely to have been inspected. Travelers should also avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides.

## Sexually transmitted infections

### Fiji

Most travel increases the risk for all sexually transmitted infections (STIs), with an increased risk of mpox for persons (and partners of persons) who have behavioral risk factors; risk for persons outside these groups is low. HIV is estimated to be present in more than 1% of the adult population, compared to less than 1% in most countries. Travelers should be counseled on the risk factors for STIs, indications for mpox vaccination and short-term preexposure prophylaxis (PrEP) against HIV (with Truvada or other approved PrEP medication), and observation of safer-sex practices.

## Visa/HIV Testing

### Fiji

HIV testing is required to obtain a work or residence visa.

## Seafood poisoning

### Fiji

Risk of ciguatera poisoning exists and is presumed to have widespread distribution. Travelers should avoid consumption of reef fish and their predators. Fish species and local names vary by region but commonly include barracuda, grouper, jacks, snappers, sharks, moray eels, and lionfish. The toxin responsible for poisoning remains even when these fish are thoroughly cooked.

## Marine hazards

### Fiji

Risk from potentially deadly Australian box jellyfish exists throughout the year. Travelers wading, launching boats, or fishing are especially at risk.

Risk from coral (including fire coral), stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

## Arboviral infections

### Fiji

Negligible risk of Ross River fever exists and is presumed to have widespread distribution. Travelers should observe insect precautions.

## Helminths

### Fiji

Low risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should observe strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

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### Additional Information by Country

## Fiji

### Medical Summary

#### General Information

Fiji is a developing nation classified as upper middle income. Located in the South Pacific Ocean (east of Australia), the climate is classified as humid equatorial (no dry season).

## Medical Care

Adequate medical care that meets many international standards is available in Suva. Any serious medical condition will usually require evacuation. Auckland, New Zealand is a frequent destination. Adequate evacuation coverage for all travelers is a high priority. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. Shortages of routine medications and supplies are common.

The national medical emergency number is 911. Reliable ambulance services do not exist. A taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital.

The closest hyperbaric chamber for diving injuries is located in Auckland, New Zealand or Port Vila, Vanuatu.

Upfront payment by cash, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers.

## Safety and Security

### Key Safety Risks

- Road conditions
- Public transportation
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Natural disasters

### Key Security Threats

- Risk of violent protests
- Occasional violent crime

### Emergency Contacts

The national emergency number is 911.

### Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

### Crime

Moderate risk of violent crime (armed robbery, home invasion, sexual assault, and assault) and moderate risk of petty crime exist throughout the country, especially in Suva and other cities.

### Natural Hazards

The rainy season is from November through April, coinciding with the cyclone season. Floods, mudslides, and landslides may occur.

Seismic activity occurs.

### Terrorism

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

### Transportation Safety

Road conditions vary, with mostly paved (but poorly maintained) roads in towns; most other roads are unpaved. Many roads are unlit. During cyclone season (November-April), landslides and flooding may make roads (including the road to the airport) and bridges impassable.

Public transportation (minivans and public buses) is unsafe.

Official taxis and minibuses (with a yellow license plate) from reputable companies with well-maintained vehicles are generally safe and reliable.

Travel by boat or ferry on coastal waters is safer with reputable tour operators.

## Water Safety

Hazardous water conditions (including currents, tides, and undertows) may occur, especially along reefs and in river estuaries. Heed posted warnings and avoid beaches that are not patrolled. Do not swim alone or after dark and do not walk on any beach after dark.

Basic safety standards for recreational water activities (including scuba diving, snorkeling, jet-skiing, rafting, kayaking, and tubing) are often not in place. Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI and use equipment only from PADI- or NAUI-certified dive operators.

## Cross-Cultural Considerations

### Official Name, Nationality

- Official Name: Republic of Fiji
- Nationality: Fijian

### Conversation

Avoid criticizing the current government or political situation; restrictions on free speech exist. Hate speech based on religious affiliation is illegal. Avoid speaking in a raised voice; soft-spoken voices are respected. Rugby sevens is a very popular sport.

### Currency

The official currency is the Fijian dollar (FJD).

Some ATMs may not accept foreign bank cards. Major credit cards are widely accepted. Credit card fraud and ATM fraud occur, including ATM card skimming.

### Dress

Lightweight, natural fiber clothing is most comfortable. In resorts, bathing suits and beach attire are appropriate; topless and nude sunbathing is prohibited. Outside resorts, men and women should avoid wearing shorts and sleeveless shirts. Women should carry a wrap (*sulu*, sarong, pareo) for modesty, as bare shoulders may be offensive. Cover shoulders and knees when visiting rural villages and during *kava* (*yaqona*) ceremonies. Shoes are removed when entering a house.

### Food

Local meals may include starchy staple (taro, yam, sweet potato, rice, flatbread), coconut milk sauces, and seafood. South Asian curries and chutneys are widely eaten.

*Kava* (*yaqona*) is a local beverage used in ceremonial and social occasions; if offered kava during a *yaqona* ceremony, it is rude to decline a sip. Its sale is widely prohibited in other regions of the world.

### Gestures, Touching, and Personal Space

Avoid public displays of affection outside resort areas. Avoid touching a Fijian's head.

### Gifts

Fiji has a complex, traditional system of gift exchange.

### Language(s)

English, Bau Fijian, and Hindustani (Fiji-Hindi) are official languages. English is widely spoken.

## Personal

Homosexual activity is not illegal, but is not widely accepted in Fijian society. LGBTQ+ persons may experience violence, discrimination, and harassment. Avoid same-sex public displays of affection, especially in rural areas.

## Photography

Some sites prohibit photography for cultural or security reasons. Ask permission before photographing people, other than in performances.

## Religion

Freedom of religion is provided by law. The population is majority Christian (especially Methodist), with significant Hindu and Muslim minorities.

## Time

Local notions of time can be relaxed.

## Tipping

The local preference is for communal tipping, where tips are shared. Resorts may have a "Staff Christmas Fund" box for this purpose.

# Basic Protective Measures

*Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.*

## Health

### Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
  - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
  - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
  - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
  - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
  - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.

- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

## Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.
- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.
- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

## Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

## Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis

(bilharzia).

- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.

## Rabies

- Never assume that a bat is free of rabies.
- Don't handle bats. Children need to be closely supervised.
- If bitten, scratched, or licked on broken skin by a bat, cleanse the wound immediately with soapy water, and seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure). Consider seeking postexposure prophylaxis if in the same room as a bat with any possibility of direct contact, even if not directly observed.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.

## Skin/Wound Care

*Extra vigilance, as outlined below, is recommended.*

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.
- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

## Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

## Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical

condition and the medications and/or medical supplies being carried.

- If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

## Safety

### Safety and Crime Avoidance

*Extra vigilance, as outlined below, is recommended.*

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.
- Register a foreign trip and residence information with the Department of State at [travelregistration.state.gov](http://travelregistration.state.gov) (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

### Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

### Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.
- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.

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*Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.*

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