

Itinerary

Round Trip: United States → Rwanda → 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:** chikungunya, cholera, COVID-19, dengue, Ebola disease, hepatitis A, influenza, mpox, rabies, typhoid fever, yellow fever
- **Malaria**
- **Other Diseases:** anthrax disease, arboviral infections, brucellosis, filarial infections, helminths, leptospirosis, plague, schistosomiasis, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus, Zika

Current Health Bulletins

Mpox

Rwanda

Mpox

Updated Jan 22, 2026 (Posted Aug 14, 2024)

According to WHO and regional health authorities, mpox outbreaks (Clades I and II), partially driven by sexual transmission, have been reported in many African countries (mainly in East Africa, although travel history to countries not otherwise known to have local Clade Ib mpox cases has also occurred) since January 2024. Since January 1, 2025, eighty-one cases of mpox Clade Ib have been reported in travelers returning from Africa (Angola, Democratic Republic of the Congo, Kenya, Rwanda, Tanzania, Uganda, and other unspecified countries); 16 cases were reported in travelers in 2024. Some of these cases have been associated with limited onward transmission. Clade I mpox has been associated with more severe disease. WHO considers the overall global and regional risks to be moderate for clades Ib and II and to be low for clades Ia and IIb. The actual magnitude of the outbreaks in many countries is likely underestimated due to insufficient testing capabilities. Countries with laboratory-confirmed cases (as of January 22, 2026) since January 1, 2025, include:

Country	Clade	Cases in the Past 6 weeks	Laboratory-Confirmed Case Counts	Laboratory-Confirmed Deaths	Trend	Geo
Rwanda	Ib	0	> 45	0		Kigali, Eastern, and Western provinces

Travelers may be subject to health screening (e.g., temperature checks, health questionnaires, and visual inspections for rashes) at inter-African land borders, transit stops, or ports of entry at their destination if they have recently visited any of the aforementioned countries or other mpox-affected countries.

Travelers should avoid close contact with persons with symptoms consistent with mpox; observe hand and respiratory hygiene and safer-sex practices; and avoid consumption of bushmeat and direct contact with rodents and other animals in affected areas. Mpox vaccination is recommended for persons (regardless of sexual orientation or gender identity) traveling to countries with Clade I mpox outbreaks and who anticipate high-risk sexual activity (e.g., sex with a new partner, at a commercial venue, in exchange for money or drugs, or in association with a large public event). Vaccination is also recommended for high-risk persons traveling to any country with mpox (regardless of clade) and for persons with known, suspected, or anticipated exposure to someone with mpox.

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	
RWANDA	No	Country with Transm. Risk	≥ 1 year	

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.

Rwanda

A certificate proving yellow fever vaccination is required for travelers aged ≥ 1 year coming from countries with risk of YF transmission. This does not apply to airport transit stops (no exit through immigration checkpoint) in risk countries.

Recommendation Information (for health protection)

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

NO. Vaccination is not recommended except for highly risk-averse and long-stay travelers. See additional information below.

Individual Country Recommendations

Rwanda

Vaccination is generally not recommended (except for highly risk-averse travelers and long-stay travelers). No human or non-human primate cases of YF have ever been reported. Data indicate that the only historical evidence for YF virus transmission is from serosurveys that demonstrated very low rates of possible exposure. Travelers aged ≥ 60 years should not be vaccinated.

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)

Rwanda

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

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Rwanda

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.

Hepatitis A

Rwanda

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Influenza

Rwanda

Risk exists from January through July, although off-season transmission can occur.

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

Vaccination Considerations

Rwanda

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.

Typhoid fever

Rwanda

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Some Travelers

Chikungunya

Rwanda

Although no human cases have been reported, potential risk may exist based on serosurveys.

Consider for risk-averse travelers in the following groups who desire maximum pretravel preparation: travelers aged ≥ 12 years with a prolonged stay ≥ 6 months.

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

Cholera

Rwanda

Very low risk exists and is presumed to have widespread distribution.

Travelers, regardless of vaccination status, should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing) and carry empiric antibiotic therapy (azithromycin) and oral rehydration solution (ORS) for self-treatment if any moderate-to-severe diarrhea develops. Travelers who develop watery diarrhea should ensure adequate intake of clean water and avoid high sugar (high osmolality) beverages. In case of severe, watery diarrhea, oral rehydration (ideally with an ORS) should be considered if oral fluids are tolerated.

Mpox

Rwanda

Very low risk exists throughout the country; person-to-person transmission has been recognized. Travelers should avoid close contact with persons with symptoms consistent with mpox and should observe hand and respiratory hygiene and safer-sex practices.

Recommended for: High-risk persons and persons with known, suspected, or anticipated exposure to someone with mpox.

Rabies

Rwanda

Significant risk from dogs exists throughout the country.

Preexposure preventive measures:

Recommended for prolonged stays: all travelers and expatriates, with a priority for young children.

Recommended for short stays: adventure travelers, hikers, cyclists, and cavers; travelers going to locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

Consider for: risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe animal bite precautions.

Postexposure prophylaxis considerations:

Dog, bat, and other mammal (including cat) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

Generally Not Recommended

Dengue

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable.

Ebola disease

Rwanda

No human cases have been reported, but neighboring countries have reported outbreaks.

Malaria

Malaria General Information

Rwanda

General malaria information: predominantly *P. falciparum*. Extremely high transmission occurs throughout the year at elevations below 1,800 m (5,900 ft).

Malaria Recommendations

Note on Elevation

One or more countries on your itinerary have no evidence of sustained local transmission above certain elevations. When travel to higher elevations requires passage through areas where preventive measures are indicated, providers are advised to issue recommendations accordingly.

Rwanda

No evidence of sustained local transmission exists at elevations above 2,500 m (8,200 ft).

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout elevations below 1,800 m.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout elevations between 1,800m and 2,500 m.

No preventive measures are necessary (no evidence of sustained local transmission exists): elevations above 2,500 m.

Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Medical attention is necessary for persistent or recurrent febrile illness within 12 months after travel to a malaria risk area. Include mention of travel history.

Rwanda

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Due to risk of adverse events, mefloquine should be reserved for travelers for whom it has clear advantage over other chemoprophylaxis options. Effective antimalarial drugs may not be available in this country. Travelers staying longer than 3 weeks should consider carrying a treatment dose of co-artemether or atovaquone-proguanil in case their protective medicines fail (treatment dose should be administered under the supervision of a qualified local health care provider).

Issues to Consider	
Factors favoring chemoprophylaxis	Factors against chemoprophylaxis
<ul style="list-style-type: none"> • Adventure travel • Risk-averse and vulnerable travelers • Areas subject to infrequent epidemics • Immigrants visiting friends and relatives • Flexible itineraries • Travel longer than 1 month • Unreliable medical expertise and/or treatment drugs at destination 	<ul style="list-style-type: none"> • Air-conditioned hotels only • Urban areas only • Nontransmission season • Minimal outdoor exposure • Travel shorter than 3 days
For more information, see <i>Technical Explanation of Malaria Mapping</i> .	

Travelers' Diarrhea

Rwanda

High risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures are generally 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

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable. 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.

West Nile virus

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable.

Leptospirosis

Rwanda

Risk may exist, but either cases are not reported or those that are reported are rare. Risk-averse travelers whose itineraries include exposure to fresh water should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and may consider preexposure prophylaxis with doxycycline (200 mg once per week).

Schistosomiasis

Rwanda

Significant risk exists throughout the country, especially in Kigali and in Kivu, Burera, Rweru, and Muhanzi lakes. Travelers should avoid freshwater exposure. If exposed to fresh water, discuss with a travel-medicine provider upon return.

Tuberculosis

Rwanda

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

Rwanda

Significant 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

Rwanda

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 3% of the adult population (compared to < 1% in most countries) and is estimated to be present in more than 35% of sex workers. Travelers should be counseled on risk factors for STIs, short-term preexposure prophylaxis (PrEP) against HIV (with Truvada or other approved PrEP medication), and observation of safer-sex practices.

Visa/HIV Testing

Rwanda

HIV testing is not required to obtain a tourist, work, or residence visa.

Snakebites

Rwanda

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

Viral hemorrhagic fevers

Rwanda

Current country-specific epidemiologic data are unavailable. However, this country is in an area of higher-than-average risk for Crimean-Congo hemorrhagic fever. Tick precautions should be considered.

Low risk of Marburg disease exists and is presumed to have widespread distribution. The last outbreak occurred in 2024. Travelers should avoid entering caves, contact with bats and nonhuman primates, and direct contact with corpses or blood/bodily fluids of acutely ill persons.

Arboviral infections

Rwanda

Very low risk of Rift Valley fever exists in rural and agricultural areas in Eastern, Kigali, Southern, and Western provinces. Travelers should observe insect precautions in affected areas, including in game reserves, and avoid contact with animal tissue

or blood and the consumption of unpasteurized milk or raw meat.

Filarial infections

Rwanda

Although this country is thought to be endemic for onchocerciasis, disease burden does not reach the ministry of health threshold for mass drug administration. Infection in travelers is unlikely.

Helminths

Rwanda

Low risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas throughout the country, mainly in western areas. 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).

Anthrax disease

Rwanda

Negligible risk exists and is presumed to have widespread distribution. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Plague

Rwanda

Although no human cases have been reported, potential risk exists along the border with Tanzania due to established endemicity in that country. Travelers should avoid contact with potentially infected rodents and their fleas.

Additional Information by Country

Rwanda

Medical Summary

General Information

Rwanda is a developing nation classified as low income. Located in central Africa (north of Burundi and south Uganda), the climate is classified as humid equatorial (long dry season) in the east, with cooler temperatures in some high-altitude areas.

Medical Care

Medical care is extremely limited throughout the country. Any serious medical condition will usually require evacuation. Nairobi, Kenya and Johannesburg, South Africa are frequent destinations. Adequate evacuation coverage for all travelers is a high priority. Shortages of routine medications and supplies are common.

For a private ambulance in Kigali, call King Faisal Hospital at [+250] 588-888. For a public ambulance anywhere in the country, call 912. The national medical emergency number is 112. Public ambulances are not reliable. 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.

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

Consular Travel Warning

Updated Sep 5, 2025 (Posted Nov 13, 2014)

Avoid travel to Rubavu and Rusizi districts within 10 km (6.1 mi) of the border with Democratic Republic of the Congo.

Key Safety Risks

- Road conditions
- Public transportation
- Petty crime
- Natural disasters

Key Security Threats

- Risk of violent protests
- Potential spillover of armed conflict
- Cross-border threats in areas bordering Burundi, Democratic Republic of the Congo, and Uganda
- Explosions in public places
- Occasional violent crime

Emergency Contacts

The police emergency number is 112; the line may not be answered.

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

Low risk of violent crime (armed robbery and home robbery) and low risk of petty crime exist throughout the country, mainly in Kigali and in crowded places.

Theft of valuables from unattended vehicles and accommodations is common.

Cybersecurity

State surveillance occurs.

Internet content is monitored and censored.

Cybercrime, including a wide range of internet scams, occurs.

Natural Hazards

The rainy seasons are from February through May and from September through December. Floods, mudslides, and landslides may occur.

Seismic and volcanic activity frequently occurs, especially in northwestern areas.

Terrorism

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

Transportation Safety

International borders may lack visible demarcation. The border with Burundi is closed. Other border crossings may close on short notice.

Advance permission is required from the Rwanda Office of Tourism and National Parks to travel to Volcanoes National Park (Parc National des Volcans) and Nyungwe Forest; a military escort may be provided for security reasons.

The traffic fatality rate is very high. Travel by road is unsafe at night outside of cities.

Many secondary and unpaved roads are accessible only by 4-wheel-drive vehicle. During the rainy seasons (February-May and September-December), landslides, flooding, and mudslides may make roads and bridges impassable.

Official city buses, which are orange striped, are generally safe in Kigali. Minibus taxis and motorcycle taxis are unsafe. Grenade attacks occasionally occur, including attacks on taxis and bus stops in Kigali and Ruhengeri (Musanze).

Official, licensed taxis have a golden-orange stripe. Hired cars with drivers are typically arranged through hotels or travel agencies.

Life-saving equipment is not always available on ferries or boats on Lake Kivu.

The US Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in compliance with international aviation safety standards.

Unsafe Areas

Armed conflict occurs, a dangerous security environment exists, and armed groups are present in areas bordering Burundi and the Democratic Republic of Congo.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Republic of Rwanda
- Nationality: Rwandan or Rwandese

Conversation

Rwandans exchange greetings and small talk before discussing business. Daily life and the beauty of local landscapes are popular topics. Rwandans tend to be reserved and consider personal matters private, although religion may be mentioned. People may avoid saying anything that might upset the person with whom they are speaking. If the topic of family comes up, be aware that many people lost family members in the recent civil war. Avoid discussing the highly sensitive topics of politics, ethnicity, war, and sex.

Insulting the president, members of parliament, members of the cabinet, and other public servants may be illegal. Hate speech based on language, religion, or ethnic, regional, or racial background is illegal. The law prohibits speech that incites discrimination, sectarianism, or genocide. Genocide denial is illegal. Laws governing appropriate speech about genocide are strictly enforced.

Use respectful terms of address until invited to be more informal (when speaking French, use *vous* instead of *tu*).

Currency

The official currency is the Rwandan franc (RWF). The US dollar (USD) may also be accepted. Most banks, exchange facilities, and shops will not accept or exchange USD bank notes printed before 2009; hotels or exchange facilities may refuse to accept USD in denominations smaller than USD100.

The economy is predominantly cash based. Travelers should use electronic payment or online banking whenever possible. Some ATMs may not accept foreign bank cards. Travelers should confirm what payment type will be accepted in this country.

Dress

Professional attire is preferred for business (jacket is optional). Rwandans take great care with personal appearance, so shoes should be well polished. Women can wear pants in Kigali or Butare but if working in a rural area, wear a knee-length (or longer) skirt or dress. Rwandans often wear bright colors and varied patterns.

Food

Brochettes (grilled meats) or fish and chips are popular for dinner. A traditional meal might include beans, tubers (sweet potatoes, manioc, plantains), and stewed meat, with peanut soup on the side. When socializing, brochettes and drinks are usually purchased by the person who invites the others. Beer and soft drinks (fanta) should be ordered cold (*ikonje*) if that is desired.

Rwandan women rarely drink alcohol; while visiting women do, they may want to take care in rural areas, where it may not be as acceptable as in cities.

Gestures, Touching, and Personal Space

Greet with a handshake; holding hands may be maintained through the greetings and sometimes the entire conversation, or while walking. Men often hold hands and embrace when familiar. Demonstration of affection between men and women is usually limited to greetings. For most Rwandans, looking directly in someone's eyes is seen as impolite or brash, especially between people of different social status. Rwandans stand about arm's length distance apart. Self-composure is well regarded, so avoid expressing anger or speaking in a raised voice.

Language(s)

Kinyarwanda, English, and French are the official languages. Kiswahili is also used in commerce. Bantu languages are also spoken.

Names/Titles

Use academic/professional/religious titles when known (*Monsieur/Madame/Mademoiselle* as default). When familiar, people address each other by a single name, which is usually their non-Kinyarwanda name. (Last names are usually given to individuals and are not "family names" as in the West, where a child inherits the father's last name. Siblings with the same father may have different last names. Conversely, the same last name does not mean that people are related.)

Personal

Homosexual activities are not illegal, but homosexuality is not widely accepted in Rwandan society. Avoid same-sex public displays of affection.

Photography

Photography of government buildings, military sites, airports, and public monuments is prohibited. Such sites are not always clearly marked. Use of aerial drones (including for photography or filming) requires a permit. Avoid taking photographs in border areas.

Protocol/Etiquette

Greet and stand to shake hands with each person individually. Close friends and family may embrace (and kiss on the cheek, if female) 3 times, alternating sides. To show respect, grasp the right forearm with the left hand when shaking hands or accepting or giving something (e.g., business card or drink).

Religion

Freedom of religion is provided by law. The population is majority Christian (roughly half Catholic, half Protestant), with a small (mostly urban) Muslim minority. Religion is very important to Rwandans, and people often refer to faith in their greetings (i.e., "Praise Jesus" may be used instead of "Good morning").

Time

Be punctual for business meetings, but understand that local notions of time can be very relaxed. Priority is often given to family obligations, especially funerals, weddings, or family illness.

The last Saturday of each month is *umuganda*, a national day of community service, during which most normal services are closed until 11:00 a.m.

Other

Single use plastic bags are banned, including in traveler luggage.

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 an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

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 (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.

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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