

Itinerary

Round Trip: United States → Nepal → 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, hepatitis A, influenza, Japanese encephalitis, polio, rabies, typhoid fever
- Malaria
- Other Diseases: anthrax disease, brucellosis, helminths, leishmaniasis, leptospirosis, melioidosis, plague, rickettsial infections, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus

Current Health Bulletins

Influenza

Nepal

Seasonal Influenza; Growing Mismatch of A(H3N2) Vaccine Strain

Updated Jan 23, 2026 (Posted Oct 20, 2025)

Northern Hemisphere seasonal influenza rates have moderately increased in Japan and South Korea and moderately decreased in Canada, China, Europe, Southeast Asia, and the US since the last report. As of epidemiological week (EW) 1 (January 4-10) in 2026, seasonal influenza activity is above the average in Canada and China; above the baseline in the US; and below the average in Europe, Japan, South Korea, and Southeast Asia. In vitro antigenic and serological analyses show that the current vaccine formulations are poorly matched to the predominant circulating strain of A(H3N2), with a mismatch of 92% in Canada (84% of all isolated strains), 91% in England (87% of all isolated strains), and 96% in the US (85% of all isolated strains). The vaccine formulations remain well-matched to circulating A(H1N1) and B/Victoria strains in North America, Europe, and East Asia, and A(H3N2) in Europe and East Asia.

Despite a vaccine mismatch against A(H3N2), early estimates suggest that influenza vaccination continues to provide protection against hospitalization (72%–75% for children and 32%–39% for adults) and protection against clinical disease at the primary care level (52% for children and 57% for adults). For additional information, see the full Northern Hemisphere Seasonal Influenza report.

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 | |
| NEPAL | No | Country with Transm. Risk | ≥ 9 months | 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.

Nepal

A certificate proving yellow fever vaccination is required for travelers aged ≥ 9 months 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)

Nepal

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

Nepal

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

Nepal

Significant risk exists in urban and rural areas throughout the country (including the capital city of Kathmandu) at elevations below 2,300 m (7,500 ft), especially in Bagmati Pradesh and Gandaki Pradesh provinces. Transmission occurs from April through December, especially during the rainy season, with highest activity from August through November.

Recommended for: all travelers aged 4-60 years with travel to risk areas. 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

Nepal

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Influenza

Nepal

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

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

Vaccination Considerations

Nepal

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

Nepal

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Some Travelers

Chikungunya

Nepal

Risk exists in urban and rural areas at elevations below 2,300 m (7,500 ft) along the border with India (Terai region) and in Bagmati Pradesh and Gandaki Pradesh provinces.

Consider for: 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.

Japanese encephalitis

Nepal

Low risk exists in agricultural areas throughout the country, including the Kathmandu Valley at elevations below 1,500 m (5,000 ft), especially in the southern lowlands (Terai region). Transmission occurs from June through October, with peak activity from August through September.

Recommended for prolonged stays (i.e., ≥ 1 month): all travelers during the transmission season.

Recommended for short stays: travelers going to rural areas, especially those with anticipated extensive outdoor exposure during the transmission season.

Not recommended for: travelers on typical high-altitude treks; travelers going to urban areas only; day trips and short overnight trips to usual tourist sites in rural areas; or travel outside of the transmission season.

Insect precautions are recommended; mosquitoes (mainly *Culex* species) that transmit Japanese encephalitis virus are generally night biters but have peak activity at dusk and again at dawn and may bite during the day.

Rabies

Nepal

Significant risk from dogs exists throughout the country, especially in the southern Terai plains.

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 fox and monkeys [especially at temples]) 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

Cholera

Nepal

Low risk exists throughout the country (including the capital city of Kathmandu and surrounding areas), mainly in Terai region.

Consider for: aid and refugee workers, medically vulnerable persons, and travelers visiting friends and relatives.

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.

Polio

Nepal

Polio boosters are not recommended for travel to this country.

A non-IHR entry requirement for proof of vaccination has been registered with WHO: Travelers arriving from Afghanistan, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Côte d'Ivoire, Egypt, Ethiopia, Gambia, Guinea, Guinea-Bissau, Iran, Kenya, Liberia, Madagascar, Mali, Mauritania, Niger, Nigeria, Pakistan, Republic of the Congo, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tajikistan, Uganda, Ukraine, or Yemen require vaccination. All travelers and residents with stays of ≥ 4 weeks require vaccination between 4 weeks and 12 months prior to travel.

Malaria

Malaria General Information

Nepal

General malaria information: predominantly *P. vivax*. Transmission occurs throughout the year and is highest from July through October.

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.

Nepal

No evidence of sustained local transmission exists at elevations above 2,500 m (8,200 ft) in Sudurpashchim Pradesh and Karnali Pradesh provinces and above 2,000 m (6,600 ft) in all other provinces.

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout elevations below 2,500 m in certain municipalities of Karnali Pradesh Province.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout elevations below 2,500 m in certain municipalities of Sudurpashchim Pradesh and Karnali Pradesh provinces.

Insect precautions only are recommended (negligible transmission is reported): elevations below 2,500 m in certain municipalities of Sudurpashchim Pradesh and Karnali Pradesh provinces; elevations below 2,000 m in certain municipalities of all other provinces; all cities and towns within these areas except Patan and Bhaktapur.

No preventive measures are necessary (no evidence of sustained local transmission exists): the cities of Kathmandu, Pokhara, Patan, and Bhaktapur; Chitwan National Park; elevations above 2,500 m in Sudurpashchim Pradesh and Karnali Pradesh provinces; elevations above 2,000 m in all other provinces, including the Annapurna Circuit and typical high-elevation trekking itineraries out of Pokhara; all other areas not referenced above.

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.

Nepal

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.

| Issues to Consider | |
|--|---|
| <i>Factors favoring chemoprophylaxis</i> | <i>Factors against chemoprophylaxis</i> |
| <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

Nepal

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

West Nile virus

Nepal

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

Leptospirosis

Nepal

Risk exists and is presumed to have widespread distribution. 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).

Leishmaniasis

Nepal

Low risk of cutaneous disease exists throughout the country at elevations below 3,000 m (9,800 ft), mainly in western areas. Risk of visceral disease exists throughout the county, mainly in southeastern areas of the Terai region bordering Bihar, India. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

Rickettsial infections

Nepal

Significant risk of scrub typhus exists in brush areas throughout most of the country, especially in the southern Terai region (including Chitwan National Park). Transmission occurs throughout the year, with highest activity from June through October. Travelers in brush areas should observe standard insect precautions.

Risk of murine typhus exists and is presumed to have widespread distribution (including Kathmandu). Transmission occurs throughout the year, with peak activity from December through February. Travelers should avoid contact with rodents and their fleas.

Tuberculosis

Nepal

Tuberculosis (TB) is common in all developing countries. According to WHO, this is a high-burden multidrug-resistant TB country.

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for all travelers planning to stay more than 3 months and 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. In areas where resistant tuberculosis is common, expert consultation may be required in selection of specific latent tuberculosis therapy, if indicated.

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

Brucellosis

Nepal

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

Nepal

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 4% of sex workers. Travelers should be counseled on 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

Nepal

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

Monkey bites

Nepal

Tourists are at risk of monkey bites. Monkeys may transmit a number of diseases, including rabies and herpes B. Travelers should avoid feeding monkeys; if bitten, victims should immediately cleanse bites thoroughly with soap or detergent under

running water for at least 15 minutes, and seek urgent medical consultation.

Snakebites

Nepal

Risk of envenomation exists in lowland areas with dense vegetation (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.

Altitude illness

Nepal

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). The elevations of Kathmandu, Lukla, Pheriche, and Namche Bazar are 1,400 m (4,600 ft), 2,860 m (9,400 ft), 4,370 m (14,300 ft), and 3,440 m (11,300 ft), respectively. Much of the Annapurna Circuit has elevations above 2,800 m. Not all local guides are experienced with regimens.

Air pollution

Nepal

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy in select cities. Kathmandu: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

Viral hemorrhagic fevers

Nepal

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.

Helminths

Nepal

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).

Melioidosis

Nepal

Sporadic cases have been reported, and the risk is presumed to have widespread distribution. Travelers (especially diabetic persons) should consider wearing proper footwear in damp environments.

Anthrax disease

Nepal

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

Plague

Nepal

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

Nepal

Medical Summary

General Information

Nepal is a developing nation classified as low income. Located in southern Asia (north of India and south of China), the climate is classified as subtropical dry winter in the south, with cooler temperatures in some high-altitude areas (in the north).

Medical Care

Adequate medical care that meets many international standards is available in Kathmandu. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. Any serious medical condition will require evacuation. Bangkok, Thailand is a frequent destination.

For a private ambulance in Kathmandu, call CIWEC Hospital and Travel Medicine Center at [+977] 1-452-4111, Grande Hospital at [+977] 1-515-9266, or Medicity Hospital at [+977] 1-421-7766. For a public ambulance in Kathmandu, call 102. The national medical emergency number is 100. Because of traffic congestion, 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 New Delhi, India.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is possibly 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. Public and private hospitals may provide some services free to citizens of Nepal. All hospitals are required to provide emergency stabilization without regard to ability to pay. Some hospitals are reported to offer lucrative referral commissions to mountain guides for unnecessary helicopter rescues and hospital admissions.

Safety and Security

Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Domestic air travel
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Scams
- Natural disasters

Key Security Threats

- Risk of violent civil unrest
- Risk of violent protests
- Risk of security forces responding to protests with excessive force
- Explosions in public places
- Landmines/unexploded ordnance
- Occasional violent crime

Emergency Contacts

The police emergency number is 100. The English-speaking tourist police number is 1144.

Civil Unrest

Protests and demonstrations occur throughout the country 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, sexual assault, and assault) exist throughout the country, mainly in Kathmandu, Pokhara, and in remote mountainous areas.

High risk of petty crime exists throughout the country, (especially during festival season from September to November), particularly in areas frequented by tourists, in Kathmandu (particularly in Thamel, Sanepa, and Kupondole districts), in national parks, and on or near public transportation.

Theft of valuables from unattended accommodations is common.

Theft of valuables by criminals in passing vehicles is common.

Scams involving fraudulent charities and bargain treks (where guides deliberately misdiagnose severe altitude illness to profit from inflated helicopter rescues and hospital admissions) have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted.

Natural Hazards

The monsoon season is from June through September. Floods, mudslides, and landslides may occur.

Seismic activity frequently occurs.

Terrorism

Low risk of attack by transnational terrorist groups exists throughout the country. Targets may include public places and events, including those frequented by tourists, and transportation systems.

Transportation Safety

Landmines and unexploded ordnance may be present on and near some rural roads.

Driving is not recommended for safety reasons. Road conditions are generally poor; most roads lack lighting and basic safety features. Most roads outside of Kathmandu are narrow and unpaved. Travel by road is unsafe at night, especially outside of Kathmandu Valley.

During monsoon season (June-September), landslides and flooding may make roads and bridges impassable, especially in the lowland plains. Areas in the country may be cut off for days. Travel by road during monsoon season requires vehicles equipped to deal with the risk of landslides (e.g., winches, ropes) and an adequate supply food, water, and fuel.

Riding in local buses and minibuses is unsafe due to overcrowding, poor regulation, and poor maintenance. Other than tourist buses, which usually offer a higher standard of comfort and safety, long-distance buses are unsafe (especially overnight buses) due to reckless driving. Multiple fatalities are common in collisions involving buses.

Using transportation during or immediately preceding a strike carries elevated security risks; tourists have been injured, although strike organizers usually allow specially marked buses operated by the Nepal Tourism Board to travel between the airport and major tourist hotels.

Women face heightened security risks when traveling alone.

Registered taxis are generally safer than public transportation (buses and vans). Taxis arranged through a hotel may be safer than other taxis. Taxi drivers usually want to set the fare even in taxis with meters (which may be rigged to charge extra); it is typical to negotiate the fare prior to entering the vehicle.

Boat accidents are common due to the overloading and poor maintenance of vessels.

Air travel in Nepal poses safety risks. Nepali airlines do not meet international aviation standards and fatal helicopter and plane crashes have occurred in recent years. Nepal's mountain airports, including Tenzing-Hillary Airport (Lukla) and Jomsom Airport, are notoriously dangerous due to challenging weather and terrain. Scams involving helicopter rescues are sometimes perpetrated by disreputable helicopter companies.

Water Safety

Basic safety standards for recreational water activities (including rafting) are often not in place. Rent water sports equipment from reputable operators.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Federal Democratic Republic of Nepal
- Nationality: Nepalese; Nepali

Conversation

Greet Nepalese with "*Namaste*." Good topics of conversation include family, education, work, and sports (football and cricket). It is polite to ask about a colleague's family and health. Avoid criticizing the government or its policies and avoid mentioning caste or religion. The law prohibits speech and writing that "harms the religious sentiment" of any caste, ethnic community, or class. Speech or acts that "may undermine the sovereignty, territorial integrity, nationality of Nepal, or harmonious relations between the federal units or harmonious relations between the various castes, tribes, religions, or communities" are illegal.

Currency

The official currency is the Nepalese rupee (NPR). There are limits on the export of local currency. NPR cannot be exchanged outside of Nepal.

The economy is predominantly cash based. New, unblemished bank notes in US dollars (USD) are widely accepted. Travelers should carry sufficient cash to cover expenses, especially outside of cities. ATMs are limited outside of tourist areas and may not be reliable. Travelers should exchange currency in official exchange facilities, banks, and hotels only. Some hotels and larger businesses accept credit cards.

Dress

Professional attire is preferred for business; for men, ties and jackets are worn to government offices and formal receptions. Women should wear shirts with sleeves and loose slacks or a long skirt; cover arms and legs, and avoid low-cut necklines. Avoid wearing shorts in public. Shoes are removed when entering most religious sites and some homes.

Nepalese women often wear the *salwar-kameez* or *kurta-shawal* (tunic and pants) or a sari. It is acceptable for visiting women to wear local dress. Nepali men's attire may include a cap (*dhaka topi*).

Food

Rice is the main staple, eaten with most meals. Nepalese may greet each other with "*Bhaat khayo?*" (Have you eaten rice?). Rice may be served with lentils (*daal*) and vegetables. Some Hindus are strict vegetarians; others are not. Meals may be eaten with the right hand, or with a spoon and fork.

Gestures, Touching, and Personal Space

The "Namaste" greeting is made with hands together as in prayer. Many Nepalese prefer "Namaste" to a handshake. Some businessmen will shake hands; allow a local woman to offer to shake hands. Men may stand close and may hold hands while walking or talking; this demonstrates friendship and nothing more. Some gender segregation exists.

Avoid male-female physical contact and displays of male-female affection in public, especially at religious sites. Avoid expressing anger or speaking in a raised voice.

Make eye contact, but understand that some people may avoid direct eye contact in respect for those senior in age or social status.

Use the right hand for gestures, with food, and for passing items. Feet are considered unclean; avoid showing the soles of feet or shoes.

Nepalese head gestures for "yes" and "no" may mean the opposite of those in the West.

Language(s)

Nepali is the official language. Dozens of regional languages and dialects are also spoken. Hindi and English are widely used in government and business.

Names/Titles

Use academic/professional/religious titles when known. People may address individuals of higher status or age by title alone, by fictive kinship terms, or with the suffix "-ji" added to their name, to be polite.

Photography

Photography of military sites, checkpoints, or personnel is prohibited.

Protocol/Etiquette

Respect and deference are shown to people of greater age or status. Understandings of caste may inform social interactions.

Religion

The constitution declares Nepal to be a secular state; it allows individuals to practice their religion, but proselytizing and converting people from their religion are illegal. The population is majority Hindu, with a significant Buddhist minority and other smaller minorities.

Some temples allow only Hindus to enter.

Time

Local notions of time can be very relaxed. Arrival at the appointed time is referred to as "British time" (*belait bala*). Government offices and meetings may start an hour late. Chief guests may arrive 1-2 hours late.

Toilets

Travelers may want to carry toilet paper. Public toilets may be squat type.

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.

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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