

Itinerary

Round Trip: United States → Cambodia → 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, mpox, rabies, typhoid fever
- Malaria
- Other Diseases: avian influenza, brucellosis, helminths, hepatitis C, leishmaniasis, leptospirosis, melioidosis, plague, rickettsial infections, schistosomiasis, sexually transmitted infections, travelers' diarrhea, tuberculosis, West Nile virus, Zika

Current Health Bulletins

Influenza

Cambodia

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.

Current Safety Bulletins

Cambodia

Armed Conflict

Updated Jan 13, 2026 (Posted Jul 15, 2025)

Despite Thailand and Cambodia signing a second ceasefire agreement on December 27, 2025, heightened security risks persist along the Thailand-Cambodia border due to armed conflict, including airstrikes, rocket fire, artillery fire, and the use of landmines. Land border crossing points and some popular tourist destinations in border areas are closed. The presence of heavily armed security forces should be expected. Security forces have responded with excessive force, including the use of riot control agents (e.g., tear gas) when related protests have occurred in the area. Travelers should avoid the border area, maintain a high level of security awareness, and check with local authorities for up-to-date information on border crossing availability.

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	
CAMBODIA	No	Country with Transm. Risk	≥ 1 year	2

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

Individual Country Requirements

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

Cambodia

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

Recommendation Information (for health protection)

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

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

Vaccinations

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

- COVID-19
- *H. influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B: Protection is especially important for those at increased risk.
- Herpes zoster
- Human papillomavirus

- Influenza
- Measles, mumps, rubella: A single early dose is recommended for travelers aged 6-11 months.
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis: Tdap preferred; consider an early pertussis booster for high-risk travelers.
- Varicella

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

Travel-specific vaccination recommendations are noted below as appropriate.

All Travelers

COVID-19

Recommendation (for health protection)

Cambodia

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

Recommended for: all travelers aged \geq 6 months.

Vaccination Considerations

Cambodia

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

Cambodia

Significant risk exists in urban and rural areas throughout the country, including the capital city of Phnom Penh. Transmission occurs throughout the year, especially during the rainy season, with peak activity from June through August.

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

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

Hepatitis A

Cambodia

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Influenza

Cambodia

Risk exists from May through December, although off-season transmission can occur.

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

Vaccination Considerations

Cambodia

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

Cambodia

High risk exists and is presumed to have widespread distribution.

Recommended for: all travelers.

Some Travelers

Chikungunya

Cambodia

Significant risk exists in urban and rural areas throughout the country, especially in Preah Vihear, Siem Reap, and Takeo 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.

Cholera

Cambodia

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.

Japanese encephalitis

Cambodia

Risk exists in rural agricultural areas and is presumed to have widespread distribution, including peri-urban areas surrounding the capital city of Phnom Penh. Transmission occurs throughout the year, with highest activity from May through October.

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

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

Not recommended for: short-stay travelers going to urban areas only or day trips to usual tourist sites in rural areas.

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.

Mpox

Cambodia

Very low risk exists for persons (and partners of persons) who have multiple sex partners (including commercial sex workers) in social networks that include men who have sex with men; risk for persons outside these groups is low. 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

Cambodia

Significant risk from dogs exists throughout the country (including Phnom Penh).

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 bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

Malaria

Malaria General Information

Cambodia

General malaria information: predominantly (> 90%) *P. vivax*, with nearly all remaining cases due to *P. falciparum*. Human *P. knowlesi* infection has been reported but is rare in travelers. Transmission occurs throughout the year.

Malaria Recommendations

Cambodia

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout the provinces of Preah Vihear, Stung Treng, Ratanakiri, Kratie, and Mondul Kiri; throughout certain communes in the provinces of Oddar Meanchey, Pursat (excluding areas along Lake Tonle Sap and certain northwestern communes), Koh Kong, Kampong Speu, Kampong Thom, and Takeo.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout Pailin Province; throughout certain communes in the provinces of Kampong Chhnang (excluding riverine areas and certain northwestern districts), Tbong Khmum, Kampong Speu, and Kampot.

Insect precautions only are recommended (negligible transmission is reported): the area surrounding Lake Tonle Sap and the northern portion of Tonle Sap River; all other areas not referenced above (including the city of Siem Reap and the Angkor Wat temple complex) except Phnom Penh Municipality and the provinces of Kandal, Prey Veng, and Svay Rieng.

No preventive measures are necessary (no evidence of sustained local transmission exists): Phnom Penh Municipality and the provinces of Kandal, Prey Veng, and Svay Rieng.

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.

Cambodia

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, and tafenoquine are protective in this country. Anecdotal and in vitro evidence exists for the use of these

same drugs as effective protection against *P. knowlesi*. G6PD testing is required prior to tafenoquine use. Mefloquine is not recommended due to the presence of drug-resistant *P. falciparum* in the country.

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

Cambodia

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

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

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

Other Concerns

Zika

Cambodia

Risk exists throughout most of the country, including in Kampong Thom Province. Pregnant women (in any trimester) should receive informed counseling and consider postponing nonessential travel to this country. 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

Cambodia

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

Leptospirosis

Cambodia

Risk exists and is presumed to have widespread distribution. Transmission occurs throughout the year, with highest activity from May through October. 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).

Schistosomiasis

Cambodia

Low risk exists along the Mekong River and its tributaries in Stung Treng and Kratie provinces. Travelers should avoid freshwater exposure in risk areas. If exposed to fresh water, discuss with a travel-medicine provider upon return.

Leishmaniasis

Cambodia

Low risk of visceral disease exists in Stung Treng Province. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

Rickettsial infections

Cambodia

Significant risk of scrub typhus exists in brush areas throughout the country. Transmission occurs throughout the year, with highest activity from May through October. Travelers in brush areas should observe standard insect precautions.

Low risk of murine typhus exists and is presumed to have widespread distribution. Transmission occurs throughout the year. Travelers should avoid contact with rodents and their fleas.

Tuberculosis

Cambodia

Tuberculosis (TB) is common in all developing countries. TB incidence in this country is greater than 100 cases per 100,000 population (the highest risk category).

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

Cambodia

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.

Avian influenza

Cambodia

Minimal risk exists, but human cases have occurred sporadically. In the past 5 years, subtypes A(H5N1 and H9N2) have occurred in humans. The last human case was reported in November 2025. Travelers should avoid places where direct contact with poultry and their secretions may occur (such as live animal markets and poultry farms) and observe food and beverage precautions.

Sexually transmitted infections

Cambodia

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 5% 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

Cambodia

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

Snakebites

Cambodia

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.

Marine hazards

Cambodia

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

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

Helminths

Cambodia

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). Risk exists for trematode infection (liver, lung, and intestinal flukes) throughout the country. Travelers should avoid undercooked fish and shellfish and raw vegetables and salads outside of deluxe establishments.

Melioidosis

Cambodia

Risk exists throughout the country (including Siem Reap Province and Phnom Penh). Transmission occurs throughout the year, with highest activity from May through October. Travelers (especially diabetic persons) engaged in hiking, biking, swimming, or other outdoor activities should wear proper footwear and avoid direct contact with potentially contaminated soil, groundwater, or accumulated surface water.

Hepatitis C

Cambodia

Very low risk exists. Hepatitis C is estimated to be present in 1.0% of the population. No vaccine is available. Travelers should observe safer-sex practices and avoid contact with sharp objects (e.g., needles or tattooing equipment) and with blood or blood products that are not from a reputable medical source. Review the need for hepatitis A and hepatitis B vaccine in travelers at highest risk.

Plague

Cambodia

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

Cambodia

Medical Summary

General Information

Cambodia is a developing nation classified as lower middle income. Located in Southeast Asia (west of Vietnam and east of Thailand), the climate is classified as predominantly humid equatorial (long dry season).

Medical Care

Medical care is extremely limited throughout the country. Adequate evacuation coverage for all travelers is a high priority. Any serious medical condition will require evacuation. Bangkok, Thailand is a frequent destination. One or more JCI accredited hospitals are present in Phnom Penh.

For a private ambulance in Siem Reap, call Royal Angkor International Hospital at [+855] 12-235-888 or [+855] 63-761-888. For a private ambulance in Phnom Penh, call Calmette Hospital at [+855] 23-426-948. For a public ambulance anywhere in the country, call 119.

The closest hyperbaric chamber for diving injuries is located in Bangkok, Thailand, or Singapore.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is not 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. A modest deposit may be required by hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals are required to provide emergency stabilization without regard to ability to pay.

Safety and Security

Key Safety Risks

- Road conditions and traffic collisions
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Scams

Key Security Threats

- Risk of terrorist attacks by transnational groups
- Potential spillover of armed conflict
- Risk of security forces responding to protests with excessive force
- Risk of cross-border threats in areas bordering Thailand
- Landmines/unexploded ordnance
- Violent crime

Emergency Contacts

The police emergency number is 117; the line may not be answered and local operators do not speak English. The tourist police number in Phnom Penh is [+855] 0-12-942-484.

Civil Unrest

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

Crime

Moderate risk of violent crime (armed robbery, home invasion, sexual assault, and murder) and high risk of petty crime exist throughout the country, especially in Siem Reap and Phnom Penh (riverfront area), on beaches and in tourist areas of Sihanoukville and nearby islands (particularly during organized parties), on isolated beaches, and in markets.

Scams involving ATMs, extortion, and private card games (where travelers are invited by "friendly" strangers and incur substantial financial loss) have been reported.

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

Cybersecurity

Travelers should have no expectation of privacy and may be closely surveilled.

Internet access/content is monitored, censored, and restricted.

Travelers can be arrested for being critical of/defaming the king online.

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

Natural Hazards

The monsoon season is from May through October. Floods, mudslides, and landslides may occur.

Terrorism

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

Transportation Safety

Driving is not recommended for safety reasons. Travel outside cities by road at night and moving about cities by vehicle after dark is unsafe.

Road conditions vary, with some major roads generally in adequate condition and many other roads in extremely poor condition. Serious flooding occurs throughout Cambodia from June through November. Landslides and flooding may make roads and bridges impassable and disrupt travel by road, including in Phnom Penh. Overland travel during monsoon season is commonly limited to National Route highways.

Traffic is hazardous and heavily congested in Phnom Penh, especially during the daytime. Traffic often includes cars, trucks, motorcycles, moto-scooters (weaving through traffic lanes), bicycles, and tuk-tuks (open-sided, 3-wheeled passenger vehicles).

Landmines and unexploded ordnance may be present along rural roads throughout the country, especially in the border area with Thailand. Travel to Banteay Meanchey, Battambang, Kampong Thom, Pursat, and Siem Reap provinces (except in the town of Siem Reap and the Angkor temples, which are safe) is commonly limited to main roads. Small bridges on secondary roads are unsafe.

Risk of highway robbery exists, especially at night, in rural areas, and on routes between Snoul, Kratié, and Stung Treng in the northeastern provinces.

Intercity buses carry elevated safety risks, including those going to popular tourist destinations.

Official, metered taxis are generally safe. Incidents have occurred in which foreign nationals were assaulted or robbed, especially late at night in popular tourist areas. Traveling alone by taxi at night carries elevated safety and security risks.

Ride-hailing apps are widely available in Kampot, Phnom Penh, Siem Reap, and Sihanoukville and are often safer than a hailed taxi.

Trains are unsafe due to poor maintenance. Tourist boats have capsized during hazardous weather conditions (especially between Sihanoukville and nearby islands). Life-saving equipment may not always be available or properly maintained. Armed robbery of boats and piracy occur in the South China Sea.

Flights are frequently delayed, rerouted, or canceled.

Unsafe Areas

Landmines and other unexploded ordnance are present in Battambang, Banteay Meanchey, Pursat, Siem Reap, Pailin, and Kampong Thom provinces. Territorial disputes may occur in areas bordering Thailand and Vietnam.

Water Safety

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Kingdom of Cambodia
- Nationality: Cambodian, Khmer

Conversation

Cambodians greet each other with hands together, as in prayer, saying "Chumreap Suor." Good topics of conversation include family, work, and local heritage sites (e.g., Angkor) or scenery. Avoid mentioning the Khmer Rouge period (known as "Pol Pot time"). Cambodians often speak indirectly and may resist saying "no" (or may decline an invitation) the first 2 times a question is asked; the third time may result in an accurate answer. Avoid speaking in a raised voice; soft-spoken voices are respected.

Avoid criticizing government officials or practices; such comments may be illegal. It is illegal to criticize or insult the king by any means, including on social media. Denial of Khmer Rouge atrocities is illegal. Lying to the police is illegal.

Currency

The official currency is the Cambodian riel (KHR). Prices are usually quoted in US dollars (USD). The import or export of local currency is prohibited. New, unblemished bank notes in USD are widely accepted. Travelers should consider bringing sufficient cash in USD to cover expenses. ATMs are unavailable outside of major cities. ATM fraud is common. Cash advances from credit cards are available at some banks in Phnom Penh. Some businesses accept credit cards.

Novelty money is common in Cambodia; check bank notes carefully, especially high-value notes.

Dress

Professional attire is preferred for business, although a tie is not necessary for men. Cambodian professionals dress with care. Shoes are removed when entering most religious sites and homes; hats are removed when entering Buddhist religious sites. Visitors should dress modestly, covering their legs and shoulders, when visiting the Silver Pagoda (in the Royal Palace grounds) and prominent sites of religious significance, including the Angkor Wat temple complex. Public nudity or going topless is illegal.

Food

Rice and fish are staples. Cambodian cuisine also features noodles, curries, and fermented fish paste or prawn paste flavorings. Fruit is displayed, served, or given as gifts of hospitality.

Home meals are often eaten on a mat on the floor, with guests and males eating first. Guests should wait until the host begins to eat. Restaurants often serve Chinese food.

Gestures, Touching, and Personal Space

The traditional greeting is to place hands together, as in prayer, with a slight bow (known as *sampeah*). Some business people exchange handshakes with foreign visitors. Cambodians smile easily and often, but may avoid eye contact when talking.

Avoid public displays of affection, touching people (especially on the head), and pointing the soles of the feet toward another person. Women should never touch monks or hand items directly to them.

Gifts

A gift of fruit, dessert, or flowers is appreciated when invited to dine at someone's home.

Language(s)

Khmer is the official language. English, French, and Mandarin Chinese are sometimes spoken.

Names/Titles

Use academic/professional/religious titles when known (Mr./Mrs./Miss with surname as default). People often address individuals of higher status or age by title or by fictive kinship terms to be polite.

Personal

Homosexual activity is not illegal, but is not widely accepted. Avoid same-sex displays of affection.

Photography

Photography of government buildings, military installations or personnel, bridges, or airports may result in problems with security officials. Ask permission before photographing people, especially Buddhist monks. Use of aerial drones for photography or filming requires a permit in some locations; seek approval from the local municipality.

Protocol/Etiquette

Respect and deference are shown to people of greater age or status. Cambodians bow their head in deference. Business cards are often exchanged, and should be offered (and accepted) with both hands together.

Religion

Freedom of religion is provided by law. Buddhism is the state religion. The population is predominantly Theravada Buddhist. Buddhism is widely considered intrinsic to Khmer cultural identity. Visitors should treat Buddhist statues and images with respect. Religious proselytizing by non-Buddhists is illegal.

Time

Be punctual for business meetings. People may drop by without an appointment. Work may start by 7:00 a.m., with a lengthy midday break. The New Year holiday is celebrated in mid-April. Avoid scheduling business trips to Phnom Penh during the popular Water Festival in November.

Tipping

Tip a small amount for any service.

Toilets

Travelers may want to carry toilet paper at all times. 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.

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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