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Reminder Circular

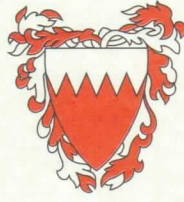
To: All Doctors, Nurses, and Healthcare Workers at Hospitals, Health Centers, and Private Clinics.

Subject: Traveller Vaccination and Malaria Prophylaxis

According to travel destination, travelers might be exposed to a number of infectious diseases such as Yellow Fever, Typhoid Fever, Hepatitis A, Meningococcal infection Malaria and others. Some of these diseases could be prevented by vaccination and other precautionary measures.

The recommended vaccination in addition to completion of routine immunization as follow:

Vaccine	Minimum age	Frequency of repeating if indicated	Destination	Vaccination Centre
Yellow fever vaccine	>9 months	10 years	Recommended for travel to Yellow fever zone in Africa and Latin America. Map and country list attached. <u>Kindly note that proof of yellow fever vaccination</u> at entry in the Republic of South Africa is required for any traveler coming from yellow fever risk countries - including Sao Tome and Principe, Somalia, the United Republic of Tanzania and Zambia. Also, all travelers transiting airports in these countries will have to show this proof. Moreover since October 2011 yellow fever vaccination documentation certificate is required by South Africa from travelers to and from Zambia.	Sheikh Subah Health Center
Typhoid vaccine	2 years	3 years	Recommended for travel to the countries in the attached map.	All Health Centers



Meningococcal ACWY vaccine	2 years	3 years	Recommended for travel to meningitis belt in Africa, countries of high incidence, Holley places including hajj	All Health Centers
Hepatitis A vaccine	1 year	Two doses 6 months apart required once for long term protection	Recommended for travel to the countries in the attached map.	All Health Centers
Seasonal influenza	6 months	Annually	Recommended for high risk group travelers and to hajj pilgrims	All Health Centers
MMR	1 year	Two doses required for long term protection	Recommended for travel to countries of high measles incidence or reporting outbreaks.	All Health Centers

Malaria: is a common and life-threatening disease in many tropical and subtropical areas. It is currently endemic in over 100 countries, which are visited by more than 125 million international travelers every year (Map, countries lists and the drugs used for chemoprophylaxis attached). The risk for travelers of contracting malaria is highly variable from country to country and even between areas in a country.

Kindly note that you might obtain information about countries yellow fever and malaria chemoprophylaxis recommendation directly from International Travel and Health Interactive map by selecting country and clicking using this tool.

<http://apps.who.int/tools/geoserver/www/ith/index.html>

Or in tabular format as below just by selecting the country from the following link

<https://extranet.who.int/ihrportal/report.aspx?id=65>

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Countries¹ with risk of yellow fever transmission² and countries requiring yellow fever vaccination

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Afghanistan		Yes	
Albania		Yes	
Algeria		Yes	
Angola	Yes		Yes
Anguilla		Yes	
Antigua and Barbuda		Yes	
Argentina	Yes		
Australia		Yes	
Bahamas		Yes	
Bahrain		Yes	
Bangladesh		Yes	

¹ For the purpose of this publication, the terms “country” and “countries” cover countries, territories and areas.

² Risk of yellow fever transmission is defined as yellow fever being currently reported or having been reported in the past and presence of vectors and animal reservoirs representing a potential risk of infection and transmission. In the 2011 edition of *International Travel and Health*, Sao Tome and Principe, the United Republic of Tanzania as well as selected areas of Eritrea, Somalia and Zambia were reclassified as “areas with low potential for exposure” for yellow fever (see Country list).

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Barbados		Yes	
Belize		Yes	
Benin	Yes		Yes
Bhutan		Yes	
Bolivia, Plurinational State of	Yes	Yes	
Botswana		Yes	
Brazil	Yes		
Brunei Darussalam		Yes	
Burkina Faso	Yes		Yes
Burundi	Yes		Yes
Cambodia		Yes	
Cameroon	Yes		Yes
Cape Verde		Yes	
Central African Republic	Yes		Yes
Chad	Yes	Yes	
China		Yes	
Christmas Island		Yes	
Colombia	Yes		
Congo	Yes		Yes
Costa Rica		Yes	
Côte d'Ivoire	Yes		Yes
Democratic People's Republic of Korea		Yes	
Democratic Republic of the Congo	Yes		Yes

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Djibouti		Yes	
Dominica		Yes	
Ecuador	Yes	Yes	
Egypt		Yes	
El Salvador		Yes	
Equatorial Guinea	Yes	Yes	
Eritrea		Yes	
Ethiopia	Yes	Yes	
Fiji		Yes	
French Guiana	Yes		Yes
Gabon	Yes		Yes
Gambia	Yes	Yes	
Ghana	Yes		Yes
Grenada		Yes	
Guadeloupe		Yes	
Guatemala		Yes	
Guinea	Yes	Yes	
Guinea-Bissau	Yes		Yes
Guyana	Yes	Yes	
Haiti		Yes	
Honduras		Yes	
India		Yes	
Indonesia		Yes	
Iran (Islamic Republic of)		Yes	

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Iraq		Yes	
Jamaica		Yes	
Jordan		Yes	
Kazakhstan		Yes	
Kenya	Yes	Yes	
Kiribati		Yes	
Lao People's Democratic Republic		Yes	
Lebanon		Yes	
Lesotho		Yes	
Liberia	Yes		Yes
Libyan Arab Jamahiriya		Yes	
Madagascar		Yes	
Malawi		Yes	
Malaysia		Yes	
Maldives		Yes	
Mali	Yes		Yes
Malta		Yes	
Martinique		Yes	
Mauritania	Yes	Yes	
Mauritius		Yes	
Montserrat		Yes	
Mozambique		Yes	
Myanmar		Yes	

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Namibia		Yes	
Nauru		Yes	
Nepal		Yes	
Netherlands Antilles		Yes	
New Caledonia		Yes	
Nicaragua		Yes	
Niger	Yes		Yes
Nigeria	Yes	Yes	
Niue		Yes	
Oman		Yes	
Pakistan		Yes	
Panama	Yes	Yes	
Papua New Guinea		Yes	
Paraguay	Yes	Yes	
Peru	Yes		
Philippines		Yes	
Pitcairn Islands		Yes	
Reunion		Yes	
Russian Federation		Yes	
Rwanda	Yes		Yes
Saint Helena		Yes	
Saint Kitts and Nevis		Yes	
Saint Lucia		Yes	
Saint Vincent and the Grenadines		Yes	

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Samoa		Yes	
Sao Tome and Principe			Yes
Saudi Arabia		Yes	
Senegal	Yes	Yes	
Seychelles		Yes	
Sierra Leone	Yes		Yes
Singapore		Yes	
Solomon Islands		Yes	
Somalia		Yes	
South Africa		Yes	
Sri Lanka		Yes	
Sudan	Yes	Yes	
Suriname	Yes	Yes	
Swaziland		Yes	
Syrian Arab Republic		Yes	
Thailand		Yes	
Timor Leste		Yes	
Togo	Yes		Yes
Trinidad and Tobago	Yes (Trinidad only)	Yes	
Tunisia		Yes	
Uganda	Yes	Yes	
United Republic of Tanzania		Yes	
Uruguay		Yes	

Countries	Countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers arriving from countries with risk of yellow fever transmission	Countries requiring yellow fever vaccination for travellers from all countries
Venezuela (Bolivarian Republic of)	Yes		
Viet Nam		Yes	
Yemen		Yes	
Zimbabwe		Yes	

Table 7.2 Use of antimalarial drugs for prophylaxis in travellers

Generic name	Dosage regimen	Use in special groups			Main contraindications ^a	Comments ^a
		Duration of prophylaxis	Pregnancy	Breast-feeding		
Atovaquone–proguanil combination tablet	One dose daily. 11–20 kg: 62.5 mg atovaquone plus 25 mg proguanil (1 paediatric tablet) daily 21–30 kg: 2 paediatric tablets daily 31–40 kg: 3 paediatric tablets daily >40 kg: 1 adult tablet (250 mg atovaquone plus 100 mg proguanil) daily	Start 1 day before departure and continue for 7 days after return	No data, not recommended	No data, not recommended	Hypersensitivity to atovaquone and/or proguanil; severe renal insufficiency (creatinine clearance <30 ml/min)	Take with food or milky drink to increase absorption. Registered in European countries for chemoprophylactic use with a restriction on duration of use (varying from 5 weeks to 1 year). Plasma concentrations of atovaquone are reduced when it is co-administered with rifampicin, rifabutin, metoclopramide or tetracycline. May interfere with live typhoid vaccine.
Chloroquine	5 mg base/kg weekly in one dose, or 10 mg base/kg weekly divided in 6 daily doses <i>Adult dose:</i> 300 mg chloroquine base weekly in one dose, or 600 mg chloroquine base weekly divided over 6 daily doses of 100 mg base (with one drug-free day per week)	Start 1 week before departure and continue for 4 weeks after return. If daily doses: start 1 day before departure	Safe	Safe	Hypersensitivity to chloroquine; history of epilepsy; psoriasis	Concurrent use of chloroquine may reduce the antibody response to intradermally administered human diploid-cell rabies vaccine.
Chloroquine–proguanil combination tablet	>50 kg: 100 mg chloroquine base plus 200 mg proguanil (1 tablet) daily	Start 1 day before departure and continue for 4 weeks after return	Safe	Safe	Hypersensitivity to chloroquine and/or proguanil; liver or kidney insufficiency; history of epilepsy; psoriasis	Concurrent use of chloroquine may reduce the antibody response to intradermally administered human diploid-cell rabies vaccine. May interfere with live typhoid vaccine.

^a See package insert for full information on contraindications and precautions.

Table 7.2 Use of antimalarial drugs for prophylaxis in travellers (continued)

Generic name	Dosage regimen	Duration of prophylaxis	Use in special groups			Main contraindications ^a	Comments ^a
			Pregnancy	Breast-feeding	Children		
Doxycycline	1.5 mg salt/kg daily Adult dose: 1 tablet of 100 mg daily	Start 1 day before departure and continue for 4 weeks after return	Contra-indicated	Contra-indicated	Contra-indicated under 8 years of age	Hypersensitivity to tetracyclines; liver dysfunction	Doxycycline makes the skin more susceptible to sunburn. People with sensitive skin should use a highly protective (UVA) sunscreen and avoid prolonged direct sunlight, or switch to another drug. Doxycycline should be taken with plenty of water to prevent oesophageal irritation. Doxycycline may increase the risk of vaginal <i>Candida</i> infections. Studies indicate that the monohydrate form of the drug is better tolerated than the hyclate.
Mefloquine	5 mg/kg weekly Adult dose: 1 tablet of 250 mg weekly	Start at least 1 week (preferably 2–3 weeks) before departure and continue for 4 weeks after return	Not recommended in first trimester because of lack of data (also see pp. 156–159)	Safe	Not recommended under 5 kg because of lack of data	Hypersensitivity to mefloquine; psychiatric (including depression) or convulsive disorders; history of severe neuropsychiatric disease; concomitant halofantrine treatment; treatment with mefloquine in previous 4 weeks	Do not give mefloquine within 12 h of quinine treatment. Mefloquine and other cardioactive drugs may be given concomitantly only under close medical supervision. Ampicillin, tetracycline and metoclopramide may increase mefloquine blood levels. Do not give concomitantly with oral typhoid vaccine (see pp. 156–159).
Proguanil	3 mg/kg daily Adult dose: 2 tablets of 100 mg daily	Start 1 day before departure and continue for 4 weeks after return	Safe	Safe	Safe	Liver or kidney dysfunction	Use only in combination with chloroquine. Proguanil may interfere with live typhoid vaccine.

^a See package insert for full information on contraindications and precautions.

7.5 Countries and territories with malarious areas

The following list shows all countries/territories where malaria occurs. In some of these countries/territories, malaria is present only in certain areas or up to a particular altitude. In many countries, malaria has a seasonal pattern. These details as well as information on the predominant malaria species, status of resistance to antimalarial drugs and recommended type of prevention are provided in the Country list.

(* = *P. vivax* risk only)

Afghanistan	French Guiana	Panama
Algeria*	Gabon	Papua New Guinea
Angola	Gambia	Paraguay*
Argentina*	Georgia*	Peru
Armenia*	Ghana	Philippines
Azerbaijan*	Guatemala	Russian Federation*
Bahamas	Guinea	Rwanda
Bangladesh	Guinea-Bissau	Sao Tome and Principe
Belize	Guyana	Saudi Arabia
Benin	Haiti	Senegal
Bhutan	Honduras	Sierra Leone
Bolivia, Plurinational State of	India	Solomon Islands
Botswana	Indonesia	Somalia
Brazil	Iran, Islamic Republic of	South Africa
Burkina Faso	Iraq*	Sri Lanka
Burundi	Jamaica	Sudan
Cambodia	Kenya	Suriname
Cameroon	Korea, Democratic People's Republic of*	Swaziland
Cape Verde	Korea, Republic of*	Syrian Arab Republic*
Central African Republic	Kyrgyzstan*	Tajikistan
Chad	Lao People's Democratic Republic	Thailand
China	Liberia	Timor-Leste
Colombia	Madagascar	Togo
Comoros	Malawi	Turkey*
Congo	Malaysia	Uganda
Congo, Democratic Republic of the (former Zaire)	Mali	United Republic of Tanzania
Costa Rica	Mauritania	Uzbekistan*
Côte d'Ivoire	Mayotte	Vanuatu
Djibouti	Mexico	Venezuela, Bolivarian Republic of
Dominican Republic	Mozambique	Viet Nam
Ecuador	Myanmar	Yemen
Egypt	Namibia	Zambia
El Salvador	Nepal	Zimbabwe
Equatorial Guinea	Nicaragua	
Eritrea	Niger	
Ethiopia	Nigeria	
	Oman	
	Pakistan	