

## Itinerary

**Round Trip:** United States → Spain → United States

## Health Concerns Summary

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

- Vaccine-Preventable Diseases: COVID-19, hepatitis A, hepatitis B, influenza, mpox, polio, rabies
- Other Diseases: anthrax disease, avian influenza, brucellosis, hantavirus, helminths, hepatitis C, leishmaniasis, leptospirosis, Lyme disease, rickettsial infections, sexually transmitted infections, travelers' diarrhea, viral hemorrhagic fevers, West Nile virus

## Current Health Bulletins

### Hepatitis A

#### Spain

#### Significant Hepatitis A Increase in Madrid

Updated Apr 28, 2025 (Posted Jan 3, 2025)

According to Madrid's Department of Health, approximately 145 cases of hepatitis A, a 3-fold increase over average incidence, have been reported since early January 2025 in Madrid, primarily in men aged 25-44 years. The outbreak appears to have peaked. Travelers going to risk areas should observe food and beverage precautions, hand hygiene (frequent, thorough handwashing), and safer-sex practices. Shoreland continues to recommend vaccination for certain high-risk populations going to Spain. Because of possible ongoing risk and the long incubation period of hepatitis A, vaccination should be considered (ideally within 2 weeks of potential exposure) for any unvaccinated or incompletely vaccinated traveler who has been in Spain in the past 2 months.

### Measles, Mumps, Rubella

#### Spain

#### Increased Measles Circulation

Updated Apr 28, 2025 (Posted Jul 2, 2020)

According to international and/or local health authorities, this country has experienced increased measles circulation resulting in generalized or local outbreaks. Shoreland continues to make the following recommendations for travelers: All persons aged  $\geq 12$  months born in 1957 or later (1970 or later in Canada and the UK; 1966 or later in Australia) without history of disease or of 2 countable doses of live vaccine at any time during their lives should complete a lifetime total of 2 doses of MMR vaccine (spaced by at least 28 days). All infants aged 6-11 months should receive 1 dose of MMR vaccine. All those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine need 1 dose of MMR vaccine.

## Yellow Fever

### Requirement Information (for entry, per WHO)

#### 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	
SPAIN	No	None	None	

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 rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles) globally. Prior to travel, travelers should be up-to-date with the age-appropriate routine vaccinations recommended by their home country, which may include: COVID-19; *H. influenzae* type B (Hib); hepatitis A; hepatitis B; herpes zoster; human papillomavirus; influenza; measles, mumps, rubella; 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)

Spain

Risk exists from October through April (although off-season transmission can occur, occasionally with significant spikes).

*Recommended for:* all travelers aged ≥ 6 months.

Vaccination Considerations

Spain

Travelers not already vaccinated with the currently available vaccine formulation should be vaccinated. Consider nirmatrelvir-ritonavir (Paxlovid) as standby self-administered therapy, especially for those who are at high risk for complications from COVID-19 or who are not adequately vaccinated and may not be able to attain rapid, robust medical evaluation and advanced care when traveling. However, jurisdictions may differ in the degree to which the medication is available for such use. Also, the medication's ritonavir subcomponent has several drug-drug interactions that must be evaluated in each patient.

Influenza

Spain

Risk exists from November through April, with peak activity usually occurring from January through February, although off-season transmission can occur.

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

## Vaccination Considerations

### Spain

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.

## Some Travelers

### Hepatitis A

#### Spain

Low risk exists and is presumed to have widespread distribution.

*Recommended for:* certain high-risk populations.

### Hepatitis B

#### Spain

Low risk exists and is presumed to have widespread distribution.

*Recommended for:* all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

### Mpox

#### Spain

Moderate 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.

## Generally Not Recommended

### Polio

#### Spain

Circulating vaccine-derived poliovirus (cVDPV) was detected in an environmental sample in September 2024 in Barcelona. Risk to travelers is very low.

Adult polio boosters are not recommended for travel to this country.

WHO exit recommendations: All residents of and travelers with stays of *more than 4 weeks* in Barcelona should be encouraged to receive 1 dose of polio vaccine within 1 year prior to departure from Spain to reduce the risk of international spread; ideally, vaccination should be at least 4 weeks prior to departure, but 1 dose given at least by the time of departure from Barcelona will still provide some benefit. Travelers with stays of *less than 4 weeks* do not need a dose prior to departure from Spain. Previous vaccination history is to be disregarded. Documentation should be on an ICVP (the same form used for yellow fever). To date, no information exists to indicate that this country has implemented any exit recommendation or requirement. IPV (trivalent) provides broader protection than OPV (bivalent) for locally circulating poliovirus strains.

### Rabies

## Spain

Risk of lyssavirus from bats exists throughout the country. Rabies is not present in dogs or other mammals.

### Preexposure preventive measures:

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

Travelers should observe animal bite precautions.

### Postexposure prophylaxis considerations:

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

Travelers should practice proper wound care.

### For Ceuta and Melilla territories (North Africa) only:

Risk from dogs exists and is presumed to have widespread distribution.

### Preexposure preventive measures:

#### For Ceuta and Melilla territories only:

*Recommended for prolonged stays:* all travelers and expatriates going to rural areas where risk exists, with a priority for young children.

*Recommended for short stays:* adventure travelers, hikers, cyclists, and cavers (especially if going to remote 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.

Travelers should observe animal bite precautions.

### Postexposure prophylaxis considerations:

#### For Ceuta and Melilla territories only:

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

No evidence of sustained local transmission exists.

## Travelers' Diarrhea

### Spain

Minimal risk (comparable to that in other industrialized countries) exists throughout the country. Community sanitation and food safety measures are generally good, and health concerns related to food and beverage consumption are minimal. Risk for viral gastroenteritis (e.g., norovirus) may be elevated based on season, traveler itinerary, and/or level of community transmission.

## Other Concerns

### Marine hazards

#### Spain

Risk from jellyfish exists in the Mediterranean Sea, including highly venomous *Carybdea marsupialis*, Portuguese man-of-war, and mauve stinger. Travelers wading, launching boats, or fishing are especially at risk.

Risk from sea urchins exists. Risk from weever fish exists in the Mediterranean Sea. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

## Rickettsial infections

### Spain

Low risk of infection caused by *Rickettsia conorii* exists in rural areas throughout the country, mainly in Ceuta and La Rioja autonomous communities. Transmission occurs throughout the year, with highest activity from June through October, with peak activity in August. Travelers should observe tick precautions.

Low risk of murine typhus exists, mainly in Andalucía Autonomous Community as well as in Madrid and Cantabria, Catalonia, and Valencian Community autonomous communities. Transmission occurs throughout the year, with highest activity from July through October. Travelers should avoid contact with rodents and their fleas.

## Avian influenza

### Spain

Minimal risk exists, but human cases have occurred sporadically. In the past 5 years, subtype A(H5N1) has occurred in humans. The last human case was reported in 2022. 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.

## Leishmaniasis

### Spain

Low risk of cutaneous and visceral disease exists throughout the country, mainly in Balearic Islands, Community of Madrid, and Valencian Community autonomous communities. No risk exists in Ceuta and Melilla territories. Transmission occurs throughout the year. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

## Air pollution

### Spain

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy for sensitive groups in select cities.

Barcelona or Valencia: When air quality worsens, travelers with lung disease or at the extremes of age should reduce prolonged or heavy outdoor exertion.

## Seafood poisoning

### Spain

Current country-specific epidemiologic data are unavailable. However, this country is in an area of higher-than-average risk for ciguatera poisoning. Travelers should consider avoiding consumption of reef fish such as amberjack, barracuda, grouper, and snapper. The toxin remains even when these fish are well cooked.

## Brucellosis

### Spain

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

### Spain

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 2% 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

### Spain

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

## Hepatitis C

### Spain

Hepatitis C is estimated to be present in 0.8% of the population, compared to less than 0.8% in low-risk countries. No vaccine is available. Travelers should avoid contact with potentially contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) and observe safer-sex practices.

## West Nile virus

### Spain

Risk exists and is limited to Andalucía and Extremadura autonomous Communities. Transmission occurs from May through November, with peak activity in August. Travelers with significant outdoor exposure in affected areas should observe insect precautions from dusk to dawn.

## Viral hemorrhagic fevers

### Spain

Negligible risk of Crimean-Congo hemorrhagic fever exists and is limited to Castilla y León and Extremadura autonomous communities. Tick precautions are recommended. Travelers should avoid contact with infected livestock and animal tissue/blood.

## Leptospirosis

### Spain

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

## Hantavirus

### Spain

Sporadic cases of nephropathia epidemica (caused by Puumala virus) have been reported in rural areas of Catalonia Autonomous Community. Transmission occurs throughout the year, with highest activity from May through August. Travelers, especially campers, should avoid inadequately ventilated buildings and forested areas harboring rodent excreta (which may become aerosolized) and should camp only in designated areas.

## Lyme disease

### Spain

Negligible risk exists and is presumed to have widespread distribution in some or all forested areas. Transmission occurs from March through November, with peak activity from June through July. Travelers should observe tick precautions.

## Helminths

### Spain

Low risk may exist for soil-transmitted helminths (including creeping eruption) in both urban and rural areas. Travelers should observe food and beverage precautions and wear appropriate footwear.

## Anthrax disease

### Spain

Negligible risk exists and is limited to Andalucía, Asturias, Castilla-La Mancha, and Extremadura autonomous communities. Travelers should avoid direct or indirect contact with animal carcasses or hides.

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#### Additional Information by Country

## Spain

### Medical Summary

#### General Information

Spain is an advanced economy classified as high income. Located in southwestern Europe (south of France and east of Portugal), the climate classifications range from dry summer to dry (semi arid).

#### Medical Care

A high level of medical care (comparable to that in other industrialized countries) is available throughout the country. One or more JCI accredited hospitals are present in Madrid and in several other major cities.

The national medical emergency number is 112.

Hyperbaric chambers for diving injuries are located in, but not limited to, the following cities: Alicante, Barcelona, Cartagena, Málaga, and Palamos.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is required by private hospitals catering to foreigners possibly (but not public hospitals) 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 private hospitals that have existing cashless agreements with at least some major international insurance providers. Public hospitals may provide some services free to foreigners. All hospitals are required to provide emergency stabilization without regard to ability to pay.

### Safety and Security

#### Key Safety Risks

- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Scams
- Natural disasters

#### Key Security Threats

- Risk of terrorist attacks by domestic and/or transnational groups
- Risk of violent protests
- Risk of security forces responding to protests with excessive force
- Occasional violent crime

### Emergency Contacts

The national emergency number is 112.

## Civil Unrest

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

## Crime

Low risk of violent crime (armed robbery and sexual assault) exists throughout the country.

Moderate risk of petty crime exists throughout the country, especially in Madrid, Barcelona, and areas frequented by tourists.

Scams involving distraction techniques to commit robbery (including ploys to detain drivers, especially along the Mediterranean coast) and false identity (such as criminals posing as police officers) have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted. GHB and liquid ecstasy are commonly used to incapacitate victims.

## Cybersecurity

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

## Natural Disasters

Severe rain storms occur, especially in coastal areas and in Balearic Islands Autonomous Community. Floods, mudslides, and landslides may occur.

Forest fires occur from June through October.

## Terrorism

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

In 2017, an attack occurred in Barcelona in an area frequented by tourists.

## Transportation Safety

Plan for delays at border crossings between Spain and Gibraltar due to increased border controls.

Motorists may be aggressive. Speed limits are often ignored, although speed limits are often enforced with fixed and mobile speed cameras in tunnels, on highways, and in urban areas. Urban intersections have separate traffic lights for each side of the intersection; motorists should obey the traffic light located at their stop line.

Road conditions are generally excellent, although many roads in older town centers and in rural areas are narrow and winding. Flash flooding occasionally disrupts travel by road. In urban areas at night, motorists or pedestrians may be under the influence of alcohol.

Traffic can be heavily congested in cities. Motorcycles and scooters often weave through traffic lanes. Pedestrians (in urban areas) and roaming animals (in villages and rural areas) pose a hazard, especially at night on unlit roads.

Helmets and other protective clothing are required to be worn by anyone riding on a motorcycle, moped, or quad.

Armed criminals use various ruses to get motorists to stop and exit the vehicle, such as indicating there is something wrong with the vehicle or secretly puncturing the motorist's tire, then following them until they stop.

Thieves sometimes attempt to get motorists to stop by indicating that something is wrong with the vehicle. They sometimes cause a flat tire and often target vehicles with foreign license plates and/or vehicles towing camper-trailers, to steal either items in the vehicles or the vehicles themselves. Stop only at well-lit, populated locations (e.g., a fuel station) and avoid accepting assistance from random strangers.

Passengers should pay attention to their surroundings, keep doors locked, bags and valuables concealed, and windows closed (or opened slightly).

Theft of and from vehicles is common, especially in service areas on coastal highways. Never leave belongings unattended in a vehicle, even in the trunk.

Strikes and demonstrations may block roads and disrupt public transportation in cities.



Police checkpoints for alcohol consumption by motorists are common.

Thieves sometimes pose as police conducting traffic stops and request immediate payment of fraudulent fines. If something seems suspicious, ask to follow the officer to the nearest police station to pay the fine. Traffic police carry official identification and are usually in uniform. Unmarked police vehicles have a flashing electronic sign on the rear window which reads Police (Policía) or Civil Guard (Guardia Civil) and may use blue flashing lights. Genuine police officers check identification but never ask for anyone's bag or wallet.

The Spanish National Police or the Guardia Civil may collect on-the-spot fines for traffic violations.

Some cities have a zone that only vehicles meeting specific exhaust emission standards are allowed to enter; for Madrid and Barcelona the zone is throughout the year, whereas some other cities impose restrictions when air pollution levels are high.

Public transportation is widely used and generally safe in urban areas, but travelers should maintain close control of personal items and exercise increased caution; thieves operate on Madrid and Barcelona transit systems, including Barcelona's Aerobus airport shuttle bus.

Use official taxis with the company name and phone number clearly visible. Use of unlicensed taxis is illegal; passengers who use unlicensed taxi services may receive large fines. In some cities, prebooking is required. Trips to and from Madrid-Barajas Airport are fixed rate; elsewhere confirm that the meter is engaged and ask for a receipt.

Travelers who use ride-hailing apps should always confirm that they are entering the correct vehicle with the driver indicated on the app.

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

## 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.

## 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.

## 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.

## 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.

## 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

- Use caution in tourist sites and crowded areas, on or near public transportation, and 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.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.
- Register foreign trip and residence information with the Department of State at [travelregistration.state.gov](http://travelregistration.state.gov) (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

### Safety in the Hotel

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

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

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