

## Itinerary

**Round Trip:** United States → Italy → 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, COVID-19, dengue, hepatitis A, influenza, mpox, rabies, tick-borne encephalitis
- Other Diseases: anthrax disease, brucellosis, leishmaniasis, leptospirosis, Lyme disease, rickettsial infections, sexually transmitted infections, travelers' diarrhea, West Nile virus

## Current Health Bulletins

### Italy

#### Cortina d'Ampezzo and Milan 2026 Winter Olympics

Updated Jan 20, 2026 (Posted Jan 20, 2026)

More than 2 million people are expected to attend the Cortina d'Ampezzo and Milan Olympic Games (February 6-22, 2026) and Paralympic Games (March 6-15, 2026), with events concentrated in northern Italy, including Milan. Travelers should consult the Travax destination report for travel to Italy as well as the Travelers with HIV library article.

Travelers should consider additional needs when attending a mass-gathering event, such as strict respiratory hygiene and safety precautions when in crowds. Consult the Cortina d'Ampezzo and Milan 2026 Olympic Games for additional information and recommendations.

### Influenza

#### Italy

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

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

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

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

## Yellow Fever

### Requirement Information (for entry)

#### Is yellow fever vaccine an official entry requirement for this itinerary?

**NO.** An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

**Visa application:** Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

### Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
ITALY	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 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)

##### Italy

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

### Italy

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

### Italy

Low risk, without sustained transmission, exists; cases are most often reported in urban and rural areas in Lazio (including the capital city of Rome), Lombardy, and Veneto regions. Transmission occurs from July through November.

*Consider for:* all travelers aged 4-60 years with travel to risk areas, particularly for long-stay (> 1 month) travelers. 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.

## Influenza

### Italy

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

### Italy

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.

## Most Travelers

### Chikungunya

#### Italy

Risk exists in urban and rural areas in Emilia-Romagna and Veneto regions. Transmission risk occurs from June through early November, with peak risk in August-September.

*Consider for:* travelers aged  $\geq 12$  years with a prolonged stay  $\geq 6$  months in the aforementioned areas.

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.

## Some Travelers

### Hepatitis A

#### Italy

Low risk exists and is presumed to have widespread distribution.

*Recommended for:* certain high-risk populations.

## Mpox

## Italy

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.

## Generally Not Recommended

### Rabies

#### Italy

Risk of lyssavirus from bats exists and is presumed to have widespread distribution. 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.

### Tick-borne encephalitis

#### Italy

Low risk exists in Lombardy Region and in northeastern areas (including Friuli-Venezia Giulia and Trentino-South Tyrol autonomous regions and Emilia-Romagna and Veneto regions). Transmission occurs from March through November.

*Consider for prolonged and short stays:* expatriates and travelers who anticipate extensive hiking, camping, or other outdoor activities in forested risk areas.

Tick precautions are recommended.

## Malaria

No evidence of sustained local transmission exists.

## Travelers' Diarrhea

#### Italy

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

### West Nile virus

#### Italy

Risk exists throughout most of the country, especially in northern regions of Emilia-Romagna (including Bologna), Lombardy (including Milan), and Veneto (including Venice and Verona). 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.

## Lyme disease

### Italy

Negligible risk exists in some or all forested areas throughout most of the country (including suburban areas), mainly in Emilia-Romagna, Friuli-Venezia Giulia, Liguria, and Veneto regions and in Trentino-South Tyrol Autonomous Region. Transmission occurs from March through November, with peak activity from June through July. Travelers should observe tick precautions.

## Leptospirosis

### Italy

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).

## Leishmaniasis

### Italy

Low risk of cutaneous disease exists throughout the country, mainly in Naples and Sicily Autonomous Region. Low risk of visceral disease exists throughout the country, mainly in Sicily Autonomous Region, Emilia-Romagna and Tuscany regions, and areas along the western coast. Travelers should observe insect precautions, especially from dusk to dawn (including use of bed nets) and in shaded areas throughout the day.

## Rickettsial infections

### Italy

Low risk of infection caused by *Rickettsia conorii* exists in urban and rural areas throughout the country, mainly in Lazio (including Rome) and Calabria regions and in Sardinia and Sicily autonomous regions. Transmission occurs throughout the year, with highest activity from June through September. Travelers should observe tick precautions.

Low risk of murine typhus exists and is limited to the southern regions of Calabria and Sicily. Transmission occurs throughout the year, with highest activity from July through October. Travelers should avoid contact with rodents and their fleas.

## Brucellosis

### Italy

Risk exists throughout the country, especially in southern regions. 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

### Italy

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 22% 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

### Italy

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

## Marine hazards

### Italy

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

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

## Air pollution

### Italy

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

Bergamo, Como, Milan, Padua, Rimini, Turin, Venice, or Verona: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

Bologna, Brindisi, Civitavecchia, Florence, Genoa, Naples, Pisa, Rome, Siena, or Trieste: When air quality worsens, travelers with lung disease or at the extremes of age should reduce prolonged or heavy outdoor exertion.

## Anthrax disease

### Italy

Negligible risk exists throughout the country, mainly in the southern half of the country. Travelers should avoid direct or indirect contact with animal carcasses or hides.

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## Additional Information by Country

# Italy

## Medical Summary

### General Information

Italy is an advanced economy classified as high income. Located in southern Europe along the Mediterranean Sea (south of Switzerland and east of France), the climate is classified as dry summer in the south and along the western coast and humid temperate (no dry season) in the northeast.

### Medical Care

A high level of private medical care (comparable to that in other industrialized countries) is available in major cities. Adequate private medical care that meets most international standards is available throughout the rest of the country. One or more JCI accredited hospitals are present in Rome and in several other major cities.

For a public ambulance anywhere in the country, call 118. The national medical emergency number is 112.

Hyperbaric chambers for diving injuries are located in, but not limited to, the following major cities: Milan, Naples, Palermo, Rome, and Venice.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by private hospitals catering to foreigners (and possibly by 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. Public hospitals may provide some services free to EHIC/GHIC health card holders and citizens of Australia. All hospitals are required to provide emergency stabilization without regard to ability to pay.

## Safety and Security

## Key Safety Risks

- Road conditions
- Petty crime
- Food and beverage spiking
- Theft of vehicles
- Scams
- Natural disasters

## Key Security Threats

- Risk of terrorist attacks by transnational groups
- Explosions in public places
- Occasional violent crime

## Emergency Contacts

The national emergency number is 112.

## Civil Unrest

Protests and demonstrations occur throughout the country, especially in large cities, and are generally peaceful but 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, mainly near train stations, in bars, and in city centers.

Moderate risk of petty crime exists throughout the country (particularly from May to September), especially in cities and areas frequented by tourists, including on or near public transportation and at airports. Theft of valuables from unattended rental vehicles is common.

Scams involving ATMs, credit cards, and the use of distraction techniques to commit robbery have been reported.

Risk exists of robberies and/or assaults occurring after consuming intentionally drugged food or drink; tourists are frequently targeted (including on trains). Highest threat areas include areas surrounding train stations (including Roma Termini) and popular attractions in Rome (including the Colosseum, Campo de' Fiori, and Piazza Navona).

## Cybersecurity

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

## Natural Hazards

Severe rain storms occur in the fall and winter, especially in Veneto and Calabria regions and in Sicily Autonomous Region. Floods, mudslides, and landslides may occur.

Seasonal flooding frequently occurs in Venice.

Forest fires occur from June through September.

Seismic and volcanic activity frequently occurs, especially in Sicily Autonomous Region.

## 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.

## Transportation Safety

Road conditions vary; rural roads are generally narrow and often lack guardrails, and city streets can be narrow and congested. Signage, traffic lights, and road markings may not be visible, especially in southern areas of the country. During the winter,

flooding sometimes disrupts travel by road. Avalanches or landslides sometimes block access routes to small, isolated towns. During the winter in northern Italy, fog can substantially reduce visibility.

Pedestrians can be fined for not using marked crosswalks where available. Vehicles are allowed to turn right during the green pedestrian crossing phase.

Many Italian islands restrict or prohibit the entry and use of vehicles by nonresidents during peak tourist season and holidays.

Public transportation (trains, subways, trams, and buses) is extensive, integrated, generally safe, and widely used.

Official, metered taxis (prebooked or at an official taxi rank) are generally safe and reliable. Official taxis are white, have a "TAXI" sign on the roof, and the company name and phone number shown on the side. Prebooked taxis start the meter at the point of departure rather than at pick-up.

## 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 a bat is free of rabies.
- Don't handle bats. Children need to be closely supervised.
- If bitten, scratched, or licked on broken skin by a bat, cleanse the wound immediately with soapy water, and seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure). Consider seeking postexposure prophylaxis if in the same room as a bat with any possibility of direct contact, even if not directly observed.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.

## 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](https://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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