



SUGGESTED VACCINATIONS FOR FOREIGN TRAVEL

No. 27b, 2019

EUROPE:	Grp 1	Grp 2	Grp 3	Grp 4
Albania	A	A	A	ABs
Belarus	A	A	ABf	ABfrs
Bosnia/Herzegovina	A	A	ABf	ABfs
Bulgaria	A	A	ABf	ABfrs
Croatia		A	Af	ABfs
Czech Republic		A	Af	ABf
Estonia		A	Af	ABfrs
Hungary		A	Af	ABfs
Latvia		A	Af	ABfrs
Lithuania		A	Af	ABfrs
Macedonia		A	Af	ABfs
Moldova	A	A	ABf	ABfrs
Montenegro		A	ABf	ABfs
Poland		A	Af	ABfrs
Romania	A	A	ABf	ABfrs
Russia	A	A	Aj ⁷ ₉ Bf	Aj ⁷ ₉ Bfrs
Serbia		A	ABf	ABfs
Slovakia		A	Af	ABfs
Slovenia		A	Af	ABf
Turkey	A	A	A	ATBrs
standard tourist areas	A	A	A	ATBs
Ukraine	A	A	ABf	ABfrs

THE CARRIBEAN:				
Anguilla (UK)	A	A	A	ATB
Antigua and Barbuda	A	A	A	ATB
Aruba	A	A	A	ATB
Bahamas	A	A	A	ATB
Barbados	A	A	A	ATB
Bermuda (UK)	A	A	A	ATB
Cayman Islands (UK)	A	A	A	ATB
Cuba	A	A	A	ATBr
Dominica	A	A	A	ATB
Dominican Republic	Av	Av	ABv	ATBrsv
Dutch Antilles	A	A	A	ATB
Grenada	A	A	A	ATB
Guadeloupe (FR)	A	A	A	ATB
Haiti	AX/N	AX/N	ABX/N	ATBrsvX/N
Jamaica	A	A	A	ATB
Martinique (FR)	A	A	A	ATB
Montserrat	A	A	A	ATB
Puerto Rico (US)	A	A	A	ATB
Saint Kitts and Nevis	A	A	A	ATB
Saint Lucia	A	A	A	ATB
Saint Vincent/Grenadines	A	A	A	ATB
Trinidad and Tobago	Ag*	Ag*	Ag*	Ag*TB
Turks and Caicos (UK)	A	A	A	ATB
Virgin Islands (UK & US)	A	A	A	ATB

CENTRAL AND SOUTH AMERICA:				
Argentina	A	A	A	ATBs
Border districts: Brazil, Bolivia & Paraguay	A	AG*V	AG*V	AG*TBsv
Belize	Av	Av	Abv	ATBrsv
Bolivia	Agv	Agv	AgBv	AgTBrsv
Amazonas	AGX/N	AGX/N	AGBX/N	AGTBrsvX/N

A: Hepatitis A
B: Hepatitis B
f: FSME/TBE
g/G: Yellow fever

g/G *: Yellow fever (possible certain risk only)
j: Japanese encephalitis
M: Meningococci A + C + W135 + Y
r: Rabies

s: Tuberculosis
T: Typhoid fever
(T): Typhoid fever > 2 weeks
V: Mosquito bite prophylaxis

X: Atovaquone/proguanil or doxycycline
N/n: Stand-by emergency treatment AND mosquito bite prophylaxis

The vaccination recommendations are unchanged from last year. All travellers should be vaccinated against diphtheria and tetanus, the symbols showing this are therefore not included in this table.

Type of journey

Recommendations are divided into four categories according to the type and duration of journey:

1. Business or conference travel to capital or other big city for up to one week.
2. Package holiday with day excursions or individual travel of one to four weeks' duration. If the travel is of a special nature, for instance with intense exposure to risk of infection, **Grp 2** can be supplemented from **Grp 3/4**, e.g. with B on sexual contact to locals, T in the event of extremely poor hygiene), M in case of close contact to locals, j in case of insect exposure (trekking trip).
3. Individual travel, e.g. backpacking trip, for one to six months.
4. Prolonged individual journey lasting 6 months or more, immigrants visiting their families (regardless of the duration of the trip) stationing abroad, or equivalent frequently repeated visits.

Note: Will often need to be adapted to individual needs.

Interpreting the symbols

CAPITAL LETTERS are used when the recommendation applies to all travellers, small letters when the application is limited.

Malaria prophylaxis is emphasised by **bold type**, and placed last in each column. Thus f, g, j, r and s refer to vaccination of selected travellers, and **v**, **x** and **x/n** refer to malaria risk in a limited area of the country, see www.ssi.dk/rejser. **N/n** is *stand-by emergency treatment*, see below. Seasonal variation is indicated by numbers. When the risk is seasonal, usually the rainy season, the first and last month of the relevant period are stated at the top and bottom after the letter, respectively, e.g.

Afghanistan **x⁵₁₁**. Please note that the rainy season may vary from year to year, and that the numbers are therefore only a guideline



	Grp 1	Grp 2	Grp 3	Grp 4
Brazil (yellow fever currently all travellers)	AG	AG	AGB	AGTBrS
Amazonas	AGX/N	AGX/N	AGBX/N	AGTBrSx/N
Chile	A	A	A	ATBs
Columbia	Ag*	Ag*x/n	Ag*Bx/n	Ag*TBrsx/n
Amazonas	AGX/N	AGX/N	AGBX/N	AGTBrSx/N
Costa Rica	A	A	AB	ATBr
Ecuador	A	Ag*x/n	Ag*Bx/n	Ag*TBrsx/n
Amazonas	AGX/N	AGX/N	AGBX/N	AGTBrSx/N
Galápagos Islands	A	A	A	ATB
El Salvador	A	A _v	AB _v	ATBrsv
French Guiana	AG	AGx/n	AGBx/n	AGTBrx/n
Guatemala	A	A _v	AB _v	ATBrsv
Guyana	AG	AGx/n	AGBx/n	AGTBrSx/n
Honduras	A _v	A _v	AB _v	ATBrsv
Mexico	A	A _v	AB _v	ATBrsv
Nicaragua	A _v	A _v	AB _v	ATBrsv
Panama	A	Agx/n	AgBx/n	AgTBrsx/n
Paraguay	AG	AG _v	AG _v	AGTBrsv
Peru	A	Ag*v	Ag*B _v	Ag*TBrs _v
Amazonas (Loreto)	AGX/N	AGX/N	AGBX/N	AGTBrSx/N
Surinam	AG	Agx/n	AGBx/n	AGTBrSx/n
Uruguay	A	A	A	ATBs
Venezuela	Ag*	Ag*v	Ag*B _v	Ag*TBrs _v
Amazonas, Bolivar,	AGX/N	AGX/N	AGBX/N	AGTBrSx/N
Margarita Island	A	A	A	ATB

OCEANIA:

Caroline Islands	A	A	AB	ATBs
Christmas Island (AU)	A	A	AB	ATBs
Cocos Islands (AU)	A	A	AB	ATBs
Cook Islands	A	A	AB	ATBs
Fiji	A	A	AB	ATBs
French Polynesia	A	A	AB	ATBs
Guam (US)	A	A	AB	ATBs
Kiribati	A	A	AB	ATBs
Micronesia	A	A	AB	ATBs
Nauru	A	A	AB	ATBs
New Caledonia (FR)	A	A	AB	ATBs
Niue	A	A	AB	ATBs
Northern Mariana Islands	A	A	AB	ATBs
Papua New Guinea	AX	AX	AjBX	AjTBsX
Pitcairn Islands	A	A	AB	ATBs
Samoa	A	A	AB	ATBs
Solomon Islands	AX	AX	ABX	ATBsX
Tokelau (NZ)	A	A	AB	ATBs
Tonga	A	A	AB	ATBs
Tuvalu	A	A	AB	ATBs
Vanuatu	AX	AX	ABX	ATBsX
Wake Island (US)	A	A	AB	ATBs
Wallis and Futuna (FR)	A	A	AB	ATBs

AFRICA:

Algeria	A	A	AB	ATBrS
Angola	AGX	AGX	AGBX	AGTBrSx
Benin	AGX	AGMX	AGMBX	AGMTBrSx
Botswana	A	Ax ¹¹ ₆	ABx ¹¹ ₆	ATBrSx ¹¹ ₆
Burkina Faso	AGX	AGMX	AGMBX	AGMTBrSx
Burundi	AGX	AGX	AGBX	AGTBrSx
Cameroon	AGX	AGMX	AGMBX	AGMTBrSx

Key to symbols

- A: Hepatitis A (from 1 year of age). Recommended for all immigrant children born in DK before visits to their country of origin. Immunoglobulin may be given to children < 1 year of age.
- B: Hepatitis B (from birth). Booster vaccination is not recommended, EPI-NEWS 37/15.
- f: Central European Encephalitis (FSME/TBE), for regular walking in grassy deciduous woodlands during the 6 months of summer.
- g/G: Yellow fever (from 9 months).
g/G*: Yellow fever, possibly in some cases only when a special risk is present.
- For more information, see each country at www.ssi.dk/rejser.
- j: Japanese encephalitis (as from 2 months of age), EPI-NEWS 26a/15, 27a/17 and 27a/18.
- M: Meningococcal disease A + C + W135 + Y (as from 6 years of age, EPI-NEWS 27a/17).
Mandatory for any pilgrimage to Mecca, EPI-NEWS 27a/18.
- r: Rabies, see EPI-NEWS 6/16 and 9/18.
- s: Tuberculosis. BCG for children (from birth and until 11-12 years of age) for travels to high-endemic areas, in case of prolonged close contact with local population living in poor conditions, EPI-NEWS 27a/17.
- T: Typhoid fever injection from about 2 years of age, in case of specific risk from 18 months. Capsules from about 5 years of age. Immigrants visiting family and friends are recommended vaccination regardless of the duration of their stay.

Malaria prophylaxis:

- V: Very low risk, protection against mosquito bites sufficient.
- X: Atovaquone/proguanil or doxycycline.
- N: Stand-by emergency treatment with atovaquone/proguanil.

Basic vaccination of children and persons who have not received the common childhood vaccinations, EPI-NEWS 6-8/18.

Vaccination of children prior to stays in developing countries, EPI-NEWS 5/18.

Selected insect-borne viral diseases.

A: Hepatitis A
B: Hepatitis B
f: FSME/TBE
g/G: Yellow fever

g/G *: Yellow fever (possible certain risk only)
j: Japanese encephalitis
M: Meningococci A + C + W135 + Y
r: Rabies

s: Tuberculosis
T: Typhoid fever
(T): Typhoid fever > 2 weeks
V: Mosquito bite prophylaxis

X: Atovaquone/proguanil or doxycycline
N/n: Stand-by emergency treatment AND mosquito bite prophylaxis



	Grp 1	Grp 2	Grp 3	Grp 4
Cape Verde	A	Av ⁸ ₁₁	ABv ⁸ ₁₁	ATBsv ⁸ ₁₁
Central African Republic	AGX	AGMX	AGMBX	AGMTBrSX
Chad	AgX	AgMX	AgMBX	AgMTBrSX
Chagos Islands (UK)	A	A	AB	ATBrS
Comoro Islands	AX	AX	ABX	ATBrSX
Congo	AGX	AGX	AGBX	AGTBrSX
Dem. Rep. Congo (Zaire)	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Djibouti	AX	AX	ABX	ATBrSX
Egypt	A	A	AB	ATBrS
Equatorial Guinea	AGX	AGX	AGBX	AGTBrSX
Eritrea	Ag*X	Ag*MX	Ag*MBX	Ag*MTBrSX
Asmara	A	AM	AMB	AMTBrS
Ethiopia	Ag*X	Ag*MX	Ag*MBX	Ag*MTBrSX
Addis Ababa	AG	AGM	AGMB	AGMTBrS
Gabon	AGX	AGX	AGBX	AGTBrSX
Gambia	AGX	AGMX	AGMBX	AGMTBrSX
Ghana	AGX	AGMX	AGMBX	AGMTBrSX
Guinea	AGX	AGX	AGBX	AGTBrSX
Guinea-Bissau	AGX	AGX	AGBX	AGTBrSX
Ivory Coast	AGX	AGMX	AGMBX	AGMTBrSX
Kenya	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Nairobi	Ag*	Ag*	Ag*B	Ag*TBrS
Lesotho	A	A	AB	ATBrS
Liberia	AGX	AGX	AGBX	AGTBrSX
Libya	A	A	AB	ATB
Madagascar	AX	AX	ABX	ATBrSX
Malawi	AX	AX	ABX	ATBrSX
Mali	AGX	AGMX	AGMBX	AGMTBrSX
Mauretania	Agx	Agx	AgBx	AgTBrSx
Mauritius	A	A	AB	ATBs
Mayotte (FR)	AX	AX	ABX	ATBrSX
Morocco	A	A	AB	ATBrS
Mozambique	AX	AX	ABX	ATBrSX
Namibia	A	Ax	ABx	ATBrSx
Niger	AGX	AGMX	AGMBX	AGMTBrSX
Nigeria	AGX	AGMX	AGMBX	AGMTBrSX
Réunion (FR)	A	A	AB	ATBrS
Rwanda	AGX	AGX	AGBX	AGTBrSX
São Tomé and Príncipe	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Senegal	AGX	AGMX	AGMBX	AGMTBrSX
Seychelles	A	A	AB	ATBs
Sierra Leone	AGX	AGX	AGBX	AGTBrSX
Somalia	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Sudan	AgX	AgMX	AgMBX	AgMTBrSX
Swaziland	Ax	Ax	ABx	ATBrSx
South African Republic	A	Ax	ABx	ATBrSx
South Sudan	AGX	AGMX	AGMBX	AGMBBrSX
Tanzania	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Togo	AGX	AGMX	AGMBX	AGMTBrSX
Tunisia	A	A	AB	ATBrS
Uganda	AGX	AGMX	AGMBX	AGMTBrSX
Zambia	Ag*X	Ag*X	Ag*BX	Ag*TBrSX
Zimbabwe	AX	AX	ABX	ATBrSX
Harare, Bulawayo	A	A	AB	ATBrS
ASIA:				
Afghanistan	A	A(T)x ⁵ ₁₁	ATBx ⁵ ₁₁	ATBrSx ⁵ ₁₁
Armenia	A	A	AB	ATBrS

Cholera vaccination

Vaccination is not recommended against common travel diarrhoea. Vaccination may be relevant in connection with stays in areas with cholera outbreaks.

Special regulatory requirements

Some countries require vaccination against yellow fever of all travellers, see www.who.int/ith. Stays/transit in countries where yellow fever can occur may trigger a vaccination requirement at a later stage of the journey (yellow fever transmission zone, see www.ssi.dk/rejser).

According to the WHO, no country may require booster vaccination of people who have previously received yellow fever vaccination, EPI-NEWS 27a/16.

Meningococcal vaccination against group A + C + W135 + Y is required for pilgrimage to Saudi Arabia. Menveo® can be given as from 1 year of age and Nimenrix® as from 6 weeks of age, EPI-NEWS 27a/18.

Malaria prophylaxis

Primary prevention of mosquito bites by use of balm/nets/spray is always important in connection with stays in a malaria area. Various pharmacological prophylaxis regimes are discussed below (for stand-by emergency treatment, see below):

Atovaquone/proguanil is effective against *P. falciparum*. Resistance is very rare. Must not be used in pregnant and breast-feeding women. For dosage information for children weighing 5-10 kg, see EPI-NEWS 7-8/16.

Doxycycline is effective against *P. falciparum*. Doxycycline is contraindicated in pregnant women after the tenth week of gestation and in children < 8 years, EPI-NEWS 7-8/16.

Stand-by emergency treatment of malaria

In some areas of Southeast Asia and Central & South America, the risk of malaria is generally so low that the traveller may be provided with malaria medication for *stand-by emergency treatment* as an alternative to chemoprophylaxis to be used if the traveller develops a fever or other malaria symptoms, EPI-NEWS 27a/17. The countries/regions where *stand-by emergency treatment* may be considered, are marked with **n/N** in the tables. This presupposes that the traveler carries a thermometer

A: Hepatitis A
B: Hepatitis B
f: FSME/TBE
g/G: Yellow fever

g/G *: Yellow fever (possible certain risk only)
j: Japanese encephalitis
M: Meningococci A + C + W135 + Y
r: Rabies

s: Tuberculosis
T: Typhoid fever
(T): Typhoid fever > 2 weeks
V: Mosquito bite prophylaxis

X: Atovaquone/proguanil or doxycycline
N/n: Stand-by emergency treatment AND mosquito bite prophylaxis



	Grp 1	Grp 2	Grp 3	Grp 4
Azerbaijan	A	Av ⁶ ₁₀	ABv ⁶ ₁₀	ATBrsv ⁶ ₁₀
Bahrain	A	A	AB	ATBs
Bangladesh	Av	A(T)x	Aj ⁵ ₁₀ Brx	Aj ⁵ ₁₀ TBrsx
Dhaka	A	A(T)	Aj ⁵ ₁₀ TBr	Aj ⁵ ₁₀ TBrS
Bhutan	A	A(T)x	Aj ⁶ ₁₀ TBrx	Aj ⁶ ₁₀ TBrSx
Brunei	A	AV	AjBV	AjTBsV
Cambodia	Av	Ax/n	Aj ⁵ ₁₀ Brx/n	Aj ⁵ ₁₀ TBrSx/n
Angkor Wat, Tonlé Sap	A	AV	Aj ⁵ ₁₀ BrV	Aj ⁵ ₁₀ TBrSv
China	A	A	Aj ⁶ ₁₀ B	Aj ⁶ ₁₀ TBrS
China, parts of Tibet	A	Av	Aj ⁶ ₁₀ Bv	Aj ⁶ ₁₀ TBrSv
Yunnan	Ax	Ax	Aj ⁶ ₁₀ Bx	Aj ⁶ ₁₀ TBrSx
Hong Kong	A	A	AB	ATBs
Macau	A	A	AB	ATB
East Timor	AX	AX	AjBX	AjTBrSx
Georgia	A v ⁶ ₁₀	Av ⁶ ₁₀	ABv ⁶ ₁₀	ATBrsv ⁶ ₁₀
India, north	AV	A(T)V	Aj ⁵ ₁₀ TBrV	Aj ⁵ ₁₀ TBrSv
India, Central & East	AV	A(T)x	Aj ⁵ ₁₀ TBrX	Aj ⁵ ₁₀ TBrSx
India, south & west, incl. Goa	AV	A(T)V	AjTBrV	AjTBrSv
Indonesia	A	Ax/n	AjBx/n	AjTBrSx/n
Bali, Java (tourist areas)	A	A	AjB	AjTBs
Papua	AX	AX	AjBX	AjTBsX
Iran	A	Ax ³ ₁₁	ABx ³ ₁₁	ATBrSx ³ ₁₁
Iraq	A	AT	ATB	ATBrS
Israel	A	A	AB	ATBr
Japan			j ⁷ ₁₀ B	j ⁷ ₁₀ B
Jordan	A	A	AB	ATBr
Kazakhstan	A	A	AB	ATBrS
Kyrgyzstan	A	Av ⁶ ₁₀	ABv ⁶ ₁₀	ATBrsv ⁶ ₁₀
Kuwait	A	A	AB	ATBs
Laos	Av	Ax/n	Aj ⁶ ₉ Bx/n	Aj ⁶ ₉ TBrSx/n
Vientiane	A	A	Aj ⁶ ₉ B	Aj ⁶ ₉ TBrS
Lebanon	A	A	AB	ATBr
Malaysia	A	Av	AjBv	AjTBrSv
Sabah and Sarawak	A	Ax/n	AjBx/n	AjTBrSx/n
Maldives	A	A	AB	ATBs
Mongolia	A	A	AB	ATBrS
Myanmar (Burma)	A	Ax/n	Aj ⁵ ₁₀ Brx/n	Aj ⁵ ₁₀ TBrSx/n
Nepal	A	A(T)v	Aj ⁶ ₁₀ TBrv	Aj ⁶ ₁₀ TBrSv
North Korea	A	Av	Aj ⁵ ₁₀ Bv	Aj ⁵ ₁₀ TBrSv
Oman	A	Av	ABv	ATBrv
Pakistan	AX	A(T)x	Aj ⁵ ₁₀ TBrX	Aj ⁵ ₁₀ TBrSx
Philippines	A	Ax/n	AjBx/n	AjTBrSx/n
Qatar	A	A	AB	ATB
Saudi Arabia	A	Ax ⁹ ₁	ABx ⁹ ₁	ATBsx ⁹ ₁
Mecca (Hajj)	AM	AM	AMB	AMTBs
Singapore	A	A	AB	ATBs
Sri Lanka	A	A(T)v	AjTBrv	AjTBrSv
South Korea	A	Av	Aj ⁵ ₁₀ Bv	Aj ⁵ ₁₀ Bsv
Syria	A	A	AB	ATBrS
Taiwan	A	A	Aj ⁵ ₁₀ B	Aj ⁵ ₁₀ TBs
Tajikistan	A	Av ⁶ ₁₀	ABv ⁶ ₁₀	ATBrsv ⁶ ₁₀
Thailand	A	Ax/n	Aj ⁵ ₁₀ Brx/n	Aj ⁵ ₁₀ TBrSx/n
Standard tourist areas	A	Av	Aj ⁵ ₁₀ Brv	Aj ⁵ ₁₀ TBrSv
Turkmenistan	A	A	AB	ATBrS
United Arab Emirates	A	A	AB	ATBr
Uzbekistan	A	Av ⁵ ₉	ABv ⁵ ₉	ATBrsv ⁵ ₉
Vietnam	A	Av	Aj ⁵ ₁₀ Bv	Aj ⁵ ₁₀ TBrSv
Yemen	Av	Ax	ABx	ATBrSx

when staying in areas with a risk of malaria, that effective mosquito bite prophylaxis is used consistently and that the traveller does not start *stand-by emergency treatment* until he or she has been examined by a doctor and has had malaria parasites detected in a blood sample.

The traveller should also get in touch with his or her insurance company for advice on where malaria may be treated most efficiently.

It is important to stress that the *stand-by emergency treatment* will not always constitute a curative malaria treatment. The primary objective of stand-by emergency treatment is to ensure that the traveller obtains access to an effective and quality-assured medical drug without delay, and because there is a real risk that locally acquired malaria drugs may be ineffective.

Furthermore, it is important to be aware that some groups of travellers, e.g. immigrants who visit their families in their country of origin, travellers who go trekking and stay overnight in some jungle and swamp areas and back-packers on long-term travels with no predetermined travel route, may be at a heightened risk of becoming infected with malaria and these groups therefore require extra careful guidance.

As stand-by emergency treatment, we recommend: atovaquone/proguanil (adults: 4 tablets daily for three days along with a fatty meal).

Travel medicine on the internet

Up-to-date information on outbreaks and more detailed information about the individual countries and diseases are available at the following addresses:

www.ssi.dk/rejser

www.um.dk

www.who.int/ith

www.cdc.gov/travel

www.promedmail.org

(C.S. Larsen, Danish Travel Medicine Society, S. Thybo, Danish Society for Infectious Medicine, J. Kurtzhals, Danish Society for Clinical Microbiology, N.E. Møller, Danish College of General Practitioners, L.S. Vestergaard, Danish Society for Tropical Medicine and International Health, K. Gade, The Danish Paediatric Society, P.H. Andersen, A. Koch, Department of Infectious Disease Epidemiology)

3 July 2019

A: Hepatitis A
B: Hepatitis B
f: FSME/TBE
g/G: Yellow fever

g/G *: Yellow fever (possible certain risk only)
j: Japanese encephalitis
M: Meningococci A + C + W135 + Y
r: Rabies

s: Tuberculosis
T: Typhoid fever
(T): Typhoid fever > 2 weeks
V: Mosquito bite prophylaxis

X: Atovaquone/proguanil or doxycycline
N/n: *Stand-by emergency treatment* and mosquito bite prophylaxis