

CENTRAL AMERICA – CARIBBEAN

1 Country information

BELIZE: There is no risk of malaria in the centres of the large towns. On adventure trips away from the centres of large towns and out in the countryside there is a risk of malaria and the recommendations for prevention of malaria discussed in NOTE 1 apply.

CARIBBEAN: There is no malaria risk at all except in **HAITI** and to a very limited extent in the **dominican republic**.

COSTA RICA: There is no particular malaria risk in most areas of the country. There is no risk of malaria in areas above 500 m, nor in the towns. There is a moderate risk of malaria (almost exclusively the mild vivax-malaria) in the cantons Matina and Talamanca (in the Province of Limón) and the canton Los Chiles (in the Province of Alajuela); the risk is even smaller in the Provinces of Guanacaste, Heredia, and in the rest of the Province of Limón. The recommendations discussed in NOTE 1 apply here only for an adventure stay in the countryside.

DOMINICAN REPUBLIC: In most of the country there is no risk of malaria. There is a limited malaria risk in rural areas. No antimalaria measures are necessary for a well-organised tourist trip in first class hotels. The risk of malaria is higher in the provinces bordering on Haiti (especially in the Provinces of Castañuelas, Hondo Valle and Pepillo Salcedo). Application of the recommendations discussed in NOTE 1 should be considered for an adventure stay in the rural areas (throughout the whole country – but especially in the border provinces).

EL SALVADOR: There is practically no malaria risk in El Salvador any longer, and certainly not in the areas above 600 m, nor in the big towns. Only in the remote areas of the Santa Ana Province, on the border with Guatemala, is there a limited malaria risk (exclusively the mild vivax-malaria); the recommendations for prevention of malaria discussed in NOTE 1 apply here for an adventure stay in the countryside.

GUATEMALA: There is no malaria risk in the capital city, nor in the areas above 1500 metres. There is only a risk of malaria in the low-lying rural areas (below 1500 m):

- High risk in the departments of Alta Verapaz, Baja Verapaz, Ixcán, Petén, San Marcos.

- Moderate risk in the departments of Escuintla, Izabal, Huehuetenango, Quiché, Retalhuleu, Suchitepequez and Zacapa.
- The recommendations for the prevention of malaria discussed in NOTE 1 apply only for an adventure stay in the rural areas of the northern border area with Mexico and Belize (Petén).

HAITI: The malaria risk is absent or very low in areas higher than 300 metres, and is even less in the centres of the big towns. The risk of malaria is also minimal in the rest of the country. The malaria risk is, however, real in a number of forested regions in the cantons Gros Horne, Hinche, Maïssade, Chantal and Jacmel. Only here, for overnight stays under primitive conditions, is it necessary to take the antimalaria measures and tablets as discussed in NOTE 1.

HONDURAS: There is no malaria risk in the big towns of Honduras. The greatest malaria risk exists in the rural areas of the departments of Choluteca, Cortès, Colon, Valle, and Yoro. The risk is lower in the departments of Atlantida, El Paraiso, Gracias a Dios and on the islands of La Bahia and Olancho. There is a minimal risk of malaria in the remaining departments. The recommendations discussed in NOTE 1 apply here for an adventure stay in the countryside.

MEXICO: There is no malaria risk in the areas above 1000 m and therefore also none in the district of Mexico City. In most of the tourist areas of Mexico the risk of malaria is very low to non-existent. The measures for protection against mosquito bites in the evening and at night are certainly sufficient for a well-organised trip, and there is no need to take antimalaria tablets. This also applies for the Yucatan Province and its principal town Merida.

In certain circumstances the malaria risk is definitely higher, especially during overnight stays under primitive conditions in areas outside the towns below 1000 metres, namely in the Campeche, Chiapas, Guerrero, Michoacán, Oaxaca, Quintana Roo, Sinaloa and Tabasco Provinces, and to a lesser extent in the Chichuahua, Durango, Hidalgo, Jalisco, Nayarit, Sonora and Veracruz Provinces. The recommendations for the prevention of malaria in NOTE 1 then apply. There is falciparum malaria in Chiapas, Tabasco (border with Guatemala) and Quintana Roo (border with Belize).

NICARAGUA: There is a risk of malaria in all rural areas, and also in the urban areas (principally in the outer suburbs). The risk is highest in Chinandega, Jinotega, Nueva Segovia, RAAN, RAAS and Rio San Juan. The recommendations for prevention of malaria discussed in NOTE 1 apply in Nicaragua.

PANAMA: There is no malaria risk in the capital Panama City, nor in the Canal Zone.

There is a malaria risk in rural areas throughout the whole year in the following provinces, where the recommendations for prevention of malaria apply only for adventure trips.

- In Bocas de Toro (west of the Panama Canal), discussed in NOTE 1.
- In San Blas and Darién (east of the Panama Canal), discussed in NOTE 2.
- In the remaining provinces the risk is absent to very low.

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2 Prevention of malaria

Measures for protection against mosquito bites in the evenings and at night are always essential for protection against possible malaria. Persons who visit endemic malaria areas during the daytime and who stay in the evenings and overnight in good hotels run no risk, and do not need to take antimalaria tablets, but they should always have a mosquito repellent in their bag for application to the skin, in case they cannot get back to the hotel in time in the evening, due for example to problems such as illness, car breakdown etc. You should also generously apply the mosquito repellent to the skin when on a trip or safari in the early morning, in the evening or at night. When on trips of the adventure type out in the countryside with overnight stays in primitive conditions it is moreover advisable to impregnate the mosquito net with permethrine or deltamethrine, a chemical substance that provides an extra mosquito-repellent and mosquitocidal effect, and the taking of antimalaria tablets is also necessary:

NOTE 1

NIVAQUINE® 3 tablets per week, taken all in one dose, starting from 1 week before departure, and continuing dosing until 4 weeks after returning home.

NOTE 2

LARIAM 1 tablet once per week is the first-choice medication, unless the doctor thinks that there are contraindications (desire for pregnancy, first three months of pregnancy, epilepsy, depression, or cardiac rhythm disorders for which the taking of certain medications such as beta-blockers, calcium antagonists or digitalis is necessary) or if you did not tolerate this medication on an earlier occasion. You start this medication at least 1 week before departure, but if there is sufficient time, and certainly if you have never taken the medication before, it is

better for you to start 2 to 3 weeks before departure (in order to discover any side effects such as dizziness, insomnia, nightmares, excitation, inexplicable anxiety, cardiac palpitations, etc). You continue to take the medication until 4 weeks after returning home. If Lariam is tolerated well it can, if necessary, be taken for many months and even years. The taking of Malarone[®], 1 tablet per day from 1 day before departure until 7 days after returning home, is also an excellent but expensive choice for a trip of at most 4 weeks.

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3 Diarrhoea

DIARRHOEA is a frequent travel problem. It is not always possible to escape it, even when travelling in good conditions. Some advice and the correct medications from the travel pharmacy are very useful.

In any case consult the text on traveller's diarrhoea, where the measures for prevention and if necessary for correct treatment of diarrhoea are discussed.

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4 Vaccinations

- YELLOW FEVER vaccination is NOT required if you depart from Belgium, unless you are on a visit to the provinces of Dariën, Chepo and/or San Blas in Panama. As many other countries regard Panama as a country where yellow fever actually occurs, it is safer (and we therefore advise it) for every traveller to Panama to be vaccinated against yellow fever, so that there are no problems when entering other countries. However, if you are travelling from another country where yellow fever can occur (Africa, South America), anyone over 1 year of age (for El Salvador from the age of 6 months) should certainly be vaccinated for Belize, Guatemala, Haiti, Honduras and Nicaragua.
- Going on a trip is furthermore the ideal opportunity to get up to date with the TETANUS, DIPHTHERIA and POLIO VACCINATION. These infectious diseases are in any case completely preventable by means of vaccination. A repeat vaccination is effective for ten years.
- Anyone travelling to Latin America, regardless of the duration and the circumstances of the trip, is advised to be protected against HEPATITIS A. Vaccination against hepatitis A is always advised for people who (1) are travelling in poor hygiene conditions, or who stay abroad (2) frequently or (3) for long periods (e.g. for more than 2 - 3 weeks), even if they do so in good hygienic conditions. Vaccination against TYPHOID is also advised in these cases. For further details see the text on VACCINATIONS.

- In certain circumstances vaccination against HEPATITIS B and RABIES should be considered. All this should be individually discussed with your doctor or with the doctor at a travel advice centre.