

FAR EAST: CHINA - CAMBODIA - JAPAN - KOREA - LAOS – MONGOLIA – VIETNAM

1 Country information

CHINA: there is no risk of malaria in the big towns. In the tourist areas of China the risk of malaria is extremely low to non-existent: generally speaking, no antimalaria measures are necessary for tourists. Measures for protection against mosquito bites in the evenings and at night are certainly adequate for most regions.

There is no malaria risk for hikers along the silk route.

There is no malaria risk at all in the northern provinces: Heilongjiang, Jilin, Nei Monggol, Beijing, Shanxi, Ningxia, Qinghai, nor in the western provinces Gansu, Xinjiang (except in the valley along the Yili river), and Xizang (except for one focus in the extreme south-east in the valley of the Zangbo river, towards the border with Myanmar (Burma)).

In the **Yunnan** Province (in the extreme south of China, in the border area with Laos-Vietnam-Burma) and on the island of **Hainan** there is a malaria risk throughout the whole year, but only in areas below 1500 m and away from the towns. In the Guangxi Province (to the east of the Yunnan Province) there is only a sporadic risk of malaria. The measures for the prevention of malaria discussed in NOTE 2 apply for an adventure stay in rural areas.

There is also a variable but limited malaria risk in the remaining part of south-east China, but only in areas below 1500 metres, away from the towns and off the tourist routes.

- above 33° north latitude there is a malaria risk only from July to November,
- between 33 and 25° north latitude there is a malaria risk only from May to December.
- below 25° north latitude, namely in the Guizhou and Guangdong Provinces, there is a risk of malaria throughout the whole year.

The recommendations for the prevention of malaria discussed in NOTE 1 apply in these areas.

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CAMBODIA: there is a malaria risk throughout the whole country, except

- in Phnom Pehn and its environs; downstream along the Mekong river and its large tributary the Tonle Bassac (down to the border with Vietnam) and upstream along the Tonle Sap river and in the immediate environs around the Tonle Sap Lake. In these areas the risk is low,
- in most of the provincial capitals (exceptions are: Prey Vihar, Rattanakiri, Mondolkiri),
- in Siem-Riep (though there is a malaria risk in the neighbourhood of the temples, also in the region of Angkor Wat; extra measures are therefore advised for overnight stays in this area).

There is a risk on the coast: hence also in the evenings and at night on the beaches such as in Kep and Sihanoukville.

Measures for the prevention of malaria: see NOTE 2.

In the western provinces of Cambodia, bordering on Thailand, there is a resistant form of malaria: for the protective measures see NOTE 3

<http://www.cambodia.net/malaria/>

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JAPAN: there is no malaria, not even in the Ryukyu archipelago, including Okinawa. There is no malaria in the Bonin Islands.

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KOREA: there is only a very limited risk of *P. vivax* malaria in a few remote localities in the north of South Korea (north-west of the Imjin River in the northern border province of Kyonggi-do) and in the adjacent areas in the south of North Korea: no anti-malaria measures need to be taken.

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LAOS: there is no malaria risk in the capital Vientiane. However, there is a malaria risk throughout the rest of the country. The recommendations discussed in NOTE 2 apply here.

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MONGOLIA: there is no malaria.

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VIETNAM: there is a risk of malaria throughout the whole country, but not in the big towns such as Hanoi, Danang, Nha Trang, Ho Chi Minh, etc. and also not in the delta of the Red River. There is a low risk in the Mekong delta.

There is also no risk in the coastal plains north of Nha Trang.

The risk is greatest in the areas to the south of the Mekong Delta (in the provinces of Ca Mau and Bac Lieu), on the plateaux below 1500 metres, and in the hilly forested areas in the interior south of 18 degrees latitude.

No tablets are therefore necessary for a well organised trip from town to town, but measures for protection against mosquito bites in the evenings and at night should be sufficient.

The recommendations for prevention of malaria discussed in NOTE 2 apply for other travellers.

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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 malaria. Tourists who visit a malaria area during the daytime and stay in good hotels in the evenings and at night run no risk, and do not need to take any antimalaria tablets. However, everybody should always have a mosquito-repellent product (for application to the skin) in their bag, in case they cannot get back to the hotel in time in the evening, e.g. due to problems such as illness, car breakdown, etc. You should also apply the mosquito-repellent generously to the skin when on a trip or a safari in the early morning, in the evening or at night. Tourists on adventure type trips in rural areas who stay overnight in primitive conditions are also advised to impregnate the mosquito net with permethrin or deltamethrin, 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 in one dose, starting from 1 week before departure, and continuing until 4 weeks after returning home.

NOTE 2

LARIAM® 1 tablet once per week is the first choice medication, unless your doctor thinks there are contraindications (desire for pregnancy, first three months of pregnancy, epilepsy, depression, or cardiac rhythm disorders for which medications such as beta-blockers, calcium antagonists or digitalis are being taken), 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 this medication before, it is better for you to start 2 to 3 weeks before departure (in order to discover any side effects: dizziness, insomnia, nightmares, excitation, inexplicable anxiety, cardiac palpitations). You should 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 or even years. For a trip of up to 4 weeks MALARONE® 1 tablet per day from 1 day before departure until 7 days after returning home is an excellent but expensive alternative.

If there are contraindications, taking of DOXYCYCLINE, 1 tablet per day (NOTE 3) is an alternative; otherwise the combination of NIVAQUINE® 1 tablet per day and PALUDRINE® 2 tablets per day can be considered, though this combination is often significantly less effective, and in many areas of Southeast Asia it is rather ineffective. Tourists who take Nivaquine® and

Paludrine® and stay for several weeks in a malaria area should always have a curative dose, in case of acute malaria attack.

NOTE 3

DOXYCYCLINE 100 mg per day, to be started the day before departure and to be continued until 4 weeks after returning home; it should be taken, with plenty of liquid or with a meal. Doxycycline can sometimes give rise to phototoxicity and fungal infections of the mouth and genitals. All this should be individually discussed with your doctor or with the doctor at the travel advice centre.

3 Diarrhoea

DIARRHOEA is a frequent travel problem.

Even when travelling in good conditions, it is not always possible to escape its effects. Some advice and the correct medications from the travel pharmacy are very useful.

Always consult the section on traveller's diarrhoea where the measures for prevention and correct treatment of diarrhoea are discussed.

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4 Vaccinations

- No vaccination at all is actually required.
- YELLOW FEVER vaccination is NOT required if you are departing from Belgium. If you are travelling from another country, where yellow fever can occur (countries in Africa & South America), you should certainly be vaccinated for China, Cambodia, Laos and Vietnam, and this applies from 1 year of age.
- Going on a trip is also an ideal opportunity to get up to date with the TETANUS-DIPHTHERIA- and POLIO VACCINATIONS. These infectious diseases are completely preventable by means of vaccination. A repeat vaccination is effective for ten years.
- Anyone travelling to Asia/Oceania, regardless of the duration and the conditions 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 not very good hygiene conditions, or who stay abroad (2) frequently or (3) for long periods (for example for more than 2 - 3 weeks), even if in good hygiene conditions. In these cases vaccination against TYPHOID is also advised. For further details see VACCINATIONS.
- In specific circumstances vaccination against HEPATITIS B should also be considered.

- If you intend to take hike for at least 4 weeks on adventure trips through the countryside you should consider vaccination against JAPANESE ENCEPHALITIS and possibly RABIES. All this should be individually discussed with your doctor or with the doctor at the travel advice centre.