

MIDDLE AND NEAR EAST

1 Country information

There is no malaria in **BAHRAIN, ISRAEL, JORDAN, KUWAIT, LEBANON or QATAR**. The malaria risk in **OMAN** is limited to a few remote areas, and hence in Oman prophylactic antimalaria tablets are not necessary.

AFGHANISTAN: There is malaria in Afghanistan in all areas below 2000 m, from May to November (99% of the cases are caused by the benign vivax-malaria). There is no risk of malaria in the central and eastern part of the country, which lies above 2000 metres. There is no risk of malaria in the capital Kabul. The recommendations for prevention of malaria discussed in NOTE 2 apply for an adventure stay in the countryside.

IRAQ: There is some risk of malaria (exclusively due to the benign vivax-malaria) only from May to November in areas below 1500 m of the 5 provinces north of 35 degrees latitude north (Duhok, Erbil, Ninawa, Sulaimaniya and Ta'mim Prov.). There is also a risk in a few remote localities in the province of Basra in the extreme south, near the border with Iran. See NOTE 1.

IRAN: There is a risk of malaria from March to November in a number of provinces of Iran:

- In large parts of the provinces Lorestan, Khuzestan, Kohgiluyeh-Boyar, Chahar Mahal-Bakhtiari and Fars: see NOTE 1.
- In a few south-eastern provinces (tropical part of Iran), namely in Sistan & Baluchestan, Hormozgan and the southern part of Kerman. There is chloroquine-resistance here. See NOTE 2.

OMAN: Very limited risk in a few remote areas (in the province of Dofar in the south of the country). Application of the recommendations discussed in NOTE 1 should be considered for an adventure stay in the countryside.

PAKISTAN: There is no risk of malaria in the areas higher than 2000 m (situated mainly in the high mountains in the far north of the country), nor in the big towns. The recommendations for prevention of malaria discussed under NOTE 2 apply in the rest of the country.

SAUDI ARABIA: The risk of malaria (especially *P. falciparum*) is restricted to the south-west

coast of the Western Province (including the border area with Yemen and the coastal area on the Red Sea). In this region there is however no risk in the towns of Jeddah, Mecca, Taif and Medina. There is no risk of malaria in the other provinces (Eastern, Northern and Central Provinces), nor in the highlands of the Asir Province. In the malaria areas the recommendations for prevention of malaria discussed in NOTE 2 apply for an adventure stay in the countryside.

SYRIA: There is only a very limited risk of malaria in a number of rural areas in the northern border strip with Turkey, and then only from May to October (exclusively due to the benign vivax malaria). There is otherwise no malaria risk at all. The recommendations for prevention of malaria discussed in NOTE 1 apply here for an adventure stay in the countryside.

TURKEY: There is a limited risk of malaria – exclusively of the benign vivax type - from April to October in rural areas restricted to a narrow strip in the south of Turkey, in the area on the border with Syria (South Anatolia): from the region around the coast town of Mersin and the region around Adana, the Çukurova/Amikova areas, to where the Iraqi border begins. The recommendations for prevention of malaria discussed in NOTE 1 apply here for an adventure stay in the countryside.

UNITED ARAB EMIRATES: No preventive antimalaria measures are necessary for a trip to the United Arab Emirates. There is only a very limited risk of malaria in a few emirates in the north-east, namely in the area on the border with Oman and on the Gulf of Oman. Here there is a risk of malaria only in rural areas, namely in the valleys and at the foot of the mountains (Hajar mountain range, East Coast and Central Plateau Regions). In the towns of Abu Dhabi, Dubai, Sharjah, Ajman, and Umm al Qaiwain, in the northern emirates, there is no malaria risk at all. There is no malaria risk in the Abu Dhabi Emirate.

YEMEN: There is no risk of malaria in the capital San'a and in a wide surrounding region, nor in Aden and around its airport. From March to August, the risk of malaria in the rest of the country is very low, so that measures for protection against mosquito bites in the evenings and at night are certainly sufficient. The recommendations for prevention of malaria outlined in NOTE 2 only apply for an adventure stay in the countryside between September and February.

2 Prevention of malaria

Measures for protection against mosquito bites in the evenings and at night are always essential for protection against malaria. Persons who visit a malaria area during the daytime and who stay in good hotels in the evenings and overnight run no risk, and do not need to take

antimalaria tablets, though they should always have a mosquito-repellent for application to the skin in their bag, in case they are not able to 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 in the early morning, in the evening or at night. Persons on trips of the adventure type in the countryside who spend the night in primitive conditions are also advised to impregnate the mosquito net with permethrine or deltamethrine, a chemical substance that provides an extra mosquito-repellent and mosquitocidal effect; they must also take antimalaria tablets.

NOTE 1

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

NOTE 2

The combination of two antimalaria medications:

NIVAQUINE®, 3 tablets per week, taken all in one dose, and

PALUDRINE®, 2 tablets per day, taken all in one dose or 1 tablet in the morning and one in the evening. You start this dosage regimen from 1 week before departure, and continue until 4 weeks after returning home. Certain persons who stay for long periods in a malarial area should in exceptional cases also have to hand a full treatment for a possible malaria attack. All this should if possible 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 it. Some advice and the correct medications from the travel pharmacy are very useful.

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

4 Vaccinations

- No vaccination at all is 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 (Africa, South America), you should be vaccinated from the age of 1 year, for Afghanistan, Iraq, Jordan, Lebanon, Oman, Saudi Arabia and Syria, and for Pakistan from the age of 6 months.
- Going on a trip is furthermore an ideal opportunity to get your TETANUS, DIPHTHERIA and POLIOMYELITIS VACCINATIONS up to date. These infectious diseases are in any case fully preventable by means of vaccination. A repeat vaccination is effective for ten years.
- VACCINATION against HEPATITIS A is also advised for people who (1) are travelling in not very good hygienic conditions, or who stay abroad (2) frequently or (3) for a long time (e.g. for at least 3-4 weeks), even if in good hygienic conditions. Vaccination against TYPHOID is also advised in these cases.
- Pilgrims to Mecca must be vaccinated against MENINGOCOCCAL A, C, W and Y MENINGITIS.
- In specific circumstances vaccination against HEPATITIS B and RABIES should also be considered.

All this should be individually discussed with your doctor or with the doctor at the travel advice centre.