

**INDIA****Capital** New Delhi**Altitude** 210 m

**Yellow fever:** Anyone (except infants up to the age of 6 months) arriving by air or sea without a certificate is detained in isolation for up to 6 days if that person (i) arrives within 6 days of departure from an infected area, or (ii) has been in such an area in transit (excepting those passengers and members of the crew who, while in transit through an airport situated in an infected area, remained within the airport premises during the period of their entire stay and the Health Officer agrees to such exemption), or (iii) has come on a ship that started from or touched at any port in a yellow fever infected area up to 30 days before its arrival in India, unless such a ship has been disinfected in accordance with the procedure laid down by WHO, or (iv) has come by an aircraft which has been in an infected area and has not been disinfected in accordance with the provisions laid down in the Indian Aircraft Public Health Rules, 1954, or those recommended by WHO. The following countries and areas are regarded as infected:

**Africa:** Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania, Zambia.

**America:** Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Peru, Suriname, Trinidad and Tobago, Venezuela.

Note. When a case of yellow fever is reported from any country, that country is regarded by the Government of India as infected with yellow fever and is added to the above list.

**Malaria:** Malaria risk exists throughout the year in the whole country below 2000 m, with 40% to 50% of cases due to *P. falciparum*. There is no transmission in parts of the states of Himachal Pradesh, Jammu and Kashmir, and Sikkim. *P. falciparum* resistance to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prophylaxis in risk areas: **III**. In Assam: **IV**

**INDONESIA****Capital** Jakarta**Altitude** 10 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas. The countries and areas included in the endemic zones (see map page 84) are considered by Indonesia as infected areas.

**Malaria:** Malaria risk exists throughout the year in the whole country except in Jakarta Municipality, big cities, and within the areas of the tourist resorts of Bali and Java. *P. falciparum* resistant to chloroquine and sulfadoxine-pyrimethamine reported. *P. vivax* resistant to chloroquine reported.

Recommended prevention in risk areas: **IV**

**IRAN, ISLAMIC REPUBLIC OF****Capital** Tehran**Altitude** 1150 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria:** Limited risk—exclusively due to *P. vivax*—exists during the summer months in Ardebil and East Azerbaijan provinces north of the Zagros mountains. Malaria risk due to *P. falciparum* exists from March through November in rural areas of the provinces of Hormozgan, Kerman (tropical part) and the southern part of Sistan-Baluchestan. *P. falciparum* resistant to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prevention: **II** in *P. vivax* risk areas; **IV** in *P. falciparum* risk areas.

**IRAQ****Capital** Baghdad**Altitude** 40 m

**Yellow fever:** A yellow fever vaccination certificate is required from travellers coming from infected areas.

**Malaria:** Malaria risk—exclusively due to *P. vivax*—exists from May through November, principally in areas in the north below 1500 m (Duhok, Erbil, Ninawa, Sulaimaniya and Kirkuk provinces) but also in Basrah Province.

Recommended prevention: **II**