

# ***Malaria***

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## ***AFGHANISTAN***

Capital: Kabul

Altitude: 1800 m

Malaria: Malaria risk *P. vivax* and *P. falciparum* exists from May through November below 2000 m. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: chloroquine plus proguanil

## ***ALBANIA***

Capital: Tirana

Altitude: 130 m

No Malaria

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## ***ALGERIA***

Capital: Algiers

Altitude: 30 m

Malaria: Malaria risk is limited. One small focus (*P. vivax*) has been reported in Ighir (Illizi Department), but this is isolated and access is difficult.

Recommended prophylaxis: none.

## ***AMERICAN SAMOA***

Capital: Pago Pago

Altitude: 10 m

No Malaria

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## ***ANDORRA***

Capital: Andorra la Vella

Altitude: 1410 m

No Malaria

## ***ANGOLA***

Capital: Luanda

Altitude: 10 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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## ***ANTIGUA AND BARBUDA***

Capital: St John's

Altitude: 0 m

No Malaria

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**ARGENTINA**

Capital: Buenos Aires

Altitude: 30 m

Malaria: Malaria risk exclusively due to *P. vivax* is low and is confined to rural areas along the borders with Bolivia (lowlands of Jujuy and Salta provinces) and with Paraguay (lowlands of Corrientes and Misiones provinces).

Recommended prophylaxis in risk areas: chloroquine.

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**ARMENIA**

Capital: Yerevan

Altitude: 1000 m

Malaria: Malaria risk exclusively due to *P. vivax* exists focally from June through October in some of the villages located in Ararat Valley, mainly in the Masis district. No risk in tourist areas.

Recommended prophylaxis: none.

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**AUSTRALIA**

Capital: Canberra

Altitude: 610 m

No malaria

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**AUSTRIA**

Capital: Vienna

Altitude: 170 m

No malaria

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**AZERBAIJAN**

Capital: Baku

Altitude: 0 m

Malaria: Limited malaria risk exclusively due to *P. vivax* exists from June through September in lowland areas, mainly in the area between the Kura and the Arax rivers.

Recommended prophylaxis: none.

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**BAHAMAS**

Capital: Nassau

Altitude: 10 m

No malaria

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**BAHRAIN**

Capital: Manama

Altitude: 0 m

No malaria

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**BANGLADESH**

Capital: Dhaka

Altitude: 10 m

Malaria: Malaria risk exists throughout the year in the whole country, excluding Dhaka city. *P. falciparum* resistant to chloroquine reported in the south-east; resistance to sulfadoxine pyrimethamine also reported.

Recommended prophylaxis: mefloquine.

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**BARBADOS**

Capital: Bridgetown

Altitude: 10 m

No Malaria

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**BELARUS**

Capital: Minsk

Altitude: 210 m

No malaria

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**BELGIUM**

Capital: Brussels

Altitude: 80 m

No malaria

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**BELIZE**

Capital: Belmopan

Altitude: 60 m

Malaria risk almost exclusively due to *P. vivax* exists in all districts but varies within regions.

Risk is highest in the southern region. No resistant *P. falciparum* strains reported.

Recommended prophylaxis in risk areas: chloroquine.

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**BENIN**

Capital: Porto-Novo (constitutional) / Cotonou (seat of Government)

Altitude: 40 m / 50 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: mefloquine

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**BERMUDA**

Capital: Hamilton

Altitude: 0 m No malaria

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**BHUTAN**

Capital: Thimphu

Altitude: 2740 m

Malaria: Malaria risk exists throughout the year in the southern belt of five districts: Chirang, Samchi, Samdrupjongkhar, Sarpang and Shemgang. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: MEF.

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## **BOLIVIA**

Capital: La Paz (administrative) / Sucre (legislative)

Altitude: 3700 m / 2800 m

Malaria: Malaria risk predominantly due to *P. vivax* exists throughout the year below 2500 m in the departments of Beni, Pando, Santa Cruz and Tarija, and in the provinces of Lacareja, Rurenabaque, and North and South Yungas in La Paz Department. Lower risk exists in Cochabamba and Chuquisaca. Falciparum malaria occurs in Beni and Pando, especially in the localities of Guayaramerín, Puerto Rico and Riberalta. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: chloroquine; in northern departments, mefloquine.

## **BOTSWANA**

Capital: Gaborone

Altitude: 1000 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists from November to May/June in the northern parts of the country: Boteti, Chobe, Ngamiland, Okavango, Tutume districts/sub-districts. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis in risk areas: mefloquine.

## **BRAZIL**

Capital: Brasilia

Altitude: 1000 m

Malaria: Malaria risk *P. vivax* (77%), *P. falciparum* (23%) is present in most forested areas below 900 m within the nine states of the "Legal Amazonia" region (Acre, Amapá, Amazonas, Maranhão (western part), Mato Grosso (northern part), Pará (except Belém City), Rondônia, Roraima and Tocantins. Transmission intensity varies from municipality to municipality, but is higher in jungle areas of mining, lumbering and agricultural settlements less than 5 years old, than in the urban areas, including in large cities such as Pôrto Velho, Boa Vista, Macapá, Manaus, Santarém and Marabá, where the transmission occurs on the periphery of these cities. In the states outside "Legal Amazonia", malaria transmission risk is negligible or non-existent. Multidrug-resistant *P. falciparum* reported.

Recommended prophylaxis in risk areas: mefloquine.

## **BURKINA FASO**

Capital: Ouagadougou

Altitude: 320 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

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## **BURMA**

see MYANMAR

## **BURUNDI**

Capital: Bujumbura

Altitude: 780 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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## ***CAMBODIA***

Capital: Phnom Penh

Altitude: 20 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country except in the Phnom Penh area and close around Tonle Sap. Malaria does, however, occur in the tourist area of Angkor Wat. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Resistance to mefloquine reported in western provinces near the Thai border.

Recommended prophylaxis (including Angkor Wat area): mefloquine; in western provinces, doxycycline.

## ***CAMEROON***

Capital: Yaoundé

Altitude: 730 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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## ***CAPE VERDE***

Capital: Praia

Altitude: 0 m

Malaria: Limited malaria risk exists from September through November in São Tiago Island.

Recommended prophylaxis: none.

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## ***CENTRAL AFRICAN REPUBLIC***

Capital: Bangui

Altitude: 380 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

## ***CHAD***

Capital: N'Djamena

Altitude: 300 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

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## ***CHILE***

Capital: Santiago

Altitude: 520 m

No malaria.

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## **CHINA**

Capital: Beijing

Altitude: 60 m

Malaria: Malaria risk including *P. falciparum* malaria occurs in Hainan and Yunnan. Multidrug-resistant *P. falciparum* has been reported. Risk of *P. vivax* malaria exists in Fujian, Guangdong, Guangxi, Guizhou, Hainan, Sichuan, Xizang (only along the valley of the Zangbo river in the extreme south-east) and Yunnan. Very low malaria risk (*P. vivax* only) exists in Anhui, Hubei, Hunan, Jiangsu, Jiangxi and Shandong. The risk may be higher in areas of focal outbreaks. Where transmission exists, it occurs only in remote rural communities below 1500 m: from July to November north of latitude 33°N, from May to December between 33°N and 25°N, and throughout the year south of 25°N. There is no malaria risk in urban areas nor in the densely populated plain areas. In general, tourists do not need to take malaria prophylaxis unless they plan to stay in remote rural areas in the provinces listed above.

Recommended prophylaxis in risk areas: chloroquine; in Hainan and Yunnan, mefloquine.

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## **CHINA, HONG KONG SAR**

Capital: Hong Kong

Altitude: 30 m

No malaria

## **CHINA, MACAO SAR**

Capital: Macao

Altitude: 10 m

No malaria.

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## **COLOMBIA**

Capital: Bogotá

Altitude: 2600 m

Malaria: Malaria risk *P. falciparum* (46%), *P. vivax* (54%) is high throughout the year in rural/jungle areas below 800 m, especially in municipalities of the regions of Amazonia, Orinoquía, Pacífico and Urabá-Bajo Cauca. Transmission intensity varies from department to department, with the highest risk in Amazonas, Chocó, Córdoba, Guainía, Guaviare, Putumayo and Vichada. Chloroquine-resistant *P. falciparum* exists in Amazonia, Pacífico and Urabá-Bajo Cauca. Resistance to sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: chloroquine plus proguanil; in Amazonia, Pacífico and Urabá-Bajo Cauca, mefloquine.

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## **COMOROS**

Capital: Moroni

Altitude: 10 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

## **CONGO**

Capital: Brazzaville

Altitude: 300 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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***CONGO, DEMOCRATIC REPUBLIC OF THE (***

Capital: Kinshasa

Altitude: 200 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

***COSTA RICA***

Capital: San José

Altitude: 1160 m

Malaria: Malaria risk- almost exclusively due to *P. vivax* is moderate throughout the year in the cantons of Los Chiles (Alajuela Province) and Matina and Talamanca (Limón Province). Lower transmission risk exists in cantons in the provinces of Alajuela, Guanacaste and Heredia, and in other cantons in Limón Province. Negligible or no risk of malaria transmission exists in the other cantons of the country.

Recommended prophylaxis in risk areas: chloroquine.

***COTE D'IVOIRE***

Capital: Yamoussoukro / Abidjan (seat of Government )

Altitude: 220 m / 50 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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***CROATIA***

Capital: Zagreb

Altitude: 140 m

No Malaria.

***CUBA***

Capital: Havana

Altitude: 30 m

No malaria.

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***CYPRUS***

Capital: Nicosia

Altitude: 140 m

No malaria.

***CZECH REPUBLIC***

Capital: Prague

Altitude:

250 m

No malaria.

***DENMARK***

Capital: Copenhagen

Altitude: 0 m

No Malaria

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***DJIBOUTI***

Capital: Djibouti

Altitude: 0 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: mefloquine.

***DOMINICA***

Capital: Roseau

Altitude: 0 m

No Malaria.

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***DOMINICAN REPUBLIC***

Capital: Santo Domingo

Altitude: 380 m

Malaria: Low malaria risk exclusively due to *P. falciparum* exists throughout the year, especially in rural areas of the western provinces such as Castañuelas, Hondo Valle and Pepillo Salcedo. There is no evidence of *P. falciparum* resistance to any antimalarial drug.

Recommended prophylaxis in risk areas: chloroquine.

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***ECUADOR***

Capital: Quito

Altitude: 2800 m

Malaria: Malaria risk *P. falciparum* (23%), *P. vivax* (77%) exists throughout the year below 1500 m, with some risk in Cotopaxi, Loja and Los Rios. Higher transmission risk is found in El Oro, Esmeraldas and Manabi. There is no risk in Guayaquil or Quito. A high proportion of *P. falciparum* cases in Esmeraldas Province are reportedly resistant to chloroquine.

Recommended prophylaxis in risk areas: chloroquine; in Esmeraldas province, mefloquine.

***EGYPT***

Capital: Cairo

Altitude: 20 m

Malaria: Very limited *P. falciparum* and *P. vivax* malaria risk exists from June through October in El Faiyûm governorate (no cases reported since 1998).

Recommended prophylaxis: none.

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***EL SALVADOR***

Capital: San Salvador

Altitude: 680 m

Malaria: Very low malaria risk almost exclusively due to *P. vivax* exists throughout the year in Santa Ana Province, in rural areas of migratory influence from Guatemala.

Recommended prophylaxis in risk areas: chloroquine.

***EQUATORIAL GUINEA***

Capital: Malabo

Altitude: 380 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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***ERITREA***

Capital: Asmara

Altitude: 2400 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country below 2200 m. There is no risk in Asmara. Resistance to chloroquine and sulfadoxine-pyrimethanine reported.

Recommended prophylaxis: mefloquine.

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***ETHIOPIA***

Capital: Addis Ababa

Altitude: 2400 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country below 2000 m. Chloroquine-resistant *P. falciparum* reported. There is no malaria risk in Addis Ababa.

Recommended prophylaxis: mefloquine.

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***FALKLAND ISLANDS (MALVINAS)***

Capital: Stanley

Altitude: 0 m

No malaria.

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***FIJI***

Capital: Suva

Altitude: 10 m

No Malaria.

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***FINLAND***

Capital: Helsinki

Altitude: 20 m

No malaria.

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***FRANCE***

Capital: Paris

Altitude: 40 m

No malaria.

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***FRENCH GUIANA***

Capital: Cayenne

Altitude: 0 m

Malaria: Malaria risk *P. falciparum* (70%), *P. vivax* (30%) is high throughout the year in nine municipalities of the territory bordering Brazil (Oiapoque river valley) and Suriname (Maroni river valley). In the other 13 municipalities transmission risk is low or negligible. Multidrug-resistant *P. falciparum* reported in areas influenced by Brazilian migration.

Recommended prophylaxis in risk areas: mefloquine.

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***FRENCH POLYNESIA***

Capital: Papeete

Altitude: 0 m

No malaria.

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**GABON**

Capital: Libreville

Altitude: 10 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

**GAMBIA**

Capital: Banjul

Altitude: 0 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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**GEORGIA**

Capital: Tbilisi

Altitude: 400 m

Malaria: Malaria risk exclusively due to *P. vivax* exists focally from July to October in some villages located in the south-eastern part of the country.

Recommended prophylaxis: none.

**GERMANY**

Capital: Berlin

Altitude: 50 m

No malaria.

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**GHANA**

Capital: Accra

Altitude: 70 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

**GIBRALTAR**

Capital: Gibraltar

Altitude: 450 m

No malaria.

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**GREECE**

Capital: Athens

Altitude: 150 m

No malaria.

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**GUATEMALA**

Capital: Guatemala City

Altitude: 1500 m

Malaria: Malaria risk predominantly due to *P. vivax* exists throughout the year below 1500 m. There is high risk in the departments of Alta Verapaz, Baja Verapaz, Petén and San Marcos, and moderate risk in the departments of Escuintla, Huehuetenango, Izabal, Quiché, Retalhuleu, Suchitepéquez and Zacapa.

Recommended prophylaxis in risk areas: chloroquine.

**GUINEA**

Capital: Conakry

Altitude: 230 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

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**GUINEA-BISSAU**

Capital: Bissau

Altitude: 0 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

**GUYANA**

Capital: Georgetown

Altitude: 0 m

Malaria: Malaria risk *P. falciparum* (48%), *P. vivax* (52%) is high throughout the year in all parts of the interior. Sporadic cases of malaria have been reported from the densely populated coastal belt. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis in risk areas: mefloquine.

**HAITI**

Capital: Port-au-Prince

Altitude: 100 m

Malaria: Malaria risk exclusively due to *P. falciparum* exists throughout the year in certain forest areas in Chantal, Gros Morne, Hinche, Jacmel and Maissade. In the other cantons, risk is estimated to be low. No *P. falciparum* resistance to chloroquine reported.

Recommended prophylaxis in risk areas: chloroquine.

**HONDURAS**

Capital: Tegucigalpa

Altitude: 960 m

Malaria: Malaria risk predominantly due to *P. vivax* is high throughout the year in 223 municipalities. Transmission risk is low in the other 71 municipalities, including San Pedro Sula and the city of Tegucigalpa. *P. falciparum* risk is the highest in Sanitary Region VI, including in the Islas de la Bahía.

Recommended prophylaxis : chloroquine.

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**HONGKONG**

No Malaria.

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## ***HUNGARY***

Capital: Budapest  
Altitude: 110 m  
No malaria.

## ***ICELAND***

Capital: Reykjavik  
Altitude: 20 m  
No malaria.

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## ***INDIA***

Capital: New Delhi  
Altitude: 210 m  
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: chloroquine plus proguanil. In Assam: mefloquine

## ***INDONESIA***

Capital: Jakarta  
Altitude: 10 m  
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 prophylaxis in risk areas: mefloquine.

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## ***IRAN, ISLAMIC REPUBLIC OF***

Capital: Tehran  
Altitude: 1150 m  
Malaria: Limited risk exclusively due to *P. vivax* exists in some areas north of the Zagros mountains and in western and south-western regions during the summer months. Malaria risk due to *P. falciparum* exists from March through November in rural areas of the provinces of Hormozgan, Kerman (tropical part) and Sistan Baluchestan. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: chloroquine in *P. vivax* risk areas; chloroquine plus proguanil in *P. falciparum* risk areas.

## ***IRAQ***

Capital: Baghdad  
Altitude: 40 m  
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 Ta'mim provinces) but also in Basrah Province.  
Recommended prophylaxis: chloroquine.

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***IRELAND***

Capital: Dublin  
Altitude: 30 m  
No malaria.

***ISRAEL***

No malaria.  
ITALY  
Capital: Rome  
Altitude: 30 m  
No malaria.

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***JAMAICA***

Capital: Kingston  
Altitude: 30 m  
No malaria.

***JAPAN***

Capital: Tokyo  
Altitude: 10 m  
No malaria.

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***JORDAN***

Capital: Amman  
Altitude: 800 m  
No malaria.

***KAZAKHSTAN***

Capital: Astana  
Altitude: 356 m  
No Malaria

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***KENYA***

Capital: Nairobi  
Altitude: 1800 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. There is normally little risk in the city of Nairobi and in the highlands (above 2500 m) of Central, Eastern, Nyanza, Rift Valley and Western provinces. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

***KIRIBATI***

Capital: Tarawa  
Altitude: 0 m

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***KOREA, DEMOCRATIC PEOPLE'S REPUBLIC***

Capital: Pyongyang

Altitude: 0 m

Malaria: Limited malaria risk exclusively due to *P. vivax* exists in some southern areas.

Recommended prophylaxis: none.

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***KOREA, REPUBLIC OF***

Capital: Seoul

Altitude: 60 m

Malaria: Limited malaria risk exclusively due to *P. vivax* exists mainly in the northern areas of Kyunggi Do and Gangwon Do Provinces.

Recommended prophylaxis: none.

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***KUWAIT***

Capital: Kuwait

Altitude: 30 m

No malaria.

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***KYRGYZSTAN***

Capital: Bishkek

Altitude: 730 m

Malaria: Malaria risk exclusively due to *P. vivax* exists from June through September in some southern and western parts of the country, mainly in Batken, Osh and Zhele-Abadskaya provinces in areas bordering Tajikistan and Uzbekistan.

Recommended prophylaxis: none.

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***LAO PEOPLE'S DEMOCRATIC REPUBLIC***

Capital: Vientiane

Altitude: 160 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country except in Vientiane. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: mefloquine.

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***LATVIA***

Capital: Riga

Altitude: 0 m

No malaria.

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***LEBANON***

Capital: Beirut

Altitude: 50 m

No malaria.

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***LESOTHO***

Capital: Maseru

Altitude: 1700 m

No Malaria

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***LIBERIA***

Capital: Monrovia

Altitude: 10 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Recommended prophylaxis: mefloquine.

***LIBYAN ARAB JAMAHIRIYA***

Capital: Tripoli

Altitude: 20 m

No malaria.

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***LIECHTENSTEIN***

Capital: Vaduz

Altitude: 600 m

No malaria.

***LITHUANIA*** □

Capital: Vilnius

Altitude: 180 m

No malaria.

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***LUXEMBOURG***

Capital: Luxembourg

Altitude: 340 m

No malaria.

***MACAO SPECIAL ADMINISTRATIVE REGIO***

see CHINA MACEDONIA, THE FORMER YUGOSLAV REPUBLIC OF

Capital: Skopje

Altitude: 240 m

No malaria.

***MADAGASCAR***

Capital: Antananarivo

Altitude: 1300 m.

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country, with the highest risk in the coastal areas. Resistance to chloroquine reported. Recommended prophylaxis: mefloquine.

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***MALAWI***

Capital: Lilongwe

Altitude: 1030 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Recommended prophylaxis: mefloquine.

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***MALAYSIA***

Capital: Kuala Lumpur

Altitude: 50 m

Malaria: Malaria risk exists only in limited foci in the deep hinterland. Urban and coastal areas are free from malaria. *P. falciparum* throughout the year. *P. falciparum* resistant to chloroquine and sulfadoxine-pyrimethamine reported.

Recommended prophylaxis in risk areas: mefloquine.

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***MALDIVES***

Capital: Malé

Altitude: 0 m

No malaria.

***MALI***

Capital: Bamako

Altitude: 340 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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***MALTA***

Capital: Valletta

Altitude: 0 m

No malaria.

***MARSHALL ISLANDS***

Capital: Majuro

Altitude: 0 m

No malaria.

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***MARTINIQUE***

Capital: Fort-de-France

Altitude: 0 m

No malaria.

***MAURITANIA***

Capital: Nouakchott

Altitude: 10 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country, except in the northern areas: Dakhlet-Nouadhibou and Tiris-Zemour. In Adrar and Inchiri there is malaria risk during the rainy season (July through October). Resistance to chloroquine reported.

Recommended prophylaxis in risk areas: chloroquine plus proguanil.

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***MAURITIUS***

Capital: Port Louis

Altitude: 90 m

Malaria: Malaria risk exclusively due to *P. vivax* may exist in certain rural areas. There is no risk on Rodrigues Island.

Recommended prophylaxis: none.

***MAYOTTE (FRENCH TERRITORIAL COLLE***

Capital: Mamoudzou

Altitude: 280 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year.

Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

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***MEXICO***

Capital: Mexico City

Altitude: 2250 m

Malaria: Malaria risk almost exclusively due to *P. vivax* exists throughout the year in some rural areas that are not often visited by tourists. There is high risk of transmission in some localities in the states of Chiapas, Quintana Roo, Sinaloa and Tabasco; moderate risk in the states of Chihuahua, Durango, Nayarit, Oaxaca and Sonora; and low risk in Campeche, Guerrero, Michoacán and Jalisco.

Recommended prophylaxis in risk areas: chloroquine.

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***MICRONESIA, FEDERATED STATES OF***

Capital: Palikir

Altitude: 0 m

No malaria.

***MOLDOVA, REPUBLIC OF***

Capital: Chisinau

Altitude: 100 m

No malaria.

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***MONACO***

Capital: Monaco

Altitude: 0 m

No malaria.

***MONGOLIA***

Capital: Ulaanbaatar

Altitude: 1300 m

No malaria.

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***MONTSERRAT***

Capital: Plymouth

Altitude: 120 m

No malaria.

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## **MOROCCO**

Capital: Rabat

Altitude: 0 m

Malaria: Very limited malaria risk exclusively due to *P. vivax* may exist from May to October in certain rural areas of Chefchaouen Province.

Recommended prophylaxis: none.

## **MOZAMBIQUE**

Capital: Maputo

Altitude: 50 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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## **MYANMAR (formerly BURMA)**

Capital: Yangon

Altitude: 20 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists commonly below 1000 m (a) throughout the year in Karen State; (b) from March through December in Chin, Kachin, Kayah, Mon, Rakhine and Shan states, Pegu Division, and Hlegu, Hmawbi, and Taikkyi townships of Yangon (formerly Rangoon) Division; (c) from April through December in the rural areas of Tenasserim Division; (d) from May through December in Irrawaddy Division and the rural areas of Mandalay Division; (e) from June through November in the rural areas of Magwe Division, and in Sagaing Division. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Mefloquine resistance reported in the eastern part of Shan State. *P. vivax* with reduced sensitivity to chloroquine reported.

Recommended prophylaxis: mefloquine; in eastern part of Shan State, doxycycline.

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## **NAMIBIA**

Capital: Windhoek

Altitude: 1720 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists from November to May/June in the northern regions and in Omaheke and Otjozondjupa and throughout the year along the Kavango and Kunene rivers. Resistance to chloroquine reported.

Recommended prophylaxis in risk areas: chloroquine plus proguanil.

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## **NAURU**

Capital: Yaren

Altitude: 10 m

No malaria.

## **NEPAL**

Capital: Kathmandu

Altitude: 1300 m

Malaria: Malaria risk predominantly due to *P. vivax* exists throughout the year in rural areas of the Terai districts (including forested hills and forest areas) of Bara, Dhanukha, Kapilvastu, Mahotari, Parsa, Rautahat, Rupendehi and Sarlahi, and especially along the Indian border. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: chloroquine plus proguanil.

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***NETHERLANDS***

Capital: Amsterdam / The Hague (seat of Government)

Altitude: 0 m / 0 m

No malaria.

***NETHERLANDS ANTILLES*** □

Capital: Willemstad

Altitude: 0 m

No malaria.

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***NEW CALEDONIA AND DEPENDENCIES***

Capital: Nouméa

Altitude: 10 m

No malaria.

***NEW ZEALAND***

Capital: Wellington

Altitude: 70 m

No vaccination requirements for any international traveller.

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***NICARAGUA***

Capital: Managua

Altitude: 70 m

Malaria: Malaria risk predominantly due to *P. vivax* is high throughout the year in 119 municipalities, with the highest risk in Chinandega, Jinotega, Nueva Segovía, RAAN, RAAS and Rio San Juan. In the other 26 municipalities, in the departments of Carazo, Madriz and Masaya, transmission risk is low or negligible. No chloroquine-resistant *P. falciparum* reported. Recommended prophylaxis in risk areas: chloroquine.

***NIGER***

Capital: Niamey

Altitude: 220 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: mefloquine.

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***NIGERIA***

Capital: Abuja

Altitude: 360 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

***NIUE***

Capital: Alofi

Altitude: 10 m

No malaria.

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***NORTHERN MARIANA ISLANDS***

Capital: Saipan  
Altitude: 0 m  
No malaria.

***NORWAY***

Capital: Oslo  
Altitude: 50 m  
No malaria.

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***OMAN***

Capital: Muscat  
Altitude: 20 m  
Malaria: Very limited malaria risk including *P. falciparum* may exist in remote areas of Musandam Province. No cases reported since 2001. Chloroquine-resistant *P. falciparum* reported.  
Recommended prophylaxis : none.

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***PAKISTAN***

Capital: Islamabad  
Altitude: 350 m  
Malaria: Malaria risk exists throughout the year in the whole country below 2000 m. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: chloroquine plus proguanil.

***PALAU***

Capital: Koror  
Altitude: 0 m  
No Malaria

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***PANAMA***

Capital: Panama City  
Altitude: 20 m  
Malaria: Low malaria risk predominantly due to *P. vivax* occurs throughout the year in three provinces: Bocas del Toro in the west and Darién and San Blas in the east. In the other provinces there is no or negligible risk of transmission. Chloroquine-resistant *P. falciparum* has been reported in Darién and San Blas provinces.  
Recommended prophylaxis in risk areas: chloroquine; in eastern endemic areas, mefloquine.

***PAPUA NEW GUINEA***

Capital: Port Moresby  
Altitude: 20 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country below 1800 m. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. *P. vivax* resistant to chloroquine reported. Recommended prophylaxis: mefloquine.

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**PARAGUAY**

Capital: Asunción

Altitude: 60 m

Malaria: Malaria risk exclusively due to *P. vivax* is moderate in certain municipalities of the departments of Alto Paraná, Caaguazú and Canendiyú. In the other 14 departments there is no or negligible transmission risk.

Recommended prophylaxis in risk areas: chloroquine.

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**PERU**

Capital: Lima

Altitude: 90 m

Malaria: Malaria risk *P. vivax* (78%), *P. falciparum* (22%) is high in 21 of the 33 sanitary regions, including Ayacucho, Cajamarca, Cerro de Pasco, Chachapoyas, Chanca-Andahuaylas, Cutervo, Cusco, Huancavelica, Jaen, Junín, La Libertad, Lambayeque, Loreto, Madre de Dios, Piura, San Martín, Tumbes and Ucayali. *P. falciparum* transmission reported in Jaen, Lambayeque, Loreto, Luciano Castillo, Piura, San Martín, Tumbes and Ucayali.

Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: chloroquine in *P. vivax* risk areas; mefloquine in *P. falciparum* risk areas.

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**PHILIPPINES**

Capital: Manila

Altitude: 20 m

Malaria: Malaria risk exists throughout the year in areas below 600 m, except in the provinces of Aklan, Biliran, Bohol, Camiguin, Capiz, Catanduanes, Cebu, Guimaras, Iloilo, Leyte, Masbate, northern Samar, Sequijor and metropolitan Manila. No risk is considered to exist in urban areas or in the plains. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: mefloquine.

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**PITCAIRN**

Capital: Adamstown

Altitude: 0 m

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**POLAND**

Capital: Warsaw

Altitude: 100 m

No Malaria

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**PORTUGAL**

Capital: Lisbon

Altitude: 50 m

No Malaria

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**PUERTO RICO**

Capital: San Juan

Altitude: 10 m

No Malaria

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***QATAR***

Capital: Doha  
Altitude: 20 m  
No Malaria

***REPUBLIC OF THE ZAMBIA***

Capital: Lusaka  
Altitude: 1280 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

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***REUNION***

Capital: Saint-Denis  
Altitude: 0 m

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***ROMANIA***

Capital: Bucharest  
Altitude: 80 m  
No Malaria

***RUSSIAN FEDERATION***

Capital: Moscow  
Altitude: 160 m  
No Malaria

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***RWANDA***

Capital: Kigali  
Altitude: 1550 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

***SAINT HELENA***

Capital: Jamestown  
Altitude: 0 m  
No Malaria

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***SAINT KITTS AND NEVIS***

Capital: Basseterre  
Altitude: 360 m

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***SAINT LUCIA***

Capital: Castries  
Altitude: 200 m

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***SAINT PIERRE AND MIQUELON***

Capital: Saint-Pierre  
Altitude: 360 m  
No Malaria

***SAINT VINCENT AND THE GRENADINES***

Capital: Kingstown  
Altitude: 0 m  
No Malaria

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***SAMOA***

Capital: Apia  
Altitude: 0 m  
No Malaria

***SAN MARINO***

Capital: San Marino  
Altitude: 290 m  
No Malaria

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***SAO TOME AND PRINCIPE***

Capital: Sao Tomé  
Altitude: 0 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year.  
Chloroquine-resistant *P. falciparum* reported.  
Recommended prophylaxis: mefloquine.

***SAUDI ARABIA***

Capital: Riyadh  
Altitude: 610 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in most of the Southern Region (except in the high-altitude areas of Asir Province) and in certain rural areas of the Western Region. No risk in Mecca or Medina. Chloroquine-resistant *P. falciparum* reported.  
Recommended prophylaxis in risk areas: chloroquine plus proguanil.

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***SENEGAL***

Capital: Dakar  
Altitude: 20 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. There is less risk from January through June in the central western regions.  
Resistance to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

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***SEYCHELLES***

Capital: Victoria  
Altitude: 0 m  
No Malaria

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***SIERRA LEONE***

Capital: Freetown

Altitude: 50 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.

***SINGAPORE***

Capital: Singapore

Altitude: 50 m

No Malaria

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***SLOVAKIA***

Capital: Bratislava

Altitude: 130 m

No Malaria

***SLOVENIA***

Capital: Ljubljana

Altitude: 320 m

No Malaria

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***SOLOMON ISLANDS***

Capital: Honiara

Altitude: 30 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year except in a few eastern and southern outlying islets. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: chloroquine plus proguanil.

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***SOMALIA***

Capital: Mogadishu

Altitude: 20 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

***SOUTH AFRICA***

Capital: Pretoria (administrative) / Cape Town (legislative) / Bloemfontein (judicial)

Altitude 1330 m / 10 m / 1420 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the low altitude areas of Mpumalanga Province (including the Kruger National Park), Northern Province and north-eastern KwaZulu-Natal as far south as the Tugela River. Risk is highest from October to May. Resistance to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis in risk areas: mefloquine.

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## ***SPAIN***

Capital: Madrid  
Altitude: 600 m  
No Malaria

## ***SRI LANKA***

Capital: Colombo  
Altitude: 10 m  
Malaria: Malaria risk *P. vivax* (87%), *P. falciparum* (13%) exists throughout the year, except in the districts of Colombo, Galle, Kalutara and Nuwara Eliya. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis in risk areas: chloroquine plus proguanil.

## ***SUDAN***

Capital: Khartoum  
Altitude: 380 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Risk is low and seasonal in the north. It is higher along the Nile south of Lake Nasser and in the central and southern part of the country. Malaria risk on the Red Sea coast is very limited. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

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## ***SURINAME***

Capital: Paramaribo  
Altitude: 0 m  
Malaria: Malaria risk *P. falciparum* (76%) is high throughout the year in the three southern districts of the country. In Paramaribo city and the other seven coastal districts, transmission risk is low or negligible. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Some decline in quinine sensitivity also reported.  
Recommended prophylaxis in risk areas: mefloquine.

## ***SWAZILAND***

Capital: Mbabane (administrative) / Lolamba (legislative)  
Altitude: 1240 m / 650 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in all low veld areas (mainly Big Bend, Mhlume, Simunye and Tshaneni). Chloroquine-resistant *P. falciparum* reported.  
Recommended prophylaxis in risk areas: mefloquine.

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## ***SWEDEN***

Capital: Stockholm  
Altitude: 30 m  
No Malaria

## ***SWITZERLAND***

Capital: Berne  
Altitude: 520 m  
No Malaria

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### ***SYRIAN ARAB REPUBLIC***

Capital: Damascus

Altitude: 700 m

Malaria: Limited malaria risk exclusively due to *P. vivax* exists from May through October in foci along the northern border, especially in the north-eastern part of the country.

Recommended prophylaxis in risk areas: chloroquine.

### ***TAJIKISTAN***

Capital: Dushanbe

Altitude: 1030 m

Malaria: Malaria risk predominantly due to *P. vivax* exists from June through October, particularly in southern border areas (Khatlon Region), and in some central (Dushanbe), western (Gorno-Badakhshan), and northern (Leninabad Region) areas. Chloroquine-resistant *P. falciparum* is reported in the southern part of the country.

Recommended prophylaxis in risk areas: chloroquine plus proguanil.T

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### ***TANZANIA, UNITED REPUBLIC OF***

Capital: Dodoma

Altitude: 1150 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country below 1800 m. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine.

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### ***THAILAND***

Capital: Bangkok

Altitude: 10 m

Malaria: Malaria risk exists throughout the year in rural, especially forested and hilly, areas of the whole country, mainly towards the international borders. There is no risk in cities and the main tourist resorts (e.g. Bangkok, Chiangmai, Pattaya, Phuket, Samui). *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. Resistance to mefloquine and to quinine reported from areas near the borders with Cambodia and Myanmar.

Recommended prophylaxis in risk areas near Cambodia and Myanmar borders: doxycycline.

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### ***TIMOR LESTE***

Capital: Dili

Altitude: 0 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole territory. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported.

Recommended prophylaxis: mefloquine or doxycycline.

### ***TOGO***

Capital: Lomé

Altitude: 40 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. Chloroquine-resistant *P. falciparum* reported.

Recommended prophylaxis: mefloquine.

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***TOKELAU***

Same requirements as New Zealand.  
(Non-self governing territory of New Zealand)

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***TONGA***

Capital: NukuŌalofa  
Altitude: 0 m  
No Malaria

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***TRINIDAD AND TOBAGO***

Capital: Port of Spain  
Altitude: 10 m  
No Malaria

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***TUNISIA***

Capital: Tunis  
Altitude: 50 m  
No Malaria

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***TURKEY***

Capital: Ankara  
Altitude: 920 m  
Malaria: Malaria risk exclusively due to *P. vivax* exists from May to October mainly in the south-eastern part of the country, and in Amikova and Çukurova Plain. There is no malaria risk in the main tourist areas in the west and south-west of the country.  
Recommended prophylaxis in risk areas: chloroquine.

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***TURKMENISTAN***

Capital: Ashkabat  
Altitude: 220 m  
Malaria: Malaria risk exclusively due to *P. vivax* exists from June to October in some villages located in the south-eastern part of the country, mainly in Mary district.  
Recommended prophylaxis: none.

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***TUVALU***

Capital: Fongafale  
Altitude: 0 m  
No Malaria

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***UGANDA***

Capital: Kampala  
Altitude: 1200 m  
Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country including the main towns of Fort Portal, Jinja, Kampala, Mbale and parts of Kigezi. Resistance to chloroquine and sulfadoxine pyrimethamine reported.  
Recommended prophylaxis: mefloquine.

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**UKRAINE**

Capital: Kiev  
Altitude: 170 m  
No Malaria

**UNITED ARAB EMIRATES**

Capital: Abu Dhabi  
Altitude: 10 m  
No Malaria

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**UNITED KINGDOM (with Channel Islands and**

Capital: London  
Altitude: 10 m  
No Malaria.

**UNITED STATES OF AMERICA (USA)**

Capital: Washington DC  
Altitude: 20 m  
No malaria.

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**URUGUAY**

Capital: Montevideo  
Altitude: 30 m  
No malaria.

**UZBEKISTAN**

Capital: Tashkent  
Altitude: 460 m  
Malaria: Sporadic autochthonous cases of *P. vivax* malaria are reported from Surkhanda-rinskaya Region (Uzunskiy, Sariassiskiy and Shurchinskiy districts).  
Recommended prophylaxis: none.

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**VANUATU**

Capital: Port-Vila  
Altitude: 0 m  
Malaria: Low to moderate malaria risk predominantly due to *P. falciparum* exists throughout the year in the whole country. *P. falciparum* resistant to chloroquine and sulfadoxine pyrimethamine reported. *P. vivax* resistant to chloroquine reported.  
Recommended prophylaxis: chloroquine plus proguanil.

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**VENEZUELA**

Capital: Caracas

Altitude: 1000 m

Malaria: Malaria risk due to *P. vivax* exists throughout the year in some rural areas of Apure, Amazonas, Barinas, Bolívar, Sucre and Táchira states. Risk of *P. falciparum* malaria is restricted to municipalities in jungle areas of Amazonas (Atabapo), Bolívar (Cedeño, Gran Sabana, Raul Leoni, Sifontes and Sucre) and Delta Amacuro (Antonia Diaz, Casacoima and Pedernales). Chloroquine-resistant *P. falciparum* confirmed in the interior of Amazonas state. Recommended prophylaxis: chloroquine in *P. vivax* risk areas; mefloquine in *P. falciparum* risk areas.

**VIETNAM**

Capital: Hanoi

Altitude: 20 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists in the whole country, excluding urban centres, the Red River delta, and the coastal plain areas of central Viet Nam. High-risk areas are the highland areas below 1500 m south of 18°N, notably the three central highlands provinces of Dak Lak, Gia Lai and Kon Tum, as well as the southern provinces of Ca Mau, Bac Lieu, and Tay Ninh. Resistance to chloroquine and sulfadoxine-pyrimethamine reported. Recommended prophylaxis: mefloquine.

**VIRGIN ISLANDS (USA)**

Capital: Charlotte Amalie

Altitude: 230 m

No malaria.

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**YEMEN**

Capital: Sana'a

Altitude: 2230 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists throughout the year, but mainly from September through February, in the whole country below 2000 m. There is no risk in Sana'a city. Resistance to chloroquine reported.

Recommended prophylaxis in risk areas: chloroquine plus proguanil.

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**YUGOSLAVIA, FEDERAL REPUBLIC OF**

Capital: Belgrade

Altitude: 60 m

No malaria.

**ZAIRE**

see CONGO, DEMOCRATIC

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**ZIMBABWE**

Capital: Harare

Altitude: 1450 m

Malaria: Malaria risk predominantly due to *P. falciparum* exists from November through June in areas below 1200 m and throughout the year in the Zambezi valley. In Harare and Bulawayo, the risk is negligible. Resistance to chloroquine reported.

Recommended prophylaxis: mefloquine.