

Brunei

Medical Summary

The health risk information presented here is summarized from Shoreland Travax[®], a decision-support tool used by health care providers to perform a detailed health risk analysis based on specific locations, individual travel styles, and traveler risk behaviors. Travax provides practitioners current, independently researched malaria risk and prevention recommendations in a map-based format that goes beyond the annual WHO and US CDC statements included here. Not included here are current reports from Travax of disease outbreaks or environmental events that may pose elevated risks to travelers' health and safety. The Providers section of this site offers a directory of health care providers who utilize Shoreland Travax for travel health counseling. Learn more about the detailed reports and maps available from these practitioners (includes links to samples).

General Information

Brunei is a developing nation classified as high income. Located in Southeast Asia along the northern coast of the island of Borneo (along the South China Sea), the climate is classified as humid equatorial (no dry season).

Vaccinations

Yellow Fever

Although yellow fever does not occur in Brunei, an official yellow fever vaccination certificate may be required depending on your itinerary.

- *Requirement:* A certificate proving yellow fever vaccination is required for travelers aged ≥ 9 months coming from countries with risk of YF transmission. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk countries.

Other Vaccines

Depending on your itinerary, your personal risk factors, and the length of your visit, your health care provider may offer you vaccination against COVID-19, hepatitis A, hepatitis B, influenza, Japanese encephalitis, measles, mumps, rubella, rabies, typhoid fever, or a one time polio booster if you haven't previously received one for travel. Routine immunizations, such as those that prevent tetanus/diphtheria or "childhood" diseases, should be reviewed and updated as needed.

Malaria

The following is current information as reported by the World Health Organization (WHO) and the US Centers for Disease Control (CDC):

WHO—*International Travel and Health* (current online update, Country List)

(2019) Human *P. knowlesi* infection has been reported.

- Recommended prevention: **A** - Very limited risk of malaria transmission. Mosquito bite prevention only.

WHO Country List footnote: When available, the date of the most recent update or confirmation is indicated in parentheses in the country list. If no date is indicated, the most recent update or confirmation was provided before 2013.

CDC—*Health Information for International Travel* (current online edition)

Areas with malaria: None.

Drug resistance: Not applicable.

Other Concerns

Travelers' Diarrhea

Moderate risk exists throughout the country, with minimal risk in deluxe accommodations. Community sanitation and food safety measures may be inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and, if risk is moderate to high, an antibiotic to add if diarrhea is severe. Consult a knowledgeable health care provider regarding which antibiotic is appropriate for you and most effective for your destination.

Insect- and Arthropod-Borne Diseases

Chikungunya, dengue, rickettsial infections may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

Additional concerns include leptospirosis, marine hazards, melioidosis, tuberculosis.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Terrorism Risk

Low risk of attack by transnational terrorist groups exists throughout the country. Targets may include domestic and international organizations and businesses; public places and events, including those frequented by tourists; and transportation systems.

Crime

Negligible risk of violent crime and low risk of petty crime exist throughout the country.

Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Water Safety

Rent water sports equipment from reputable operators. Scuba dive only with personnel certified by PADI or NAUI, and use equipment only from PADI- or NAUI-certified dive operators.

Transportation Safety

National incidence data on traffic-related injury or death are not available.

Natural Disasters

The monsoon season is from September through January and from May through July. Floods, mudslides, and landslides may occur.

Seismic activity occurs.

Consular Information

Selected Embassies or Consulates in Brunei

- United States: [+673] 238-4616; bn.usembassy.gov
- Canada: [+673] 222-0043; www.brunei.gc.ca
- United Kingdom: [+673] 2-222231; www.gov.uk/world/organisations/british-high-commission-bandar-seri-begawan
- Australia: [+673] 222-9435; www.brunedarussalam.embassy.gov.au

Brunei's Embassies or Consulates in Selected Countries

- In the U.S.: bruneiembassy.org
- In Canada: [+1] 613-234-5656
- In the U.K.: [+44] 020-7581-0521
- In Australia: www.brunei.org.au

Visa/HIV Testing

HIV testing is required to obtain a work or residence visa. Travelers, including short-term travelers, may be detained or deported after arrival if found to be positive for HIV or hepatitis.

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