Solomon Islands

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

Solomon Islands is a developing nation classified as lower middle income. Located in the Pacific Ocean (west of Papua New Guinea), the climate is classified as humid equatorial (no dry season).

Vaccinations

Yellow Fever

Although yellow fever does not occur in Solomon Islands, 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 does not apply to airport transit stops (no exit through immigration checkpoint) 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, measles, mumps, rubella, rabies, or typhoid fever. 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) Malaria risk due predominantly to *P. falciparum* exists throughout the year except in a few outlying eastern and southern islets. *P. vivax* resistance to chloroquine has been reported.

- Recommended prevention in risk areas: C Risk of P. falciparum malaria, in combination with reported chloroquine and sulfadoxine–pyrimethamine resistance. Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported side effects and contraindications) a
 - ^aAlternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with stand–by emergency treatment (SBET).

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: All.

- Drug resistance³: Chloroquine.
- Malaria species: P. falciparum 60%, P. vivax 35%-40%, P. ovale < 1%.

- Recommended chemoprophylaxis: Atovaquone-proguanil, doxycycline, mefloquine, or tafenoquine.⁴
 - ³ Refers to *P. falciparum* malaria unless otherwise noted.
 - ⁴ Primaquine and tafenoquine can cause hemolytic anemia in people with G6PD deficiency. Patients must be screened for G6PD deficiency before starting primaquine or tafenoquine. See *Tafenoquine Approved for Malaria Prophylaxis and Treatment* for more information.

Other Concerns

Travelers' Diarrhea

High risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures are generally 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.

Other Food-Borne Illnesses

Precautions to prevent seafood poisoning may be needed.

Insect- and Arthropod-Borne Diseases

Chikungunya, dengue, Ross River fever, scrub typhus, Zika may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

Additional concerns include helminths, hepatitis C, leptospirosis, marine hazards, snakebites, 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

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

Crime

Moderate risk of violent crime (armed robbery, home invasion, sexual assault, carjacking, and assault) and moderate risk of petty crime exist throughout the country, especially in Honiara in the months leading up to Christmas or during periods of civil unrest, particularly near nightclubs and bars, on beaches, in markets, on or near public transportation, and in popular tourist sites such as Mbonege Beach.

Civil Unrest

Protests and demonstrations occur throughout the country, especially in Honiara, 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

Passenger boats may be unsafe, including ferries traveling between islands. Decline water transportation in vessels that appear overloaded or lack personal flotation devices or life jackets.

Basic safety standards for recreational water activities (including scuba diving, snorkeling, jet-skiing, rafting, and kayaking) may not be in place. 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

High risk of traffic-related injury or death exists. The road traffic death rate is 12 to 24 per 100,000 population. The rate is less than 10 in most high-income countries.

There are no seatbelt laws.

There are no restrictions on mobile phone usage while driving.

Structural standards for vehicles may not meet international standards.

Natural Disasters

The cyclone season is from November through May. Floods, mudslides, and landslides may occur.

Seismic and volcanic activity frequently occurs.

Consular Information

Selected Embassies or Consulates in Solomon Islands

- United States: The U.S. does not have an embassy or consulate in Solomon Islands.
- Canada: Canada does not have an embassy or consulate in Solomon Islands.
- United Kingdom: [+677] 21705; www.gov.uk/world/organisations/british-high-commission-honiara
- Australia: [+677] 21-561; www.solomonislands.embassy.gov.au

Solomon Islands' Embassies or Consulates in Selected Countries

- In the U.S.: Solomon Islands does not have an embassy or consulate in the U.S.
- In Canada: www.siconsulate.com
- In the U.K.: [+44] 20-7008-1500
- In Australia: [+61] 02-6282-7030

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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