

# Cambodia

## 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

Cambodia is a developing nation classified as lower middle income. Located in Southeast Asia (west of Vietnam and east of Thailand), the climate is classified as predominantly humid equatorial (long dry season).

### Vaccinations

**Routine vaccinations** are essential due to a persistent global rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles). Prior to travel, travelers should be up-to-date with the age-appropriate and risk-based routine vaccinations recommended by their home country, which may include:

- COVID-19
- *H. influenzae* type B (Hib)
- Hepatitis A
- Hepatitis B: Protection is especially important for those at increased risk.
- Herpes zoster
- Human papillomavirus
- Influenza
- Measles, mumps, rubella: A single early dose is recommended for travelers aged 6-11 months.
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- Tetanus, diphtheria, pertussis: Tdap preferred; consider an early pertussis booster for high-risk travelers.
- Varicella

### Yellow Fever

Although yellow fever does not occur in Cambodia, 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  $\geq 1$  year 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 chikungunya, cholera, dengue, Japanese encephalitis, mpox, rabies, or typhoid fever.

### 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)

(2020) Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year in forested rural areas. Phnom Penh and areas close to Tonle Sap (Siem Reap) are not at risk. Risk within the tourist area surrounding Angkor Wat is negligible. *P. falciparum* resistance to artesunate, mefloquine, lumefantrine, and piperaquine has been reported in western Cambodia and extends to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia.

- Recommended prevention: **C** – Risk of *P. falciparum* malaria. Mosquito-bite prevention plus atovaquone-proguanil or doxycycline or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects and contraindications).<sup>a, b</sup>

<sup>a</sup>Alternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with stand-by emergency treatment (SBET).

<sup>b</sup>In certain areas with multidrug-resistant malaria, mefloquine chemoprophylaxis is no longer recommended. At present, these areas include Cambodia, south-eastern Myanmar and Thailand.

*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 accurate date is indicated, the most recent update or confirmation was provided prior to 2013.

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

### Transmission areas

- Primarily isolated to pockets in rural and forested areas
- Rare cases in non-forested areas
- No (or negligible) malaria transmission in the cities of Phnom Penh (the capital) and Siem Reap
- No (or negligible) malaria transmission at the main temple complex at Angkor Wat

### Drug resistance<sup>1</sup>

- Chloroquine and mefloquine

### Species

- *P. vivax* (95%)
- *P. falciparum* (5%)
- *P. malariae* and *P. knowlesi*<sup>6</sup> (rare)

### Recommended chemoprophylaxis

- Rural and forested areas: Atovaquone-proguanil, doxycycline, primaquine<sup>5</sup>, tafenoquine<sup>2</sup>
- Areas with rare cases: No chemoprophylaxis recommended (insect bite precautions and mosquito avoidance only)<sup>4</sup>

<sup>1</sup> Refers to *P. falciparum* malaria, unless otherwise noted.

<sup>2</sup> Tafenoquine can cause potentially life-threatening hemolysis in people with glucose-6-phosphate-dehydrogenase (G6PD) deficiency. Test for G6PD deficiency with a quantitative laboratory test before prescribing tafenoquine to patients.

<sup>4</sup> Mosquito avoidance includes applying topical mosquito repellent, sleeping under an insecticide-treated mosquito net, and wearing protective clothing (e.g., long pants and socks, long-sleeve shirt). For additional details on insect bite precautions, see Mosquitoes, Ticks, and Other Arthropods chapter.

<sup>5</sup> Primaquine can cause potentially life-threatening hemolysis in people with G6PD deficiency. Test for G6PD deficiency with a quantitative laboratory test before prescribing primaquine to patients.

<sup>6</sup> *P. knowlesi* is a malaria species with a simian (macaque) host. Human cases have been reported from most countries in Southwest Asia and are associated with activities in forest or forest-fringe areas. *P. knowlesi* has no known resistance to antimalarials.

## Other Concerns

### Travelers' Diarrhea

Moderate risk exists throughout the country, including 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.

## Other Food-Borne Illnesses

Precautions to prevent brucellosis may be needed.

## Insect- and Arthropod-Borne Diseases

Leishmaniasis, West Nile virus, Zika may pose a risk. Personal protective measures are important.

## Other Disease and Health Risks

Additional concerns include avian influenza, helminths, hepatitis C, leptospirosis, marine hazards, melioidosis, plague, schistosomiasis, sexually transmitted infections, snakebites, tuberculosis.

## Safety and Security

### Key Safety Risks

- Road conditions and traffic collisions
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Scams

### Key Security Threats

- Risk of terrorist attacks by transnational groups
- Potential spillover of armed conflict
- Risk of security forces responding to protests with excessive force
- Risk of cross-border threats in areas bordering Thailand
- Landmines/unexploded ordnance
- Violent crime

## Emergency Contacts

The police emergency number is 117; the line may not be answered and local operators do not speak English. The tourist police number in Phnom Penh is [+855] 0-12-942-484.