

# Guatemala

## Medical Summary

*The health risk information presented here is summarized from Shoreland Travax<sup>®</sup>, 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

Guatemala is a developing nation classified as upper middle income. Located in Central America (south of Mexico and west of Belize), the climate is classified as humid equatorial (long dry season) in the south and humid equatorial (no dry season) in the north, with cooler temperatures in some high-altitude areas.

## 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 routine vaccinations recommended by their home country, which may include: COVID-19; *H. influenzae* type B (Hib); hepatitis A; hepatitis B; 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 Guatemala, 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, dengue, 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)

(2021) Malaria risk due almost exclusively to *P. vivax* (99.9%) exists throughout the year below 1500 m.

**Malaria risk is highest** in the departments of Escuintla (especially in the municipalities of Gomera, Masagua, Santa Lucia Cotzumalguapa and Tiquisate) and Alta Verapaz (in the municipalities of Telemán, Panzós and La Tinta).

**Malaria risk is moderate** in the departments of Suchitepéquez, Retalhuleu and Izabal.

**Malaria risk is low** in the rest of the departments (Chiquimula, Zacapa, Baja Verapaz, San Marcos, Peten, Jutiapa, Jalapa, El Progreso, Santa Rosa, Guatemala, Chimaltenango, Huehuetenango and Quiche).

- Recommended prevention in risk areas: **B** - Risk of non-falciparum malaria. Mosquito-bite prevention plus chloroquine, or doxycycline or atovaquone-proguanil or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported

side-effects and contraindications).<sup>a</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).

*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 in the departments of Alta Verapaz, Baja Verapaz, Escuintla, Izabal, and Petén
- Few cases reported in other departments
- No malaria transmission in the cities of Antigua or Guatemala City (the capital)
- No malaria transmission at Lake Atitlán

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

- None

### Species

- *P. vivax* (99%)
- *P. falciparum* (1%)

### Recommended chemoprophylaxis

- Departments of Alta Verapaz, Baja Verapaz, Escuintla, Izabal, and Petén: Atovaquone-proguanil, chloroquine, doxycycline, mefloquine, primaquine<sup>5</sup>, tafenoquine<sup>2</sup>
- Other areas with reported malaria transmission: 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.

## 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 brucellosis, seafood poisoning may be needed.

### Insect- and Arthropod-Borne Diseases

Chagas' disease (American trypanosomiasis), leishmaniasis, West Nile virus, Zika may pose a risk. Personal protective measures are important.

## Other Disease and Health Risks

Additional concerns include air pollution, anthrax disease, helminths, leptospirosis, marine hazards, melioidosis, sexually transmitted infections, snakebites, tuberculosis.

## Safety and Security

### Key Safety Risks

- Road conditions
- Public transportation
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Heightened crime risk for LGBTQ+ travelers
- Food and beverage spiking
- Theft of vehicles
- Scams
- Natural disasters

### Key Security Threats

- Risk of violent civil unrest
- Risk of violent protests
- Risk of security forces responding to protests with excessive force
- Cross-border threats in areas bordering Belize, El Salvador, Honduras, and Mexico
- Explosions in public places
- Violent crime
- Random acts of armed violence
- Piracy

### Emergency Contacts

The police emergency number is 110.

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