

# Indonesia

## 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

Indonesia is a developing nation classified as lower middle income. Located in Southeast Asia between the Indian Ocean and the Pacific Ocean, the climate classifications range from humid equatorial (no dry season) to 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 Indonesia, 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  $\geq 9$  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 chikungunya, 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)

(2022) Malaria risk exists throughout the year in most areas of the five eastern provinces of East Nusa Tenggara, Maluku, North Maluku, Papua, and West Papua. In other parts of the country, there is malaria risk in some districts, except in Jakarta municipality, in cities and urban areas, and in the areas of the main tourist resorts. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported in the province of Kalimantan.

- Recommended prevention in risk areas: **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

- All areas of eastern Indonesia (the provinces of Maluku, North Maluku, East Nusa Tenggara, Papua, and West Papua), including the town of Labuan Bajo and the Komodo Islands in the Nusa Tenggara region
- Rural areas of Kalimantan (Borneo), West Nusa Tenggara (includes the island of Lombok), Sulawesi, and Sumatra
- Low transmission in rural areas of Java, including Pangandaran, Sukabumi, and Ujung Kulon
- No malaria transmission in the cities of Jakarta (the capital) or Ubud
- No malaria transmission in the resort areas of Bali or Java, the Gili Islands, or the Thousand Islands (Pulau Seribu)

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

- Chloroquine (*P. falciparum* and *P. vivax*)

### Species

- *P. falciparum* (60%)
- *P. vivax* (40%)
- *P. knowlesi*<sup>6</sup>, *P. malariae*, and *P. ovale* (rare)

### Recommended chemoprophylaxis

- Atovaquone-proguanil, doxycycline, mefloquine, tafenoquine<sup>2</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>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

High risk exists throughout the country, with moderate risk 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

Lyme disease, 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, hantavirus, helminths, leptospirosis, marine hazards, melioidosis, monkey bites, Nipah virus, plague, schistosomiasis, sexually transmitted infections, snakebites, tuberculosis.

## Safety and Security

### Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Theft of vehicles
- Scams
- Cybersecurity
- Natural disasters

### Key Security Threats

- Terrorist attacks by domestic and/or transnational groups, which may target foreign nationals
- Risk of violent civil unrest
- Risk of violent protests
- Explosions in public places
- Violent crime
- Kidnapping/hostage taking, which may target foreign nationals
- Piracy

### Emergency Contacts

The police emergency numbers are 110 and 112.