Nepal

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

Nepal is a developing nation classified as low income. Located in southern Asia (north of India and south of China), the climate is classified as subtropical dry winter in the south, with cooler temperatures in some high-altitude areas (in the north).

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 Nepal, 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 chikungunya, cholera, dengue, Japanese encephalitis, rabies, typhoid fever, or a one time polio booster if you haven't previously received one for travel.

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 infection is present in the far-western region of the country and inner Terai (plain land) – along the forests, foothills, forest fringes and in upper hilly river valleys. Malaria transmission is mostly seasonal (March–October), with peak months during the rainy season (May–August). The risk is due predominantly to ***P. vivax***. A drastic decrease of malaria cases was observed during the last 3 years and the goal is elimination of malaria by 2025.

- 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).[a, b]

  [a]Alternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with stand–by emergency treatment (SBET).

  [b]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

- Sudurpashchim and Karnali provinces in areas < 2,000m (~6,500 ft) elevation
- Rare cases in other areas throughout the country in areas < 2,000 m (~6,500 ft) elevation
- No malaria transmission in Kathmandu (the capital), Pokhara, or on typical Himalayan treks

Drug resistance[1]

- Chloroquine

Species

- ***P. vivax*** (primarily)
- ***P. falciparum*** (< 10%)

Recommended chemoprophylaxis

- Areas < 2,000m in Sudurpashchim and Kernali Provinces: Atovaquone-proguanil, doxycycline, mefloquine, tafenoquine[2]
- All other areas with reported malaria transmission: No chemoprophylaxis recommended (insect bite precautions and mosquito avoidance only)[4]

  [1] Refers to ***P. falciparum*** malaria, unless otherwise noted.

  [2] 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.

  [4] Mosquito avoidance includes applying topical mosquito repellant, 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.

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 may be needed.

Insect- and Arthropod-Borne Diseases

Leishmaniasis may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

Additional concerns include air pollution, altitude illness, anthrax disease, Crimean-Congo hemorrhagic fever, helminths, leptospirosis, melioidosis, monkey bites, plague, sexually transmitted infections, snakebites, tuberculosis.

Safety and Security

Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Domestic air travel
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- 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
- Explosions in public places
- Landmines/unexploded ordnance
- Occasional violent crime

Emergency Contacts

The police emergency number is 100. The English-speaking tourist police number is 1144.

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