

Papua New Guinea

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

Papua New Guinea is a developing nation classified as lower middle income. Located between the Coral Sea and the South Pacific Ocean, the climate classifications range from humid equatorial (no dry season) in the north to humid equatorial (long dry season) in the south, with cooler temperatures in some high-altitude areas.

Vaccinations

Routine vaccinations are essential due to a persistent rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles) globally. 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; influenza; measles, mumps, rubella; 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 Papua New Guinea, 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 ≥ 1 year coming from countries with risk of YF transmission. This also applies to all 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, Japanese encephalitis, 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)

(2019) Malaria risk due predominantly to *P. falciparum* exists throughout the year in the entire country below 1800 m. *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: Present throughout the country at altitudes < 2,000 m (6,562 ft).

- Drug resistance³ : Chloroquine (both *P. falciparum* and *P. vivax*).
- Malaria species: *P. falciparum* 65%–80%, *P. vivax* 10%–30%, *P. malariae* and *P. ovale* rare.
- 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

Barmah Forest fever, dengue, scrub typhus, Zika may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

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

Safety and Security

Key Safety Risks

- Road conditions
- Public transportation
- Domestic air travel
- Maritime safety
- Petty crime
- Heightened crime risk for women
- Theft of vehicles
- Natural disasters

Key Security Threats

- Risk of violent civil unrest
- Risk of violent protests
- Cross-border threats in areas bordering Indonesia
- Landmines/unexploded ordnance
- Violent crime

- Kidnapping/hostage taking, which may target foreign nationals
- Random acts of armed violence
- Piracy

Emergency Phone Number

The police emergency number is 112.

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