Venezuela

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

Venezuela is a developing nation classified as upper middle income. Located in northern South America along the Atlantic Ocean (west of Guyana and east of Colombia), the climate is extremely diverse with classifications that range from dry (arid) to humid equatorial (no dry season), 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 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

An official yellow fever vaccination certificate may be required depending on your itinerary. Vaccination is usually recommended if you'll be traveling in areas where there is risk of yellow fever transmission.

- ***Requirement:***
  A certificate proving yellow fever vaccination is required for travelers aged ≥ 1 year coming from Brazil. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in Brazil.

  Supplementary information: Venezuela requires proof of vaccination (administered at least 10 days prior to travel) for travelers going to Aragua, Barinas, Lara, and Portuguesa states.
- ***Official Status:*** listed by WHO as a country where YF transmission risk is present.

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, 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)

(2018) Malaria risk due to ***P. vivax*** (74.6%) and ***P. falciparum*** (25.4%) is high throughout the year in some areas of Amazonas, Bolívar, Delta Amacuro and Sucre states. There is moderate risk in Zulia State. There is low risk in Anzoátegui and Monagas states. Risk of ***P. falciparum*** malaria is mostly restricted to municipalities in areas of Amazonas (Alto Orinoco, Atabapo, Atures, Autana and Manapiare), Bolívar (Angostura, Cedeño, El Callao, Gran Sabana, Heres, Piar, Rocio and Sifontes), Delta Amacuro, and Sucre (Benítez, Bermúdez, Cajigal and Arismendi) states.

- Recommended prevention in ***P. vivax*** 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).[a]
- Recommended prevention in ***P. falciparum*** 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

- All areas < 1,700 m (< 5,600 ft) elevation and Angel Falls

Drug resistance[1]

- Chloroquine

Species

- ***P. vivax*** (75%)
- ***P. falciparum*** (25%)

Recommended chemoprophylaxis

- Atovaquone-proguanil, doxycycline, mefloquine, tafenoquine[2]

  [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.

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

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

Other Disease and Health Risks

Additional concerns include air pollution, hantavirus, helminths, leptospirosis, marine hazards, New World screwworm (myiasis), schistosomiasis, sexually transmitted infections, snakebites, tuberculosis.

Safety and Security

Key Safety Risks

- Road conditions
- Public transportation
- Domestic and/or international air travel
- Petty crime
- Heightened crime risk for women
- Food and beverage spiking
- Theft of vehicles
- Scams
- Arbitrary arrest/unlawful detention

Key Security Threats

- Risk of terrorist attacks by domestic and/or transnational groups
- 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 Brazil, Colombia, and Guyana
- Violent crime
- Kidnapping
- Random acts of armed violence
- Piracy

Emergency Contacts

The national emergency numbers are 911 and 171.

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