

Destination Guide for Philippines

Overview

Destination Risk Levels

- Medium Medical Risk for Philippines
- Medium Travel Risk for Philippines
- High Travel Risk for South-west Mindanao, the Sulu Archipelago (Basilan, Sulu, Tawi-Tawi)

Sulu archipelago (Basilan, Sulu, Tawi-Tawi (BASULTA)): HIGH

South-western Mindanao (Lanao del Sur, Maguindanao (both BARMM), Lanao del Norte (except Iligan City), Cotabato, Sultan Kudarat, South Cotabato (except General Santos City), Sarangani and Davao Occidental provinces, as well as the Zamboanga peninsula): HIGH

In rural areas of southern and western Mindanao, where Islamist militants – including the Abu Sayyaf Group and the Bangsamoro Islamic Freedom Fighters – are active, there is a high risk of opportunistic kidnapping and banditry. While travel to most areas of Mindanao remains possible, people should seek itinerary- and profile-specific advice before undertaking journeys to the island. Essential travel to south-western Mindanao – except for MEDIUM-risk General Santos (South Cotabato province) and Iligan (Lanao del Norte province) cities - should only be conducted in conjunction with local security support. People are also advised to avoid ostentatious displays of wealth, vary routines and choose a modest model of vehicle. Travel to Basilan and the Sulu archipelago should be avoided.

Standing Travel Advice

- Travel to the Philippines can continue.
- Crimes pose a significant risk to workforce. Always exercise heightened caution and appropriate security measures in all areas. Accommodation and transport decisions should be made with attention to the risks posed by crime.
- Confidence tricksters may target foreign nationals. Be wary of strangers and their motives, and do not accept food or drink from unidentified or recently met persons unless accompanied by a trusted local host.
- Opportunistic and narrowly targeted kidnap-for-ransom remains a threat. Although most victims are local nationals, foreign nationals are at risk due to their perceived wealth. Avoid ostentatious displays of wealth, be aware that kidnappers may pose as police officers or other persons of authority, and be particularly vigilant at roadblocks and during spot-checks. International assignees are advised to vary routines, choose a modest model of vehicle, and maintain vigilance for signs of surveillance.
- Criminals are commonly armed; if targeted, do not do anything to resist or antagonise your assailant.
- There is a credible, albeit mostly latent, risk of attack by either domestic or transnational terrorists. Government personnel and buildings, military personnel and facilities, public transport, houses of worship, and crowded shopping and entertainment venues are likely targets. Be alert to suspicious behaviour and report any suspect packages to the authorities.
- Avoid demonstrations and rallies as a general precaution. Clashes with the security forces, though uncommon, can quickly become extremely dangerous. Vacate the area immediately if a large crowd or concentration of the security forces begins to develop.
- Travel by bus, jeepney, ferry and rail is not suitable for business travellers. Use only a private vehicle and driver or taxis arranged through your hotel or local host. If attending meetings away from your hotel, pre-book return transport.
- Factor in the performance record of domestic airlines and consult travel agents regarding their suitability when making travel plans.
- The above advice is not exhaustive; seek itinerary-specific advice prior to travel in the Philippines.

South-west Mindanao

- Travel to south-western parts of the Mindanao island, including Marawi (BARMM), should be for essential purposes only. If journeys are essential, use a trusted local provider or host. This will assist in smoothing passage through heavy security and any potential road closures.
- Expect a significant security force presence in most urban centres and major highways in the region. Follow all official directives, including any curfews or restrictions on movement, and carry personal identification documents to ease passage through any checkpoints and spot-checks.

Rest of Mindanao

- Although travel to most of Mindanao is viable, seek itinerary- and profile-specific advice before travelling to the island. Ensure these journeys are supported by your organisation's security protocols and infrastructure.
- Avoid non-essential overland travel due to the risks posed by banditry, poor driving standards, road conditions, and the presence of militants who at times erect illegal roadblocks to extort money or as a part of their kidnap-for-ransom methods.
- When undertaking essential road travel, do not self-drive. Instead, use an experienced and trusted local driver and ensure your vehicle is in good condition. Travel between population centres during daytime only. Take precautions against carjacking and avoid high-risk areas.
- Trips to coastal resorts and islands in Mindanao should be arranged through reputable tour operators and include comprehensive itinerary and accommodation details. Business travellers should select accommodation based on a thorough research into and professional advice on security infrastructure, facilities, location and access to support. At a minimum, business travellers should select guest rooms that do not have direct access to the waterfront.

Sulu archipelago (Basilan, Sulu, Tawi-Tawi (BASULTA))

- Avoid all travel to the Sulu archipelago because of the risks posed by insurgency, terrorism and associated criminal activity.

Active Alerts (8)

● Notice | Category

Central Visayas region: Exercise caution amid aftershocks following magnitude 6.9 offshore earthquake near Bogu City (Revised)

13 October 2025 at 19:55

Location : Philippines

Category : Earthquake, Infrastructure outage, Transport disruption, State of emergency

Exercise caution in Cebu province (Central Visayas region) **over the coming weeks** following a magnitude 6.9 offshore earthquake near [Bogu City](#) on 30 September. Disaster relief and response teams remain deployed to Bogu City, [Borbon](#), [Daanbantayan](#), [Medellin](#), [San Remigio](#) and [Sogod](#). Over 11,000 aftershocks have occurred, with the strongest being a 5.8-magnitude earthquake on 13 October (local time). More than 722,000 people have been affected, with 75 people killed and over 1,500 others injured. A province-wide state of calamity is in place, and power and communication lines remain impacted. Operations at several ports were temporarily affected.

Advice :

Inbound travel to municipalities in northern Cebu province

- We recommend flying into Mactan-Cebu International Airport ([CEB](#), Central Visayas) and conducting road travel. Exercise caution while planning travel and account for aftershocks causing short-notice disruption to transport services and inflicting further infrastructural damage. Aftershocks can last up to several weeks. Those with a low risk tolerance should limit travel to Cebu City and minimise intercity road travel.
- Monitor the Philippine Institute of Volcanology and Seismology ([PHIVOLCS](#)) for aftershocks; the National Disaster Risk Reduction and Management Council's [website](#), the [Provincial Government of Cebu](#) and the [Cebu governor's](#) social media pages for situation updates. Remain informed on the status of infrastructure via verified sources, including trusted local contacts and International SOS alerts. Abide by all directives issued by the authorities and emergency services.
- For power supply advisories, monitor the [National Grid Corporation of the Philippines](#) (NGCP). Power and telecommunications outages are likely to be resolved **over the coming days**. Keep communications devices charged, with access to backup charging options, such as power banks.
- Damaged roads, bridges and buildings can take several weeks or months to be restored and become operational. Arrange accommodation at internationally branded business-class hotels with adequate infrastructure, including backup power generators and water supply. Alternatively, you can contact International SOS for vetted accommodation options. Check directly with the accommodation for earthquake preparedness measures and secure assembly points.

Workforce in northern Cebu province

- Assess the ability to sustain yourself amid further aftershocks, especially if you stay/work in a high-rise building. Weakened structures can be further damaged by aftershocks. Conduct a self-assessment of the building for structural integrity. If you see visible signs of damage such as cracks, broken or leaning walls, do not re-enter and ask for a professional inspection by civil engineers or the local authorities. Relocate to a more secure option while awaiting clearance.
- If your accommodation/office/worksites is near or along a slope, check the ground for tension/cracks due to strong tremors. Tension cracks may render slopes more susceptible to landslides, especially during heavy rainfall or aftershocks. Areas prone to impending landslides should be avoided.

- Ensure access to backup power, water supply and emergency medicine to minimise inconvenience. Keep communications and electronic devices charged, with access to backup charging options, such as power banks.
- Keep a grab-bag with essentials, including some cash, identification documents, high-energy food items, drinking water and change of clothes, in case an emergency relocation is required.
- Follow all directives issued by the emergency services.

Health advice

- Clean and treat minor injuries promptly. Seek medical attention for serious wounds.
- Pay attention to hygiene and wash hands regularly.
- Choose safe food and drinking water. Drink only boiled or bottled water or canned or carbonated beverages.
- Prevent mosquito bites. Use an effective insect repellent that contains DEET, Picaridin, PMD or IR3535.
- For further information, download the Disaster Preparedness: Staying Healthy After a Natural Disaster Infographic [[PDF, 2.7mb](#)].

● Advisory | Category

Caraga, Davao regions: Exercise caution amid aftershocks following two major earthquakes near Manay (Revised)

12 October 2025 at 05:05

Location : Philippines

Category : Earthquake, Infrastructure outage, Road disruption

Exercise caution in Caraga and Davao regions **over the coming days** amid continued aftershocks following two major earthquakes near [Manay](#) (Davao Oriental province, Davao) on 10 October. A magnitude 7.4 earthquake at 09.43 (local time) was followed by a magnitude 6.8 temblor at 19.12. More than 1,200 aftershocks, the strongest measuring magnitude 5.8, have been recorded since. The earthquakes led to brief tsunami warnings from the Philippine Institute of Volcanology and Seismology (PHIVOLCS). At least eight people have been killed, 403 injured and 520,185 displaced or affected. Airports are functioning and power and telecom services have mostly been restored.

Advice :

Inbound travel to Caraga and Davao

- Travel **over the coming days and weeks** should account for continued aftershocks, which can cause further infrastructural damage and lead to short-notice disruption. Remain informed on the status of infrastructure via verified sources, including trusted local contacts and International SOS alerts.
- Monitor the [PHIVOLCS](#) website for aftershocks and the [National Disaster Risk Reduction and Management Council](#) website and Facebook pages of the [Office of Civil Defense](#), [Department of Public Works and Highways](#), [City Government of Davao](#) and [Provincial Government of Davao Oriental](#) for situation updates. Abide by all directives issued by the authorities and the emergency services.
- Monitor the Facebook pages of the [National Grid Corporation of the Philippines](#) for power supply and the [Department of Information and Communications Technology](#) for internet and telecommunications advisories. Keep electronics and communications devices charged, with access to backup options.
- Arrange accommodation at internationally branded business-class hotels with adequate infrastructure (including backup power generators and water supply). Alternatively, you can contact International SOS for vetted accommodation options. Check directly with the accommodation for earthquake preparedness measures and secure assembly points.
- Monitor our Philippines alerts for updates.

Workforce in the impacted provinces

- Follow all directives issued by the emergency services, including to stay away from coastal areas during tsunami warnings and avoid damaged structures. Keep an emergency grab bag with essentials, including some cash, identification documents, high-energy food items, drinking water and a change of clothes, in case an emergency relocation is required.
- Assess your accommodation/building for structural integrity due to aftershocks, especially if you stay/work in a high-rise building. Weakened structures can be further damaged. If you see cracks or broken or leaning walls, do not re-enter and ask for a professional inspection by civil engineers or the local authorities. Relocate to a more secure option while awaiting clearance.
- Ensure access to backup power, water supply and emergency medicine to minimise inconvenience. Keep communications and electronic devices charged, with access to backup charging options, such as power banks.
- Assessment of damaged roads and bridges is ongoing. Reconfirm the status of routes before setting out and allow additional time for journeys.

● Notice | Category

Urban centres: Expect heightened security, disruption during weekly anti-corruption protests

13 October 2025 at 07:51

Location : Philippines

Category : Protest/Rally, Road disruption

Expect localised disruption during countrywide anti-corruption protests planned **at 18.00** (all times local) **every Friday until at least 28 November**. These protests are led by the Trillion Peso March Movement (TPMM) nationally and civil society, student and political groups at the local level. The demonstrations are over alleged irregularities and corruption in flood control infrastructure projects. Nationwide youth-led marches will be held **on 17 October** under the banner of 'Youth Against Corruption'. The protests will culminate in a nationwide rally **on 30 November** to commemorate Bonifacio Day. Security force personnel will be deployed near the gatherings as a precaution.

Advice :

- Liaise with local contacts for information on locations of related protests in your area. Expect associated disruption and plan journeys accordingly. Disruption will be more pronounced in Metro Manila, where multiple events are planned.
- If planning to travel near the demonstrations, expect heightened security measures and traffic restrictions.
- On days of large-scale protests, consider flexible working arrangements to minimise travel disruption.
- Be cautious during public discussions on sensitive topics. Verify information from multiple and reliable sources prior to sharing on social media platforms.
- Monitor our Philippines alerts for notable developments.

● Notice | Category

Expect disruption during nationwide transport strike until 15 October

13 October 2025 at 06:27

Location : Philippines

Category : Protest/Rally, Strike, Road disruption

Expect disruption during a nationwide transport strike by Manibela group until **15 October** against the alleged mistreatment by the Department of Transportation despite their compliance. The group held related protest during the morning hours on 13 October at [Commonwealth Avenue](#) in Quezon city (Metro Manila). Public transport services will be affected in urban centres where striking drivers operate, including Metro Manila. The authorities will announce contingency measures to reduce disruption. Strike-related gatherings are likely, with government buildings, parks and major roads being the main flashpoints.

Advice :

- Expect disruption during the nationwide transport strike. **We do not hold information on specific transport schedules.** Pre-book private vehicles and reconfirm transport arrangements. Expect increased prices and reduced availability of ride-sharing services due to higher demand.
- Maintain flexible itineraries and allow additional time for journeys.
- Monitor our Philippines alerts for updates.

● Advisory | Category

Negros Occidental, Negros Oriental: Exercise caution, expect disruption amid volcanic activity at Mount Kanlaon

12 October 2025 at 06:40

Location : Philippines

Category : Volcanic eruption, Exclusion zone

Exercise caution and expect disruption **in the coming weeks** linked to ongoing volcanic activity at Mount Kanlaon (Negros Occidental and Negros Oriental provinces). More than 94,000 people have been affected by the increased volcanic activity, with around 6,000 people staying in evacuation centres since a December 2024 eruption. The volcano's alert status remains at level two (second-lowest on a five-tier scale, indicating a moderate level of volcanic unrest) and people should avoid areas within a 3.7-mile (6km) radius of the volcano. Bacolod-Silay (BCD, Negros Occidental) and Iloilo (ILO, Iloilo province) international airports remain operational.

Advice :

- Monitor the Philippine Institute of Volcanology and Seismology (PHIVOLCS) [website](#) for up-to-date information on volcanic activity and be prepared to adjust itineraries accordingly over the coming days. Follow all official directives and do not enter any designated exclusion zone.
- Increased volcanic activity may prompt the closure of nearby airports, flight cancellations or short-notice diversions. **We do not hold information on specific flights.** Contact the relevant airport or airline for further information. In the event of cancellations, your travel agency will be able to assist with alternative arrangements.
- Poor visibility, falling ash and debris, and associated road closures may render travel in the vicinity of the volcano difficult in the coming days. Liaise with local contacts and the authorities to ascertain the status of routes before setting out. Allow additional time to complete journeys.
- Monitor our Philippines alerts for updates.

Health advice

- Minimise exposure to volcanic ash and gases, stay indoors, close doors and windows, and switch air-conditioning units to the recirculate setting.
- If you must go outside, wear a respirator (N95 mask) or cover your mouth and nose with a damp cloth. Protect eyes with glasses or goggles.
- Ensure food and water for consumption are not contaminated.

Advisory | Category**Masbate province: Travel can proceed with confirmed logistical support amid residual disruption following passage of typhoon**

30 September 2025 at 10:20

Location : Philippines**Category :** Storm, Infrastructure outage, Transport disruption

Travel to Masbate province (Bicol region) can proceed with confirmed logistical support amid residual disruption following the passage of former typhoon Opong. Electricity infrastructure in Masbate sustained critical damage, with restoration expected to take at least a month. Additionally, Biliran (Eastern Visayas region), Masbate, Oriental Mindoro and Romblon (both MIMAROPA region) provinces, as well as Calbayog city in Samar province (Eastern Visayas), have been placed under a state of calamity. The storm caused at least 27 deaths and left more than 12 missing in the impacted areas. Rescue and relief operations are ongoing.

Advice :

- Take account of potential residual disruption if travelling to Masbate province. Ensure you are confident in your security, communications, transport and accommodation arrangements. Maintain flexible itineraries.
- Monitor the National Disaster Risk Reduction & Management Council on [X](#) (formerly Twitter) and [Facebook](#) for response measures and early warnings. Follow all directives issued by the authorities.
- Ensure your accommodation has access to backup power, water and other essentials, such as food and emergency medication. If you use a fuel-powered generator, keep a stockpile of the fuel.
- Expect disruption to utilities such as water and power. Charge all communications and other electronic devices, such as laptops. Ensure you have access to backup charging options, such as power banks.
- If road journeys must be conducted, reconfirm the status of routes with a local contact or the authorities. Do not drive through flooded roads. Ensure your vehicle is in good condition and equipped to travel through the terrain. Keep a bag of essentials, such as high-energy foods, drinking water, medicines, a flashlight, a raincoat/umbrella and power/battery backup to charge communication devices. Allow additional time to reach your destination.
- **We do not hold information on specific flights or other modes of transport.** Contact the relevant transport provider directly to reconfirm bookings. In the event of cancellations, your travel agency will be able to assist with alternative arrangements.
- Monitor our Philippines alerts for updates.

● Notice | Category

Leyte, Samar: Plan journeys accounting for disruption due to restricted access to San Juanico Bridge in coming months

10 June 2025 at 16:58

Location : Philippines

Category : Transport disruption

Plan journeys accounting for disruption due to restricted access to the [San Juanico Bridge](#), which connects Leyte and Samar islands (both Eastern Visayas region), **in the coming months** amid maintenance work. The authorities have restricted access to vehicles weighting under 2.95 tons. However, they have said that they aim to restore the capacity for vehicles up to 33 tons to utilise the bridge by **December 2025**. President Ferdinand Marcos Jr. has declared a state of calamity in Eastern Visayas through **at least June 2026** to expedite repairs. Disruption to business operations and traffic congestion have been reported in affected areas. Seek alternative modes of transport where necessary and allow extra time for journeys.

Advice :

- Plan journeys accounting for the travel restrictions on the bridge until at least June 2026. Seek alternative modes of transport where necessary and allow extra time for journeys.
- Expect heightened demand for alternate transportation solutions between Leyte and Samar islands in the coming months. Organise travel arrangements ahead of time when possible.
- Travel by bus, jeepney, ferry and rail are not suitable for business travellers. Use only a private vehicle and driver or taxis arranged through your hotel or local host. If attending meetings away from your hotel, pre-book return transport.
- Monitor our Philippines alerts for updates.

● Notice | Category

Maguindanao province: Fatal clash linked to clan rivalries highlights persistent violence in HIGH travel risk areas

14 February 2022 at 08:58

Location : Philippines

Category : Violent crime, Shooting, Communal unrest

Nine people were killed and three others injured on 12 February when gunmen opened fire on a convoy of vehicles in [Guindulungan municipality](#) (Maguindanao province, Bangsamoro Autonomous Region in Muslim Mindanao (BARM)). The authorities have indicated that the incident was linked to a feud between rival clans, and that former members of the Moro Islamic Liberation Front (MILF) were among the casualties. Although no bystanders were injured in the incident, it nonetheless highlights the persistent risk posed by violence in HIGH travel risk areas of south-western Mindanao, where essential travel should be undertaken with robust local security support.

Advice :

- Travel to south-western Mindanao should be for essential purposes. Trips to the Sulu Archipelago, particularly Basilan and Sulu provinces, should be avoided. If undertaking essential movements to or within these areas, this should be done with local security support to ensure robust journey management plans and other precautions are in place. Ensure that these journeys are supported by your organisation's security protocols and infrastructure.
- Where possible, minimise time spent around likely targets of militant attacks, including those associated with the government and security forces, as well as key infrastructure like power and telecommunications installations. If you notice anything suspicious, leave the area and report it to the nearest authorities.
- In the event of encountering unrest, vacate the area immediately and, where possible to do so safely, move to a safe location such as your accommodation or office. Remain there until the situation stabilises.
- Comply with all security force directives. Carry reliable means of communication at all times and understand who to contact in the event of an emergency or incident.
- Monitor our Philippines alerts for updates.

Destination Guide for Philippines

Before You Travel

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required: Yes
Visa Required: No
Return Ticket Required: Yes

Australian

Passport Required: Yes
Visa Required: No
Return Ticket Required: Yes

Canadian

Passport Required: Yes
Visa Required: No
Return Ticket Required: Yes

USA

Passport Required: Yes
Visa Required: No
Return Ticket Required: Yes

Visas

Nationals referred to in the above chart and those mentioned in this [list](#) are allowed visa-free entry and stays for up to 30 days; business travellers intending to stay beyond this period must apply for an extension for up to six months at the Bureau of Immigration and Deportation, either at the main office at Magallanes Drive in the capital Manila or any of its provincial offices. Nationals of Brazil and Israel do not require a visa for stays less than 60 days. Holders of Hong Kong and Macao (both China SAR) passports can enter the Philippines without a visa for stays not exceeding 14 days. Macao-Portuguese passport holders and Hong Kong-British passport holders do not require visas for stays less than seven days. All remaining nationals should contact the nearest Philippines consulate to check their visa requirements, processes, and fees. Chinese nationals who frequently travel to countries such as the US, Japan, Australia, Canada and the EU are allowed visa-free travel for stays of up to seven days. All business travellers must obtain transit visas prior to their journeys, as these are not issued upon arrival. Certain nationals are required to apply for the [Emigration Clearance Certificate](#). Indian nationals holding a valid Australia, Japan, Canada, Singapore, the US and UK (AJACSSUK) visa or permanent residence permit can enter the Philippines without a visa for stays of up to 14 days, which can be extended for up to 21 days. Indian passport holders can travel to the Philippines visa-free for up to 14 days for tourism purposes. This 14-day, visa-free entry may be extended by an additional seven days with the [Philippine Bureau of Immigration](#) for a maximum stay of 21 days but is non-convertible to other visa categories.

Entry/Exit Requirements

Entry/Exit requirements

Business travellers are required to have a passport valid for six months and an onward ticket. Those with an eTicket must carry a printed copy of the return ticket, or entry will be denied. Overstaying without proper authorisation can lead to fines and detention.

Inbound travellers are required to register on the Bureau of Quarantine (BOQ) [portal](#) to secure an electronic arrival (eArrival) card within 72 hours prior to departure for the Philippines. This replaces the One Health Pass required by the BOQ. Although this can be done on arrival, it may result in delays at the airport.

Import or export of local currency up to 50,000 Philippine pesos (PHP) per person is allowed. Any amount more than that requires prior written authorisation from the Bangko Sentral ng Pilipinas (BSP) and has to be declared in the electronic Currencies Declaration Form (e-CDF), which can be downloaded from the [e-Travel website](#). Foreign currencies and other monetary instruments such as travellers' cheques, money orders and bonds in excess of \$10,000 or its equivalent need to be declared in the e-CDF or at the Customs Desk in the arrival and departure areas of all international airports and seaports. Those filling the e-CDF will save the generated QR code and show it to the Immigration Officer for e-travel registration confirmation and the Customs Desk for clearance.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

- There is little anti-foreign sentiment, despite the country's ambiguous attitude towards its colonial past and relations with the US and Europe. Nevertheless, nationalist sentiment remains, and business travellers should be careful to respect local sensitivities over their country's history and actions.
- There are some legal restrictions relevant to LGBTQ+ individuals, but these are not enforced or adhered to in the legal system. Societal attitudes towards the LGBTQ+ community are highly varied; violence is rare, but may be more likely in rural than in urban settings.

Getting There

METHOD OF ARRIVAL

By air

The main international airports are Ninoy Aquino International Airport (MNL) in Pasay City which serves the National Capital Region and the rest of Luzon, Mactan-Cebu International Airport ([CEB](#)), which serves Cebu City (Central Visaya region), Francisco Bangoy International Airport (DVO, also known as Davao International Airport) in Davao City (Davao region), Clark International Airport ([CRK](#)) in Angeles City (Central Luzon region) and Laoag International Airport (LAO, Ilocos region).

Intermittent flight disruption due to rainfall can be expected throughout the rainy season, which usually lasts from June to November. Tropical storms, including typhoons, occasionally affect air travel between May and December.

Security procedures at airports are not efficient, but they are adequate. Search and checking procedures are both labour- and technology-intensive and it is advisable to reach the airport well ahead of the check-in time on international flights (particularly to the US). Theft and scams pose a routine risk to foreign nationals around the airport.

Airlines have variable security standards. You may wish to consult the European Commission's [website](#) for a list of airlines banned within the EU and the US Federal Aviation Administration's [website](#) for a database of aviation accidents and statistics.

Getting Around

BY AIR

Air travel is the safest form of transport for business travellers travelling between major cities and islands. There is a comprehensive domestic aviation network, ranging from jets servicing large urban areas to small piston-engine aircraft that can reach the most remote regions. The country's often rugged terrain and sometimes difficult weather-related flying conditions are hazards.

However, scheduled services between major destinations remain within the bounds of internationally acceptable aviation safety standards. Security at domestic airports is variable – with a strong reliance on human rather than technical checks – and there have been occasional serious security incidents in the past.

[Philippine Airlines](#) (PAL) is the country's flag carrier and a key domestic operator. Charter flights are available.

BY ROAD

Traffic drives on the right. Poor road skills and undisciplined drivers mean travel by main arterial roads is hazardous. Long-distance road travel should only be undertaken if no other transport options are available. Self-driving is not recommended and business travellers should engage reputable transport companies who use experienced drivers and reliable vehicles. Motorists need to have a valid driver's license in English and relevant documents when driving. The road system, particularly in major urban centres like Metro Manila, is congested, and road signage and lighting can be inadequate. Driving on routes away from national highways and paved roads can be dangerous, especially in the provinces at night, and should be avoided. Car hire companies such as [Avis](#), [ECLPI](#) and [Hertz](#) have offices in Manila and in other major cities. Business travellers intending to self-drive can do so for a period of 90 days from the date of arrival using their nationally issued driver's license, provided it is in English. Otherwise, the document must be accompanied by an official English translation from the local embassy of the issuing country or an international driving permit. Business travellers who are self-driving should also be familiar with local road and driving conditions. Metro Manila and other main cities are likely to experience delays during key dates, particularly around Holy Week, the Christmas Season, and New Year's Eve celebrations due to increased traffic congestion. Overland travel may be affected by heavy rainfall during the rainy season (June-November), when flooding may render roads impassable, resulting in lengthy diversions and delays.

While travel to Mindanao remains possible, business travellers should defer non-essential overland journeys to the island's south-west – in particular, Cotabato, Lanao del Norte, Lanao del Sur, Maguindanao, Sultan Kudarat and Zamboanga Sibugay provinces, as well as Zamboanga City – due to the risk of exposure to militant and criminal activities. If essential, journeys should be conducted during daytime and with security support. Car theft and carjacking do occur, but this risk is reduced with the help of a local driver who is able to interpret the signals that often precede an incident and avoid high-risk areas.

BY TAXI

Taxis, which are available in cities, are the safest form of transport. However, it is advisable to ensure that the meter is utilised or the fare established before beginning your journey. Even if the meter is utilised, many taxi drivers request additional payment if travelling during periods of high traffic and relatively longer distances in major cities (for example, between Central/Old Manila and Makati City).

Business travellers should use taxis arranged through hotels or cars hired with a driver, preferably from the hotel on the recommendation of a local business contact. They should avoid hailing taxis on the street, outside places of entertainment late at night. Some taxis are known to have been stolen specifically to commit assaults and robberies. Sharing taxis is also inadvisable. While ride hailing apps have safety features that usually make such services more secure than hailing taxis on the street, the risk of criminal incidents and assault remains.

BY TRAIN

Rail travel is unsuitable for business travellers.

BY OTHER MEANS

By ferry

The extensive inter-island ferry network is unsuitable for business travellers due to poor safety standards, overcrowding and inclement sea conditions.

By bus

Buses and jeepneys (public transport trucks) are unsuitable for business travel as they are unsafe, slow and uncomfortable. A significant proportion of the latter do not have mandatory liability or accident insurance cover. They are also sometimes the target of armed robbery.

Business Women

BUSINESSWOMEN

There are no specific risks for female travellers or businesswomen.

Women are advised to follow sensible precautions such as:

- Say no politely to invitations that would take you beyond your personal comfort levels, even if faced by amicable pressure to behave otherwise.
- Plan your itineraries bearing in mind risks incurred by women in various modes of transport available in your location. Prioritise security in your choice of transport.
- Avoid travelling alone after dark.

Working Week

WORKING WEEK

- Office hours: 08.00/09.00-17.00/18.00 Monday to Friday; and 09.00-12.00 on Saturdays for some offices.
- Banking hours: 09.00-16.30 Monday to Friday (some banks, especially those located in malls, have extended banking hours and operate on Saturdays).
- Government and business establishments are closed for lunch from 12.00-13.00.

Language & Money

LANGUAGE

Filipino (also known as Tagalog) and English are official languages; there are also several regional dialects. All Filipinos are partly educated in English, and many, particularly in business circles, speak it fluently.

MONEY

The official currency is the Philippine peso (PHP). Most establishments accept major credit cards such as Visa, Diners Club, MasterCard and American Express. Credit card fraud is common and business travellers should keep a close eye on their cards and insist that vendors return carbon copies of receipts or have their cards swiped in front of them. ATMs are available in Metro Manila and other major cities. Care should be taken when withdrawing money from ATMs due to reports of card skimming devices being installed by criminals.

Currency can be changed at licensed exchange counters and banks; counters often offer more favourable exchange rates. It is advisable to change only as many pesos as required because it can be hard to exchange them outside the country. In addition, business travellers should ask for some small denomination notes for tipping. Changing money on the street should be avoided as it is illegal, and scams are widespread.

Business travellers should take sufficient funds in local currency if they plan to travel outside major cities. There may not be ATMs or currency exchange facilities at the intended destination and credit cards may not be accepted at establishments.

Tipping

TIPPING

It is common practice to tip 10% of the bill, though tipping is optional on bills that already have a 10% service charge.

Geography & Weather

CLIMATE

Climate overview

- The rainy season lasts from June to November.
- The wettest areas are the exposed Pacific coast and the Cordillera region.
- It is hot and humid between March and May, and cool and dry from December to February.
- The climate is tropical and maritime, with relatively high temperatures, high humidity and abundant rainfall.

Cyclonic activity

- Typhoons enter the Philippines Area of Responsibility (PAR) an average of 20 times per year and are most common between June and November.
- Serious typhoons in the capital Manila are rare.

- During the typhoon season, western and central areas are most affected.
- Storm surges pose a major risk to coastal areas, including Metro Manila.
- Monitor the website of the [Philippine Atmospheric, Geophysical and Astronomical Services Administration](#) (PAGASA) for information on typhoons.

Flooding

- The monsoon season runs from November to April in the north-east and from May to October in the south-west
- Heavy rain during the monsoon season can lead to flooding, even in urban areas such as Metro Manila. The highest rainfall occurs in Baguio City (Cordillera Administrative Region), Eastern Samar province and Eastern Surigao (Surigao del Norte province), while southern Cotabato province receives the least amount of rainfall.
- Associated mudflows can destroy populated lowland areas.
- Extensive deforestation has been responsible for annual heavy flooding and landslides in several areas.
- Monitor the website of the [PAGASA](#) for flood alerts.

Earthquakes

- The country is located in a seismically active region.
- High-magnitude earthquakes occur periodically and can prompt tsunami alerts, as well as cause infrastructural damage and disruption to overland travel.
- The earthquake threat to Metro Manila is high, as the West Valley Fault runs through it.
- Monitor the website of the [Philippine Institute of Volcanology and Seismology](#) (PHIVOLCS) for alerts on earthquakes and tsunamis.

Volcanoes

- There are several active volcanoes.
- The most active are Taal volcano (Luzon region), Mount Bulusan, the popular tourist destination Mount Mayon (both Bicol region), Mount Pinatubo (Central Luzon region) and Mount Kanlaon (Negros Occidental and Negros Oriental provinces).
- Taal volcano erupted in January 2020, killing 39 people and disrupting flights in Metro Manila and road travel across multiple provinces.
- Increased volcanic activity at Mount Kanlaon, Mount Mayon and Mount Bulusan has been reported intermittently in recent years.
- Monitor the website of the [PHIVOLCS](#) for alerts on volcanic eruptions and advisories on designated danger zones.

GEOGRAPHY

The Republic of the Philippines is an island nation located within the Malay Archipelago in South-east Asia. It is surrounded by the South China Sea to the west, the Philippine Sea to the east and the Celebes Sea to the south-west. The archipelago consists of approximately 7,640 islands, of which only about 2,000 are inhabited. The country has three main [island groups](#): Luzon in the north, the Visayas in the centre and Mindanao in the south. The Philippines covers a total land area of 11,583 sq miles (300,000 sq km). The terrain is predominantly mountainous with large areas covered by rain forest. Around 20% of the land is suitable for agriculture. The Philippines is administratively divided into 81 provinces and 143 chartered cities. Provinces are further sub-divided into component cities/municipalities and villages or wards (locally known as barangays). The provinces are grouped into regions to coordinate planning and organise national government services across multiple local government units (LGUs).

There are 17 regions, including the National Capital Region (NCR) – this encompasses Metro Manila – the Cordillera Autonomous Region (CAR) and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM). The CAR in northern Luzon is comprised of the provinces of Abra, Apayao, Benguet (including Baguio City), Ifugao, Kalinga and Mountain. BARMM is composed of the five predominantly Muslim provinces of Basilan (except Isabela City), Lanao del Sur, Maguindanao, Sulu and Tawi-Tawi as well as Cotabato City (which serves as the regional centre) and the cities of Lamitan and Marawi.

International Dialing & Power

DIALLING CODES

Country Code : 63

IDD Prefix (International Direct Dialling) : 00

NDD Prefix (National Direct Dialling) : 0

COMMUNICATIONS

Use of mobile telephones is widespread, as is mobile coverage. PLDT Inc., Digitel Telecommunications Philippines, Globe Telecom and Smart Communications are the major telephone network providers. International connections are good and

there are few problems with internet access for email or faxes. However, speed may vary. There are no restrictions on the use of satellite phones. Signal strength is more variable in the provinces.

The new Subscriber Identity Module (SIM) Registration Act (Republic Act 11934) came into effect on 28 October 2022. This requires new and existing users of local mobile phone services to register their SIM cards with their local service provider beginning on 27 December 2022. Foreign nationals and business travellers should verify all documentary requirements for procuring local SIM cards prior to travel. Foreign nationals visiting the country for less than 30 days buying SIM cards locally must provide their full name, passport number, address in the Philippines and a return ticket in the SIM registration form. Meanwhile, foreign nationals staying for longer periods for either work or study will also be required to submit a copy of their Alien Certificate of Registration Identification Card (ACRI-Card) from the Philippine Bureau of Immigration and their Alien Employment Permit (if applicable) from the Department of Labor and Employment or school registration ID for students. Failure to register within 180 days of the law coming into effect will result in service non-activation or deactivation and other penalties. The new legislation does not affect internationally purchased SIM cards on roaming. Short-range radio service (SRRS) is the only license-free radio legally allowed. Others using Very High Frequency (VHF) and/or Ultra-High Frequency (UHF) channels require licensing by the National Telecommunications Commission (NTC).

The postal system tends to be slow and unreliable, and theft by postal workers is a concern. International courier organisations are represented in Manila.

ELECTRICITY



Calendar

Holidays & Security Dates

2025

01 Nov All Saints Day

30 Nov Bonifacio Day

This holiday commemorates Andres Bonifacio, the leader of the Philippine Revolution, which fought for independence from Spain. If holiday falls on a Saturday or Sunday, the holiday is observed on the following Monday.

08 Dec Feast of the Immaculate Conception of Mary

2026

01 Jan New Year's Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

23 Jan First Philippine Republic Day

Special working holiday to commemorate the declaration of the First Philippine Republic in 1899.

12 Jun Independence Day

The Philippines gained its independence from Spain on this day in 1898.

24 Jun Manila Day

Manila only.

Destination Guide for Philippines

Medical Overview

Medical Care

Variable

Standard of Health Care

Private hospitals in Manila offer an international standard of medical care. Many doctors and nurses have had overseas training. Most advanced medical techniques are available, and quality and infection control standards are high. Most doctors speak good English, some speak Fookien, and fewer still Mandarin.

Large public hospitals in Manila offer a variable standard of care. Regional referral centres tend to be well equipped and have a similar standard of infection control as private hospitals. Smaller public hospitals in Manila offer a somewhat lower standard of care as they tend to be less well equipped and may have a lower standard of infection control than private facilities. Some private hospitals in other cities including Cebu, and Davao also offer a high standard of care.

In rural areas, both private and public hospitals have a lower standard of care, and infection control standards may be lower. For example, gloves, which should be single use only, may be used multiple times. Further, doctors and nurses may not be adequately trained to handle emergency, cardiac, neonatal, or intensive care cases. Serious medical cases may require medical evacuation to Manila.

Medical Contact

Emergency Numbers, hospital and clinic contact information

EMERGENCY NUMBERS

Fire service : 911; (02) 426-0219

Police : 911; (2) 722-0650

Hospitals & Clinics

Chong Hua Hospital

Don Mariano Cui Street, Corner J. Llorente Street, Brgy. Capitol Site Fuente Osmena
63 322558000
chhc_hmo@chonghua.com.ph, info@chonghua.com.ph

Perpetual Succour Hospital of Cebu, Inc.

Gorordo Avenue Lahug
63 , 63 322338639
pshcares@perpetualsuccourcebu.com

Davao Doctors Hospital

118 E. Quirino Avenue
63 822228000
info@ddh.com.ph

Asian Hospital and Medical Center

2205 Civic Drive Alabang, Muntinlupa City
63 287719000
info@asianhospital.com, customercare@asianhospital.com

The Medical City

Ortigas Avenue
63 289881000, 63 289887000
mail@themedicalcity.com, tmc-ips@themedicalcity.com

St. Luke's Medical Center-Quezon City

279 E Rodriguez Sr. Ave
63 287230101
customer.qc@stlukes.com.ph

Makati Medical Center

2 Amorsolo street, Corner Dela Rosa Street Legaspi Village
63 288888999
medical.concierge@makatimed.net.ph, mmc@makatimed.net.ph

St. Luke's Medical Center - Global City

Rizal Drive corner 32nd Street. and 5th Ave. Bonifacio Global City
63 287897700
medtravel@stlukes.com.ph, info.bgc@stlukes.com.ph, corpbusinessctr@stlukes.com.ph

Vaccinations

Proof of yellow fever vaccination is required for specified travellers to enter

Cholera

Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

The Disease

Cholera is an acute diarrhoeal disease caused by intake of contaminated food or water infested by the bacterium *Vibrio cholerae*. The disease is endemic in many countries.

Cholera outbreaks are caused by two serogroups of *V. cholerae* – O1 and O139.

Transmission

The bacterium that causes it is spread through food and water that has been contaminated by the faeces of an infected person.

Symptoms

Cholera has a short incubation period of a few hours to 5 days and can lead to death if left untreated. It affects both children and adults. Most infected cases do not develop any symptoms but are infectious for a period of 1 to 10 days. Mild to severe watery diarrhoea may develop within one to five days after infection and it is often called "rice-water" stools. Vomiting also occurs in most patients. Usually, the symptoms are relatively mild and respond to oral re-hydration.

Severe cases of cholera can cause life-threatening dehydration.

Diagnosis

Diagnosis is through isolation and identification of *Vibrio cholerae* bacteria in a culture of a stool sample.

Treatment

Prompt treatment is very effective and involves oral and/or intravenous fluid replacement depending on the severity of

dehydration. Antibiotics are helpful in reducing the duration of diarrhoea and amount of rehydration needed. Treatment with zinc has also been shown to improve symptoms in children.

Vaccine

Several oral vaccines are available to prevent cholera, but they are not 100% effective and not available in every country. Brand names include Dukoral®, Euvichol-Plus®, and Vaxchora. Dukoral® also provides some protection against traveller's diarrhoea caused by ETEC (enterotoxigenic E.Coli).

Prevention

If visiting an area infected with cholera:

- Consider vaccination if available.
- Select food, water and other beverages carefully.
- Drink only boiled or bottled water, water that has been treated with chlorine or iodine, or carbonated beverages.
- Consider carrying water purification supplies with you.
- Choose food that has been thoroughly cooked while fresh and is served hot.
- Avoid ice, raw fruit, and raw vegetables (including salad). Fruit and vegetables that you peel yourself are safer choices.
- Pay close attention to hygiene. Wash your hands frequently, especially before eating.

Risk to Travellers

Cholera tends to occur in large epidemics, especially in areas where sanitary conditions have deteriorated such as peri-urban slums, refugee camps and war zones. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera. With the exception of health and relief workers, cholera rarely infects travellers who avoid unsanitary conditions.

[CDC Cholera Information](#)

[WHO Cholera disease factsheet](#)

Hepatitis A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see [US CDC](#)).
- people who use illicit drugs.
- those with liver disease.

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis is a general term that means inflammation of the liver. Medications, poisons, alcohol and infections can all cause hepatitis.

Hepatitis A is inflammation of the liver caused by a virus. The virus is highly contagious. People are mostly infected through eating or drinking contaminated food or water, or through direct contact with an infected person. Usually people make a full recovery, however occasionally the disease can be severe or fatal. There is an effective vaccine available.

Transmission

The illness is transmitted via the "faecal-oral route". The virus is present in the stool of an infected person. Others are infected when they consume food / drink contaminated with the virus. This is more common in areas with poor sanitation systems and limited access to clean water.

It is also possible to get the disease via direct contact with an infected person's faecal matter, for example through incompletely washed hands, sexual contact or through shared illicit drugs.

Symptoms

Not everyone gets symptoms. Most childhood infections will be asymptomatic or mild. Most adults will develop symptoms, and severity increases with age.

If symptoms do occur, they begin two to four or more weeks after infection and can last for weeks or months. They include any or all of the following:

- fever
- fatigue
- loss of appetite
- diarrhoea
- nausea/vomiting
- abdominal pain/discomfort
- jaundice (yellowing of the skin and eyes)
- dark urine, clay-coloured stool
- joint pain
- itching

Most people make a full recovery. About 10 to 15% of symptomatic persons with hepatitis A may experience relapse or prolonged illness up to six months. Sometimes the disease is severe and can be fatal (less than 1% of all cases), particularly in older people, and those with other underlying liver disease (such as infection with hepatitis B or C). It is thought to be due to the immune mechanisms rather than infection levels.

Diagnosis

Blood tests are required to confirm the diagnosis.

Treatment

There is no specific medication to treat hepatitis A. Medications to relieve symptoms should only be used under medical advice as they may contribute to damage of the liver.

Prevention

Prevention is through **hygiene**, careful selection of **food and water**, and **vaccination**.

Good hygiene, and choosing safe food and water are important, especially in areas where hepatitis A is common:

- Maintain a high level of personal hygiene, including during sexual activity.
- Do not drink tap water. Choose boiled or bottled water from reputable sources, water that has been treated with chlorine or iodine, or carbonated beverages.
- Avoid ice, as it may have been made with unsafe water.
- Ask locally which restaurants and hotels serve safe food.
- Select food that has been thoroughly cooked while fresh and served very hot.
- Do not eat raw shellfish.

Vaccination is effective, widely available and generally recommended for any traveller who has not already had the vaccine (or the disease). Two doses, given six months apart, are required for lifelong immunity. All travellers should consider it, particularly:

- If travelling to areas with high rates of hepatitis A.
- When living conditions are crowded or have poor sanitation.
- Men who have sex with men.
- Illicit drug users.
- People with liver disease.

Postexposure prophylaxis: After exposure, people who are not immune may be recommended Hepatitis A vaccination or immune globulin (antibodies) as soon as possible (within two weeks) to prevent infection.

Risk to travellers

Hepatitis A is common in areas with limited access to sanitation. People who live with an infected person, men who have sex with men, illicit drug users and people with liver disease are at higher risk in any area.

US Centers for Disease Control and Prevention (CDC) [Hepatitis A Information](#)

European Centre for Disease Prevention and Control (ECDC) [Factsheet about hepatitis A](#)

Hepatitis B

Recommended for most travellers and international assignees, especially:

- For long-term or frequent visitors, and health-care workers.
- For adventurous travellers who travel to more remote locations.
- If possibility of new sexual partner, needle sharing, acupuncture, dental work, body piercing or tattooing during visit.

Many travel health professionals recommend hepatitis B vaccination for all travellers, regardless of destination.

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis B is a viral disease affecting the liver. It is transmitted through contact with blood, blood products or body fluids of an infected person. It can cause a mild illness but occasionally can develop into a chronic illness.

Transmission

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids (e.g. semen, saliva) on broken skin. Modes of transmission include:

- Unprotected sexual intercourse with an infected partner
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth
- Contact with wounds of an infected person

The virus remains viable outside the body on any surface for about seven days and can lead to infection. Blood spills including dried blood can be infectious.

Symptoms

Symptoms develop between 30 and 180 days after exposure to infection. Hepatitis B can either be acute (short term illness) or chronic (long term illness). Most people will not develop symptoms during the acute phase. Others experience fever, pain in muscles and joints, abdominal, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. Recovery may take several weeks.

Risk of chronic illness is related to age. Babies who get infected from their mothers or those that get infected before five years of age are very likely to develop chronic infection. Less than 5% of adults and about 90% of children may develop chronic infection. In chronic illness, virus continues to remain in the body although people do not have symptoms. Many individuals may appear healthy but can spread the infection to others. Life threatening conditions such as liver cirrhosis and/or cancer may develop.

Diagnosis

The disease can be confirmed by blood tests.

Treatment

There is no specific cure for the disease. Treatment is mainly supportive, consisting of rest, adequate nutrition and medications to reduce discomfort.

Prevention

Avoid direct contact with body fluids.

Vaccine: This can prevent the illness and its serious outcomes such as cirrhosis and cancer. In many countries, hepatitis B vaccination is included in the routine childhood immunizations.

Risk to Travellers

Most travellers are at low risk unless they have contact with the infected blood or body fluids.

[CDC Hepatitis B information](#)

Japanese encephalitis

Vaccine is recommended for people who will participate in 'higher risk' activities while in an area where Japanese encephalitis risk exists.

You are engaging in a 'higher risk' activity if you:

- Travel during the peak Japanese encephalitis season (consult the "Health Threats" section of the International SOS country guides to see specific season details for this country).
- Spend a significant amount of time outdoors, particularly in the evening and night-time, in areas outside of cities. (ex. camping, trekking, biking, fishing, hunting, farming).
- Stay in accommodation that will likely have mosquitoes indoors, ex. lacking air conditioning, window screens, and bed nets.
- Spend a month or more in a risk area during transmission season.

Japanese encephalitis vaccine is not available in many of the risk countries. Have the complete vaccine series before departure.

Japanese encephalitis is serious viral illness, spread by mosquitoes. It occurs in most of Asia as well as some parts of the Western Pacific, mostly in rural agricultural areas. Although many people won't have any symptoms, it can cause encephalitis (inflammation of the brain) with permanent brain damage, or be fatal. Prevention is through preventing mosquito bites. In addition, vaccination is recommended for travellers at higher risk.

The Disease

Japanese encephalitis (JE) is serious illness, caused by a virus from the *Flavivirus* family. It is the most common cause of encephalitis (inflammation of the brain) in Asia, affecting children in particular. Spread by mosquitoes, it occurs in most of Asia as well as some parts of the Western Pacific, mostly in rural agricultural areas.

Transmission

The JE virus lives in animal hosts, mostly pigs and wading birds. It is transmitted between these animals by the *Culex* mosquito, which breeds where there is abundant water, such as in rice paddies. *Culex* mosquitoes are night feeders, so there is less chance of JE transmission during the day. Humans are infected when they are bitten by a mosquito carrying the JE virus. However humans are a "dead-end" host and mosquitoes generally don't become infected through biting people, as the level of virus in humans is low.

Symptoms

Most people who are infected have no symptoms. However about 1% of people will develop encephalitis about 5 to 15 days after being bitten by an infected mosquito. Symptoms usually start suddenly, with fever, headache and vomiting. Severe cases can develop weakness, movement disorders or paralysis. Confusion, drowsiness, seizures and coma can occur. About 20 to 30% of severe cases are fatal, while 30 to 50% of survivors will have permanent brain damage.

Diagnosis

The diagnosis is suspected based on symptoms and travel history. It is confirmed by a specific blood test, or a laboratory test on spinal fluid.

Treatment

No specific treatment is available and management consists of supportive measures.

Prevention

All travellers should take steps to prevent being bitten by mosquitoes.

- When outdoors, use an insect repellent.
- When indoors, use knock-down insect spray, and sleep under mosquito nets.
- Stay in accommodation with air conditioning and window screens.

See the article [Preventing mosquito bites](#) in the International SOS Location Guides for further details.

Vaccination against JE is available, and may be recommended for some travellers at higher risk of infection.

Risk to travellers

See [CDC Japanese Encephalitis Distribution Map](#)

Mostly, the risk to travellers is low, especially short term-visitors and those who only visit urban areas. However the risk is higher for people who stay longer than a month; those who travel to rural areas; those participating in extensive outdoor activities; and those who stay in accommodations without air conditioning, screens, or bed nets.

In areas where JE occurs, the risk of infection is often seasonal, being highest in summer / fall, during rainy seasons or varying with irrigation of crops. In temperate regions such as China, Japan and Korea, Japanese encephalitis transmission is highest from May to September. In northern India and Nepal, peak transmission is from September to December. In tropical regions of Asia and Oceania, Japanese encephalitis occurs year-round. *See individual location information for more details.*

[CDC Japanese Encephalitis Information](#)

Measles

- Recommended for all travellers and international assignees.
- All travellers should be up to date with their measles vaccination (schedule differs by country). Vaccination for adults is available as MMR (measles, mumps and rubella), two doses given at least four weeks apart are required.

Some individuals [cannot be vaccinated](#) due to certain health conditions.

Measles is a highly contagious viral disease that can have serious complications.

Transmission

Measles spreads very easily when an infected person talks, coughs, or sneezes, releasing droplets into the air. If a healthy person breathes in these droplets, they can get sick. The virus can stay in the air and infect people for up to 2 hours after the infected person has left. It can also land on objects and surfaces, where it can live for several hours. If you touch these surfaces and then touch your face, you can get infected.

A person with measles is infectious from four days before the appearance of the rash until four days after it has appeared. After being exposed to the virus, approximately 90% of people who are not immune will become infected.

Symptoms

Measles symptoms usually start 7-14 days after being exposed to the virus. Early signs include a high fever, cough, runny nose, and red, watery eyes. Small white spots, known as Koplik's spots, may appear inside the mouth. A few days later, a red, blotchy rash starts on the face and spreads to the rest of the body.

Measles can lead to serious complications, especially in young children, adults over 20, pregnant women, and people with weakened immune systems. Common complications include ear infections and diarrhea. More severe complications can be pneumonia, which is a lung infection, and encephalitis, which is swelling of the brain. These severe complications can sometimes be fatal.

Pregnant women who contract measles have an increased chance of miscarriage and pre-term delivery. Their babies may also experience low birth weights and birth defects.

Diagnosis

This illness is usually diagnosed clinically. If necessary, a lab test can confirm measles.

Treatment

There is no particular treatment for measles. Symptoms can be managed with over-the-counter preparations, good nutrition and adequate fluid intake. Antibiotics are required if there are bacterial complications (such as pneumonia, ear infection). Sick people should be isolated from non-immune people, and should not go out in public until at least four days after their rash appears.

Prevention

Measles can be effectively prevented by vaccination, which many countries routinely administer during childhood. The MMR (measles, mumps, and rubella) vaccine is highly effective and safe, providing lifelong immunity for most people after two doses. Vaccination not only protects individuals but also helps prevent the spread of the virus within communities.

People who are not immune and are at higher risk for complications (such as pregnant women, unvaccinated infants and people with weakened immune systems) may be given a dose of antibodies if exposed to the virus.

In addition to vaccination, good hygiene practices, such as regular handwashing and avoiding close contact with infected individuals, can help reduce the risk of transmission.

Risk to Travellers

Measles occurs throughout the world. Outbreaks are common in areas where there is low vaccination coverage. Measles is highly contagious and can spread quickly in places where people gather, such as airports and tourist destinations. Anyone who has not been immunised, or has not previously had measles, is at risk of infection.

- International SOS article on [measles, mumps and rubella vaccination](#)
- [CDC Measles Information](#)
- See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Polio

Travellers arriving from or going to high-risk countries: Proof of polio vaccination is *required*. Vaccination should be recorded on the International Certificate of Vaccination or Prophylaxis (ICVP).

(The above-mentioned recommendations/requirements are as stated by the World Health Organization or the Ministry of Health. However national authorities may differ in how they implement these recommendations. Consult your travel health practitioner for individualised vaccination recommendation 6-8 weeks before your trip and check with the embassy or consulate of your destination if proof of vaccination is required in your itinerary.)

Polio is a highly infectious disease caused by poliovirus and is spread from person to person. People can be infected with polio if they eat or drink something that has been contaminated with faeces, particularly in countries with less-developed sanitation systems. In countries with higher levels of sanitation, respiratory droplets coughed by an infected person are an important means of transmission.

Efforts are ongoing to eradicate the disease, which remains endemic (consistently present) in two countries - Afghanistan and Pakistan. The circulating strains include WPV1 (wild poliovirus type 1) and cVDPV (circulating vaccine-derived poliovirus). Most infected people show no symptoms or have only mild ones, including fever, headache, nausea and vomiting. In about one in 200 cases, the virus reaches the central nervous system and causes paralysis.

Polio prevention involves selecting safe food and water, as well as vaccination. Many countries give a primary vaccination against polio during childhood. It entails several doses of oral (OPV) or injected (IPV) vaccine. Unvaccinated people, or those whose vaccination status is unknown, should receive IPV before travelling to areas where polio is a risk.

Polio (poliomyelitis) is a highly infectious viral disease of the nervous system. It can have serious complications, including paralysis and death. It mostly infects children under five years, but can affect people at any age, including adults. The World Health Organization (WHO) continues its efforts to eradicate the disease; which remains endemic (consistently present) in two countries - Afghanistan and Pakistan. The circulating strains include WPV1 (wild polio virus type 1) and cVDPV (circulating vaccine-derived polio virus).

In May 2014, WHO's Emergency Committee convened under International Health Regulations (2005) [IHR (2005)] and discussed polio in terms of international spread and eradication. Over 60% polio cases recorded by late 2013 were due to international spread of the virus and adult travellers were the main carriers of the disease. It was agreed that such spread "constitutes an 'extraordinary event' and a public health risk to other States" and the disease was declared a Public Health Emergency of International Concern (PHEIC). Since then WHO's IHR Emergency Committee reviews the global status of polio every three months and revises its temporary recommendations on polio vaccination accordingly. (Refer to [Travel Advice - Polio Vaccination Entry and Exit Requirements for Travellers \[PDF, 162kb\]](#) and [Location Guides for country-wise vaccination recommendations](#)).

How it spreads

Poliovirus spreads from one person to another. An infected person has the poliovirus in their throat, nose and intestines. People can contract polio if the virus enters their mouth. This happens through direct contact with an infected person (even if that person has no symptoms), or through eating or drinking contaminated food or water. (In areas of poor sanitation, polio-containing faeces can contaminate water and food supplies). Less commonly poliovirus spreads via coughs and sneezes.

Symptoms

Most infected people do not have any symptoms. Those who do become ill have fever, fatigue, headache, flu-like symptoms, nausea and vomiting, stiffness of the neck and back and pain in the arms and legs. Recovery usually occurs within about a week. However, about one out of every 200 people develops permanent paralysis, usually involving the legs. If the muscles involved in breathing are paralysed, polio can be fatal.

Long after recovery - between 15 and 40 years later - some patients suffer post-polio syndrome. Symptoms can include fatigue after relatively little activity, muscle/joint pain, breathing difficulties, decreased tolerance for cold and muscle weakness in limbs (regardless of whether or not the limb was affected by the initial polio infection).

Treatment

There is no cure for polio. Symptoms are managed to make patients more comfortable as they recover on their own.

Prevention

An effective vaccine, usually given in childhood, protects against polio. There are two types of vaccine – an oral type (OPV) which contains live but weakened virus, and an inactivated injectable one (IPV). IPV is generally only used in countries where polio has been eradicated. (See [FAQ's in Travel Advice article - Polio Vaccination Entry and Exit Requirements for Travellers \[PDF, 162kb\]](#)).

Travellers should also take care to [select safe food and water](#), especially in areas where the virus is circulating. This includes choosing bottled or boiled/disinfected water instead of tap water. Avoid ice and non-pasteurized dairy products. Choose foods that are cooked thoroughly and served hot. Do not eat any raw fruit or vegetables unless you have peeled them yourself or washed them in water you know is safe. Always wash your hands with clean water (or hand sanitiser) before eating.

About vaccine-derived polio

Oral polio vaccine (OPV) contains a weakened form of poliovirus. When someone takes this vaccine, the virus reproduces in their intestines long enough for them to build an immune response (and thus become immune to polio.) While it is in the digestive system, this poliovirus is also excreted. If sanitation is not adequate, the excreted virus can spread among the community. Usually, if this happens, the virus that was excreted dies out in the environment.

Occasionally, an excreted poliovirus can circulate for a longer time among a community - particularly if many people in the community are not already vaccinated against polio. The lower the population immunity, the longer the virus survives. As it circulates, the vaccine virus undergoes genetic changes. Very rarely, it changes into a virus that can cause paralysis. When this happens, the resultant polio virus is called circulating vaccine-derived poliovirus (cVDPV). It is very rare for cVDPV to occur, and it usually takes a long time (at least a year) to develop in a community. The problem is not the oral polio vaccine itself, but rather the low immunity among the population in which it is used. Stronger vaccine coverage reduces the risk of cVDPV.

Risk for travellers

Polio has now been eradicated from most countries. However, [risk remains](#) in endemic (consistently present) countries: Afghanistan and Pakistan. Several countries that were previously polio-free have had the disease re-established, and

outbreaks can occur whenever the disease is imported.

[US CDC Polio information](#)

[WHO polio information](#)

Rabies

Consider for certain travellers, especially:

- For international assignees and long-term visitors.
- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.
(Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)
- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.
Jogging increases your risk of dog bite.

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

[Watch the 1 minute Rabies Video Podcast on Vimeo](#)

[Download the Rabies Facts Infographic PDF](#)

The Disease

Rabies is a preventable viral disease. It occurs in more than 150 countries worldwide and is transmitted to humans from domestic and wild animals.

Transmission

People can get it when they are bitten or scratched by an infected or "rabid" animal – most frequently a dog. Rabies from bats is common in the Americas, Australia and Western Europe. Human exposure to rabies through foxes, coyotes, raccoons, skunks, jackals, mongooses and other carnivore species is known but less common.

Symptoms

Symptoms take a highly variable time to develop, usually between one to three months but may take up to a year. When they begin, they are non-specific such as fever, tingling or numbness near the bite site. As the virus travels along the nerves, it causes neurologic symptoms: anxiety, paralysis, and characteristic hydrophobia. People with hydrophobia experience muscle spasms in the muscles used for swallowing when they see, hear or think about water. Eventually, rabies causes delirium, convulsions, coma and death.

Diagnosis

A patient is suspected to be suffering from rabies if there is a history of an animal bite. Clinical diagnosis is difficult unless rabies-specific signs appear. Generally, several tests are necessary to diagnose rabies ante-mortem (before death) in humans.

Prevention

Don't handle any domestic animal unless you are certain it does not have rabies. Never handle wild animals and keep your distance from them.

Rabies vaccination

In rabies-affected countries, *pre-exposure vaccination* is often recommended for expatriates and long-term visitors - especially if they will not be able to get quality medical care after being bitten or scratched by an animal. It is especially important for children, since they may not tell their parents that they have been bitten or scratched. The vaccine is usually given in your home country prior to travel, in a series of two injections (days 0 and 7).

Post-exposure vaccination is used after someone has interacted with an animal that may be rabid. It must be given soon after the bite or scratch, and can be life saving.

Following a bite or scratch or lick (on broken skin) by an animal:

- Immediately clean the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately to assess the need for rabies *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING).

For people who **did NOT** have a pre-exposure vaccination:

- Rabies immunoglobulin (RIG) is injected into and around the wounds
- Four doses of rabies vaccine are required, given on days 0, 3, 7 and 14 (or days 0, 3, 7, 14 and 28).

For people who **DID** have a pre-exposure vaccination:

- Two doses of rabies vaccine are required (given on days 0 and 3).
- Rabies immunoglobulin (RIG) is **not** required.

Risk to travellers

Rabies is found on all continents except Antarctica. Worldwide, most cases of human rabies occur in Asia, Africa and Latin America, in places that have large numbers of stray dogs. People living in rural areas, especially children are at higher risk of dog bites. Certain activities, such as cycling and running, can raise your risk of being chased and bitten by a dog.

[WHO information on rabies](#)

[CDC](#)

Typhoid fever

Recommended for all travellers and international assignees.

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important. Vaccination is recommended for people travelling to locations where typhoid is consistently present.

The Disease

Typhoid fever is a serious infection caused by *Salmonella Typhi* bacteria. It spreads either through intake of contaminated food or water or close contact with an infected person. Raw fruit and vegetables, and shellfish are often associated with typhoid.

Symptoms

The symptoms usually begin seven to 21 days after exposure. The typical feature of the disease is persistent high fevers. While typhoid fever is often called a diarrhoeal disease, not all patients have diarrhoea. Symptoms include high fever, body aches and pains, weakness, stomach ache, loss of appetite, cough and diarrhoea or constipation. Some people may develop a rash. If left untreated, symptoms worsen and life threatening complications may develop.

Some people can carry the bacteria without any symptoms ("carriers") and are a source of infection.

Diagnosis

Lab tests done on blood, stool and urine samples help diagnose the illness.

Treatment

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important.

Prevention

Typhoid is prevented through careful selection of safe food and water and vaccination. Maintaining hygiene measures and choosing safe food and water is important because typhoid vaccines do not provide complete protection.

- Maintain a high level of personal hygiene; wash hands frequently with soap and water.
- Drink only bottled or treated water or hot beverages.
- Select safe food. Meals should be thoroughly cooked and served hot. Avoid under-cooked or raw meat, fish or shellfish. Eat only fruit that you peel yourself.

Vaccination is recommended people travelling to locations where typhoid is consistently present.

Primary vaccination

Primary vaccination and booster doses for typhoid are the same. They can be either:

- A single injection.
- A series of three or four oral capsules taken on alternate days (differs country-to-country).

Booster

- After injected typhoid vaccination (Vi), a booster may be recommended at 2-3 years.
- After oral typhoid vaccination (three capsules), a booster may be recommended at 3-5 years.
- After oral typhoid vaccination (four capsules), a booster may be recommended at 3-5 years.

Risk to Travellers

High-risk areas are those with poor hygiene and sanitation and limited access to safe water. The disease is common in destinations such as the Indian subcontinent and other developing countries in Asia, Africa and Central and South America.

[CDC Typhoid information](#)

Yellow fever

A yellow fever vaccination certificate is **required** for entry for anyone ≥ 9 months of age arriving from a [country with a risk of yellow fever transmission](#), including people who were in transit for more than 12 hours in an airport located in a risk country. *(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)*

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

[View Yellow Fever Infographic Poster PDF](#)

The Disease

Yellow fever is a potentially fatal viral disease spread through mosquito bites. It is classified as one of the 'viral haemorrhagic fevers' and occurs in certain countries in Africa and South America. As there is no specific treatment available, prevention through vaccination and avoiding mosquito bites is essential. Many countries require travellers to show proof of vaccination for entry.

Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemagogus*), which breed in and around homes, in jungles, or in both environments. People and monkeys can become infected through mosquito bites. When the virus spreads into urban areas, large outbreaks can occur if a significant proportion of the population is unvaccinated and not immune.

Symptoms

Some people never develop symptoms after infection. For those who do, the first signs typically appear three to six days after a mosquito bite. They often begin with a sudden fever and headache, along with flu-like symptoms such as fatigue, muscle pain, back pain, nausea, and vomiting. Most people recover within four days. However, in around 15% of cases, symptoms worsen within 24 hours of apparent recovery. This toxic phase includes high fever, abdominal pain, vomiting, and jaundice (yellowing of the skin and eyes, giving the disease its name). The illness may progress to haemorrhagic symptoms (bleeding) and organ failure. Between 20% and 50% of severe cases result in death.

Diagnosis

Diagnosis requires specialised laboratory testing of blood and tissue samples. Early detection can be difficult as symptoms resemble other diseases such as malaria or dengue.

Treatment

There is no specific treatment for yellow fever. Patients are managed with supportive therapy. In severe cases, hospitalisation and intensive care may be required.

Prevention

Prevention is through avoiding mosquito bites and vaccination.

Prevent mosquito bites:

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks, and closed shoes).
- Consider treating clothing with an insecticide. These are available as both soaks and sprays, and usually last through several washings. Always follow the manufacturer's instructions.
- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. In general, the higher the concentration of the active ingredient in a product, the longer it lasts and hence the more effective it is. Reapply after swimming or excessive sweating.
- Stay away from mosquito breeding areas, such as stagnant water.

- Avoid using perfumes and wash off sweat as both attract mosquitoes.
- Consider using a bed net impregnated with insecticides.
- Ensure windows are covered with fly-wire. Use "knock-down" insect spray to kill mosquitoes in your room.
- Choose air-conditioned, well-screened accommodation if possible.

Vaccination: An effective vaccine is available. It contains a live, weakened virus and grants immunity to most people within 10 days, with 99% protection achieved by 30 days. A single dose generally provides lifelong immunity. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Vaccination is only available through designated yellow fever vaccination clinics. Upon vaccination, travellers receive an International Certificate of Vaccination or Prophylaxis (ICVP), which becomes valid 10 days after vaccination and remains valid for life.

Proof of Vaccination for Entry and Exit Requirements

Many countries require proof of vaccination for entry—this applies to regions where yellow fever exists and those where mosquitoes capable of carrying the virus are present. If proof is unavailable, authorities may deny entry, mandate vaccination, or monitor your health. Some countries also require proof of vaccination upon departure.

Requirements are specific for each country and can vary depending on where the trip originated. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks before your trip.

If vaccination is medically contraindicated, a doctor must complete the "Medical Contraindications to Vaccination" section of the ICVP. A medical waiver letter may also be issued on official letterhead, signed and stamped by a doctor, specifying the reason for exemption. Waivers are generally issued for a single trip, and new ones may be required for future travel.

Risk to Travellers

The risk of acquiring yellow fever is higher in Africa than in South America, but the risk varies greatly according to location and season. In West Africa, peak transmission is late in the rainy season and early in the dry season (July–October). Transmission is highest during the rainy season (January–March) in Brazil. However, yellow fever can be contracted at any time of year.

[CDC Yellow Fever Information](#)

[CDC Yellow Fever Vaccine](#)

Routine Vaccinations

COVID-19

All travelers should ensure they are up to date with COVID-19 vaccinations. Recommendations vary between countries.

Influenza

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease, including::

- Young children
- Pregnant individuals
- People 65 years and older
- People with underlying health conditions

Measles-Mumps-Rubella

Vaccinations against measles, mumps, and rubella are routine in childhood, and are usually available as a combined vaccine "MMR".

Everyone should be immune to these diseases before travel.

There are outbreaks of measles in many locations.

If you are unsure of your immunity, consult your doctor well in advance of travel.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

Tetanus-Diphtheria-Pertussis

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

Health Threats

Known health threats for this country

Leptospirosis

Leptospirosis is a bacterial disease commonly present in animals. While these animals often show no sign of disease, they can excrete the bacteria in their urine and other bodily fluids (except saliva), which contaminates water and soil in the environment. Humans become infected primarily through contact with that contaminated water and soil.

Infection can be treated with antibiotic medications. Severe disease can cause liver, kidney, heart and respiratory problems as well as meningitis (inflammation of the membrane around the brain and spinal cord). If left untreated, leptospirosis can be fatal.

The best way to prevent leptospirosis is to consider water safety when swimming, bathing, boating or wading. Avoid water that might be contaminated with animal urine. If unsure whether the water is contaminated and contact is unavoidable, wear protective clothing such as thigh-high waterproof boots and cover all wounds with waterproof dressings. Wash thoroughly after potential exposure.

Rabies

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

Chikungunya

Chikungunya is a viral disease transmitted through mosquito bites, not from person to person. Common symptoms include fever, joint pains and swelling, rash, muscle pain, nausea, headache, conjunctivitis ("pink eye"), and fatigue. Symptoms usually resolve within ten days, however, in some cases joint pain and fatigue may persist for months or years. Rarely the brain, eyes, heart, and kidneys can be affected and fatalities have been reported. People at higher risk for severe illness include newborns infected at the time of birth, the elderly and people with underlying health conditions. There is no specific medication to treat the disease. Symptoms are managed with rest and pain relief medications. Aspirin and non-steroidal anti-inflammatory medication (such as ibuprofen) should be avoided until dengue fever has been ruled out, and only used under medical supervision. Prevention is through preventing mosquito bites. Vaccines against chikungunya are available in several countries.

Dengue fever

Dengue, or "break-bone" fever, is a viral disease of the tropics and sub-tropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Transmission from mother to child is possible during pregnancy or birth. Symptoms include high fever, severe headaches, joint and muscle pain, nausea and vomiting. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks.

Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue hemorrhagic fever or DHF) occurs. Severe dengue is more likely in infants and those who are pregnant, as well as for people who have been infected in the past and are infected again with a different strain of dengue. When a pregnant person is infected there is a risk of pre-term birth, low birth weight and foetal distress. About 2 to 3 out of 100 severe dengue cases are likely to be fatal. Prevention is through avoiding mosquito bites. Dengue vaccine is available in some countries. Authorities have different eligibility and recommendation for use.

Filariasis

Filariasis is a parasitic disease, also sometimes called "elephantiasis". It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilaria) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travellers are at low risk. Nevertheless, all travellers should prevent insect bites.

Japanese encephalitis

Japanese encephalitis is serious viral illness, spread by mosquitoes. It occurs in most of Asia as well as some parts of the Western Pacific, mostly in rural agricultural areas. Although many people won't have any symptoms, it can cause encephalitis (inflammation of the brain) with permanent brain damage, or be fatal. Prevention is through preventing mosquito bites. In addition, vaccination is recommended for travellers at higher risk.

Malaria

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal. Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Scrub typhus

The bacterial disease scrub typhus is also known as tropical typhus or "chigger fever". Humans become infected when bitten by disease-carrying mites. A lump develops at the bite site. It ulcerates and forms an eschar (like a cigarette burn). Glands near the bite swell. Sudden onset symptoms progress, including high fever, headaches and sore muscles. About a third of those infected develop a rash.

Complications, such as pneumonia and nervous system impairment, can occur. Treatment with timely appropriate antibiotics will cure the disease. Untreated, mortality can be as high as 30 percent. No vaccine is available. Prevent infection by avoiding mite habitats (such as rodent infested areas, recently cleared forests clearings and rice paddies) and by preventing mite bites.

Zika virus

Zika is a viral disease, mostly transmitted to people by mosquito bites, but also from one person to another through sexual contact. Symptoms can be mild and include fever, rash, muscle and joint pains, red eyes (conjunctivitis). However, infection

during pregnancy can cause severe complications, including miscarriage and permanent birth defects (congenital Zika syndrome). No specific treatment or vaccine is available. Prevent infection through mosquito bite avoidance. Prevent sexual transmission through condom use or abstinence.

Tuberculosis (TB)

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. Family members, close friends and healthcare workers are most at risk. People with compromised immune systems, babies and children, those travelling to or living in countries with high TB rates, smokers and those who consume alcohol or other substances and those residing in group accommodation (such as prisons or nursing homes) are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include prolonged cough, chest pain, weakness, lack of appetite, weight loss, fever, chills, night sweats, tiredness, and lack of energy. Latent (inactive) TB causes no symptoms. Tuberculosis is diagnosed by evaluating a patient's risk factors for exposure to TB, clinical symptoms, chest X-rays, CT scan, tuberculin skin testing and examination of sputum or secretions which may contain the bacteria.

Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening. Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These forms are hard to treat.

A vaccine, Bacillus Calmette-Guerin (BCG) is available. It protects children against severe TB. Some authorities recommend vaccinating children up to 16 years old or for travellers who may live or travel for three months or more to places with higher rates of TB infection or with the risk of multi-drug resistant TB. It must be discussed on an individual basis with your own health care provider.

Avoid enclosed or crowded environments where there are known TB patients, such as hospitals and prisons, whenever possible. People who must enter such places, such as health care workers, should wear specially fitted personal respiratory protective masks (such as the N-95 mask). Other ways to prevent the spread of TB include early identification, isolation and treatment of active cases, spreading awareness of symptoms to ensure people seek medical care early and ensuring that people on treatment take their medication and complete the entire course.

Altitude

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to higher altitudes. It can occur from elevations of 1,500 meters onwards but is more common at elevations above 2,500 meters (8,000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitudes, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Volcano

There are several types of volcanic eruptions and some pose a major threat to health. One such eruption is volcanic ash fall. Ash is made of fine particles of rock and minerals and is gritty and abrasive. It can carry for many kilometres through the air. Approaching ash clouds resemble ordinary weather clouds, and are sometimes accompanied by lightning or thunder. They bring a sulfur smell into the air.

When the ash finally falls, it settles in a dust-like covering. The "dust", however, is hard and abrasive. It does not dissolve in water, and it conducts electricity. It becomes more conductive when wet. Heavy ash falls can cause roofs to collapse and can lead to high levels of respirable ash in the air people breathe.

Most commonly, people get a runny nose and sore throat, sometimes with a dry cough. Because the ash is gritty, it can cause skin and eye irritation. People should minimize exposure to ash, those with chronic bronchitis, emphysema, asthma and other respiratory conditions should be especially vigilant since their symptoms can worsen.

Cholera

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

Hepatitis A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

Typhoid fever

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important. Vaccination is recommended for people travelling to locations where typhoid is consistently present.

HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.

- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Schistosomiasis

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

Hepatitis B

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

Measles

Polio

Polio is a highly infectious disease caused by poliovirus and is spread from person to person. People can be infected with polio if they eat or drink something that has been contaminated with faeces, particularly in countries with less-developed sanitation systems. In countries with higher levels of sanitation, respiratory droplets coughed by an infected person are an important means of transmission.

Efforts are ongoing to eradicate the disease, which remains endemic (consistently present) in two countries - Afghanistan and Pakistan. The circulating strains include WPV1 (wild poliovirus type 1) and cVDPV (circulating vaccine-derived poliovirus). Most infected people show no symptoms or have only mild ones, including fever, headache, nausea and vomiting. In about one in 200 cases, the virus reaches the central nervous system and causes paralysis.

Polio prevention involves selecting safe food and water, as well as vaccination. Many countries give a primary vaccination against polio during childhood. It entails several doses of oral (OPV) or injected (IPV) vaccine. Unvaccinated people, or those whose vaccination status is unknown, should receive IPV before travelling to areas where polio is a risk.

Yellow fever

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Food & Water

Drink bottled water. Care with food.

Food Risk

Wash or sanitise your hands before eating. Always choose fresh food that has been thoroughly cooked and is served hot, since heat destroys most contaminating bacteria. Meat and fish should be "well done".

Check expiry dates of food products; it is advisable not to buy food which is about to expire. Storage conditions can be substandard even in big shops.

Avoid raw foods, shellfish, pre-peeled fruit and salad. Fruit that you wash and peel yourself is safe to eat. Avoid street vendors and market food because the standard of hygiene may be low and food may not be fresh.

Although food in larger international hotels is usually safe, follow the basic rules discussed above. In any location, busier restaurants may be safer as they are more likely to serve freshly cooked food.

Water and Beverages

Tap water is unsafe to drink. Drink boiled or bottled water, or carbonated beverages, provided that the seal is intact. Look for bubbles when you open a carbonated beverage - bubbles are evidence that the product has been processed. Bottles are sometimes refilled with tap water and resold, and these products are not safe to drink.

Avoid ice because it can be made from unsafe water. Do not rinse your mouth or toothbrush with tap water, and do not open your mouth in the shower.

Do not purchase unsealed drinks or ice cream made by street vendors. These may contain untreated tap water and the equipment used may not have been properly cleaned. Coffee and tea made from boiling water are safe to drink, as are beer and wine. It is best to use ultra heat treated (UHT) or canned milk that has been pasteurised.

Disease Risk

Zika risk may be present. Other health threats are present.

Zika virus

Zika may be present in some areas. The first Zika case was reported in 2012. Sporadic cases have been identified in travellers from the Philippines.

Malaria

Risk in some areas

Malaria Bite Prevention

Malaria is present in Palawan. The rest of the country, including Manila, has been declared malaria-free; the risk of importation of cases and subsequent transmission still exists.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas



Rabies

Avoid domestic and wild animals and bats

Rabies

Travelers have a low risk of contracting rabies in urban areas. The risk is higher in rural areas.

Destination Guide for Philippines

Security Overview

Personal Security

STANDING TRAVEL ADVICE

- Travel to the Philippines can continue.
- Crimes pose a significant risk to workforce. Always exercise heightened caution and appropriate security measures in all areas. Accommodation and transport decisions should be made with attention to the risks posed by crime.
- Confidence tricksters may target foreign nationals. Be wary of strangers and their motives, and do not accept food or drink from unidentified or recently met persons unless accompanied by a trusted local host.
- Opportunistic and narrowly targeted kidnap-for-ransom remains a threat. Although most victims are local nationals, foreign nationals are at risk due to their perceived wealth. Avoid ostentatious displays of wealth, be aware that kidnappers may pose as police officers or other persons of authority, and be particularly vigilant at roadblocks and during spot-checks. International assignees are advised to vary routines, choose a modest model of vehicle, and maintain vigilance for signs of surveillance.
- Criminals are commonly armed; if targeted, do not do anything to resist or antagonise your assailant.
- There is a credible, albeit mostly latent, risk of attack by either domestic or transnational terrorists. Government personnel and buildings, military personnel and facilities, public transport, houses of worship, and crowded shopping and entertainment venues are likely targets. Be alert to suspicious behaviour and report any suspect packages to the authorities.
- Avoid demonstrations and rallies as a general precaution. Clashes with the security forces, though uncommon, can quickly become extremely dangerous. Vacate the area immediately if a large crowd or concentration of the security forces begins to develop.
- Travel by bus, jeepney, ferry and rail is not suitable for business travellers. Use only a private vehicle and driver or taxis arranged through your hotel or local host. If attending meetings away from your hotel, pre-book return transport.
- Factor in the performance record of domestic airlines and consult travel agents regarding their suitability when making travel plans.
- The above advice is not exhaustive; seek itinerary-specific advice prior to travel in the Philippines.

South-west Mindanao

- Travel to south-western parts of the Mindanao island, including Marawi (BARMM), should be for essential purposes only. If journeys are essential, use a trusted local provider or host. This will assist in smoothing passage through heavy security and any potential road closures.
- Expect a significant security force presence in most urban centres and major highways in the region. Follow all official directives, including any curfews or restrictions on movement, and carry personal identification documents to ease passage through any checkpoints and spot-checks.

Rest of Mindanao

- Although travel to most of Mindanao is viable, seek itinerary- and profile-specific advice before travelling to the island. Ensure these journeys are supported by your organisation's security protocols and infrastructure.
- Avoid non-essential overland travel due to the risks posed by banditry, poor driving standards, road conditions, and the presence of militants who at times erect illegal roadblocks to extort money or as a part of their kidnap-for-ransom methods.
- When undertaking essential road travel, do not self-drive. Instead, use an experienced and trusted local driver and ensure your vehicle is in good condition. Travel between population centres during daytime only. Take precautions against carjacking and avoid high-risk areas.
- Trips to coastal resorts and islands in Mindanao should be arranged through reputable tour operators and include comprehensive itinerary and accommodation details. Business travellers should select accommodation based on a thorough research into and professional advice on security infrastructure, facilities, location and access to support. At a minimum, business travellers should select guest rooms that do not have direct access to the waterfront.

Sulu archipelago (Basilan, Sulu, Tawi-Tawi (BASULTA))

- Avoid all travel to the Sulu archipelago because of the risks posed by insurgency, terrorism and associated criminal activity.

Crime

Occurs in many areas, sometimes violent

CRIME

Crime poses the main day-to-day risk to in-country workforce and business travellers. Petty and opportunistic crimes such as pickpocketing and purse-snatching are common in entertainment and public areas in all major cities. Car theft and carjacking happen nationwide. Opportunistic crime tends to increase around festivals and holidays. Business travellers should carry minimal cash and credit cards, and refrain from overt displays of wealth.

Violent crime is a significant problem, compounded by high levels of illicit small-arms ownership. There have been incidents in which Chinese, Korean and Japanese nationals have been targeted in violent crime by business rivals. Exchanges of gunfire between the security forces and criminals occur occasionally, even in areas frequented by foreign nationals such as high-end urban areas and provincial resort towns. Most such incidents tend to take place in residential areas beyond the central business districts of major cities. Instances of violent crime involving explosive devices and firearms have also taken place in major cities, posing significant incidental risks to bystanders.

Additionally, foreign nationals have been involved in verbal altercations with local nationals, which have escalated into acts of violence, including murder. Confrontations should be avoided given that even seemingly trivial issues could lead to serious violence.

As a standard practice, in-country workforce should be aware of the potential for credit-card fraud when making purchases or withdrawing cash. They should exercise prudence when extracting money from ATMs and check if any suspicious devices are attached to the machine or placed over the card slot. Additionally, business travellers visiting entertainment venues should remain vigilant to confidence tricksters, including strangers offering drinks or confectionary. There have been reports of food and drink spiking followed by robbery.

There has been a noticeable increase in cybercrime and telephone fraud in recent years. The authorities and private financial institutions frequently advise caution against cybercriminals. Despite legislation like the Subscriber Identity Module (SIM) Card Registration Law and the Cybercrime Prevention Act being enacted, cybercrime and phone fraud persists. Business travellers should be wary of suspicious emails, phone calls and text messages and avoid clicking on links or responding to calls or text messages requesting for personal financial information like PINs and passwords.

Banditry-related violence is a significant security concern in insurgency-affected areas, especially rural parts of southern and western Mindanao island and the Sulu archipelago, where it is often difficult to distinguish between militant and criminal gangs. These groups are also known to target business interests, such as mining projects, for extortion purposes. Dispute-related violence (locally known as 'rido') also occurs in these areas and is usually driven by personal grievances, business disputes, clan rivalry and/or political ambition.

Terrorism

Moderate indirect risk to foreign nationals

TERRORISM

Despite enactment of an anti-terrorism legislation and additional security measures that have helped reduce terrorism's threat in recent years, there is a persistent risk of attacks by militant groups. The authorities introduced several measures such as Proclamation 55 – imposed in 2016 after the Davao City bombing – that provides for checkpoints, curfews and other public security measures. The Anti-Terrorism Act of 2020 also came into effect and provided a legal foundation for stronger measures to counter and penalise terrorism. The law includes warrantless arrests as well as extended detention and surveillance of terror suspects.

The main local militant groups are the Sulu-based extremist Islamist Abu Sayyaf Group (ASG), the Dawlah Islamiyah (DI) and its factions like the Maute Group (DI-MG), Bangsamoro Islamic Freedom Fighters (BIFF), Ansar al-Khalifa Philippines (AKP) and associated factions, as well as the leftist rebel New People's Army (NPA), which is the armed wing of the Communist Party of the Philippines (CPP). Although the Moro Islamic Liberation Front (MILF) is still the largest non-state armed group in Mindanao, it renounced its intention to carry out attacks following a 2014 peace deal with the government. Its leadership is engaged in the governance of BARMM, and several of its members are integrated into the security services.

Islamist militancy

Several groups – such as the DI, BIFF and ASG – espouse extremist Islamist objectives and reportedly pledged allegiance to the jihadist Islamic State (IS) militant group in 2014. Founded in 1991, the ASG's established aim is to seek an independent Muslim state in southern Philippines. However, its current operations – including occasional kidnaps-for-ransom attacks – appear largely driven by criminal objectives. Its members, alongside DI-MG and IS, attacked and seized control of Marawi City (BARMM) in May 2017. Government control was only restored five months later in October. The battle severely damaged the city and displaced more than 360,000 locals. On 3 December 2023, IS claimed responsibility for an explosion during a Catholic mass inside Mindanao State University's gymnasium in Marawi City, in which four people were killed and 40 others injured. Martial law was implemented on Mindanao from May 2017 to December 2019 due to the conflict in Marawi. Initially lasting 60 days, it was extended thrice amid concerns over the persistent threat from Islamist militant factions and the NPA. Martial law accorded the Armed Forces of the Philippines (AFP) increased powers in Mindanao, such as the ability to carry out warrantless arrests and erect roadblocks and checkpoints. Under martial law, the AFP also partnered with the police to successfully secure

key cities and trade zones, particularly in the Zamboanga Peninsula region, central parts of Mindanao island, Davao region and the Sulu archipelago.

The BIFF was founded in 2010 after splitting from MILF by rejecting the peace deal that established BARMM. The group's aim is to set up a fully independent Islamic state. In recent years, the group and its associated factions have attacked government and MILF forces, as well as civilian targets. The group has carried out attacks with small arms and explosive devices, including vehicle and suicide attacks, in its strongholds in southern Mindanao. Clashes between BIFF-affiliated fighters and the security forces are common in central-western parts of Mindanao. DI and its associated factions, like the DI-MG, emerged from the most radical faction of BIFF.

Post-conflict analysis has revealed both foreign and other local militant groups – particularly IS and IS-aligned local insurgent groups – facilitated the infiltration of Marawi City. Foreign-based transnational terrorist groups continue to view Mindanao as an area where a caliphate could be re-established, following the fall of the IS caliphate in the Middle East. At least one foreign-based militant group, Jemaah Islamiyah (JI), reportedly continues to have a presence in the southern Philippines.

Opportunistic attacks by small cells affiliated to Mindanao-based militant groups or individual Islamist extremist sympathisers pose a credible threat. Such incidents are more likely to occur in militant strongholds in coastal or rural areas of southern and western Mindanao, namely Cotabato, Lanao del Norte, Lanao del Sur, Maguindanao, Sultan Kudarat provinces and the Zamboanga Peninsula region. Despite the security forces' ability to disrupt complex attack plots, Mindanao-based militants continue to exhibit the intent and latent capability to target Metro Manila and other urban and tourist centres.

Leftist militancy

The NPA was founded in 1969 as the armed wing of the Communist Party of the Philippines (CPP). Both the CPP and NPA are designated as terrorist organisations by the authorities. The group is known to collect a so-called revolutionary tax in insurgency affected areas. Although the group operates nationwide, its presence has diminished due to persistent counter-insurgency operations and declining local support. NPA-related violence continues to be reported in Agusan del Sur, Surigao del Norte, Surigao del Sur provinces (all Caraga region), Cagayan Valley and Bicol regions (both Luzon), Davao del Sur and Davao de Oro provinces (both Davao region), Leyte, Samar, Northern Samar and Western Samar provinces (all Eastern Visayas region), Negros Occidental province (Eastern Visayas region) and Bukidnon and Misamis Oriental provinces (both Northern Mindanao region). In rural areas, the NPA remains capable of conducting hit-and-run attacks and ambushes, and occasionally engages in clashes with the security forces. It is also known to carry out raids against plantations, mining compounds and factories that refuse to meet extortion demands. These tend to involve acts of arson and vandalism of equipment and pose risks to workforce.

Following the 16 December 2022 death of Communist Party of the Philippines (CPP) leader Jose Maria Sison, the party called on the NPA to stage tactical offensives to demonstrate its continued relevance. Despite an established hierarchy, the CPP-NPA faces a leadership crisis due to the recent deaths of its key leaders and the capture or surrender of numerous members. In the absence of a leader of Sison's stature, the vacuum will further weaken the insurgent movement, especially amid robust counter-insurgency operations by the security forces with the view of ending the rebellion before the end of the current administration.

Kidnapping

KIDNAPPING

There is a risk of kidnap for ransom in the country. It is more acute in the Zamboanga Peninsula region due to the presence of militant and criminal groups. Ethnic Chinese Filipino nationals remain the prime targets due to their perceived wealth. Most recent instances of kidnappings and illegal detention involve people associated with the offshore gambling industry, also known as POGO. There have also been instances of foreign nationals being lured to the country with spurious job offers, vacation packages and other similar ruses by criminal groups and held for ransom.

Groups such as the Abu Sayyaf Group (ASG) have married radical Islamist ideology with a long history of organised crime and are involved in kidnapping both local and foreign nationals. They have previously targeted foreign nationals due to their perceived affluence. Mobile workforce or those who have married into Filipino families are at greater risk than business travellers, who are generally in the country for shorter periods. Nevertheless, victims have included those travelling for tourism, journalism or business purposes and NGO-related activities.

The ASG is usually willing to release captives in exchange for significant ransom payments. Islamist militant groups retain the intent to carry out kidnap-for-ransom operations outside their traditional areas of operation in the Sulu archipelago and rural areas of south-west Mindanao. In Mindanao, kidnappings targeting foreign nationals remain a concern in the Sulu archipelago, the Zamboanga Peninsula and BARMM.

Some kidnap-for-ransom groups can transport victims from one location to another across the country, which can hinder official mitigation efforts.

Kidnapping for ransom – largely linked to criminal activity – also occurs in Metro Manila and other locations. A significant number of these incidents are express kidnappings, in which criminals in stolen vehicles force victims to withdraw relatively small sums of cash from multiple ATMs throughout the city. Victims are usually released after several hours. Additionally, many instances of kidnapping for ransom are related to POGOs. In June 2024, four police officers in Metro Manila were

arrested for kidnapping four foreign nationals including one Malaysian and three Chinese nationals. In October 2023, six Chinese and three Filipino nationals were kidnapped from a residence in southern Metro Manila.

Social Unrest

SOCIAL UNREST

Protests and strikes are common in many urban areas, including Metro Manila, and major urban centres in the Visayas and on Mindanao island. Rallies are generally non-violent, if noisy, and can disrupt traffic and other essential services. Agricultural groups, transport unions and workers in other sectors stage demonstrations and strikes over the rising prices of essential commodities and to express opposition to government policies.

Left-leaning groups have also frequently staged protests over the country's close relationship with the US, while other cause-oriented groups demonstrate when there are issues with other countries. Such demonstrations are normally concentrated around diplomatic missions and involve small- to moderately sized crowds that may engage in minor acts of vandalism. Scuffles with the police can occur and often result in arrests. Anti-corruption protests in September 2025 led to violent clashes between demonstrators and the police in the capital Manila. At least 200 people were arrested and 131 police officers were injured.

The largest gatherings usually take place on 1 May in Metro Manila and other urban centres to mark International Labour Day. Such gatherings are usually well attended; business travellers should avoid large gatherings as a precaution.

Diplomatic tensions between the Philippines and China over disputed areas in the South China Sea (the Philippine claimed areas are locally called the West Philippine Sea) have sometimes prompted protests by nationalist groups outside the Chinese diplomatic mission in Makati City (Metro Manila). However, such demonstrations remain small and isolated and do not present an increased threat to people of Chinese descent.

In March 2024, the country experienced one of its strongest protests against China following a water cannon assault by the Chinese coast guard. The incident resulted in injuries to Filipino navy crew members and significant damage to their boat in the disputed South China Sea. Violence occasionally occurs during elections and other political events in certain areas of the country, particularly in northern and southern Luzon and Mindanao.

Violence related to attempts by election candidates to secure votes had been known to occur prior to the voting. Unrest may also break out following elections, especially during celebratory gatherings by supporters of the winning parties and protests by losing party activists as results emerge, and if allegations of electoral fraud arise. Security incidents at rallies in insurgency-affected areas of Mindanao, where extremist and militant groups operate, could be prompted by disputes and political tensions involving rival armed groups. Participation in demonstrations or any local political activity by foreign nationals can result in arrest and deportation.

Conflict

CONFLICT

Several locations in the South China Sea (including the eastern parts designated as the West Philippine Sea by the Philippine government) continue to be a source of bilateral tensions with China. The Philippines continues to lay claim to Scarborough Shoal, located near rich fishing grounds, despite claims by China. The Philippines is also among six Asian countries that claim the Spratly Islands in the South China Sea – the others are Brunei, China, Malaysia, Vietnam and Taiwan (China).

Representatives of the Philippines, China and other claimant countries signed in September 2003 a declaration of peace to promote the development of resources in the disputed islands.

Bilateral issues related to the South China Sea have led to numerous diplomatic rows. For example, the Philippine Department of Foreign Affairs made a formal diplomatic protest following the release on 27 March 2022 of a report into a near-miss incident involving Philippine Coast Guard (PCG) and Chinese Coast Guard (CCG) vessels in the disputed Scarborough Shoal. On 6 February 2023, another encounter between the two coast guards occurred near the Philippine occupied Second Thomas Shoal (locally called Ayungin Shoal). This incident escalated into a diplomatic row after reports of the CCG using a laser against a PCG vessel. This was followed by another incident on 5 August, in which the CCG used water cannon against Philippine government-chartered vessels resupplying troops on the shoal. Since only one of the two vessels managed to evade the CCG blockade, another resupply mission was mounted and successfully completed on 22 August despite Chinese attempts to block it.

In March 2024, the Philippines expressed a strong diplomatic protest to China over the actions of the CCG in the South China Sea. In June 2024, Chinese coastguard vessels reportedly rammed and damaged Philippine navy boats to prevent them from delivering supplies to troops on the Second Thomas Shoal. Incidents have heightened bilateral tensions anew, resulting in another diplomatic row and small-scale protests near the Chinese consulate in Makati City.

The Spratly Islands issue has also resulted in several minor military skirmishes, diplomatic protests and the detention of fishermen. Although South China Sea issues are not likely to lead to a wider military conflict in the medium term, the area

remains a flashpoint issue due to the potential for periodic politicisation, low intensity conflict, military accidents and miscalculation.

Mindanao

The MILF broke away from the Moro National Liberation Front (MNLF) in the late 1970s to continue fighting for autonomy for Filipino Muslims. In the past, the group has used violence, including attacks against both civilians and the security forces. Since February 2019, MILF leaders have been leading the BARMM transitional government. The incorporation of former armed rebel leaders into the formal local governance structure within the BARMM has been a key factor underpinning the successful transition away from conflict with the central authorities. Nevertheless, there remains a risk of internal conflict within the BARMM between powerful political clans and the MILF, representing the new authority. Inter-clan tensions continue to occasionally trigger retaliatory violence mainly in rural areas, particularly in Mindanao. Such incidents, which usually have localised impact, can involve the destruction of property and displacement of local households, as part of clan attempts to address various perceived affronts. These inter-clan feuds (also known locally as 'rido') are long-term issues that can oblige the involvement of succeeding generations and potentially last decades.