

Destination Guide for Guatemala



Overview

Destination Guide Content

Destination Risk Levels

- + Medium Medical Risk for Guatemala
- 🛡 Medium Travel Risk for Guatemala
- 🛡 High Travel Risk for **Guatemala City**
- 🛡 High Travel Risk for **Chiquimula, Peten, Zacapa and Izabal departments**

Guatemala City: HIGH

Foreign nationals should avoid city Zones 2, 3, 5, 7, 11 and 18 which are known for high crime rates. Travellers have been robbed and assaulted in these areas. Petty crime such as pickpocketing, purse snatching and theft are the main concern for business travellers in city Zones 1 and 4, which are the legislative and historic districts. Caution should be exercised throughout the city at night and personnel should travel in groups where possible. Business travellers should exercise a high level of personal security awareness at all times.

Chiquimula, Petén, Zacapa and Izabal departments: HIGH

The increasing influence of Mexican drug cartels, particularly in northern areas of the country, is contributing to high levels of violence. Travel to Chiquimula, Petén, Zacapa and Izabal departments is possible with stringent security precautions. Be aware that rates of crime are high. Carefully plan and manage itineraries and liaise closely with local contacts. Avoid all but essential travel to border regions with Mexico due to the risks posed by banditry and drug-smuggling activity. Seek expert advice prior to essential travel in border areas.

Standing Travel Advice

- Avoid all but essential travel to border regions with Mexico due to the risks posed by banditry and drug-smuggling activity. Exercise a high degree of caution while travelling through the Guatemala-

Belize border area because of the continuing territorial dispute. Seek expert advice prior to essential travel in border areas.

- Travel to HIGH-risk areas such as Guatemala City, and the departments of Chiquimula, Peten, Zacapa and Izabal is possible with stringent security precautions. Be aware that rates of crime are elevated; carefully plan and manage itineraries and liaise closely with local contacts.
- High rates of violent crime pose a significant risk to business travellers, who may be targeted because of their perceived wealth. It is necessary to take stringent security precautions at all times and in all areas.
- There is a credible risk of short-term 'express' kidnap. To mitigate the risk of 'express' kidnapping, be alert to suspicious behaviour, especially in the vicinity of banks and avoid withdrawing money from ATMs in exposed areas after dark. Kidnap-for-ransom is also a risk, more so for longer-term visitors and residents. International assignees are advised to vary routines, choose a modest model of vehicle and maintain vigilance for signs of surveillance.
- In the event of being accosted by a criminal, assume that your assailant is armed; do nothing to resist or antagonise them.
- Avoid demonstrations, rallies and protests due to a credible risk of unrest; do not stop to watch or photograph them.
- Avoid non-essential overland travel due to risks posed by banditry. A secure escort may be necessary in some areas (subject to itinerary).
- If cross-country travel is essential, do not self-drive unless very familiar with local conditions. Use a modest vehicle model equipped with adequate communications systems, spares, and a full medical kit. Take appropriate measures to mitigate the risk of carjacking and do not undertake overland travel outside daylight hours.
- Bus travel is not suitable for business travellers.
- Where possible, avoid contact with the security forces. If contact with the police is unavoidable make your approach at the highest level possible and enlist legal and diplomatic assistance. In the event of an emergency or being involved in a serious security incident, contact your embassy for support.
- The above advice is not exhaustive; seek itinerary- and profile-specific advice prior to travel in Guatemala.

Destination Guide for Guatemala



Before You Travel

Destination Guide Content

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

- Passport Required Yes
- Visa Required No
- Return Ticket Required No

Australian

- Passport Required Yes
- Visa Required No
- Return Ticket Required No

Canadian

- Passport Required Yes
- Visa Required No
- Return Ticket Required No

USA

- Passport Required Yes
- Visa Required No
- Return Ticket Required No

Visas

Foreign nationals from the countries referred to above in the chart and those mentioned in this [list](#) do not require visas for stays of up to 90 days. For stays of longer than 90 days, foreign nationals will have to apply to the directorate of migration in Guatemala for an extension, and nationals of some countries are required to submit a visa application to the Guatemalan authorities. For a detailed list, please refer to the Ministry of Foreign Affairs of Guatemala's [website](#).

Procedures

Airport procedures are relatively efficient. Airport improvement and modernisation may occasionally cause some disruption to facilities. An airport security fee of 20 quetzales must be paid in cash.

Entry/Exit Requirements

Entry/Exit requirements

Travellers are required to fill out an online immigration declaration form, which will then be sent to them via email and includes a QR code. Immigration officials will request travellers to scan this QR code upon arrival or departure from Guatemala City Airport. Access to the digital form can be obtained through the following QR code and [link](#).



A passport valid for six months beyond the scheduled date of departure is required to enter the country. Foreign nationals should ensure that officials stamp their passport on arrival; this stamp needs to be presented on departure, failure of which may result in delays or fines. Travellers carrying foreign currency exceeding \$10,000 need to declare the amount. Import and export of local currency is prohibited.

In accordance with the Central American Border Control Agreement (CA-4) signed between Guatemala, Honduras, Nicaragua and El Salvador, upon arriving in any of the CA-4 countries, people can travel to the other three member states and stay for up to 90 days without undergoing any entry and exit formalities. This period begins at the first point of entry to any of the CA-4 countries. Fines are applied to foreign nationals and business travellers who exceed this 90-day limit, though a request for a 30-day extension can be made before the 90-day limit expires.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

General Tips

- Guatemalans dislike criticism or unfavourable comparison with neighbouring countries, whether implicit or intended. In particular,

people should be wary of criticising the army's performance or involvement in politics.

- The 'okay' sign (forming a circle with your thumb and forefinger) is considered obscene in Guatemala.
- Putting your thumb in between your index and middle finger is considered obscene.
- Foreign nationals should respect the traditional practices of the Mayan communities.
- Same-sex marriage is illegal in Guatemala and there is no legal protection over discrimination and hate crimes targeting LGBTQ+ individuals. Social attitudes towards the LGBTQ+ community are often intolerant and violence is sometimes directed towards its members.

Getting There

METHOD OF ARRIVAL

By air

La Aurora International Airport ([GUA](#)) is the main point of entry to the country. It is located four miles (6km) south-west of Guatemala City's centre. The airport has two terminals and facilities include a pharmacy, ATMs, duty-free shops, restaurants, bars, car rental agencies, a post office, a tourist information desk and currency exchange. Mundo Maya International Airport (FRS), formerly known as Flores International Airport, serves the city of Flores. It handles both domestic and international traffic.

Tropical storms and hurricanes during the Caribbean hurricane season between June and November often cause significant flight disruption. Guatemala has four active volcanoes; their occasional eruption and the resulting volcanic ash can also disrupt flights.

Security is generally lax, though there are occasional periods of tighter security. Beware of pickpockets and bag-snatchers that operate in and near the airport. People should not lose sight of their baggage at any time. There have also been attacks on people who are followed when departing the airport, particularly after dark, and once they reach their destination in other areas of the city. If being received, people are advised to remain inside the arrivals hall until they can see their meeting party.

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.

By land

Foreign nationals entering by road from Mexico are advised to use the La Mesilla crossing to Huehuetenango department or the southern road via Ciudad Tecun Uman, and to complete their journey in daylight. Armed criminal bands are present in the Huehuetenango highlands and San Marcos department near the border.

Travellers should not cross the Mexican border near the states of Petén and Alta Verapaz due to risks posed by violent crime and drug-trafficking. The south-western department of San Marcos near the Guatemala-Mexico border and areas bordering Belize, El Salvador, and Honduras are especially affected by drug-related armed attacks.

Luxury tourist coaches operate between Guatemala and El Salvador, Honduras and Belize via the Pan-American Highway. Exercise a high degree of caution while travelling through the Guatemala-Belize border area because of the continuing territorial dispute.

By sea

By Sea Puerto Barrios, Puerto Quetzal and Santo Thomas de Castilla are the main ports. Several ferry services and water taxis operate between Guatemala and Belize, Honduras and Mexico.

Procedures

Airport procedures are relatively efficient. Airport improvement and modernisation may occasionally cause some disruption to facilities. An airport security fee of 20 quetzales must be paid in cash.

Getting Around

BY AIR

Air travel is the safest and most comfortable form of internal transport. There are regular flights operating from Guatemala City to Flores Santa Elena Airport (FRS) in the northern department of El Peten, which serves the Tikal archaeological sites and Puerto Barrios Airport (PBR), which serves the city of Puerto Barrios, the port of Santo Tomas de Castilla and the Guatemala Caribbean.

Private charter flights can be arranged. There are numerous airfields and small airports close to main cities. Itineraries should be cleared in advance with the appropriate authorities. Bad weather can affect safety, especially that of smaller aircraft.

BY ROAD

Roads in urban areas are in fair condition. However, those in rural locations are often poorly maintained. There is a lack of signage, particularly warning signs. Although most main city streets have adequate lighting, avoid overland travel after dark, especially in rural areas, because of the risk of roadblocks erected by criminal gangs. People stopped at roadblocks should co-operate as robbers are likely to harm victims who resist.

Intercity travel must only be undertaken during daylight hours. People should keep to main roads as the risk of hold-up is high off main routes, especially in the northern and western departments of San Marcos, Huehuetenango, Quiché, Alta Verapaz, Petén and Escuintla. The Inter-American Highway (CA-1), the Pacific Coast Highway (CA-2) and the road from Guatemala City to the Caribbean coast (CA-9) should be avoided due to poor infrastructure. Foreign nationals can travel to Petén department with stringent security precautions. Car theft is common, particularly in Guatemala City. All types of vehicles are at risk, but four-wheel drive vehicles are particularly attractive to criminals. Motorists should use off-street guarded parking lots where possible. Many vehicles are taken at gunpoint, often as drivers are leaving or returning home. Motorists should exercise caution at traffic lights or in slow-moving traffic. Car windows should be closed, and doors locked while driving. Pervasive use of narcotics and smuggling-related activity makes travel on rural roads hazardous.

Traffic rules and speed limits are generally not enforced, and local drivers are usually aggressive. In addition, many local cars do not have functioning signal lights or may have faulty brakes. Vehicles are often parked in middle of the road. Drivers should be wary of pedestrians in the road. Seat belts must be worn, and it is against the law to operate a mobile telephone while driving. Mobile telephone coverage is available in most tourist destinations.

The well-equipped roadside assistance service ([PROVIAL](#)) provides free support on major highways. Motorists can also contact the local police (110,120) and fire departments (122,123) in an emergency. In case of an accident resulting in an injury or fatality, the police will arrest all parties and a judge will determine responsibility. Traffic drives on the right. People intending to drive can use their national driver's licence for up to 30 days, after which an international driving permit is required.

BY TAXI

Taxis should be ordered through a hotel or by trusted local contact. They are generally safe and efficient; there are standard prices for most routes. Not all taxis use meters; fares should be agreed at the start of the journey to avoid disputes. Business travellers should avoid hailing taxis on the street.

BY TRAIN

There are no passenger rail services in operation.

BY OTHER MEANS

The use of public buses should be avoided as they are often poorly maintained and are subject to frequent attacks by armed robbers. Bus services on the CA-1, CA-2 and CA-9 highways bordering Mexico and El Salvador should be avoided by business travellers as buses are poorly maintained and frequently targeted by criminals.

Business Women

BUSINESSWOMEN

Women are under-represented in business circles. Foreign women may also receive unwanted compliments and attention. Women should avoid wearing jewellery, which may be easily snatched, and avoid travelling alone at night.

Working Week

WORKING WEEK

- Banking hours: 09.00-19.00 Monday-Friday and until 13.00 on Saturdays.
- Office hours: 08.00-18.00 Monday-Friday and until noon on Saturdays.

Language & Money

LANGUAGE

Spanish is the official language. Many Guatemalan businesspeople and top government officials speak English, but for important business dealings people will need fluent Spanish or a competent interpreter.

MONEY

The official currency is the quetzal (GTQ). Major credit cards such as American Express and Visa are accepted in most hotels and restaurants. Torn notes should not be accepted by business travellers, as they are sometimes difficult to exchange. Torn, foreign currency notes that have been stamped or have additional markings will not be accepted by banks for exchange as the country is cracking down on counterfeit notes. Business travellers should only exchange foreign currency at hotels, banks and official foreign exchange counters; they should also carry notes in small denominations to avoid difficulties in receiving change. ATMs are widely available, though business travellers should check the machines before operating due to the risk of skimming or other frauds.

Tipping

TIPPING

It is usual to tip hotel and restaurant staff; additionally, a service charge of 10% may be added to the bill. Taxi drivers do not expect tips, though rounding up the fare is appreciated.

Geography & Weather

GEOGRAPHY

Located in Central America, Guatemala's eastern coast borders the Caribbean Sea between Honduras and Belize, and the western half borders the Pacific Ocean between El Salvador and Mexico. The country's terrain is mostly mountainous, with a rolling limestone plateau and narrow coastal plains. Guatemala has approximately 37 volcanoes. The largest lake in the country is the Lago de Izabal, which lies near the Caribbean coast.

Guatemala is divided into 22 departments and sub-divided into 340 municipalities. Guatemala City is the capital and the largest city in the country. Other major cities include Mixco and Villa Nueva (both Guatemala department).

CLIMATE

Climate overview

- The climate varies according to region and altitude.
- Coastal regions and the north-east are hot and humid throughout the year.

- June to late November is the rainy season.

Cyclonic activity

- The hurricane season runs from June to late November.
- Flooding, landslides and mudslides associated with heavy rainfall are common during this period.
- Hurricanes often cause infrastructure damage, fatalities and disruption to transport and essential services.

Earthquakes and volcanoes

- The country lies in an active seismic zone and experiences occasional earthquakes.
- There are four active volcanoes, the most dangerous of which are Fuego, Pacaya and Santiaguito.
- Volcanic activity may make areas of Chimaltenango, Escuintla, Quetzaltenango and Sacatepequez departments inaccessible.
- Monitor the website of the [National Coordination for Disaster Reduction](#) for alerts on volcanic activity.

Forest fires

- Forest fires are a concern during the period from November to June, especially in Peten department.

International Dialing & Power

DIALLING CODES

Country Code 502

IDD Prefix (International Direct Dialling) 00

NDD Prefix (National Direct Dialling) 0

COMMUNICATIONS

International telephone services are generally reliable, though expensive. The major GSM providers include Millicom International Cellular SA (Tigo) and America Movil (CLARO). Network coverage is increasing but is generally limited to major cities. Internet services are widely available in urban centres. Postal services are often slow.

Information Security

Central America has a lower degree of internet penetration and usage among population than most other regions in the Americas. However, Guatemala has taken an assertive role in establishing essential first steps of creating a comprehensive plan to combat cybersecurity issues. Following its acclaimed focus on cyber-related issues while serving as chair of the Organization of American States Inter-American Committee against Terrorism, Guatemala remains committed to building a robust infrastructure for addressing issues related to cybercrimes and related illegal activity.

In November 2018, the government launched its Cyber Incident Response Center (GTCERT), with the goal of evading and mitigating attacks against webpages belonging to federal entities. Private enterprises also have the option of reporting any cyber-related incidents to CERT Cyberseg.

Despite these, cyber threats remain in Guatemala, with the most common types of incidents relating to the dispersal of ransomware, phishing scams, and internet-based identity theft. Hardware-based threats – including card-skimming at ATMs – also remain a threat. Travellers should only use ATMs inside a bank branch or hotel lobby, which has more rigorous security measures in place. Business travellers to Guatemala should continue to monitor all cybersecurity-related developments and follow the below advice for risk mitigation.

Advice

Before travel

- Minimise the number of devices you bring in-country and avoid carrying sensitive data with you.
- Ensure anti-virus software is up-to-date prior to travel and conduct a thorough check of all devices after a trip.
- Ensure all devices you bring in-country are well secured, with strong passwords. Ensure all storage devices have full disk encryption.
- Consult with your organisation's IT and security departments for any company-specific requirements and procedures.

During travel

- Avoid using public Wi-Fi networks at airports or transport hubs. These networks are always insecure and, in some instances, created and controlled by cybercriminal groups. Instead, consider using a virtual private network (VPN) service to increase mobile security. Always familiarise yourself with the legal status of any VPN or application in your destination country prior to travel.
- Log out of any social media accounts or potentially sensitive apps prior to your arrival in country. Avoid posting on social media when in country or sharing details of your location with those who do not have a need to know.
- Remain vigilant and observe for any obvious signs of tampering when using point-of-sale systems that are external or unmonitored such as at a fuel station or street-facing ATM.
- Keep devices on your person as much as possible. If unattended, ensure devices are powered down. If using hotel safes, secure them with a secondary personally lockable device.

Upon return

- Consider changing your account, device and administrator passwords upon returning home if you have a reason to believe that your device was tampered with or exposed during travel.
- Use the 'forget network' setting upon your return if your devices automatically connected to any public W-Fi networks.

ELECTRICITY

These are the most common plug types used:

Calendar

Holidays & Security Dates

2024

01 Nov All Saints Day

24 Dec Christmas Eve

25 Dec Christmas Day

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

31 Dec New Years Eve

2025

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.

13 Apr - 20 Apr Holy Week

This includes the Christian holy days of Palm Sunday, Good Friday and Easter Sunday.

30 Jun Army Day

01 Jul Festive Day

15 Sep Independence Day

20 Oct Revolution Day

Nationalist demonstrations possible during commemoration of 1944 revolution to oust then-president Jorge Ubico.

Destination Guide for Guatemala



Medical

Destination Guide Content

Medical Care

Variable

Standard of Health Care

Let International SOS assist you.

International SOS will assist you to find appropriate emergency, inpatient or outpatient care, will provide language assistance, may be able to pay your medical expenses and will assist with evacuation when required.

Inpatient care

The best medical care in Guatemala is available in Guatemala City. Selected private hospitals in Guatemala City can provide adequate care for the treatment of simpler medical conditions and the stabilisation of more complex conditions, prior to evacuation to a centre of medical excellence such as the United States. Many of the doctors have trained in the United States and are U.S. board certified.

Public hospitals and facilities are not recommended, they may have shortages of medication and equipment and few English speaking staff.

EMERGENCY NUMBERS

Fire serviceMunicipal Firefighters 122123

PoliceTourist police 110/1201500

Ambulance services are not recommended. Contact International SOS for help with your medical situation. [Contact us](#)

Hospitals & Clinics

Hospital Centro Medico

Category: Hospital

Address: Area 10 6A Avenida, 3-47, Guatemala City

Phone: [50222794949](tel:50222794949)

Emails: servicioalcliente@centromedico.com.gt,
info@centromedico.com.gt

Hospital Herrera Llerandi - Amedesgua

Category: Hospital

Address: Area 10 6a. Avenida 8-71, Guatemala City

Phones: [50223845959](tel:50223845959),
[50223846000](tel:50223846000)

Email: admision@herrerallerandi.com

Sanatorio Nuestra Senora del Pilar

Category: Hospital

Address: 3A Calle 10-17,, Guatemala City, Guatemala

Phones: [50222795000](tel:50222795000),
[50224200000](tel:50224200000)

Email: info@elpilar.gt

Vaccinations

COVID-19

Vaccination is recommended for all travellers.

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 B

Recommended for all travellers and international assignees.

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.

Typhoid fever

Recommended for all travellers and international assignees.

Routine Vaccinations

Influenza

Influenza occurs in:

- Temperate southern hemisphere: April to September.
- Temperate northern hemisphere: November to March.
- Tropics: year-round.

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease. People who are at higher risk for severe disease include:

- People over the age of 65.

- People with underlying health conditions.
- Pregnant women.

Measles-Mumps-Rubella

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

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.

Malaria

Risk in some areas

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).



[View the 1 minute Malaria Video Podcast on Vimeo](#)

[View the Malaria PDF Infographic](#)

The Disease

Malaria is a serious disease caused by *Plasmodium* (a parasite). It is a medical emergency, treatable, and largely preventable.

It is important to determine whether the area you visit has malaria. If it does, it is imperative you know how to protect yourself, what the symptoms are, and what to do if symptoms develop.

Risk to travellers

Malaria generally occurs in tropical and subtropical areas where humidity and rainfall levels are high. This includes large areas of Central and South America, Africa, Asia (including the Indian Subcontinent, Southeast Asia and the Middle East) and the South Pacific. The risk is less at altitudes above 1,500 metres/ 4,921 feet. However, depending on weather conditions like temperature and humidity, the risk can occur at altitudes as high as 3,000 metres/ 9,843 feet. In some countries, the risk is nationwide. In others, the risk is limited to specific areas.

Transmission

Malaria is spread to humans via the bite of an infected mosquito. The parasite lives in the female *Anopheles* mosquito, which usually bites at night (from dusk until dawn). Malaria cannot move from person to person, except from a mother to her baby during pregnancy or via a blood transfusion using infected blood.

Symptoms

Symptoms can develop in a week to ten days after being bitten by an infected mosquito. Alternatively, it could take several months to a year for symptoms to appear. This is why ***it is important to notify your doctor of your travel history*** whenever you develop 'flu like' symptoms, for up to a year after visiting a malarial area.

Early malaria symptoms are flu like, such as fever, sweats/chills, head/body aches, nausea, vomiting, generally feeling tired and unwell, diarrhoea and jaundice. Later symptoms include abnormal behaviour, impaired consciousness, seizures, severe anaemia, dark urine, little or no urine, bleeding, extreme weakness, difficulty in breathing and shock, unconsciousness or coma.

Malaria is a medical emergency. If not promptly treated, malaria can affect vital organs like the brain, blood, kidneys and lungs.

In general, some groups are at a higher risk of contracting malaria and developing severe illness such as children below five years, pregnant women, people with weakened immune systems, non-immune migrants and travellers.

Diagnosis

The diagnosis is suspected based on symptoms and history of having been in a malarial area. It must be confirmed by a blood test. Insist on being repeatedly tested for malaria if you have symptoms even if the initial test was negative. **Malaria tests are not 100% accurate and occasionally may need to be repeated.**

Treatment

Malaria needs to be treated urgently. Prompt treatment with effective antimalarial medication is life-saving. Severe or potentially severe cases require hospitalisation. Mild cases can be treated as outpatients. Travellers from non-malarial areas are more susceptible to infection, and developing severe illness.

There are several medications which can be used. Artemisinin-based combination therapies (ACTs) are the most effective medications for treating malaria. (See the International SOS travel advice article [Artemisinin, Chinese herbal treatment for malaria](#) for more detail)

Travellers who are likely to be more than 24-hours away from reliable medical care are often recommended to carry "Emergency Standby Treatment" (EST). Treatment is started when symptoms consistent with malaria infection develop, while seeking appropriate diagnosis and treatment.

Prevention

Prevention is through preventing mosquito bites, and the use of preventive medication ("chemoprophylaxis"). Two vaccines, RTS,S/AS01 and R21/Matrix-M (TM), have been approved by the World Health Organization (WHO) and are recommended for children living in regions with moderate to high transmission of *P.falciparum*. Further research is ongoing into whether vaccinations may be recommended more broadly. Several other vaccines are in development.

Prevent mosquito bites:

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks and covered 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.

(For more information see the article "[preventing mosquito bites](#)" in the "Travel Advice" dropdown on International SOS Country Guides.)

Chemoprophylaxis: A number of different medications are available. The medication recommended will depend on the country and area of travel, as well as an individual's health profile.

When used appropriately, chemoprophylaxis is highly effective in preventing malaria, but no medication is 100% effective. Therefore, measures to prevent mosquito bites must always be used when in a malarial area, even if taking chemoprophylaxis.

People who do develop malaria while taking preventive medication are much less likely to have severe or fatal malaria. Note that although extremely useful in treating malaria, neither artemisinin nor its derivative drugs (such as artemether, artether, artesunate, artelinic acid) have been adequately proven to protect patients from contracting the disease. Thus they are not recommended as prophylaxis against malaria.

Medication resistance and "Super malaria"

Malaria resistance to one or more medications (multi-drug resistance) is an increasing problem.

In most areas, malaria is resistant to the medication chloroquine. In several countries in Asia, the parasite is also resistant to mefloquine.

Resistance to the most effective treatment drug, artemisinin, is spreading geographically and is now confirmed in five countries in the Greater Mekong area (Cambodia, Laos, Myanmar, Thailand and Vietnam), eastern Africa (specifically Rwanda and Uganda) and possibly in the Horn of Africa. The problem is growing partly due to the use of artemisinin alone ("monotherapy"). Authorities advise that artemisinin should never be used as a single therapy in the treatment of malaria, but only as a combined medication (ACT), to reduce the risk of further resistance. The World Health Organization has urged national authorities to stop the production and sale of oral artemisinin-based monotherapies.

A strain of malaria which is resistant to artemisinin and a drug it is combined with, piperaquine, has been dubbed "super malaria". It was first found in Cambodia in 2008, and has been detected in Thailand, Laos and Vietnam*.

**Spread of a single multidrug resistant malaria parasite lineage (PfPailin) to Vietnam Imwong, Mallika et al. [The Lancet Infectious Diseases](#) , Volume 17, Issue 10 , 1022 - 1023*

[CDC Malaria information](#)

[WHO Malaria information](#)

[WHO: Monitoring malaria drug efficacy and resistance](#)

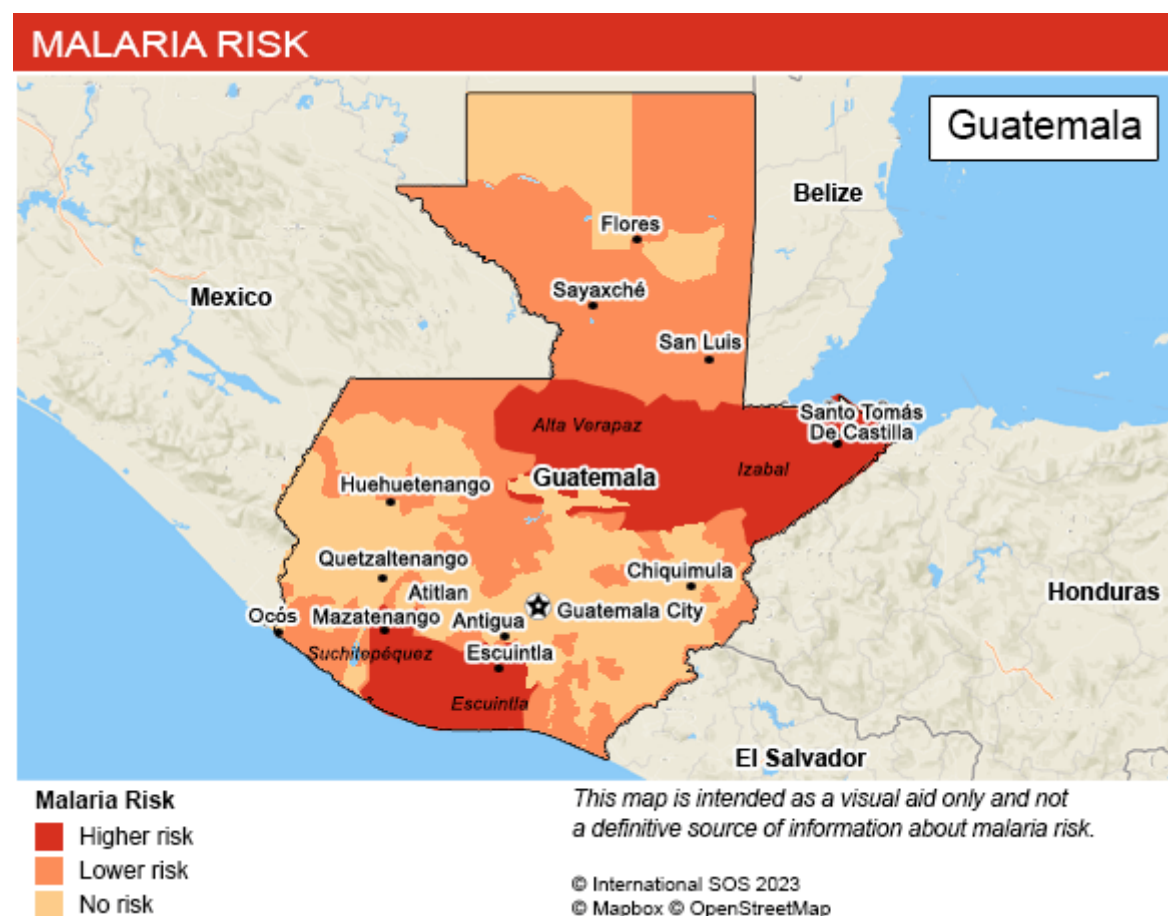
Malaria risk is present throughout the year below 1,500 meters (4,921 ft), with higher risk in Alta Verapaz, Escuintla, Izabal, Petén, Quiché, Retalhuleu and Suchitepéquez departments.

Risk is lower in the rest of the country.

There is no risk of malaria in Guatemala city, Antigua and Lake Atitlan.

Prevention:

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



Yellow Fever

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

A yellow fever vaccination certificate is **required** for entry for anyone ≥ 1 year 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 potential fatal viral disease which is spread through mosquito bites. It is one of the 'viral haemorrhagic fevers'. It occurs in some countries of Africa and South America. There is no specific treatment available, hence prevention through vaccination and preventing mosquito bites is critical. Many countries require travellers to show proof of vaccination in order to enter.

Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemogogus*), which tend to live around houses, or in jungles, or both environments. People (and monkeys) are infected through mosquito bites. When the virus moves into urban areas, large outbreaks can occur in humans if a large proportion of the population has not been vaccinated and is not immune.

Symptoms

Some people never develop symptoms after being infected. For those who do become ill, the first signs usually appear three to six days after the mosquito bite. These are often a sudden headache and fever, and "flu-like" symptoms that can include fatigue, muscle pain, back pain and sometimes nausea and vomiting. Most people recover in about four days. However within 24 hours after appearing to improve, about 15% progress to a serious toxic form of the disease. High fever, abdominal pain, vomiting, and jaundice, which turns the skin and eyes yellow (hence the name "yellow fever") can occur. The illness can progress to haemorrhagic (bleeding) symptoms and organ failure. Between 20%-50% of people who have a severe case of yellow fever die from the disease.

Diagnosis

The diagnosis is made through highly specialised laboratory testing of blood and tissue samples.

Treatment

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

Prevention

Prevention is through preventing mosquito bites, and vaccination.

Prevent mosquito bites:

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks and covered 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, which contains live but weakened virus. Vaccination provides protection to most people within about 10 days, and this climbs to almost everyone by 30 days. A single vaccination provides life-long immunity in most people. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Yellow fever vaccination 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.

Proof of Vaccination for Entry / Exit requirements

Many countries require proof of vaccination in order to enter – these are places where yellow fever exists, but also places that do not have yellow fever but have mosquitoes which are capable of being infected. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. 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 prior to your trip. If vaccination is required for entry/ exit purposes but is medically contraindicated or not recommended, the doctor will complete the "Medical Contraindications to Vaccination" section of the ICVP. In addition they can issue a medical waiver letter. The waiver should be written on letterhead stationery, signed and stamped by the doctor, clearly stating the reason the vaccination was not administered. Generally waivers are given for a specific trip and subsequent waivers need to be issued for further trips.

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, people can get the disease any time of year.

[CDC Yellow fever information](#)

[CDC Yellow fever vaccine](#)

Health Threats

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.)

Rabies is found in dogs, bats and other mammals. Human cases are reported most years.

American Trypanosomiasis (Chagas disease)

Also known as Chagas disease, American Trypanosomiasis is transmitted by a blood-sucking bug, the triatomine (also known as the "kissing bug"). An infected bug deposits faeces on the victim's skin, often at night. Infection occurs when the faeces or urine are rubbed into a bite, an open cut, the eyes or mouth. Chagas disease can also be transmitted in other ways, including through blood or organ donation from infected donors, and contaminated food and drinks.

The initial stages of the infection may go unnoticed or only be mild. Local swelling may appear at the site of infection, and some people get a characteristic purplish swelling around the lids of one eye. Other symptoms include fever, body aches and headaches, diarrhoea, vomiting, breathing difficulty and swollen lymph nodes. Chronic infections may involve the heart, gastrointestinal system or brain, and can be fatal. No vaccine is available. Treatment with anti-parasitic medicines is most effective soon after infection. Prevent infection by avoiding insect bites and choosing safe food and water. Choose well-constructed facilities to sleep indoors and use a bed net.

Hundreds of cases are reported every year. Risk is present in rural areas below 1500 m (4,921 ft) and is highest in Chiquimula, El Progreso, Jalapa, Santa Rosa and Zacapa departments.

Chikungunya

People can get chikungunya if they are bitten by a mosquito carrying the virus. About four to seven days later, the infected person develops a sudden fever and severe joint pain. Pain is especially common in the knees, ankles, small joints (especially in hands and feet) and any previously injured area. Other common symptoms are a rash and headache.

There is no specific cure for the disease. Recovery takes several weeks. The best way to prevent chikungunya is to prevent mosquito bites. Wear long sleeves and long pants and use insect repellents to prevent mosquito bites. A vaccine named IXCHIQ is approved in the United States and Canada for people 18 years and older at increased risk of infection.

Local transmission was first reported in 2014 which resulted in large outbreaks. The disease is now consistently present in the country with hundreds of cases are reported every year. Risk is present year-round, with peak transmission from June to September.

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 pregnant people, 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. There are two commercially available dengue vaccines approved in a few countries. Dengvaxia is generally only used in people with previous dengue infection while Qdenga can be considered for people without a history of dengue infection.

Dengue is consistently present, with outbreaks reported regularly across the country. Thousands of cases including some severe cases and deaths are reported every year. Risk is highest in elevations below 2,300 m (7,500 ft), and between May to November when transmission usually peaks.

Leishmaniasis

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn- this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide-treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.

- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

Hundreds of cases are reported each year. Risk for the cutaneous form is highest in the north, especially in the forested areas located in Peten Department. The mucocutaneous form is limited to Peten Department, and the Central and Western Regions. Sporadic cases of the visceral form occur, with risk highest in the semi-arid valleys and the foothills of east-central Guatemala in the Department of El Progreso.

Zika virus

Zika fever 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.

The first locally-transmitted cases were reported in January 2016. The country experienced big outbreaks with thousands of cases in 2016 and 2018; hundreds of cases are now reported annually. Some Zika associated birth defects have been reported.

COVID-19

COVID-19 is predominantly a respiratory illness, caused by the SARS-CoV-2 virus. Transmission is from person to person via contaminated respiratory droplets. People are infected when these droplets are inhaled or land directly on the mouth/nose/eyes, or indirectly when transferred by touching contaminated surfaces and then touching the mouth/nose/eyes.

Most people will develop a mild to moderate illness only which lasts up to two weeks, or have no symptoms. Symptoms vary greatly. Common symptoms include fever, cough and sore throat. Sometimes there is a loss of or change in the sense of smell or taste. The illness can progress to being severe and can be fatal. Older people and people with underlying health conditions are at higher risk of severe disease and death. Antiviral treatment is available and is particularly important for people at higher risk of severe illness.

Some people may continue to have symptoms that last for weeks or months after the initial infection has gone.

Prevention is through vaccination, hand hygiene, and physical distancing. Wearing a mask, and ensuring adequate ventilation in enclosed spaces can reduce the risk of infection.

The first imported case of COVID-19 was confirmed on 13 March 2020. Local transmission was detected on 30 March.

See the Ministry of Public Health and Social Assistance [COVID-19 website](#).

Air Pollution

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions. See the International SOS [Air Pollution website](#) - use your membership number to log in.

According to the World Health Organization (WHO) air pollution in Guatemala exceeds levels considered safe.

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.

Much of Guatemala is mountainous, save for the northern lowland plain and the Pacific coastal region. Many populated regions are at least 1,500m (4,921ft) above sea level including the capital, Guatemala City. Cities are found throughout the Guatemalan Highlands in the west of the country and the region has many Mayan sites popular with tourists.

Histoplasmosis

Histoplasmosis is a fungal infection caused by the fungus *Histoplasma*. The fungus is found in the environment, particularly in soil that has been contaminated by bird or bat droppings. People become infected by breathing in the microscopic fungal spores. Most people do not show symptoms and aren't aware they are infected. Those who do get sick may develop flu like symptoms including fever, chills, headache, fatigue and dry cough. Most people recover without treatment. Prescription antifungal medication is available to those who develop a more severe infection. Prevent infection by avoiding locations with accumulations of bird or bat droppings.

The disease is present consistently in parts of Guatemala. Sporadic outbreaks are reported, including among travellers.

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.

Several volcanoes are present in Guatemala and the following have a history of recent eruptions: Fuego, Pacaya, and Santa Maria. Monitoring and alerting of volcanoes is carried out by the [National Institute of Seismology, Volcanology, Meteorology, and Hydrology \(INSIVUMEH\)](#).

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.

Travellers staying outside of first class hotels and tourist resorts are at high risk for travellers' diarrhoea and other intestinal illnesses.

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.

Sporadic cases are reported most years. Deaths have occurred.

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.

The first cases of AIDS were reported in 1984. Hundreds of new HIV cases and deaths are reported every year.

Food & Water

Drink bottled water. Care with food.

Food Risk

Food-borne illness is common. To reduce your risk:

- Food served in larger hotels and well-known restaurants should be safe.
- Busier restaurants may be safer as they are more likely to serve freshly cooked food.
- Always choose food that has been freshly cooked and is served hot.
- Avoid food that has been stored warm – such as in a “bain marie.”
- Avoid raw foods, shellfish, pre-peeled fruit and salad.
- Fruit that you wash and peel yourself is safe.
- Avoid street vendors and market food because the standard of hygiene may be low and food may not be fresh.

Water and Beverages

Tap water is unsafe.

- Drink only bottled or boiled water or carbonated drinks.
- Avoid ice, as it may have been made from unsafe water.

Destination Guide for Guatemala



Security

Destination Guide Content

Personal Security

STANDING TRAVEL ADVICE

- Avoid all but essential travel to border regions with Mexico due to the risks posed by banditry and drug-smuggling activity. Exercise a high degree of caution while travelling through the Guatemala-Belize border area because of the continuing territorial dispute. Seek expert advice prior to essential travel in border areas.
- Travel to HIGH-risk areas such as Guatemala City, and the departments of Chiquimula, Peten, Zacapa and Izabal is possible with stringent security precautions. Be aware that rates of crime are elevated; carefully plan and manage itineraries and liaise closely with local contacts.
- High rates of violent crime pose a significant risk to business travellers, who may be targeted because of their perceived wealth. It is necessary to take stringent security precautions at all times and in all areas.
- There is a credible risk of short-term 'express' kidnap. To mitigate the risk of 'express' kidnapping, be alert to suspicious behaviour, especially in the vicinity of banks and avoid withdrawing money from ATMs in exposed areas after dark. Kidnap-for-ransom is also a risk, more so for longer-term visitors and residents. International assignees are advised to vary routines, choose a modest model of vehicle and maintain vigilance for signs of surveillance.
- In the event of being accosted by a criminal, assume that your assailant is armed; do nothing to resist or antagonise them.
- Avoid demonstrations, rallies and protests due to a credible risk of unrest; do not stop to watch or photograph them.
- Avoid non-essential overland travel due to risks posed by banditry. A secure escort may be necessary in some areas (subject to itinerary).
- If cross-country travel is essential, do not self-drive unless very familiar with local conditions. Use a modest vehicle model equipped with adequate communications systems, spares, and a full medical kit. Take appropriate measures to mitigate the risk of carjacking and do not undertake overland travel outside daylight hours.
- Bus travel is not suitable for business travellers.

- Where possible, avoid contact with the security forces. If contact with the police is unavoidable make your approach at the highest level possible and enlist legal and diplomatic assistance. In the event of an emergency or being involved in a serious security incident, contact your embassy for support.
- The above advice is not exhaustive; seek itinerary- and profile-specific advice prior to travel in Guatemala.

Crime

Violent crime common

CRIME

Opportunistic crime

Business travellers face a high risk from street and opportunistic crime such as purse-snatching, armed robbery, car theft and carjacking around major tourist sites such as Antigua, Guatemala City, Lake Atitlan, Petén and Tikal. Attacks have also taken place during the sunrise tours in the Mayan ruins in Petén; Cerro Cahui Conservation Park; the road to and inside Tikal National Park. Tourists should travel in groups and follow the main trails only.

Theft by motorcyclists is very common throughout the urban centres, even in broad daylight. Assailants often take advantage of cars stopped in heavy traffic to find cars with visible mobile phones or laptops. Drivers, especially in Guatemala City, should always travel with their windows up and doors locked, with all valuables hidden from sight.

Violent crime

Guatemala has one of the highest violent crime rates in Latin America. Violent crime is a significant hazard for business travellers, particularly in the capital Guatemala City; it is also a concern in other locations such as Chichicastenango, Escuintla, Quetzaltenango and Sololá. There is a credible risk of fatal violence given the widespread availability of illegal firearms.

Youth gangs are active and are responsible for a considerable portion of violent crime. Gang clashes are fairly common and innocent bystanders have been caught in crossfire. Although public shoot-outs mostly occur in known trouble spots, the risks persist in other areas.

Extortion is a very common crime throughout the country and can result in fatalities or violent assaults if victims are non-compliant. Public transport drivers and companies are the most common target, but gangs also target private citizens. Criminals have targeted users of laptops and expensive mobile phones, particularly in areas that provide Wi-Fi services; some assaults have resulted in fatalities. Business travellers should not display laptops or laptop cases, even if they are empty.

Armed robberies have been reported at La Aurora International Airport (GUA), which serves the capital Guatemala City, and usually occur in the evening. There have also been attacks on people who are followed when departing the airport, particularly after dark, and once travellers reach their destination in other areas of the city upon departing the airport. Armed residential robberies are also a problem in upscale areas and many incidents appear to involve gratuitous brutality.

Terrorism

Minimal risk to foreigners

TERRORISM

There are currently no terrorist organisations known to be operating in Guatemala.

Kidnapping

KIDNAPPING

Kidnapping, either for ransom or as an act of political or criminal aggression, is common, but poses a greater risk to local national and international assignees with vested connections to the community than to business travellers. The government's data indicates that the number of kidnap-for-ransom cases has been decreasing, but critics allege that the incidents are underreported. However, express kidnapping (short-duration abductions) is a greater risk to foreign nationals, especially in Guatemala City. Business travellers should avoid any overt displays of wealth or status. Victims have been abducted from vehicles or near ATMs, bars, restaurants and at quiet traffic junctions. Never enter a taxi that is already occupied by another passenger; ideally, taxi services should always be arranged in advance, preferably through a hotel. The intersections at Fraijanes, San Jose Pinula and Las Luces are also focal points for express kidnappings. Abductions are prevalent in the capital, as well as in the departments of San Marcos, Quetzaltenango, Totonicapán, Jutiapa, Izabal, Peten, Escuintla and Baja Verapaz, despite government efforts to tackle the problem. Kidnapping has also been used as a tactic by indigenous people in the Izabal department to draw attention to their long-running dispute with the authorities over land rights.

Social Unrest

SOCIAL UNREST

Protests are common in Guatemala and may occur with little or no notice. Serious traffic disruption may result from such activities. Most demonstrations are peaceful; however, some in Guatemala City, and at important points on Guatemala's highways, have been violent. Larger protests in Guatemala City often cause serious traffic congestion as the city's main arteries close down. Protests also involve the blocking of roads and public

facilities, including the international airport. Business travellers should be aware that Guatemalan legislation prohibits participation in political activities by foreign nationals. Election-related violence is also common in the country; sporadic clashes between rival supporters can occur at slight provocation during electoral periods. Politically motivated killings also take place, though foreign nationals are unlikely to be affected by such violence. However, business travellers should, as a precaution, avoid gatherings and demonstrations as these might degenerate into violence, posing an incidental risk to bystanders.

Conflict

CONFLICT

The long-standing border dispute with Belize has been a major source of discord between the two countries. The dispute stems from the Guatemalan claim to a large portion of Belizean territory. Negotiations between the two sides, which have been ongoing for several decades, led to an agreement about referring their border disputes to the International Court of Justice (ICJ) for mediation.

In 2015, both countries authorised referendums on referring the case to the ICJ to mediate the territorial dispute and in 2019, both referendums passed. Guatemala and Belize presented their claims in 2020 and 2021, respectively. The ICJ is expected to issue a sentence soon.

Sporadic skirmishes occur in border areas and can lead to increased bilateral tensions. However, such incidents have been localised and have not led to an overall deterioration in ties. The unresolved conflict has contributed to illegal cross-border activities such as smuggling, drug trafficking and bandit attacks targeting transit passengers.