



# BOLIVIA

## ABOUT BOLIVIA VACCINATIONS

Land-locked Bolivia is bordered by Brazil, Chile, Peru, Paraguay and Argentina. The Andes Mountains dominate Bolivia, covering about half the country. Topography varies from 6,100m peaks to lush, subtropical valleys. The lower eastern areas have a hot, humid semitropical climate. Temperatures average 7°C in La Paz and the western plateau, 10-13°C in the Yungas region. The dry season is from April - Nov.

### OVERALL RISK

High Risk - Preventable disease is much more common than in Australia. Consult a Travelvax clinic for your specific risk.

### MALARIA RISK

Malaria is present throughout country. Anti-malarial medications recommended. Type of malaria tablets will vary according to itinerary, length of stay and needs to be discussed with a medical practitioner.

## VACCINE PREVENTABLE DISEASES

### YELLOW FEVER

Disease is present. A yellow fever vaccination certificate is required from travellers aged 1 year or over arriving from countries with risk of yellow fever transmission.

Vaccination is recommended for all travellers aged 9 months of age and over travelling to the following areas east of the Andes at altitudes below 2300 metres: the entire departments of Beni, Pando, and Santa Cruz, and designated areas of Chuquisaca, Cochabamba, La Paz and Tarija.

Vaccination is not recommended for travellers whose itineraries are limited to areas at altitudes above 2300 metres and all areas not listed above, including the cities of La Paz and Sucre.

Travellers arriving in Australia within 6 days of leaving this country require proof of vaccination.

*Travelvax Note:* We recommended that this advice is discussed with a Yellow fever licenced practitioner.

### COVID-19

For the most up to date requirements for entry into Australia, go to [Smartraveller](#).

Please click this [COVID-19 Travel Regulations Map](#) (IATA) to view the latest Bolivia COVID travel requirements.

## HEPATITIS A

Moderate risk to travellers, vaccination recommended.

## HEPATITIS B

Moderate presence of Hepatitis B in local population. Vaccination would be recommended.

## TYPHOID

Moderate risk for most travellers. Vaccination recommended for travel to smaller cities, villages and rural areas outside usual tourist routes. Some medical conditions pre-dispose to infection; whether vaccinations would be recommended should be discussed with a medical practitioner. Consult a medical practitioner for your specific risk.

## INFLUENZA

Southern hemisphere winter risk (May to October). Most common vaccine preventable illness in travellers. Vaccine recommended, effective for 1 year.

## RABIES

Disease present. Recommendation for vaccination will depend on specific itinerary and activities planned. Generally rabies vaccination is advised for high risk individuals such as veterinarians or animal handlers, cavers. Additionally for higher risk travellers who plan: extended periods outdoors, rural travel, adventurous activities including bicycling; also expats or long-term travellers to endemic regions and children (risk of more severe or risk-prone bites and may not report contact at all).

## JAPANESE ENCEPHALITIS

No risk to travellers.

## POLIO

No risk to travellers.

## TICKBORNE ENCEPHALITIS

No risk to travellers.

## MENINGOCOCCAL MENINGITIS

Low risk to travellers.

## CHOLERA

No risk to travellers.

## OTHER DISEASES

### TRAVELLERS DIARRHOEA

High risk. Travellers' Diarrhoea affects 20-60% of overseas travellers, food and water precautions are essential. Self-treatment medications may be recommended.

### INSECT-BORNE DISEASES

Diseases such as [Dengue](#), [Chikungunya](#), [Zika](#) may be present. Seasonal risk will vary by country. Whether preventive measures will be recommended will depend on itinerary, length of stay, type of travel etc. and needs to be discussed with a medical practitioner. For those countries with disease present, risk is highest in urban and semi-urban areas, but may also occur in rural areas; [insect avoidance measures](#) are highly recommended all year round. Travelvax believes that the best defence is to understand their habits, dress properly and use an [effective insect repellent](#) in the correct manner.

Consult a medical practitioner for your specific risk.

## **SCHISTOSOMIASIS**

No risk to travellers.

## **STIs**

Low incidence of sexually transmitted and blood-borne diseases. Safe sex and needle precautions should be followed by all travellers.

## **ALTITUDE**

Altitude illness is a risk to travellers ascending higher than 2000 meters. Preventative medication is available. Consult a medical practitioner if ascending to 2000 metres or above.

## **ADDITIONAL INFORMATION**

### **PERSONAL SAFETY**

In order to check before and during travel for any high-risk areas visit the Smartraveller website. Avoid unnecessary displays of wealth or valuables and minimise the amounts of cash carried. Keep secure records of passport/credit card/licence numbers. For more safety tips visit: [www.smartraveller.gov.au](http://www.smartraveller.gov.au).

### **MEDICAL CARE**

Limited medical facilities available. Unless travelling with a well-equipped organisation, a high level of self-sufficiency in terms of first aid kits and sterile equipment is recommended. An evacuation contingency should be a part of your travel insurance. Check for any contacts supplied by your emergency assistance organisation (nominated by your travel insurer) or with IAMAT (International Association of Medical Assistance for Travellers).

### **FIRST AID KITS & ACCESSORIES**

Always carry an [advanced first aid kit](#), including needles and syringes (shortages of sterile equipment are common). A prescription kit (containing treatments for travellers' diarrhoea) is essential. A [mosquito net](#) and [insect repellent](#) (containing DEET, Citriodiol or Picaridin) are highly recommended, even if anti-malarials are taken.

**More information on Bolivia is available during your pre-travel consultation with Travelvax.  
Call 1300 360 164 for the location of the clinic nearest to you.**