



PHILIPPINES

ABOUT PHILIPPINES VACCINATIONS

The Philippines consists of more than 7,000 islands in the South Pacific, of which 880 are inhabited. The Philippine climate is mostly hot and humid. Three seasons are defined: the hot, dry season, from March through May; the rainy season from June into November, with daily rains during July, August and September; and the cool, dry season from November to February.

OVERALL RISK

Medium Risk - Preventable disease occur sporadically or at moderate levels. Consult a Travelvax clinic for your specific risk if travelling outside resorts, 5 star accommodation or for periods longer than a few days.

MALARIA RISK

Malaria is present, whether or not anti-malarial medications are recommended will need to be discussed with a medical practitioner. Consult a Travelvax clinic for long stays or significant level of outdoor activities.

VACCINE PREVENTABLE DISEASES

YELLOW FEVER

Proof of vaccination against yellow fever is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission, and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission

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 Philippines COVID travel requirements.

HEPATITIS A

Moderate risk to travellers, vaccination recommended.

HEPATITIS B

Low presence of Hepatitis B in local population, discuss whether vaccination would be recommended with a medical practitioner. Vaccination is recommended for specific high-risk travellers (sport/adventure/occupational/sexual). Consult a medical practitioner for your specific risk.

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

Year round risk present. 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

Disease present. Seasonal risk will vary by country. Whether vaccinations will be recommended will depend on itinerary, length of stay, type of travel etc and needs to be discussed with a medical practitioner. Risk is highest around pig farms and in agricultural areas. Mosquito avoidance measures are highly recommended all year round. Consult a medical practitioner for your specific risk, particularly if travelling during the wet season.

POLIO

Disease present. Recommendation for vaccination will depend on specific itinerary and activities planned. The risk to travellers is generally low, however vaccination is recommended for travel to affected regions and is a [requirement for travel](#) to/from some countries. If at risk, adults should have a booster to the childhood series.

Other country requirement(s) (2019): International certificate of polio vaccination is required for travellers arriving from or going to high-risk countries.

Additional information:

Following the detection of **vaccine-derived poliovirus**, it is recommended to ensure polio vaccinations are up to date - *see below*.

[Temporary recommendations](#) regarding polio vaccination, which are updated regularly by the WHO, advise that affected states:

- 'Ensure that all residents and long-term visitors (i.e. > four weeks) of all ages, receive a dose of bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) between four weeks and 12 months prior to international travel.
- Ensure that those undertaking urgent travel (i.e. within four weeks), who have not received a dose of bOPV or IPV in the previous four weeks to 12 months, receive a dose of polio vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travelers.
- Ensure that such travelers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the IHR to record their polio vaccination and serve as proof of vaccination.
- Restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. These recommendations apply to international travelers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea).'

TICKBORNE ENCEPHALITIS

No risk to travellers.

MENINGOCOCCAL MENINGITIS

Low risk to travellers.

Other country requirement(s) (2019): Meningococcal vaccine is required for Hajj pilgrims.

CHOLERA

No risk to travellers.

OTHER DISEASES

TRAVELLERS DIARRHOEA

Moderate 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

Swimming or bathing in freshwater is the main cause of infection. Avoid freshwater contact if you are unsure of origin.

STIs

Sexually transmitted and blood-borne diseases occur. The risk to travellers can be greatly reduced by practising safe sex with any new partner. All travellers should carry condoms. Blood borne diseases (HIV, Hepatitis B & C) can be spread by blood transfusion, tattooing, body piercing or non-sterile needles. Travellers in high risk groups should carry sterile needles (see also Medical Care).

ALTITUDE

No risk to travellers.

ADDITIONAL INFORMATION

PERSONAL SAFETY

In order to check before and during travel for any high-risk areas visit the Smarttraveller 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.smarttraveller.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 Philippines is available during your pre-travel consultation with Travelvax.
Call 1300 360 164 for the location of the clinic nearest to you.**