France

Risk Ratings

### LOW MEDICAL RISK for France

**Risk Summary**

Street crime warrants security precautions in Paris and other major cities. Petty crime is common at airports, on public transport and in urban areas, especially tourist locations. France’s foreign policy makes it an attractive target for Islamist militants, who have conducted several high-profile attacks in the country. Strikes are common and can result in significant travel disruption.

This information is intended as a summary of the travel security environment; however, the risks can change at short notice during a crisis or evolving situation. Please check our travel security alerts to ensure you are informed of the most recent developments.

**STANDING TRAVEL ADVICE**

**Alerts**

- Anticipate, avoid further fuel tax protests in coming days; allow additional time for road journeys (Revised)
- Measles in 2018
- Dengue outbreak in the south

View All Alerts

**Vaccinations For France**

**Hepatitis A** Many travel health professionals recommend

Read more

**Hepatitis B** Recommended for health care workers and anyone

Read more

**Routine Vaccinations**

- All routine vaccinations should be current: these include Measles-Mumps-Rubella, Polio, Tetanus-Diphtheria-Pertussis, and Varicella.
- Annual influenza vaccination

**Other Medical Precautions**

- Before you go: See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:
- Malaria
- Zika Virus
- Health Threats

**Before You Go**

See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:

- Check your routine vaccinations
  
  Check your routine vaccinations are up to date (polio; varicella; measles, mumps and rubella; tetanus, diphtheria and pertussis, seasonal influenza). See a travel health practitioner 6 to 8 weeks before departure for destination-specific health preparations. You may need additional vaccinations, some of which require several doses, or be recommended malaria medication which may need to be started a week or more before arriving in the malarial country.

- Documentation: Arrange a copy of your personal health record to carry with you when you travel. Include a letter from your doctor explaining your need for all medications you are carrying, including any over-the-counter medications, in English and the language of your destination(s). Make sure you have copies of your prescriptions.

- Medication: Check the regulations of your destination country regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Take any medicines you require in their original packaging, including any information leaflets, with them clearly labelled with your name (matching your passport name), and your doctor's name. Have enough to cover the trip, and extra in case of delays, however note that many destinations limit quantities of certain drugs to a 30-day supply. Carry medication in your hand luggage, with copies of your prescriptions.

**Vaccinations for France**

Recommendations may vary for short-term visitors. Always consult your travel health advisor or contact International SOS to discuss your specific needs.
Hepatitis A

Many travel health professionals recommend hepatitis A vaccination for all travellers regardless of destination, especially those who are at higher risk, such as men who have sex with men, people who use illicit drugs or those with liver disease.

Hepatitis B

Recommended for healthcare workers and anyone who may have a new sexual partner, share needles or get a tattoo or body piercing.

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

Malaria

There is no malaria in France.

Zika Virus

There is no Zika Virus in France.

Standard of Care

Emergency Response

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.

SINGLE EU EMERGENCY NUMBER

Use 112 to contact all emergency services in EU countries. In France, calls at border regions may be answered in English, German or Spanish. Otherwise, in France there are two emergency numbers:

- "15" calls the SAMU (intensive care emergency ambulance service).
- "18" calls the fire department.

Either number can be called, and, depending on the location, it will either be the SAMU or the fire department who actually dispatches a SMUR (ambulance with a medical team). The French public emergency ambulances are very efficient. Mobile intensive care services and doctor and nurse escorts are provided. Private ambulance services are also available for non-emergency transport. However, use the public ambulances for more serious cases.

| Emergency Numbers |  
|-------------------|---
| **Ambulance**     | 112 or 15  
| **Fire**          | 112 or 18  
| **Police**        | 112 or 17  

Standard of Health Care

The standard of medical care in France is high and of an appropriate standard. The largest tertiary-care hospitals are in Paris and other large cities. There is a private medical system in France, but public hospitals are usually better equipped to handle emergencies and major cases. Most public facilities have emergency departments, while private hospitals sometimes do not.

The country is well serviced by a sophisticated nationwide ambulance service.

OutPatient Care

The French medical system is facilitated by a general practice model. Individuals seek their initial care from a general practitioner (GP), who is trained to handle a wide range of medical problems. If the condition requires a specialist’s care, the GP will make the referral. General practitioners also handle routine paediatric and gynaecological care. Doctors are available for housecalls in most French cities.

Paying for Healthcare

In most cases, health care providers will expect payment by cash or credit card. Private doctors often do not accept credit cards, and United States medical insurance is not usually accepted in French hospitals.

Citizens of the EU and certain other countries where a reciprocal health agreement is in place are entitled to emergency public medical treatment, as per the old E111 form. As of January 2006, the form has been replaced with a European Health Insurance card, or EHIC. A valid card must be presented to take advantage of the agreement. Service under the EHIC may involve expenses that are typically provided free of charge in your home country.

Do not defer medical treatment because of financial concerns. Contact International SOS, and if our terms allow, we will make financial arrangements on your behalf.

Dental Care

The standard of dental care in France is high and of an appropriate standard.

Blood Supplies

Blood supplies in France are considered safe and are screened according to international standards.

Even in areas where the blood supply is considered safe, it's best to avoid blood transfusions if possible. Screening cannot detect every blood-borne disease, and immune reactions can vary from minor to life-threatening. If a blood transfusion is recommended and circumstances permit, seek a second opinion from International SOS or your health advisor.
Medication Availability

Pharmacies in France usually only accept prescriptions written by French doctors. Travellers should keep in mind that not all drugs prescribed by hospital-based doctors will be available in external pharmacies. Therefore, it is usually easier to have prescriptions filled at the hospital in which they were written.

Since brand names vary, know the generic (chemical) names of your medications. It is always advisable to bring an adequate supply of prescription and other medications from your home country. Check the expiration date on all medications.

Clinics & Hospitals

Medical Providers

No matter where you are, contact International SOS first if you are sick, injured or need medical advice.

Our medical staff will advise you, help you select the correct doctor, hospital or clinic, and make any necessary appointments on your behalf. If our terms allow, we will also make financial arrangements for you.

It is recommended that you contact International SOS before accessing medical care in France.

Hospitals / Clinics

If you are unable to contact International SOS, the following list of hospitals and clinics is provided in case of medical emergencies.

Lyon
Centre Hospitalier Edouard Herriot
Category: Hospital
Address: 5, place d’Arsonval
Lyon, Auvergne-Rhone-Alpes 69003
Telephone: 33 (0) 8 20 08 20 69
            33 (0) 8 25 08 25 69

Marseille
Hospital European
Category: Hospital
Address: 6, rue Desiree Clary
Marseille, PACA 13003
Telephone: 33 (0) 4 13 42 70 00

Nice
Hospital Pasteur (CHU de Nice)
Category: Hospital
Address: 30 Voie Romaine
Nice, PACA 06001
Telephone: 33 (0) 4 92 03 77 77

Paris
American Hospital of Paris
Category: Hospital
Address: 63 Boulevard Victor Hugo
          BP 109
          Paris, Ile de France 92200
Telephone: 33 (0) 1 46 41 25 25

Hospital European Georges Pompidou / AP-HP
Category: Hospital
Address: 20 rue Leblanc
          Paris, Ile de France 75015
Telephone: 33 (0) 1 56 09 20 00

Hospital Saint Joseph / Groupe Hospitalier Paris Saint Joseph
Category: Hospital
Address: 165, rue Raymond Losserand
          Paris, Ile de France 75014
Telephone: 33 (0) 1 44 12 37 89 (ER Dept)
            33 (0) 1 44 12 78 81/84 77 (Int Dept)

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Food & Water

Food and Water Precautions

Travellers have a small risk of developing diarrhoea in any country. It may be advisable to drink bottled water only, especially on short trips. Always wash your hands with soap before eating, or use an alcohol-based hand sanitizer. See the following country-specific recommendations:

Water and Beverages

Tap water is safe to drink.

https://www.internationalsos.com/MasterPortal/PrintDisplay.aspx
Food Risk

Food is safe.

More on food and water safety

Health Threats

Health threats present include:

Rabies | Threat from: Animals

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.)

France

Rabies is present in bats only and the risk of exposure for average travellers is low.

Schistosomiasis | Threat from: Swimming/bathing

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.

France

Cases of schistosomiasis have been reported among people who bathed in rivers in Corsica, particularly Cavu.

West Nile Virus | Threat from: Bites and Stings

Primarily a disease of birds, West Nile virus (WNV) can infect humans. The most common route for a human infection is via mosquitoes. The mosquito feeds on an infected bird or other animal, then bites a human and introduces the virus into their body.

Most people who get WNV develop no symptoms. Of the 20 percent who do get ill, most develop mild symptoms 3-14 days after being bitten: fever, head and body ache, nausea and vomiting. Sometimes the lymph nodes swell or a rash appears on the trunk.

In fewer than one percent of all human cases, the person develops a serious, possibly fatal, infection. Symptoms may include high fever, headache, stiff neck, disorientation, muscle weakness, tremors and paralysis. The brain and membranes surrounding the brain and spinal cord may get inflamed, which can cause coma and death. Patients who recover from a serious WNV infection may suffer permanent brain damage.

There is no specific treatment for the disease, or vaccine to protect against it. To avoid infection, prevent mosquito bites in areas where the virus circulates. Wear long sleeves and long pants, and use insect repellents.

HIV, Hepatitis B and C, & STIs | Threat from: Sex/blood/needles

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 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 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.

Tickborne encephalitis | Threat from: Bites and Stings

The virus is mainly transmitted to humans by the bite of an infected tick. Ticks are usually found at the edge of forests and in clearings, long grass and hedges and are more common in the summer months. Often, the bite goes unnoticed. Infection can also be acquired by consuming unpasteurized dairy products from infected cows, goats or sheep.

About 14 days after the tick bite, the patient suffers fever, headache, muscle aches, nausea and fatigue. The symptoms usually resolve in a week or so, but up to one third of patients develop a second, more severe illness. Symptoms may include severe headaches, decreased mental state, convulsions, weakness and/or coma. These symptoms indicate that the virus is affecting the brain. About one percent of cases are fatal. Fortunately, only one out of 250 people who get infected with the virus actually becomes ill.

To prevent infection, it is important to prevent tick bites, especially as most travelers have not been vaccinated.

- Wear long pants with tight cuffs, and tuck pant legs into socks.
- Use insect repellent containing DEET.
- Consider soaking or spraying your clothes with the insecticide permethrin. (Do not apply permethrin directly to the skin.)
- After visiting a forest or pasture, search for ticks on your body and clothing. If a tick is found, remove it gently using tweezers.

A safe, effective vaccine is available in Canada, Europe and the UK. It is not available in the U.S. The vaccine is given routinely to populations living in infected areas of Europe and Russia. However, the CDC does not generally recommend its use for travelers. Travelers at high-risk of exposure should consult their travel health practitioners for an individual recommendation on vaccination.

Leishmaniasis | Threat from: Bites and Stings

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.

Hantaviruses | Threat from: Animals

Hantaviruses are a group of viruses that belong to the bunyaviridae family. They can cause two different types of illness in humans: hemorrhagic fever with renal failure syndrome (HFRS) and hantavirus pulmonary syndrome (HPS). The latter also known as hantavirus cardipulmonary syndrome (HCPS). It is a widely distributed disease and occurs across Americas, Europe and Asia.

Regardless of which illness they cause, hantaviruses are carried by infected rodents that can carry the virus for their entire lives without any signs of illness. Virus is present in the animal’s saliva, urine and feces. Humans become sick when they inhale the aerosol droplets of these excretions.

Although not clearly known, symptoms of HCPS appear about one to eight weeks after exposure to the virus. Early symptoms include fatigue, fever, and muscle aches. About 50 percent of all patients also experience headache, dizziness, and abdominal symptoms (nausea, vomiting, diarrhea, pain). Late symptoms are cough/shorthness of breath and a feeling of overall tightness in the chest. Heartbeat and breathing may both become rapid at this stage. Most people recover from the disease. The overall case fatality rate is about 30 percent, and most deaths occur rapidly - within 24 hours of hospitalization.

The incubation period for HFRS is usually 2 to 4 weeks, but could be as short as a few days. Patients usually experience a fever that begins suddenly, headache, muscle pain, gastrointestinal upset, eye pain and blurred vision. Patients may later develop hemorrhage, including bleeding from the skin, conjunctiva of the eye, and mouth. Complications include kidney failure. Most patients fully recover. The overall mortality ranges from 5-15 percent, depending on the strain of the virus.

The best way to avoid infection is to eliminate rodents from your living space and worksite, and/or avoid contact with them. Keep food tightly contained, clean dishes immediately after use, do not leave pet food out all day, and seal holes to the outside – generally, make your environment inhospitable to rodents. When in an area known to be infested with rodents, avoid activities that can stir up dust, like vacuuming or sweeping, as there may be virus-containing rodent feces, urine, or saliva present. Do not sit in meadows, on haystacks, or woodpiles where rodents are likely to nest.
Treatment is supportive. Ribavirin has improved the chances of surviving HFRRS although its effectiveness has not been proven in HCPS. A vaccine is available to protect against certain viruses that cause HFRRS, most especially those that are prevalent in mainland China.

France

Cases are reported annually, mostly in the northeast region.

Altitude | Threat from : Environment
Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to a 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 altitude, 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.

Cutaneous Larva Migrans | Threat from : Environment
Cutaneous Larva Migrans (CLM) is a skin infection caused most commonly from hookworms. Animals such as dogs and cats host these parasites and shed the parasite eggs in their faeces. The eggs then hatch into larvae. Transmission occurs through direct skin contact with contaminated sand or soil. The larva penetrates the outermost layers of the skin. A pricking or itching sensation may be experienced when the larva penetrates the skin. Within a few hours a rash can develop at the entry point. As the larva moves, creeping tracks or snake-like reddish tracks will develop. Severe itching and mild swelling may also occur. CLM usually resolves itself without any treatment. Some anti-parasitic medications may be used to shorten the duration of infection.

There is no medication or cure to prevent the infection. Avoid walking barefoot at the beach and avoid direct skin contact with infected sand or soil. Use a clean towel or mat to sit or lie on the sand.

France

In 2008, an outbreak was reported in Fréjus, southeastern France. Sporadic cases have also been reported from the northwestern region of Brittany.

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