Peru

Risk Ratings

MEDIUM MEDICAL RISK for Peru

Risk Summary

Opportunistic street crime within cities is the main security concern for expatriate personnel and business travellers, particularly in the capital Lima and the tourist destination of Cusco. Assaults and short-term abductions for the purpose of robbery are common. Highway robbery is also common, particularly at night. Public transport should be avoided due to the risk of petty and opportunistic crime; members should use a reputable company or a licensed car through their hotel rather than a taxi hailed on the street. The police are under-trained and insufficiently equipped to respond adequately to the present crime situation. Corruption within the police force also remains a concern, though it is unlikely to pose a direct risk to visitors.

A range of groups with disparate demands, including coca-growers (cocaleros), anti-mining environmentalists, illegal miners, farmers and industry workers frequently hold protests. Although they pose no specific threat to foreign nationals, there is a low but credible risk of clashes during demonstrations. Protest marches can also disrupt traffic on key thoroughfares and highways.

Peru is vulnerable to earthquakes, as it lies in an active seismic zone; tremors are reported frequently. In addition, volcanic activity has impelled the government to impose a state of emergency in some areas. The rainy season runs from November to April, when landslides may render local roads impassable.

This information is intended as a summary of the travel security environment; however, the risks can change on 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

- Lima: Anticipate, avoid rallies outside Uruguayan diplomatic buildings over former president's asylum request
- Zika virus may be circulating

View All Alerts

Vaccinations For Peru

- Hepatitis A: Recommended for all travellers and expatriates, Read more
- Hepatitis B: Recommended for most travellers and expatriates, Read more
- Typhoid fever: Recommended for all travellers and expatriates, Read more
- Yellow fever: Peru is a country with a risk of yellow fever 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 Peru**

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

| Hepatitis A | Recommended for all travelers and expatriates, especially:  
|            | - For long-term or frequent visitors.  
|            | - For adventurous travelers who travel to more remote locations or stay in areas with poor sanitation.  
|            | - For men who have sex with men, people who use illicit drugs or those with liver disease. |

| Hepatitis B | Recommended for most travelers and expatriates, especially:  
|            | - For long-term or frequent visitors, and health-care workers.  
|            | - For adventurous travelers who travel to more remote locations.  
|            | - If possibility of new sexual partner, needle sharing, acupuncture, dental work, body piercing or tattooing during visit.  

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

| Typhoid fever | Recommended for all travelers and expatriates. |

| Yellow fever | Peru is a country with a risk of yellow fever transmission.  
|             | Proof of vaccination is not required for entering or exiting Peru.  
|             | Vaccination is recommended for anyone > 9 months of age who will visit places below 2,300 m (7,546 ft) elevation in the following region: Amazonas, Cuzco, Huanuco, Junin, Loreto, Madre de Dios, Pasco, Puno, San Martin and Ucayali, as well as parts of far northeastern Ancash; far north of Apurimac; northern and northeastern Ayacucho; northern and eastern Cajamarca; far northern Huancavelica; eastern La Libertad; and eastern Piura.  
|             | Vaccination is generally NOT recommended for travelers whose itineraries are limited to some areas west of the Andes, namely Lambayeque and Tumbes and certain areas of south, west and central Cajamarca and western Piura.  
|             | Vaccination is NOT recommended for travelers visiting only areas above 2,300 m (7,546 ft) elevation, areas west of the Andes not listed above, the capital city Lima, the cities of Cuzco, Machu Picchu and the Inca Trail.  
|             | See the map of vaccination recommendations.  
|             | For onward travel: your next destination, including your home country, may require a vaccination certificate for entry.  
|             | (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 traveler. 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.)  

**Malaria**

**Threat from:** Bites and Stings

**Malaria is present in some areas of Peru:**

- all areas below 2,000 meters (6,562 feet) especially in the Amazonas, Junin, Loreto, Madre de Dios (Puerto Maldonado city) and San Martin regions. The risk is highest in Loreto region.  
- rural areas in inter-Andean valleys below 2,300 meters (7,546 feet).  

There is no malaria in:

- Lima province.  
- the highland tourist areas, such as Cuzco, Machu Picchu and Lake Titicaca.  
- Arequipa, Ica, Moquegua, Nazca, Puno and Tacna cities.  
- along the Pacific coast.  

**Prevention:**

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

Zika Virus

Threat from: Bites and Stings

Zika is present in some areas. Pregnant women should consider delaying travel to Zika-affected areas. Those who are in affected areas should protect themselves against mosquito bites and sexual transmission. After travel to the affected areas, ongoing precautions against sexual transmission are recommended.

The first locally-transmitted cases were reported in May 2016. A sexually-transmitted case of Zika was identified in April 2016.

Zika fever is a viral disease that mostly spreads to humans via the bite of an infected mosquito, but can also be transmitted sexually. It frequently does not cause any symptoms, or if symptoms occur they are usually mild. However Zika can cause severe and irreversible birth defects in the babies of women infected during pregnancy.

Prevention is through preventing mosquito bites. Sexual transmission is prevented through use of condoms. Due to the risk of severe birth defects, many authorities advise pregnant women against travelling to areas where Zika virus is circulating. Following possible exposure to Zika, people should take precautions against sexual transmission and delay pregnancy for six months (different authorities advise different duration of precautions). For anyone with a pregnant partner, precautions should continue for the duration of the pregnancy.

Standard of Care

Emergency Response

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

Use a private vehicle to reach medical care as the public ambulance services are not recommended.

Private ambulances in major cities may be able to provide emergency transport for subscribers. Private hospitals in Lima can also provide emergency ambulance services with doctors on board. Call the hospital directly to arrange transport. If there is any delay, take the patient directly to the nearest selected private hospital.

Air evacuation for patients (often suffering from altitude sickness) from Cuzco to Lima can be arranged. The flight takes approximately 2.5 hours by helicopter and 45-50 minutes by jet. Because of its elevation and the weather, helicopters often can only fly into and out of Cuzco in the mornings.

Emergency Numbers

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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

Private facilities in Lima provide the highest level of medical care in Peru. Many doctors have received training in the United States or Europe and speak some English.

Public hospitals in Cusco offer a lower standard of care and most moderate and serious conditions will require evacuation to Lima.

Public facilities in rural areas are not recommended. They may offer a lower standard of medical care, and may have shortages of medical and nursing staff, medication and equipment and have few English-speaking staff.

OutPatient Care

Selected private hospitals provide a high level of outpatient care with most specialties available. Most specialists have offices adjacent to the hospital. Appointments can be made directly with the doctor or through the international department of the hospital.

Paying for Health Care

Both public and private facilities expect cash payment at the time of service. Many large private hospitals will also accept credit card payments. Most international insurance plans are not accepted in Peru.

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

Selected facilities in Lima provide high quality care for all basic and emergency dental work. Orthodontic and more complex dental work is not recommended.

A thorough check up and all routine dental treatment should be undertaken prior to travel to Peru.

Blood Supplies

The blood supply in selected hospitals in Lima is safe. Voluntary donors are used and blood is screened according to international standards. Elsewhere blood is considered unsafe.

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

A wide range of medications is available at pharmacies.

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 Peru.

Hospitals / Clinics

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

Cuzco

Clinica Pardo
Category: Hospital
Address: Avenida de la Cultura 710
Esquina con Plaza Tupac Amaru
Wanchaq
Cuzco, Cuzco NA
Telephone: 51 84 256 976
51 989 431 050

Clinica San Jose
Category: Hospital
Address: Av. Los Incas N° 1408 - B
Wanchaq
Cuzco, Cuzco NA
Telephone: 51 84 243 367
51 997 363 425 (International Insurances)

Lima
Clinica Anglo Americana
Category: Hospital
Address: Calle Alfredo Salazar 350
San Isidro
Lima, Lima 27
Telephone: 51 1 616 8900

Clinica Ricardo Palma
Category: Hospital
Address: Avenida Javier Prado Este 1066
San Isidro
Lima, Lima 27
Telephone: 51 1 224 2225 / 24

Clinica San Borja - SANNA
Category: Hospital
Address: Avenida Guardia Civil 333-337
San Borja
Lima, Lima 150130
Telephone: 51 1 635-5000

Clinica San Pablo
Category: Hospital
Address: Av. El Polo 789
Urb. El Derby Montemico Surco
San Borja
Lima, Lima 150130
Telephone: 51 1 610 3333

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

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.

More on food and water safety

Health Threats

Health threats present include:

Malaria | Threat from: Bites and Slings
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.

https://www.internationalsos.com/MasterPortal/PrintDisplay.aspx
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).

Peru

Malaria is present in some areas of Peru:

- all areas below 2,000 meters (6,562 feet) especially in the Amazonas, Junin, Loreto, Madre de Dios (Puerto Maldonado city) and San Martin regions. The risk is highest in Loreto region.
- rural areas in inter-Andean valleys below 2,300 meters (7,546 feet).

There is no malaria in:

- Lima province.
- the highland tourist areas, such as Cuzco, Machu Picchu and Lake Titicaca.
- Arequipa, Ica, Moquegua, Nazca, Puno and Tacna cities.
- along the Pacific coast.

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 | Threat from: Bites and Stings

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 country guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Peru

There is a risk of yellow fever transmission in much of Peru, including areas below 2,300m (7,546ft) elevation in the following departments:

- Higher risk in Amazonas, Cuzco, Huanuco, Junin, Loreto, Madre de Dios, Pasco, Puno, San Martin and Ucayali regions, and far northeastern Ancash, northern Apurimac, northern and northeastern Ayacucho, northern and eastern Cajamarca, far northern Huancavelica, eastern La Libertad and eastern Piura.
- Low risk in areas west of the Andes: Lambayeque, Tumbes and certain areas of south, west and central Cajamarca and western Piura.

There is no risk in areas above 2,300m (7,546 ft) elevation, areas west of the Andes not listed above, the capital city Lima, the cities of Cuzco, Machu Picchu and the Inca Trail.

Cases and fatalities are reported each year. In 2016, over 75 cases were documented from at least 10 departments, with the majority of cases reported in the department of Junin.
**YELLOW FEVER**

This map is intended as a visual aid only and not a definitive source of information about yellow fever risk. WHO (31-Feb-2017) update (http://www.who.int/ith/2017/ua/ith-yellow-fever-risks-2017/en/)

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**Travelers' diarrhea** | Threat from: Food and/or water

Travelers' diarrhea 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.

**Peru** Travelers staying outside of first class hotels and tourist resorts are at high risk for travelers' diarrhea and other intestinal illnesses.

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**Dengue fever** | Threat from: Bites and Stings

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. Symptoms include high fever, severe headaches, joint and muscle pain. 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 mostly seen in persons who have been previously infected with dengue - the fatality rate is about 2.5%.

Prevention is through preventing mosquito bites. A dengue vaccine, Dengvaxia, is available in several countries however it is not recommended for people who have never had dengue infection. It should only be used in people who have previously been infected with dengue. Hence, travellers who have already had the disease or are seropositive and planning to visit areas with high transmission can consider vaccination in consultation with a travel health specialist.

**Peru**

Dengue fever occurs throughout the year in tropical regions. Most cases are reported from the northern coast and the northeastern and central jungle region. Dengue has also been reported near the Ecuadorian border.

In 2016, a dengue vaccine was licensed for use in the country.

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**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.)

Peru

There is a risk for rabies, particularly in rural areas and the Amazonas region. Although the disease is most frequently transmitted by dogs, vampire bats have also been known to transmit the disease, particularly in the Amazonas region.

Chikungunya | Threat from : Bites and Stings

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.

There is no vaccine. The only way to prevent chikungunya is to prevent mosquito bites. Wear long sleeves and long pants, and use insect repellents to prevent mosquito bites.

Peru

Local transmission was first reported in 2015 which resulted in an outbreak. The disease is now consistently present in the country.

Typhoid fever | Threat from : Food and/or water

**Typhoid fever** is a serious infection caused by a type of salmonella bacteria spread by contaminated food or water. Choosing safe food and water will greatly reduce the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrheal disease, some patients do not have diarrhea. 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 cured with antibiotic treatment. Preventive vaccinations are available.

Hepatitis A | Threat from : Food and/or water

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.

Symptoms begin on average 28 days after exposure (range 2 to 6 weeks), and include fever, chills, fatigue, abdominal pain, nausea, vomiting, dark urine and jaundice (yellow colour of the skin and eyes). 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.

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 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 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.
Tuberculosis (TB) | Threat from: Coughing/sneezing

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close exposure to an infected person. This means they have spent days or weeks – not just a few hours – sharing the same air space with an infected person (e.g., living in the same house). People who work or live in institutions such as nursing homes or correctional facilities are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include cough, fever, night sweats, unintended weight loss and lethargy. Latent (inactive) TB causes no symptoms. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening.

Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These diseases are hard to treat. People sometimes contract MDR or XDR TB through direct contact with a person who is already infected. Or, in other cases, people with more traditional TB infections develop a drug-resistant strain. This can happen if anti-TB medication is used inappropriately or stopped too soon.

Many countries where TB is common will routinely give the Bacillus Calmette-Guerin (BCG) vaccine against tuberculosis to babies or children. The BCG vaccine protects these children against severe TB. If you live in an area with higher rates of TB infection, you may also consider vaccinating children up to 16 years old if you plan to live there for 3 months or more.

Travellers and expatriates may be able to reduce their chance of contracting TB by limiting the amount of time they spend in crowded places. Avoiding people who are coughing also minimises risk. Consider TB screening of local staff who live with you – especially if you have young children in your household.

Peru

Peru falls in the “moderate incidence” range for tuberculosis as per the World Health Organization (WHO). Moderate incidence range is between 50 to 299 new cases each year per 100,000 population. WHO has also designated Peru a “high burden country” for multi-drug resistance tuberculosis (MDR-TB). Extensively drug-resistant TB (XDR-TB) was first discovered in 2007. BCG vaccination is given at birth and is included in the country’s immunisation schedule.

Expatriates or frequent travellers should consider consulting their doctor as TB screening may be offered.

Zika virus | Threat from: Bites and Stings

Zika fever is a viral disease that mostly spreads to humans via the bite of an infected mosquito, but can also be transmitted sexually. It frequently does not cause any symptoms, or if symptoms occur they are usually mild. However Zika can cause severe and irreversible birth defects in the babies of women infected during pregnancy.

Prevention is through preventing mosquito bites. Sexual transmission is prevented through use of condoms. Due to the risk of severe birth defects, many authorities advise pregnant women against travelling to areas where Zika virus is circulating. Following possible exposure to Zika, people should take precautions against sexual transmission and delay pregnancy for six months (different authorities advise different duration of precautions). For anyone with a pregnant partner, precautions should continue for the duration of the pregnancy.

Peru

Zika is present in some areas. Pregnant women should consider delaying travel to Zika-affected areas. Those who are in affected areas should protect themselves against mosquito bites and sexual transmission. After travel to the affected areas, ongoing precautions against sexual transmission are recommended.

The first locally-transmitted cases were reported in May 2016. A sexually-transmitted case of Zika was identified in April 2016.

Oropouche fever | Threat from: Bites and Stings

Oropouche fever is an illness caused by the Oropouche virus (OROV). OROV is transmitted to humans mostly through the bites of infected flies (midges), and possibly also through mosquito bites. Symptoms include a sudden fever, headache, muscle and joint pain. Rarely, the brain and its coverings can become inflamed (meningoencephalitis). Recovery usually occurs in about a week, although symptoms sometimes persist for a month or more. There is no specific treatment available. No vaccine exists to prevent the disease. Prevent illness by preventing insect bites.

Peru

Oropouche fever was first reported in Peru in 1992. Several outbreaks have been recorded between 1994 and 2010. Oropouche fever is endemic in Peru, with the most affected area being in the Amazon River basin.

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.

Plague | Threat from: Bites and Stings

Plague is found in many areas of the world. Caused by the bacterium Y. Pestis, plague mainly affects rodents but is occasionally transmitted to humans by fleas. There are three main forms of plague in humans: bubonic, septicemic and pneumonic.

Bubonic plague is the more common form and occurs as the result of a flea bite. The plague bacillus travels through the lymphatic system to the nearest lymph node. The lymph node becomes enlarged and inflamed - a "bubo".

The septicemic form of plague occurs when infection spreads directly through the bloodstream. Without antibiotic treatment, this form of plague is usually fatal.

Pneumonic plague occurs when Y. Pestis infects the lungs. The first signs of illness in pneumonic plague are fever, headache, weakness and cough that produces bloody or watery sputum. The pneumonia progresses over two to four days and may cause septic shock and, without early treatment, death.

Plague vaccine is no longer commercially available.

Peru

Human cases are reported most years. The northeastern departments of Cajamarca, La Libertad, Lambayeque and Piura report the majority of cases.

American Trypanosomiasis (Chagas disease) | Threat from: Bites and Stings

Also known as Chagas disease, American Trypanosomiasis is transmitted by a blood-sucking bug, the triatome (also known as the "kissing bug"). An infected bug deposits feces on the victim's skin, often at night. Infection occurs when the feces is then accidentally rubbed into a bite, an open cut, eyes or the mouth. Chagas disease can also be transmitted through unscreened blood transfusions and contaminated food and drinks.

Local swelling may appear at the site of inoculation. The initial stages of the infection may go unnoticed, or they may be accompanied by signs of brain and/or heart involvement. No vaccine is available.

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 cardiopulmonary 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. Haenrbeats 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 usually takes 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 eyes, 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 rodent 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 HFRS although its effectiveness has not been proven in HCPS. A vaccine is available to protect against certain viruses that cause HFRS, most especially those that are prevalent in mainland China.

Peru

Cases of Hantavirus pulmonary syndrome are reported intermittently, mostly from the Iquitos region.

Eastern Equine Encephalitis (EEE) | Threat from: Bites and Stings

Eastern equine encephalitis is caused by the eastern equine encephalitis virus (EEEV) of the Alphavirus group. Severe forms of the infection can result in inflammation of the brain (encephalitis). It is transmitted to humans through bites of infected mosquitoes of Culex and/or Aedes species. Horses are vulnerable to this disease and humans are rarely affected. The risk of transmission from horse-to-human is limited and human-to-human transmission does not occur. Symptoms may develop within 4-10 days after the bite of an infected mosquito. People can develop fever, chills joint and muscle pain, In the more severe encephalitic form, headache, vomiting, altered mental state, seizures and coma can occur in addition. There is no specific cure for EEE and treatment involves supportive measures only. The disease is fatal in one-third of those who develop symptoms, and most of the survivors have mild to severe brain damage.

There is no vaccine or drug to prevent EEE. Prevent mosquito bites to prevent the disease. Wear long sleeves and long pants, and use insect repellents.
Peru

EEE is consistently present in the northern part of Peru.

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**Air Pollution | Threat from: Environment**

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 avoid these problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While inside, 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](https://www.internationalsos.com) - use your membership number to log in.

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**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 upwards, 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.

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**Earthquake | Threat from: Environment**

Earthquakes can occur globally, but are particularly prone to happen around the Pacific Ring of Fire. They can strike without warning and be violent enough to destroy buildings.

Be prepared by having a plan, contact list and emergency supplies, such as food, water, medicines and first aid kit, clothing, cash and documents. Know the escape routes and identify hazards (i.e. tall bookshelves, loose items) and safe places (i.e. under a table or next to a sturdy inner wall). During an earthquake: drop, cover and hold on. Protect your eyes with your arms. If you are indoors take cover, stay away from windows and exit the building once the shaking has stopped. If you are outside, move away from buildings or structures which may fall down.

Following an earthquake, aftershocks are possible, which can be strong enough to further damage already weakened structures. There may also be risk of tsunamis, avalanches, fires and floods. Know the risks of injury from damaged infrastructure, choose safe food and water, prevent illness and protect against potential disease outbreaks.

See the [CDC Earthquakes page](https://www.cdc.gov/earthquakes).