



DESTINATION REPORT

VENEZUELA

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GENERAL OVERVIEW

The Bolivarian Republic of Venezuela is located in South America and borders Colombia, Guyana, Brazil, and the Caribbean Sea. The Caribbean shore is a coastal plain, made narrow by the east-west spread of the Andes mountain range. In the southern Andes, Venezuela encompasses Río Orinoco, the second-longest river in the Americas, which is surrounded by the Llanos lowlands. The southeastern part of the country is characterized as a large plateau, which extends across the border into Guyana. The Caribbean coastal plain is fairly dry; the northern face of the Andes receives less rain than the southern face. The Andes tend to be cooler than the rest of the country. The Llanos has a typical hot, humid tropical climate, with a rainy season lasting from April until October.



Venezuela has some of the largest proven oil fields in the world. However, it suffers from a poverty rate of more than 60 percent and has a high rate of income inequality. The country is comprised of a large number of young people—the median age being only 25—and Venezuela considers itself to be a melting pot, where European, African, and Amerindian cultures have fused to create the nation as it is known today. Spanish is spoken throughout the country, and the vast majority of the population is Roman Catholic. Venezuela is one of the most highly urbanized nations in South America, with 90 percent of the population living in cities.

SECURITY ASSESSMENT

Security Risk Rating

High

Security Risk Overview

Travelers face a number of security concerns in Venezuela. Armed robbery and petty theft are major issues. Violent crime rates are high and the country has one of the highest murder rates in the world. Kidnappings are common in the country, particularly near the Colombian border. There is a moderate threat of terrorism and civil unrest is common. Recently, large-scale, nationwide anti-government protests have been staged that resulted in deaths, hundreds of injured people, and numerous arrests.

In January 2019, the DoS advised US citizens in the country to strongly consider leaving the country. The advisory followed the US government's decision to recognize an opposition leader as the interim president rather than President Maduro, who was recently sworn in for his second term following an election in May 2018 that was widely viewed as unfair. Subsequently, on 29 January 2019, the DoS released a Security Alert informing US citizens that the Travel Advisory for Venezuela has been raised to Level 4 "Do Not Travel" due to crime, civil unrest, poor health infrastructure, and arbitrary arrest and detention of US citizens. All US diplomatic personnel had been withdrawn from the country as of 11 February 2019.

Venezuela is affected by the Atlantic hurricane season, which lasts from June to November. Valleys and other low-elevation areas (the Llanos, Mérida State) may experience severe flooding, which can be disruptive to travel and damage infrastructure. The country is also prone to seismic activity.

Terrorism

There is a moderate threat of terrorist activity in Venezuela. There are no known indigenous terrorist groups active in the country and no terrorist attacks have been reported within the past five years. However, Colombian armed groups, such as the National Liberation Army (ELN), are known to operate along the border with Colombia and inside Venezuela. They have conducted kidnappings, including of foreigners, within 80 kilometers (50 miles) of the Colombian border in the states of Amazonas, Apure, Barinas, Bolivar, Táchira, and Zulia. Some of these victims are killed and others are released in exchange for ransoms. Some border crossings in this area may change opening times with little warning due to the security situation.

Civil Unrest

Demonstrations and protests are common in most major cities, and are usually motivated by economic or political developments. Demonstrations and violence are likely to occur surrounding election periods or days of national or commemorative importance. Larger demonstrations are often announced in advance by the media and tend to take place around universities, government buildings, or in major public areas, such as city plazas. Marches and roadblocks along major roads can cause localized traffic disruptions. Services, such as telecommunications, can be disrupted, and curfews may be imposed.

Political demonstrations, some of which have turned violent, are common in Venezuela. The majority of these protests are a result of growing political tension between the ruling political party, Partido Socialista Unido de Venezuela (PSUV), and the opposition party, Democratic Unity

Roundtable (MUD). Moreover, nationwide demonstrations have been organized since 20 May 2018 to protest against the re-election of President Nicolas Maduro, who reclaimed the presidency despite months of protests against his administration. Opposition groups and other countries have said they do not recognize the results of the election.

On 4 August 2018, several drones armed with explosives flew toward President Maduro during a speech at a military parade in Caracas in an apparent assassination attempt. President Maduro was unharmed in the incident but seven security personnel were injured. The Venezuelan government made several arrests in connection with the incident and blamed opposition figures.

In January 2019, Maduro proceeded with his inauguration for his second term. Juan Guaidó, head of the opposition-led National Assembly, also declared himself the interim president at a large rally on 23 January 2019. Following the announcement, US President Donald Trump announced that the United States would recognize Guaidó as the country's interim president. At least 50 other countries-including Canada, Brazil, Argentina, Chile, and others-also recognized Guaidó as interim president. In response, Maduro gave US diplomatic personnel in the country 72 hours to leave the country. Subsequently, on 24 January 2019, the DoS ordered the departure of non-emergency US government employees and their family members, and advised that US citizens in Venezuela should "strongly consider" departing. On 29 January 2019, the DoS changed its Travel Advisory for Venezuela to Level 4 "Do Not Travel" due to crime, civil unrest, poor health infrastructure, and arbitrary arrest and detention of US citizens.

Apart from protests stemming from the ongoing political crisis, actions against the current economic crisis in Venezuela, shortages of food and basic commodities, and extended power outages have also been taking place. Several fatalities, looting and other violent incidents, and significant disruptions to transportation and essential public services have frequently been reported.

On 30 April 2019, the opposition-led "Operation Freedom" was launched with nationwide protests and an apparent coup attempt in Caracas. At least four protesters were killed, hundreds were injured and arrested after the protests were violently dispersed by pro-Maduro groups and military forces. Key military officers and intelligence officials reportedly defected to the opposition and joined the protests. The unrest stemming from the disputed presidency currently remains unresolved.

Many Venezuelans carry firearms, and the National Guard and police arm themselves heavily for dealing with crowd control.

Personal Security

Venezuela experiences high levels of crime, and murder rates in the country, especially in the capital, are among the highest in the world. Armed robbery, vehicle theft, and muggings are common, even in areas frequented by tourists, such as Margarita Island and Ávila National Park. Within Caracas the areas of Sávana Grande, Plaza Venezuela, Cumana, Maracaibo, Paraguana, Valencia, Los Testigos Islands, Chacao, Baruta, and El Hatillo are particularly prone to crime, as are the low-income *barrios* (slums). In the past, individuals wearing jewelry or carrying electronics have been mugged. These crimes can occur at all hours of the day, including in busy marketplaces. Armed motorcyclists often take advantage of traffic jams to rob victims. Criminals also target people queuing at ATMs or at shops. Crimes at ATMs and banks tend to increase during holidays. Criminals do not hesitate to use deadly violence against resistant individuals.

Due to safety and security concerns, higher risk is associated with travel to the following neighborhoods in Caracas: Western Libertador municipality (El Retiro, 23 de Enero, Blandin, La Vega, La Rinconada, Las Mayas, Tazon, Oropeza Castillo, Lomas de Urdaneta, Propatria, Casalta,

Lomas de Propatria, Carapita, Antimano, Tacagua, Ruiz Pineda, Caricuao, La Quebradita, El Atlantico, Sarria, La Candelaria, San Martin, Coche, El Valle and La Yaguara), Eastern Sucre municipality (Barrio Piritu, Barrio La Rubia, Barrio Altavista, Petare, Caucaguita, La Dolorita, Paulo Sexto, and El Llanito), and the Baruta municipality (Las Minas, Santa Cruz del Este, Ojo de Agua, La Naya, and Las Minitas).

Petty crimes are common across Caracas, other major cities, and Margarita Island. The downtown areas, low-income neighborhoods, and public transport networks tend to experience the most criminal activity. The historic city center of Caracas and public transport terminals are particularly risky areas. Pickpocketing commonly occurs in Parque Simon Bolivar, near the Capitolio, the neighborhood of Sabana Grande, and Parque Los Caobos. On escalators, bump-and-grab robberies are common, especially in subway stations. There have been reports of items being stolen from hotel rooms, including from hotel safes.

Robberies and muggings at Maiquetía Simon Bolivar Airport (CCS) are common, including by perpetrators in official uniforms or carrying official identification. There have been unconfirmed reports that casually dressed travelers are often targeted for robbery within CCS. Additionally, there have been unconfirmed reports that drug smugglers are particularly active at CCS and have been known to attempt to place packages of drugs in tourists' luggage in order to get them carried through security without risking their own associates being caught. Furthermore, the airport road and areas surrounding the airport terminal have experienced robberies and murders. Airport shuttles belonging to major local hotels have been targeted by armed thieves. The risk of these crimes increases after dark and during holidays.

The rate of kidnapping, including in Caracas and at CCS, has increased exponentially in recent years. In particular, "express kidnappings," in which a person walking alone is grabbed from the street, brought to an ATM, and made to withdraw all the money from their account, have been known to occur. Sometimes the kidnappers will also demand a ransom, contacting the victim's family and friends and requiring that they deliver a specific sum of money for the victim's safe return. These victims are usually released unharmed. Incidents are increasingly common as travelers exit an airport with their valuables, especially when unauthorized taxis are involved. Express kidnappings tend to occur more frequently than traditional kidnappings. Although victims are more frequently targeted while they are traveling in vehicles, it is also common for armed kidnappers to follow victims into building garages before threatening them with firearms. The risk of kidnapping is also present near the borders with Brazil and Guyana, as these areas tend to harbor drug traffickers and are lightly policed.

Crimes of a sexual nature-including harassment and assault-are common, underreported, and infrequently prosecuted. As such, there are high levels of impunity among perpetrators. In some cases, taxi drivers and hotel workers are the perpetrators or are complicit. There have been some reports that victims were drugged then assaulted or robbed after accepting a ride or other invitation from strangers or new acquaintances.

Discrimination against lesbian, gay, bisexual, and transgender (LGBT) individuals is prohibited by law, although instances of harassment, assault, and violence are not uncommon. It has been reported that police officers are sometimes involved in these acts.

Avoid photographing airports and areas of military or government importance in Venezuela, including the Presidential Palace. Doing so may result in a fine, arrest, or detention.

Power cuts occur with regularity. These power cuts may occur with little to no notice, and individuals may find themselves without electricity for short periods of time. A large-scale outage

affecting 22 states that began on 7 March 2019 lasted for more than a week and triggered protests across the country, which resulted in fatalities. Lootings and protests that turned violent were reported during the outage, which also affected water supplies.

The rainy season usually lasts from May to December, and hurricanes typically occur between June and November, particularly in the north. In low-lying areas (the Llanos) and some valleys in the Andes in the state of Merida, flooding and landslides are common when heavy rain occurs and can cause casualties, damage to infrastructure, and disruption of transport and services. The country also experiences occasional seismic activity, especially in the coastal region. Seismic activity can disrupt daily life and air travel, and emergency response capabilities can be limited and delayed throughout Venezuela during a disaster. Infrastructure is poorly maintained and may not be able to withstand strong earthquakes.

Law Enforcement

The Venezuelan police do not meet international standards of law enforcement. Most police personnel speak only Spanish. Police personnel are poorly-trained, poorly-equipped, and ineffective at preventing crime or apprehending suspects. Police usually respond to emergencies in progress but not in a timely manner. Criminal gangs often prevent police from entering low-income *barrios*, where the majority of violent crimes occur. Corruption among law enforcement is a problem in Venezuela and it has been reported that these officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing otherwise-routine services. There have been reports of arbitrary detentions, arbitrary killings, and excessive use of force by the government and law enforcement. Some members of the Venezuelan police force have been implicated in kidnappings.

The prison system in Venezuela is one of the most dangerous in Latin America and does not meet international standards. Prison officials are often undertrained and corrupt, allowing gang activity to flourish. These facilities are characterized by disease, overcrowding, and shortages of food, potable water, and medications. Violence between inmates, rioting, and fires are common. Lengthy pretrial detention periods and judicial corruption further hinder the justice system. Travelers should make every attempt to notify their embassy or consulate in the event of arrest, as authorities may fail to report arrests. Consular visits to prisons are limited.

Transportation

Air: Venezuela is rated Category 1 in the International Aviation Safety Assessment Program (IASA), indicating that the country's civil aviation authority has been assessed by IASA inspectors and found to license and oversee air carriers in accordance with International Civil Aviation Organization (ICAO) safety standards.

Visiting some tourist destinations in Venezuela will involve utilizing light aircraft, and the safety standards of these planes should be accounted for before making plans.

Bus: Armed robberies and petty theft are quite common on public buses and at bus terminals, particularly along Avenida de la Libertador or on buses traveling to and from CCS. The risk of accident increases on overnight journeys. If bus travel is unavoidable, travel in the highest available class during the daytime. For travel between cities, the *service ejecutivo* or *bus-cama* style buses are more reliable and comfortable options.

Car: With a valid foreign driver's license, a visitor may drive in Venezuela for up to one year. While driving, keep all copies of insurance documents, a driver's license, and a passport in the car at all times. If these documents are missing at a checkpoint, the vehicle may be seized. Additionally,

vehicles are required to carry a spare tire, a wheel block, a jack wrench, and a reflector triangle.

Traffic moves on the right side of the road. Drivers involved in an accident should leave the vehicle at the scene of the incident. Insurance companies cannot pay claims if a vehicle involved in an accident has been moved before the Traffic Police can make a report of its original position.

Driving in Venezuela may be difficult due to poor local driving practices, a lack of streetlights and signage, and poorly maintained infrastructure. During heavy rains, roads may become impassable and dangerous and the rains often leave roads in a state of disrepair, especially in Aragua, Carabobo, the Capital District, and Falcon. Roadways that are damaged or undergoing repairs are often unmarked. Some local vehicles do not utilize headlights or taillights. Roadside assistance is difficult to find outside major urban areas, and where it exists, response can be delayed. Service stations may be out of fuel or simply closed. Four-wheel drive vehicles are recommended on Venezuelan roads; however, 4x4 and rental vehicles are often targeted for carjacking.

Carjacking is a concern in Venezuela, and highways surrounding Caracas, such as the Caracas-La Guaira Road, are popular carjacking spots. Carjacking tends to occur in the evening or at night and newer vehicles are often targeted. Criminals often take advantage of traffic jams for armed robberies. Criminals often try to rob drivers at gunpoint at traffic chokepoints during rush hour and inside tunnels or at illegal roadblocks. Sometimes criminal gangs will instigate car accidents in order to rob a vehicle. In particular, the road between CCS and Caracas is extremely dangerous between 18:00 and 06:00 local time. Parking vehicles on streets or in isolated areas instead of secure or attended parking spaces exposes the vehicles to an increased risk of crime.

Taxi: Private taxis are a more reliable option than regular taxis, although they are more expensive. Official taxis have yellow plates; however, these services do not guarantee safety. It is advised to ask a hotel to book a taxi instead of hailing taxis on the street or using taxis marked as "libre", as hotels will use reputable companies, or provide their own service. There have been reports of kidnapping, assaults, armed robberies, and sexual harassment by taxi drivers. Some of these criminals have targeted tourists arriving at the airport. Do not accept an offer of transport made within the arrivals hall at the airport.

Train: There are no passenger railway services outside of Caracas. A subway and light rail system are available in Caracas. These services can be overcrowded. However, some stations have been closed off due to the ongoing civil unrest in the capital.

Pickpocketing and other petty theft are common on the subway and light rail as well as their hubs, especially during peak times.

Water: Piracy occurs off the coast of Venezuela, especially east of Puerto La Cruz and near Trinidad. Targeted vessels are usually smaller in size. Although most incidents involve local fishermen, some foreign nationals have been injured or killed in the past. As such, anchoring private vessels off Venezuelan shores may expose travelers to these risks. Many countries do not negotiate with pirates.

Local ferry service providers-including those linking Margarita Island and Puerto La Cruz-do not always maintain their vessels properly. Such lapses can pose safety hazards or lead to delays and cancellations.

Scams, Fraud, Corruption, and Extortion

Several scams are prevalent in Venezuela. Criminals often acquire police or National Guard uniforms in order to rob tourists at checkpoints on roads or airports. There have been reports of pamphlets being handed out by street vendors that have been soaked in disorientating drugs to incapacitate those who touch them. Individuals who approach tourists in airports and tourist areas then offer to exchange money may be criminals in disguise.

There have been several reported incidents of women luring foreign men to Venezuela after establishing online "relationships" with them. Upon arrival in the country, victims are either robbed or forced to engage in illegal activities. Common scams against foreigners, regardless of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information, especially bank or credit card numbers. Some ATMs can be hacked, allowing criminals to make unauthorized withdrawals. There is a significant risk of credit card fraud, even at major hotels and restaurants in large cities.

Corruption of Venezuelan government officials is common and it has been reported that these officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law. Some individuals with official-looking uniforms and credentials at CCS attempt to extort so-called fees for checking in or boarding departing flights.

Security Advice

Be prepared. Make an effort to understand your destination environment before you travel: identify the possible threats and prevailing situation, understand your own vulnerabilities and take action to mitigate the risks.

Maintain a low profile and good situational awareness. Ensure you travel with reliable communications equipment, test your mobile (cellular) telephone upon arrival at your destination and keep it fully charged. Make note of emergency telephone numbers, including the police, fire department, ambulance, and embassy or consulate.

Avoid all protests and demonstrations to minimize the risk of exposure to incidental violence. Travelers should walk away or wait inside a shop or restaurant if it is not possible to leave the area. Plan alternate routes to circumvent potential protest locations. Seek the assistance of a local host, or travel with a local driver, where possible.

To minimize the risk of becoming a victim of petty theft, travelers should maintain caution and exercise situational awareness at all times. Avoid overt displays of wealth. If confronted by a criminal, do nothing to antagonize the situation. Carry a "dummy" wallet if possible, and carry a passport photocopy at all times.

Carry handbags on the opposite side from passing traffic to reduce the risk of thieves on motorcycles trying to snatch them.

Avoid walking unless you are confident of the security situation. Do not walk by yourself at night in secluded or troublesome areas of the city. Do not take shortcuts away from main roads, which tend to be busy and provide a safer environment.

National holidays and public festivals tend to attract large crowds in some countries. Such public gatherings, despite a typically enhanced security presence, create a potential venue for disorder or violence. In addition, large crowds may well impede local transportation systems.

Do not buy counterfeit or any goods in violation of copyright laws. Doing so may be a violation of local laws and can carry hefty fines or even prison time.

Reduce risk of injury from car crashes by always wearing a seatbelt. Some countries have heavy fines for not wearing a seatbelt. Avoid drinking and driving. Be sure to travel with all appropriate documentation, including passport and visa photocopies. Individuals who intend on driving should be in possession of their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Travelers are subject to the laws of Venezuela, even if they are not citizens of Venezuela. Travelers can also be prosecuted for violating their home country's laws while in a foreign country. Travelers should be aware of the laws and customs of the country they are traveling to in order to avoid prosecution.

HEALTH ASSESSMENT

Health Risk Rating

High

Travel Health Advice

Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.

Protect against insect bites and insect-borne diseases, such as tick-borne encephalitis or malaria, by using insect repellent and wearing long pants, long sleeve shirts, boots, and hats if possible. See more detailed insect precautions below.

Prevent foodborne illnesses by avoiding undercooked foods and unpasteurized dairy products and washing hands, especially before eating. See more detailed food and beverage precautions below.

A comprehensive pre-travel health consultation with a travel health care provider is recommended for all travelers in order to optimize their health while traveling and to individualize their disease prevention strategies to best mitigate the health risks of any destination.

The Centers for Disease Control (CDC) advised against all nonessential travel to Venezuela in May 2018 due to a health infrastructure breakdown. The CDC indicated that infectious disease outbreaks are ongoing and adequate healthcare is unavailable in most of the country. Additionally, the Organización Panamericana De La Salud (OPS) has indicated that there are ongoing outbreaks of measles, particularly in Caracas and the Amazonas and Delta Amacuro states, that began in 2017. OPS also reported a diphtheria outbreak nationwide since 2016. Although both outbreaks are past their peaks, cases continue to be diagnosed. Information regarding measles and diphtheria is detailed below. Consult with a travel health care provider to determine whether you should take additional precautions.

Immunizations - Required for Entry

The following vaccines are required for travelers entering the country. Some vaccines may only be required for travelers arriving from specific destinations, or those who have previously traveled to specific destinations within a given time period. Travelers are advised to consult with their travel healthcare provider for traveler-specific requirements.

Immunization	Notes
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Yellow Fever	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>A requirement for YF vaccine is present in many countries to prevent travelers from bringing the virus into the country. This requirement in some cases applies even to airport transfers in countries with YF transmission risk.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>
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Immunizations - General

The following immunizations are recommended for travel to all destinations.

Immunization	Notes
Routine	Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.
Hepatitis B	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
Influenza	<p>All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>

Immunizations - Recommended for this Country

The following are vaccine preventable diseases present in this country. Some travelers may be at an increased risk of exposure to specific diseases. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary- specific recommendations.

Immunization	Notes
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<p>Hepatitis A</p>	<p>The Hepatitis A virus is primarily transmitted through contaminated water and food such as shellfish and uncooked vegetables or fruit prepared by infected food handlers. It is also transmitted through person-to-person contact via fecal-oral exposure, or spread through sexual relations, blood transfusions, and needles.</p> <p>Several pre-exposure vaccination options are available: HAVRIX, VAQTA, TWINRIX (3-dose HepA/HepB combination series), and AVAXIM. The vaccine requires 2 doses, separated by a minimum of 6 months. Ideally, the traveler should complete both doses at least 2 weeks prior to travel. However, if there is insufficient lead time to travel, the first injection should be administered before departure and a booster after 6 months. Once both doses are completed, immunity is considered lifelong.</p>
<p>Typhoid Fever</p>	<p>Typhoid is a bacterial infection spread through the ingestion of contaminated food or water.</p> <p>Vaccination should be completed 1-2 weeks before travel, depending on the form of the vaccine given. Two forms of the vaccine are available: an inactivated shot (1 dose), and a live oral vaccine (4 capsules given over 8 days). Booster doses of vaccine are needed for ongoing protection. The interval will vary depending on the form of the vaccine and the traveler's country of vaccination. Vaccination recommendations vary by country, activities, and specific itinerary. Consult a travel health professional for individual advice.</p>
<p>Hepatitis B</p>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well. Vaccination is routine in the US and many other countries. Previously unvaccinated travelers should consider vaccination for travel to areas with high risk of HBV infection, or if they anticipate needing medical/dental care abroad, being exposed to needles, or engaging in sexual activity.</p>
<p>Rabies</p>	<p>Rabies is spread through the bite or scratch of an infected animal. All mammals are susceptible, but dogs and other wildlife (particularly bats) are the most common vectors.</p> <p>A 3-dose pre-exposure rabies vaccine is recommended for long-term travelers and expatriates visiting remote areas. It is also recommended for travelers involved in adventure or outdoor activities in remote areas who could be exposed to bats, dogs, and other mammals and those who might be in direct contact with animals, including in urban areas. Children are at higher risk and have a lower threshold for pre-exposure vaccination. The first dose of the vaccine should be administered at least 21 days before travel.</p>

Influenza	<p>Classic, or seasonal, influenza, is a highly contagious respiratory infection, caused by 2 types of virus: A and B. All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>
Yellow Fever (YF)	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>Vaccination is typically recommended for travel to countries where YF is present and transmission is possible. The vaccination recommendations are complex and change frequently to remain up-to-date with the epidemiology of the disease.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>
Meningococcal Disease	<p>Meningococcal disease is spread through contact with the respiratory secretions of an infected person, as well as sharing food and drinks.</p> <p>Meningococcal conjugate vaccine (MCV4) can be given to all persons at least 2 months of age. Dosing will vary depending on the product and the age of the traveler.</p>
Measles	<p>Measles is a viral infection spread between humans through contact with the respiratory secretions of an infected person.</p> <p>In the US, there are 2 vaccination options available for protection against measles: MMR (measles, mumps, and rubella) or MMRV (measles, mumps, rubella, and varicella). Additional vaccines are available outside the US. All persons at least 12 months of age can be vaccinated routinely. Infants down to 6 months of age can receive the vaccine in outbreak situations or prior to essential travel to high risk areas. For children 6-11 months old traveling in Venezuela, an accelerated first dose is recommended due to outbreaks nationwide.</p>

Health Risks

The following are health risks present in the country. Some of these health risks are widespread, while others may only affect travelers in specific areas or those engaging in specific activities. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary-specific recommendations.

Health Risks	Notes
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<p>Air Pollution</p>	<p>Air pollution refers to the potentially hazardous mix of particulate matter, chemicals, and other materials that infiltrates the air and causes acute symptoms and chronic conditions. Acute symptoms include itching of the eyes, nose, and throat, as well as wheezing, coughing, shortness of breath, chest pain, headaches, nausea, and upper respiratory infections (bronchitis and pneumonia). Air pollution is increasing in low- and middle- income countries and has become a major concern for travelers.</p> <p>Travelers with chronic lung conditions such as asthma or chronic obstructive pulmonary disease COPD should consult with their physicians prior to travel to areas with poor air quality, and these populations should reduce outdoor exertion. Elderly travelers and infants are also more at risk for respiratory consequences of exposure to air pollution. All travelers should comply with air pollution advisories. Levels of air pollution will vary by city and region; check current levels prior to travel to appropriately target preventive measures.</p>
<p>Chagas Disease</p>	<p>Chagas disease is a parasitic disease caused by the Trypanosoma protozoa. Nonhuman mammals are the primary hosts, and certain species of reduviid insects (kissing bugs) serve as vector. The disease starts with local redness and swelling at the site of inoculation, and progresses through generalized systemic symptoms. Approximately 20-30% of patients will develop cardiac and/or neurologic symptoms.</p> <p>Chagas disease is spread via inoculation by the reduviid bug through the mucus membranes, broken skin, or the eye. Kissing bugs can reside in buildings made of mud, adobe, or palm thatch, and it is in these habitats that they most often come into contact with humans. Transmission also occurs through blood transfusion, orally, and by ingestion of food or juices contaminated with infected bugs or their feces. Travelers are generally at low risk but those undertaking outdoor activities and ecotourism in endemic countries are at higher risk.</p> <p>There is no vaccine to prevent against Chagas disease. Avoid sleeping in mud, adobe, or palm thatch buildings. Use bed nets when sleeping outdoors or camping in endemic areas. Avoid unpasteurized juices and eat only well-cooked foods or fruit that can be peeled. Avoid blood transfusions in rural hospitals in endemic areas unless in a life-threatening emergency. Treatment with antitrypanosomal drugs is required for Chagas disease. Seek medical attention if illness is suspected.</p>

Chikungunya	<p>Chikungunya is a viral infection acquired by humans through the bite of an infected mosquito. Chikungunya has been a predominately urban/suburban disease, but expanding development is encouraging spread into more rural areas. Not all infected persons exhibit symptoms, but persons may experience sudden joint pain and fever, as well as headache, rash, and vomiting.</p> <p>Chikungunya is spread through the bite of an infected Aedes mosquito. Highest risk occurs during the rainy season. The Aedes mosquito is day-biting, with particular activity 2-3 hours after dawn, and from mid-to-late afternoon.</p> <p>There is no vaccine to prevent against Chikungunya, but taking proper precautions against mosquito and insect bites may help prevent against transmission (see Insect Precautions below). No specific treatment exists for Chikungunya infection, but supportive care can be helpful to ease the symptoms. Seek medical attention if Chikungunya is suspected, as it is important to rule out other treatable or more serious infections that might be present, such as dengue or malaria.</p>
Dengue Fever	<p>Dengue fever is a mosquito-borne viral infection. Symptoms include headache, sudden-onset fever, rash, and joint pain. Some cases progress to severe dengue, when significant bleeding, fluid shifts, and end organ damage can appear.</p> <p>Dengue fever is spread through the bite of an infected Aedes mosquito. The Aedes mosquito, which carries dengue fever, typically lives indoors in dark, cool places like closets, under beds, bathrooms, and behind curtains, as well as around standing water. Aedes are daytime biters, with highest activity 2-3 hours after dawn and mid-to-late afternoon. Aedes mosquitos are active in both urban and rural environments.</p> <p>There is no vaccine to prevent dengue fever. Use daytime insect precautions (see Insect Precautions below). Although there is no specific treatment for Dengue Fever, persons with suspected illness should seek medical care for definitive diagnosis. Dengue Fever does not usually require hospitalization; however, close clinical monitoring is needed to allow early intervention if complications occur.</p>

Cutaneous Larva Migrans (CLM)	<p>CLM is one of many soil-transmitted helminthic (parasitic worm) infections that can affect humans worldwide. It is caused by hookworm larvae that penetrate and migrate through the skin. Symptoms include intense itching, with red linear or serpiginous lesions anywhere on the body that has had contact with soil. This rash can last from several weeks to a year.</p> <p>CLM results from skin penetration by infective larvae of the hookworm. The hookworm eggs are deposited in the soil or sand from the feces of infected dogs and cats, and hatch into larvae. Any direct contact between skin and soil can lead to infection, and the larvae can penetrate swimwear and towels. Travelers are at risk walking barefoot or lying on moist sand or soil in endemic areas.</p> <p>There is no vaccine to prevent against cutaneous larva migrans. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand or soil. CLM can be treated with anti-helminthic medication and symptomatic care. Seek medical attention if CLM is suspected.</p>
Leishmaniasis	<p>Leishmaniasis is a parasitic disease caused by several species of Leishmania protozoa. Three clinical syndromes result, depending on causative species: cutaneous, mucosal, and visceral (the most severe). Travelers most often are affected by the cutaneous form, usually with ulcerating skin lesions and swollen glands, and experience self-limited disease.</p> <p>Leishmaniasis is spread through the bite of an infected sandfly. Risk of acquiring the disease is higher among adventure travelers, eco-tourists, missionaries, military personnel, construction workers, and those working outdoors at night or sleeping outdoors.</p> <p>There is no vaccine to prevent Leishmaniasis. Follow insect precautions (see below), and avoid nighttime outdoor activities if possible. Most sandflies bite from dusk to dawn, but in the Western hemisphere, sandflies bite both day and night. Be aware that the mesh on any protective netting must be of a finer weave than the norm for prevention of mosquito bites. For netting to be effective against sandflies, it must have at least 18 holes per linear inch (2.54 cm). Impregnated nets and screens are most effective. Treatment decisions are multifactorial and can include local wound care and medications.</p>

Malaria	<p>Malaria is caused by a protozoan parasite that lives within red blood cells. Malaria is a very serious and potentially fatal disease. Symptoms include fever, chills, headache, and muscle aches. Vomiting, diarrhea, and abdominal pain also occur. Severe forms of the disease can lead to cerebral malaria, kidney failure, shock, and death.</p> <p>Malaria is spread through the bite of an infected Anopheles mosquito, which is active between dusk to dawn. Risk varies widely, even within a country, and depends on the traveler's itinerary, sleeping accommodations, urban vs rural travel, and elevation, among other factors.</p> <p>There is no vaccine to prevent against malaria. Observe nighttime insect precautions (see below). Malaria prophylaxis medications are often recommended for travel to endemic areas. Consult with a travel health professional for specific advice. Seek medical care immediately if malaria infection is suspected. Treatment with antimalarial medications is effective.</p>
Schistosomiasis	<p>Schistosomiasis is a parasitic infection caused by flatworms. Symptoms of initial infection can include skin rash, fever, headache, muscle ache, bloody diarrhea, cough, malaise, and abdominal pain, but many of those infected are asymptomatic. Schistosomiasis can become a chronic illness with varied manifestations if untreated.</p> <p>Schistosomiasis is spread via larvae that swim in fresh water, and through sexual contact with infected individuals. Travelers become infected by bathing, swimming, boating, or rafting in cercariae-infested waters.</p> <p>There is no vaccine to prevent against schistosomiasis. Avoid contact with bodies of freshwater in endemic areas. Schistosomiasis cannot be contracted in chlorinated swimming pools or in bodies of salt water. The use of insect repellent may be effective but is unreliable. Travelers who come in contact with bodies of fresh water should wear protective footwear and clothing, and clean their skin with rubbing alcohol and a clean, dry towel. Schistosomiasis can be treated with anti-helminthic medication.</p>

<p>Sexually Transmitted Infections (STIs)</p>	<p>STIs are a concern for travelers worldwide, and are likely underreported as a travel-related infection. STIs are caused by viruses, bacteria, and parasites, the same potential pathogens as are present in the traveler's home environment. However, certain infections like chancroid, LGV, and Granuloma inguinale are more common in less industrialized countries, and other areas of the world have higher incidence of HIV and Hepatitis B and C than others. Symptoms vary widely depending on the specific infection, and can include both local and systemic symptoms.</p> <p>STIs are spread between humans by unprotected sexual contact (oral, anal, or vaginal), and skin-to-skin genital contact. Some STIs can also be transmitted through exposure to blood and other bodily fluids. Travelers are at higher risk if engaging in sex with sex workers, traveling for sex tourism, or certain higher risk behaviors. Healthcare workers are at higher risk for certain blood-borne infections.</p> <p>Preventive measures focus on decreasing exposure to STI pathogens. Adhere strictly to safe sex practices: use a condom correctly and consistently, or abstain from intercourse, and use an external condom or dental dam for oral exposures. Travelers should pack external and/or internal condoms, as the quality of condoms available in some areas is not reliable. Avoid behavior that increases the risk of contracting an STI such as casual sex with a stranger or a sex worker. Drinking heavily or taking mind-altering drugs will impair judgement and inhibitions during a sexual encounter, increasing the risk of making unsafe choices. Seek medical attention promptly if an STI is suspected.</p>
<p>Soil-Transmitted Helminths</p>	<p>Soil-transmitted helminths include the human hookworms <i>Ancylostoma</i> and <i>Necator</i>, and <i>Strongyloides</i>. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>

Traveler's Diarrhea	<p>Travelers' diarrhea (TD) is the most common health problem for travelers, affecting up to 70% of travelers going to developing countries. TD is caused primarily by pathogenic bacteria and less commonly by protozoa or enteric viruses. Symptoms include diarrhea, fever, abdominal pain, nausea, and vomiting. More severe forms of TD include dysentery and diarrhea with blood and mucus present.</p> <p>TD is transmitted to humans by the ingestion of contaminated food and water. Individuals at higher risk for TD or adverse consequences include adventurous eaters, immunocompromised persons, persons with inflammatory bowel disease or diabetes, and those taking medications that decrease gastric acidity.</p> <p>There is no vaccine to prevent TD. Following food and beverage precautions may reduce the likelihood of illness (see below). Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.</p>
Zika Virus	<p>Zika fever is an acute viral illness within the genus Flavivirus that is spread by the bite of an infected Aedes mosquito. Symptoms include a sudden fever with rash, joint and body pain, headache, and conjunctivitis. Symptoms are usually mild and last from several days to a week. Babies born to women infected with the Zika virus while pregnant, or who become pregnant while infected, are at an increased risk of birth defects, including microcephaly.</p> <p>Transmission of Zika virus is through the bite of an infected Aedes mosquito. The risk of being bitten is highest in the early morning, several hours after daybreak, and in the mid-to-late afternoons before sunset. The Aedes mosquito, which carries the Zika virus, typically lives indoors in dark, cool places as well as around standing water. Zika can also be transmitted sexually.</p> <p>There is no vaccine to prevent Zika virus infection. Prevention is primarily accomplished by avoiding the bites of infected Aedes mosquito. Adhere strictly to daytime insect precautions (see below). Travelers who are pregnant or are planning to become pregnant, or sexual partners of those who may become pregnant, should consult with their healthcare provider and determine the level of risk for microcephaly or other birth defects before traveling to areas with confirmed Zika virus activity, and after their return. Treatment for Zika fever is primarily supportive.</p>
Marine Hazards	<p>Marine hazards are varied and include exposures to challenging tides and currents, hazards of watersports and boating, as well as contact with plants and animals that can injure humans. Most commonly seen in travelers are envenomation or stings from jellyfish, sea urchins, certain corals, stonefish, sting rays, and sea urchins.</p> <p>Travelers should seek out and heed posted warnings and refrain from bathing or other aquatic activities at unmarked, unpatrolled beaches.</p>

<p>Snakebites</p>	<p>Snakebites are an important cause of morbidity and mortality for rural populations in tropical and subtropical areas. Risk of snakebites exists in areas with dense vegetation or rock formation, and snakes are more active in warm weather. Despite this prevalence in resident populations, travelers rarely experience snakebites. Symptoms of snakebites depend on the degree of envenomation, which varies based on species of snake, the volume of venom injected (many bites from venomous snakes are dry), and the weight and size of the victim.</p> <p>Avoid close contact with snakes and do not attempt to handle them. Back away if a snake is disturbed and wait for it to move away. When hiking or trekking in a high risk country, travelers should wear boots and long pants, avoid tall grass if possible, walk slowly, and use a stick ahead to beat the vegetation. Do not reach into holes or cracks between rocks. Sleep under a bed net when camping. Use a flashlight if walking after dark. Seek medical attention immediately after any snakebite. Immediate first aid includes keeping the victim calm and quiet, and immobilizing the limb involved.</p>
<p>Lymphatic Filariasis</p>	<p>Lymphatic filariasis is caused by several species of filarial worms which target the lymphatic system, causing a variety of symptoms. A longer-term chronic infection can cause swelling of body parts and thickening of the skin known as elephantiasis.</p> <p>Larvae of these worm species are transmitted to humans through the bite of several species of mosquitos. Biting can occur night or day depending on the vector species. Short term travelers are at low risk. Longer term travelers such as humanitarian workers, missionaries, and military personnel in endemic areas are at higher risk.</p> <p>There is no vaccine against Lymphatic filariasis. Use daytime and nighttime insect precautions (see below). There are medications to treat the disease, but treatment can be complex. Seek medical care if infection is suspected.</p>
<p>Onchocerciasis (River Blindness)</p>	<p>Onchocerciasis is a parasitic disease caused by infection with a filarial worm. It is widespread in river basins. Once it is settled in humans, the worms form nodules in the skin and migrate through skin and eye tissues. Many cases are asymptomatic, and symptoms may only manifest after 9-24 months after exposure. Skin rash, itching, eye lesions, and bumpy skin are the typical symptoms. Eye involvement can lead to blindness.</p> <p>Onchocerciasis is spread through the bite of an infected blackfly. Blackflies bite during the day, with highest activity at dawn and dusk. They are found near fast-moving bodies of water like rivers and streams. Adventure travelers, humanitarian workers, missionaries, and military personnel are at higher risk of being exposed to blackflies.</p> <p>There is no vaccine against Onchocerciasis. Follow daytime insect precautions to reduce blackfly bites (see below). Treatment with the anti-helminthic medication Ivermectin is effective, but may be required for 10 years or more given the longevity of adult worms in the human body.</p>

<p>Tuberculosis (TB)</p>	<p>TB is caused by infection with the <i>Mycobacterium tuberculosis</i> bacteria. Over 95% of cases occur in developing countries, and infection is strongly associated with poverty, overcrowding, and malnutrition. TB infection can be latent, with no symptoms, for many years. The most common clinical presentation of active TB is pulmonary TB, with symptoms of cough, night sweats, weight loss, bloody sputum, and fatigue.</p> <p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. It can also be acquired by eating unpasteurized dairy products in areas where the bovine form of TB is endemic.</p> <p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0-80 percent. It is not recommended for travelers. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-γ release assay (IGRA) both before leaving the US and 8-10 weeks after returning from travel. Treatment for TB is complex; seek medical care for concerns of TB infection.</p>
<p>Leptospirosis</p>	<p>Leptospirosis is caused by a spirochete organism acquired through contact with contaminated freshwater, soil, or tissues of infected animals. Leptospirosis can be a serious illness and potentially fatal. Symptoms include fever, headache, muscle aches, red eyes, and gastrointestinal disturbance, which can then progress to meningitis, kidney or liver failure, and mental status changes.</p> <p>Leptospirosis is transmitted to humans through contact with contaminated freshwater, soil, or tissues of infected animals. The organisms access the body through skin lesions, intact mucus membranes, or waterlogged skin. Travelers at highest risk are those going to areas with flooding, or who will be swimming, wading, kayaking, or rafting in contaminated fresh water. It is also a potential risk for travelers around animals, like humanitarian aid workers, adventure travelers, and animal caretakers. Areas with poor sanitation can also harbor leptospirosis.</p> <p>There is no vaccine to prevent against leptospirosis. Preventive measures include avoidance of potentially contaminated soil, mud, and water (particularly bodies of freshwater), as well as animal tissues or urine. Wear boots and cover any cuts or abrasions if wading through water. Follow food and water precautions (see below). Travelers with unavoidable contact with contaminated water or soil may benefit from pre-exposure prophylaxis with doxycycline. This is currently recommended for outdoor adventure travelers engaging in high risk activities, as well as for persons in areas of recent flooding. Leptospirosis can be treated with antibiotics. Seek medical care if infection is suspected.</p>

Medical Facilities and Services

The quality of medical care varies widely in Venezuela. In the interior of the country, ambulance services and medical facilities do not meet international standards. Public ambulances tend to be inefficient and slow, especially outside major cities. Public hospitals, even those in major urban areas, are often experience shortages of funds, materials, and medicine. Conditions are more favorable in private hospitals in major cities, though these facilities can be crowded. Complex

procedures may require evacuation to another country. Many doctors and hospitals require full cash payment prior to providing medical services, and some facilities accept credit cards. Some local doctors were trained in the United States or speak English, but most other medical personnel do not speak English or other foreign languages. Certain prescription drugs may not be available at local pharmacies, and there is a general shortage of medications due to the current economic crisis.

Decompression (hyperbaric) chambers are available in Lagunillas Norte, Citiá La Mar, Puerto La Cruz, and Ciudad Ojeda.

Food and Water Safety

Shortages of basic food items and water occur in Venezuela. Tap water quality is generally unreliable. It is advised to stick to water that has been bottled or boiled, particularly if venturing outside urban centers. Avoid using ice cubes, and only eat foods that have been cooked thoroughly and prepared properly, as well as fruits and vegetables that have been washed and peeled.

Food and Water/Beverage Precautions

Avoid eating raw or undercooked meat, poultry, seafood, or eggs. Avoid eating unwashed or unpeeled fruits/vegetables, fruits/vegetables that have been washed with contaminated water, unpasteurized dairy products, and bush or game meat. Avoid eating food that is not properly refrigerated or cooled, or that has been left standing and uncovered. Avoid eating leafy or uncooked vegetables and salads.

Only drink water that has been filtered or boiled, or has come in a sealed bottle. Avoid drinking any well water unless you can verify its quality. Do not drink beverages that contain ice unless you can confirm that the ice is from purified water. Do not drink unpasteurized milk or juice, or anything mixed with contaminated water. Hot coffee or tea is usually safe to drink.

Wash hands with soap or use an alcohol-based hand sanitizer prior to eating. Do not use tap water to brush teeth unless you can verify the quality of the water. Avoid sharing beverages or utensils with others.

Insect Precautions

Use insect repellent: DEET 20 - 30% or Picaridin 20% on exposed skin. Re-apply per manufacturer's directions.

Avoid scented soaps, hair products, deodorants, perfumes, and shaving products.

Wear long sleeves and pants tucked into socks. Wear neutral colors (beige, light gray). Always wear shoes, both indoors and outdoors.

Treat outer clothing with permethrin.

Remove any containers holding water, both inside and outside any building.

Avoid insect exposure using additional various methods depending on the insect:

- For nighttime flying insects, sleep under bed nets, preferably insecticide impregnated.
- For ticks, hike in the middle of the trail and avoid tall grasses and shrubs, use a tarp when sitting on grass, perform regular tick checks on your body and clothing.
- For other insect vectors, avoid direct contact with animals, and avoid overcrowded, unsanitary conditions to reduce risk of exposure to body lice, mites, fleas, and rodents.

DESTINATION DETAILS

Time Zones

From 1 January to 31 December, Venezuelan Standard Time (VET): GMT -4:30 hours
Venezuela does not observe Daylight Saving Time.

Currency

Venezuelan bolivar (VEF)

Credit Cards

Airports, major hotels, and resorts tend to accept credit cards, with Visa, American Express, and MasterCard being the most widely accepted. There may be additional charges for using credit cards. Many transactions, particularly in rural areas or with smaller vendors, require hard currency. Credit card fraud is common. Travelers should notify their bank before their trip to avoid having their account frozen.

ATMs

ATMs exist throughout Venezuela, but will provide a less favorable VEF-USD exchange rate than going to a *casa de cambio* to exchange money. Furthermore, many ATMs will not accept American debit cards. ATMs have set low limits for cash withdrawals made with international cards. Travelers should check with their bank before their trip regarding any fees associated with ATM use.

Banking Hours

From Monday to Friday 08:30-15:30.
Hours may vary according to bank and location.

Major Holidays

Services and transportation may be affected on/around the following holidays:

Date	Holiday
01 January 2019	New Year's Day
04 March 2019	Carnival
19 March 2019	Saint Joseph's Day
18 April 2019	Maundy Thursday
19 April 2019	Good Friday
19 April 2019	Declaration of Independence
01 May 2019	Labor Day / May Day
24 June 2019	Carabobo Battle
29 June 2019	Saint Peter and Saint Paul
05 July 2019	Independence Day

24 July 2019	Simon Bolivar's Birthday
15 August 2019	Assumption of Mary
12 October 2019	Indigenous Resistance's Day
01 November 2019	All Saints Day
24 December 2019	Christmas Eve
25 December 2019	Christmas Day
31 December 2019	New Year's Eve

NOTE: There are no elections scheduled to take place in 2019.

Voltage Information

110 V, 60 Hz. Plug Type A, B

International Airports

Airport Name	Airport Code	Airport Location
Simón Bolívar International Airport	CCS	Maiquetia, serving Caracas
La Chinita Airport	MAR	Maracaibo
Santiago Marino Caribbean International Airport	PMV	Porlamar

ENTRY & EXIT REQUIREMENTS

The following information is for citizens of the United States. If you are a citizen of a country other than the United States, contact an embassy or consulate for up-to-date requirements. For additional questions regarding entry/exit requirements, contact Global Rescue at (+1) (617) 459-4200.

A passport valid for at least six months beyond the length of the intended stay with one blank page, as well as a visa or tourist card, are required for entry to Venezuela. Passports should be in good condition or travelers risk being delayed or detained overnight.. A tourist or visitor card is provided on the plane to Venezuela to those staying for less than 90 days. The only valid resident visas are ones that have been signed by the holder of the visa at the Administrative Service of Identification, Migration and Alien Affairs (SAIME) central office in the capital, Caracas. Those intending to stay longer than 90 days must apply for a visa at a Venezuelan embassy or consulate three months prior to travel. Although yellow fever vaccination certification is not required for entry, some airlines may require such document. Travelers are required to have medical and travel insurance. Proof of accommodation and sufficient funds, and an onward/return ticket may also be requested. Travelers who are unable to provide the required documents may be refused entry.

International passengers leaving Venezuela must pay exit and airport taxes upon departure. However, many airlines include these fees in airline ticket prices. Additionally, those with a tourist card and traveling for less than 30 days are exempt from paying the exit tax.

Dual nationals are legally required to enter and exit the country using valid Venezuelan passports. Male dual nationals aged over 18 may be obligated to satisfy national service requirements while in Venezuela.

On 15 May 2019, the United States (US) government, through the Department of Homeland Security (DHS), Department of State (DoS), and Department of Transportation (DoT), ordered the immediate and indefinite suspension of air travel between the US and Venezuela. DHS indicated that commercial passenger and cargo flights between the two countries have been suspended due to ongoing political instability and tensions in the country that threaten the safety and security of passengers and flight crew.

On 21 February 2019, Venezuelan authorities ordered the temporary closure of land border crossings into Brazil and Colombia. Authorities also briefly closed sea and air borders with Aruba, Bonaire, and Curacao on 20 February 2019 but were immediately reopened after a day.

IMPORT RESTRICTIONS

The following items are prohibited:

- narcotics;
- counterfeit goods;
- henna;
- palm tree products;
- explosives; and,
- pornographic material*.

The following items are permitted:

- 200 cigarettes;
- 50 cigars;
- 100 cigarillos;
- 500 grams of tobacco;
- one liter of spirits (alcoholic beverage of over 25percent alcohol content by volume); or,
- up to two liters of lighter alcoholic beverages (less than 25percent alcohol content).

The following restrictions apply:

- local or foreign currency worth more than the equivalent of USD 10,000 must be declared;
- live animals require a health certificate, as well as complete and valid vaccination records;
- endangered species or their byproducts require CITES permission to be imported;
- medications require clearance by the nearest embassy or mission; and,
- hunting weapons require permission of the Ministry of Interior.

EXPORT RESTRICTIONS

The following items are prohibited:

- narcotics;
- counterfeit goods;
- henna;
- palm tree products;
- explosives; and,
- pornographic material*.

The following restrictions apply: Local or foreign currency worth more than the equivalent of USD 10,000 must be declared.

* **NOTE:** *Please consider that pornography takes a very broad definition in the eyes of the Venezuela customs authorities.*

IMPORTANT NUMBERS

Intl. Country Code	+58
Fire	171
Police	171
Ambulance	171

Contact Information for Select Embassies

Note: On 11 March 2019, the US Department of State announced the temporary suspension of operations of the US Embassy in Caracas and the withdrawal of diplomatic personnel. All consular services, routine and emergency, are suspended.

US Embassy in Caracas

Calle F and Calle Suapure
Urb. Colinas de Valle Arriba
Caracas
Telephone: (+1) 202-501-4444

British Embassy in Caracas

Torre La Castellana, 11th floor
Avenida Principal de la Castellana (Avenida Eugenio Mendoza)
Urb. La Castellana
Caracas 1061
Telephone: (+58) 212-319-5800

Australian Embassy in Venezuela

NOTE: *There is no Australian Embassy in Venezuela; however, the Canadian Embassy in Caracas provides services to Australian citizens in Venezuela.*

Avenida Francisco de Miranda con Avenida Altamira Sur
Urb. Altamira
Caracas 1060
Telephone: (+58) 212-600-3000

For other embassies, contact Global Rescue at (+1) (617) 459-4200.