



DESTINATION REPORT

LAOS

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GENERAL OVERVIEW

Laos, officially known as Lao People's Democratic Republic (LPDR), was ruled by the French government, as a protectorate, until 1954, when power was returned to the monarchy. The royal family held onto power until 1975, when the communist political movement Pathet Lao seized control and instituted a socialist regime.

Laos is a long, thin, landlocked country in Southeast Asia, surrounded by Vietnam, Cambodia, Thailand, Myanmar, and China. It has a tropical monsoon climate, with heavy rains between May and October, and near-drought conditions between November and April. Lao is the official language, but French is still widely spoken. Approximately 55 percent of the population is ethnically Lao, with more than 100 other minority groups making up the remaining percentage. Most of these groups peacefully coexist, but

a low-level Hmong insurgency has existed since the US war in Vietnam. The insurgency largely died out in 2007 after the government cut supply lines and executed a series of strategic arrests. The Hmong minority continues to face discrimination in Laos.



SECURITY ASSESSMENT

Security Risk Rating

Low

Security Risk Overview

Most visits to Laos are free of major security concerns. The threat from terrorism in the country is low. While the majority of reported crimes are non-violent and opportunistic in nature, violent crimes have increased in frequency over the past year. Pervasive domestic intelligence services suppress most civil unrest, though violent protests have occurred in the past. Police stations and emergency lines generally shut down at night, and police often act with impunity.

The State Department restricts Embassy travel to the following areas: Road 13 from Km 220 north of Kasi in Vientiane Province to Km 270 at the Phou Khoun junction in Luang Prabang Province; the "new road" from the Kasi junction to the Road 4 junction between Luang Prabang and Vang Vieng; and all of Xaisomboun Province.

Unexploded ordnance (UXO) left over from the Indochina Wars litters the eastern half of the country and kills or injures hundreds each year.

Terrorism

There is no evidence of international or transnational terrorist organizations operating in Laos, but a relatively porous and uncontrolled border may allow terrorist groups to enter the country. There have been no reported terrorist attacks in Laos within the past five years.

Civil Unrest

The Laotian government tends to prevent most protests and demonstrations from taking place; however, there have been occasional violent protests in recent years. Some of these protests have been staged over the seizure of land from local farmers and communities, particularly in the northern region.

Occasional skirmishes between government and anti-government forces have occurred on the Thai border and in Vientiane, but most incidents have been small and isolated. A Hmong insurgency was one of the last holdouts from the Vietnam War, but there has been little evidence of insurgent activity within the past several years.

Personal Security

Most common crimes reported by foreigners are opportunistic in nature, such as bag snatching and pickpocketing. Criminals typically operate on motorcycles to snatch purses, handbags, or cellular phones and most frequently target women, even in wealthy neighborhoods. Passport theft occurs regularly. Armed robberies of residences occupied by foreigners in Vientiane have been reported. Theft and violent crime may increase significantly during the lead up to local festivals, especially the Lao New Year in April, the end of Buddhist Lent in October, and the boat racing festival in September and October.

Violent crimes are uncommon in Laos. However, there has been an increase in crimes involving weapons over the past year. Tourists in Vang Vieng and Vientiane have reported being robbed or sexually assaulted.

There is potential for attacks by bandits in the Anouvong district of Xiasomboun province, east of Vang Vieng. In November and December 2015 there was a series of shooting attacks indiscriminately targeting vehicles that prompted the US Embassy in Vientiane to restrict official travel to Xiasomboun province. In January 2016, two roadside bombings occurred in Xiasomboun province, killing two Chinese nationals and injuring a third. Any travel to this area requires a permit from the Laotian authorities. Additionally, armed groups involved in drug trafficking may operate in areas along the border with Myanmar.

Laos has a large amount of unexploded ordnance (UXO) left over from the Indochina War. Most UXO is concentrated along the Laotian border with Vietnam. UXO can be found in some parts of Xieng Khouang (Plain of Jars) province, Luang Prabang province, and areas along the Laos-Vietnamese border formerly known as the Ho Chi Minh Trail. Not all areas with unexploded ordnance will be clearly marked and devices may shift for various reasons, such as extreme flooding.

Security personnel may place visitors under surveillance, monitor hotel rooms, phones, and fax machines, or search hotel rooms and personal possessions. Carry an ID document or passport at all times, as failing to present one can result in a heavy fine.

Avoid taking photographs of military personnel, or anything deemed to be of military or security interest such as bridges and airfields, as it may lead to arrest or detention. Police may detain, arrest, or deport people who use sophisticated video or photography equipment if they suspect them of being journalists.

Crimes of a sexual nature-including harassment and assault-are common and underreported. Law enforcement authorities are generally ineffective at investigating and prosecuting these crimes. Sexual harassment is not explicitly prohibited under Lao law, and sexual assault prosecution rates remain low. Do not take drinks from strangers as foreigners have reported incidents of sexual assault following the consumption of drugged food and drink particularly in Vientiane and Vang Vieng.

Same-sex relations are legal in Laos. Nevertheless, discrimination, harassment, and violence against lesbian, gay, bisexual, and transgender (LGBT) individuals may occur, particularly in rural areas.

Lao law prohibits sexual contact between foreign citizens and Lao nationals, except when both parties are legally married under Lao family law. Violation of this law can result in a fine of up to USD 5,000 or imprisonment.

It is illegal to distribute religious material; offenders may be arrested or deported. All religious meetings and associations must be registered with the government.

Landslides and flooding remain concerns along the Mekong river basin during the rainy season, which runs from May to October. Tropical storms regularly form in the Pacific Ocean during the monsoon season, which lasts from July to September, and despite its landlocked status, Laos has been affected by these storms in the past. Significant flooding was reported in multiple provinces on 5 September 2018. According to local media, at least two people were killed in Huaphan and Luang Prabang provinces due to rain-triggered flooding. At least 26 people were killed due to flash floods caused by the collapse of a hydroelectric dam in the Attapeu province on 23 July 2018. According to local media, at least 11,777 people were affected by the floodwaters. Reports indicate that 20 houses were destroyed, while 223 houses and 14 bridges received significant damage.

Law Enforcement

Police in Laos lack training and equipment, and responses to crimes are often limited. Few police officers speak English, and most are unable to investigate a crime without authorization from a supervising officer. Police may lack the transportation or resources to investigate or respond to crimes, particularly at night. Emergency phone lines are not always manned or answered. Reports of corruption and impunity are common, and it has been reported that officials have requested or demanded illegitimate payments from foreigners for real or imaginary violations of local law, or for providing routine services.

Government security forces are known to set up road blocks on main roads, especially at night. It is recommended to comply with requests to stop and show documentation to authorities when requested. The US Embassy advises travelers to seek advance permission from the Village Chief, District Head, Provincial Governor, or National Tourism authority if traveling outside normal tourist areas or participating in any unusual activity to avoid suspicion and additional questioning.

Prisons in Laos do not meet international standards. These facilities are characterized by overcrowding, unsanitary conditions, and limited or non-existent medical facilities. Some prisons lack adequate ventilation, food, or potable water. Many prisoners survive on food from their families when rations prove inadequate. The judiciary is not considered independent and defendants may not be presumed innocent. Make every attempt to contact an embassy or consulate in the event of arrest, as local authorities often fail to do so.

Transportation

Air: Laos has not been rated by the International Aviation Safety Assessment Program (IASA). However, international flights on foreign-owned and -operated carriers may be compliant with IASA standards and provide an acceptable alternative to services based in Laos.

Bus: Bus transportation in Laos is provided by converted pickup trucks, known as *songthaew*, and VIP buses. Songthaew offer local and long-distance bus services. These vehicles tend to be overcrowded and poorly maintained. VIP buses tend to be the most reliable form of bus travel, though most vehicles are old. Passengers on overnight bus trips, especially those to and from Vietnam, have experienced theft of personal belongings. Avoid overnight journeys on buses as the risk of an accident increases.

Car: Road travel in Laos can be hazardous due to poor quality road infrastructure, chaotic traffic and reckless local driving practices. Foreigners can drive in the country with a valid foreign license and an international driving permit. Those who rent a vehicle should not leave their original passport with the rental company. Roads in Laos are poorly maintained and few have road markings. Although highways have been improved in recent years, the majority of roads remain unpaved. Outside major cities, roads may have blind turns, and run on high cliffs with few safety barriers. Not all vehicles have lights, and truck drivers on long journeys may sleep in their vehicles at the side of narrow roads. Driving under the influence is not uncommon.

Increasing numbers of road accidents and deaths have been reported in Laos in recent years as the number of motor vehicles has increased. Foreign drivers involved in road accidents are often required to pay compensation for any property damage or injury resulting from the incident, regardless of whether they were at fault. Persons involved in traffic accidents may be barred from leaving the country, or jailed until they make an acceptable offer of compensation. Due to the unreliability of emergency services, drivers at the scene of a road accident are required to transport injured persons to a hospital, and can be arrested or fined if they do not do so.

Taxi: Taxis are available in Vientiane at the airport, morning market, Friendship Bridge, and most hotels. Only use properly marked taxis, and book through a hotel if possible. Do not get into a taxi if there is an unknown passenger sitting in the vehicle. If the direction in which the taxi is traveling is peculiar, speak calmly, yet firmly to the driver in conjunction with using the hand gesture for stop in case of a language barrier. If there is no positive response from the driver, exit the vehicle at the first opportunity.

Three-wheeled vehicles known as *tuk-tuks* or *jumbos* are the most common mode of transport in most major cities. These vehicles are poorly maintained, and drivers generally speak little or no English, though some may speak French. Negotiate a fare before getting into these vehicles.

Train: Rail transport is not a major mode of transportation in Laos. A rail shuttle service linking Tha Naleng (outside Vientiane) and Nong Khai, Thailand is the only railroad in Laos. Visas are available on arrival on both sides of the border.

Water: Speedboats in the Mekong River are prone to accidents, especially during the dry season, between November and April. Additionally, Lao militia forces have been known to shoot at boats on the Mekong River along the Thai border after dark.

Scams, Fraud, Corruption, and Extortion

Motorbike rental scams are common in Van Vieng, Luang Prabang, and Vientiane. Be cautious of rental arrangements and never turn over your original passport as a deposit or collateral and instead provide copies. Other common scams targeting foreigners, irrespective of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information at all costs, especially bank or credit card numbers.

Corruption of government employees is widespread in Laos and it has been reported that officials have requested or demanded illegitimate payments from foreigners for real or imaginary violations of local law.

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.

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 Laos, even if they are not a citizen of Laos. 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.

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 (YF) | <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> |

Immunizations - General

The following immunizations are recommended for travel to all destinations.

| Immunization | Notes |
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| 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); HepB (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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| Hepatitis A Virus (HAV) | <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> |

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| <p>Hepatitis B Virus (HBV)</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>Polio</p> | <p>Polio is a viral disease spread between humans through both fecal-oral and oral-oral routes. Mechanisms include the ingestion of fecal-contaminated food or water, contact with infected feces, and through contact with the respiratory secretions of an infected person.</p> <p>All persons should be vaccinated against poliovirus. In the US, only inactivated polio vaccine (IPV) is used, while in other parts of the world, oral polio vaccine (OPV) is still used. A single lifetime booster dose of IPV is recommended for adults traveling to at-risk areas, even if they received routine vaccination as children. Those with unknown vaccination status, or who did not complete polio vaccination as children, should complete a routine vaccination series.</p> <p>Certain countries have implemented a polio vaccine requirement, some upon entry to and others upon exit from the country. Certain countries also have recommendations for polio vaccination in specific circumstances. Travelers to these countries should carry a yellow card with appropriate polio vaccination recorded. Polio vaccine recommendations and requirements in these countries are in flux; consult with a travel health provider to determine if vaccination is recommended or required for your itinerary.</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>Japanese Encephalitis (JE)</p> | <p>Japanese encephalitis is a viral infection transmitted through the bite of an infected mosquito.</p> <p>One vaccine is available in the US, with several additional vaccines in use in other countries. Dosing and timeline vary based on type of vaccine. Other preventive measures include observing insect precautions from dusk to dawn, and treating clothing, boots, tents, sleeping bags, and bed nets with permethrin.</p> |

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| Rabies | <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>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> |

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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| Air Pollution | <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> |

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| <p>Chikungunya</p> | <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> |
| <p>Dengue Fever</p> | <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> |
| <p>Malaria</p> | <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> |

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| <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>Schistosomiasis (Bilharzia)</p> | <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> |

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| Typhus, Scrub | <p>Scrub Typhus is an insect borne infection caused by a bacteria related to, but distinct from, the rickettsial group. Symptoms are non-specific and include, fever, chills, headache, muscle aches, enlarged lymph nodes, malaise, and anorexia. An eschar (dead, black skin) often develops at the site of the bite, and about half of those infected develop diffuse rash as well. Progression to more severe form of disease can occur, which potentially involves the kidney, lung, heart, and brain.</p> <p>Scrub typhus is spread by mites found in dense areas of scrub vegetation. Those engaging in outdoor activities in affected areas are at risk.</p> <p>There is no vaccine to prevent against scrub typhus. Preventive measures include observing insect precautions (see below), and wearing protective clothing. DEET- or permethrin-treated clothing is highly effective at decreasing infection. Prophylactic antibiotics are recommended for those with exposure in endemic areas. Treatment of scrub typhus is with antibiotics.</p> |
| Typhus, Murine | <p>Murine Typhus is an infection with rickettsial bacteria transmitted by fleas. Symptoms include fever, headache, and muscle aches, followed by a rash. While most people have mild illness, more severe symptoms can ensue, including lung, liver, kidney, and brain involvement.</p> <p>Murine typhus is transmitted to humans through the bite of a flea carrying the infection. Exposure to animals that serve as hosts (rats, cats, mice) is a risk factor for infection. Murine typhus is occasionally identified in travelers.</p> <p>There is no vaccine to prevent Murine typhus. Avoid contact with known animal reservoirs. Murine typhus is treated with antibiotics. Seek medical attention if infection is suspected.</p> |

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| <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> |
| <p>Travelers' Diarrhea</p> | <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> |

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| <p>Liver Flukes (Fascioliasis, Clonorchis, and Opisthorchis)</p> | <p>Liver flukes are trematodes (flatworms) that cause a parasitic infection in humans, primarily involving the liver and gall bladder. Infection can be asymptomatic. When symptoms occur, they typically include abdominal pain, indigestion, diarrhea, and fatigue. With some species, systemic symptoms can also occur.</p> <p>Transmission to humans occurs through ingestion of a larval form of the fluke. The ingested material varies by species: Fasciola are acquired by eating aquatic vegetation (especially watercress) contaminated with larval forms; Clonorchis and Opisthorchis larva are found in freshwater fish, and humans acquire infection via ingestion of undercooked, salted, pickled, or smoked fish. Short-term travelers are considered at low risk.</p> <p>There is no vaccine to prevent liver fluke infection. Infection can be prevented by cooking or freezing fish, and avoiding consumption of raw freshwater plants in endemic areas. Good hand hygiene can also decrease transmission. Treatment for most liver flukes is antihelminthic medications and supportive care.</p> |
| <p>Helminths - Soil Transmission</p> | <p>Soil-transmitted helminths include the human hookworms Ancylostoma and Necator, and Strongyloides. 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> |
| <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> |

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| <p>Avian Flu</p> | <p>Avian flu is caused by several subtypes of influenza A virus found in birds and domestic poultry. Travelers are at risk when visiting areas where avian flu is present, especially if in direct contact with birds/poultry, visiting live bird markets, or consuming undercooked poultry.</p> <p>Humans become infected through direct contact with sick or infected birds or their droppings. No evidence of sustained human-to-human transmission exists.</p> <p>There is no vaccination to prevent avian flu. Travelers to affected areas should avoid direct contact with birds (including domestic poultry), live animal markets and poultry farms, and avoid consumption of poultry. Observe hand and respiratory hygiene.</p> |
| <p>Melioidosis</p> | <p>Melioidosis infection is caused by Burkholderia bacteria found in soil and water. Acute symptoms include fever, cough, chest pain, and shortness of breath. Localized skin infections also occur, as well as systemic forms of infection. Melioidosis can be fatal.</p> <p>Melioidosis is spread through direct contact with sources, usually water and soil, that are contaminated with the bacterium. Transmission occurs primarily through direct inoculation through the skin, contamination of wounds, and inhalation and aspiration, most often in the setting of recent rains, floods, or severe weather events. Ecotourists, adventure travelers, and persons working in agriculture, mining, and construction are at risk.</p> <p>There is no vaccine to prevent melioidosis. Avoid contact with pools of standing water, soil, or mud in endemic areas. Wear long pants, boots, and gloves if in contact with soil or an area of standing water. Clean wounds thoroughly and use an antiseptic cleanser. Seek medical care promptly if melioidosis infection is suspected for antibiotic treatment and other effective care.</p> |
| <p>Tuberculosis (TB)</p> | <p>TB is caused by infection with the Mycobacterium tuberculosis 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> |

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| Plague | <p>Plague is a bacterial disease that can lead to 3 forms of disease: bubonic plague affecting the lymph nodes, septicemic plague in the bloodstream, and pneumonic plague affecting the lungs. Symptoms will vary depending on which form of the disease is present, and can include, fever, swollen and painful lymph nodes, abdominal pain, pneumonia, and bleeding.</p> <p>The plague is typically spread through the bite of infected rodent fleas. It is sometimes spread through the inhalation of infected animal secretions, or by handling infected animal tissue. Rarely, person-to-person spread can occur if pneumonic plague is present. Risk to travelers is generally low. Hikers, campers, hunters, and persons exposed to wild rodents in endemic areas are at higher risk.</p> <p>There is no vaccine to prevent against the plague. Measures should be taken to prevent against contact with rodents and other potentially infected animals. Prevent flea bites with insect repellent and protective clothing. Travelers should avoid crowds and coughing persons in areas where pneumonic plague has been reported. Those who may have had contact with an infected person, rodent, or other animal should receive antibiotic prophylactic treatment. Infected persons need immediate antibiotic treatment due to the high risk of death.</p> |
| Lymphatic Filariasis | <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> |

Zika Fever

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.

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.

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.

Medical Facilities and Services

Medical facilities in Vientiane offer basic medical care and do not meet international standards. Medical services outside Vientiane are limited. Due to a shortage of ambulances, passing cars are legally required to transport injured persons to a hospital after a car accident. Severe injury or illness may require evacuation to the nearest qualified medical facility. Most health care providers in Laos require cash payment before providing treatment. Bring adequate amounts of required medications, as they may not be available in Laos.

Food and Water Safety

Local water sources are generally not considered potable in Laos. Drink bottled or purified water, and avoid ice cubes. When traveling outside major cities, be sure to have adequate water supplies before setting out, as bottled or purified water can be scarce. Thoroughly wash and peel fruits and vegetables, and avoid undercooked or raw meat and seafood as these are often sources of foodborne illnesses. Avoid consuming unpasteurized dairy products. In Van Vieng, unknown substances such as opiates may be found in foods advertised as "happy" or "special", including pizza, shakes, or teas.

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, Indochina Time (ICT): GMT +7 Hours
Laos does not observe Daylight Saving Time.

Currency

Laotian Kip (LAK)

NOTE: Thai baht (THB) and US dollar (USD) are widely accepted in major cities.

Credit Cards

Major hotels and tourist-oriented businesses in Vientiane and Luang Prabang accept credit cards. Most businesses outside major cities accept only cash. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are available in major cities and most provincial capitals. However, visitors have frequently reported machines running out of cash or the ATM network being down for a prolonged period. Most ATMs have a withdrawal limit of up to an amount equal to USD 100. Travelers should check with their bank before their trip regarding any fees associated with ATM use.

Banking Hours

From Monday to Friday 08:30-16:00.
Hours may vary with 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 |
| 08 March 2019 | International Women's Day |
| 14-16 April 2019 | Lao New Year (Pi Mai) |
| 01 May 2019 | Labor Day/ May Day |
| 01 June 2019 | Children's Day |
| 17 July 2019 | Khao Pansa (Buddhist Fast Begins) |
| 13 October 2019 | Bouk Ok Pansa (Buddhist Fast Ends) |
| 19 October 2019 | Boat Racing Festival at Mekhong (Vientiane) |
| 11 November 2019 | That Luang Festival |
| 02 December 2019 | Lao National Day |

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

Voltage Information

220V, 50Hz - Plug Type A, B, C, E, F

International Airports

| Airport Name | Airport Code | Airport Location |
|-------------------------------------|--------------|------------------|
| Luang Prabang International Airport | LPQ | Luang Prabang |
| Wattay International Airport | VTE | Vientiane |

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 (with at least two blank pages) valid for six months from date of entry and a visa are required for entry. A 30-day tourist visa can be purchased for USD 35 upon arrival at an international airport, Tha Naleng train station, and numerous border crossings. A 60-day visa can be obtained from a Lao embassy or consulate prior to travel. Visas may be extended to a maximum of 60 days for USD 2 per additional day. Travelers who overstay their visa may be arrested, and will be fined USD 10 for each day of overstay when you depart the country. Business visas can only be arranged in advance and may take one to three months to process. Those arriving from countries with risk of yellow fever transmission are required to obtain yellow fever vaccination prior to entry.

There is a departure tax of USD 10 for all flights leaving from Wattay Airport (Vientiane), Pakse Airport, Savannakhet Airport, and Luang Prabang Airport. This value may be included in the price of the ticket, but visitors should be prepared to pay the tax in cash before boarding their flight.

IMPORT RESTRICTIONS

Persons over 16 years of age are permitted: One bottle of spirits AND two bottles of wine, 500 cigarettes OR 100 cigars OR 500 grams of tobacco, and 500 grams of personal jewelry.

The following restrictions apply: All currency in excess of USD 2,500 must be declared. Visitors may not import any devices that receive or transmit radio or television signals or data through satellites or the Internet without permission from the Ministry of Information and Culture. Such devices may include GPS devices. Weapons and ammunition may be imported with prior permission from the Ministry of Commerce. Games or other material deemed as having possible negative effects on children and youths may be removed by the customs department.

The following items are prohibited: Illegal drugs, explosives, knives, chemicals, fertilizers, fuel oil, plants, plant products, live animals, right-hand drive cars, medicine lacking prescription, subversive materials, antiques, counterfeit money or goods, local currency, religious images, pornography, and household materials older than 50 years.

EXPORT RESTRICTIONS

The following items are prohibited: Illegal drugs, explosives, chemicals, fertilizers, fuel oil, plants, plant products, knives, live animals, right-hand drive cars, medicine without a prescription, subversive material, antiques, counterfeit money or goods, local currency, religious images, pornography, and games of chance.

IMPORTANT NUMBERS

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|-----------------------------------|-------------|
| Intl. Country Code | +856 |
| Fire | 190 |
| Police | 191 |
| Ambulance | 195 |
| Tourist Police (Vientiane) | 021-251-128 |

Contact Information for Select Embassies

US Embassy in Vientiane

Thadeua Road, Km 9

Ban Somvang Thai Thadeua Road, Km 9

Hatsayphong District, Vientiane

Telephone: (+856) 21-48-7000

Emergency After-Hours Telephone: (+856) 20-5550-2016

British Embassy in Vientiane

Rue Yokkabat, Phonexay

Saysettha District, Vientiane

Telephone: (+856) (030) 770-0000

Australian Embassy in Vientiane

Km 4, Thadeua Road

Watnak Village

Sissatane District, Vientiane

Telephone: (+856) (021) 353-800

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