



DESTINATION REPORT

MALAYSIA

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GENERAL OVERVIEW



European powers first lay colonial claims on Malaysia in the early 16th century when the Portuguese colonized Malacca. Control over what is now Malaysia changed hands a number of times over the course of the next few centuries. Malacca was seized by Dutch forces in the 17th century, after which the country came under British control before eventually being granted independence. In the 19th century, Great Britain imposed colonial rule in Malaysia, though British influence can be formally traced back to the mid-18th century, when commercial interests were established in the country. The nation remained a British colony until it was conquered by Japan during the Second World War. The Malay territories reverted to British rule in 1945, but the peninsular territories formed a federation in 1948 and became fully independent in 1957. In 1963 Singapore and Borneo joined the federation, but after two years of communist insurgency and border troubles with Indonesia, Singapore seceded.

Only half of Malaysia's population of over 30 million is ethnically Malay and a quarter is ethnically Chinese. Indigenous tribes account for over 10 percent of the population and Indians for seven percent. Just over 60 percent of the population practices Islam, the official religion, while 20 percent practices Buddhism. Various other religions are also practiced in the country. Bahasa Malaysian is the official language, but English, Chinese, and to a far lesser extent an array of languages from the Indian subcontinent, including Tamil and Punjabi, as well as Thai, are spoken. Modern Malaysia has a federal constitutional monarchy and a common law legal system that creates space for the dual practice of secular law alongside sharia law. Malaysia is a founding member of the Association of Southeast Asian Nations (ASEAN) and the ASEAN Economic Community (AEC). The nation's economy is state-oriented, and is categorized as a newly industrialized market with relatively steady growth.

Malaysia is located in Southeast Asia and is divided into two parts: the western Malaysian peninsula is located on the southern half of the Thai-Malay Peninsula (with the exception of Singapore at the southern tip) and the eastern part occupies a northern strip on the island of Borneo. The rest of the

island is split between Indonesia and Brunei. Peninsular Malaysia and Borneo are divided by the South China Sea. Malaysia also lays claim to a number of islands in the South China Sea, but none approach the size or population of the two major Malaysian landmasses. Malaysia has a tropical climate with alternate monsoon seasons. The northeast monsoon season lasts from October to February, the southwest monsoon season from April to October.

SECURITY ASSESSMENT

Security Risk Rating

Moderate

Security Risk Overview

Most visits to Malaysia are free of major security concerns. Most crimes are non-violent and opportunistic in nature, such as petty theft, baggage theft, and credit card fraud. However, violent crimes against foreigners have been on the increase. Terrorism, usually in the form of kidnapping or piracy, has thus far been generally restricted to eastern Sabah and limited in scale. However, there is an ongoing threat of terrorism in Kuala Lumpur and other major cities that was highlighted by an attack on the outskirts of Kuala Lumpur in late June 2016 that was attributed to individuals linked to the Islamic State (IS). Civil unrest is not uncommon. Many local customs are based on Islamic law.

Terrorism

There is a continued threat of terrorism in Malaysia, including in Kuala Lumpur. A number of Malaysian nationals, including dozens of security personnel, have reportedly joined or sought to join the Middle East-based Sunni militant group IS. Malaysian authorities claim to have averted multiple IS-inspired plots to bomb strategic areas in Kuala Lumpur.

On 28 June 2016, eight people, including a Chinese national, were injured in a grenade attack at a nightclub in Puchong, located approximately 25 kilometers (15 miles) southwest of Kuala Lumpur. Authorities confirmed that it was a terrorist attack by militants with links to IS.

The Eastern Sabah Security Zone (ESSZONE), which covers 1,400 kilometers (870 miles) of the east coast of Sabah from Kudat to Tawau, was established in March 2013 following an almost month-long standoff between Malaysian security forces and armed Philippine militants who invaded the eastern coast of Sabah. The zone is aimed at strengthening maritime security in eastern Sabah and preventing terrorist activity in the waters of Sabah. However, incidents have persisted since its establishment.

A curfew from 18:00 to 06:00 local time is in force in the six coastal districts of Sandakan, Kinabatangan, Lahad Datu, Semporna, Kunak, and Tawau in Sabah State, located in the northern part of Borneo Island. The curfew, which covers an area of approximately three nautical miles from the shoreline of the six districts, was implemented to prevent criminal activities, including smuggling and abductions. However, multiple kidnapping incidents have taken place during curfew hours.

Meanwhile, the regional Islamist extremist network Jemaah Islamiyah (JI) is believed to maintain links with affiliates in Malaysia and other Southeast Asian countries.

Civil Unrest

Protests triggered by racial tensions and political issues are common. Non-Malaysians are prohibited by local law from participating in demonstrations. Although most demonstrations tend to be peaceful, the possibility of these gatherings devolving into violence should not be discounted. Police may use tear gas or water cannons to disperse unauthorized gatherings.

As a predominantly Muslim nation, Malaysia has experienced several anti-Israel and anti-US demonstrations in response to perceived violence against Palestinians in Israel and the Gaza Strip. Nevertheless, major incidents of violence have not tended to occur during such gatherings.

Personal Security

With the exception of eastern Sabah, violent crimes against foreigners in Malaysia are rare, though not unheard of. Non-violent property crimes are increasing. Pickpocketing and bag snatching are the most commonly reported of such crimes. These crimes are not limited to low-income areas and can occur in commercial and upscale neighborhoods, tourist areas, and transportation networks in broad daylight and even in front of witnesses. Women walking alone are most often targeted. In some cases, thieves riding motorbikes approach from behind to grab bags or other valuables. Some people have been injured or killed after being dragged behind a vehicle by the strap of their bag.

The kidnapping of foreigners has been reported in eastern Sabah, located near the southern Philippine island of Mindanao. Most kidnappings tend to be for financial gain.

Residential burglaries are on the increase, and burglars may be armed. Nevertheless, high-end hotels and gated communities are generally well secured and carry a low risk of criminal activity.

Organized crime is prevalent in Malaysia, and has led to violence in public areas.

Conservative dress is advised, especially in rural areas and when visiting places of worship. Muslims of foreign origin may be subject to local Sharia law. It is illegal to distribute religious materials to Malaysian Muslims. Police can raid hotels or nightclubs to prevent Muslims from drinking alcohol or having premarital sex.

Homosexuality is illegal in Malaysia. Although this law tends to be loosely enforced, violations by Muslims may be more actively punished. Additionally, there have been reports of harassment and even violence against lesbian, gay, bisexual, and transgender (LGBT) individuals.

Sexual harassment and sexual violence, mainly against women and increasingly against men, are a concern. The government has effective laws in place for criminalizing these acts. Though cases tend to be underreported, law enforcement authorities actively investigate and prosecute these crimes. Few offices, however, have policies enforced to effectively deal with such issues.

Foreigners suspected of having used drugs before traveling to Malaysia may be tested upon arrival. It is unclear how authorities determine which individuals will be tested. Persons who test positive may be forced to undergo mandatory rehabilitation or face deportation. Drug offences in Malaysia carry severe punishment, including the death penalty. Foreigners are not exempt from the death penalty.

Malaysia experiences occasional seismic events, though major earthquakes are rare as the country is located outside the Pacific Ring of Fire. On 5 June 2015, a 6.0-magnitude earthquake struck Sabah, causing a number of casualties among climbers, including foreign nationals, on Mount Kinabalu. Meanwhile, flash flooding and landslides are common during the wet season, which lasts from October to February. Additionally, thick haze is a recurrent issue for Malaysia during the dry season, particularly from June to August. Haze occasionally triggers health hazards and causes air travel disruptions.

Law Enforcement

The Royal Malaysian Police (RMP) are well trained, well equipped, and able to respond quickly to most emergencies in urban or suburban areas. Many officers speak English. There have been occasional reports of arbitrary arrests and detentions by security forces. Foreigners detained or harassed by police should immediately contact an embassy or consulate, though reports indicate that the RMP are generally co-operative with US officials and missions in Malaysia.

Prison and detention centers in Malaysia do not meet international standards. The poor conditions include overcrowding, a lack of medical care, poor sanitation, and the denial of regular access to clean water. Police occasionally deny suspects legal counsel while conducting investigations. Lengthy pretrial detention periods and an inefficient judiciary hinder the justice system.

Transportation

Air: Malaysia has been rated Category 1 by 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.

Bus and Metro: Most major cities have their own bus networks. Purse snatching and pick pocketing are common on public transportation or at transportation hubs. Several private companies run intercity buses that generally provide an inexpensive mode of long distance travel. The newest buses are typically 24-seat luxury buses operated by reputable companies. A number of fatal accidents involving long-distance tour buses have been reported in Malaysia. Confirm the safety record of the transport operator before setting out on a journey, and avoid overnight travel if possible.

Car: An international driving permit is required to drive in Malaysia, though some rental agencies will only rent vehicles to persons with a foreign license. Long term stays will require a permit from the Road Transport Department of Malaysia. When renting a car in Malaysia, ensure that the vehicle is fully insured.

Online registration for vehicle entry permit is available for foreign-registered vehicles entering Malaysia via Johor. There is an administration fee of MYR 10 for the permit, which is renewable every five years.

Traffic moves on the left side of the road and cars are right-hand drive. Primary roads are generally well maintained, but secondary and rural road conditions may be poor, particularly outside Kuala Lumpur. Road travel can be risky due to reckless local driving practices.

Along the country's Projek Lebuhraya Utara-Selatan Berhad (PLUS) expressways, emergency telephones are located every two kilometers with direct access to a 24/7 traffic monitoring center for assistance. There are fewer roads in eastern than in western Malaysia, but access to major cities in Sarawak can be obtained using the Trans-Borneo Highway.

The risk of theft from vehicles remains high in Malaysia, and there have been a number of incidents in which motorcyclists have smashed the passenger windows of vehicles stopped at lights to steal purses or valuables on the passenger seat.

Police set up a number of sobriety checkpoints in districts frequented by foreigners late at night. All drivers passing through these checkpoints are forced to undergo a Breathalyzer test. Penalties for driving after consuming alcohol may result in arrest. It has been reported that law enforcement

officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations at relevant checkpoints. Exercise caution when dealing with such officials.

Taxi: There have been reports of violent crimes, including armed robberies and sexual assaults, by taxi drivers in downtown Kuala Lumpur. Only use properly marked taxis, and book by phone in advance instead of hailing one on the street. Normal taxis are red and white, executive taxis are blue. Insist that taxi drivers use their meters, as negotiated prices are almost always higher than metered prices. Avoid unlicensed taxis, especially at airports, as they may charge exponentially higher fares. When traveling with luggage, ask the driver to remove the luggage from the trunk of the car before getting out of the vehicle as there have been reports of taxi drivers driving off with travelers' luggage.

Application-based car services like Uber and Grab are widely available in Malaysia.

Train: Avoid taking the train from Thailand to Malaysia and vice versa. A number of foreign governments advise against all travel to the southern Thai provinces of Pattani, Yala, Narathiwat, and Songkhla due to the threat of separatist violence. Rail tracks, trains, and transport infrastructure are frequently targets for violence in these areas. Landslides and heavy rains during the monsoon season occasionally cause service disruptions or even derailments.

There are three light rail networks in Kuala Lumpur. These are generally inexpensive, clean, and reliable, but are poorly integrated with one another. However, there is a heightened risk of pickpocketing aboard the light rail network. A rail network system is extended to most parts of peninsular Malaysia, though in east Malaysia, it can only be found in the state of Sabah.

Water: There are a number of high-speed ferries and boats providing services between Peninsular Malaysia and the island of Sumatra in Indonesia, as well as Zamboanga in the Philippines, Satun in Thailand, and Bandar Seri Begawan in Brunei. Customs and immigration posts are found at entry/exit points to these countries. There are no passenger boat services between Sabah, Malaysian Borneo, and the peninsula. Take precautions when traveling by water in Malaysia due to the risk of overloading and poorly maintained vessels. Some boats have sunk in the past, resulting in deaths and injuries, including to foreign nationals.

Travel by boat to the coastal resorts of eastern Sabah, including the islands, dive sites, and tourist facilities should be avoided due to the continued risk of kidnapping. The threat of kidnapping significantly increases on the water and waterfront at night, due to the ongoing threat of attacks by armed insurgents operating in eastern Sabah-particularly between the towns of Sandakan and Tawau-due to its proximity to the Sulu archipelago in southern Philippines.

Piracy in the waters off Southeast Asia continues to be a problem, and there have been a number of attacks on ships in and around Malaysian waters. The Strait of Malacca is at highest risk of such events.

Scams, Fraud, Corruption, and Extortion

Common scams against 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.

Credit card fraud remains a security threat in Malaysia, and banks are quick to safeguard against perceived unusual activity. Only use cards at reputable establishments, and monitor their statements for several months after visiting Malaysia. Retailers may retain credit card information after payment.

A number of cybercriminals operate out of Malaysia, contacting foreigners over the internet and posing as expatriates experiencing medical, legal, or financial emergencies. The victim may receive corroborating reports from medical or legal "experts," but these so-called experts are almost always colluding with the original scammers.

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

Moderate

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.

There are suspected or confirmed cases of the Novel Coronavirus in this country, and/or authorities have undertaken restrictive prevention measures. The situation is fluid. Numbers of cases, governmental restrictions, and travel services are subject to rapid change. To obtain Global Rescue's latest worldwide Novel Coronavirus update, please contact a sales representative at (+1) 617-459-4200 or memberservices@globalrescue.com.

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
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
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
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>

<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>Influenza Virus (Flu)</p>	<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>
<p>Japanese Encephalitis</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>
<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>

Typhoid Fever	<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>
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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
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>

Altitude Illness	<p>Altitude illness refers to a collection of conditions triggered by ascent to high altitude faster than the body is able to physiologically adapt. Altitude sickness includes mountain sickness (AMS), high altitude pulmonary edema (HAPE), and high altitude cerebral edema (HACE). Anyone traveling to high altitude can experience these conditions, but rapid ascent is a key risk factor for all 3 conditions. Prior history of altitude illness also increases risk, as does the absolute elevation. Altitude illness rarely occurs under 2,400 meters (7,874 feet) elevation. Certain chronic medical conditions also increase the risk of altitude illness. AMS symptoms include fatigue, rapid pulse, dizziness, headache, nausea, and vomiting. HAPE includes these and progresses to shortness of breath, chest tightness, and cough. Pink, frothy sputum is a very serious sign. HACE includes trouble with balance, decreased level of consciousness, disorientation, and can progress to coma and death. Altitude sickness can be life threatening.</p> <p>To avoid altitude illness, it is recommended to ascend gradually, with initial elevation not more than 2,800 meters (9,186 feet). Do not increase sleeping altitude faster than 500 meters (1,640 feet) per day, with a rest day for every 1,000 meters (3,280 feet) climbed. Stay hydrated and avoid alcohol. Also, avoid physical exertion for the first 48 hours at high altitude. Prophylactic medications can be useful, and the most commonly used is acetazolamide. Consult a physician for individual recommendations based on personal risk profile. The primary treatment for altitude illness is descent to lower altitude. Sometimes other treatment modalities are used as temporary measures (oxygen, pressure bags, other medications), but none of these is a substitute for descent. Evacuation is sometimes needed depending on level of severity of symptoms.</p>
Avian Flu	<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>

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>
Ciguatera Fish Poisoning	<p>Ciguatera poisoning is caused by a toxin that accumulates in fish, particularly large carnivorous reef fish such as grouper, snapper, amberjack, and barracuda. Symptoms include gastrointestinal symptoms and can progress to neurologic and cardiac symptoms.</p> <p>People become sickened after consuming fish with accumulated toxin in their tissues. Ciguatoxin is heat stable, tasteless and odorless; it is not eliminated or deactivated by any food preparation, including cooking, freezing, salting, drying, smoking, or marinating.</p> <p>There is no vaccine to prevent against ciguatera poisoning. The only effective prevention is to avoid consumption of potentially affected species of fish in endemic areas. Specifically, avoid eating large reef fish or filets (generally over 2.7 kilograms or 6 pounds), and do not eat the liver, intestines, heads, and roe of smaller reef fish. There is no specific treatment for ciguatera poisoning; Seek medical attention for supportive care if symptoms are significant.</p>

<p>Cutaneous Larva Migrans (CLM)</p>	<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>
<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>Hand, Foot, and Mouth Disease (HFMD)</p>	<p>HFMD is caused by a number of enteroviruses. Symptoms commonly include fever, sores in the mouth/throat, and rash, classically located on the palms and soles. Severe disease can occur and includes encephalitis, meningitis, and paralysis.</p> <p>HFMD is spread between humans through contact with infected secretions, including saliva, respiratory droplets, feces, and blister fluid. Children in group settings (day care, school) most commonly acquire the infection, but any non-immune person can become infected.</p> <p>Although a vaccine is available in China for young children, use in travelers is not recommended. Travelers should avoid contact with infected persons and wash their hands thoroughly. There is no medication to treat HFMD disease. Symptoms are treated as they arise.</p>

Helminths - Soil Transmission	<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>
Hepatitis C	<p>Hepatitis C is a viral infection that causes liver disease. Most people do not have symptoms. If symptomatic, people can experience gastrointestinal disturbances, jaundice, dark urine, and fatigue. Chronic disease can cause liver cirrhosis and cancer.</p> <p>Hepatitis C is spread person-to-person through IV drug use, contaminated needles for tattoos and body piercings, or unsafe medical procedures such as unscreened blood transfusions. Hepatitis C can also be transferred sexually. Travelers are generally at low risk, unless engaging in at-risk behaviors, or suffer a medical event requiring a blood transfusion. Healthcare workers are also at risk.</p> <p>There is no vaccine to prevent hepatitis C infection. Travelers are advised to avoid IV drug use and sexual contact with high-risk individuals. Avoid receiving blood transfusions in facilities with substandard blood donation and screening procedures. Avoid other procedures that may bring you in contact with contaminated needles, such as tattoos and body piercings. There is effective antiviral treatment for hepatitis C. Travelers should seek medical care for testing and treatment if they suspect infection.</p>

Hepatitis E	<p>Hepatitis E is a viral infection causing liver inflammation. Most of those infected are asymptomatic or have only mild symptoms, which can include non-specific gastrointestinal symptoms, jaundice, dark urine, and fever.</p> <p>In developing countries, Hepatitis E is transmitted through the fecal-oral route, most often through contaminated water. Other modes of transmission include consuming raw or undercooked pork or game meat, and shellfish. Human-to-human transmission is uncommon. Pregnant women, those with liver disease, and immunosuppressed persons are at risk of more severe and chronic infection.</p> <p>There is a vaccine to prevent against Hepatitis E, but it is only available in China. Adhere to recommended food and water precautions (see below). Only eat meat that has been cooked well and thoroughly. Practice good hand washing and body hygiene. No specific antiviral medication is available to treat Hepatitis E. Supportive care is usually sufficient while the infection resolves.</p>
Leptospirosis	<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>

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>
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>
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>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>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>

<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 judgment and inhibitions during a sexual encounter, increasing the risk of making unsafe choices. Seek medical attention promptly if an STI is suspected.</p>
<p>HIV/AIDS</p>	<p>HIV is a viral infection that affects the body's immune system, increasing susceptibility to certain infections and other health complications. Untreated, HIV is a fatal infection. The symptoms of HIV infection vary depending on the stage of the disease. Patients can be asymptomatic or only have non-specific symptoms until the infection is very advanced.</p> <p>HIV is transmitted through contact with blood and other body fluids, and sexual contact. Risk for travelers is generally low and determined more by behaviors than destination. Healthcare workers with clinical or laboratory responsibilities are at higher risk.</p> <p>There is no vaccine to prevent HIV infection. Travelers can protect themselves by avoiding exposures, engaging in safe sex practices, and using personal protective gear if potential exposure is unavoidable. High risk travelers may consider preexposure prophylaxis. Health care workers should follow standard precautions and assess local availability of (or bring) postexposure prophylaxis. Seek medical care immediately if an exposure occurs. Early treatment with antiviral medications is effective in decreasing transmission.</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>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>
<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>

<p>Murine Typhus</p>	<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>
<p>Scrub Typhus</p>	<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>
<p>Zika Fever</p>	<p>Zika fever is an acute viral illness within the genus <i>Flavivirus</i> that is spread by the bite of an infected <i>Aedes</i> 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 <i>Aedes</i> 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 <i>Aedes</i> 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 <i>Aedes</i> 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>

Medical Facilities and Services

Most medical facilities in major cities have adequate standards of care and western-trained doctors. Treatment for serious illnesses is expensive. Hospitals expect full payment in cash, though credit cards may be accepted in larger hospitals in urban areas. Local emergency ambulance services are substandard. Bring adequate amounts of necessary medications for the intended stay, as similar medications are unlikely to be found in Malaysia.

Food and Water Safety

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.

There are no potable local water sources in Malaysia, and many restaurants have poor or non-existent sanitation standard. 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, Malaysia Time (MYT): GMT+ 8 hours
Malaysia does not observe Daylight Saving Time.

Currency

Malaysian Ringgit (MYR)

Credit Cards

MasterCard, Visa, American Express, and various other major international credit cards are accepted in urban areas. Diners Club is accepted on a limited basis, particularly at high-end commercial hotspots, such as large department stores and luxury hotels. Many transactions, particularly in rural areas or with smaller vendors, require hard currency. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are widely accessible in Malaysia. Travelers should be aware that personal identification numbers (PINs) are six digits long in Malaysia. Travelers should check with their bank before their trip regarding any fees associated with ATM use.

Banking Hours

From Monday to Friday 09:15-16:30 local time. In Kelantan and Terengganu banks are open Sunday through Thursday 09:15-16:30 local time.
Hours may vary with bank and location.

Major Holidays

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

Date	Holiday
25-27 January 2020	Chinese New Year
01 May 2020	Labor Day
07 May 2020	Wesak Day (Buddha Day)
24-26 May 2020	Hari Raya Puasa (End of Ramadan)
31 July-02 August 2020	Hari Raya Haji (Feast of the Sacrifice)
20 August 2020	Muharram (Islamic New Year)
31 August 2020	Hari Merdeka (Independence Day)
09 September 2020	King's Birthday
16 September 2020	Malaysia Day
29 October 2020	The Prophet Muhammad's Birthday

14 November 2020	Deepavali (Festival of Lights)
25 December 2020	Christmas Day

NOTE: There are no elections scheduled to take place in 2020.

Voltage Information

240V, 50Hz - Plug Type G, M

International Airports

Airport Name	Airport Code	Airport Location
Malacca International Airport	MKZ	Batu Berendam
Penang International Airport	PEN	Bayan Lepas
Sultan Azlan Shah Airport	IPH	Ipoh
Senai International Airport	JHB	Johor Bahru
Kota Kinabalu International Airport	BKI	Kota Kinabalu
Kuala Lumpur International Airport	KUL	Kuala Lumpur
Sultan Haji Ahmad Shah International Airport	KUA	Kuantan
Kuching International Airport	KCH	Kuching
Langkwai International Airport	LGK	Langkawi
Sultan Abdul Aziz Shah International Airport	SZB	Subang

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 more than six months from date of entry with at least one blank page, as well as an onward/return ticket and proof of sufficient funds are required for entry. Stays of fewer than 90 days do not need a visa. Proof of yellow fever vaccination is required for travelers over one year of age coming from or transiting a country at risk of yellow fever transmission. Those who are unable to provide the required documents may be refused entry.

A passport must be presented to immigration officers in order to enter the eastern states of Sabah and Sarawak, even when arriving from peninsular Malaysia on domestic flights. Immigration authorities in these states determine if travelers can enter and how long they can stay. Entry stamps issued by these states are valid in other Malaysian states.

When arriving and departing by plane it is common to be fingerprinted by immigration authorities.

Immigration authorities routinely fine and detain foreigners who have overstayed their visa. Persons overstaying their visa will be prohibited from exiting the country until the issue is resolved with the Immigration Department of Malaysia.

IMPORT RESTRICTIONS

The following items are permitted:

- 200 cigarettes; or
- 225 grams of tobacco;
- 1 liter of alcohol;
- gifts worth RM 400; or
- gifts worth RM 500 from Langkawi or Pulau Tioman;
- electrical equipment (one of each device: one computer, one mp3 player, etc.);
- unused goods are restricted to one set of shoes; or
- three pieces of clothing;
- personal items; and
- food worth MYR 75.

The following restrictions apply:

- Animals require a certificate of good health and proof of inoculation.
- Endangered species require strict adherence to CITES guidelines.
- Medication is required to be in its original packaging with a valid prescription or medical certificate.
- Weapons and ammunition require authorization.
- Foreign currency exceeding USD 10,000 requires declaration. Local currency in excess of MYR 1,000 requires permission from the Controller of Office Exchange.

The following items are prohibited:

- Narcotics

- pornographic materials
- counterfeit items
- explosives

EXPORT RESTRICTIONS

The following restrictions apply:

- Weapons and ammunition require permits.
- Animals/animal products including endangered species require strict adherence to CITES guidelines.
- Foreign currency in excess of USD 10,000 needs to be declared.
- Local currency in excess of MYR 1,000 requires permission from the Controller of Office Exchange.

The following items are prohibited:

- Narcotics
- pornographic materials
- counterfeit items

explosives

IMPORTANT NUMBERS

Intl. Country Code	+60
Fire	994 (112 from mobile)
Police	999 (112 from mobile)
Ambulance	999 (112 from mobile)

Contact Information for Select Embassies

US Embassy in Kuala Lumpur

376 Jalan Tun Razak
Kuala Lumpur 50400
Telephone: (+60) (3) 2168-5000

British High Commission in Kuala Lumpur

Level 27 Menara Binjai, 2 Jalan Binjai
Kuala Lumpur 50450
Telephone: (+60) (3) 2170-2200

Australian High Commission in Kuala Lumpur

No 6 Jalan Yap Kwan Seng
Kuala Lumpur 50450
Telephone: (+60) (3) 2146-5555/5575

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