



DESTINATION REPORT

VIETNAM

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GENERAL OVERVIEW

By 1884, France had succeeded in subjugating all of modern-day Vietnam, and in 1887, Vietnam officially joined the possessions, collectively known as French Indochina. Following World War II, a Communist independence movement began to resist the French, and by 1954, had cornered French Imperial forces in the valley fortress of Dien Bien Phu. The French signed a series of treaties in Geneva with Ho Chi Minh and his forces, dividing the country into an independent Communist north and a nominally independent, foreign-supported, and non-Communist south. Over the subsequent two decades, the United States attempted to prop up the non-Communist south with military and food aid, ultimately sending in more than half a million troops to support to fight in the Vietnam War. US forces were withdrawn as part of a ceasefire in 1973, and northern troops overran the south and united Vietnam under Communist rule in 1975. Modern Vietnam has undergone a number of reforms designed to bring about economic liberalization, but the Communist Party of Vietnam maintains political power.

Vietnam borders Cambodia, Laos, and China. It is a long narrow country, with a coastline bordering the Gulf of Tonkin, the South China Sea, and the Gulf of Thailand. The south has a tropical climate, while the north experiences annual monsoons from May to September.

Nearly 85 percent of Vietnam's 90 million people is ethnically Kinh, or Viet. Less than 20 percent of the population practices a religion. Vietnamese is the official language. English is generally the second language for Vietnamese professionals, but is not widely spoken. A number of people also speak French.



SECURITY ASSESSMENT

Security Risk Rating

Low

Security Risk Overview

Most visits to Vietnam are free of major security concerns. Pickpocketing, purse snatching, and petty theft are common in major cities. Levels of civil unrest are generally low. However, nationalist demonstrations with anti-China sentiment, usually related to a long-standing dispute over territorial waters in the South China Sea, are known to occur. There is a low threat of terrorist activity. Road travel can be hazardous due to reckless local driving practices and poor road conditions. Monsoons and tropical cyclones occur throughout the year, and can cause widespread flooding and travel disruptions.

Terrorism

No terrorist groups are known to operate in Vietnam, and there have been no reported terrorist attacks in the country within the past five years.

Civil Unrest

Vietnam has a single party system and serious public opposition to this system will likely be met with violence. Therefore, levels of civil unrest are low in Vietnam. However, nationalist demonstrations, likely over a long-standing dispute with China over territorial waters, have been known to occur.

Personal Security

Petty crimes such as pickpocketing are relatively common in Vietnam, but most crime is non-violent. Thieves tend to congregate around hotels that cater to tourists or business people. Petty criminals are common in Hanoi, Nha Trang, Ho Chi Minh City, and Cat Ba near Ha Long Bay. In some cases, thieves riding motorbikes approach victims from behind, grab the bag, and drive off. In others, knives or other sharp cutting instruments are used to cut the bag's straps or create a hole through which to reach in and steal valuables.

Crimes of a sexual nature-especially against women but also increasingly against men-are common, and sexual harassment is not illegal. However, police are generally effective at investigating and prosecuting these crimes.

Same-sex relations are not illegal in Vietnam. However, discrimination against lesbian, gay, bisexual, and transgender (LGBT) individuals is common, and LGBT individuals are not afforded the same legal rights as heterosexual individuals and couples. Crimes committed against LGBT individuals may not thus be sufficiently investigated by authorities.

Expect all telephone calls, faxes, movements, and personal conversations to be monitored by the Vietnamese authorities. The government maintains strict control over political speech, and does not tolerate public dissent.

Official permission must be obtained from local authorities before traveling near the borders of China, Laos, and Cambodia.

It is prohibited to take photographs of government buildings, military installations, the police, or security forces. Doing so may result in the confiscation of one's camera, a fine, or arrest.

Nearly 15 percent of the country is believed to be contaminated with Explosive Remnants of War (ERW), left over from the French and American wars in the 1960s and 1970s, and the war with Cambodia in the late 1970s. Unexploded ordnance is particularly a problem in central Vietnam and along the Laotian border. Not all areas will be clearly marked and devices may shift for various reasons, such as flooding.

Heavy rains from the southwest affect Vietnam between March or April and October, and those from the northeast affect the country between October and March. These rains can cause landslides and widespread flooding, which can wash out roads and displace local residents or cause fatalities. Tropical cyclones can affect the eastern coastal regions of Vietnam between May and November.

Law Enforcement

Police in Vietnam are often underfunded, badly equipped, and poorly trained. They are able to maintain public order but may lack the ability to properly prevent, respond to, or investigate crimes, especially in rural areas. Few emergency operators speak English. It has been reported that officials may expect, request or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing routine services. Vietnamese police have been known to arbitrarily arrest and detain individuals, and have used excessive force in the past.

Prison and detention center conditions are below international standards. Overcrowding, poor sanitation, lack of food, inadequate medical treatment, and mistreatment are common concerns. Defendants are not presumed innocent and corruption within the judiciary hinders the justice system. Make every attempt to notify an embassy or consulate in the event of arrest, as authorities rarely report arrests.

Transportation

Air: Vietnam 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 alternatives to Vietnam-based services.

Bus: Local buses are available in large cities, but tend to be poorly maintained and slow. Buses can be difficult to navigate for people who do not speak Vietnamese. Bus accidents are not uncommon and increase in regularity at night.

Car: Roads are poorly maintained, badly lit, and lack road signs. In rural areas, landslides are a serious concern during the rainy season. Road traffic accidents are the leading cause of death and serious injury amongst foreigners in Vietnam. Local driving practices tend to be reckless, and law enforcement is scarce. Not all vehicles are equipped with seat belts.

International Driving Permits (IDP) and US drivers' licenses are not valid, with foreigners needing a Vietnamese license endorsed for the appropriate vehicle. Operating a motorcycle with a capacity of over 50cc requires a home country motorcycle license and an IDP, or a Vietnamese driver's license (A1 - under 175cc; A2 - over 175cc).

Crowds tend to form at traffic accidents. These gatherings can turn violent with little warning. Persons involved in traffic accidents may be forced to pay excessive compensation to any injured party, even if the injuries are minor. Persons who refuse to pay may be prevented from leaving the country.

Taxi: Travel in *cyclos* (three wheeled motorized rickshaws) and motorbike taxis can be risky. Passengers also risk having unsecured personal effects stolen by thieves on motorcycles.

Only use official airport taxis (Noi Bai Taxi) or vehicles provided by a hotel to travel to and from the airport. Travelers have reported being robbed by drivers who greet them at the airport. If expecting a driver, ask the company for the driver's name, phone number, and license plate number.

Insist that cab drivers use the meter for all trips. Vinasun (white with red and green stripes at bottom of the taxi) and Mai Linh (white and green, or all green) are two of the largest taxi companies. Avoid off-brand taxis or brands that mimic Vinasun or Mai Linh with similar paintwork and logos.

There are app-based transport services operating in the country.

Train: Trains are available in various parts of Vietnam. The Reunification Express makes the thirty-hour journey between Hanoi and Ho Chi Minh City. There have been reports of petty theft occurring on the train from Sapa to Lào Cai. Train accidents have declined dramatically in recent years, though remain common.

Water: Be cautious on boat tours, specifically in Ha Long Bay in Quang Ninh. Consider taking tours only with large, reputable companies as boats operated by smaller companies may be poorly equipped.

Scams, Fraud, Corruption, and Extortion

Gambling scams, in which victims are invited to someone's home for a casual game of cards and end up losing thousands of dollars, are common, particularly in the Ph?m Ng? Lão neighborhood of Ho Chi Minh City. Gambling outside casinos is illegal in Vietnam. 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.

Corruption of government employees is widespread in Vietnam and it has been reported that officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing routine services. Exercise caution when dealing with such officials.

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

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
None	There are no immunizations required for entry into Vietnam.

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 Virus (HBV)	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
Influenza Virus (flu)	<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>

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>
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>

<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.</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>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.</p> <p>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>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>
<p>Measles</p>	<p>Measles is a viral infection spread between humans through contact with the respiratory secretions of an infected person.</p> <p>In the US, there are 2 vaccination options available for protection against measles: MMR (measles, mumps, and rubella) or MMRV (measles, mumps, rubella, and varicella). Additional vaccines are available outside the US. All persons at least 12 months of age can be vaccinated routinely. Infants down to 6 months of age can receive the vaccine in outbreak situations or prior to essential travel to high risk areas.</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
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>
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. 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 Migrants (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>Hepatitis E Virus (HEV)</p>	<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.</p> <p>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>

<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>
<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>Helminths - Soil Transmission</p>	<p>Soil-transmitted helminths include the human hookworms <i>Ancylostoma</i> and <i>Necator</i>, and <i>Strongyloides</i>. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>

<p>Traveler's Diarrhea (TD)</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. 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>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>
<p>Typhus, Scrub</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>Typhus, Murine</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. 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. 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>Hand, Foot, and Mouth Disease (HFM)</p>	<p>HFM 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. HFM 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. 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 HFM disease. Symptoms are treated as they arise.</p>
<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. 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. 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>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. 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. 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>
<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. 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>Plague</p>	<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>
<p>Marine Hazards</p>	<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>

Snakebites	<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>
Monkey Bites	<p>Monkeys can carry many diseases that infect humans, including rabies and herpes B virus. These diseases can be transmitted to humans through bites and scratches, as well as exposure to feces and other secretions. Travelers are at risk of monkey bites in both urban and rural settings.</p> <p>Avoid close contact with all monkeys, including feeding them or holding them for pictures. If bitten or otherwise exposed, cleanse wounds and affected areas thoroughly with soap and water and seek urgent medical attention. Recommended post-exposure treatment includes routine wound care and tetanus prophylaxis, along with consideration of rabies and herpes B virus prevention.</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. Leptospirosis is transmitted to humans through contact with contaminated freshwater, soil, or tissues of infected animals. The organisms access the body through skin lesions, intact mucus membranes, or waterlogged skin. Travelers at highest risk are those going to areas with flooding, or who will be swimming, wading, kayaking, or rafting in contaminated fresh water. It is also a potential risk for travelers around animals, like humanitarian aid workers, adventure travelers, and animal caretakers. Areas with poor sanitation can also harbor leptospirosis.</p> <p>There is no vaccine to prevent against leptospirosis. Preventive measures include avoidance of potentially contaminated soil, mud, and water (particularly bodies of freshwater), as well as animal tissues or urine. Wear boots and cover any cuts or abrasions if wading through water. Follow food and water precautions (see below). Travelers with unavoidable contact with contaminated water or soil may benefit from pre-exposure prophylaxis with doxycycline. This is currently recommended for outdoor adventure travelers engaging in high risk activities, as well as for persons in areas of recent flooding. Leptospirosis can be treated with antibiotics. Seek medical care if infection is suspected.</p>

Medical Facilities and Services

Medical facilities in Vietnam do not meet international standards. Medical clinics in major cities are able to provide care for minor illnesses and injuries. Most medical personnel do not speak English. Some common medications may be unavailable or counterfeit in Vietnam, and emergency

ambulance services can be unresponsive or unreliable. Bring adequate amounts of necessary medications for the intended stay, as similar medications are unlikely to be found in Vietnam. Most doctors and hospitals expect cash payment before providing medical treatment.

Food and Water Safety

Most local water sources in Vietnam are not potable for foreigners.

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
Vietnam does not observe Daylight Saving Time.

Currency

Vietnamese dong (VND)

NOTE: US dollars (USD) are commonly accepted in major shops, hotels, and restaurants in Hanoi, Hoi An, and Ho Chi Minh City.

Credit Cards

Credit cards, predominantly Visa and MasterCard, are increasingly accepted in Vietnam. 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 can be found in major cities and tourist destinations in Vietnam. Most ATMs limit the amount of money that can be withdrawn in a single transaction, depending on the bank, ranging from VND 2,000,000 to larger amounts. 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. Many banks are also open on Saturday mornings. Hours may vary by bank and location.

Major Holidays

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

Date	Holiday
01 January 2020	New Year's Day
24 January 2020	Vietnamese New Year's Eve
25 January 2020	Vietnamese New Year
26-29 January 2020	Tết
02 April 2020	Hung Kings Festival
30 April 2020	Reunification Day
01 May 2020	Labor Day
02 September 2020	Independence Day

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

Voltage Information

220V AC 50Hz - Plug Type A, C, G

International Airports

Airport Name	Airport Code	Airport Location
Nội Bài International Airport	HAN	Hanoi
Tân Sơn Nhất International Airport	SGN	Ho Chi Minh City

ENTRY & EXIT REQUIREMENTS

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

A passport valid for at least six months beyond the departure date and at least one blank visa page is necessary for entry into Vietnam. For stays less than 30 days, visitors can apply for an e-visa online (<https://evisa.xuatnhapcanh.gov.vn/web/guest/trang-chu-ttdt>) before they travel. The e-visa fee is USD 25 and it is valid for a single entry. For stays more than 30 days, a visa must be obtained from a Vietnamese embassy prior to travel. All individuals arriving from areas with risk of yellow fever transmission must provide evidence of a valid yellow fever vaccination before entering the country.

In a series of newly implemented changes to immigration law, foreign nationals are no longer permitted to change the status of their visa, for example from a tourist visa to a working visa, within the country. The changes also stipulate that only one passport may be used for entry and exit into and out of Vietnam, including in transit.

On 1 February 2020, the Vietnamese government announced that foreign visitors who have traveled to China, including Hong Kong and Macau, within the past two weeks, will not be permitted entry to Vietnam until further notice due to the ongoing outbreak of novel coronavirus (2019-nCoV) in China.

IMPORT RESTRICTIONS

The following items are prohibited:

- illegal drugs;
- pornographic material;
- antiques;
- toxic chemicals;
- raw gold;
- explosives, weapons and ammunition;
- firecrackers;
- military equipment (including uniforms);
- counterfeit items;
- materials deemed detrimental to the government or society; and
- religious materials for social use.

The following items are permitted:

- travelers aged 18 years and older can import 1.5 liters of liquor at 22% or higher, or 2.0 liters of liquor under 22%, or 3 liters of beer (or similar light alcoholic beverages); and 400 cigarettes or 100 cigars or 500 grams of tobacco.
- 5 kilograms of tea;
- 3 kilograms of coffee;
- non-commercial gifts;
- unused items of up to VND 5,000,000 in value; and
- items for personal use.

The following restrictions apply:

- live animals require a health certificate, inoculation, and permission from Vietnam; and
- foreign currency in excess of USD 7,000; cash in excess of VND 150,000,000 must be declared; and
- gold exceeding 300 grams must be declared.

EXPORT RESTRICTIONS

The following restrictions apply:

- endangered species require permission of CITES; and
- antiques require a receipt and approval from the Ministry of Culture.

The following items are prohibited:

- illegal drugs;
- pornographic material;
- toxic chemicals;
- wild animals;
- endangered plants and animals;
- explosives, weapons and ammunition;
- firecrackers;
- military equipment (including uniforms);
- counterfeit items;
- items of cultural importance;
- materials deemed detrimental to the government or society; and
- religious materials for social use.

IMPORTANT NUMBERS

Intl. Country Code	(+84)
Fire	114
Police	113
Ambulance	115

Contact Information for Select Embassies

US Embassy in Hanoi

7 Lang Ha Street

Hanoi

Telephone: (+84) (0) 24 3850-5000

British Embassy in Hanoi

Central Building, Fourth floor

31 Hai Ba Trung, Hanoi

Telephone: (+84) (0) 24 3936-0500

Australian Embassy in Hanoi

8 Dao Tan Street

Ba Dinh District, Hanoi

Telephone: (+84) (0) 24 3774-0100

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