



DESTINATION REPORT

MYANMAR

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GENERAL OVERVIEW

Myanmar was a British colony until 1948, when the country became independent. However, widespread conflict and internal struggle in the years that followed led to a coup d'etat in 1962, putting the country under the rule of a military junta with socialist economic policies. Another coup occurred in 1988. Although Myanmar held democratic multi-party elections in 1990, the military refused to hand over power and ruled Myanmar until 2011, when a nominally civilian government took power. Since then, a gradual reform process has been underway. General elections held in late 2015 ushered in the first democratically elected government and the first civilian President after decades of military rule. Though the country is expected to continue its liberalization process further, the military retains considerable power in both the government and parliament.

In 1989, the military government changed the official name of the country from "The Socialist Republic of the Union of Burma" to "The Republic of the Union of Myanmar." Although the new name was adopted by the United Nations (UN), a number of foreign governments, including those of the United States and the United Kingdom, have refused to recognize the authority of the unelected military authorities to change the name of the country.

The Karen ethnic minority revolted against the central government in 1949, and more than a dozen other ethnic groups have since taken up arms. Burmese government forces regularly use landmines in disputed areas, and the rebel groups respond with their own improvised explosive devices. Most violence occurs near the borders with China, India, Laos, and Thailand in the states of Chin, Sagaing, Kachin, Shan, Mon, Kayah (Karreni), and Karen. In October 2015, the government signed a ceasefire agreement with eight (roughly half) of the armed groups. Other groups have bilateral ceasefire deals with the government. Nevertheless, fighting has persisted in some areas.

Myanmar has a tropical monsoon climate, which varies in the highlands according to elevation. The central lowlands experience a three-month annual monsoon between June and September. Flooding displaces thousands of people annually.

Most of the population is ethnically Burmese, but there also Rakhine, Rohingya, Chinese, Indian, Karen, and Mon minorities. These minority populations are generally concentrated in ethnically homogenous pockets near the country's borders. Nearly 90 percent of the population is Buddhist, with small Christian, Muslim, and Animist communities. Burmese is the official language, though different ethnic groups generally speak their own languages.

SECURITY ASSESSMENT

Security Risk Rating

Moderate

Security Risk Overview

Myanmar's security outlook has improved now that it is under the rule of a democratically elected government. However, the military retains considerable influence in politics, and some restrictions on civil rights and liberties remain. Protests require prior authorization, and security forces may respond to these events with force. Crime rates are generally low, though expatriates and travelers have been the victims of various crimes in the past.

Myanmar has suffered from a number of long-running civil conflicts. Most violence between the government and ethnic separatists occurs near the borders with China, India, and Thailand. Both sides are known for their liberal use of landmines and other explosives, which has often affected the civilian population. Although the government has signed a ceasefire agreement with several armed groups, sporadic fighting continues to be reported.

Myanmar has a pervasive security apparatus. Security forces can and do interrogate any locals that they converse with, and travelers should assume that all conversations and electronic communications are being monitored. The government may take extremely harsh measures when dealing with foreigners suspected of engaging in political activity, including journalists.

There are increased risks in the following locations due to civil unrest: Maungdaw, Rathedaung, Ponnagyun, and Buthidaung townships in Rakhine State; Paletwa township in Chin State; Hpakan, Mansi, Momauk, Sumprabum, Tanai, and Waingmaw townships in Kachin State; Shadaw township in Kayah State; Hlaingbwe, Hpapun, and Thandaung townships in Kayin State; and Konkyan, Kutkai, Laukkaing, Matman, Mongmao, Namphan, Pangsang, and Pangwaun townships in Shan State.

Terrorism

There are no known international terrorist groups operating in Myanmar, and there have been no significant terrorist attacks in the country within the past five years.

Civil Unrest

The security outlook in Myanmar has improved since the 2015 general elections that brought the country's first democratically elected government into office after decades of military rule. Legislation passed by Parliament allows greater freedoms of assembly and movement, and the right to form trade unions. Nevertheless, the military retains considerable power and restrictions on political activities remain. Public protests require prior permission from Burmese authorities, though security forces may still react harshly to such events as they have limited experience in dealing with legal protests.

Fighting between armed insurgents and government troops still persists. Meanwhile, other parts of Shan have also experienced conflict involving ethnic armed groups. Kachin State has been the site of violence between the Kachin Independence Army (KIA) and government forces, often targeting civilians. China, Myanmar, and Thailand may close their borders during times of conflict.

In February 2018, the government signed the National Ceasefire Agreement (NCA) with the New Mon State Party (NMSP) and Lahu Democratic Union (LDU). There are at least 10 rebel groups in the country that have yet to sign the NCA.

Sporadic fighting involving ethnic armed groups continues to be reported. Areas that are not under ceasefire include Kachin State, Shan State, and Kokang Self-Administered Zone.

Though most armed violence in Myanmar is restricted to border areas, there have been bomb attacks in major cities such as Naypyidaw, Yangon, and Mandalay. The threat of politically motivated violence throughout the country also generally increases during festivals and public holidays, such as Armed Forces Day (27 March), the Water Festival and Myanmar New Year (mid-April), and Martyrs' Day (19 July). There is also a heightened security presence on dates marking significant events, including the anniversary of the 1988 uprising (8 August) and the anniversary of monks-led demonstrations demanding political reform (26 September) due to concerns of violence. Attackers have targeted phone booths, public restrooms, government offices, trains, and markets in the past.

Violence triggered by ethnic or religious tensions is not uncommon in Myanmar. Outbreaks of violence between Buddhists and Rohingya Muslims have occurred in western areas of the country, particularly in the coastal state of Rakhine. Rakhine-home to the renowned tourist destination, Ngapali Beach-has experienced a series of incidents of violent unrest in recent years. On 25 August 2017, at least 71 people were killed when Arakan Rohingya Salvation Army (ARSA) militants attacked 20 police posts in the northern Rakhine State. In retaliation, security forces killed at least 6,700 Rohingya people-including 730 children-and burned 288 villages in the month following the attacks. The violence occurred amid an ongoing government crackdown on the Rohingya people that began in December 2016, and at least 900,000 have been displaced by government operations to force the Rohingya out of Myanmar. The United Nations (UN) has accused the Burmese government of ethnic cleansing and genocide. As a result of unrest and international scrutiny surrounding the Rohingya conflict, the government has restricted travel to Rakhine, and foreign nationals require permission to travel outside of Sittwe. Authorities may be suspicious of foreigners in the area.

The country's second-largest city and cultural center, Mandalay, has also experienced religious violence. Although the majority of the ethnic conflict in the state has predominantly affected local residents, foreign nationals have also occasionally fallen victim to the unrest. The government often enforces a curfew and other restrictions during periods of unrest.

Personal Security

Violence against foreigners is rare, and crime in Myanmar is generally lower than in surrounding countries. There has been an increase in property crimes across Myanmar, including mugging, robbery, and petty theft. There is a low but present risk of kidnapping of foreigners, which is mainly related to disputed business operations.

There have been reports of robberies in unlicensed taxis. Do not board a taxi with strangers or allow the driver to pick up more passengers, and always sit behind the driver. Travel in trishaws and rickshaws is considered extremely risky and should be avoided.

Crimes of a sexual nature-including harassment and assault-are common and law enforcement authorities are generally ineffective at investigating and prosecuting these crimes.

Homosexual behavior is illegal in Myanmar. Although the law is rarely enforced, foreign nationals have been imprisoned for acts of homosexuality, though usually individuals are charged to obtain

bribes. Police officers have been known to harass lesbian, gay, bisexual, and transgender (LGBT) individuals.

Taking pictures of demonstrations, government buildings, bridges or other infrastructure, military bases, military checkpoints, military or police personnel, or any installation that may affect national security, is not recommended. There have been reports of foreigners being deported or arrested for criticizing the government in public. In addition, insulting religion is an offence under Burmese law, punishable by a prison sentence of up to two years. Avoid inappropriate display of religious imagery while in Myanmar, particularly in Rakhine state or other rural areas. Visits to religious areas or temples require conservative dress.

Landmines and explosives are common in areas close to the borders with Thailand, Laos, and China, especially in Shan, Karen, Mon, and Kachin states. Not all areas will be clearly marked. Consult with local authorities before traveling in such areas.

Security forces may put foreigners under surveillance, and hotels are legally obligated to report the identities and activities of their guests. Visitors should assume that their telephone calls and online activity are monitored. Security forces may have listening devices in public areas, including hotel rooms, and Burmese citizens may be forced to report details of their conversations with foreigners to the Burmese authorities. Be aware that residences and possessions can be searched without advanced notice or probable cause.

Telephone services in Yangon have continued to improve and some international roaming services have become available, particularly networks in Southeast Asian countries such as Thailand, Singapore, Indonesia, and Vietnam. Nevertheless, Internet access in Myanmar is limited to major cities and connection is generally slow. During times of unrest, the government may cut off all Internet access and other services.

Earthquakes and tremors of varying magnitude have occurred in Myanmar. Flooding is not uncommon during the monsoon season that lasts from June to September, partly due to poor drainage systems.

Law Enforcement

Burmese police departments are underfunded, poorly equipped, and often corrupt. As such, police forces are often unable to prevent, respond to, and investigate crime. Police response times are often delayed. Government forces have been known to arbitrarily arrest individuals and use excessive force. Police harassment is common 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 otherwise-routine services. Exercise caution with such officials.

Prisons in Myanmar do not meet international standards. These facilities are affected by overcrowding, unsanitary conditions, a lack of potable water, disease, mistreatment of detainees, torture to obtain confessions, and sexual abuse. Defendants are not presumed innocent and often do not have access to an attorney, which hinders the justice system.

Travelers who are arrested in Myanmar should attempt to contact their embassy through all available channels. Foreigners suspected of engaging in political activity in Myanmar (which can be as simple as a political conversation with a Burmese resident) may be denied access to an attorney, denied court records, and denied contact with their family or their consulate. Most people tried for crimes in Myanmar receive the maximum sentence. Anyone can be deported for the political activism of friends or family in other countries.

Transportation

Air: Myanmar 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 services based in Myanmar.

In addition, safety records for Burmese domestic airlines are kept secret, which raises concerns about oversight and maintenance standards in Myanmar. Flight schedules can change without warning, and domestic carriers occasionally use each other's aircraft, including those of Myanmar Airways.

Bus: Buses are the most common mean of transport in Myanmar, but these vehicles are generally overcrowded and poorly maintained. Buses in major cities run on compressed natural gas, and there have been numerous reports of the gas cylinders exploding and causing casualties. It is advised to avoid travel on city buses. Intercity buses are generally more comfortable, but poor road conditions and maintenance standards make this form of transport risky.

Car: Driving without a local driver's license is not permitted in Myanmar. A Burmese driver's license can be applied for at the Department for Road Transport and Administration in Yangon. Though traffic moves on the right side of the road, the majority of cars in Myanmar are right-hand drive.

Road travel can be hazardous due to poor-quality road infrastructure and reckless local driving practices. Most roads in Yangon are paved, but poorly maintained, and have become increasingly congested in recent years. Most streets do not have lights and not all vehicles use headlights. Outside Yangon, roads are usually unpaved and unlit during night hours. Overland travel can be hazardous, especially between June and September, when monsoon rains wash out a number of roads.

Most traffic accidents are settled between parties at the scene of the accident, with the driver at fault paying for any damages. Under Burmese law, the driver of a vehicle involved in an accident with a pedestrian is always at fault. Military convoys and motorcades always have the right of way. Certain areas of the country are off limits to foreigners. Contact a hotel and embassy for updates on restricted areas before driving outside Yangon or Mandalay.

Taxi: Taxis are generally the most reliable method of travel in Burmese cities, but most vehicles are poorly maintained. Only use properly marked taxis, and book through a hotel if possible. Licensed taxis have red license plates. Negotiate a fare with the driver before getting in the taxi if the vehicle does not have a meter or it does not work.

Train: Myanmar's rail system is largely the same as it was when the country gained independence in 1948. Trains in Myanmar are often overcrowded and poorly maintained, causing them to be out of service on a regular basis. Railroads connect Yangon and most other large cities, including Pyay, Mawlamyine, Mandalay, and Bagan. Fatal crashes occur with some regularity, but generally go unreported. Delays are common.

A new train from Yangon to Bagan is the only modern rail line in Myanmar. Train tickets should be purchased with USD or foreign exchange certificates. Visitors must show their passport and visa at all train stations. Certain trains, including one connecting Mawlamyine and Ye, are off limits to foreigners. Most urban light rail is more than half a century old, and in poor condition. These systems should be avoided.

Scams, Fraud, Corruption, and Extortion

There are no scams specific to Myanmar. However, 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.

Incidents of financial fraud and identity theft crimes are on the increase.

Corruption of government employees is widespread in Myanmar 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 Myanmar, even if they are not a citizen of Myanmar. 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

Extreme

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 confirmed cases of COVID-19 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 COVID-19 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 (Flu)	<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	<p>The Hepatitis A virus is primarily transmitted through contaminated water and food such as shellfish and uncooked vegetables or fruit prepared by infected food handlers. It is also transmitted through person-to-person contact via fecal-oral exposure, or spread through sexual relations, blood transfusions, and needles.</p> <p>Several pre-exposure vaccination options are available: HAVRIX, VAQTA, TWINRIX (3-dose HepA/HepB combination series), and AVAXIM. The vaccine requires 2 doses, separated by a minimum of 6 months. Ideally, the traveler should complete both doses at least 2 weeks prior to travel. However, if there is insufficient lead time to travel, the first injection should be administered before departure and a booster after 6 months. Once both doses are completed, immunity is considered lifelong.</p>

<p>Typhoid</p>	<p>Typhoid is a bacterial infection spread through the ingestion of contaminated food or water.</p> <p>Vaccination should be completed 1-2 weeks before travel, depending on the form of the vaccine given. Two forms of the vaccine are available: an inactivated shot (1 dose), and a live oral vaccine (4 capsules given over 8 days). Booster doses of vaccine are needed for ongoing protection. The interval will vary depending on the form of the vaccine and the traveler's country of vaccination. Vaccination recommendations vary by country, activities, and specific itinerary. Consult a travel health professional for individual advice.</p>
<p>Polio</p>	<p>Polio is a viral disease spread between humans through both fecal-oral and oral-oral routes. Mechanisms include the ingestion of fecal-contaminated food or water, contact with infected feces, and through contact with the respiratory secretions of an infected person.</p> <p>All persons should be vaccinated against poliovirus. In the US, only inactivated polio vaccine (IPV) is used, while in other parts of the world, oral polio vaccine (OPV) is still used. A single lifetime booster dose of IPV is recommended for adults traveling to at-risk areas, even if they received routine vaccination as children. Those with unknown vaccination status, or who did not complete polio vaccination as children, should complete a routine vaccination series.</p> <p>Certain countries have implemented a polio vaccine requirement upon entry to or exit from the country. Certain countries also have recommendations for polio vaccination in specific circumstances. Travelers to these countries should carry a yellow card with appropriate polio vaccination recorded. Polio vaccine recommendations and requirements in these countries are in flux; consult with a travel health provider to determine if vaccination is recommended or required for your itinerary.</p>
<p>Hepatitis B</p>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well. Vaccination is routine in the US and many other countries. Previously unvaccinated travelers should consider vaccination for travel to areas with high risk of HBV infection, or if they anticipate needing medical/dental care abroad, being exposed to needles, or engaging in sexual activity.</p>

<p>Rabies</p>	<p>Rabies is spread through the bite or scratch of an infected animal. All mammals are susceptible, but dogs and other wildlife (particularly bats) are the most common vectors.</p> <p>A 3-dose pre-exposure rabies vaccine is recommended for long-term travelers and expatriates visiting remote areas. It is also recommended for travelers involved in adventure or outdoor activities in remote areas who could be exposed to bats, dogs, and other mammals and those who might be in direct contact with animals, including in urban areas. Children are at higher risk and have a lower threshold for pre-exposure vaccination. The first dose of the vaccine should be administered at least 21 days before travel.</p>
<p>Japanese Encephalitis (JE)</p>	<p>Japanese encephalitis is a viral infection transmitted through the bite of an infected mosquito.</p> <p>One vaccine is available in the US, with several additional vaccines in use in other countries. Dosing and timeline vary based on type of vaccine. Other preventive measures include observing insect precautions from dusk to dawn, and treating clothing, boots, tents, sleeping bags, and bed nets with permethrin.</p>
<p>Cholera</p>	<p>Cholera is a potentially severe bacterial diarrheal illness caused by ingestion of contaminated food or water.</p> <p>Several oral vaccines are available, but only one brand, Vaxchora, is given in the US. The vaccines are single dose, and must be administered at least 10 days prior to potential cholera exposure. Non-vaccine preventive measures include strict observance of food and water precautions and hand-hygiene measures. It is reasonable to carry oral rehydration solution packets and azithromycin in a 1-gram dose for treatment if traveling in a highly endemic area.</p> <p>Persons traveling to areas within countries with active transmission who are likely to have direct contact with epidemic cholera are at risk, such as aid and refugee workers. Vaccination is not recommended for other travelers, even if visiting cholera affected areas, due to the low risk of transmission to travelers.</p>
<p>Influenza (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>

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

Soil-Transmitted Helminths	<p>Soil-transmitted helminths include the human hookworms <i>Ancylostoma</i> and <i>Necator</i>, and <i>Strongyloides</i>. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>
Traveler's Diarrhea (TD)	<p>Travelers' diarrhea (TD) is the most common health problem for travelers, affecting up to 70% of travelers going to developing countries. TD is caused primarily by pathogenic bacteria and less commonly by protozoa or enteric viruses. Symptoms include diarrhea, fever, abdominal pain, nausea, and vomiting. More severe forms of TD include dysentery and diarrhea with blood and mucus present.</p> <p>TD is transmitted to humans by the ingestion of contaminated food and water. Individuals at higher risk for TD or adverse consequences include adventurous eaters, immunocompromised persons, persons with inflammatory bowel disease or diabetes, and those taking medications that decrease gastric acidity.</p> <p>There is no vaccine to prevent TD. Following food and beverage precautions may reduce the likelihood of illness (see below). Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.</p>

Zika Fever	<p>Zika fever is an acute viral illness within the genus Flavivirus that is spread by the bite of an infected Aedes mosquito. Symptoms include a sudden fever with rash, joint and body pain, headache, and conjunctivitis. Symptoms are usually mild and last from several days to a week. Babies born to women infected with the Zika virus while pregnant, or who become pregnant while infected, are at an increased risk of birth defects, including microcephaly.</p> <p>Transmission of Zika virus is through the bite of an infected Aedes mosquito. The risk of being bitten is highest in the early morning, several hours after daybreak, and in the mid-to-late afternoons before sunset. The Aedes mosquito, which carries the Zika virus, typically lives indoors in dark, cool places as well as around standing water. Zika can also be transmitted sexually.</p> <p>There is no vaccine to prevent Zika virus infection. Prevention is primarily accomplished by avoiding the bites of infected Aedes mosquito. Adhere strictly to daytime insect precautions (see below). Travelers who are pregnant or are planning to become pregnant, or sexual partners of those who may become pregnant, should consult with their healthcare provider and determine the level of risk for microcephaly or other birth defects before traveling to areas with confirmed Zika virus activity, and after their return. Treatment for Zika fever is primarily supportive.</p>
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>

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

<p>Melioidosis</p>	<p>Melioidosis infection is caused by Burkholderia bacteria found in soil and water. Acute symptoms include fever, cough, chest pain, and shortness of breath. Localized skin infections also occur, as well as systemic forms of infection. Melioidosis can be fatal.</p> <p>Melioidosis is spread through direct contact with sources, usually water and soil, that are contaminated with the bacterium. Transmission occurs primarily through direct inoculation through the skin, contamination of wounds, and inhalation and aspiration, most often in the setting of recent rains, floods, or severe weather events. Ecotourists, adventure travelers, and persons working in agriculture, mining, and construction are at risk.</p> <p>There is no vaccine to prevent melioidosis. Avoid contact with pools of standing water, soil, or mud in endemic areas. Wear long pants, boots, and gloves if in contact with soil or an area of standing water. Clean wounds thoroughly and use an antiseptic cleanser. Seek medical care promptly if melioidosis infection is suspected for antibiotic treatment and other effective care.</p>
<p>Tuberculosis (TB)</p>	<p>TB is caused by infection with the Mycobacterium tuberculosis bacteria. Over 95% of cases occur in developing countries, and infection is strongly associated with poverty, overcrowding, and malnutrition. TB infection can be latent, with no symptoms, for many years. The most common clinical presentation of active TB is pulmonary TB, with symptoms of cough, night sweats, weight loss, bloody sputum, and fatigue.</p> <p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. It can also be acquired by eating unpasteurized dairy products in areas where the bovine form of TB is endemic.</p> <p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0-80 percent. It is not recommended for travelers. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-γ release assay (IGRA) both before leaving the US and 8-10 weeks after returning from travel. Treatment for TB is complex; seek medical care for concerns of TB infection.</p>
<p>Lymphatic Filariasis</p>	<p>Lymphatic filariasis is caused by several species of filarial worms which target the lymphatic system, causing a variety of symptoms. A longer-term chronic infection can cause swelling of body parts and thickening of the skin known as elephantiasis.</p> <p>Larvae of these worm species are transmitted to humans through the bite of several species of mosquitos. Biting can occur night or day depending on the vector species. Short term travelers are at low risk. Longer term travelers such as humanitarian workers, missionaries, and military personnel in endemic areas are at higher risk.</p> <p>There is no vaccine against Lymphatic filariasis. Use daytime and nighttime insect precautions (see below). There are medications to treat the disease, but treatment can be complex. Seek medical care if infection is suspected.</p>

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>
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 freshwater. 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

Hospitals and clinics in Myanmar do not meet international standards. Travelers with serious health concerns are advised against travel to the country, and visits to local hospitals are not recommended unless absolutely necessary. Medical personnel are under-trained, and there have been reports of the misdiagnosis, improper treatment, and the administration of improper drugs. Emergency care is virtually non-existent. Most available foreign medications are illegal, adulterated, or counterfeit; travelers should thus bring an adequate amount of necessary medication for the intended stay. Doctors require cash payment prior to providing treatment. They may turn away persons with infectious diseases or injuries that are difficult to treat. A serious illness or injury may require medical evacuation to Thailand or Singapore. If possible, decline injections or intrusive examinations (including dental work) due to poor hygiene standards and elevated risk of hepatitis or HIV infection.

Food and Water Safety

There are no potable local water sources in Myanmar, and many restaurants have poor or non-existent sanitation standards.

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, Myanmar Time (MMT): GMT +6:30 hours
Myanmar does not observe Daylight Saving Time.

Currency

Myanmar kyat (MMK)

NOTE: US dollars (USD) are accepted (notes must be without marks, folds, or tears)

Credit Cards

Myanmar has a largely cash-based economy. However, an increasing number of business establishments and hotels catering to tourists in Yangon and Mandalay now accept credit cards. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are widely available in downtown Yangon. In other large cities and popular tourist destinations, such as Bagan, Mandalay, Pyinmana, and Taungoo, the machines have become increasingly available in recent years, though are not very common. Many of the existing machines have recently been installed and occasionally malfunction. Travelers should check with their bank before their trip regarding about any fees associated with ATM use.

Banking Hours

From Monday to Friday 10:00-14:00.
Hours may vary with bank and location.

Major Holidays

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

Date	Holiday
01 January 2021	New Year's Day
04 January 2021	Independence Day
12 February 2021	Union Day
02 March 2021	Peasants' Day
27 March 2021	Armed Forces Day
01 May 2021	Labor Day
25 May 2021	Full Moon Day of Kasong
19 July 2021	Martyrs' Day
20 July 2021	Eid al-Adha

04 November 2021	Diwali
25 December 2021	Christmas Day
31 December 2021	New Year's Eve

NOTE: Presidential elections by the Parliament are scheduled to be held on 5 February 2021.

Voltage Information

220 - 230 V, 50Hz - Plug Type C, D, F, G

International Airports

Airport Name	AirportCode	Airport Location
Mandalay International Airport	MDL	Mandalay
Naypyidaw Airport	NYT	Naypyidaw
Yangon International Airport	RGN	Yangon

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.

Travelers to Myanmar must have a passport that is valid for at least six months. Visas must be obtained prior to arrival, either online (<http://evisa.moip.gov.mm/>) or from an embassy or consulate. Tourist visas allow single-entry stays of up to 28 days and are not extendable. As of September 2016, travelers with eVisas can enter Myanmar through all of the three international airports, as well as the Myanmar-Thailand land border checkpoints in Tachileik, Myawaddy, and Kawthaung. Entry via seaports is not permitted to eVisa holders. Visas on arrival are only available for travelers who have a formal invitation from a business registered with the Burmese Ministry of Commerce. Those arriving from yellow fever-affected areas are required to show proof of yellow fever vaccination. Individuals traveling with children should either have proof of their relationship or proof of permission from the child's parent or legal guardian. Journalists and those in other "sensitive" fields that are allowed into Myanmar may have their film, memory cards, or notes confiscated or deleted when departing the country.

IMPORT RESTRICTIONS

The following items are permitted:

- 400 cigarettes or 50 cigars or 250 grams of tobacco;
- two liters of alcoholic liquor;
- 150 milliliters of perfume;
- one set of portable amateur camera and its relevant accessories;
- reasonable amount of prescription drugs for personal use; and
- electronic goods worth USD 500.

The following restrictions apply:

- animals and animal products require inspection;
- travelers must declare amounts in excess of USD 10,000 and
- travelers must declare all electronic devices. Individuals may have trouble importing electrical equipment.

The following items may be prohibited:

- firearms and ammunition;
- religious materials;
- antiquities or culturally valuable artifacts;
- business equipment (especially scientific equipment);
- Burmese currency;
- goods bearing the imprint or reproduction of the flag of Myanmar, the emblem of Buddha, and pagoda in Myanmar;
- playing cards;
- precious or semi-precious gems;
- ivory;
- pornographic material;

- plants and plant products;
- literature critical of the regime or supportive of the opposition;
- medication or medical supplies may be prohibited even with a valid prescription; and
- persons who wish to bring medication into Myanmar should contact the Embassy of the Union of Myanmar to their home country.

EXPORT RESTRICTIONS

The following restrictions apply:

- gems, jewelry, silverware, and handicraft require a receipt or special cash memo issued by authorized dealers; and
- amounts in excess of USD 10,000 must be declared.

The following items may be prohibited:

- firearms and ammunition;
- religious materials;
- antiquities or culturally valuable artifacts;
- Burmese currency;
- pornographic material;
- literature critical of the regime or supportive of the opposition;
- Plants and plant products; and
- Journalists and others may have notes, film, and photographs confiscated.

IMPORTANT NUMBERS

Intl. Country Code	(+95)
Fire	191
Police	199
Ambulance	192

Contact Information for Select Embassies

US Embassy in Yangon

110 University Avenue
Kamayut Township, Yangon
Telephone: (+95) 1-753-6509

British Embassy in Yangon

80 Strand Road, Yangon
Telephone: (+95) 1-370-863 to 1-370-867

Australian Embassy in Yangon

Vantage Tower, 623 Pyay Road, Yangon
Telephone: (+95) 1-230-7410

NOTE: Foreign diplomatic personnel cannot travel freely in some parts of Myanmar, including remote and/or conflict-affected areas, without permission from the Burmese government. Thus, the ability of embassies to deliver consular assistance to their citizens, including in an emergency, may be limited.

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