

Sample of a WORLDWISE ONLINE Country Health Report

PLEASE NOTE: This is a sample only and is not necessarily up to date



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COUNTRY TRAVEL HEALTH REPORT

The following recommendations should be discussed in full with your patient. Please feel free to print a copy of this information and hand it out to your patient for his or her own reference.

This Country Report is compiled specifically for an immediate journey and is correct at the time of printing. If it was obtained more than three months prior to the journey then the most recent information may be obtained by requesting another Country Report from [WORLDWISE-Online](#).

For long-term stays, rural visits or if you have any doubts about a particular situation, please contact [WORLDWISE-Online](#). For best printed results, please set your background printing option to **ON**.

LAOS

Information current as at: August 2007

COUNTRY STATISTICS AND COMMERCE

Climate:

The climate throughout Laos is monsoonal. There are three distinct seasons with some variations between north and south. In general, it is wet between May and October and dry between November and April.

The cool dry season occurs from November to January. In the Mekong valley, temperature can drop to around 15 ° Celsius and the mountain temperature drop to 0 ° Celsius or lower at night. Humidity is low at this time of the year and the most visitors consider it the best time to travel to Laos.

The hot dry season follows on until May. Towards the end of this period, there is high humidity and thunderstorms. Temperature can reach 35 degrees Celsius.

The wet season generally lasts from June until October. Flooding occurs along the Mekong River and some tributaries. The average rainfall in the capital Vientiane is 1,700 mm, although in the north of Laos and the highlands it is wetter.

Capital City:

Vientiane

Altitude:

160 metres above sea level

Main Cities:

Luang Prebang

Population:

4,743,000

Land Area (sq km):

236,800

Currency:

1 kip = 100 at

Languages:

Lao, English, French

Religions:

Buddhist 60%, animist and other 40%

Economy:

Agricultural products: sweet potatoes, corn, coffee, sugarcane, tobacco, tin, gypsum mining, timber, electric power, garments

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RECOMMENDED IMMUNISATIONS

WORLDWISE-Online advises all travellers to be 'up-to-date' for:

CHOLERA

Immunisation is neither required or recommended.

DIPHTHERIA

We recommend the initial childhood series of vaccinations in the first five years of life, with booster doses at ages 11 years, 45 years, and 65 years. Travellers are recommended to have the vaccine 10 yearly esp. if travelling to developing countries, or where there may be a risk of contracting the disease. For details on vaccines and recommendations please refer to [Disease Information](#).

HEPATITIS 'A'

Immunisation is strongly recommended but not compulsory.

For details on vaccines and recommendations please refer to [Disease Information](#).

HEPATITIS 'B'

Immunisation is recommended for travellers who will be in the area for 1 month or more.

Transmission of Hepatitis B is through sex or contact with contaminated blood, needles and syringes.

For details on vaccines and recommendations please refer to [Disease Information](#).

JAP.B.ENCEPHALITIS

Immunisation is recommended for travellers who will be in rural or remote areas for 1 month or more at a time.

For details on vaccines and recommendations please refer to [Disease Information](#).

POLIO

In childhood a primary series of three vaccinations and a booster dose: with a further booster dose recommended, if it is more than 10 years since the last dose, before travel for countries where the virus continues to circulate OR where polio is endemic or epidemic. These regions include Africa, the Indian Subcontinent, Southeast Asia and the Middle East.

Adults travelling to regions where poliomyelitis cases occur, and who have previously had a primary vaccination series with either IPV or OPV, should receive another dose of IPV before departure if it is more than 10 years since the last dose. Available data suggests that a single booster, sometime as an adult, is thought to confer lifelong immunity.

For details on vaccines and recommendations please refer to [Disease Information](#).

RABIES

Immunisation is recommended for travellers who will be in rural or remote areas for 1 month or more at a time.

For details on vaccines and recommendations please refer to [Disease Information](#).

TETANUS

We recommend the initial childhood series of vaccinations in the first five years of life, with booster doses at ages 11 years, 45 years, and 65 years. Travellers are recommended to have the vaccine 10 yearly esp. if travelling to developing countries, or where there may be a risk of contracting the disease. For details on vaccines and recommendations please refer to [Disease Information](#).

TUBERCULOSIS (TB)

Immunisation is not compulsory, and is not recommended for adults.

Children should be immunised at any age.

A skin test is available if immune status is in doubt.

For details on vaccines and recommendations please refer to [Disease Information](#).

TYPHOID FEVER

Immunisation is recommended for travellers who will be in the area for 1 month or more.

For details on vaccines and recommendations please refer to [Disease Information](#).

YELLOW FEVER

A yellow fever vaccination certificate is required from travellers coming from infected areas.

For details on vaccines and recommendations please refer to [Disease Information](#).

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MALARIA PREVENTION

Malaria risk—predominantly due to *P. falciparum*—exists throughout the year in the whole country except in Vientiane.

There are five common medications for malaria prevention available in New Zealand. None of the medicines is 100% effective against the disease at all times, and each has its own side effects. Listed below in order of preference are our recommendations for this country.

Please read the side-effect profile of each regime before use. For details on antimalarials and recommendations please refer to [Disease Information](#).

1 = most recommended for the area, 4 = least recommended

	TABLET NAME	OTHER NAME	STRENGTH	No. TO TAKE	FREQUENCY
1	Doxycycline	Doxy	100 mgs	1	Daily
1	Atovaquone / Proguanil	Malarone	250/ 100 mgs	1	Daily
1	Mefloquine	Lariam	250 mgs	1	Weekly
4	Proguanil And Chloroquine	Paludrine	100 mgs	2	Daily
		Plaquenil	200 mgs	2	Weekly

General Therapy and Recommendations:

- ☐ Chloroquine needs to be commenced 1 WEEK before, and PROGUANIL 2 DAYS before entering a malarious area. Both medications need to be continued for 1 month after leaving the malarious area.
- ☐ Doxycycline: Start 2 DAYS before departure. Continue 28 DAYS after return.
- ☐ Atovaquone and Proguanil: Start 2 DAYS before departure. Continue 7 DAYS after return. Best for short-stay journeys to any malarious area.
- ☐ Mefloquine (LARIAM): Start 3 WEEKS before departure. Continue for 4 WEEKS after return.

Warnings:

- ☐ If you prescribe Mefloquine (LARIAM) discuss with your patient the side effects, as problems may occur with balance/fine skills, heart disease, blood pressure pills, epilepsy, mental illness and pregnancy.
- ☐ Mefloquine is not suitable for everybody. Even when the drug is considered suitable, recent research shows that 1 in 200 people taking Mefloquine can expect to experience unpleasant temporary Neuropsychiatric side effects. Such side effects usually occur within the first 2-3 doses.

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Self Treatment Regimes:

☒ Travellers who develop fever should seek immediate medical help.

Medication	Adult	Child	General Comment
Mefloquine LARIAM (250 mgs)	If weight is > 60 kg 3 tabs stat 2 tabs @ 6-8 hrs 1 tab 6-8 hr later If weight is 45-60 kg 3 tabs stat 2 tabs @ 6-8 hrs	Refer to WORLDWISE- ONLINE section on Ma- laria (under Disease Information)	Better tolerated in children. Severe side effects in 1:10,000. Side effects are over-stated. General Side Effects are in the order of 1:200
Atovaquone (250 mg) and Proguanil (100 mg) MALARONE	4 tablets a day for three days	Refer to WORLDWISE- ONLINE section on Ma- laria (under Disease Information)	Malarone has been shown to be highly efficacious for treatment of uncomplicated malaria caused by Plasmodium falciparum, including malaria that has been acquired in areas with Chloroquine-resistant or multi-drug resistant strains.
QUNINE (300 mgs) accompanied by: TETRACYCLINE (250 mg)	<i>ii three times a day</i> <i>i tab four times/ day</i>	Refer to WORLDWISE- ONLINE section on Ma- laria (under Disease Information)	Quinine Duration 3 days Tetracycline Duration 7 days

If Malaria is confirmed then self-treatment regimes are available. They should be taken in conjunction with medical advice and in all circumstances medical follow up is essential. The medications to be used in self treatment regimes are: Mefloquine (LARIAM) and Atovaquone - Proguanil (MALARONE).

HEALTH ADVISORY

GENERAL

Medical facilities and services in Laos are not up to the standards of New Zealand and Australia. Visitors should carry comprehensive health insurance. Public health facilities in Laos are basic, and hospitals are not recommended for anything but immediate stabilisation prior to a medical evacuation or for minor medical concerns. Evacuation is recommended for medical emergencies.

The Friendship Bridge linking Vientiane, Laos to Nong Khai, Thailand is open from 6:00 a.m. to 10:00 p.m. Officials generally will allow travellers to cross after hours in case of medical emergency. AEK International Hospital (tel. 66-42-342-555) and North Eastern Wattana General Hospital both in Udorn, Thailand (tel. 66-1-833-4262) have English-speaking staff who are well accustomed to dealing with foreign patients. Nong Kong Wattana Hospital in Nong Khai, Thailand (tel. 66-1-833-4262) can handle most simple medical procedures. In Vientiane, the Setthatirat Hospital ambulance (tel. 021-413-720) has the documentation necessary to take patients to Thailand.

ACCIDENTS AND INSURANCE

Accidents and injuries are the leading cause of death among travellers under the age of 55. Most are caused by motor vehicle and motorcycle crashes; and to a lesser degree, drowning, aircraft crashes, murders, and burns. Heart attacks cause most fatalities in older travellers, but infections cause only 1% of fatalities in overseas travellers. Generally, infections are the most common cause of travel-related illness.

Travellers are advised to obtain, before departure, travel health insurance with specific overseas coverage. The policy should include a medical evacuation benefit. Check for any exclusions that are part of the policy. Worldwide OnLINE recommends that the policy also provide 24-hour access to an assistance centre that can help arrange and monitor delivery of medical care, and determine if air ambulance services are required.

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HEALTH ADVISORY

ROAD TRAVEL

The number of road accidents and fatalities in Laos has risen sharply in the last decade as the number of motor vehicles has increased. The rate of traffic fatalities in Laos is 19 per 10,000 vehicles, which is about double the rate in Southeast Asia. Travellers involved in traffic accidents have been barred from leaving Laos before paying compensation for property damage or injuries, regardless of whom the police judged was at fault.

Traffic in Laos is chaotic and road conditions are very rough. Many drivers are unlicensed and uninsured. Theoretically, traffic moves on the right, but vehicles use all parts of the road. Cyclists pay little or no heed to cars on the road. Motorcycles carry as many as five people, greatly impeding the drivers' ability to react to traffic.

The evening hours are particularly dangerous. Road construction sites are poorly marked, have no advance warning, and can be difficult to see at night. Roads are poorly lit, many vehicles have no operating lights, few bicycles have reflectors, and it is common for trucks to park on unlit roads with no reflectors.

The speed limit on most urban streets is 30 kilometres per hour. On the better inter-urban roads the speed limit is usually 40 or 50 kilometres per hour. Few roads have lane markings. Where lane markings, road signs, and stoplights do exist, they are widely ignored.

Public transportation is unreliable, and is limited after sunset. The most common form of public transport are three-wheeled, open-sided taxis called "tuk-tuks." Automobile taxis are available at the airport, the Friendship Bridge, and major hotels. Tuk-tuks and taxis are frequently in poor states of repair. Tuk-tuk and taxi drivers generally speak little or no English. Inter-city transport is provided by buses, pickups, and trucks, which are also often in poor repair.

Lao road traffic regulations require any driver coming upon a road accident to assist in transporting injured persons to a hospital. Emergency telephone numbers are Fire: 190, Ambulance: 195 or 021-413-720, Traffic Police: 191, Tourist Police: 021-251-128 (only for incidents involving tourists).

SEASONAL & SPECIFIC DISEASE INFORMATION

AIDS/HIV

In Asia, with 60 per cent of the world's population, 7.4 million people are living with HIV. One of every 4 newly-infected people is Asian. The epidemic is fuelled by drug use, sex work, and sex between men, but it is fast moving into the general population. China and India have severe epidemics in a number of provinces, territories, and states. In Indonesia and Vietnam, infections among injecting drug users have soared.

ANIMAL HAZARDS

snakes (vipers, cobras, kraits), scorpions, black widow spiders.

AVIAN FLU

Influenza viruses that infect birds are called "avian influenza viruses." Avian influenza usually does not make wild birds sick, but can make domesticated birds sick and kill them. Avian influenza viruses do not usually infect humans; however, several instances of human infections and outbreaks have been reported globally since 1997. Avian influenza viruses do not usually directly infect humans or circulate among humans.

Since December 2003, there have been instances of 'avian 'flu' amongst poultry in South east Asia. While it is unusual for humans to get influenza virus infections directly from poultry or birds, rare human infections and outbreaks caused by certain avian influenza viruses have been reported to the World Health Organization (WHO). All patients with confirmed 'avian 'flu' were severely ill, and many had a history of exposure to sick or dead poultry. Field investigations at that time showed no conclusive evidence of human-to-human transmission of the disease.

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Travellers to South East Asia and China, West Africa, and Egypt and the Middle East are advised to avoid places such as poultry farms and bird markets where live poultry are raised or kept, and to avoid contact with sick or dead poultry. Travellers returning with an illness from any area of the world are advised to seek prompt medical attention.

WHO does not recommend travel restrictions to areas experiencing outbreaks of highly pathogenic H5N1 avian influenza in birds, including countries which have reported associated cases of human infection. Travellers to areas affected by avian influenza in birds are not considered to be at elevated risk of infection unless direct and un-protected exposure to infected birds (including feathers, faeces and under-cooked meat and egg products) occurs. WHO continues to recommend that travellers to affected areas should avoid contact with live animal markets and poultry farms, and any free-ranging or caged poultry. Large amounts of the virus are known to be excreted in the droppings from infected birds.

CHOLERA

Immunisation is not internationally required by WHO. Food and water spread the disease, so caution is urged with personal hygiene. Cholera is often a disease of migratory populations, so the vaccine is primarily recommended for people at high risk (e.g., humanitarian, aid, relief workers) who work and live in highly endemic areas under less than adequate sanitary conditions. Cholera vaccine is not "officially" required for entry into, or exit from, any country. Despite the fact that the vaccine is not officially required for any country, some countries occasionally require proof of cholera vaccination from travellers coming from cholera-infected countries. Anticipating such a situation, certain travellers may either wish to have the vaccine or carry a medical exemption letter from their health professional.

DENGUE FEVER

Endemic at high levels year-round. Increased risk may occur in urban areas. The Aedes mosquitoes, which transmit dengue, bite primarily during the daytime and are present in populous urban areas as well as resort and rural areas. Travellers to the region are advised to take measures to prevent daytime mosquito bites.

FOOD AND WATER

Awareness of water and food borne problems is advisable. It is our recommendation that all drinking water should be considered a potential health risk and sterilisation is advisable. All water used for drinking, brushing teeth and making ice cubes should be from a reputable bottled source, or it should be boiled for 10 minutes, or filtered. In boiling water, consideration needs to be made aware of the effect on the local environment of the energy source used to boil the water.

Milk is unpasteurised and should be boiled. Powdered or tinned milk is advised. Make sure that it is reconstituted with pure water. Avoid dairy products which are likely to have been made from un-boiled milk. Vegetables should be cooked and fruit peeled. All meat, poultry and seafood must be well cooked and served whilst hot. Avoid pork. Salads and mayonnaise are best avoided. Remember the adage: 'Cook it, Peel it, Boil it or Avoid it'.

HEPATITIS

Water-borne outbreaks of hepatitis E are reported, but data are scarce. The hepatitis B carrier rate in the general population is estimated to exceed 10%.

INFLUENZA

Influenza is transmitted year round in the tropics. Flu vaccine is recommended for those over age 50; or those of any age with a chronic illness or weakened immune system.

JAPANESE ENCEPHALITIS (JE)

Sporadic cases occur throughout the year, primarily in rural areas, but occasionally near or within urban areas. The mosquito is a nighttime biter, transmitting this disease, and is found mostly in rural areas (where it breeds in rice fields) below 1,000 metres above sea level. While it is primarily seen in rural areas, urban cases have also been occasionally reported.

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OTHER DISEASES

the following diseases are present in the country. It is suggested that travellers seek precautions against them:

Anthrax (may be associated with eating infected buffalo meat)

Brucellosis (high incidence and transmitted by the consumption of unpasteurised dairy products, e.g. cheese and yoghurt)

Echinococcosis (carried by dogs, especially in rural and agricultural areas)

Filariasis

Helminth (worm) infections (ascariasis, hookworm disease, strongyloidiasis AND hookworm, roundworm, and whipworm infections are common in rural areas)

Leprosy (highly endemic)

Leptospirosis

Plague

Scrub typhus

PLANT HAZARDS

Plant hazards such as those with bamboo, rattan, and large palm- or fern-like trees can cause serious puncture wounds and slow-healing lacerations, are widespread in the forested areas of the country. Regas are large forest trees whose black resinous sap can cause a potent poison ivy-type skin reaction.

RABIES

Sporadic cases of human rabies are reported countrywide. All animal bites or scratches, especially from a dog, should be taken seriously, and immediate medical attention sought. Access to rabies vaccine or rabies immune globulin may require emergency travel to another country. Sporadic cases of human rabies are reported countrywide, and the risk of human rabies is increased in rural areas. Although rabies is rare among tourists, there is risk.

SCHISTOSOMIASIS

Risk is present year-round, Risk is present year-round. Focal distribution occurs along the Mekong River (including Vientiane), and in Louangphrabang and Champasak Provinces.

TRAVELLERS' DIARRHOEA

With travellers to the region, there is a significant risk of traveller's diarrhoea. All are advised to ensure strict food and water hygiene. Tap water is not recommended, even in the resort hotel regions. The use of an iodine resin water purifier is recommended. If Travellers' Diarrhoea occurs maintain a high intake of non-alcoholic fluids and avoid dairy produce. Diarrhoea not responding to treatment with an antibiotic, or chronic diarrhoea, may be due to a parasitic disease such as giardiasis, amoebiasis, or cryptosporidiosis.

TUBERCULOSIS (TB)

TB is a major health problem in this country. Travellers planning an extended stay are recommended to have a pre-departure TB skin test and be re-tested after leaving this country. It is recommended that domestic help hired by long-stay visitors be screened for TB.

SAFETY AND SECURITY

FOREIGN OFFICE ALERT: Bombing incidents in public places such as markets and transportation facilities have occurred in Vientiane and other towns in the past year. Tourists are advised to observe a high level of security awareness, particularly in hotels, nightclubs, bars and restaurants, places of worship, tourist sights and on public transport and take sensible precautions for their personal safety.

Travel only in daylight hours. Travel to Sam Neua and the province of Huaphan should be avoided. Fatal armed attacks have occurred on Route 13 buses linking Vientiane to the north of the country through Luang Prabang. Also avoid Route 7 from Phou Khoun, to Phonsavan. Special care should be taken when going through Xieng Khouang Province. A permit is required to visit the Xaisomboune Special Zone.

Travel to isolated areas near the Lao-Thai border should be avoided. There is a danger of being caught up in unpredictable acts of violence.

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Boat travel on the Mekong River is unreliable and unsafe. During the dry season (November to April) when water levels are low, speed boat travel is dangerous. Boat travel at night should be avoided as Lao military have sometimes shot at boats. Areas of the country remain mined and visitors should not stray from main routes in rural areas.

Isolated incidents of civil unrest, including armed attacks and bombings have occurred in the past. Further such incidents cannot be ruled out. Events of political significance, including elections, may be catalysts for such incidents.

Public buses, bus stations and markets, in particular, have been targets of attacks that have resulted in injury and death. Attacks have occurred in the capital, Vientiane, and on roads north of Vientiane and in Huaphan Province in the north-east.

You are advised to avoid any protests or demonstrations and follow the instructions of local authorities. Curfews may be enforced and can include roadblocks, spot roadside checks and occasional raids on premises.

ANZACS in Laos are encouraged to record their details with their respective embassies. You will be asked to provide the following information:

Full names of individuals and accompanying dependents

Passport number(s)

Contact details whilst in Laos

Departure dates and details, and

Contact information for a family member or friend in Australia or New Zealand

SAFETY AND SECURITY

There have been renewed attacks on all forms of transportation in Laos. Recent attacks in and around Sam Neua, the capital of Huaphan Province in northern Laos, and at least three other bomb attacks over the past month targeting buses and bus stations in Vientiane and southern Laos have resulted in death and injury to civilians. We have also received reports of small-scale attacks by anti-government groups in isolated areas along the Lao-Thai border.

Travellers are advised to avoid travel to Sam Neua and Huaphan Province until further notice. In light of recent attacks in the Vang Vieng-Kasi area, especially along Route 13, travellers should avoid travel by road between Vang Vieng and Luang Prabang. We also recommend that travellers avoid activities in the surrounding areas of Vang Vieng.

Following such attacks, the Lao government has been known to shut down telecommunications and stop all transport on main roads for up to several days.

In February and again in April, 2003, buses and other vehicles travelling in the area of Luang Prabang, Phonsavan, and Vang Vieng on route 13 were attacked by unknown armed groups killing 25 people and leaving others seriously wounded. In the first attack two Swiss citizens touring by bicycle were killed. The Lao government has characterised these attacks as "banditry" but, given the extreme violence of the attacks, the motive appears to have been at least in part political.

The area around Vang Vieng has a history of similar violent incidents. Between March 2000 and January 2001, Vientiane and several other towns throughout Laos experienced a series of bombing incidents, generally in public places, including markets and transportation facilities, frequented by foreign tourists. No one has claimed responsibility for any of these incidents, nor have local authorities made any arrests.

The Government of Laos tightly controls travel to Saysomboun Special Zone and at times restricts travel to parts of Xieng Khouang Province (particularly Muang Khoune, Muang Paxai, and Muang Phoukout Districts) because of ongoing insurgent and bandit activity. Due to the risk of violence, the U.S. Department of State recommends travellers in Laos avoid travel to Saysomboun Special Zone and Xieng Khouang Province (except for Phonsavan town and the Districts of Muang Kham and Muang Nong Haet). The U.S. Embassy also advises travellers to avoid travel on Route 13 from Vang Vieng to Luang Prabang and on Route 7 from the Route 13 junction to Phonsavan town in light of the recent attacks.

Travellers to Vang Vieng should be aware that there have been robberies and assaults of tourists walking alone to the caves on the far side of the Nam Song River. There have also been several drownings and near-drownings involving persons inner-tubing or swimming in the Nam Song River during rainy season.

Persons travelling in Vientiane and elsewhere, especially after dark, are subject to being stopped, searched, detained, and fined by local police if they cannot present suitable identification. Travellers should comply with requests to stop at checkpoints and roadblocks.

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More than 500,000 tons of unexploded ordinance left over from the Vietnam War causes about 120 casualties per year in Laos. Savannakhet, Xieng Khouang, Saravane, Khammouane, Sekong, Champassak, Houaphan, Attapeu, and Luang Prabang Provinces and Saysomboun Special Zone are severely contaminated by unexploded bombs. In addition, there are numerous mine fields left over from the war, including mine fields along Route 7 (from Route 13 to the Vietnam border), Route 9 (Savannakhet to the Vietnam border), and Route 20 (Pakse to Saravane). In general, travellers to any part of Laos should never pick up any unknown metal object and should avoid travelling off of well-used roads, tracks, and paths.

Camping at night anywhere except authorized campgrounds in national parks is considered dangerous.

A number of bombing incidents occurred in Laos in public places in the capital Vientiane from March 2000 and continued into early 2001. It appears that this series of bombing incidents may now be over, but vigilance is urged. There is no curfew in Vientiane but visitors should be aware that people travelling in the city after 2300 hours may be stopped by the police and asked to show ID papers before being allowed to travel on. Travellers should comply with requests to stop at checkpoints and roadblocks.

CRIME

While Laos generally has a low rate of violent crime, it is not immune to crime. Nevertheless, there is a reported increase in violent crime such as robbery, rape and sexual assault, including in the capital Vientiane and in the city of Luang Prabang. While in Laos, travellers should remain aware of their surroundings and exercise appropriate security precautions. There has been a recent increase in thefts and assaults in Vientiane, including bag-snatching and sexual assaults. Incidents of house-breaking have risen sharply in the past year. Expatriates attempting to report burglaries in-progress to the police often find that the police telephones are not answered or are informed that the police are not authorized to respond to criminal activity at night, or that the police have no transportation.

The resolution of business and personal disputes through violent means, including bombings, may occur. Local law enforcement agencies often lack the resources and capability to effectively deal with such threats. Although foreign travellers are not ordinarily targeted, there is the potential for bystanders to be inadvertently caught up in such incidents.

Some restaurants in popular tourist locations offer drug-laced food and drink which may contain harmful and unknown substances. The unknown additives in these foods and drinks can be dangerous and have resulted in serious illness and death. Travellers have been assaulted after accepting 'spiked' food and drink. Never leave food and drink unattended.

Banditry on the roads between Vang Vieng and Luang Prabang, including along Route 13, and between Phou Khoun and Phonsavanh, including along Route 7 has been reported.

Theft and assaults involving foreigners are not uncommon. Theft of passports is a particular problem. Travellers should exercise care, avoid carrying large sums of money and keep valuables, including passports, in a secure place.

FINANCES AND CREDIT CARDS

Credit card fraud is on the rise throughout the world. Worldwide Travellers Health Centres recommend travellers not to carry credit cards or cash cards unless necessary. If needed then ensure that they have a PIN with them. We suggest the travellers never have only a 'sign-off' for such cards. One form of credit card fraud involves the illicit use of an electronic device to retrieve and record information, including the PIN, from the card's magnetic strip: called 'skimming'. The information is then used to make unauthorised purchases. To limit vulnerability to this scam, Worldwide OnLINE advises 'never let a credit card out of sight'. 'Skimmers' are typically battery-powered portable devices, anything from 'cigarette packet' size up to 15 cms in length, and can be e.g. held in the hand or placed under a desk for easy 'swiping'.

Never allow a credit card to be 'swiped' through a second machine, without knowing about it. Travellers using automatic teller machines (ATM's) also are advised to safeguard their PIN numbers by covering the keypad when entering the PIN number. In isolated instances, professional thieves have monitored ATM transactions from a distance using vision enhancing equipment.

Credit card fraud is a prevalent and growing crime problem. Use of credit cards should be limited to major international establishments such as large hotels, and credit cards and numbers should be closely safeguarded at all times. The counterfeiting of credit cards is prevalent. Always have a limit on a credit card, in case of either theft or being forced to withdraw money.

LOCAL TRAVEL

A permit is required to visit Xaysomboune special province and military escorts should be used. Visitors should be aware that travel in parts of Laos is dangerous. Visitors should be alert to continuing security concerns related to ethnic conflict and banditry in rural areas. Visitors should be aware of the dangers of unexploded bombs and mines, particularly in Xieng Khouang Province (Plain of Jars) and areas of the Lao-Vietnamese border that were formerly traversed by the Ho Chi Minh Trail.

Travel on the Mekong River by speedboat is dangerous, particularly in the dry season (November to April). It is not known whether aircraft maintenance procedures on internal flights are always properly observed. Travel by Lao Aviation Yuen 7 and Yuen 12 aircraft should be avoided where possible.

For current and up-to-date travel safety information, the reader is also referred to [New Zealand Ministry of Foreign Affairs and Trade, and Travel Safety Information](#)

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CONSULATE INFORMATION

NEW ZEALAND MINISTRY OF FOREIGN AFFAIRS AND TRADE, and Travel Safety Information

Contact Details: enquiries@mfat.govt.nz

www.mfat.govt.nz/travel/index.html

www.mfat.govt.nz

www.nzembassy.com

nzembassy.com is the official address for New Zealand embassies, high commissions and representative offices. The aim of an nzembassy.com website is to provide information on New Zealand for those interested whether for business, education, travel or leisure. The website also includes contact details of New Zealand government agencies and representatives at home and overseas.

Physical Location

Ministry of Foreign Affairs and Trade, 195 Lambton Quay, Wellington, New Zealand

Mailing Address

Ministry of Foreign Affairs and Trade, Private Bag 18 901, Wellington, New Zealand

Telephone and Fax

The main telephone number for the Ministry is +64 4 439 8000

The main fax number for the Ministry is +64 4 439 8511

AUSTRALIAN DEPARTMENT OF FOREIGN AFFAIRS AND TRADE

Contact Details: R.G. Casey Building, John McEwen Crescent, Barton, ACT, 0221 Australia.

www.smartraveller.gov.au

www.dfat.gov.au

www.dfat.gov.au/missions/index.html

dfat.gov.au/missions/index.html is the official address for Australian embassies, high commissions and representative offices. The website includes contact details of Australian government agencies and representatives at home and overseas.

Physical Location

R.G. Casey Building, John McEwen Crescent, Barton, ACT, 0221 Australia.

Mailing Address

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Smartraveller phone service

Call 1300 139 281 (local call cost within Australia) and our advice will be spoken to you.

Contacts for help

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Sample of a WORLDWISE ONLINE Country Health Report

PLEASE NOTE: This is a sample only and is not necessarily up to date

REPORT COMPILED BY:

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The travel health information provided in a Country Report is compiled from a range of authoritative world sources including:

- ☒ Australian Department of Foreign Affairs and Trade
- ☒ Centers for Disease Control (CDC), Atlanta, USA
- ☒ Eurosurveillance (European Union surveillance, prevention and control of infectious and communicable diseases)
- ☒ Foreign and Commonwealth Office, United Kingdom
- ☒ International Society of Travel Medicine (ISTM)
- ☒ International Association of Medical Assistance to Travellers (IAMAT)
- ☒ London School of Hygiene and Tropical Medicine
- ☒ National Immunization Information Network (USA)
- ☒ New Zealand Ministry of Foreign Affairs and Trade
- ☒ The New Zealand Ministry of Health
- ☒ PacNET, Secretariat of the Pacific Community, Public Health Surveillance
- ☒ ProMED, International Society for Infectious Disease
- ☒ SAA Netcare Travel Clinics of South Africa
- ☒ School of Public Health and Tropical Medicine, James Cook University, Australia
- ☒ US Department of State
- ☒ World Health Organization (WHO), Switzerland

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