MINISTRY OF HEALTH & WELLNESS

International Travel and Health

International travel can pose various risks to health, depending on the characteristics of both the traveler and the travel. Travelers may encounter sudden and significant changes in altitude, humidity, microbes, and temperature, which can result in ill-health. In addition, serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable. Jamaica has a mature health and medical services system that includes a robust National Surveillance System and Environmental Health Programme that addresses among other things, safety concerns in facilities for accommodation and provision of safe water, as well required special provisions for acute public health events as indicated.

Jamaica's International Travel and Health Programme is guided by the WHO/PAHO recommendations. The programme includes providing general guidelines with respect to infectious diseases for travelers entering the country as part of official visits or events involving international participants. Infectious diseases involving potential health risks for travelers are grouped as follows:

- diseases that have a sufficiently high global or regional prevalence to constitute a significant risk for travelers;
- diseases that are severe and life-threatening, even though the risk of exposure may be low for most travelers;
- diseases for which the perceived risk may be much greater than the real risk, and which may therefore cause anxiety to travelers;
- diseases that involve a public health risk due to transmission of infection to others by the infected traveler.

The diseases outlined below are currently affecting several territories across the globe. However, Jamaica continues to remain free from most of these diseases and as such must maintain measures to sustain this status. Public Health measures are in place for processing persons desirous of entering Jamaica who have travelled to areas where there have been confirmed cases of communicable diseases of current concern.

Regional or Global Outbreaks

Vector related threats:

I. Yellow Fever is common in the tropical and subtropical areas of South America and Africa. Worldwide, about 600 million people live in endemic areas.The yellow fever virus is mainly transmitted through the bite of an infected Aedes aegypti mosquito. Jamaica is free of yellow fever. In accordance with the Public Health Act,Quarantine Act 1951, Revised 1991, travelers are required to provide Verification **of the International Certificate of Vaccination or Prophylaxis, ICVP** for Yellow Fever if the passenger is travelling from Yellow Fever Endemic areas.

II. Malaria is common in Africa, parts of South and Cental America as well as in Asia. It is transmitted by the bite of an infected Anopholes mosquito. Jamaica successfully eliminated Malaria in 2011 and as such remains vulnerable to reintroduction as the vector for spread is still present.

Highly infectious infections:

I. Ebola Virus Disease is found in selected countries in West Africa and is transmittedfrom person to person by means of direct contact with the body fluids of infected symptomatic persons.

The World Health Organization (WHO) declared the current Ebola outbreak in Central Africa a Public Health Emergency of International Concern (PHEIC) on 17 May 2026 under the International Health Regulations (2005). The declaration followed the rapid escalation of cases in the Democratic Republic of the Congo (DRC), the occurrence of cross-border transmission into Uganda, and concerns regarding the potential for further international spread. The outbreak is caused by the Bundibugyo ebolavirus, for which there is currently no licensed vaccine or specific therapeutic treatment, presenting additional challenges for outbreak control. The WHO Emergency Committee recognized that the event constitutes a significant public health risk requiring a coordinated international response, enhanced surveillance, strengthened preparedness measures, and increased support to affected countries. The PHEIC declaration serves to mobilize global attention, technical expertise, and resources to contain the outbreak, reduce morbidity and mortality, and prevent further regional and international spread of the disease.

Although the WHO assesses the risk as high in the African region and low globally, the Ministry of health and Wellness has further enhanced its port of entry health surveillance and as such, Jamaicans or travellers to Jamaica, who have no symptoms, but have travelled to affected countries or transited through same in the last 21 days will be asked to self-quarantine under the supervision of the health department. Persons with symptoms will be classified as suspected cases and will be isolated.

II. II. Cholera continues to be reported in several regions of the world, including parts of Africa, Asia, the Middle East, and the Caribbean, particularly in Haiti. The disease is caused by the bacterium Vibrio cholerae and is primarily transmitted through the consumption of food or water contaminated with human faeces. Ongoing outbreaks are often associated with inadequate access to safe water, sanitation, and hygiene services, as well as humanitarian emergencies and population displacement. The continued global circulation of cholera highlights the importance of robust surveillance, rapid detection, effective case management, and sustained investments in water, sanitation, and public health infrastructure.

III. ***Routine Vaccine Preventable Conditions***:

As Jamaica has successfully implemented its national immunization Programme against vaccine preventable diseases, it is of paramount importance that the reintroduction of diseases such as Measles and Diphtheria do not occur. In accordance with Jamaica's Public Health (Immunization)Regulations 1986, Jamaican children are routinely vaccinated against Tuberculosis, Poliomyelitis, Measles, Mumps, Rubella, Diphtheria, Tetanus, Pertussis, Hepatitis B and Haemophilus Influenza Type B. Measles and Diphtheria are of particular concern at this time.

I. Measles continues to be a significant public health concern globally and across the Americas. The disease is caused by a highly contagious virus that lives in the nose and throat of an infected person and spreads through respiratory droplets generated by coughing, sneezing, or close contact. The virus can remain viable in the air and on surfaces for up to two hours after an infected person has left an area. During 2025 and 2026, several countries in the Americas, including the United States, Canada, Mexico, and Argentina, reported increases in measles cases and outbreaks, largely associated with declining vaccination coverage and international travel. The resurgence of measles highlights the importance of maintaining high levels of immunization, strengthening surveillance systems, and ensuring the rapid detection and response to suspected cases to prevent further transmission.

II. II. Diphtheria continues to be reported in several countries, including Yemen, Nigeria, Pakistan, and other areas experiencing humanitarian crises, conflict, or gaps in routine immunization coverage. Yemen remains particularly vulnerable due to prolonged disruptions to healthcare services and population displacement, which have contributed to recurrent outbreaks. The continued occurrence of diphtheria in these countries underscores the importance of maintaining high vaccination coverage, strengthening surveillance systems, and ensuring the rapid identification and treatment of suspected cases to prevent further spread and reduce mortality.

Seasonal Outbreaks:

I. Seasonal influenza is an acute viral infection that spreads easily from person to person and can affect any age group. In temperate climates, seasonal epidemics occur mainly during winter while in tropical regions, the seasonality is less obvious and epidemics can occur throughout the year. Seasonal influenza is a serious public health problem that causes severe illness and death in high risk populations. There are 4 types of seasonal influenza viruses, types A, B, C and D, with **A and B** causing **seasonal epidemics** of disease. **Influenza A viruses** are further classified into subtypes and currently the circulating ones in humans are subtype **A (H1N1)** and **A(H3N2)**. Only type A viruses are known to have caused pandemics.

Traveler vaccinations

WHO emphasizes that all travelers (domestic and international) should be up to date with routine vaccinations. Travel is a good opportunity for health care providers to review the immunization status of infants, children, adolescents and adults.

Travelers should be advised to check that they have been fully vaccinated against measles, rubella, mumps, diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis before starting their travel. Non-immunized or incompletely immunized travelers should be offered the routine vaccinations recommended in their national immunization schedules, in addition to those needed for international travel (e.g. yellow fever vaccine).

In keeping with WHO standards, evidence of immunity to measles and rubella for international travelers includes:

- written documentation of having received the measles and rubella vaccines.
- laboratory evidence of rubella and measles immunity (a positive serologic test for the measles and rubella-specific IgG antibodies)

Health & Travel Requirements

I. YELLOW FEVER

Jamaica has a travel requirement in place for Yellow Fever. All persons older than one year, who are travelling from a country where there is a risk of Yellow Fever transmission, and persons who

are transiting through a country with risk of Yellow Fever transmission for more than twelve hours, are required to show proof of vaccination against Yellow Fever before entering the country. Only individuals travelling from countries with risk of Yellow fever transmission, as listed on the current World Health Organization (WHO) International Travel and Health website, are required to provide proof of vaccination for entry into Jamaica.

Travellers from the following countries need to show **proof of vaccination against Yellow Fever:**

Angola, Argentina, Benin, Bolivia, Brazil, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, Congo, Cote d'Ivorie, Democratic Republic of Congo, Ecuador, Equatorial Guinea, Ethiopia, French Guiana, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Guyana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Panama, Paraguay, Peru, Senegal, Sierra Leone, South Sudan, Sudan, Suriname, Togo, Trinidad & Tobago, Uganda and Venezuela

III. Travellers from of the following countries need to show **proof of vaccination against measles, rubella and polio:**

Albania, Belarus, Bosnia & Herzegovina, Bulgaria, Croatia, Estonia, Kazakhstan, Latvia, Lithuania, Macedonia, Moldova, Montenegro, Romania, Serbia, Republic of, Slovenia

III. Malaria is one of the most important infectious disease threats for travelers. However, there is no travel requirements for Malaria in place for Jamaica. Persons arriving from countries endemic for Malaria will be interviewed at the Health Desk at the airport. Persons who are arriving from countries with risk for transmission of other Diseases of Public Health concern will be treated as per any restrictions / instructions in place at the time from the Ministry of Health and Wellness.

IV. Ebola: IV. Persons arriving from countries affected by Ebola Virus Disease (EVD), or who have travelled through or transited such countries within the previous 21 days, will be interviewed and assessed by Port Health Officers at the point of entry. Travellers will be subject to health screening, risk assessment, and public health monitoring measures in accordance with the Ministry of Health and Wellness' current guidance and protocols.

Persons who are asymptomatic but have a relevant travel history will be issued a Quarantine Order and required to remain at their place of residence or other approved location for the remainder of the 21-day incubation period, during which they will be monitored by the respective Parish Health Department. Persons identified as having symptoms consistent with Ebola, or who are otherwise considered at increased risk based on their travel or exposure history, will be managed in accordance with established public health procedures, including isolation, medical evaluation, and referral as appropriate.