

# Malaysia

## Medical Summary

### COVID-19

**Total cases:** 9,114

**Daily new cases:** 13 (7-day rolling average)

**Daily new cases / million:** 0.4

**Total deaths:** 125

**Last case reported:** 8/12/2020

**Case trend:** ↘ Decreasing followed by plateau (based on the past 3 days' data or a 7-day rolling average)

### COVID-19 Travel Restrictions

#### Ports of Entry/Exit

Expires August 31, 2020: International airports are closed.

Expires August 31, 2020: Land borders are closed to arriving foreigners.

Expires August 31, 2020: Maritime ports are closed to cruise ships and foreigners arriving on passenger ferries.

#### Entry Restrictions

Nationals and residents of Malaysia may enter.

Expires August 31, 2020: Foreigners on essential professional or personal business with an exemption may enter.

#### Asymptomatic Arrivals

Nationals, residents, and foreigners with exemptions arriving from any country must undergo COVID-19 PCR testing upon arrival and quarantine at home or other accommodation for 14 days (with electronic monitoring) if negative or at a hospital or at a government-designated quarantine center if positive.

#### CDC Travel Recommendation

Avoid all non-essential travel.

## General Information

Malaysia is a developing nation classified as upper middle income. Located in Southeast Asia in the South China Sea (south of Vietnam), the climate is classified as predominantly humid equatorial (no dry season), with cooler temperatures in some high-altitude areas.

## Travel Vaccinations

### Hepatitis A

*Recommended for:* all travelers.

### Typhoid fever

*Recommended for:* all travelers.

### Influenza

Risk exists throughout the year.

*Recommended for:* all travelers due to demonstrated influenza risk in this group.

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined.

Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

## Hepatitis B

*Recommended for:* all health care workers; travelers with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

## Yellow fever

**Requirement (for entry, per WHO):** A vaccination certificate is required for travelers aged  $\geq 1$  year coming from countries with risk of YF transmission. This also applies to airport transit stops (no exit through immigration checkpoint) longer than 12 hours in risk countries.

**Recommendation (for health protection):** Not recommended for any traveler unless it is officially required for entry.

## Measles, mumps, rubella

Indicated for those born in 1957 or later (1970 or later in Canada and U.K.; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

## Polio

Circulating vaccine-derived poliovirus (cVDPV) has been detected in humans since October 2019 in Sabah State and in environmental samples in April 2020 in Labuan State; some of the detected cVDPVs are genetically linked to cVDPV circulating in the Philippines. The most recent human polio case occurred in January 2020. Risk to travelers is negligible.

*Recommended for:* all travelers going to Labuan and Sabah states (adequate primary series and 1 adult dose).

WHO exit recommendations: All residents of and travelers with stays of *more than 4 weeks* in Malaysia should receive 1 dose of polio vaccine within 1 year prior to departure from Malaysia to reduce the risk of international spread; ideally, vaccination should be at least 4 weeks prior to departure, but 1 dose given at least by the time of departure from Malaysia will still provide some benefit. Travelers with stays of *less than 4 weeks* do not need a dose prior to departure from Malaysia. Previous vaccination history is to be disregarded. Documentation should be on an ICVP (the same form used for yellow fever). To date, no information exists to indicate that this country has implemented an exit recommendation or requirement. IPV (trivalent) provides broader protection than OPV (bivalent) for locally circulating poliovirus strains.

## Rabies

### Preexposure vaccination:

Significant risk from dogs exists in Sarawak State, and risk from dogs exists in the northwestern peninsular states of Kedah, Penang, Perak, and Perlis.

*Recommended for prolonged stays:* all travelers and expatriates going to Sarawak State or rural areas where risk from dogs exists, with a priority for young children.

*Recommended for short stays:* adventure travelers, hikers, cyclists, and cavers going to areas where risk from dogs exists; travelers going to locations in Sarawak State that are more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

*Consider for:* risk-averse travelers (desiring maximum pretravel preparation) with short stays in Sarawak State.

### Postexposure prophylaxis considerations:

Dog, other terrestrial mammal (including cat), and bat bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

## Japanese encephalitis

Low risk exists in rural agricultural areas throughout the country, mainly in Sarawak State. Transmission occurs throughout the year, with peak activity from October through December in Sarawak State.

*Recommended for prolonged stays:* all travelers with anticipated travel to risk areas and all expatriates (both urban and rural).

*Recommended for short stays:* travelers going to rural areas where risk exists, especially those with anticipated extensive outdoor exposure during the transmission season.

*Not recommended for:* travelers going to urban areas only; day trips and short overnight trips to usual tourist sites.

Travelers should observe insect precautions from dusk to dawn.

## Routine Vaccinations

During the COVID-19 pandemic, routine vaccination of infants and young children aged  $\leq 24$  months is a top priority in the context of well-child care and should be prioritized when possible; vaccination of older children may still be conducted or postponed to a later date depending on community circumstances and resources.

### Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

### Pneumococcal

Recommended for adults aged  $\geq 65$  years and all adults with chronic disease or immunocompromising conditions.

### Varicella

Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

## Malaria

**General malaria information:** almost exclusively *P. knowlesi*. Transmission occurs throughout the year. Extremely rare local cases of human *P. cynomolgi* infection have been documented; none have been reported in travelers.

### Location-specific recommendations:

*Chemoprophylaxis is recommended for all travelers:* throughout most districts on Borneo (Sabah and Sarawak states), excluding coastal areas extending southwest from Kota Kinabalu; all cities and towns within these areas; rural, inland areas of certain Peninsular Malaysia districts in the states of Perak, Kelantan, Negeri Sembilan, and Johor.

*Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box):* rural areas of Sandakan District and the inland portion of Papar District (both in Sabah State); rural, inland areas in certain Peninsular Malaysia districts in the states of Kedah, Kelantan, Pahang, Negeri Sembilan, and Johor.

*Insect precautions only are recommended (negligible transmission is reported):* coastal areas of Borneo extending southwest from Kota Kinabalu; Semporna District in Sabah State; all cities and towns within these areas except Kota Kinabalu; rural, inland areas in certain Peninsular Malaysia districts, including the Cameron Highlands; the western, forested portion of Labuan Island.

*No preventive measures are necessary (no evidence of transmission exists):* urban and coastal areas of Peninsular Malaysia, including Kuala Lumpur and all of Penang State; the cities of Kota Kinabalu and Sandakan on Borneo; the eastern portion of Labuan Island; typical Mount Kinabalu treks that do not overnight in transmission areas.

**Preventive measures:** Travelers should observe insect precautions from dusk to dawn in areas with any level of transmission. Atovaquone-proguanil (Malarone or generic), doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Drug choice depends on personal factors discussed between the traveler and medical provider.

No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

### Issues to Consider

**Factors favoring chemoprophylaxis**

**Factors against chemoprophylaxis**

For more information, see *Technical Explanation of Malaria Mapping*.

- Adventure travel
- Risk-averse and vulnerable travelers
- Areas subject to infrequent epidemics
- Immigrants visiting friends and relatives
- Flexible itineraries
- Travel longer than 1 month
- Unreliable medical expertise and/or treatment drugs at destination

- Air-conditioned hotels only
- Urban areas only
- Non-transmission season
- Minimal exposure from dusk to dawn
- Travel shorter than 3 days

For more information, see *Technical Explanation of Malaria Mapping*.

## Travelers' Diarrhea

Moderate risk exists throughout the country, with minimal risk in deluxe accommodations. Food and beverage precautions may reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.

## Current Health Bulletins

### Significant Chikungunya Increase, Mainly in Penang and Perak States

Updated Aug 6, 2020 (Posted Jul 17, 2020)

According to Malaysia's Ministry of Health, more than 120 cases of chikungunya fever per week, a significant increase over average incidence, are being reported, mainly in Penang and Perak states. More than 1,500 cases have been reported since January 2020 in 9 of 16 states, mainly Perak (> 800 cases) and Penang (> 660 cases). The outbreak has peaked. Travelers should observe daytime insect precautions.

## Other Concerns

### Altitude illness

Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). Climbers summiting Mount Kinabalu reach an elevation of 4,100 m (13,400 ft). Climbers should sleep one night at 3,300 m (10,800 ft) before ascending to the peak.

### Dengue

Significant risk exists in urban and rural areas throughout the country, especially in Selangor State. Transmission occurs throughout the year, especially during the rainy season. Travelers should observe daytime insect precautions.

### Chikungunya

Risk exists in urban and rural areas at elevations below 2,300 m (7,500 ft) throughout most of the country. Transmission occurs throughout the year. Travelers should observe daytime insect precautions.

### Zika

Risk exists throughout the country, including Kuala Lumpur and the Bornean districts of Sabah and Sarawak. Pregnant women (in any trimester) should receive informed counseling and consider postponing nonessential travel to this country, which has longstanding endemic transmission. Travelers, especially pregnant women, should observe daytime insect precautions.

### Marine hazards

Risk from potentially deadly Australian box jellyfish exists throughout the year, but especially during the rainy season. Travelers wading, launching boats, or fishing are especially at risk. Risk from coral, stonefish, and sea urchins exists. Travelers should seek out and heed posted warnings and refrain from bathing at unmarked, unpatrolled beaches.

### Tuberculosis

Tuberculosis (TB) is common in all developing countries and presents risk in certain developed countries. TB incidence in this country is 25 to 100 cases per 100,000 population (not the highest risk category).

A documented interferon gamma release assay or, alternatively, a tuberculin skin test is recommended before departure and after return for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless

shelters, refugee camps, or shanty towns.

Travelers should avoid public transportation and people who are coughing in crowded public places (whenever possible). Domestic household workers should be screened for TB.

### Rickettsial infections

Significant risk of scrub typhus exists in brush areas throughout the country. Transmission occurs throughout the year. Travelers in brush areas should observe standard insect precautions.

Low risk of murine typhus exists and is presumed to have widespread distribution in Peninsular Malaysia. Transmission occurs throughout the year. Travelers should avoid contact with rodents and their fleas.

### Avian influenza

Subtype A(H5N1) poultry cases occur in Sabah State. No human cases have ever been reported. Current influenza vaccines are not protective. Baloxavir and oseltamivir are effective. Risk to travelers is minimal, although they should avoid places where direct contact with poultry and their secretions may occur (such as live animal markets and poultry farms).

### Air pollution

Air quality may be variable throughout the year. Annual mean particulate matter concentrations are unhealthy in select cities.

Petaling Jaya: When air quality worsens, travelers should reduce prolonged or heavy outdoor exertion; those with lung disease or at the extremes of age should avoid prolonged or heavy outdoor exertion.

Kuching: When air quality worsens, travelers with lung disease or at the extremes of age should reduce prolonged or heavy outdoor exertion.

### Enteroviruses

Significant risk of hand, foot, and mouth disease (caused predominately by enterovirus A71 and coxsackievirus A16) exists throughout the country, especially in Sarawak and Selangor states. Transmission occurs throughout the year. Children aged  $\leq 6$  years account for almost all cases. Travelers should observe hand-hygiene (frequent, thorough handwashing).

### Seafood poisoning

Low risk of ciguatera poisoning exists is limited to coastal areas of Kelantan State. Travelers should avoid consumption of reef fish such as amberjack, barracuda, grouper, and snapper. The toxin remains even when these fish are well cooked.

### Snakebites

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

### Sexually transmitted infections

HIV is estimated to be present in more than 6% of sex workers. Travelers should be clearly informed of STI concepts and risks for HIV transmission. Travelers expected to engage in very high-risk behaviors should consider short-term preexposure prophylaxis with Truvada.

### Hepatitis C

Hepatitis C is estimated to be present in 1.2% of the population, compared to less than 0.8% in low-risk countries. No vaccine is available. Travelers should avoid contact with potentially contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) and observe safer-sex practices. Medical and dental procedures, injectable medications, and exposure to blood/blood products should be restricted to highly reputable facilities.

### West Nile virus

Negligible risk may exist, but current epidemiologic data are unavailable.

### Nipah virus

Low risk exists and is limited to Negeri Sembilan, Perak, and Selangor states. Travelers should avoid contact with bats and pigs and consumption of raw date palm sap.

## Leptospirosis

Risk exists and is presumed to have widespread distribution. Travelers who anticipate activities with extensive outdoor exposure (e.g., hiking, biking, swimming, or rafting) should consider weekly prophylaxis with doxycycline.

## Melioidosis

Risk exists throughout the country (including Kuala Lumpur), especially in Pahang State. Transmission occurs throughout the year, with highest activity from November through February. Travelers engaged in hiking, biking, swimming, or other outdoor activities should wear proper footwear and avoid direct contact with potentially contaminated soil, groundwater, or accumulated surface water.

## Helminths

Risk exists for soil-transmitted helminths (including creeping eruption) in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and avoid direct contact with sand and soil (e.g., by wearing appropriate footwear and lying on a chair or blanket).

## Security

**Consular Travel Warning:** Due to kidnapping and ongoing security concerns, U.K. (FCO), Canada (GAC), and Australia (DFAT) advise reconsidering travel (or avoiding nonessential travel) to coastal areas of eastern Sabah State (from Kudat to Tawau), including outlying islands. U.S. (DOS) has no current warning.

**Key Security Threats:** Kidnappings occur in eastern areas of Sabah State, including the islands of the South Sulu Sea; foreigners (especially Westerners) may be targeted. Petty crime (including the intentional drugging of food and drink to facilitate robbery or assault) occurs throughout the country, mainly in Kuala Lumpur and in areas frequented by tourists, including shopping centers and airports. Theft of valuables by criminals in passing vehicles is common. Additional threats to personal safety include a dangerous security environment in eastern areas of Sabah State, especially along the coast from Kudat to Tawau; piracy, especially in the Strait of Malacca and the Sulu and Celebes seas; risk of traffic-related injury or death. For more information, see Consular Advice.

**Aviation Assessment:** U.S. Federal Aviation Administration has determined that the civil aviation authority of this country does not oversee its air carriers in accordance with minimum international safety standards.

## Medical Care

Adequate private medical care that meets most international standards is available in major cities. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. One or more JCI accredited hospitals are present in Kuala Lumpur and in several other major cities. Adequate medical care for routine minor-care medical situations is available at 1 or more internationally staffed outpatient clinics.

For a private ambulance in Kuala Lumpur, call Hospital Kuala Lumpur at [+60] 3-2615-5555 or call Gleneagles Hospital Kuala Lumpur at [+60] 3-4141-3131. The national emergency number is 999.

Hyperbaric chambers for diving injuries are located in Ipoh, Kuala Lumpur, Kuantan, Lumut, and Semporna.

Upfront payment by cash or credit card, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment of other than a modest deposit may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers. All hospitals are required to provide emergency stabilization without regard to ability to pay.

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*Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.*

*Destinations content is continuously updated as new information becomes available.*

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