衞生防護中心
Centre for Health Protection

Scientific Committee on Vector-borne Diseases

Global Malaria Risk Summary October 2026

Purpose

This document serves as a general reference for healthcare professionals who may need to provide health information and advice to travellers from Hong Kong to areas with risk of malaria infection.

Local Situation and Background

2. In Hong Kong, malaria is a notifiable disease under the Prevention and Control of Disease Ordinance (Cap. 599) and the annual notification data are available from 1946 onwards. Recorded cases have declined markedly over the past few decades. Since the 1970s, the pattern has shifted from predominantly locally-acquired to imported infections. The last indigenous case was reported in 1998.

3. During 2016 – 2025, the Centre for Health Protection (CHP) of the Department of Health recorded 333 malaria cases, with annual numbers ranging from four to 196. All cases were imported, except for three recrudescent cases. The imported cases originated mainly from Guinea, Nigeria and India. The marked increase in 2022, when 196 cases were recorded, was associated with travellers from African countries (especially Guinea) transiting through Hong Kong amid travel restrictions during the COVID-19 pandemic. Cases were detected at quarantine hotels. Details of case classification and place of infection are provided in **Annex 1**. Three deaths attributed to malaria, involving two men aged 52 and 53 years, and one woman aged 40 years, were recorded, giving a case fatality rate (CFR) of 0.9%. All three malaria-attributed deaths involved *Plasmodium falciparum*. *P. falciparum* was the predominant species (78.1%),

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followed by *P. vivax* (12.6%), *P. malariae* (2.1%) and *P. ovale* (2.1%). Mixed infections accounted for 2.7% of cases, while the species was unidentified in 2.4%. The overall distribution by place of infection and parasite species was strongly influenced by the large number of imported cases recorded in 2022. As of 30 September 2026, 11 imported malaria cases had been recorded in 2026.

4. The Scientific Committee on Vector-borne Diseases (SCVBD) under the CHP compiled the first "Global Malaria Risk Summary" (hereafter referred to as "the Summary") in 2007 to describe malaria risk in endemic countries and areas for reference by healthcare professionals. Since then, the Summary has been updated regularly, most recently in August 2024. This paper highlights subsequent changes in global malaria epidemiology and travel health recommendations.

Method and Explanatory Notes

5. Assessment of global malaria epidemiology depends on the quality of disease surveillance and laboratory data from affected countries and areas. The Summary draws on epidemiological information and malaria prevention recommendations published by the World Health Organization (WHO) and selected overseas health authorities, including the Centers for Disease Control and Prevention (CDC) of the United States, the Public Health Agency of Canada (PHAC), the United Kingdom Health Security Agency (UKHSA) and the National Travel Health Network and Centre (NaTHNaC) of the UK. These sources provide information on the geographical distribution of malaria and parasite species, as well as recommendations on malaria prevention for international travellers.

6. Information published by different health authorities may vary in geographical scope, level of details, risk classification and recommended preventive measures. Such differences may reflect variations in the timing of updates, assessment methodologies and thresholds for recommending chemoprophylaxis. The information is therefore reviewed collectively, taking account of the most recent epidemiological evidence and destination-specific traveller recommendations. A change in the Summary may reflect updated advice or classification rather than a documented change in transmission.

7. Malaria can largely be prevented by avoiding mosquito bites and taking chemoprophylaxis as appropriate. As no chemoprophylactic regimen provides complete protection, mosquito-bite prevention remains important. Travellers who develop fever during or after travel to a malaria-risk area should seek urgent medical assessment and report their travel history, even if they have taken chemoprophylaxis. *P. falciparum* resistance to chloroquine is widespread and is not repeated in the Summary. Atovaquone-proguanil, doxycycline and mefloquine are commonly used in Hong Kong and are recommended options in many areas with chloroquine-resistant malaria. The choice depends on the destination and local patterns of antimalarial drug resistance, the traveller's age, pregnancy status, medical history, contraindications and potential interactions. In Hong Kong, medications such as atovaquone-proguanil, doxycycline and mefloquine are commonly used for malaria chemoprophylaxis. The choice of drug depends on the specific malaria species, the patterns of drug resistance in the destination, as well as the traveller's health and medical history. The local reference on malaria chemoprophylaxis for clinicians in Hong Kong is available from the Travel Health Service under the Port Health Division of the Department of Health, which can be accessed at https://www.travelhealth.gov.hk/english/vaccine_prophylaxis/malaria.html.

8. For this Summary, malaria risk is classified according to the geographical distribution and intensity of transmission, malaria species, drug resistance patterns and recommended preventive measures. The classification provides a practical assessment of malaria risk for travellers from Hong Kong and does not necessarily correspond directly to the classification used by any individual overseas health authority. Where malaria risk varies substantially within a country, the geographical distribution of risk and relevant regional variations are taken into account. The risk categories and corresponding recommendations are defined in **Annex 2**. **Annex 3** presents the risk and recommendation category for each country or area, together with additional information on the geographical distribution of malaria risk. **Annex 4** highlights countries or areas with major changes in risk descriptions without changes in risk category and recommendation, while **Annex 5** summarises the risk and recommendation profiles of countries or areas by WHO regions.

Global Situation Update

9. According to the WHO World Malaria Report 2025, an estimated 282 million malaria cases occurred globally in 2024, corresponding to an incidence rate of 64.0 per 1,000 population at risk. This represents an increase from 62.7 per 1,000 population at risk in 2023 and approximately 9 million additional cases compared with 2023. Global malaria incidence has remained substantially higher than the level recorded before the COVID-19 pandemic, indicating that progress in reducing malaria transmission has stalled in recent years.

10. An estimated 610,000 malaria deaths occurred globally in 2024, corresponding to a mortality rate of 13.8 per 100,000 population at risk. Although the global mortality rate has declined from the levels observed during the COVID-19 pandemic, progress remains insufficient to meet the targets of the WHO Global Technical Strategy for Malaria 2016–2030. The 2025 World Malaria Report further underscores the growing threat of antimalarial drug resistance. Systemic challenges include suboptimal delivery of interventions, limited access to quality care, gaps in surveillance and frequent stock-outs of essential commodities.

11. In 2024, the WHO African Region continued to bear the overwhelming majority of the global malaria burden, accounting for approximately 94% of malaria cases and 95% of malaria deaths worldwide. Children aged under five years accounted for approximately 75% of malaria deaths in the Region.

12. The WHO recommends programmatic use of RTS,S/AS01 and R21/Matrix-M vaccines for the prevention of *P. falciparum* malaria in children living in malaria-endemic areas, prioritising areas of moderate and high transmission. A four-dose schedule is recommended from around 5 months of age, with a fifth dose considered in areas of highly seasonal transmission or where significant malaria risk persists in older children. Malaria vaccine rollout has expanded substantially in Africa, with vaccines now introduced in 25 countries. The WHO recommendation is directed at children living in malaria-endemic areas and does not constitute a recommendation for routine vaccination of international travellers. For travellers from Hong Kong, prevention of malaria therefore continues to rely on avoidance of mosquito bites and, where indicated, chemoprophylaxis.[1]

13. Major malaria outbreaks and resurgences have continued to occur in some endemic countries. Ethiopia has experienced a substantial malaria resurgence since 2021 with cases rising sharply in 2023 and increasing further in 2024. The increase in malaria cases has been attributed to multiple factors, including suboptimal implementation or disruption of malaria prevention and control interventions in conflict-affected regions, systemic health service delivery challenges and the influence of climate variability and change.[2] In Botswana, a malaria upsurge in late 2024 and 2025 was triggered by unusually heavy rainfall, which expanded mosquito breeding sites, together with gaps in vector-control interventions; transmission occurred in both traditionally endemic and previously malaria-free districts.[3] More recently, Namibia experienced a major resurgence in 2026, whereby unusually heavy rainfall created favourable mosquito breeding conditions and increased transmission, including in areas with previously little or no malaria transmission.[4]

Summary of countries and areas with changes in risk category and recommendation

14. Updates on the risk of malaria in individual countries and areas are detailed as follows:

Compared with the August 2024 Summary, 14 countries and areas had their malaria risk categories and recommendations revised:

- African Region: Mayotte (France);
- Region of the Americas: Costa Rica, Dominican Republic, Haiti, Honduras, Nicaragua and Suriname;
- Eastern Mediterranean Region: Iraq and Oman;
- European Region: Georgia and Türkiye (Turkey);
- South-East Asian Region: Bhutan and Timor-Leste; and
- Western Pacific Region: Brunei Darussalam.

Country/Area	Rationale for revision	Change in Risk Category
African Region		
Mayotte (France)	An increasing number of locally acquired cases has been reported. CDC considers all areas to be at risk and recommended chemoprophylaxis for travellers.	2 → 4A

Region of the Americas		
Costa Rica	No *P. falciparum* resistance to chloroquine has been reported. CDC and PHAC include chloroquine as an option for chemoprophylaxis.	4B → 3B
Dominican Republic	No *P. falciparum* resistance to chloroquine has been reported. CDC and PHAC include chloroquine as an option for chemoprophylaxis.	4B → 3B
Haiti	No *P. falciparum* resistance to chloroquine has been reported. CDC, PHAC and UKHSA include chloroquine as an option for chemoprophylaxis.	4A → 3A
Honduras	No *P. falciparum* resistance to chloroquine has been reported. CDC and PHAC include chloroquine as an option for chemoprophylaxis.	4B → 3B
Nicaragua	No *P. falciparum* resistance to chloroquine has been reported. CDC and PHAC include chloroquine as an option for chemoprophylaxis.	4B → 3B
Suriname	WHO certified Suriname as malaria-free in 2025, and CDC, PHAC and UKHSA also reported no malaria risk.	5B → 1
Eastern Mediterranean Region		
Iraq	Very low seasonal risk in rural northern areas below 1,500 m from May–November. No risk in the rest of the country.	1 → 2
Oman	Sporadic transmission may occur following importation.	1 → 2
European Region		
Georgia	WHO certified Georgia as malaria-free in 2025, and CDC, PHAC and UKHSA also reported no malaria risk.	2 → 1
Türkiye (Turkey)	Very low risk of malaria throughout the country.	1 → 2
South-East Asian Region		
Bhutan	Reported zero indigenous cases for the third consecutive year in 2024 with limited malaria risk.	4B → 2

Timor-Leste (East Timor)	WHO certified Timor-Leste (East Timor) as malaria-free in 2025, and CDC and UKHSA also reported no malaria risk.	2 → 1
Western Pacific Region		
Brunei Darussalam	Although WHO certified Brunei Darussalam as malaria-free in 1987, there have been reports of human *P. knowlesi* infection in forested areas and the PHAC recommends that travellers spending extended periods in rural or forested areas may consider chemoprophylaxis.	3B → 2

Other updates for countries and areas without change in risk category or recommendation

15. A total of 49 countries and areas across five WHO Regions have updated risk descriptions regarding geographical distribution and predominant species. Nonetheless, there is no change in their risk categories and recommendations. Details can be found in **Annex 4**.

Limitations

16. The information presented in the Summary is mainly sourced from the aforementioned health authorities as well as reports and websites listed below, which is in turn dependent on various assessment and/or surveillance mechanisms in individual countries/ areas concerned.

A. World Health Organization (WHO)

(i) International travel and health: module 3: malaria (published 25 November 2024), Available at: https://www.who.int/publications/i/item/9789240102286, accessed on 18 September 2026.

(ii) World Malaria Report 2025 (published 4 December 2025). Available at: https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2025 , accessed on 18 September 2026.

(iii) Countries and territories certified malaria-free by WHO (updated 15 July 2025). Available at: https://www.who.int/teams/global-malaria-programme/elimination/countries-and

-territories-certified-malaria-free-by-who, accessed on 18 September 2026.

B. United States

Centers for Disease Control and Prevention (CDC). CDC Yellow Book 2026 – Yellow Fever Vaccine & Malaria Prevention Information, by Country (updated 23 April 2025). Available at: https://www.cdc.gov/yellow-book/hcp/preparing-international-travelers/yellow-fever-vaccine-and-malaria-prevention-information-by-country.html, accessed on 18 September 2026.

C. Canada

Public Health Agency of Canada (PHAC). Canadian recommendations for the prevention and treatment of malaria. Appendix 1: Malaria transmission and recommended preventive measures by geographical area (updated 5 September 2025). Available at: https://www.canada.ca/en/public-health/services/catmat/appendix-1-malaria-risk-recommended-chemoprophylaxis-geographic-area.html, accessed on 18 September 2026.

D. United Kingdom

(i) UK Health Security Agency (UKHSA). Malaria prevention guidelines for travellers from the UK 2026 (updated on 31 July 2026). Available at: https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk, accessed on 18 September 2026.

(ii) National Travel Health Network and Centre (NaTHNaC). TravelHealthPro – Country Information [commissioned by the UKHSA]. Available at: https://travelhealthpro.org.uk/countries, accessed on 18 September 2026.

17. The global situation is evolving with continuous changes of the risk situation of countries and areas from time to time. Moreover, under-reporting and/ or delayed reporting of the disease in various countries and areas may affect the timeliness of malaria risk assessment. In this connection, healthcare professionals are reminded to check current destination-specific advice when assessing a traveller's itinerary, particularly where recent outbreaks have occurred or health authorities provide different recommendations.

Annex 1: Statistics on Malaria Cases Recorded in Hong Kong from 2016 – 2025

Annex 2: Key to the Global Malaria Risk Summary

Annex 3: Global Malaria Risk Summary (as of October 2026)

Annex 4: Countries/ Areas with Major Updates in Risk Description without Change in Risk Categories and Recommendations (as of October 2026)

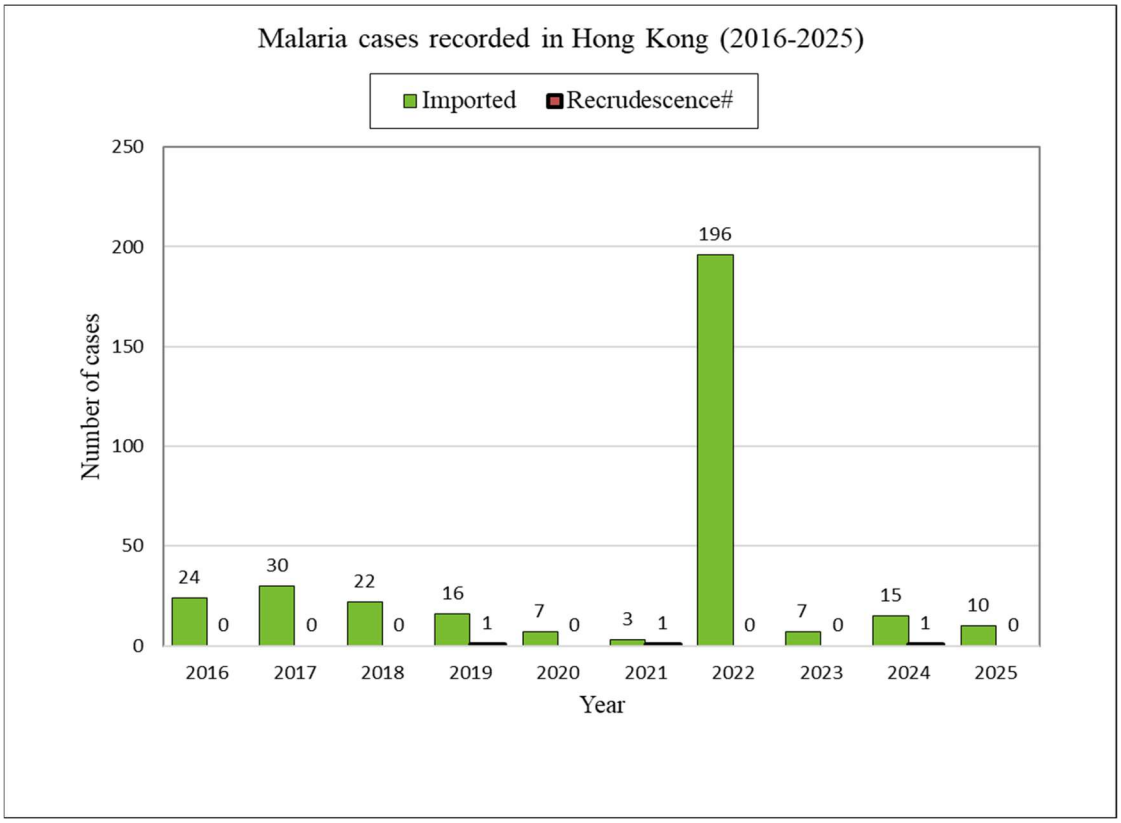
Annex 5: Risk Profile Summary

Centre for Health Protection
Department of Health
October 2026

Annex 1

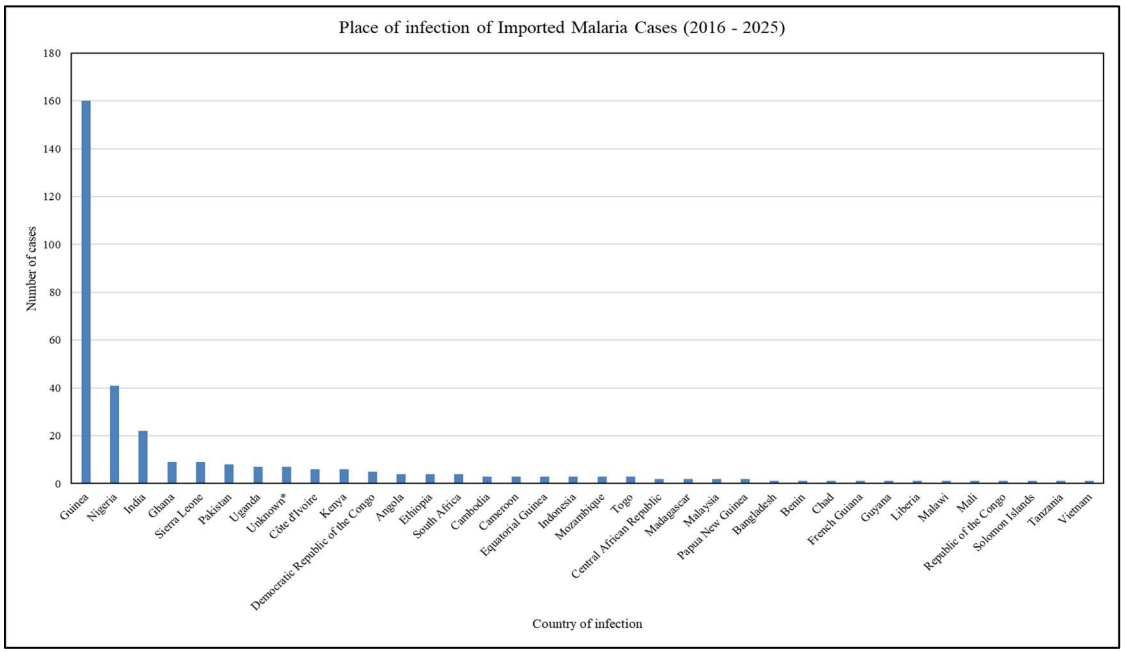
Statistics on Malaria Cases Recorded in Hong Kong from 2016 – 2025

Figure 1: Number and Classification of Malaria Cases recorded by the CHP



 # All three were classified as recrudescence cases

Figure 2: Place of Infection of Imported Malaria Cases recorded by the CHP



**Individuals had a travel history to more than one country during the incubation period*

Annex 2

Key to the Global Malaria Risk Summary

Risk Category	Risk Description	Recommendation Category	Recommendation Description
1	**No malaria risk**	**I**	General insect bite prevention measures during travel
2	**Malaria risk is very low, limited, sporadic or below the threshold at which routine chemoprophylaxis is recommended for most travellers**	**II**	Malaria prevention based on individual risk assessment ➢ Advise to undertake mosquito bite prevention and awareness of risk ➢ Obtain an update on latest destination-specific epidemiology ➢ Chemoprophylaxis may be considered for selected higher-risk travellers or itineraries when supported by current authoritative guidance
3	**Malaria transmission is present in areas where chloroquine remains an acceptable chemoprophylaxis option** **3A**: *Risk of malaria exists in the whole administrative area* **3B**: *Risk of malaria exists in certain areas*	**III**	Malaria prevention recommended ➢ Advise to undertake mosquito bite prevention ➢ Chloroquine, or another currently recommended agent, may be used according to destination-specific guidance and individual traveller factors
4	**Malaria transmission occurs in areas with chloroquine-resistant P. *falciparum* and/or where chloroquine is not a recommended routine chemoprophylaxis option** **4A:** *Risk of malaria exists in the whole administrative area* **4B:** *Risk of malaria exists in certain areas*	**IV**	Malaria prevention recommended ➢ Advise to undertake mosquito bite prevention ➢ Where chemoprophylaxis is indicated, consider atovaquone/proguanil, doxycycline or mefloquine according to current destination-specific guidance and individual traveller factors ➢ Use chloroquine only where current guidance identifies it as an appropriate option
5	**Malaria transmission occurs in areas where mefloquine should not be used because of documented resistance or current destination-specific guidance** **5A**: *Risk of malaria exists in the whole administrative area* **5B**: *Risk of malaria exists in certain areas*	**V**	Malaria prevention recommended ➢ Advise to undertake mosquito bite prevention ➢ In areas where mefloquine should not be used, consider atovaquone/proguanil or doxycycline according to current destination-specific guidance and individual traveller factors ➢ Do not use mefloquine where resistance or authoritative guidance indicates it is unsuitable

Annex 3

Global Malaria Risk Summary (as of October 2026)

Country/Area	Risk Category	Risk Description	Recommendation Category
African Region			
Algeria	1	WHO certified Algeria as malaria-free in 2019. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Angola	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Benin	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Botswana	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year, with highest risk during the main transmission season from October to May. *Geographical distribution*: - At risk: Bobirwa, Boteti, Chobe (including Chobe National Park), Ghanzi, Mahalapye, Ngamiland (Ngami), North-East (including its capital, Francistown), Okavango, Serowe/Palapye, and Tutume districts or subdistricts, including the Okavango Delta. - Very low risk: Kgalagadi North, Kgatleng, Kweneng and Southern districts or subdistricts, where rare cases or sporadic transmission may occur. - No risk: city of Gaborone.	IV
Burkina Faso	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Burundi	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Cabo Verde (Cape Verde)	1	WHO certified Cabo Verde as malaria-free in 2024. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Cameroon	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Central African Republic	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Chad	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Comoros	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Congo	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Côte d'Ivoire (Ivory Coast)	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Democratic Republic of the Congo	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Equatorial Guinea	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Eritrea	4B	Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year. *Geographical distribution:* - At risk: all areas at elevations below 2,200m. - No risk: city of Asmara.	IV
Eswatini (Swaziland)	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: northern and eastern areas bordering Mozambique and South Africa, including all of the Lubombo District and the eastern half of Hhohho, Manzini and Shiselweni districts, with highest risk from November to May. - Very low risk: rest of the country. - No risk: Mbabane.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Ethiopia	4B	Malaria risk due to *P. falciparum* (65.0%), *P. vivax* (34.9%) and rarely mixed infections exists throughout the year. *P. vivax* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: all areas at elevations below 2,500m, including Addis Ababa.	IV
Gabon	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Gambia	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Ghana	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Guinea	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Guinea-Bissau	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Kenya	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas (including game parks) at elevations below 2,500m. - Low risk: highly urbanized central part of the city of Nairobi (the capital) and the highlands above 2,500 m.	IV
Lesotho	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Liberia	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Madagascar	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas. - Very low risk: city of Antananarivo.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Malawi	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Mali	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Mauritania	4B	Malaria risk due predominantly to *P. falciparum* exists. The risk is throughout the year in the south and is seasonal in the north. *Geographical distribution:* - At risk: southern provinces throughout the year and northern provinces (excluding the no-risk areas listed below) from July to October. - Low risk: northern provinces (excluding the no-risk areas listed below) during the rest of the year. - No risk: northern provinces of Dakhlet-Nouadhibou and Tiris-Zemour.	IV
Mauritius	1	WHO certified Mauritius as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Mayotte (France)	4A	Malaria risk due predominantly to *P. falciparum* with an increasing number of locally acquired cases being reported. *Geographical distribution:* - At risk: all areas.	IV
Mozambique	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Namibia	4B	Malaria risk predominantly due to *P. falciparum* exists. *Geographical distribution:* - At risk: regions of Kavango (East and West), Kunene (including Etosha National Park), Ohangwena, Omaheke, Omusati, Oshana, Oshikoto, Otjozondjupa, and Zambezi. -Very low risk: rest of the country, excluding city of Windhoek. - No risk: city of Windhoek.	IV
Niger	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Nigeria	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Rwanda	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Sao Tome and Principe	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Senegal	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Seychelles	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Sierra Leone	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
South Africa	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: along the border with Mozambique and Zimbabwe, specifically low altitude areas of Mpumalanga Province (Ehlanzeni District, Kruger National Park), Limpopo Province (Mopani, Vhembe, Greater Sekhukhune, Capricorn and Waterberg district municipalities) and north-eastern KwaZulu-Natal Province (uMkhanyakude, King Cetshwayo and Zululand district municipalities), with highest risk from September to May. - No risk: most of the country, including the Garden Route and major urban areas.	IV
South Sudan	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Tanzania (United Republic of)	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. Geographical *distribution:* - At risk: all areas at elevations below 1,800m, including the city of Zanzibar.	IV
Togo	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Uganda	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Zambia	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Zimbabwe	4A	Malaria risk predominantly due to *P. falciparum* exists. *Geographical distribution:* - At risk: all areas at elevations below 1,200m from November to June, and Zambezi Valley (including Victoria Falls) throughout the year. - Low risk: all areas at elevations below 1,200m during rest of the year. - Very low risk: cities of Bulawayo and Harare.	IV
Region of the Americas			
Anguilla (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Antigua and Barbuda	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Argentina	1	WHO certified Argentina as malaria-free in 2019. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Bahamas	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Barbados	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Belize	1	WHO certified Belize as malaria-free in 2023. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Bermuda (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Bolivia (Plurinational State of)	4B	Malaria risk predominantly due to *P. vivax* exists throughout the year. Transmission of *P. falciparum* occurs in the northern departments. *Geographical distribution:* - At risk: all areas at elevations below 2,500m. - Areas with *P. falciparum* transmission: northern departments of Beni and Pando, especially in the localities of Riberalta, Guayaramerín and Sena. - No risk: city of La Paz.	IV
Brazil	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *Geographical distribution*: - At risk: all areas in the states of Acre, Amapá, Amazonas, Rondônia and Roraima. Malaria transmission also occurs in the states of Maranhão, Mato Grosso and Pará, although only rare cases occur in their capital cities -- São Luis, Cuiabá and Belém. Transmission also occurs in peripheral areas of some large cities, including Boa Vista, Macapá, Rio Branco, and Santarém. - Very low risk: other parts of Brazil excluding no-risk locations listed below. Rare cases or sporadic foci of transmission occur in rural and forested areas of Espírito Santo, Goiás, Minas Gerais, Mato Grosso do Sul, Piauí, Rio de Janeiro, São Paulo, and Tocantins. - No risk: cities of Brasília (the capital), Rio de Janeiro and São Paulo, and Iguaçu Falls. - Transmission intensity varies from one municipality to another, and is higher in jungle-mining areas, agricultural settlements, indigenous areas and some peripheral urban areas of Cruzeiro do Sul, Manaus and Pôrto Velho.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
British Virgin Islands	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Canada	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Caribbean parts of the Kingdom of the Netherlands (Aruba, Bonaire, Curaçao, Saba, Sint Eustatius, and Sint Maarten)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Cayman Islands (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Chile	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Colombia	4B	Malaria risk due to *P. vivax* (62.4%), *P. falciparum* (35.8%) and mixed infections (1.8%) exists throughout the year. *Geographical distribution*: - At risk: all areas at elevations below 1,700m. - No risk: cities of Bogotá (the capital), Cartagena and Medellín.	IV
Costa Rica	3B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. No *P. falciparum* resistance to chloroquine has been reported. *Geographical distribution*: - At risk: provinces of Alajuela and Limón - Very low to no risk: other parts of the country.	III
Cuba	1	WHO certified Cuba as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Dominica	1	WHO certified Dominica as malaria-free in 1966. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Dominican Republic	3B	Malaria risk exclusively due to *P. falciparum* exists throughout the year. No *P. falciparum* resistance to chloroquine has been reported. *Geographical distribution*: - At risk: provinces (including resort areas) of Dajabón, Elias Piña, Azua, La Altagracia, San Juan, Santo Domingo and the Distrito Nacional. - Very low risk: rest of the country, including resort areas.	III
Ecuador; Including the Galápagos Islands	4B	Malaria risk due to *P. vivax* (70.5%) and *P. falciparum* (29.5%) exists throughout the year. *Geographical distribution*: - At risk: areas at elevations below1,500 m elevation in the provinces of Carchi, Cotopaxi, Esmeraldas, Morona-Santiago, Orellana, Pastaza, and Sucumbíos. - Very low risk: *areas* at elevations below 1,500 m in all other provinces. - No risk: *cities* of Guayaquil and Quito (the capital), and Galapagos islands.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
El Salvador	1	WHO certified El Salvador as malaria-free in 2021. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
French Guiana	4B	Malaria risk predominantly due to *P. vivax* exists throughout the year. Multidrug-resistant *P. falciparum* has previously been reported. *Geographical distribution*: - At risk: along major rivers, gold-mining areas, primarily the communes near the border with Brazil and Suriname, especially Régina and Saint-Georges-de-l'Oyapock; also in the communes of Kourou, Matoury, and Saint-Élie and parts of Saül, Maripasoula and Camopi. - Low to very low risk: other parts of French Guiana. - No risk: city of Cayenne and Devil's Island (Île du Diable).	IV
Grenada	1	WHO certified Grenada as malaria-free in 1962. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Guadeloupe (France); Saint Barthélemy (France); Saint Martin (France)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Guatemala	3B	Malaria risk almost exclusively due to *P. vivax* exists throughout the year. *Geographical distribution*: - At risk: areas at elevations below 1,500 m, primarily the departments of Alta Verapaz, Baja Verapaz, Escuintla, Izabal, Petén, Suchitepéquez and Retalhuleu. - Low risk: other areas at elevations below 1,500 m, particularly the departments of Chiquimula, Zacapa, San Marcos, Jutiapa, Jalapa, El Progreso, Santa Rosa, Guatemala, Chimaltenango, Huehuetenango, and Quiché. - No risk: Guatemala City, Antigua, Lake Atitlán and areas at elevations above 1,500 m.	III
Guyana	4A	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *Geographical distribution*: - At risk: all interior regions. - Very low risk: cities of Georgetown (the capital) and New Amsterdam, and the coastal region.	IV
Haiti	3A	Malaria risk exclusively due to *P. falciparum* exists throughout the year. No *P. falciparum* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: all areas.	III

Country/Area	Risk Category	Risk Description	Recommendation Category
Honduras	3B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. No *P. falciparum* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: throughout the country at elevations below 1000 m, including the island of Roatán and other Bay Islands. - No risk: the cities of San Pedro Sula and Tegucigalpa (the capital), and areas at elevations above 1000 m.	III
Jamaica	1	WHO certified Jamaica as malaria-free in 1966. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Martinique (France)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Mexico	3B	Malaria risk exclusively due to *P. vivax* exists intermittently throughout the year. *Geographical distribution:* - At risk: states of Campeche, Chiapas, and the southern part of Chihuahua. - Very low risk: states of Durango, Nayarit, Quintana Roo, Oaxaca, Sinaloa, Sonora, and Tabasco. - No risk: areas along the United States-Mexico border.	III
Montserrat (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Nicaragua	3B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. No *P. falciparum* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: Región Autónoma Atlántico Norte (RAAN) and Región Autónoma Atlántico Sur (RAAS). - Very low risk: the departments of Boaco, Chinandega, Estelí, Jinotega, León, Matagalpa, Nueva Segovia, and other parts of the country. - No risk: Managua (the capital).	III
Panama	4B	Malaria risk predominantly due to *P. vivax* exists throughout the year. *Geographical distribution:* - At risk: provinces of Bocas del Toro, Chiriquí, Colón, Darién, Panamá, Panamá Oeste, and Veraguas; and the indigenous provinces (comarcas indígenas) of Emberá, Kuna Yala (also spelled Guna Yala) and Ngäbe-Buglé. Risk is highest in areas east of the Panama Canal towards the border with Colombia. - Very low risk: other parts of the country. - No risk: Panama city and the Canal Zone.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Paraguay	1	WHO certified Paraguay as malaria-free in 2018. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Peru	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent due to *P. falciparum* exists throughout the year. *Geographical distribution*: - At risk: Amazon basin of Peru along the border with Brazil, particularly in Loreto Province, and other areas at elevations below 2,500 m east of the Andes. - Very low risk: rare or sporadic transmission occurs in some northern areas, including Piura and Tumbes. - No risk: Lima Province (including the city of Lima), the cities of Arequipa, Ica, Moquegua, Nazca, Puno, Tacna, the coastal region south of Chiclayo, and the highland tourist areas (Cusco, Machu Picchu and Lake Titicaca).	IV
Puerto Rico (US)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Saint Kitts and Nevis (Saint Christopher and Nevis)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Saint Lucia	1	WHO certified Saint Lucia as malaria-free in 1962. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Saint Vincent and the Grenadines	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Suriname	1	WHO certified Suriname as malaria-free in 2025. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Trinidad and Tobago	1	WHO certified Trinidad and Tobago as malaria-free in 1965. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Turks and Caicos Islands (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
United States of America	1	WHO certified United States of America as malaria-free in 1970. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Uruguay	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Venezuela (Bolivarian Republic of)	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *Geographical distribution*: - At risk: areas at elevations below 1,700 m, particularly in the Amazonas, Bolívar, Delta Amacuro and Sucre states, including the Angel Falls. - No risk: Caracas and Margarita Island	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Eastern Mediterranean Region			
Afghanistan	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists from April to December. *Geographical distribution:* - At risk: all areas at elevations below 2,500 m.	IV
Bahrain	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Djibouti	4A	Malaria risk predominantly due to *P. falciparum* and to a lesser extent *P. vivax* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Egypt	1	WHO certified Egypt as malaria-free in 2024. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Iran (Islamic Republic of)	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists. Previously, March–November in rural areas of Fars Province, Sistan-Baluchestan Province, and southern, tropical parts of Hormozgan and Kerman Provinces. Recent outbreaks in Sistan-Baluchestan Province near the border with Pakistan. *Geographical distribution*: - At risk: southern and southeastern areas, particularly Sistan and Baluchestan Province along the Pakistan border, tropical parts of Hormozgan and Kerman Provinces - Low risk: in the north, along the Azerbaijan border in Ardabil and near the Turkmenistan border in North Khorasan. - Very low to no risk: most other areas.	IV
Iraq	2	There is very low risk of malaria in rural northern areas below 1,500m from May to November. No risk in the rest of the country.	II
Jordan	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Kuwait	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Lebanon	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Libya	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Morocco	1	WHO certified Morocco as malaria-free in 2010. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Oman	2	There is sporadic transmission of malaria due to *P. falciparum* and *P. vivax* subsequent to international importation.	II
Pakistan	4B	Malaria risk due to *P. vivax* (73.1%), *P. falciparum* (25.6%) and mixed infections (1.3%) exists. *Geographical distribution*: - At risk: all areas, including all cities, at elevations below 2,500 m.	IV
Qatar	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

Country/Area	Risk Category	Risk Description	Recommendation Category
Saudi Arabia	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: Asir and Jizan emirates by the border with Yemen (except in the high-altitude areas of elevation above 2,000 m of Asir Province). - No risk: cities of Jeddah, Mecca, Medina, Riyadh and Ta'if.	IV
Somalia	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas.	IV
Sudan	4A	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas, including Khartoum.	IV
Syrian Arab Republic (Syria)	2	There may be a very low risk of malaria in small, remote foci of El Hasaka.	II
Tunisia	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
United Arab Emirates	1	WHO certified United Arab Emirates as malaria-free in 2007. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Yemen	4B	Malaria risk predominantly due to *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: all areas at elevations below 2,500 m.	IV
European Region			
Albania	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Andorra	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Armenia	1	WHO certified Armenia as malaria-free in 2011. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Austria	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Azerbaijan	1	WHO certified Azerbaijan as malaria-free in 2023. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Belarus	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Belgium	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Bosnia and Herzegovina	1	WHO certified Bosnia and Herzegovina as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Bulgaria	1	WHO certified Bulgaria as malaria-free in 1965. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Croatia	1	WHO certified Croatia as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Cyprus	1	WHO certified Cyprus as malaria-free in 1967. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

Country/Area	Risk Category	Risk Description	Recommendation Category
Czechia (Czech Republic)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Denmark	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Estonia	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Finland	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
France	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Georgia	1	WHO certified Georgia as malaria-free in 2025. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Germany	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Greece	2	Very limited malaria risk due exclusively to *P. vivax* may exist from May to November. *Geographical distribution:* - Very low risk: agricultural areas, associated with imported cases. - No risk: tourist areas.	II
Hungary	1	WHO certified Hungary as malaria-free in 1964. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Iceland	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Ireland	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Israel	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Italy	1	WHO certified Italy as malaria-free in 1970. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Kazakhstan	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Kyrgyzstan	1	WHO certified Kyrgyzstan as malaria-free in 2016. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Latvia	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Lithuania	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Luxembourg	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Malta	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Monaco	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Montenegro	1	WHO certified Montenegro as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Netherlands	1	WHO certified Netherlands as malaria-free in 1970. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
North Macedonia	1	WHO certified North Macedonia as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Norway	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Poland	1	WHO certified Poland as malaria-free in 1967. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

Country/Area	Risk Category	Risk Description	Recommendation Category
Portugal	1	WHO certified Portugal as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Republic of Moldova	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Romania	1	WHO certified Romania as malaria-free in 1967. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Russian Federation	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
San Marino	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Serbia	1	WHO certified Serbia as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Slovakia	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Slovenia	1	WHO certified Slovenia as malaria-free in 1973. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Spain	1	WHO certified Spain as malaria-free in 1964. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Sweden	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Switzerland	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Tajikistan	1	WHO certified Tajikistan as malaria-free in 2023. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Türkiye (Turkey)	2	Very low risk of malaria throughout the country.	II
Turkmenistan	1	WHO certified Turkmenistan as malaria-free in 2010. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Ukraine	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
UK (with Channel Islands and Isle of Man)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Uzbekistan	1	WHO certified Uzbekistan as malaria-free in 2018. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
South-East Asian Region			
Bangladesh	4B	Malaria risk due to *P. falciparum* (47.9%), *P. vivax* (46.2%) and mixed infections (5.8%) exists. *Geographical distribution*: - At risk: districts of Chittagong Hill Tract (Bandarban, Rangamati and Khagrachari), Chattogram district, Cox's Bazar district, the districts of Habiganj, Kurigram, Moulvibazar, Mymensingh, Netrakona, Sherpur, Sunamganj and Sylhet. - Very low risk: rest of the country. - No risk: Dhaka.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Bhutan	2	Reported zero indigenous cases for the third consecutive year in 2024. Limited malaria risk predominantly due to *P. vivax* and rarely due to *P. falciparum* exists. *Geographical distribution*: - Low risk: rural areas in elevations below 1,700 m in districts along the southern border shared with India.	II
Democratic People's Republic of Korea (North Korea)	2	Limited malaria risk exclusively due to *P. vivax* exists. *Geographical distribution:* - At risk: some southern areas of the country.	II
India	4B	Malaria risk due to *P. falciparum* (59.5%), *P. vivax* (38.9%) and mixed infections (1.6%) exists. *Geographical distribution*: - At risk: all areas at elevations below 2,000 m, including the cities of Bombay (Mumbai) and Delhi. - High risk: northeastern and central states which have large forest, hilly and tribal areas, including Odisha, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra and some north-eastern states such as Tripura, Meghalaya and Mizoram. - Low risk: central urban areas of Delhi, Agra, Mumbai, Nagpur, Nasik, Pune, Kolkata and Bangalore. - No risk: Lakshadweep islands and areas at elevations above 2,000 m in parts of Himachal Pradesh, Jammu and Kashmir, and Sikkim.	IV
Maldives	1	WHO certified Maldives as malaria-free in 2015. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Myanmar (formerly Burma)	5B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *P. vivax* resistance to chloroquine has been reported. Mefloquine resistance has been reported in Kayin State and the eastern part of Shan State. Human *P. knowlesi* infection has been reported. *Geographical distribution:* - At risk: all areas at elevations below 1,000 m. - Mefloquine-resistant malaria occurs in areas at elevations below 1,000 m in the regions of Bago and Tanintharyi, and in the states of Kachin, Kayah, Kayin and Shan. - No risk: areas at elevations above 1,000 m and urban areas.	V
Nepal	4B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *Geographical distribution:* - At risk: areas at elevations below 2,000 m in Sudurpashchim and Karnali Provinces. - Low risk: other areas at lower elevations, particularly the Terai region. - No risk: Kathmandu, Pokhara and typical Himalayan treks.	IV

Country/Area	Risk Category	Risk Description	Recommendation Category
Sri Lanka	1	WHO certified Sri Lanka as malaria-free in 2016. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Thailand	5B	Malaria risk exists throughout the year. *P. vivax* resistance to chloroquine has been reported. *P. falciparum* resistance to mefloquine and quinine has been reported from areas near the borders with Cambodia and Myanmar. Artemisinin resistance has been reported near the border with Cambodia. Human *P. knowlesi* infection has been reported. *Geographical distribution:* - At risk: rural, especially forested and hilly, areas of the country, mainly towards the international borders, including the southernmost provinces. - Mefloquine-resistant malaria occurs in provinces that border Myanmar, Cambodia (except Buri Ram Province), Malaysia and Laos (Ubon Ratchathani and Phitsanulok Provinces) and in Surat Thani Province. - Very low risk: cities of Bangkok, Chiang Mai, Chiang Rai, the islands of Koh Pha Ngan, Koh Samui and Phuket. - No risk: islands (Koh Lanta, Koh Phi, Koh Yao Noi, Koh Yao Yai), Pattaya City.	V
Timor-Leste (East Timor)	1	WHO certified Timor-Leste as malaria-free in 2025. There is no malaria risk as reported by WHO, CDC and UKHSA.	I
Western Pacific Region			
American Samoa (US)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Australia; Including Cocos (Keeling) Islands, Christmas Island and Norfolk Island	1	WHO certified Australia as malaria-free in 1981. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Brunei Darussalam	2	WHO certified Brunei Darussalam as malaria-free in 1987. However, human *P. knowlesi* infection has been reported in primarily forested or forest-fringe areas. Travellers spending extended periods in rural or forested areas may consider chemoprophylaxis.	II
Cambodia	5B	Malaria risk due to *P. falciparum* and *P. vivax* exists throughout the year. *P. falciparum* resistance to artesunate, mefloquine, lumefantrine and piperaquine has been reported in western Cambodia, extending to the centre of the country. *P. vivax* resistance to chloroquine has been reported in eastern Cambodia. Human *P. knowlesi* infection has been reported. *Geographical distribution:* - At risk: all areas, especially forested rural areas. - Low risk: Phnom Penh, areas close to Tonle Sap (Siem Reap) and the temple complex at Angkor Wat.	V

Country/Area	Risk Category	Risk Description	Recommendation Category
Chinese Mainland	1	WHO certified China as malaria-free in 2021. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Cook Islands (New Zealand)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Fiji	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
French Polynesia, includes the island groups of Society Islands (Tahiti, Moorea, and Bora-Bora); Marquesas Islands (Hiva Oa and Ua Huka); and Austral Islands (Tubuai and Rurutu)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Guam (US)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Indonesia[1]	4B	Malaria risk exists throughout the year. *P. vivax* resistance to chloroquine has been reported. Human *P. knowlesi* infection has been reported in the province of Kalimantan. *Geographical distribution*: - At risk: all areas of eastern Indonesia (the provinces of Maluku, North Maluku, East Nusa Tenggara, Papua, and West Papua), including the towns of Labuan Bajo and the Komodo Islands in the Nusa Tenggara region; and rural areas of Kalimantan (Borneo), West Nusa Tenggara (including the island of Lombok), Sulawesi and Sumatra. - Low risk: rural areas of Java, including Pangandaran, Sukabumi, and Ujung Kulon. - No risk: cities of Jakarta and Ubud; resort areas of Bali and Java; the Gili Islands and the Thousand Islands (Pulau Seribu).	IV
Japan	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Kiribati (formerly Gilbert Islands), includes Tarawa, Tabuaeran (Fanning Island), and Banaba (Ocean Island)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

[1] Indonesia was officially reassigned from the WHO South-East Asian Region to the WHO Western Pacific Region on 27 May 2025, under World Health Assembly Resolution WHA 78.25.

Country/Area	Risk Category	Risk Description	Recommendation Category
Lao People's Democratic Republic	5B	Malaria risk predominantly due to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *P. falciparum* resistance to mefloquine has been reported. Human *P. knowlesi* infection has been reported. *Geographical distribution:* -At risk: southern part of the country in the provinces of Attapeu, Champasak, Khammouane, Salavan, Savannakhet and Sekong. - Very low risk: northern part of the country and Vientiane. - Mefloquine-resistant malaria occurs along the Laos-Myanmar border in the provinces of Bokeo and Louang Namtha, along the Laos-Thailand border in the provinces of Champasack and Saravan, along the Laos-Cambodia border and along the Laos-Vietnam border. - No risk: cities of Luang Prabang.	V
Malaysia	3B	No indigenous non-zoonotic malaria cases reported since 2018. Malaria risk due to zoonotic *P. knowlesi* exists in rural and forested areas. *Geographical distribution*: - At risk: rural and forested areas (including inland Sabah and inland forested Sarawak). - Very low risk: rest of Malaysian Borneo including the coastal areas of Sabah and Sarawak. - No risk: other areas, including urban, suburban and coastal areas; Kuala Lumpur (the capital), Penang State, Penang Island and George Town.	III
Marshall Islands	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Micronesia (Federated States of), includes: Yap Islands, Pohnpei, Chuuk, and Kosrae	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Mongolia	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Nauru	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
New Caledonia (France)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
New Zealand	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Niue (New Zealand)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Northern Mariana Islands (US) Includes Saipan, Tinian, and Rota Island	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

Country/Area	Risk Category	Risk Description	Recommendation Category
Palau	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Papua New Guinea	4B	Malaria risk predominantly due to *P. falciparum* and to a lesser extent *P. vivax* exists throughout the year. *P. vivax* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: all areas at elevations below 2,000 m.	IV
Philippines	4B	Malaria risk due to *P. falciparum* (76.7%) and *P. vivax* (20.1%) exists throughout the year. Human *P. knowlesi* infection has been reported on Palawan Island. *Geographical distribution*: - At risk: rural areas of the Philippines below 600 m and on the islands of Luzon, Mindanao, Mindoro, and Palawan. - No risk: Manila, other urban areas, islands of Boracay, Bohol, Catanduanes, Cebu and Leyte.	IV
Pitcairn Islands (UK)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Republic of Korea (South Korea)	2	Limited malaria risk due exclusively to *P. vivax*. *Geographical distribution:* - At risk: northern parts of Gangwon-do and Gyeonggi-do Provinces and Incheon City (towards the Demilitarized Zone) from March to December.	II
Samoa (formerly Western Samoa)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Singapore	1	WHO certified Singapore as malaria-free in 1982. There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Solomon Islands	4A	Malaria risk due to *P. vivax* (60.9%), *P. falciparum* and mixed infections (39.1%) exists throughout the year. *P. vivax* resistance to chloroquine has been reported. *Geographical distribution*: - At risk: all areas.	IV
Tokelau (New Zealand)	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Tonga	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I
Tuvalu	1	There is no malaria risk as reported by WHO, CDC, PHAC and UKHSA.	I

Country/Area	Risk Category	Risk Description	Recommendation Category
Vanuatu	4A	Malaria risk due almost exclusively to *P. vivax* and to a lesser extent *P. falciparum* exists throughout the year. *P. vivax* resistance to chloroquine has been reported. *Geographical distribution:* - At risk: all areas.	IV
Vietnam	5B	Malaria risk due to *P. falciparum* (46.4%), *P. vivax* (21.3%), and *P. malariae* and *P. ovale* (32.2%) exists throughout the year. Human *P. knowlesi* infection has been reported. *P. falciparum* resistance to mefloquine has been reported. *Geographical distribution:* - At risk: rural areas. - Mefloquine-resistant malaria occurs in Bình Dương, Bình Phước, Đắk Lắk, Đắk Nông, Gia Lai, Khánh Hòa, Kon Tum, Lâm Đồng, Ninh Thuận and Tây Ninh. - Very low risk: the Red River delta and Mekong delta - No risk: cities of Da Nang, Hai Phong, Hanoi, Ho Chi Minh City (Saigon), Nha Trang, Quy Nhon and Phu Quoc Island.	V

Annex 4

Countries/ Areas with Major Updates in Risk Description without Change in Risk Categories and Recommendations (as of October 2026)

Country/Area	Major Updates in Risk Description
African Region	
Botswana	Malaria risk is highest during the main transmission season from October to May. (UKHSA) *Geographical distribution:* - Removal of Kweneng East District from the at-risk area. (CDC) - Okavango is listed as an 'at risk' area, rather than having the Okavango Delta subsumed under Ngamiland. (CDC) - administrative/geographical terminology updated. (CDC)
Chad	*Geographical distribution:* - removal of "except in the Sahara Desert". (CDC, UKHSA)
Eswatini (Swaziland)	*Geographical distribution:* - The individual references to the towns (Big Bend, Mhlume, Simunye and Tshaneni) were removed because these locations remain encompassed by the broader description in Lubombo District. (CDC, PHAC, UKHSA) - Mbabane is classified as no risk. (UKHSA)
Ethiopia	Malaria species frequency: - *P. falciparum*: changed from 60-70% to 65.0%. (WHO) - *P. vivax:* changed from 30-40% to 34.9%. (WHO) *Geographical distribution:* - Addis Ababa is classified as at-risk area. (CDC)
Kenya	*Geographical distribution:* - Game parks at elevations below 2,500 m were explicitly included in the at-risk areas. (CDC) - The low-risk area in Nairobi was refined from the whole city to its highly urbanized central part. The province-specific description of highland areas was replaced by "the highlands above 2,500 m". (CDC, PHAC)
Madagascar	*Geographical distribution:* - removal of high risk: coastal areas. (CDC, PHAC, UKHSA)
Mali	*Geographical distribution:* - removal of "except in the Sahara Desert". (CDC, UKHSA)
Mauritania	*Geographical distribution:* - risk area updated as southern provinces throughout the year and northern provinces from July to October. (UKHSA) - Northern provinces as low-risk area for the rest of the year. (UKHSA) - Removal of Sahara Desert in the no-risk area. (UKHSA)
Namibia	*Geographical distribution:* - The at-risk area was expanded from limited river corridors to the whole of Kunene, Kavango East, Kavango West and Zambezi Regions, together with Ohangwena, Omaheke, Omusati, Oshana, Oshikoto, Otjozondjupa Regions. (CDC, PHAC) - Seasonal qualifications were removed from the adopted risk description. (CDC, PHAC)
Niger	*Geographical distribution:* - removal of "except in the Sahara Desert". (CDC, UKHSA)
Senegal	*Geographical distribution:* - Removal of low risk: central western regions from January to June. (CDC, PHAC, UKHSA)

South Africa	*Geographical distribution:* - Removal of very low risk category and add no-risk category with most of the country, including the Garden Route and major urban areas. (PHAC, UKHSA)
South Sudan	*Geographical distribution:* - removal of "except in the Sahara Desert". (CDC, UKHSA)
Zimbabwe	*Geographical distribution:* - addition of low risk in areas at elevations below 1,200 m during rest of the year. (UKHSA)
Region of the Americas	
Bolivia (Plurinational State of)	Species dominance updated from "exclusively to *P. vivax*" to "predominantly due to *P. vivax*". (WHO) High risk updated to "areas with *P. falciparum* transmission". (PHAC)
Brazil	Malaria species frequency updated from "*P. vivax* (84.3%) and *P. falciparum* and mixed infections (15.7%)" to "predominantly due to *P. vivax* and to a lesser extent *P. falciparum*". (WHO) *Geographical distribution:* - At-risk areas refined to reflect broader malaria transmission across the five principal endemic states (Acre, Amapá, Amazonas, Rondônia and Roraima), while transmission in Maranhão, Mato Grosso and Pará is described more specifically. Removal of Maraba from the area of transmission in peripheral areas of some large cities. (CDC) - Residual risk of *P. vivax* transmission in the Atlantic Forest areas was put as very low risk areas and rephrased as "rare cases or sporadic foci of transmission occur in rural and forested areas of Espírito Santo, Goiás, Minas Gerais, Mato Grosso do Sul, Piauí, Rio de Janeiro, São Paulo, and Tocantins". Goiás, Mato Grosso do Sul, Piauí and Tocantins were added. (CDC)
Colombia	*Malaria species frequency:* - *P. vivax*: changed from 50% to 62.4%. (WHO) - *P. falciparum* (50%) changed to *P. falciparum* (35.8%). (WHO) - Mixed infections (1.8%) added. (WHO) *Geographical distribution:* - removal of high risk and low risk categories. (CDC) - removal of Barranquilla, San Andrés and Providencia islands from no-risk areas. (CDC)
Ecuador; Including the Galápagos Islands	*Malaria species frequency:* - *P. vivax*: changed from 67% to 70.5%. (WHO) - *P. falciparum*: changed from 33% to 29.5%. (WHO) *Geographical distribution:* - At-risk areas refined to areas below 1,500 m in Carchi, Cotopaxi, Esmeraldas, Morona-Santiago, Orellana, Pastaza, and Sucumbíos. (CDC, PHAC) - removal of moderate and low risks categories and classified areas below 1,500 m in all other provinces as very low risk. (CDC) - Quito reclassified from low risk to no risk area. (CDC) - Removal of species-specific geographical descriptions (NaTHNaC, CDC, PHAC)
French Guiana	*Geographical distribution* - The at-risk areas were refined to include major river corridors and gold-mining areas, primarily the communes near the border with Brazil and Suriname, especially Régina and Saint-Georges-de-l'Oyapock; also in the communes of Kourou, Matoury, and Saint-Élie and parts of Saül, Maripasoula and Camopi. (CDC, PHAC and UKHSA) - Other parts of French Guiana were classified as having low to very low risk, while Cayenne and Devil's Island remained no-risk areas. (PHAC, UKHSA)
Guatemala	*Geographical distribution:* - Risk stratification refined: areas at elevations below 1,500 m, primarily the departments of Alta Verapaz, Baja Verapaz, Escuintla, Izabal, Petén, Suchitepéquez and Retalhuleu specified as at-risk departments. (CDC, PHAC)

	- Other areas at elevations below 1,500 m, particularly the eleven departments classified as low risk. (CDC, PHAC)
Guyana	Malaria species frequency updated from "*P. falciparum* (60%), *P. vivax* (40%)" to "predominantly due to *P. vivax* and to a lesser extent *P. falciparum*". (WHO) *Geographical distribution:* - previous region-based risk stratification was replaced by a broader description, with all interior regions classified as at risk. (UKHSA) - Georgetown, New Amsterdam and the coastal region classified as very low risk. (UKHSA) - No risk categories removed. (CDC, PHAC, UKHSA)
Mexico	Species description updated from "almost exclusively" to exclusively *P. vivax.* (WHO) Removal of "no *P. falciparum* resistance to chloroquine has been reported". *Geographical distribution:* - Campeche and southern part of Chihuahua upgraded to at-risk areas. (CDC) - Addition of Oaxaca in and removal of Jalisco and San Luis Potosí from very low risk area. (CDC and PHAC) - US-Mexico border classified as no-risk area while the previous no risk areas removed. (CDC and PHAC)
Panama	The 97% *P. vivax* figure was removed while predominance was retained. *Geographical distribution:* - Panamá Oeste was added to the main risk list, and the highest risk was described east of the Panama Canal toward Colombia. (CDC, PHAC) - Panama City and the Canal Zone were changed from very low risk to no risk; the remaining areas are described as very low risk. (CDC, PHAC)
Peru	The 80%/20% species split was replaced by qualitative *P. vivax* predominance. *Geographical distribution*: - The main risk description was revised to the Amazon basin and areas below 2,500 m east of the Andes. (CDC) - Very low risk in northern areas including Piura and Tumbes was added. (CDC) - Older case-concentration statistics were removed. (CDC, PHAC, UKHSA)
Venezuela (Bolivarian Republic of)	The *P. vivax* 74.6%/ *P. falciparum* 25.4% species split was replaced by qualitative *P. vivax* predominance. *Geographical distribution*: - The detailed high/moderate/low regional tiers were consolidated into risk below 1,700 m, particularly Amazonas, Bolívar, Delta Amacuro and Sucre, including Angel Falls. (UKHSA)
Eastern Mediterranean Region	
Afghanistan	*P. vivax* predominance and a smaller *P. falciparum* contribution were specified in place of an unranked two-species description. (WHO)
Djibouti	A smaller *P. vivax* contribution was added to the risk. (WHO)
Egypt	The former very-limited-risk description for El Faiyûm was replaced by WHO malaria-free certification in 2024 and no-risk traveller advice.
Iran (Islamic Republic of)	The 93% *P. vivax* / 7% *P. falciparum* figures were replaced by qualitative *P. vivax* predominance and a small contribution by *P. falciparum.* (WHO) *Geographical distribution:* -The former March–November/Fars wording was made historical, with southern and southeastern risk emphasised, northern border areas described as low risk and most other areas as very low to no risk. (CDC, PHAC, UKHSA)
Pakistan	Species percentage of *"P. vivax* (73.1%), *P. falciparum* (25.6%) and mixed infections (1.3%)" added. (WHO) *Geographical distribution:* - The explicit rural areas from July–December emphasis removed. (CDC, PHAC, UKHSA) - 2022 flooding paragraph was removed. (CDC, PHAC, UKHSA)
Saudi Arabia	The September–January peak and "pre-elimination phase" statements were removed. (CDC, PHAC, UKHSA)

Somalia	*Geographical distribution*: - The central/southern high-risk and northern seasonal low-risk subdivisions were removed. (CDC, PHAC, UKHSA)
Sudan	*Geographical distribution:* - The Sahara Desert exclusion and central/southern, northern-seasonal and Red Sea coastal risk subdivisions were removed. (CDC, UKHSA)
Syrian Arab Republic (Syria)	The older species, seasonality and surveillance-history detail was replaced by a concise statement of possible very low risk in small, remote foci of El Hasaka. (UKHSA)
Yemen	September to February peak was removed. (CDC, PHAC, UKHSA) *Geographical distribution*: - The altitude threshold was changed from below 2,000 m to below 2,500 m. (CDC) - Separate Socotra tier and Sana'a exclusion were removed. (CDC)
South-East Asian Region	
Bangladesh	The 90% *P. falciparum* / 10% *P. vivax* figures were replaced by 47.9% / 46.2% plus 5.8% mixed infections. The rare *P. malariae* reference was removed. (WHO) Year-round/monsoon-peak wording were removed. (CDC, PHAC, UKHSA) *Geographical distribution*: - The 13 listed districts were consolidated into the at-risk tier, the remainder changed from no risk to very low risk. (CDC, PHAC)
India	Species percentage of "*P. falciparum* (59.5%), *P. vivax* (38.9%) and mixed infections (1.6%)" added. (WHO)
Myanmar (formerly Burma)	Species dominance updated from "predominantly due to *P. falciparum*" to "predominantly due to *P. vivax* and to a lesser extent *P. falciparum".* (WHO) "Emerging artemisinin resistance" is deleted as artemisinin partial resistance has been confirmed in Myanmar. (WHO) *Geographical distribution*: - High risk area removed. (CDC, PHAC, UKHSA)
Nepal	*P. vivax* predominance with a smaller *P. falciparum* contribution was retained. (WHO) Seasonal peaks and the outbreak wording removed. (CDC, UKHSA) *Geographical distribution:* - Main risk below 2,000 m was specified for Sudurpashchim and Karnali, with low risk in other lower-elevation areas, especially the Terai. (CDC, UKHSA)
Thailand	*Geographical distribution*: - The Satun exception was removed from the mefloquine-resistance distribution. (CDC, PHAC) - Bangkok, Chiang Mai, Chiang Rai, Koh Pha Ngan, Koh Samui and Phuket are now explicitly very low risk. Pattaya and four named islands form the no-risk list. (CDC)
Western Pacific Region	
Cambodia	Human *P. knowlesi* infection has been reported. (CDC, PHAC, WHO)
Indonesia	*Geographical distribution:* - Eastern Indonesian risk was changed from "most areas" to "all areas", with Labuan Bajo and Komodo specifically named. (CDC)
Lao People's Democratic Republic	*P. falciparum* predominance was updated to *P. vivax* predominance and lesser extent *P. falciparum.* (WHO) Human *P. knowlesi* infection was added. (CDC, PHAC) *Geographical distribution:* - Southern risk provinces were specified. (CDC) - Northern areas and Vientiane are described as very low risk. (UKHSA). - Luang Prabang as no risk. (CDC)

Malaysia	Risk revised to reflect that no indigenous non-zoonotic malaria cases have been reported since 2018 and that the remaining malaria risk is due to zoonotic *P. knowlesi.* (WHO, CDC, PHAC) *Geographical distribution* - The at-risk areas have been redefined as rural and forested areas. The remainder of Malaysian Borneo, including the coastal areas of Sabah and Sarawak, is classified as having very low risk. Other areas, including urban, suburban and coastal areas, Kuala Lumpur, Penang State, Penang Island and George Town, are classified as having no risk. (CDC, PHAC)
Papua New Guinea	*P. falciparum* predominance was updated to *P. falciparum* predominance and lesser extent *P. vivax.* (WHO)
Philippines	The *P. falciparum* 85%/*P. vivax* 15% species split was replaced by 76.7% *P. falciparum* / 20.1% *P. vivax*, and the "very limited" qualifier was removed. (WHO) *Geographical distribution*: - The nine-province list was replaced by broader rural/island risk wording. Manila and other urban areas changed from very low to no risk, with five islands expressly excluded. (UKHSA)
Solomon Islands	The 70% *P. vivax* / 30% *P. falciparum* split was updated to 60.9% *P. vivax* and 39.1% *P. falciparum* and mixed infections. (WHO) *Geographical distribution*: - The outlying eastern/southern islet exclusions were removed. (CDC, PHAC, UKHSA)
Vanuatu	The "low to moderate" qualifier was removed, and *P. vivax* predominance was strengthened to "almost exclusively", while the smaller *P. falciparum* contribution was retained. (WHO)
Vietnam	Qualitative *P. falciparum* predominance was updated to 46.4% *P. falciparum*, 21.3% *P. vivax* and 32.2% *P. malariae/P. ovale*. (WHO) Human *P. knowlesi* infection was added. (CDC, PHAC) *Geographical distribution*: - at risk areas updated as rural areas. (CDC) - Mefloquine-resistance province names updated. (CDC) - Mekong and Red River deltas updated from no risk to very low risk. (CDC, PHAC) - No-risk city/island list was updated. (CDC, PHAC)

Annex 5

Risk Profile Summary

Table 1: Risk categories of countries and areas in the six WHO Regions

Region	1								Total
African	5	0	0	0	35	8	0	0	48
The Americas	30	0	1	6	1	8	0	0	46
Eastern Mediterranean	10	3	0	0	3	5	0	0	21
European	51	2	0	0	0	0	0	0	53
South-East Asia	3	2	0	0	0	3	0	2	10
Western Pacific	24	2	0	1	2	3	0	3	35
Total	123	9	1	7	41	27	0	5	**213**

Table 2: Recommendation categories of countries and areas in the six WHO Regions

Region	I	II	III	IV	V	Total
African	5	0	0	43	0	48
The Americas	30	0	7	9	0	46
Eastern Mediterranean	10	3	0	8	0	21
European	51	2	0	0	0	53
South-East Asia	3	2	0	3	2	10
Western Pacific	24	2	1	5	3	35
Total	123	9	8	68	5	**213**

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