

Medical Summary India

COVID-19

See also: [COVID-19 Outbreak Report](#)

For cumulative case and death rates, see [COVID-19 Cases by Country](#)

At least 1 vaccine dose: 9.9%

Daily new cases: 328,984 (7-day rolling average)

Daily new cases / 100,000: 24

Daily new deaths: 4,039 (7-day rolling average)

Daily new deaths / 100,000: 0.3

Case trend: Decreasing (based on a 7-day rolling average)

Updated every Thursday; last updated May 13, 2021. Nationally, daily case numbers (7-day average) have decreased since May 9, 2021, to approximately 376,000 per day, following a record peak of more than 392,300 on May 8. Over the past 7 days, daily case numbers (7-day average), have increased to record peaks in Kerala (> 38,100) and Tamil Nadu (> 28,000) states, plateaued in Karnataka State (> 44,500), and decreased in Maharashtra (> 49,400) and Uttar Pradesh (> 23,400) states and in Delhi Union Territory (> 15,400). A previous national peak/nadir occurred on September 17, 2020/February 11, 2021 (93,300/10,900 cases).

COVID-19 Travel Restrictions

Last change: May 18, 2021

Proof of vaccination is neither required nor usable to replace any other entry requirements for this country.

Ports of Entry/Exit

Expires May 31, 2021: International airports are closed to scheduled passenger flights, except those from the following countries: Afghanistan, Bahrain, Canada, France, Germany, Japan, Nepal, Oman, Qatar, Russia, UAE, UK, US.

Land borders are closed.

Maritime ports are closed to cruise ships and passenger ferries.

Entry Restrictions

Nationals and residents of India may enter.

Nationals of Bhutan and Nepal may enter.

Foreigners with an Overseas Citizen of India card/booklet may enter. Other foreigners on essential professional or personal business with an exemption may enter.

Foreigners may not transit India via the following airports: Bangalore (BLR), Chennai (MAA), Delhi (DEL), Hyderabad HYD), Kolkata (CCU), Mumbai (BOM).

Medical Requirements:

Nationals, residents, and foreigners (including those with an exemption and passengers transiting India) arriving from any country must have a laboratory-processed negative COVID-19 PCR test result taken within 72 hours prior to arrival and must obtain a travel certificate electronically prior to departure.

Exit Restrictions

Nationals, residents, and foreigners are prohibited from exiting the country, unless they are granted an exemption.

Asymptomatic Arrivals

All nationals, all residents, and foreigners with an exemption who have been in Brazil, South Africa, or the UK or who have had a transit stop in Brazil, South Africa, or the UK within 14 days prior to arrival must undergo COVID-19 PCR testing upon arrival at traveler's expense, quarantine at home or other accommodation for 7 days, and undergo COVID-19 PCR testing 7 days after arrival.

All nationals, all residents, and foreigners with an exemption who have been in Europe or the Middle East within 14 days prior to arrival (including passengers transiting India) or who have had a transit stop in Europe or the Middle East within 14 days prior to arrival must undergo COVID-19 PCR testing upon arrival at traveler's expense.

COVID-19 Travel Recommendations

Shoreland Recommendation

All persons (even if vaccinated) should avoid nonessential travel to this country. All persons who must travel should be vaccinated prior to their trip. This recommendation is based on aggregate national data, available medical care, and access to testing.

The B.1.351 (South Africa) strain is known to be present.

Delhi and Dadra and Nagar Haveli union territories, Chhattisgarh, Maharashtra, and Sikkim states, and north-central and southern states have higher risk than the national average.

CDC Recommendation

All persons (even if vaccinated) should avoid travel to this country. All persons who must travel should be vaccinated prior to their trip, wear a mask, and practice careful social distancing.

General Information

India is a developing nation classified as lower middle income. Located in southern Asia (between the Arabian Sea and the Bay of Bengal), the climate is extremely diverse with classifications that range from humid equatorial (no dry season) to subtropical dry winter.

Travel Vaccinations

[Hepatitis A](#)

Recommended for: all travelers.

[Typhoid fever](#)

Recommended for: all travelers.

[Influenza](#)

Risk exists from November through April in northern temperate latitudes, from October through December in far-southern latitudes, and from June through September in the rest of the country, especially during and after the monsoon season, although off-season transmission can occur.

Recommended for: all travelers during transmission season 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 ≥ 9 months arriving within 6 days of departure from [countries with risk of YF transmission](#). Note: At the discretion of the local Health Officer, this requirement may apply to air passengers who have transited risk countries and to persons who arrive on craft (plane or ship) originating in or transiting risk countries that were not properly disinfected following WHO guidelines or Indian regulations. In addition, some airlines may impose a boarding requirement for a vaccination certificate for passengers transiting a risk country en route to India.

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 UK; 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](#)

Adult polio boosters are not recommended for travel to this country.

A [non-IHR entry requirement](#) for proof of vaccination has been registered with WHO: Travelers who are both current residents and nationals of Afghanistan, Democratic Republic of the Congo, Ethiopia, Kenya, Nigeria, Pakistan, Somalia, and Syria require vaccination (OPV per Indian government; at least 4 weeks prior to each arrival).

[Rabies](#)

Preexposure vaccination:

Significant risk from dogs exists throughout the country.

Recommended for prolonged stays: all travelers and expatriates, with a priority for young children.

Recommended for short stays: adventure travelers, hikers, cyclists, and cavers; travelers going to locations 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 with short stays desiring maximum pretravel preparation.

Postexposure prophylaxis considerations:

Dog, other terrestrial mammal (including monkey), 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 most of the country, mainly in Assam, Bihar, Uttar Pradesh, and West Bengal states. Cases have not been reported in the northern states of Jammu and Kashmir and Himachal Pradesh. Transmission occurs throughout the year in the southern half of the country and from May through October in the northern half.

Recommended for prolonged stays: all travelers and expatriates with anticipated travel to risk areas.

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; travel outside of the transmission season.

Travelers should observe insect precautions from dusk to dawn.

Cholera

Risk exists throughout the country, especially in Chandigarh Union Territory and in Gujarat, Haryana, Karnataka, Kerala, Punjab, and West Bengal states.

Recommended for: aid and refugee workers.

Travelers should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing), regardless of vaccination status.

Routine Vaccinations

During the COVID-19 pandemic, routine vaccination of infants and young children aged ≤ 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 ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

See also: [Library article for Malaria](#), [Malaria map for India](#)

General malaria information: approximately equal between *P. vivax* and *P. falciparum*, with rare *P. knowlesi* infections also reported. Transmission occurs throughout the year and is highest following the monsoon season that typically spans from June through September.

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: elevations below 2,000 m (6,600 ft) in most districts of northeastern states; most districts of central states; certain districts of northern and southern states (including certain districts of Andaman and Nicobar Islands); all cities and towns within these areas except the central urban area of Jamnagar.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): elevations below 2,000 m in various districts throughout the country; all cities and towns within these areas except the central urban areas of Indore, Agra (including the Taj Mahal), and Lucknow.

Insect precautions only are recommended (negligible transmission is reported): the city of New Delhi; the central urban areas of Jamnagar, Indore, Agra (including the Taj Mahal), and Lucknow; elevations below 2,000 m in all other areas not mentioned above; all other cities and towns within these areas.

No preventive measures are necessary (no evidence of transmission exists): elevations above 2,000 m.

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

<i>Factors favoring chemoprophylaxis</i>	<i>Factors against chemoprophylaxis</i>
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

High risk exists throughout the country, including 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.

Other Concerns

[Dengue](#)

Significant risk exists in urban and rural areas throughout the country, including Bengaluru (Bangalore), New Delhi, Mumbai, and other cities, especially in Dadra and Nagar Haveli and Puducherry union territories and Maharashtra State. Low risk exists in urban and rural areas in north-central states and at elevations below 2,300 m (7,500 ft) in Arunachal Pradesh and Jammu and Kashmir states. Transmission occurs throughout the year, especially during the monsoon season, with highest activity from August through November. Travelers should observe daytime insect precautions.

[Chikungunya](#)

Significant risk exists in urban and rural areas throughout the country (including Mumbai) at elevations below 2,300 m (7,500 ft), especially in the southern half, including Delhi Union Territory and the states of Karnataka, Maharashtra, and Gujarat. No risk exists in Lakshadweep Union Territory. Transmission occurs throughout the year, with peak activity from June through October. Travelers should observe daytime insect precautions.

[Zika](#)

Risk exists throughout the country, especially in Jaipur, Rajasthan State and in Gujarat and Madhya Pradesh states. Pregnant women (in any trimester) from nonaffected areas traveling to Jaipur and to Gujarat and Madhya Pradesh states should receive informed counseling, observe daytime insect precautions, and consider postponing nonessential travel to these areas; those traveling throughout the rest of the country should observe daytime insect precautions only.

[Marine hazards](#)

Risk from potentially deadly Australian box jellyfish exists throughout the year, but especially during the monsoon season. Travelers wading, launching boats, or fishing are especially at risk. Risk from stonefish and sea urchins exists. Risk from coral is limited to the Gulf of Kutch, Gulf of Mannar, Kerala State, and the union territories of Lakshadweep and Andaman and Nicobar Islands. 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. TB incidence in this country is greater than 100 cases per 100,000 population (the highest risk category). According to WHO, this is a high-burden multidrug-resistant TB country.

A documented interferon gamma release assay or, alternatively, a tuberculin skin test is recommended before departure and after return for all travelers planning to stay more than 3 months and 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 crowded public places and public transportation (whenever possible). Domestic household workers should be screened for TB.

[Schistosomiasis](#)

Risk is presumed to be absent. Cases have not been reported since approximately 1950.

Rickettsial infections

Negligible risk of infection caused by *Rickettsia conorii* exists throughout the country. Travelers should observe tick precautions.

Significant risk of scrub typhus exists in brush areas throughout the country. Transmission occurs throughout the year, with peak activity from August through October. Travelers in brush areas should observe standard insect precautions.

Low risk of murine typhus exists and is presumed to have widespread distribution. Transmission occurs throughout the year, with highest activity from March through November. Travelers should avoid contact with rodents and their fleas.

Avian influenza

Subtype A(H5N1) is endemic in poultry. 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).

Leishmaniasis

Negligible risk of cutaneous disease exists in foci in Rajasthan (mainly in the city of Bikaner), Kerala, and Punjab states. Risk of visceral disease exists in Bihar, West Bengal, and Jharkhand states, with low risk in Uttar Pradesh State; sporadic cases occur in the Himalayan foothills in northwestern areas and in Gujarat and Kerala states. Travelers should observe insect precautions from dusk to dawn.

Air pollution

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

Agra, Jaipur, Lucknow, New Delhi, Patna, or Varanasi: When air quality worsens, travelers should avoid all outdoor physical activity until air quality is better; those with lung disease or at the extremes of age should remain indoors and keep activity levels low.

Kolkata or Mumbai: When air quality worsens, travelers should avoid prolonged or heavy outdoor exertion until air quality is better; those with lung disease or at the extremes of age should avoid all outdoor physical activity, except at times when air quality is better.

Bengaluru (Bangalore), Chennai (Madras), Hyderabad, Madurai, Puducherry, Pune, Shimla, or Surat: 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.

Seafood poisoning

Low risk of ciguatera poisoning exists and is limited to coastal areas of Karnataka 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.

Brucellosis

Risk exists throughout the country. Travelers should avoid consumption of unpasteurized dairy products.

Monkey bites

Tourists are at risk of monkey bites. Monkeys may transmit a number of diseases, including rabies and herpes B. Travelers should avoid feeding monkeys; if bitten, victims should immediately cleanse

bites thoroughly with soap or detergent under running water for at least 15 minutes, and seek urgent medical consultation.

[Snakebites](#)

Risk of envenomation exists in rural areas with dense vegetation or rock formations and urban areas (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.

[Hepatitis C](#)

Hepatitis C is estimated to be present in 0.5% of the population, making this a high-burden country due to population size. 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](#)

Low risk exists and is limited to Kerala State. Negligible risk may exist throughout most of the country, but recent cases have not been reported. Travelers in Kerala State with significant outdoor exposure in affected areas should observe insect precautions from dusk to dawn.

[Viral hemorrhagic fevers](#)

Negligible risk of Crimean-Congo hemorrhagic fever exists and is limited to Gujarat, Rajasthan, and Uttar Pradesh states. Tick precautions are recommended. Travelers should avoid contact with infected livestock and animal tissue/blood.

[Nipah virus](#)

Risk exists and is limited to Kerala and West Bengal states. Travelers should avoid contact with bats and pigs and consumption of raw date palm sap.

[Leptospirosis](#)

Risk exists throughout the country, especially in the coastal states of Gujarat, Karnataka, Kerala, Maharashtra, and Tamil Nadu, and Andaman and Nicobar Islands Union Territory. Travelers who anticipate activities with extensive outdoor exposure (e.g., hiking, biking, swimming, or rafting) should consider weekly prophylaxis with doxycycline.

[Meliodosis](#)

Risk exists throughout the country, especially in Karnataka and Tamil Nadu states. Transmission occurs throughout the year, with highest activity from June through September. 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.

[Plague](#)

Negligible risk exists throughout most of the country, mainly in northern, south-central, and southwestern states. Transmission occurs throughout the year. Travelers should avoid contact with potentially infected rodents and their fleas.

[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).

[Anthrax disease](#)

Low risk exists throughout most of the country, mainly in northeastern and southwestern areas. Travelers should avoid direct or indirect contact with livestock, animal products, and animal carcasses or hides, as well as consumption of meat that is raw, undercooked, or unlikely to have been inspected.

Security

Consular Travel Warning:

Due to terrorism, civil unrest, and other ongoing security concerns, Canada (GAC) advises avoiding travel to Jammu and Kashmir State (except the Ladakh area via the town of Manali or by air to the city of Leh); areas bordering Bangladesh and Burma in the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, and Nagaland; and areas bordering Pakistan in the states of Gujarat, Rajasthan, and Punjab (except the Wagah border crossing). Canada also advises reconsidering travel (or avoiding nonessential travel) to the rest of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, and Nagaland states. US (DOS), UK (FCO), and Australia (DFAT) have more limited warnings.

Key Security Threats:

Terrorist attacks and kidnappings occur throughout the country. International organizations and 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, especially in New Delhi and crowded places, including areas frequented by tourists, public transportation, markets, trade fairs, and airports. Scams include gem and precious metal fraud. Additional threats to personal safety include frequent protests and demonstrations, which have the potential to turn violent without warning and to disrupt transportation; sexual assault (especially in New Delhi, Bangalore, and other cities, and Bodh Gaya and the states of Goa and Rajasthan); armed conflict in areas bordering Pakistan, Bangladesh, and Burma (Myanmar); a dangerous security environment, military presence, and unmarked boundaries in Jammu and Kashmir State and other areas bordering Pakistan; hazardous water conditions, including currents, tides, and undertows (especially at beaches in Mumbai); fatal wildlife attacks on safaris and in game parks and reserves; and cyclone season from April through December (especially when cyclones affect coastal areas of the Bay of Bengal). Due to ongoing currency shortages (including at ATMs), travelers should carry cash in small denomination banknotes and use credit cards when possible. Foreign currency may be accepted for services at larger establishments where change may sometimes be given in local banknotes. For more information, see [Consular Advice](#).

Aviation Assessment:

US Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in accordance with minimum international safety standards.

Medical Care

See also: [Hospitals for India](#)

Adequate private medical care that meets many international standards is available in some major cities. Highly specialized cases or complex emergencies may require evacuation. Singapore and Bangkok, Thailand are frequent destinations. Medical care throughout the rest of the country is inadequate and usually does not meet international standards. Several JCI accredited hospitals are present in New Delhi and Mumbai, and one or more are present in many other major cities. Travelers seeking medical care without a pre-arranged medical visa will be denied entry. Hospitals

may only admit foreign patients possessing a medical visa. In case of emergency rather than elective hospitalization after entry, the hospital must subsequently arrange conversion of the tourist visa to a medical visa. Outpatient treatment is allowed with a non-medical visa.

For a private ambulance in Mumbai, call Breach Candy Hospital at [+91] 22-2366-7997, call P.D. Hinduja Hospital and Medical Research Centre at [+91] 22-2445-2575, or call 1298. For a private ambulance in New Delhi, call MARS (Manipal Hospital Rescue Services) at [+91] 11-4040-7070 or call Falck India Ambulance at [+91] 124-400-6675. For a private ambulance in Bangalore, call Sakra Hospital at [+91] 80-4969-4969. For a private ambulance in Kolkata, call Apollo Gleneagles Hospital at [+91] 33-6060-1066. For a private ambulance in Chennai, call Gleneagles Global Health City, Perumbakkamat [+91] 44-4624-2424, call Sri Ramachandra Medical Centre at [+91] 44-2476-8402, or call Apollo hospital at 1066. For a public ambulance anywhere in the country, call 102. The national medical emergency number is 112. Because of traffic congestion, a taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital.

Hyperbaric chambers for diving injuries are located in New Delhi, Mumbai, and Port Blair.

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. In emergencies and often in other situations, 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.