**General malaria information:** approximately equal between *P. falciparum* and *P. vivax*, with *P. knowlesi* reported on Kalimantan (Borneo) Island. Transmission occurs throughout the year. Extremely high transmission occurs in the provinces of East Nusa Tenggara (Flores Island) [18], Maluku [19], Papua [20], West Papua [21], and North Maluku [22].

**Location-specific recommendations:**

Chemoprophylaxis is recommended for all travelers: altitudes below 2,000 m (6,600 ft) on Kalimantan (Borneo) Island and in most regencies of all islands east of Bali (see map), including Lombok Island but excluding the Gili Islands (see lower left map inset); most regencies of Sumatra, including Batam Island and most areas of Bintan Island (see upper right map inset); limited foci in rural areas of Java that are rarely visited by tourists; all cities and towns within these areas except Banda Aceh, Pekanbaru, Palembang, and the central urban areas of Balikpapan, Bandjermasin, and Mataram.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider inset): altitudes below 2,000 m in certain regencies of Sumatra, Java, and Sulawesi (see map); all cities and towns within these areas.

Insect precautions only are recommended (negligible transmission is reported): rural areas below 2,000 m in certain regencies of Sumatra and Java (see map); the Gili Islands (excluding typical resort locations); typical tourist resort locations on northern Banten Island (see upper-right map inset); the central urban areas of Balikpapan, Bandjermasin, and Mataram.

No preventive measures are necessary (no evidence of transmission exists): urban areas and typical resort locations on Java, Bali, and the Gili Islands (see map and lower left inset); the cities of Jakarta, Yogyakarta, Banda Aceh, Medan, Pekanbaru, Padang, and Palembang; the Thousand Islands; altitudes above 2,000 m; all other areas not mentioned above.

**Preventive measures:** Evening and nighttime insect precautions are essential in areas with any level of transmission. Both *P. falciparum* and *P. vivax* are uniformly chloroquine-resistant. Atovaquone-proguanil (Malarone or generic), doxycycline, and mefloquine are protective in this country. Effective antimalarial drugs may not be available in this country. Travelers staying longer than 3 weeks should consider carrying a treatment dose of co-artemether or atovaquone-proguanil in case their protective medicines fail (treatment dose should be administered under the supervision of a qualified local health care provider).

For travel to the provinces of East Nusa Tenggara [18], Maluku [19], Papua [20], West Papua [21], or North Maluku [22], presumptive antelapar therapy (PART) with primaquine is recommended for all travelers at the end of their exposure. Relapses of *P. vivax* malaria may occur weeks or months after departure even in those who have adhered to all recommended measures and in those who experienced no signs or symptoms of initial malaria infection. G6PD testing is required prior to primaquine use.

**Issues for Medical Providers to Consider**

**Factors favoring chemoprophylaxis**
- 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

**Factors against chemoprophylaxis**
- Air-conditioned hotels only
- Urban areas only
- Non-transmission season
- Minimal nighttime exposure
- Travel shorter than 3 days

See the "Technical Explanation of Malaria Mapping" document for more information.