**General malaria information:** approximately equal between *P. falciparum* and *P. vivax*, with *P. knowlesi* also reported. 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:** elevations below 2,000 m (6,600 ft) on Papua [20]. Thousand Islands; most regencies of Kalimantan (Borneo) and most regencies of all islands east of Bali [16], including Lombok Island but excluding the Gill Islands; most regencies of Sumatra, including most areas of Bintan Island; limited foci in rural areas of Java that are rarely visited by tourists; all cities and towns within these areas except the central urban areas of Padang and Tanjung Pinang.

**Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box):** certain regencies of Sumatra, Java, Kalimantan (Borneo), Sulawesi, and West Nusa Tenggara [17] (including certain regencies of Lombok Island); all cities and towns within these areas except the central urban area of Bandjermasin.

**Insect precautions only are recommended (negligible transmission is reported):** rural areas of certain regencies of Sumatra, Java, Kalimantan (Borneo), Sulawesi, and West Nusa Tenggara [17] (including certain regencies of Lombok Island); all cities and towns within these areas except the central urban areas of Padang and Tanjung Pinang, and Bandjermasin. No preventive measures are necessary (no evidence of transmission exists): urban areas and typical resort locations on Java and Bali [16] (including Jakarta and Yogyakarta); the Gill Islands; elevations above 2,000 m on Papua [20]; all other areas not mentioned above.

**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. 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).

Separately, presumptive antirelapse therapy (PART) with tafenoquine (or primaquine) is recommended for travelers to the provinces of East Nusa Tenggara [18], Maluku [19], Papua [20], West Papua [21], or North Maluku [22] at the end of their exposure if not on tafenoquine for primary prophylaxis. 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 tafenoquine or primaquine use.

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