DONOR HEALTH QUESTIONNAIRE

Ph: +61 2 9052 3344
Fax: +61 2 9052 3301
Email: donors@stemcelldonors.org.au

Stem Cell Donors Australia

GRID:

BEFORE YOU START

This form is about your health and has questions about your medical history and activities that have been identified as risk factors in the donation process or for the transmission of disease.

Please take the time to read the donor information materials that have been provided to you.

By proceeding with this health questionnaire, you are confirming that:

- You are over 18 years of age.
- You weigh more than 50 kg.
- You have never had a solid organ or bone marrow transplant.
- You have never tested positive for HIV or HTLV.
- You have never suffered a stroke or heart attack.
- You are likely to be available to donate (if requested) within the next 3 to 6 months (e.g. you are not planning to relocate or travel overseas for an extended time).
- You hold a current Medicare card.

If you cannot confirm each of the above, please call us to discuss before going any further.

All information collected will be handled confidentially and in accordance with the relevant privacy laws. For more information on how Stem Cell Donors Australia handles your health information, please see our Privacy Policy.

Thank you for taking the time to complete this questionnaire. We appreciate your commitment to the registry and patients in need of a transplant.

AT VERIFICATION TESTING STAGE:

After completing this health questionnaire, you may be asked to have some blood tests, which will routinely include the following:

- Blood type
- CMV
- Hepatitis B and C
- HIV
- HTLV
- Syphilis

Depending on your answers to this health questionnaire you may also be tested for other diseases that pose a potential risk to a recipient, such as malaria. By proceeding you are agreeing that we can receive your blood test results.

It is important to note that if you proceed to donation, we will share your answers to this survey and your blood test results with the medical team that will conduct your cell collection. Relevant information will also be shared with the patient's medical team in a discreet and de-identified manner, so they can select the most suitable donor for their patient.

By proceeding, you are giving your consent for this to occur. Please only proceed if you are willing to undergo these blood tests and for Stem Cells Donor Australia to receive the results.

AT WORKUP STAGE:

Completing this health questionnaire is very important for ensuring your safety and evaluating potential risks to a recipient of your bone marrow cells. Any significant risk to you, as a volunteer donor, may preclude donation. A potential risk to the recipient, however, can often be acceptable if you are the most suitable match for the recipient and there is no risk to you. Because of this it is absolutely critical that you are completely honest in this questionnaire. It is very important to report even the simplest things that may be affecting you, even a common cold.

If you have any questions, please contact the designated collection centre physician as they have been trained in the donation and transplantation processes and will be able to help you understand the questions.

If any risks to you are identified they will be discussed with you. If any risks to the recipient are identified, your relevant answers will be passed to the transplant team who will make a decision on whether to proceed based on the information in this form, other tests, their knowledge of the recipient, and their other options. These details may be discussed with the recipient.

At no time will your identity be revealed to anyone outside the collection centre and Stem Cell Donors Australia, and only the information necessary to make appropriate decisions will be released.

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ABOUT YOU

1.	**Family name**		**Given name:**	**Preferred name:**	
2.	**Weight (kg)**				
3.	**Height (cm)**				
4.	**Date of birth** *(DD/MM/YYYY)*				
5.	**Sex** *(i.e. sex assigned at birth)*				
6.	**Gender** *(i.e. current gender identity)*				

GENERAL HEALTH HISTORY			
7. Have you ever donated blood stem cells before? *If yes, please provide approximate date(s) of donation:*			
• Stem cells through peripheral blood stem cell (PBSC) apheresis once before	☐ No	☐ Yes	
• Stem cells through peripheral blood stem cell (PBSC) apheresis twice before or more	☐ No	☐ Yes	
• Bone marrow once before	☐ No	☐ Yes	
• Bone marrow twice before or more	☐ No	☐ Yes	
8. Do you know anyone in your family who had or has any of the following? *If yes, please provide details including family members relationship to you:*			
• Leukaemia or any other serious blood disorder (including abnormal clotting or bleeding)?	☐ No	☐ Yes	
• Creutzfeldt-Jakob disease (CJD) or any other transmissible spongiform encephalopathy (TSE)?	☐ No	☐ Yes	
9. Have you ever suffered from any of the following? *If yes, please provide details such as the specific diagnosis, approx. date or age of onset and treatments required:*			
• Anaemia or any blood disorder, including abnormal clotting or bleeding?	☐ No	☐ Yes	
• A serious head injury, stroke or epilepsy?	☐ No	☐ Yes	
• A heart or blood pressure problem, chest pain, long QT syndrome, rheumatic fever or a heart murmur?	☐ No	☐ Yes	
• Bowel disease, stomach or duodenal problems (e.g. ulcers) or required an endoscopy?	☐ No	☐ Yes	
• Cancer of any kind, including melanoma and leukaemia?	☐ No	☐ Yes	
• Kidney, liver or lung problems including tuberculosis (TB) and asthma?	☐ No	☐ Yes	
• An autoimmune disease (such as rheumatoid arthritis or lupus)?	☐ No	☐ Yes	
• Diabetes?	☐ No	☐ Yes	
• A thyroid disorder?	☐ No	☐ Yes	
• Malaria, Q fever or Chagas' disease?	☐ No	☐ Yes	
• Jaundice (yellow eyes/skin) or hepatitis?	☐ No	☐ Yes	
• Any other serious illnesses (for example, operations or hospital admissions)?	☐ No	☐ Yes	

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10. Have you ever: *If yes, please provide details such as approx. date and treatments required:*				
• Had COVID-19 (coronavirus infectious disease 2019)? *Estimated date(s) of infection/s:*	☐ No	☐ Yes		
Additional questions if 'yes', please answer the following: ○ Did you recover completely? ○ If 'NO', what symptoms do you still have?	☐ No	☐ Yes		
• Been vaccinated against COVID-19? *If yes, please estimate the date of last vaccine dose:*	☐ No	☐ Yes		
• Received a transplant of graft (e.g. cornea, dura mater, bone)?	☐ No	☐ Yes		
If yes, please answer the following: ○ Estimate the date of your transplant or graft. ○ What kind of transplant or graft was it? ○ Are you on any medication to suppress tour immune system?				
• Had a neurosurgical procedure involving the head, brain, or spinal cord between 1972 and 1989?	☐ No	☐ Yes	☐ N/A	
• Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986?	☐ No	☐ Yes	☐ N/A	
• Experienced any back or spine problems?	☐ No	☐ Yes		
• Experienced any significant or life-threatening allergies (including latex allergy)?	☐ No	☐ Yes		
• Had any difficulties with anaesthesia?	☐ No	☐ Yes		
11. Have you ever been pregnant, including miscarriage and termination of pregnancy?				
If yes, please answer the following:	☐ N/A, assigned male sex at birth.			
	☐ No, I have never been pregnant.			
	☐ Yes, I have been pregnant.			
○ Number of pregnancies?				
○ How long has it been since your last pregnancy?	☐ 6 months or less ☐ More than 6 months			
○ Are you currently breastfeeding?	☐ No	☐ Yes		
12. In the last 6 months, have you: *If yes, please provide details:*				
• Been unwell, seen a doctor or any other health care practitioner, had an operation (surgical procedure), or needed any tests/investigation?	☐ No	☐ Yes		
• Taken any medications, including regular medication; contraception; acne/skin medication or PrEP (pre-exposure prophylaxis to prevent HIV)?	☐ No	☐ Yes		
• Had chest pain/angina or an irregular heartbeat?	☐ No	☐ Yes		
13. In the past 8 weeks, have you had any immunisations or vaccinations (including as part of a clinical trial)?				
If yes, please provide the type of vaccine and approx. date of administration:	☐ No	☐ Yes		

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OVERSEAS RESIDENCE AND TRAVEL			
14. What was your country of birth?			
☐ Australia			
☐ Another country: (please specify country and approximate date or age when you left)			
15. Have you travelled outside Australia in the last 2 years? *If yes, please list the countries and planned dates.*			
	☐ No	☐ Yes	
16. In the next 3 months, are your planning to travel overseas? *If yes, please list the countries and planned dates.*			
	☐ No	☐ Yes	
17. Have you ever spent a continuous period of 6 months or more in a malaria-endemic country or countries? *If yes, please list the country or countries.*			
	☐ No	☐ Yes	
BLOOD-BORNE INFECTIONS *These questions are legally mandated for all blood, tissue and organ donors in Australia. Please answer them to the best of your knowledge*			
18. Have you ever:			
• Had a blood transfusion? *If yes, please provide details including the date of the transfusion, where the transfusion took place, and why you needed the transfusion:*	☐ No	☐ Yes	
• Had a test that showed you had HIV, HTLV, hepatitis B or hepatitis C?	☐ No	☐ Yes	
• Had gonorrhoea or syphilis? *If yes, please provide details including approx. dates and the treatment you received. A history of treated infection is not a barrier to donating but note that routine Stem Cell Donors Australia donor assessment includes syphilis testing.*	☐ No	☐ Yes	
19. In the last 5 years, have you "used drugs" by injection or been injected with drugs that were not prescribed by a doctor or dentist?			
If yes, please provide details including the estimated date of the most recent unprescribed injection:	☐ No	☐ Yes	
20. In the last 12 months, have you:			
• Had an illness with swollen glands and a rash, with or without a fever?	☐ No	☐ Yes	
• Been in contact with someone with hepatitis or (yellow) jaundice?	☐ No	☐ Yes	
• Been imprisoned in a prison or been held in a lock-up or detention centre for more than 72 hours?	☐ No	☐ Yes	
21. In the last 4 months, have you had: *If yes, please provide details including date of procedure, whether the practitioner was licensed, whether sterile equipment was used, and which country the facility was in.*			
• A tattoo?	☐ No	☐ Yes	
• Body piercing?	☐ No	☐ Yes	
• Acupuncture?	☐ No	☐ Yes	

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22. In the last 4 months, have you had: *If yes, please provide details including date of incident and whether the source patient was known to have any blood-borne infections.*			
• A needlestick injury?	☐ No	☐ Yes	
• A blood or body fluid splash to your eyes, mouth, nose or to broken skin?	☐ No	☐ Yes	
23. In the last 3 months, have you engaged in sexual activity with someone who might: *If yes, please provide details:*			
• Have reason to believe they could be infected with HIV?	☐ No	☐ Yes	
• Have a history of injecting drug use?	☐ No	☐ Yes	
• Be positive for HIV, HTLV, hepatitis B or hepatitis C?	☐ No	☐ Yes	
24. In the last 3 months, have you: *If yes, please provide details:*			
• Undertaken any sex work (e.g. received payment for sex in money, gift or drugs)?	☐ No	☐ Yes	
• Engaged in sexual activity with a male or female sex worker?	☐ No	☐ Yes	
If yes, please answer the following: ○ Was this activity in the context of an ongoing relationship or continuing sex work?	☐ No	☐ Yes	
○ Please provide an estimated date for your most recent sexual contact or sex work			
25. In the last 3 months:			
• **For male donors:** Have you had sex with another man (i.e. oral or anal sex) with or without a condom?	☐ No	☐ Yes	
• **For female donors:** Have you had sex (with or without a condom) with a man who you think may have had oral or anal sex with another man?	☐ No	☐ Yes	
• **For transgender donors:** Have you had sex (with or without a condom) with a male or transgender partner?	☐ No	☐ Yes	
If yes, please answer the following:			
○ Was this activity in the context of an ongoing relationship or continuing sex work?	☐ No	☐ Yes	
○ Please provide an estimated date for your most recent sexual contact or sex work			
26. In the last 3 months have you had sexual activity with a new partner who currently lives or has previously lived in a country with a high prevalence of HIV infection? (*)			
	☐ No	☐ Yes	
If yes, please answer the following:			
○ Please list all the high-prevalence countries where your new partner lived in the last 10 years, and approximate dates.			
○ Are you in an ongoing relationship with this partner? *(*) See* Travel Risk Table *on the following page for a list of countries with high HIV prevalence. For this questionnaire, a "new partner" is defined as a sexual relationship that started less than 12 months ago. "Previously lived" means having lived in a country for at least 12 months during the past 10 years.*	☐ No	☐ Yes	

STAFF USE ONLY

Comments

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DONOR DECLARATION

Please sign this declaration in the presence of the clinician if you are at workup stage. **A signature is not required at the verification testing stage.**

I, as the donor, declare that I have understood the information on this form and answered the questions in the donor questionnaire honestly and to the best of my knowledge.

Name (*family name / given name*)			
Signature		Date	

At workup stage (only) your signature must be witnessed by a clinician of a Stem Cell Donors Australia accredited collection centre. Please do not sign except in their presence. If you are unsure whether this is "work-up stage" your donor support coordinator or collection centre clinician will be happy to provide you with that information.

STAFF USE ONLY:

At verification testing stage: A staff member must acknowledge their review of this form by completing the questions below and signing.

At workup stage: The clinician completing the work-up must acknowledge their review of this form and witness the signature of the donor by completing the questions below and signing.

This form was reviewed for completeness. Information affecting donation was assessed and my evaluation is documented where necessary. If further assessment was required, appropriate staff were notified. This form was completed by the following method:

☐ I reviewed and verbally verified answers with the donor. I addressed any questions the donor had and clarified health information, as needed, to perform the assessment.

☐ I performed an oral interview with the donor and completed this form.

☐ This form was self-administered by the donor, and I reviewed the recorded information.

For work-up stage only: I witnessed the donor's signature of this form ☐ No ☐ Yes

Name			
Position			
Signature		Date	

If this form was completed with the assistance of a translator, their details must be recorded below:

Translator full name			
Qualifications			
Signature		Date	

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TRAVEL RISK TABLE

- Information in this table is purely for the assessment of Stem Cell Donors Australia donors. The listing is highly precautionary and simplified and is not designed to guide travel planning.
- **HIV column:** a "Y" indicates countries with a high endemic prevalence of HIV infection. This is defined as countries with HIV prevalence of 1% or more among the adult population, according to WHO's UNAIDS database.
- **Malaria column:** a "Y" indicates countries with potential risk of malaria, based on WHO data. The list includes any country with regional malaria risk within its borders and is designed to capture malaria risk from both recent travel (i.e. within the past 2 years) and prior residence (i.e. a continuous period of at least 6 months at any time of life). Therefore, it includes some countries that may have eradicated malaria within the past 60 years.
- **Chagas column:** a "Y" indicates countries with potential risk of Chagas disease. Endemic countries include all mainland Central American and South American countries. Donors will be defined as having potential risk if they were born in a risk country or have ever had a fresh blood product transfusion in a risk country.
- **Arboviruses column:** countries with potential risk of dengue (DENV), chikungunya (CHIKV), West Nile virus (WNV) or Zika virus (ZIKV), based on US CDC data. All these arboviruses display a similar incubation period of up to 12 or 14 days in the majority of cases, so to incorporate a margin of safety the potential risk period is defined as up to 28 days after departing the risk country.
- For West Nile virus, the risk area is defined as all of North America, including Hawaii, Alaska and St Pierre & Miquelon but excluding Mexico. It should be noted that the level of risk varies regionally, seasonally, and from year to year.
- For the other arboviruses, risk countries are defined on a precautionary basis for the purpose of assessing indicative risk at VT/HAC stage and may include some countries with little or no current risk at the time of assessment.
- At work-up stage, the possibility should be noted that the current level of risk may differ from that predicted in this table. Refer to current CDC data wherever possible

COUNTRY	HIV	MALARIA	CHAGAS	ARBOVIRUSES
AFGHANISTAN		Y		DENV
ALBANIA				
ALGERIA		Prior to 2019		
AMERICAN SAMOA				DENV; ZIKV
ANDORRA				
ANGOLA	Y	Y		CHIKV; DENV; ZIKV
ANGUILLA				DENV; ZIKV
ANTARCTICA				
ANTIGUA & BARBUDA				DENV; ZIKV
ARGENTINA		Prior to 2019	Y	CHIKV; DENV; ZIKV
ARMENIA		Prior to 2010		
ARUBA				DENV
ASHMORE AND CARTIER ISLANDS				
AUSTRIA				
AZERBAIJAN		Prior to 2023		
BAHAMAS (malaria risk is only on Great Exuma Island)	Y	Great Exuma Island		DENV; ZIKV
BAHRAIN				
BALI (province of INDONESIA)				CHIKV; DENV; ZIKV
BANGLADESH		Y		DENV; ZIKV
BARBADOS	Y			CHIKV; DENV; ZIKV
BELARUS				
BELGIUM				

COUNTRY	HIV	MALARIA	CHAGAS	ARBOVIRUSES
BELIZE	Y	Y	Y	CHIKV; DENV; ZIKV
BENIN	Y	Y		DENV
BERMUDA				
BHUTAN		Y		DENV
BOLIVIA		Y	Y	CHIKV; DENV; ZIKV
BOSNIA & HERZEGOVINA				
BOTSWANA	Y	Y		DENV
BRAZIL		Y	Y	CHIKV; DENV; ZIKV
BRITISH VIRGIN ISLANDS (refer to Virgin Islands, British)				
BRUNEI DARUSSALAM				CHIKV; DENV
BULGARIA				
BURKINA FASO	Y	Y		CHIKV; DENV; ZIKV
BURUNDI	Y	Y		ZIKV
CAMBODIA	Y	Y		CHIKV; DENV; ZIKV
CAMEROON	Y	Y		CHIKV; DENV; ZIKV
CANADA				WNV
CANARY ISLANDS (SPAIN)				
CAPE VERDE	Y	Y		CHIKV; DENV; ZIKV
CARIBBEAN NETHERLANDS (Bonaire, Saba, Saint Eustatius and others before 2009)				DENV; ZIKV

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CAYMAN ISLANDS				DENV; ZIKV
CENTRAL AFRICAN REPUBLIC	Y	Y		CHIKV; DENV; ZIKV
CHAD	Y	Y		CHIKV; DENV
CHILE			Mainland Chile only	
CHINA (Peoples Republic of)		Prior to 2021		CHIKV; DENV
CHRISTMAS ISLAND				
COCOS (KEELING) ISLANDS				
COLOMBIA		Y	Y	CHIKV; DENV; ZIKV
COMOROS		Y		CHIKV; DENV
CONGO	Y	Y		CHIKV; DENV
COOK ISLANDS				DENV; ZIKV
CORAL SEA ISLANDS				
COSTA RICA		Y	Y	CHIKV; DENV; ZIKV
COTE D'IVOIRE	Y	Y		CHIKV; DENV; ZIKV
CROATIA				
CUBA				DENV; ZIKV
CURACAO				DENV; ZIKV
CYPRUS				
CZECHIA (CZECH REPUBLIC)				
DEMOCRATIC REPUBLIC OF THE CONGO (formerly ZAIRE)	Y	Y		CHIKV; DENV
DENMARK				
DJIBOUTI	Y	Y		CHIKV; DENV
DOMINICA				DENV; ZIKV
DOMINICAN REPUBLIC	Y	Y		DENV; ZIKV
ECUADOR		Y	Y	CHIKV; DENV; ZIKV
EGYPT		Prior to 2025		DENV; ZIKV
EL SALVADOR		Prior to 2021	Y	DENV; ZIKV
EQUATORIAL GUINEA	Y	Y		CHIKV; DENV
ERITREA	Y	Y		CHIKV; DENV
ESTONIA	Y			
ESWATINI (formerly Swaziland)	Y	Y		CHIKV; DENV
ETHIOPIA	Y	Y		CHIKV; DENV; ZIKV
FALKLAND ISLANDS (Islas Malvinas)				
FAROE ISLANDS				
FIJI				DENV; ZIKV

COUNTRY	HIV	MALARIA	CHAGAS	ARBOVIRUSES
FINLAND				
FRANCE				
FRENCH GUIANA		Y	Y	DENV; ZIKV
FRENCH POLYNESIA (including Tahiti, Moorea, Bora-Bora etc)				DENV; ZIKV
GABON	Y	Y		CHIKV; DENV; ZIKV
GAMBIA	Y	Y		CHIKV; ZIKV
GEORGIA		Prior to 2025		
GERMANY				
GHANA	Y	Y		DENV
GIBRALTAR				
GREECE				
GREENLAND				
GRENADA				DENV; ZIKV
GUADELOUPE (FRANCE)				DENV; ZIKV
GUAM				DENV
GUATEMALA	Y	Y	Y	CHIKV; DENV; ZIKV
GUINEA	Y	Y		DENV
GUINEA-BISSAU	Y	Y		CHIKV; ZIKV
GUYANA	Y	Y	Y	DENV; ZIKV
HAITI	Y	Y		DENV; ZIKV
HEARD AND McDONALD ISLANDS				
HONDURAS		Y	Y	DENV; ZIKV
HONG KONG (CHINA)				CHIKV; DENV
HUNGARY				
ICELAND				
INDIA	Y	Y		CHIKV; DENV; ZIKV
INDONESIA (excluding province of Bali)		Y		CHIKV; DENV; ZIKV
IRAN (ISLAMIC REPUBLIC OF)		Y		DENV
IRAQ		Y		
IRELAND, NORTHERN (UK)				
IRELAND, REPUBLIC OF (excluding Northern Ireland)				
ISRAEL				
ITALY				
JAMAICA	Y	Prior to 1966		CHIKV; DENV; ZIKV
JAPAN				
JORDAN				
KAZAKHSTAN				
KENYA	Y	Y		CHIKV; DENV

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KIRIBATI				DENV; ZIKV
KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF (NORTH KOREA)		Y		
KOREA, REPUBLIC OF (South Korea)		Y		
KOSOVO				
KUWAIT				DENV
KYRGYZSTAN		Prior to 2016		
LAO PEOPLE'S DEMOCRATIC REPUBLIC		Y		CHIKV; DENV; ZIKV
LATVIA	Y			
LEBANON				
LESOTHO	Y			CHIKV
LIBERIA	Y	Y		DENV
LIBYAN ARAB JAMAHIRIYA (*aka* LIBYA)				
LIECHTENSTEIN				
LITHUANIA				
LUXEMBOURG				
MACAU (CHINA)				CHIKV; DENV
MACEDONIA				
MADAGASCAR		Y		CHIKV; DENV
MALAWI	Y	Y		CHIKV; DENV
MALAYSIA (including Sabah and Sarawak)		Y		CHIKV; DENV; ZIKV
MALDIVES		Prior to 2015		CHIKV; DENV; ZIKV
MALI	Y	Y		CHIKV; DENV
MALTA				
MARSHALL ISLANDS				DENV; ZIKV
MARTINIQUE				DENV; ZIKV
MAURITANIA	Y	Y		DENV
MAURITIUS	Y			CHIKV; DENV
MAYOTTE		Y		CHIKV; DENV
MEXICO		Y	Y	CHIKV; DENV; ZIKV
MICRONESIA (FEDERATED STATES OF)				CHIKV; DENV; ZIKV
MOLDOVA (REPUBLIC OF)				
MONACO				
MONGOLIA				
MONTENEGRO				
MONTSERRAT				DENV; ZIKV
MOROCCO				
MOZAMBIQUE	Y	Y		CHIKV; DENV

COUNTRY	HIV	MALARIA	CHAGAS	ARBOVIRUSES
MYANMAR (formerly Burma)	Y	Y		CHIKV; DENV; ZIKV
NAMIBIA	Y	Y		CHIKV; DENV
NAURU				DENV
NEPAL		Y		DENV
NETHERLANDS				
NEW CALEDONIA & DEPENDENCIES (FRANCE)				CHIKV; DENV; ZIKV
NEW ZEALAND				
NICARAGUA		Y	Y	CHIKV; DENV; ZIKV
NIGER	Y	Y		CHIKV; DENV; ZIKV
NIGERIA	Y	Y		CHIKV; DENV; ZIKV
NIUE				
NORTHERN MARIANA ISLANDS				DENV
NORWAY				
OMAN		Y		DENV
PACIFIC ISLANDS of the USA, other (including Johnston Atoll, Wake Is, Midway Is)				DENV
PAKISTAN		Y		CHIKV; DENV
PALAU				CHIKV; DENV; ZIKV
PALESTINE				
PANAMA	Y	Y	Y	CHIKV; DENV; ZIKV
PAPUA NEW GUINEA	Y	Y - note high risk of relapsing vivax		DENV; ZIKV
PARAGUAY		Prior to 2018	Y	CHIKV; DENV; ZIKV
PERU		Y	Y	CHIKV; DENV; ZIKV
PHILIPPINES		Y		CHIKV; DENV; ZIKV
PITCAIRN				
POLAND				
PORTUGAL				DENV – Madeira Islands only
PUERTO RICO				DENV; ZIKV
QATAR				DENV
REUNION				CHIKV; DENV
ROMANIA				
RUSSIAN FEDERATION	Y			
RWANDA	Y	Y		DENV
SAINT BARTHELEMY (FRANCE)				DENV; ZIKV
SAINT HELENA (UNITED KINGDOM)				
SAINT KITTS AND NEVIS				DENV; ZIKV

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SAINT LUCIA				CHIKV; DENV; ZIKV
SAINT MARTIN (FRANCE)				DENV; ZIKV
SAINT PIERRE AND MIQUELON (*overseas territory of France, located in North America)*				WNV
SAINT VINCENT AND THE GRENADINES				DENV; ZIKV
SAMOA				DENV; ZIKV
SAN MARINO				
SAO TOME & PRINCIPE	Y	Y		
SAUDI ARABIA		Y		DENV
SENEGAL	Y	Y		CHIKV; DENV; ZIKV
SERBIA				
SEYCHELLES				CHIKV; DENV
SIERRA LEONE	Y	Y		CHIKV; DENV
SINGAPORE				CHIKV; DENV; ZIKV
SINT MAARTEN (NETHERLANDS)				DENV; ZIKV
SLOVAKIA				
SLOVENIA				
SOLOMON ISLANDS		Y		DENV; ZIKV
SOMALIA	Y	Y		CHIKV; DENV
SOUTH AFRICA	Y	Y		CHIKV
SOUTH SUDAN	Y	Y		CHIKV; DENV
SPAIN				
SRI LANKA		Prior to 2016		DENV
SUDAN	Y	Y		CHIKV; DENV
SURINAME	Y	Y	Y	CHIKV; DENV; ZIKV
SWAZILAND see Eswatini				
SWEDEN				
SWITZERLAND				
SYRIAN ARAB REPUBLIC		Y		
TAIWAN				CHIKV; DENV
TAJIKISTAN		Prior to 2023		
TANZANIA (UNITED REPUBLIC OF)	Y	Y		DENV

COUNTRY	HIV	MALARIA	CHAGAS	ARBOVIRUSES
THAILAND	Y	Y		CHIKV; DENV; ZIKV
TIMOR-LESTE (known as East Timor until 2012)		Y		CHIKV; DENV
TOGO	Y	Y		CHIKV
TOKELAU (NEW ZEALAND)				
TONGA				DENV; ZIKV
TRINIDAD & TOBAGO	Y			CHIKV; DENV; ZIKV
TUNISIA				
TURKIYE (*aka* TURKEY)		Y		
TURKMENISTAN				
TURKS AND CAICOS ISLANDS	Y			DENV; ZIKV
TUVALU				DENV
UGANDA	Y	Y		DENV; ZIKV
UKRAINE	Y			
UNITED ARAB EMIRATES (UAE)				
UNITED KINGDOM				
UNITED STATES OF AMERICA				WNV
URUGUAY			Y	CHIKV
UZBEKISTAN		Prior to 2018		
VANUATU		Y		DENV; ZIKV
VENEZUELA		Y	Y	CHIKV; DENV; ZIKV
VIETNAM		Y		CHIKV; DENV; ZIKV
VIRGIN ISLANDS, BRITISH				DENV; ZIKV
VIRGIN ISLANDS, UNITED STATES				DENV; ZIKV
WALLIS & FUTUNA ISLANDS (FRANCE)				DENV; ZIKV
YEMEN		Y		CHIKV; DENV
ZAMBIA	Y	Y		DENV
ZIMBABWE	Y	Y		CHIKV; DENV