### 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 2–6 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](https://stemcelldonors.org.au/about/privacy-policy/).

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

### AT VERIFICATION TYPING 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 malaria and other diseases that may pose a transplant risk to the patient. 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 Cell Donors Australia to receive the results.

### AT WORK-UP 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 participating collection centre clinician 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.

|  |  |  |
| --- | --- | --- |
| ABOUT YOU | **GRID:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Family name** |  | **Given name** |  | |
| 1. **Weight (kg)** |  |
| 1. **Height (cm)** |  |
| 1. **Date of birth *(DD/MM/YYYY)*** |  |  | | |
| 1. **Sex *(i.e. sex assigned at birth)*** |  |  | |  |
| 1. **Gender *(i.e. current gender identity)*** |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| GENERAL HEALTH HISTORY |  | | |  |
| 1. **Have you ever suffered from any of the following? (Click all that apply)** *If selected, provide details such as the specific diagnosis, approx. date or age of onset and treatments required* | | | | | |
| Anaemia or any blood disorder? | | |  | | |
| A serious head injury, stroke or epilepsy? | | |  | | |
| A heart or blood pressure problem, chest pain, rheumatic fever or a heart murmur? | | |  | | |
| Bowel disease, stomach or duodenal problems (e.g. ulcers) or required an endoscopy? | | |  | | |
| Kidney, liver or lung problems including tuberculosis (TB)? | | |  | | |
| An autoimmune disease (such as rheumatoid arthritis or lupus)? | | |  | | |
| Diabetes? | | |  | | |
| A thyroid disorder? | | |  | | |
| Cancer of any kind including melanoma and leukaemia? | | |  | | |
| Malaria, Q fever or Chagas’ disease? | | |  | | |
| Jaundice (yellow eyes/skin) or hepatitis? | | |  | | |
| Any other serious illnesses, operations, or hospital admissions? | | |  | | |
| None of the above. | | | | | |
| 1. **Do you know of anyone in your family who had or has any of the following? (Click all that apply)** If selected, provide details including family member’s relationship to you | | | | | |
| Leukaemia or any other serious blood disorder? | |  | | |
| Creutzfeldt-Jakob disease (CJD) or any other transmissible spongiform encephalopathy (TSE)? | |  | | |
| None of the above. | | | | |

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|  | | | | **GRID:** | | | | | | | | | |  | |
| 1. **Have you ever donated blood stem cells before? (Click all that apply*)*** | | | | | | | | | | | | | | |
| No | | | | | | | | | |  | | | | |  | |
| Yes – I have previously donated: | | | | | | | | | | *Approximate date(s) of donation* | | | | |
| Stem cells through peripheral blood stem cell (PBSC) apheresis **once** before. | | | | | | | | | |  | | | | |
| Stem cells through peripheral blood stem cell (PBSC) apheresis **twice** before (or more). | | | | | | | | | |  | | | | |
| Bone marrow **once** before. | | | | | | | | | |  | | | | |
| Bone marrow **twice** before (or more) | | | | | | | | | |  | | | | |
| 1. **Have you ever (click all that apply):** *If selected, provide details such as approx. date and treatments required.* | | | | | | | | | | | | | | | |
| Had COVID-19 (coronavirus infectious disease 2019)? | | | | | | | | | | | | | | | |
|  | * Estimated date(s) of infections: | |  | | | |  | | | | | | | | |
|  | * Did you recover completely? | | Yes | |  | | | | | | | | | | |
|  |  | | No | | *If “No”, what symptoms do you still have?* | | | | | |  | | | | |
| Been vaccinated against COVID-19? | | | | | | | | | | | | | | | |
|  | * How many doses of vaccine have you had? | | | | |  | | | | | | | | | |
|  | * Estimated date of your last vaccine dose: | | | | |  | | | | | | | | | |
| Received a transplant or graft? (e.g. cornea, dura mater, bone) | | | | | | | | | | | | | | | |
|  | | * Estimate date of your transplant or graft: | | | |  | | | | | | | | | |
|  | | * What kind of transplant or graft was it? | | | |  | | | | | | | | | |
|  | | * Are you on any medication to suppress your immune system? | | | | No | | Yes | | | | |
| Had a neurosurgical procedure involving the head, brain or spinal cord? | | | | | | | | | | | | | | | |
|  | | * Was the procedure performed between 1972 and 1989? | | | | No | | | Yes | | | I was born after 1989 | | | |
| Received injections of human growth hormone for short stature or human pituitary hormone for infertility prior to 1986? | | | | | | | | | | | | | | | |
|  | | * Were the injections prior to 1986? | | | | No | | | Yes | | | I was born after 1986 | | | |
| Experienced any back or spine problems? | | | | | |  | | | | | | | | | |
| Experienced any significant or life-threatening allergies (including latex allergies)? | | | | | |  | | | | | | | | | |
| Had any difficulties with anaesthesia? | | | | | |  | | | | | | | | | |
| None of the above. | | | | | | | | | | | | | | | |

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|  | | **GRID:** | | |  | | | |
| 1. **Have you ever been pregnant, including miscarriage and termination of pregnancy?** | | | | | | | | |
| N/A, assigned male sex at birth | | | | | | | | |
| No, I have never been pregnant | | | | | | | | |
| I am currently pregnant - *for safety reasons, the registry does not permit donation during pregnancy* | | | | | | | | |
| Yes, I have been pregnant *If selected, please specify:* | | | | | | | | |
| * Number of pregnancies |  | | |  | | | | |
| * How long has it been since your last pregnancy? | | | | | | | | |
| More than 6 months | Are you currently breastfeeding? | | | No | | Yes |  | |
| 6 months or less | Are you currently breastfeeding? | | | No | | Yes |  | |
| 1. **In the last 6 months, have you (click all that apply):** *If selected, provide details* | | | | | | | |
| Been unwell or seen a doctor or any other health care practitioner, had an operation (surgical procedure) or any tests/investigation? | | |  | | | | |
| Taken any medication, including regular medication; contraception; acne/skin medication; or PrEP (pre-exposure prophylaxis) to prevent HIV? | | |  | | | | |
| Had chest pain/angina or an irregular heartbeat? | | |  | | | | |
| None of the above. | | | | | | | |
| 1. **In the past 8 weeks, have you had any immunisations/vaccinations including as part of a clinical trial?** | | | | | | | |
| No | | | | | | | |
| Yes – If selected provide details below | | | | | | | |
| * Name of the vaccine and date of administration | | |  | | | | |

### OVERSEAS RESIDENCE AND TRAVEL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **What was your country of birth?** | | | | | |
| Australia | | | | | |
| New Zealand | | | | | |
| Another country | | | *Provide name of your country of birth:* |  | |
| 1. **Have you ever spent a continuous period of 6 months or more in a malaria-endemic country or countries?**   *See* Travel risk table *at the end of this document for a list of malaria-endemic countries. For the purpose of risk assessment, “malaria-endemic” countries include any country with regional malaria risk within its borders and may include some countries that have eradicated malaria within the last 50 years.* | | | | | |
| No | | | | | |
| Yes | *Please list each country, along with an estimate of the years spent in each country* | | |  | |
| 1. **Please list all countries outside Australia and New Zealand that you have travelled to in the last 2 years, and when you were there:** | | | | | |
| No, I have not travelled outside Australia and New Zealand | | | | |  |
| Yes, I have travelled outside Australia and New Zealand | | | | |  |
| *If Yes, please list the countries and approximate dates:* | | | | |  |
| 1. **In the next 3 months, are you planning to travel overseas?** | | | | | |
| No | | | | |  |
| Yes | | *Which countries do you plan to visit, and when?* | | |  |

|  |  |
| --- | --- |
| **GRID:** |  |

### 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Have you ever (click all that apply):** | | | | | | |
| Had a blood transfusion? | | | | |  | |
|  | *Please provide details including the date of the transfusion, where the transfusion took place, and why you needed the transfusion* | | | |  | |
| Had a test that showed you had HIV, HTLV, hepatitis B or hepatitis C? | | | | |  | |
|  | *Please provide details* | | | |  | |
| Had gonorrhoea or syphilis? | | | | |  | |
|  | *Please provide details, including approximate dates and the treatment you received. A history of treated infection is not a barrier to donating but note that routine registry donor assessment includes syphilis testing.* | | | |  | |
| None of the above. | | | | | | |
| 1. **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?** | | | | | | |
| No | | | | | | |
| Yes | | *Please provide details, including the estimated date of the most recent unprescribed injection* | | | |  |
| 1. **In the last 12 months, have you (click all that apply):** *If selected, provide relevant details and dates* | | | | | | |
| Had an illness with swollen glands and a rash, with or without a fever? | | | |  | | |
| Been in contact with someone with hepatitis or (yellow) jaundice? | | | |  | | |
| Been imprisoned in a prison or been held in a lock-up or detention centre for more than 72 hours? | | | |  | | |
| None of the above. | | | | | | |
| 1. **In the last 4 months, have you had (click all that apply)**: *If selected, 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? | | | |  | | |
| Body piercing? | | | |  | | |
| Acupuncture? | | | |  | | |
| None of the above. | | | | | | |
| 1. **In the last 4 months, have you had (click all that apply):** *If selected, provide details including date of incident and whether the source patient was known to have any blood-borne infections* | | | | | | |
| A needlestick injury? | | |  | | | |
| A blood or body fluid splash to your eyes, mouth, nose or to broken skin? | | |  | | | |
| None of the above. | | | | | | |

|  |  |
| --- | --- |
| **GRID:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **In the last 3 months, have you engaged in sexual activity with someone who might (click all that apply*)*:**   *If selected, provide details* | | | | | |
| Have reason to believe they could be infected with HIV? | |  | | | |
| Have a history of injecting drug use? | |  | | | |
| Be positive for HIV, HTLV, hepatitis B or hepatitis C? | |  | | | |
| None of the above. | | | | | |
| 1. **In the last 3 months, have you (click all that apply*):*** | | | | | |
| Undertaken any sex work (e.g. received payment for sex in money, gifts or drugs)? | | | | | |
| Engaged in sexual activity with a male or female sex worker? | | | | | |
| None of the above. | | | | | |
| *If applicable, please answer the questions below:* | | | | | |
| * 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: | | | |  | |
| 1. **In the last 3 months (click all that apply):** | | | | | |
| For male donors: Have you had sex with another man (i.e. oral or anal sex) with or without a condom? | | | | | |
| 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? | | | | | |
| For transgender donors: Have you had sex (with or without a condom) with a male or trans female partner? | | | | | |
| None of the above. | | | | | |
| *If applicable, please answer the questions below:* | | | | | |
| * Was this activity in the context of an ongoing relationship? | | | | No  Yes | |
| * Please provide an estimated date for your most recent sexual contact: | | | |  | |
| 1. **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?** *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 | *If Yes, please answer the two questions below:* | | | | |
| * Please list all the high-prevalence countries where your new partner has lived in the last 10 years, and approximate dates: | | |  | | |
| * Are you in an ongoing relationship with this partner?  No  Yes | | | |  |  |

### STAFF USE ONLY

|  |  |
| --- | --- |
| Comments |  |

|  |  |
| --- | --- |
| **GRID:** |  |

### DONOR DECLARATION

Please sign this declaration in the presence of the clinician if you are at work-up 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 work-up 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 typing stage:** A staff member must acknowledge their review of this form by completing the questions below and signing.

**At work-up 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 |  |

### 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 a known risk of malaria. The list 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, the list includes any country with regional malaria risk within its borders, and also includes some countries that may have eradicated malaria within the past 50 years.
* **Chagas column:** a “Y” indicates countries with endemic risk of Chagas’ disease. These 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:** a “Y” indicates countries with a history of endemic risk of dengue (DENV), chikungunya (CHIKV), West Nile virus (WNV) or Zika virus (ZIKV). All these arboviruses display a similar incubation period of up to 14 days in the majority of cases, so to incorporate a margin of safety we define the potential risk period as up to 28 days after departing the risk country.

| **Country** | **HIV** | **Malaria** | **Chagas** | **Arboviruses** |
| --- | --- | --- | --- | --- |
| AFGHANISTAN |  | Y |  |  |
| ALBANIA |  |  |  |  |
| ALGERIA |  | Y |  |  |
| AMERICAN SAMOA |  |  |  | Y |
| ANDORRA |  |  |  |  |
| ANGOLA | Y | Y |  |  |
| ANGUILA |  |  |  | Y |
| ANTARCTICA |  |  |  |  |
| ANTIGUA & BARBUDA |  |  |  | Y |
| ARGENTINA |  | Y | Y | Y |
| ARMENIA |  | Y |  |  |
| ARUBA |  |  |  | Y |
| ASHMORE AND CARTIER ISLANDS |  |  |  |  |
| AUSTRIA |  |  |  |  |
| AZERBAIJAN |  | Y |  |  |
| BAHAMAS  (Malaria risk is only on Great Exuma Island) | Y | Y |  | Y |
| BAHRAIN |  |  |  |  |
| BALI (INDONESIA) |  |  |  | Y |
| BANGLADESH |  | Y |  | Y |
| BARBADOS | Y |  |  | Y |
| BELARUS |  |  |  |  |
| BELGIUM |  |  |  |  |
| BELIZE | Y | Y | Y | Y |
| BENIN | Y | Y |  | Y |
| BERMUDA |  |  |  |  |
| BHUTAN |  | Y |  |  |
| BOLIVIA |  | Y | Y | Y |
| BOSNIA & HERZEGOVINA |  |  |  |  |
| BOTSWANA | Y | Y |  | Y |
| BRAZIL |  | Y | Y | Y |
| BRITISH VIRGIN ISLANDS (refer to Virgin Islands, British) |  |  |  |  |
| BRUNEI DARUSSALAM |  |  |  | Y |
| BULGARIA |  |  |  |  |
| BURKINA FASO | Y | Y |  | Y |
| BURUNDI | Y | Y |  | Y |
| CAMBODIA | Y | Y |  | Y |
| CAMEROON | Y | Y |  | Y |
| CANADA |  |  |  | Y |
| CANARY ISLANDS (SPAIN) |  |  |  |  |
| CAPE VERDE | Y | Y |  | Y |
| CARIBBEAN NETHERLANDS  (Bonaire, Saba Saint Eustatius and Others Before 2009) |  |  |  | Y |
| CAYMAN ISLANDS |  |  |  | Y |
| CENTRAL AFRICAN REPUBLIC | Y | Y |  | Y |
| CHAD | Y | Y |  | Y |
| CHILE  (Chagas’ risk is only on the mainland, while arbovirus risk is only on Easter Island) |  |  | Y | Y |
| CHINA (Peoples Republic Of) |  | Y |  | Y |
| CHRISTMAS ISLAND |  |  |  |  |
| COCOS (KEELING) ISLAND |  |  |  |  |
| COLOMBIA |  | Y | Y | Y |
| COMOROS |  | Y |  | Y |
| CONGO | Y | Y |  | Y |
| COOK ISLANDS |  |  |  | Y |
| CORAL SEA ISLANDS |  |  |  |  |
| COSTA RICA |  | Y | Y | Y |
| COTE D’IVOIRE | Y | Y |  | Y |
| CROATIA |  |  |  |  |
| CUBA |  |  |  | Y |
| CURACAO |  |  |  | Y |
| CYPRUS |  |  |  |  |
| CZECH REPUBLIC |  |  |  |  |
| DEMOCRATIC REPUBLIC OF THE CONGO (formerly ZAIRE) | Y | Y |  | Y |
| DENMARK |  |  |  |  |
| DJIBOUTI | Y | Y |  | Y |
| DOMINICA |  |  |  | Y |
| DOMINICAN REPUBLIC | Y | Y |  | Y |
| ECUADOR |  | Y | Y | Y |
| EGYPT |  | Y |  | Y |
| EL SALVADOR |  | Y | Y | Y |
| EQUATORIAL GUINEA | Y | Y |  | Y |
| ERITREA | Y | Y |  | Y |
| ESTONIA | Y |  |  |  |
| ETHIOPIA | Y | Y |  | Y |
| FALKLAND ISLANDS (Islas Malvinas) |  |  |  |  |
| FAROE ISLANDS |  |  |  |  |
| FIJI |  |  |  | Y |
| FINLAND |  |  |  |  |
| FRANCE |  |  |  |  |
| FRENCH GUIANA |  | Y | Y | Y |
| FRENCH POLYNESIA (Including Tahiti, Moorea, Bora-Bora Etc) |  |  |  | Y |
| GABON | Y | Y |  | Y |
| GAMBIA | Y | Y |  | Y |
| GEORGIA |  | Y |  | Y |
| GERMANY |  |  |  |  |
| GHANA | Y | Y |  | Y |
| GIBRALTAR |  |  |  |  |
| GREECE |  |  |  |  |
| GREENLAND |  |  |  |  |
| GRENADA |  |  |  | Y |
| GUADELOUPE (FRANCE) |  |  |  | Y |
| GUAM |  |  |  |  |
| GUATEMALA | Y | Y | Y | Y |
| GUINEA | Y | Y |  | Y |
| GUINEA-BISSAU | Y | Y |  | Y |
| GUYANA | Y | Y | Y | Y |
| HAITI | Y | Y |  | Y |
| HEARD AND McDONALD ISLANDS |  |  |  |  |
| HONDURAS |  | Y | Y | Y |
| HONG KONG (CHINA) |  |  |  |  |
| HUNGARY |  |  |  |  |
| ICELAND |  |  |  |  |
| INDIA | Y | Y |  | Y |
| INDONESIA (excluding Bali) |  | Y |  | Y |
| IRAN (ISLAMIC REPUBLIC OF) |  | Y |  | Y |
| IRAQ |  | Y |  | Y |
| IRELAND, NORTHERN (UK) |  |  |  |  |
| IRELAND, REPUBLIC OF (Excluding Northern Ireland) |  |  |  |  |
| ISRAEL |  |  |  | Y |
| ITALY |  |  |  |  |
| JAMAICA | Y | Y |  | Y |
| JAPAN |  |  |  |  |
| JORDAN |  |  |  |  |
| KAZAKHSTAN |  |  |  |  |
| KENYA | Y | Y |  | Y |
| KIRIBATI |  |  |  | Y |
| KOREA, DEMOCRATIC PEOPLE’S REPUBLIC OF (NORTH KOREA) |  | Y |  | Y |
| KOREA, REPUBLIC OF  (SOUTH KOREA) |  | Y |  | Y |
| KOSOVO |  |  |  |  |
| KUWAIT |  |  |  |  |
| KYRGYZSTAN |  | Y |  | Y |
| LAO PEOPLE’S DEMOCRATIC REPUBLIC |  | Y |  | Y |
| LATVIA | Y |  |  |  |
| LEBANON |  |  |  |  |
| LESOTHO | Y |  |  |  |
| LIBERIA | Y | Y |  | Y |
| LIBYAN ARAB JAMAHIRIYA  (aka LIBYA) |  |  |  |  |
| LIECHTENSTEIN |  |  |  |  |
| LITHUANIA |  |  |  |  |
| LUXEMBOURG |  |  |  |  |
| MACAU (CHINA) |  |  |  |  |
| MACEDONIA |  |  |  |  |
| MADAGASCAR |  | Y |  | Y |
| MALAWI | Y | Y |  | Y |
| MALAYSIA (including Sabah And Sarawak) |  | Y |  | Y |
| MALDIVES |  |  |  | Y |
| MALI | Y | Y |  | Y |
| MALTA |  |  |  |  |
| MARSHALL ISLANDS |  |  |  | Y |
| MARTINIQUE |  |  |  | Y |
| MAURITANIA | Y | Y |  | Y |
| MAURITIUS | Y |  |  | Y |
| MAYOTTE |  | Y |  | Y |
| MEXICO |  | Y | Y | Y |
| MICRONESIA (Federated States Of) |  |  |  | Y |
| MOLDOVA (REPUBLIC OF) |  |  |  |  |
| MONACO |  |  |  |  |
| MONGOLIA |  |  |  |  |
| MONTENEGRO |  |  |  |  |
| MONTSERRAT |  |  |  | Y |
| MOROCCO |  |  |  |  |
| MOZAMBIQUE | Y | Y |  | Y |
| MYANMAR (Formerly Burma) | Y | Y |  | Y |
| NAMIBIA | Y | Y |  | Y |
| NAURU |  |  |  | Y |
| NEPAL |  | Y |  | Y |
| NETHERLANDS |  |  |  |  |
| NEW CALEDONIA & DEPENDENCIES (FRANCE) |  |  |  | Y |
| NICARAGUA |  | Y | Y | Y |
| NIGER | Y | Y |  | Y |
| NIGERIA | Y | Y |  | Y |
| NIUE |  |  |  | Y |
| NORTHERN MARIANA ISLANDS |  |  |  | Y |
| NORWAY |  |  |  |  |
| OMAN |  | Y |  | Y |
| PACIFIC ISLANDS of the USA, other (including Johnston Atoll, Wake Is, Midway Is) |  |  |  | Y |
| PAKISTAN |  | Y |  | Y |
| PALAU |  |  |  | Y |
| PALESTINE |  |  |  | Y |
| PANAMA | Y | Y | Y | Y |
| PAPUA NEW GUINEA | Y | Y |  | Y |
| PARAGUAY |  | Y | Y | Y |
| PERU |  | Y | Y | Y |
| PHILIPPINES |  | Y |  | Y |
| PITCAIRN |  |  |  |  |
| POLAND |  |  |  |  |
| PORTUGAL |  |  |  |  |
| PUERTO RICO |  |  |  | Y |
| QATAR |  |  |  |  |
| REUNION |  |  |  | Y |
| ROMANIA |  |  |  |  |
| RUSSIAN FEDERATION | Y |  |  |  |
| RWANDA | Y | Y |  | Y |
| SAINT BARTHELEMY (FRANCE) |  |  |  | Y |
| SAINT HELENA (UNITED KINGDOM) |  |  |  |  |
| SAINT KITTS AND NEVIS |  |  |  | Y |
| SAINT LUCIA |  |  |  | Y |
| SAINT MARTIN (FRANCE) |  |  |  | Y |
| SAINT PIERRE AND MIQUELON (*overseas territory of France, located in North America with potential West Nile virus risk)* |  |  |  | Y |
| SAINT VINCENT AND THE GRENADINES |  |  |  | Y |
| SAMOA |  |  |  | Y |
| SAN MARINO |  |  |  |  |
| SAO TOME & PRINCIPE | Y | Y |  | Y |
| SAUDI ARABIA |  | Y |  | Y |
| SENEGAL | Y | Y |  | Y |
| SERBIA |  |  |  |  |
| SEYCHELLES |  |  |  | Y |
| SIERRA LEONE | Y | Y |  | Y |
| SINGAPORE |  |  |  | Y |
| SINT MAARTEN (NETHERLANDS) |  |  |  | Y |
| SLOVAKIA |  |  |  |  |
| SLOVENIA |  |  |  |  |
| SOLOMON ISLANDS |  | Y |  | Y |
| SOMALIA | Y | Y |  | Y |
| SOUTH AFRICA | Y | Y |  | Y |
| SOUTH SUDAN | Y | Y |  | Y |
| SPAIN |  |  |  |  |
| SRI LANKA |  | Y |  | Y |
| SUDAN | Y | Y |  | Y |
| SURINAME | Y | Y | Y | Y |
| SWAZILAND | Y | Y |  | Y |
| SWEDEN |  |  |  |  |
| SWITZERLAND |  |  |  |  |
| SYRIAN ARAB REPUBLIC |  | Y |  | Y |
| TAIWAN |  |  |  | Y |
| TAJIKISTAN |  | Y |  | Y |
| TANZANIA (UNITED REPUBLIC OF) | Y | Y |  | Y |
| THAILAND | Y | Y |  | Y |
| TIMOR-LESTE  (known as East Timor until 2012) |  | Y |  | Y |
| TOGO | Y | Y |  | Y |
| TOKELAU (NEW ZEALAND) |  |  |  | Y |
| TONGA |  |  |  | Y |
| TRINIDAD & TOBAGO | Y |  |  | Y |
| TUNISIA |  |  |  |  |
| TURKEY |  | Y |  | Y |
| TURKMENISTAN |  |  |  |  |
| TURKS AND CAICOS ISLANDS | Y |  |  | Y |
| TUVALU |  |  |  | Y |
| UGANDA | Y | Y |  | Y |
| UKRAINE | Y |  |  |  |
| UNITED ARAB EMIRATES (UAE) |  |  |  |  |
| UNITED KINGDOM |  |  |  |  |
| UNITED STATES OF AMERICA |  |  |  | Y |
| URUGUAY |  |  | Y | Y |
| UZBEKISTAN |  | Y |  | Y |
| VANUATU |  | Y |  | Y |
| VENEZUELA |  | Y | Y | Y |
| VIETNAM |  | Y |  | Y |
| VIRGIN ISLANDS, BRITISH |  |  |  | Y |
| VIRGIN ISLANDS, UNITED STATES |  |  |  | Y |
| WALLIS & FUTUNA ISLANDS (FRANCE) |  |  |  | Y |
| YEMEN |  | Y |  | Y |
| ZAMBIA | Y | Y |  | Y |
| ZIMBABWE | Y | Y |  | Y |