

Travel medicine guide

Destination	Typhoid	Hepatitis A	Cholera	Diphtheria	Tuberculosis	Hepatitis B	Rabies	Yellow fever	Japanese encephalitis	Tick-borne encephalitis	Meningococcal	Risk areas	Recommended regimen	Alternative regimen	Main Parasitic hazards
Abu Dhabi		S						S	C			No			Le
Albania	R	R	S	R	S	S	S	S	C			Yes, below 2000m, May-Nov	ME or DO or AP	PC	Le
Algeria		S	S			S	S	S	C			No			Sh Le
Angola		S	R	S	R	S	S	S	M			Yes, high risk	ME or DO or AP	PC	Sh Ta
Antigua & Barbuda								S	C			No			Le
Argentina		S			S	S	S	S	C			No			Tc Le
Armenia		R				S	S	S				No	W		Le
Australia					S			S	C			No			
Austria					S			S				No			
Azerbaijan		S			S	S	S	S	C			No			Le
Bahamas		S				S	S	S	C			No			
Bahrain		S				S	S	S	C			No			Le
Bali	S	R	S	R	R	S	S	S	C	S		Minimal risk	W		
Bangladesh	R	R	S		R	S	S	S	C	S		Yes, SE and Chittagong Hill Tracts. Elsewhere, low risk	ME or DO or AP	PC	Le
Barbados					S	S	S	S	C			No			
Belarus						S	S	S	C			No			
Belize						S	S	S	C			Low risk	W		Tc Le
Benin Republic	S	R	S	R	S	S	S	S	R	S		Yes, high risk	ME or DO or AP	PC	Sh Le
Bermuda						S	S	S	C			No			
Bhutan	R	R	S			S	S	S	C			Low risk	W		
Bolivia	S	R			S	S	S	S	R			Yes, high risk in extreme north. Variable risk for patches on Brazil border & Rio Beni & Playa rivers. High risk groups elsewhere	ME or DO or AP	PC	Tc Le
Borneo (Malaysia)	S		R	S	S	S	S	S	C	S		Minimal risk coastal areas including Kota Kinabalu, Low risk interior of Sabah and Sarawak	W or ME/DO/ AP for high risk groups	Le	
Bosnia					S	S	S	S	C			No			Le
Botswana	S	R			S	S	S	S	C			High/variable risk northern half. Low risk southern half	ME or DO or AP	PC	Sh Ta
Brazil	S	R			R	S	S	S	R			High/variable risk NW half of Amazonia states. Elsewhere low risk	ME or DO or AP for high risk groups	PC	Sh Le Tc
Brunei						S	S	S	C	S		Minimal risk	W		
Bulgaria					S	S	S	S	C			No			
Burkina Faso	S	R	S		S	S	S	R	S			Yes, high risk	ME or DO or AP	PC	Sh Le Ta
Burundi	S	R	S			S	S	M	S			Yes, high risk	ME or DO or AP	PC	Sh Ta
Cabo Verde	S	R			S	S	S	S	C			Yes very low risk Aug-Nov. High risk groups	W		Le
Cambodia	S	R	S			S	S	S	C	S		Yes North-East area. Low risk elsewhere (see Travax maps). Minimal risk Phnom Pehn, Ankor Wat, Siem Reap and close to Tonle Sap lake	DO or AP or ME	PC	Sh
Cameroon	S	R	S	R	R	S	S	S	M	S		Yes, high risk	ME or DO or AP	PC	Sh Ta
Canada						S						No			
Cayman Islands						S						No			
Central African Rep.	S	R	S	R	R	S	S	S	M	S		Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Chad	S	R	S	R	R	S	S	S	M	S		Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Chile		S				S						No			Tc
China (Mainland)	S	S	S	R	S	S	S	S	C	S		Yes, low risk Yunnan, no risk elsewhere	W		Sh
China (Hong Kong)		S				S	S	S				No			
China (Macao)		S				S	S	S				No			
Colombia	S	R				S	S	S	R			Yes, high risk eastern third and coastal areas. Very low around Medellin, Bogota and Cartagena	ME or DO or AP	PC	Tc Le
Comoros	S	R	S		S	S	S	S				Yes, high risk	ME or DO or AP	PC	Le
Congo	S	R	S		R	S	S	S	M			Yes, high risk	ME or DO or AP	PC	Sh Ta
Congo-Dem. Rep.	S	R	S	R	R	S	S	S	M	S		Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Cook Islands		S				S						No			
Costa Rica		R			S	S	S	S	C			Low risk	W		Le Tc
Croatia						S			S			No			Le
Cuba						S			C			No			
Cyprus												No			Le
Czech Republic												No			
Djibouti	S	R	S		S	S	S	S				Yes, high risk	ME or DO or AP	PC	Sh Le

Destination	Typhoid	Hepatitis A	Cholera	Diphtheria	Tuberculosis	Hepatitis B	Rabies	Yellow fever	Japanese encephalitis	Tick-borne encephalitis	Meningococcal	Risk areas	Recommended regimen	Alternative regimen	Main Parasitic hazards
Dominican Republic		S	S		S	S	S	S				Low risk	W		Sh Le
Dubai			S		S	S	S	C				No			Le
East Timor (Timor Leste)	S	R	S		R	S	S	C	S			Yes, low risk	W		PC
Ecuador	S	R	S		S	S	S	S				Yes, low risk	W		Tc Le
Egypt		S	S		S	S	S	C				No			Le Sh
El Salvador	S	R	S		S	S	S	C				Yes, low risk	W		Tc Le
Equatorial Guinea	S	R	S		R	S	S	R				Yes, high risk	ME or DO or AP	PC	Sh Ta
Eritrea	S	R	S		R	S	S	S	S			Yes, High risk below 2200 metres, no risk in Asmara	ME or DO or AP	PC	Sh Le
Estonia					S			S				No			
Ethiopia	S	R	S		R	R	S	S	S	S		Yes, high risk below 2,000m (No risk in Addis Ababa)	ME or DO or AP	PC	Sh Le
Falklands (Tristan da C.)												No			
Fiji	S	S			S	S	C					No			
Finland								S				No			
France								S				No			Le
French Guiana	S	S			S	S	S	M				High risk east and south bordering Brazil. Coast, west and central inland areas low risk for most travellers. High risk groups	ME or DO or AP	PC	Sh Tc Le
French Polynesia		S			S	S	C					No			
Gabon	S	R	S		R	S	S	M				Yes, high risk	ME or DO or AP	PC	Sh
Gambia	S	R	S		S	S	S	R	S			Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Georgia		R			S	S	S					No			Le
Germany								S				No			
Ghana	S	R	S	R	S	S	S	M	S			Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Goa	R	R	S		R	S	S	C	S			Low risk	W		Le
Greece and Islands								S				Low risk Evrotas Delta	W		
Greenland					R	S	S					No			
Grenada						S	S	C				No			
Guadeloupe						S	S	C				No			Sh
Guam		S			S	S	S					No			
Guatemala	S	R	S		S	S	S	C				Yes, low risk below 1500 metres	W		Tc Le
Guinea	S	R	S		S	S	S	R	S			Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Guinea Bissau	S	R	S		S	S	S	M	S			Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Guyana	S	S			S	S	S	R				Yes, high risk all areas except coastal strip	ME or DO or AP	PC	Tc Sh Le
Haiti	S	R	S		R	S	S	C				Low risk all areas. High risk groups may consider chemoprophylaxis	W		
Hawaii												No			
Honduras	S	R			S		S	C				Minimal risk Western third. Low risk middle third. High risk in the East, Gracias a Dios	W		Tc Le
Hungary								S				No			
India	R	R	S		R	S	S	C	S			High risk in East, Assam and Mangalore. Low risk elsewhere	ME or DO or AP	PC	Le
Indonesia	S	R	S	R	R	S	S	C	S			Very low Bali and cities. Risk assess in other areas (see Travax). High risk in islands to south and east of Sulawesi	W		
Iran		S			R	S	S	C				Low risk all areas	W		Sh Le
Iraq		S			R	S	S	C				No			Sh Le
Israel		S		R	S	S	S					No			Le
Italy								S				No			
Ivory Coast	S	R	S	R	R	S	S	M	S			Yes, high risk	ME or DO or AP	PC	Ta Le
Jamaica					S	S	C					No			
Japan						S		S				No			Sh
Jordan		S				S		S				No			Le
Kazakhstan	S	S			S	S	S	S				No			Le
Kenya	S	R	S	R	R	S	S	R	S			Yes, high risk (Nairobi and highlands low risk)	ME or DO or AP	PC	Sh Le Ta
Kiribati	S	R			S	S	S	S				No			
Korea (North)	S	S			S	S	S	C	S			Yes, limited risk extreme south	W		
Korea (South)					S	S	S	S	S			Yes, limited risk extreme north	W		
Kosovo		R			S	S	S	S				No			Le
Kuwait		S			S	S	S	C	S			No			Sh
Kyrgyzstan	S	S			S	S	S	C	S			No			

Key

- M** = immunisation mandatory
R = immunisation recommended as risk of infection is substantial
S = immunisation sometimes recommended:
 - for more than three visits in a one-year period
 - a stay of more than three months in a rural area
 - for high-risk occupational groups
 - for backpackers staying more than one month
 - when entering the limited geographical risk area for the target disease
C = See Yellow fever, next column

Where **S** appears for cholera, it indicates that only high-risk travellers, usually healthcare workers in areas of known epidemics, should be immunised.

Vaccination information

Tetanus

Five tetanus doses are considered protective for life by the DH, although there is no evidence base for this. Travellers at risk of tetanus-prone wounds should be given 10 yearly boosters

if visiting resource poor countries in Africa, Asia and South America where specific immunoglobulin may not be available.

Polio and Measles

All travellers should have completed the British Vaccination Schedule for polio in childhood or as adults, and satisfied age specific measles immunisation recommendations.

Yellow fever

● An international certificate of vaccination may be required for those entering from, or transiting through airports in YF endemic countries where **C, S, R** or **M** appears indicated in the yellow fever column. For details consult CDC Yellow Book at tinyurl.com/lxngfwf

● **M** = Mandatory generally indicates that all travellers aged >9 months should carry an international certificate of vaccination. Country specific ages are indicated on the CDC web site above.

● Although WHO has indicated that one yellow fever vaccination protects for life numerous countries have not incorporated this into their recommendations. A complete list of country certificate requirements is available at <http://www.who.int/ith/2016-ith-annex1.pdf>

Information source and updates

This chart is based on information from the UK

TRAVAX website and other databases. TRAVAX is an information service provided by Health Protection Scotland (www.travax.nhs.uk; telephone 0141 300 1130).

NaTHNaC should also be consulted. NaTHNaC and Travax are independently administered and may occasionally differ in the advice offered.

The chart is updated regularly. Readers are advised to use the latest chart only, to ensure that their practice reflects the most recent advice.

Travel vaccinations and malaria information author
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Parasitic infections

Short-term travellers staying in good conditions are usually at low risk of acquiring parasitic infections. Schistosomiasis is common and potentially serious. Leishmaniasis and trypanosomiasis are less common but potentially lethal. Expatriates in remote areas at risk of other rare diseases are not shown in this chart.

Sh = schistosomiasis. Travellers should avoid swimming in freshwater lakes and rivers in endemic areas.

Ta = African trypanosomiasis (sleeping sickness). Transmitted by tse-tse flies, and a risk in some African game parks and rural areas. Travellers should use insect repellents, close windows if fly swarms approach and seek medical attention for any signs of infection around bites one to three weeks later.

Tc = South American trypanosomiasis (Chagas' disease). Transmitted by reduviid bugs that feed at night and reside in the thatch and crevices of rural dwellings. Travellers should avoid sleeping in huts.

Le = Leishmaniasis. Transmitted by sandflies in arid areas (including Mediterranean coastal areas), mostly at night. Travellers should use insecticide-impregnated mosquito nets and insect repellent.

Key to malaria prophylaxis regimens

Regimen AP

Atovaquone-proguanil, one 250/100mg tablet daily. Begin 1-2 days before departure, continue whilst in malarial area and for 7 days after return. Advisory Committee on Malaria Prophylaxis suggest AP is safe in continuous use for at least 1 year and possibly longer.

Destination	Hepatitis A	Cholera	Typhoid	Tuberculosis	Hepatitis B	Polio	Japanese encephalitis	Tick-borne encephalitis	Meningococci	Rabies	Yellow fever	Malaria	Risk areas and seasons	Recommended regimen	Alternative regimen	Main parasitic hazards
Laos	S	R	S	S	S	S	S	S	S	S	S	S	Minimal risk NE, NW, Vientiane Low risk northern two thirds – chemoprophylaxis for high risk travellers High risk southern third	W ME or DO or AP	PC	Sh
Latvia													No			
Lebanon		S											No			Le Sh
Lesotho	S	R	S	S	S	S	S	S	S	S	S	S	No			Sh
Liberia	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Libya	S	S											No risk			Le Sh
Liechtenstein													No			
Lithuania													No			
Madagascar	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh
Madeira													No			
Malawi	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Malaysia	S			R	S	S	S	S	S	S	S	S	Minimal risk coastal areas of Sabah, Sarawak and throughout peninsular Malaysia Variable risk interior of Sabah and Sarawak	W ME or DO or AP for high risk groups	PC	
Maldives	S												No			
Mali	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Ta Sh Le
Malta and Gozo													No			
Martinique													No			Sh
Mauritania	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk all year in south Low risk in far north	ME or DO or AP	PC	Sh Le
Mauritius	S												No	W		
Mayotte	S	S											Yes, high risk	ME or DO or AP	PC	Le Sh
Mexico	S	R											Yes, southern rural areas only	W		Tc Le
Moldova	S	R											No			
Mongolia	S	R											No			
Montenegro													No			Le
Montserrat													No			
Morocco	S	R											No	W		Le Sh
Mozambique	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Myanmar (Burma)	S	R	S	R	S	S	S	S	S	S	S	S	High risk NW and sections of Thai border Elsewhere consult Travax map	ME or DO or AP for high risk groups W or ME or DO or AP	PC	Sh
Namibia	S	R	S	R	S	S	S	S	S	S	S	S	Yes, NE third only Elsewhere low risk	ME or DO or AP W	PC	Ta Sh Le
Nepal	R	R	S	R	S	S	S	S	S	S	S	S	Vivax risk all year round. Falciparum risk in Western pocket in Terai	W		Le
Neth Antilles													No			
Netherlands													No			
New Caledonia	S	S											No			
New Zealand													No			
Nicaragua	S	R											Yes, variable risk in northwest low risk elsewhere	C W	P	Le Tc
Niger	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Nigeria	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta Le
North Macedonia													No			
Norway													No			
Oman	S												Sporadic imported risk	W		Sh Le
Pakistan	R	R	S	R	S	S	S	S	S	S	S	S	Low risk Karachi and NE strip including Islamabad High risk elsewhere	W ME or DO or AP	W	Le
Panama	S	R											Yes, low risk, highest in Darien & San Blas	W		Tc Le
Papua New Guinea	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk below 1800m	ME or DO or AP	PC	
Paraguay	S	R											No			Tc Le
Peru	S	R											Yes, high risk in Loreto Dept Low risk elsewhere	ME or DO or AP W	PC	Tc Le
Philippines	S	S	S	R	S	S	S	S	S	S	S	S	Very low risk most areas Low risk Palawan, Tawi Tawi, Zambales, Zamboanga del Norte	W ME or DO or AP for high risk travellers only	PC	Sh
Poland													No			
Portugal													No			
Puerto Rico	S												No			Sh Le
Qatar	S												No			Le
Reunion	S												No			
Romania	S												No			

Not advised in pregnancy but use may be considered in 2nd and 3rd trimesters after careful risk assessment. Children use paediatric tablets.

Regimen PC

Proguanil (Paludrine) 200mg daily plus chloroquine 300mg or 310mg base weekly (=Avloclor 2x250mg). Begin 1 week before travel and continue for 4 weeks after return.

Regimen ME

Mefloquine, 1x250mg tablet weekly. ACMP suggest it is safe in continuous use for at least 3 years. Begin at least 21/2 weeks before travel (at least 3 doses before arriving in malarious area). Caution in first trimester but inadvertent use is not an indication for termination. Mefloquine may be considered if planning to conceive in high risk endemic zone after careful risk assessment. In general suggest defer planned pregnancy until 3 months after stopping mefloquine.

Regimen C

Chloroquine 300mg or 310mg base weekly (=Avloclor 2x250mg). Begin 1 week before travel and continue for 4 weeks after return.

Regimen P

Proguanil (Paludrine) 200mg daily. Begin 1-2 days before travel and continue for 4 weeks after return.

Regimen W

No chemoprophylaxis but be aware of risk. Avoid mosquito bites and carry standby treatment if going to be far from medical facilities.

Regimen DO

Doxycycline, 1 tablet of 100mg daily. Begin 1-2 days before travel and continue for 4 weeks after return. Not for children or pregnant women. Be aware of oesophageal ulceration, photosensitivity and very rare intracranial hypertension risk. Take with food, but not milk (37% reduction in AUC) and avoid ingestion in late evening.

Regimen DRF

In the alternative regimen column, DRF is Drug-Resistant-Falciparum regimen. DRF = ME or DO or AP

Primaquine

Causal prophylactic for use in travellers for whom other anti-malarials are contraindicated after excluding G6PD deficiency. 5-10% poor response rate due to CYP450 metabolic defect. Active against all species. Adult dose 30mg daily. Start 1-2 days before departure and continue for 7 days after return.

Destination	Hepatitis A	Cholera	Typhoid	Tuberculosis	Hepatitis B	Polio	Japanese encephalitis	Tick-borne encephalitis	Meningococci	Rabies	Yellow fever	Malaria	Risk areas and seasons	Recommended regimen	Alternative regimen	Main parasitic hazards
Russian Federation	S												No			
Rwanda	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Samoa	S	S											No			
Sao Tome	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Le
Saudi Arabia	S												Minimal risk	W		Sh Le
Senegal	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Serbia													No			Le
Seychelles	S												No			
Sierra Leone	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Singapore													No			
Slovakia													No			
Slovenia													No			
Solomon Islands	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Le
Somalia	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Le
South Africa	S	R	S	R	S	S	S	S	S	S	S	S	Yes, NE rim including Kruger bordering Zimbabwe, Mozambique and northern Swaziland	ME or DO or AP	PC	Sh Ta Le
Spain													No			Le
Sri Lanka	S												No			Le
St Helena & Ascension	R												No			
St Kitts & Nevis													No			
St Lucia													No			Sh
St Vincent & Grenadines													No			
Sudan	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk but low seasonal in north	ME or DO or AP	PC	Sh Le
South Sudan	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Ta Sh Le
Surinam	S	S											Low risk most areas Variable risk fringe of Guyana border	W ME or DO or AP for high risk groups	PC	Tc Sh Le
Swaziland (Eswatini)	S	R	S										Yes, high risk, eastern areas	ME or DO or AP	PC	Ta Sh
Sweden													No			
Switzerland													No			
Syria	S	R	S	R	S	S	S	S	S	S	S	S	No			Sh Le
Taiwan	S	S											No			
Tajikistan	S	S											No			Le
Tanzania	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Thailand	S												Yes, extreme fringe of W & E borders Elsewhere	DO or AP or ME	PC	Le
Tibet	S	S	S	R	S	S	S	S	S	S	S	S	No			Tc
Tobago													No			
Togo	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta
Trinidad													No			Tc
Tunisia	S	R											No			Le
Turkey	S												No			Le
Turkmenistan	S	S											No			Le
Uganda	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Ta Sh Le
Ukraine													No			Le
United Arab Emirates	S												No			Le
Uruguay	S												No			Tc Le
USA													No			
Uzbekistan	S	S											No			Le
Vanuatu	S	R											Yes, moderate risk	ME or DO or AP	PC	
Venezuela	S	R											Yes, high risk to south of Orinoco River Variable/low risk north of Orinoco No risk Caracas or Margarita	ME or DO or AP	PC	Tc Sh Le
Vietnam	S	S											Minimal risk most areas Low risk West Central Highlands (see Travax map)	W ME or DO or AP for high risk groups	PC	
Virgin Islands													No			
West Papua (formerly Irian Jaya)	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk below 1800m	ME or DO or AP	PC	Sh Ta
Yemen	S	R	S	R	S	S	S	S	S	S	S	S	Yes, but no risk in Sana'a City	ME or DO or AP	PC	Sh Le
Zambia	S	R	S	R	S	S	S	S	S	S	S	S	Yes, high risk	ME or DO or AP	PC	Sh Ta Le
Zimbabwe	S	R	S	S	S	S	S	S	S	S	S	S	Yes, high risk Zambezi valley Yes, elsewhere below 1200m Nov-Jun Negligible risk Harare and Bulawayo	ME or DO or AP	PC	Sh Ta Le

Children's doses of antimalarial prophylactics

Weight in kg	Chloroquine Proguanil	Mefloquine	Age
Under 6.0	0.125 adult dose 1/4 tablet	not recommended	term to 12 weeks
6.0 to 9.9	0.25 adult dose 1/2 tablet	0.25 adult dose 1/4 tablet	3 months to 11 months
10.0 to 15.9	0.375 adult dose 3/4 tablet	0.25 adult dose 1/2 tablet	1 year to 3 years 11 months
16.0 to 24.9	0.5 adult dose 1 tablet	0.5 adult dose 1/2 tablet	4 years to 7 years 11 months
25.0 to 44.9	0.75 adult dose 1 1/2 tablets	0.75 adult dose 3/4 tablet	8 years to 12 years 11 months
45kg and over	Adult dose 2 tablets	Adult dose 1 tablet	13 years and over

Doxycycline only above 12 years and the adult dose is given

Children's doses Paediatric atovaquone-proguanil (62.5/25mg)

Weight in kg	Number of tablets daily
5-10	1/2 paediatric tablet (ACMP recommendation but off licence)
11-20	1 paediatric tablet
21-30	2 paediatric tablets
31-40	3 paediatric tablets
Above 40	1 adult tablet

Specialist advice

For advice on complex itineraries and other queries, use the following helplines:
Birmingham 0121 424 0357/3354/2357
Edinburgh, Western General Hospital 0131 537 2822
National Travel Health Network and Centre (Monday to Friday, 9am-12pm, 2pm-4.3