Georgia

Risk Ratings

HIGH MEDICAL RISK for Georgia

Risk Summary

The travel security environment is relatively stable, with the exception of the separatist regions of South Ossetia and Abkhazia, which have remained outside the control of the central government and under de facto control of Russia since the 2008 war. Travel to South Ossetia and Abkhazia, as well as their immediate border areas, should be avoided. Elsewhere in the country, opportunistic street crime poses the main risk to foreign travellers.

This information is intended as a summary of the travel security environment; however, the risks can change at short notice during a crisis or evolving situation. Please check our travel security alerts to ensure you are informed of the most recent developments.

STANDING TRAVEL ADVICE

Alerts

- Measles in 2018
- Tbilisi: Anticipate, avoid further demonstrations in lead-up to presidential run-off

View All Alerts

Vaccinations For Georgia

- Hepatitis A: Recommended for all travellers and expatriates. [Read more]
- Hepatitis B: Recommended for all travellers and expatriates. [Read more]
- Polio: Proof of polio vaccination is required for entry. [Read more]
- Rabies: Consider for certain travellers, especially; For [Read more]
- Typhoid fever: Recommended for adventurous and long-term [Read more]

Routine Vaccinations

- All routine vaccinations should be current; these include Measles-Mumps-Rubella, Polio, Tetanus-Diphtheria-Pertussis, and Varicella.
- Annual influenza vaccination

Other Medical Precautions

- Before you go - See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:
  - Malaria
  - Zika Virus
  - Health Threats

Before You Go

See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:

- Check your routine vaccinations
  Check your routine vaccinations are up to date (polio; varicella; measles, mumps and rubella; tetanus, diphtheria and pertussis, seasonal influenza). See a travel health practitioner 6 to 8 weeks before departure for destination-specific health preparations. You may need additional vaccinations, some of which require several doses, or be recommended malaria medication which may need to be started a week or more before arriving in the malarial country.

- Documentation: Arrange a copy of your personal health record to carry with you when you travel. Include a letter from your doctor explaining your need for all medications you are carrying, including any over-the-counter medications, in English and the language of your destination(s). Make sure you have copies of your prescriptions.

- Medication: Check the regulations of your destination country regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Take any medicines you require in their original packaging, including any information leaflets, with them clearly labelled with your name (matching your passport name), and your doctor’s name. Have enough to cover the trip, and extra in case of delays, however note that many destinations limit quantities of certain drugs to a 30-day supply. Carry medication in your hand luggage, with copies of your prescriptions.
Vaccinations for Georgia

Recommendations may vary for short-term visitors. Always consult your travel health advisor or contact International SOS to discuss your specific needs.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Recommended for all travellers and expatriates, especially:</td>
</tr>
<tr>
<td></td>
<td>- For long-term or frequent visitors.</td>
</tr>
<tr>
<td></td>
<td>- For adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.</td>
</tr>
<tr>
<td></td>
<td>- For men who have sex with men, people who use illicit drugs or those with liver disease.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Recommended for all travellers and expatriates.</td>
</tr>
<tr>
<td>Polio</td>
<td>Proof of polio vaccination is required for entry for all travellers coming from countries with a risk of polio transmission. Those who are not vaccinated or are unable to present their certificate will be offered oral polio vaccine (OPV) at the border.</td>
</tr>
<tr>
<td></td>
<td><em>(The above-mentioned recommendations/requirements are as stated by the World Health Organization or the Ministry of Health. However national authorities may differ in how they implement these recommendations. Consult your travel health practitioner for individualised vaccination recommendation 6-8 weeks before your trip and check with the embassy or consulate of your destination.)</em></td>
</tr>
<tr>
<td>Rabies</td>
<td>Consider for certain travellers, especially:</td>
</tr>
<tr>
<td></td>
<td>- For expatriates and long-term visitors.</td>
</tr>
<tr>
<td></td>
<td>- For children who tend to play with animals and may not admit to being bitten or scratched.</td>
</tr>
<tr>
<td></td>
<td>- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.</td>
</tr>
<tr>
<td></td>
<td><em>(Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)</em></td>
</tr>
<tr>
<td></td>
<td>- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.</td>
</tr>
<tr>
<td></td>
<td>Jogging increases your risk of dog bite.</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>Recommended for adventurous and long-term travellers, especially those who will:</td>
</tr>
<tr>
<td></td>
<td>- Visit friends and relatives.</td>
</tr>
<tr>
<td></td>
<td>- Eat from local vendors or restaurants.</td>
</tr>
<tr>
<td></td>
<td>- Be exposed to conditions of poor sanitation.</td>
</tr>
<tr>
<td></td>
<td>- Visit smaller cities or rural areas.</td>
</tr>
</tbody>
</table>

Malaria

There is no malaria in Georgia.

Zika Virus

There is no Zika Virus in Georgia.

Standard of Care

Emergency Response

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.

Ambulances are usually hospital-based. The standard of the equipment and the staff's training level can vary widely. As there is limited ability to manage medical conditions while traveling, it is best to consider Georgian ambulances as "medical taxis".

The MediciubGeorgia clinic runs specially-equipped ambulances that are staffed with emergency teams.

<table>
<thead>
<tr>
<th>Emergency Numbers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>112</td>
</tr>
<tr>
<td>Fire</td>
<td>112</td>
</tr>
<tr>
<td>Police</td>
<td>112</td>
</tr>
</tbody>
</table>

Standard of Health Care

Generally, the standard of public medical care in Georgia is below appropriate standards. Most hospitals in Georgia are state run, and face resourcing issues such as shortages of nursing and medical staff, medication, and equipment.

Doctors at hospitals in Tbilisi and other larger cities may have been well-trained during the Soviet era, when Georgian medical specialists went to Russia to upgrade their knowledge and skills. These training opportunities have since been lost as ties to Russia were severed.
However, privately owned institutions (new facilities or "privatized" state hospitals) are beginning to appear in Tbilisi. Most offer a better environment and higher-quality care than state-run institutions. Private hospitals use internationally recognised manufactured medications, materials and modern diagnostic methods. Nevertheless, these hospitals - like their state-run counterparts - lack sufficient nursing care. Many doctors work at both state and private hospitals.

OutPatient Care

A few private clinics provide general practice care and are staffed by appropriately trained Georgian physicians. These facilities can provide primary care, manage simple emergencies, and provide limited stabilisation for patients who are awaiting evacuation.

Paying for Health Care

Credit cards are hardly ever accepted at hospitals or clinics. Cash deposits and payment in local currency will almost always be required.

Do not defer medical treatment because of financial concerns. Contact International SOS, and if our terms allow, we will make financial arrangements on your behalf.

Dental Care

Dental care in Georgia is below appropriate standards. All travelers should have a dental check prior to departure, regardless of their destination. If you have a dental problem while in Georgia, you should defer treatment until you return home or to another nation with better dental care if it is at all possible.

Blood Supplies

Due to the incidence of hepatitis and other blood-borne diseases and uncertainty regarding screening, blood supplies may be UNSAFE. If medically possible, delay transfusion until after evacuation.

Even in areas where the blood supply is considered safe, it’s best to avoid blood transfusions if possible. Screening cannot detect every blood-borne disease, and immune reactions can vary from minor to life-threatening. If a blood transfusion is recommended and circumstances permit, seek a second opinion from International SOS or your health advisor.

Medication Availability

Medicines (particularly prescription drugs), sterile needles and disposable equipment are in very short supply. When they are available, they can be very expensive.

Since brand names vary, know the generic (chemical) names of your medications. It is always advisable to bring an adequate supply of prescription and other medications from your home country. Check the expiration date on all medications.

Clinics & Hospitals

Medical Providers

No matter where you are, contact International SOS first if you are sick, injured or need medical advice.

Our medical staff will advise you, help you select the correct doctor, hospital or clinic, and make any necessary appointments on your behalf. If our terms allow, we will also make financial arrangements for you.

It is recommended that you contact International SOS before accessing medical care in Georgia

Hospitals / Clinics

If you are unable to contact International SOS, the following list of hospitals and clinics is provided in case of medical emergencies.

Tbilisi

<table>
<thead>
<tr>
<th>MedClubGeorgia Ltd</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category:</td>
<td></td>
</tr>
<tr>
<td>Address: 22 A Tashkent St</td>
<td>Tbilisi, NA 0160</td>
</tr>
<tr>
<td>Telephone: 995 (0) 32 2251991</td>
<td>995 599 251991</td>
</tr>
</tbody>
</table>

Food & Water

Food and Water Precautions

Travellers have a small risk of developing diarrhoea in any country. It may be advisable to drink bottled water only, especially on short trips. Always wash your hands with soap before eating, or use an alcohol-based hand sanitizer. See the following country-specific recommendations:

Water and Beverages

Tap water may be unsafe to drink. Drink boiled or bottled water, or carbonated beverages, provided that the seal is intact. Look for bubbles when you open a carbonated beverage - bubbles are evidence that the product has been processed. Bottles are sometimes refilled with tap water and resold, and these products are not safe to drink.

Avoid ice because it can be made from unsafe water. Do not rinse your mouth or toothbrush with tap water, and do not open your mouth in the shower.

Do not purchase unsealed drinks or ice cream made by street vendors. These may contain untreated tap water and the equipment used may not have been properly cleaned. Coffee and tea made from boiling water are safe to drink, as are beer and wine. It is best to use ultra heat treated (UHT) or canned milk that has been pasteurized.
Food Risk

All visitors to Georgia are at risk of developing travelers' diarrhea, even those only eating at the larger hotels. Always choose food that has been thoroughly cooked while fresh and is served hot. Avoid meat and meat products sold by kiosk vendors, as preparation and storage facilities may be inadequate. Ensure that milk and other dairy products have been pasteurized.

More on food and water safety

Health Threats

Health threats present include:

Travelers' diarrhea | Threat from: Food and/or water

Travellers' diarrhea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water. Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

Rabies | Threat from: Animals

Rabies is a viral disease contracted when bitten or scratched by an infected (rabit) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It’s especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That’s important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a providone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need post-exposure vaccination, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING)

Typhoid fever | Threat from: Food and/or water

**Typhoid fever** is a serious infection caused by a type of salmonella bacteria spread by contaminated food or water. Choosing safe food and water will greatly reduce the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrheal disease, some patients do not have diarrhea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is cured with antibiotic treatment. Preventive vaccinations are available.

Hepatitis A | Threat from: Food and/or water

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water, and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Symptoms begin on average 28 days after exposure (range 2 to 8 weeks), and include fever, chills, fatigue, abdominal pain, nausea, vomiting, dark urine and jaundice (yellow colour of the skin and eyes). Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

HIV, Hepatitis B and C, & STIs | Threat from: Sex/blood/needles

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen),

- unprotected sex,
• needle sharing during IV drug use, or
• unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:
• In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
• Always use new condoms (preferably brought from your home country).
• IV drug users should not share needles.
• Avoid having tattoos or piercings done.
• In healthcare settings, make sure that needles and syringes sterile and not shared between patients.
• Call International SOS or your corporate medical department if you are hospitalised.
• Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
• Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Tuberculosis (TB) | Threat from: Coughing/sneezing

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close exposure to an infected person. This means they have spent days or weeks – not just a few hours – sharing the same air space with an infected person (e.g. living in the same house). People who work or live in institutions such as nursing homes or correctional facilities are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include cough, fever, night sweats, unintended weight loss and lethargy. Latent (inactive) TB causes no symptoms. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening.

Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These diseases are hard to treat. People sometimes contract MDR or XDR TB through direct contact with a person who is already infected. Or, in other cases, people with more traditional TB infections develop a drug-resistant strain. This can happen if anti-TB medication is used inappropriately or stopped too soon.

Many countries where TB is common will routinely give the Bacillus Calmette-Guérin (BCG) vaccine against tuberculosis to babies or children. The BCG vaccine protects these children against severe TB. If you live in an area with higher rates of TB infection, you may also consider vaccinating children up to 16 years old if you plan to live there for 3 months or more.

Travellers and expatriates may be able to reduce their chance of contracting TB by limiting the amount of time they spend in crowded places. Avoiding people who are coughing also minimises risk. Consider TB screening of local staff who live with you – especially if you have young children in your household.

Georgia

Georgia falls in the “moderate incidence” range for tuberculosis as per the World Health Organization (WHO), with between 50 to 299 new cases per 100,000 population diagnosed each year. BCG vaccination is given at 0-5 days of birth and is included in the country’s immunisation schedule.

Expatriates or frequent travellers should consider consulting their doctor as TB screening may be offered.

Lyme disease | Threat from: Bites and Stings

Lyme disease occurs in North America, Europe and Asia. It is transmitted to humans by the bite of a particular species of tick. Lyme disease can cause an expanding rash at the site of the bite, fever, arthritis and nerve problems such as facial palsy.

To prevent tick bites:
• Avoid tick habitats
• Use insect repellents
• Check daily for ticks

Lyme disease vaccination is no longer available.

If you develop a rash at the site of a tick bite or other symptoms of Lyme disease, seek medical attention. A course of antibiotics can cure Lyme disease.

Crimean-Congo Fever (CCHF) | Threat from: Bites and Stings

Crimean Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with infected animals, patients or infected tissues. Symptoms occur within two to twelve days of exposure to infection. The illness presents with fever, chills, headache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about 10 days after symptoms begin. Around half of all infected people die. If the patient survives, recovery is long and slow.

Risk to travellers is low. High risk groups include agricultural workers, healthcare workers, military personnel and people who camp in rural areas. There is no vaccine against CCHF. To prevent tick bites, wear long sleeves and long pants, and use insect repellents.

Anthrax | Threat from: Animals

Anthrax is an acute infectious disease caused by the spore-forming bacterium Bacillus anthracis. It most commonly occurs in hoofed mammals, though humans can also become infected. The serious forms of human anthrax are cutaneous anthrax, inhalation anthrax and intestinal anthrax.
Symptoms of anthrax are different depending on the mode of infection. Generally, symptoms develop within seven days of exposure.

Cutaneous anthrax is a skin infection and accounts for 95% of all naturally-occurring anthrax infections. The main risk factor is contact with animal hides or hair, bone products, and wool. The disease can also be spread through contact with infected animals. Hence, the populations most at risk for anthrax include farm workers, veterinarians, and tannery and wool workers.

Bacteria infects a person through cuts or abrasions on their skin. An itchy skin lesion, similar to an insect bite, then develops - usually within two weeks of exposure. This lesion may later blister and then break down, resulting in a black ulcer. The ulcer is frequently painless but surrounded by significant swelling. Sometimes painful lymph nodes may develop. Often, a scab forms, then dries and falls off within two weeks. In 20 percent of untreated individuals, the infection may spread through the bloodstream and become fatal. However, death is extremely rare among individuals who receive appropriate treatment.

Initial symptoms of inhalation anthrax may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

Intestinal anthrax may follow the consumption of contaminated food and is characterized by acute inflammation of the intestinal tract. Initial signs of this disease are nausea, loss of appetite, vomiting and fever. These are followed by abdominal pain, vomiting of blood and severe diarrhea.

Direct person-to-person spread of anthrax is extremely unlikely; it may not even be possible. Therefore, there is no need to immunize or treat people who have been in contact with infected people unless they also were also exposed to the same source of infection (usually, a sick animal).

People who have been exposed to anthrax can take antibiotics to prevent infection. It is necessary to treat anthrax infections early; a delay lessens chances for survival. Anthrax usually is susceptible to penicillin, doxycycline and fluoroquinolones.

An anthrax vaccine can also prevent infection. Vaccination against anthrax is not recommended for the general public and is not available.

Hantaviruses | Threat from: Animals

Hantaviruses are a group of viruses that belong to the bunyaviridae family. They can cause two different types of illness in humans: hemorrhagic fever with renal failure syndrome (HFRS) and hantavirus pulmonary syndrome (HPS). The latter also known as hantavirus cardiopulmonary syndrome (HCPS). It is a widely distributed disease and occurs across Americas, Europe and Asia.

Regardless of which illness they cause, hantaviruses are carried by infected rodents that can carry the virus for their entire lives without any signs of illness. Virus is present in the animal's saliva, urine and feces. Humans become sick when they inhale the aerosol droplets of these excreta.

Although not clearly known, symptoms of HCPS appear about one to eight weeks after exposure to the virus. Early symptoms include fatigue, fever, and muscle aches. About 50 percent of all patients also experience headache, dizziness, and abdominal symptoms (nausea, vomiting, diarrhea, pain). Late symptoms are cough/shorthness of breath and a feeling of overall tightness in the chest. Heartbeat and breathing may both become rapid at this stage. Most people recover from the disease. The overall case fatality rate is about 30 percent, and most deaths occur rapidly - within 24 hours of hospitalization.

The incubation period for HFRS is usually 2 to 4 weeks, but could be as short as a few days. Patients usually experience a fever that begins suddenly, headache, muscle pain, gastrointestinal upset, eye pain and blurred vision. Patients may later develop hemorrhage, including bleeding from the skin, conjunctiva of the eye, and mouth. Complications include kidney failure. Most patients fully recover. The overall mortality ranges from 5-15 percent, depending on the strain of the virus.

The best way to avoid infection is to eliminate rodents from your living space and worksite, and/or avoid contact with them. Keep food tightly contained, clean dishes immediately after use, do not leave pet food out all day, and seal holes to the outside - generally, make your environment inhospitable to rodents. When in an area known to be infested with rodents, avoid activities that can stir up dust, like vacuuming or sweeping, as there may be virus-containing rodent feces, urine, or saliva present. Do not sit in meadows, on haystacks, or woodpiles where rodents are likely to nest.

Treatment is supportive. Ribavirin has improved the chances of surviving HFRS although its effectiveness has not been proven in HCPS. A vaccine is available to protect against certain viruses that cause HFRS, most especially those that are prevalent in mainland China.

Georgia

Hantavirus infections in humans have been reported.

Altitude | Threat from: Environment

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to a higher altitudes. It can occur from elevations of 1,500 meters upwards, but is more common at elevations above 2,500 meters (8000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medications that can be administered by trained medical professionals.

Anyone travelling to high altitude, especially higher than 2,500 meters, should be aware of and recognize the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Disclaimer: Privacy

Travel security advice provided in this report represents the best judgment of AEA International Holdings Pte. Ltd., and Control Risks Group Holdings Ltd. Medical and health advice provided in this report represents the best judgment of AEA International Holdings Pte. Ltd. Advice in this report does not however provide a warranty of future results nor a guarantee against risk.