South Africa

Risk Ratings

LOW MEDICAL RISK for South Africa

Risk Summary

High levels of violent crime pose the main threat to business travellers, though most criminal activity is concentrated in high-density, low-income residential areas. Poorly maintained vehicles and erratic driving standards frequently result in fatal accidents. Violent disturbances over socio-economic issues commonly occur in major city townships, including Durban, Johannesburg and Cape Town. Although foreigners are not specifically targeted in these attacks, any bystanders in the vicinity would face indirect risks.

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

- Cape Town: Anticipate, avoid further protests against development project
- Cape Town: Avoid vicinity of ongoing confrontation between protesters, police in Central Business District
- Johannesburg: Avoid protests in coming hours, days during state corruption inquiry

View All Alerts

Vaccinations For South Africa

Cholera  Oral vaccination is recommended for travellers
Read more

Hepatitis A  Recommended for all travellers and expatriates,
Read more

Hepatitis B  Recommended for most travellers and expatriates,
Read more

Rabies  Consider for certain travellers, especially; For
Read more

Typhoid fever  Recommended for adventurous and long-term
Read more

Yellow fever  A yellow fever vaccination certificate is
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 psychotherapeutics) 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 South Africa**

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>Disease</th>
<th>Description and Recommendations</th>
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<tr>
<td><strong>Cholera</strong></td>
<td>Oral vaccination is recommended for travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.</td>
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</tbody>
</table>
| **Hepatitis A** | Recommended for all travellers and expatriates, especially:  
  • For long-term or frequent visitors.  
  • For adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.  
  • For men who have sex with men, people who use illicit drugs or those with liver disease. |
| **Hepatitis B** | Recommended for most travellers and expatriates, especially:  
  • For long-term or frequent visitors, and health-care workers.  
  • For adventurous travellers who travel to more remote locations.  
  • If possibility of new sexual partner, needle sharing, acupuncture, dental work, body piercing or tattooing during visit.  
Many travel health professionals recommend hepatitis B vaccination for all travelers, regardless of destination. |
| **Rabies**    | Consider for certain travellers, especially:  
  • For expatriates and long-term visitors.  
  • For children who tend to play with animals and may not admit to being bitten or scratched.  
  • If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.  
  (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.)  
  • If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.  
  Jogging increases your risk of dog bite. |
| **Typhoid fever** | Recommended for adventurous and long-term travellers, especially those who will:  
  • Visit friends and relatives.  
  • Eat from local vendors or restaurants.  
  • Be exposed to conditions of poor sanitation.  
  • Visit smaller cities or rural areas. |
| **Yellow fever** | A yellow fever vaccination certificate is *required* for entry for anyone > 1 year of age arriving from a country with a risk of yellow fever transmission, including people who were in transit for more than 12 hours in an airport located in a risk country.  
(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy. |

**Malaria**

**Threat from: Bites and Stings**

**Malaria is present year-round in some areas of South Africa**: provinces bordering Mozambique and Zimbabwe, particularly in Waterberg, Vhembe, and Mopani district municipalities of Limpopo Province; Ehlanzeni district municipality in Mpumalanga Province; and Umkanyakude in KwaZulu-Natal Province. Risk is present in Kruger National Park.

**Prevention:**

• mosquito bite avoidance  
• medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventative medication if visiting the risk areas
Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweat/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be Aware of the risk, the symptoms and malaria prevention.
B: Bite Prevention - Avoid being Bitten by mosquitoes, especially between dusk and dawn.
C: Chemoprophylaxis - If prescribed for you, use Chemoprophylaxis (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.
D: Diagnosis - Immediately seek Diagnosis and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).
E: Emergency - Carry an Emergency Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Zika Virus

There is no Zika Virus in South Africa.

Standard of Care

Emergency Response

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

South Africa has high quality nation-wide emergency services as well as private ambulance services. Public and private ambulances are capable of advanced life-support and also have helicopter and fixed-wing air-ambulance services. Road and air ambulance transfer are easily arranged between centers.

Emergency Numbers

<table>
<thead>
<tr>
<th>Service</th>
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<tr>
<td>Ambulance</td>
<td>112</td>
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<td>Fire</td>
<td>112</td>
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<tr>
<td>Police</td>
<td>112</td>
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Standard of Health Care

Medical care in South Africa is considered to be amongst the best in the world. South Africa is the main referral center for Sub-Saharan Africa. Private hospitals are of an international standard. Public sector hospitals provide limited access to insured persons, so private hospitals are recommended. All providers speak English. All large centers have full specialist care and most have academic medical facilities as well. All medical staff are trained to international standards.

Outpatient Care

Outpatient care is freely available at both general practitioners, public sector and private sector hospitals. Private care is recommended. A referral will be made to an appropriate specialist when required.

Paying for Health Care

Payment will be accepted by cash or credit card in local currency. Emergency stabilization will always be rendered in the private sector, however if you are unable to demonstrate sufficient funds, you may be transferred from the Private Sector to the Government sector for further management, it is therefore critical to contact your insurer as soon as possible.
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 services in major cities are of international standard.

Blood Supplies

Blood in South Africa is safe and is screened according to international requirements.

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

A wide range of medications is available from hospital and private pharmacies. There are no shortages of supply. All major cities have pharmacies providing after-hours service. Most medications are manufactured in the U.S. or locally under license from the U.S.

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 South Africa.

Hospitals / Clinics

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

Bloemfontein

Life Rosepark Hospital
Category: Hospital
Address: 57 Gustav Crescent
Richard Park
Bloemfontein, Free State 9301
Telephone: 27 (0)51 505 5111

Mediclinic Bloemfontein
Category: Hospital
Address: Cnr Keilner & Parfitt Ave
Westdene
Bloemfontein, Free State 9301
Telephone: 27 (0)51 404 6225/6
27 (0)51 404 6666

Cape Town

Life Vincent Pallotti Hospital
Category: Hospital
Address: Alexandra Rd
Pinelands
Cape Town, Western Cape 7405
Telephone: 27 (0)21 505 5111

Netcare Christiaan Barnard Memorial Hospital
Category: Hospital
Address: Cnr. D. F. Malan street & Rua Bartholemeu Dias Plain
Foreshore
Cape Town, Western Cape 8001
Telephone: 27 (0)21 441 0000 MAIN
27 (0)21 441 0271 ER
27 (0)801 22 2222 (Toll Free)

Durban

Life Entabeni Hospital
Category: Hospital
Address: 148 Mazisi Kunene (South Ridge Road)
Berea
Durban, KZN 4001
Telephone: 27 (0)31 204 1300

Netcare St Augustine Hospital

https://www.internalsos.com/MasterPortal/PrintDisplay.aspx
Johannesburg
Netcare Milpark Hospital
Category: Hospital
Address: 9 Guild Road Parktown West Joh Johannesberg, Gauteng 2193
Telephone: 27 (0)11 480 5600
27 (0)11 480 5912 (A&E)
27 (0)11 480 5917 (A&E doctors)

Netcare Sunninghill Hospital
Category: Hospital
Address: Cnr Nanyuki Witkoppen Roads Sunninghill Park Sunninghill Johannesberg, Gauteng 2196
Telephone: 27 (0) 11 8061500

Port Elizabeth
Life St George’s Hospital
Category: Hospital
Address: 40 Park Drive
Central Port Elizabeth, Eastern Cape 6001
Telephone: 27 (0)41 392 6111

Netcare Greenacres Hospital
Category: Hospital
Address: Cnr Cape and Rochelle Road Greenacres Port Elizabeth, Eastern Cape 6045
Telephone: 27 (0)41 390 7000

Pretoria
Netcare Unitas Hospital
Category: Hospital
Address: Lyttonen Clifton Avenue Pretoria, Gauteng 0140
Telephone: 27 (0)12 677 8000 (Switchboard)

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 is safe in all towns and cities. Use bottled or boiled water in rural areas.

The city of Cape Town has implemented restrictions on water supply due to ongoing drought and low dam storage levels. The water restrictions will be in place until dam storage levels improve, and it is uncertain when this may happen.

Food Risk
Food is safe in South Africa. Be sure to clean any fruits or vegetables purchased at markets before eating them.

Health Threats

Health threats present include:

Malaria | Threat from : Bites and Stings
Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

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South Africa

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Prevention:
- mosquito bite avoidance
- medication; consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas

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

Travelers' 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.

South Africa There is some risk of travelers' diarrhea in rural areas.

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 povidone-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.)

South Africa

Human cases of rabies occur every year in South Africa, mainly in the provinces of KwaZulu Natal, Eastern Cape and Limpopo. Exposure to rabid domestic dogs and cats are responsible for many of those cases.

Chikungunya | Threat from: Bites and Stings

People can get chikungunya if they are bitten by a mosquito carrying the virus. About four to seven days later, the infected person develops a sudden fever and severe joint pain. Pain is especially common in the knees, ankles, small joints (especially in hands and feet) and any previously injured area. Other common symptoms are a rash and headache.

There is no specific cure for the disease. Recovery takes several weeks.

There is no vaccine. The only way to prevent chikungunya is to prevent mosquito bites. Wear long sleeves and long pants, and use insect repellents to prevent mosquito bites.

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.

South Africa

There are occasional outbreaks in rural areas.

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 6 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 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.

Cholera | Threat from: Food and/or water

Cholera is a diarrheal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe diarrhoea. It is painless and watery (often called “rice-water” stools). Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 10-20 percent of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

South Africa

There are occasional cholera outbreaks in South Africa especially in areas of poor sanitation.

Schistosomiasis | Threat from: Swimming/bathing

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

• Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.

• Using soap during bathing reduces the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do not rely on these methods to prevent schistosomiasis.

https://www.internationalsos.com/MasterPortal/PrintDisplay.aspx
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

**South Africa**

Schistosomiasis is endemic in five of the nine provinces of South Africa. At risk areas include mainly north and east of the Witwatersrand in Gauteng, Limpopo and Mpumalanga Provinces; the lower-altitude areas of KwaZulu-Natal Province; and extending along the coast into Eastern Cape Province to around Port Elizabeth. Apart from a few known foci, the Vaal/Orange river system is not affected.

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**West Nile Virus | Threat from : Bites and Stings**

Primarily a disease of birds, West Nile virus (WNV) can infect humans. The most common route for a human infection is via mosquitoes. The mosquito feeds on an infected bird or other animal, then bites a human and introduces the virus into their body.

Most people who get WNV develop no symptoms. Of the 20 percent who do get ill, most develop mild symptoms 3-14 days after being bitten: fever, head and body ache, nausea and vomiting. Sometimes the lymph nodes swell or a rash appears on the trunk.

In fewer than one percent of all human cases, the person develops a serious, possibly fatal, infection. Symptoms may include high fever, headache, stiff neck, disorientation, muscle weakness, tremors and paralysis. The brain and membranes surrounding the brain and spinal cord may get inflamed, which can cause coma and death. Patients who recover from a serious WNV infection may suffer permanent brain damage.

There is no specific treatment for the disease, or vaccine to protect against it. To avoid infection, prevent mosquito bites in areas where the virus circulates. Wear long sleeves and long pants, and use insect repellents.

**South Africa**

Human cases of West Nile Virus occur almost annually in South Africa.

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**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.

**South Africa**

South Africa has the largest epidemic of HIV in the world. In 2009 it was estimated to have over 5.5 million people living with HIV / AIDS.

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**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 strains. 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-Guerin (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 they spend in your household.

**South Africa**

The World Health Organization (WHO) has designated South Africa a “high burden country” for tuberculosis. The country falls in the "high incidence" range as per WHO. High incidence range is greater than 300 new cases each year per 100,000 population. WHO has also designated South Africa a "high burden country" for multi-drug resistance tuberculosis (MDR-TB). Extensively drug-resistant TB (XDR-TB) was first diagnosed in 2006. BCG vaccination is given at birth and is included in the country's immunisation schedule.
Filariasis | Threat from: Bites and Stings

Filariasis is a parasitic disease, also sometimes called “elephantiasis”. It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilariae) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travelers are at low risk. Nevertheless, all travelers should prevent insect bites.

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, head ache, 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 travelers 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.

Tick bite fever | Threat from: Bites and Stings

Tick bite fever (TBF) is part of a group of illnesses collectively called "spotted fevers". People get the disease when bitten by an infected tick. Most commonly, these ticks are carried on animals such as cattle, rodents and dogs.

Typically, TBF causes a fever, rash and an "eschar" where the tick bite occurred. (An eschar is a black mark on the skin surrounded by an inflamed red area.) Most people only become mildly ill. However, the disease is occasionally severe or fatal. It can be treated with antibiotics.

There is no vaccine or medication to protect people against TBF infection. Avoid tick bites to prevent TBF and other tickborne illnesses. South Africa: Tick bite fever is a common cause of fever in travelers returning from South Africa. The risk of contracting the disease is higher for people participating in outdoor activities, and visiting rural areas (including game parks).

Air Pollution | Threat from: Environment

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Pollut ed air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to avoid these problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While inside, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions.

See the International SOS Air Pollution website - use your membership number to log in.

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 onwards, but is more common at elevations above 2,500 meters (8,000 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 medicines that can be administered by trained medical professionals.

Anyone travelling to high altitude, especially higher than 2,500 meters, should be aware of and recognise 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.
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.

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