

Itinerary

Round Trip: United States → Rwanda → United States

Health Concerns Summary

The following may pose a risk or require preventive measures based on this itinerary. See the report sections below for details.

- Vaccine-Preventable Diseases: COVID-19, Ebola virus disease, hepatitis A, hepatitis B, influenza, measles, mumps, rubella, rabies, typhoid fever, yellow fever
- Malaria
- Other Diseases: African trypanosomiasis, anthrax disease, chikungunya, dengue, filarial infections, helminths, leptospirosis, plague, schistosomiasis, sexually transmitted infections, travelers' diarrhea, tuberculosis, viral hemorrhagic fevers, West Nile virus, Zika

Yellow Fever

Requirement Information (for entry, per WHO)

Is yellow fever vaccine an official entry requirement for this itinerary?

NO. An official certificate showing vaccination is not required for entry by any country on the entered itinerary sequence, but view full details and see "YF Requirement Table" if there are additional transited countries.

Visa application: Proof of YF vaccination may be required for certain visa applicants. Travelers should contact the appropriate embassy or consulate with questions and, if it is required for their visa, carry the YF certificate with their passport on the day of travel.

Yellow Fever Requirement Table for this Itinerary

The following values result in the "NO" requirement result shown above (based on a round trip with United States as the home country):

Yellow Fever Requirement Table				
Country	Transm. Risk	Required if Coming From	Applies to Ages	See Note
UNITED STATES	No	None	None	
RWANDA	No	Country with Transm. Risk	≥ 1 year	

Individual Country Requirements

Effective July 11, 2016, the ICVP for yellow fever vaccination will be valid for life, and this validity applies to existing and new certificates for the purposes of international travel. Revaccination or a booster dose of YF vaccine cannot be required of international travelers as a condition of entry into any country regardless of the issued ICVP date; validity begins 10 days after the date of vaccination. On new ICVPs, "life of person vaccinated" should be entered in the validity space on the certificate. Whether recognition of the new lifetime validity regulation by personnel at the point of entry in countries with previous 10-year validity policies will occur immediately is uncertain.

Rwanda

A certificate proving yellow fever vaccination is required for travelers aged ≥ 1 year coming from countries with risk of YF transmission. This does not apply to airport transit stops (no exit through immigration checkpoint) in risk countries.

Recommendation Information (for health protection)

Is yellow fever vaccine a recommended protective measure for this itinerary?

NO. Vaccination is not recommended except for highly risk-averse and long-stay travelers. See additional information below.

Individual Country Recommendations

Rwanda

Vaccination is generally not recommended (except for highly risk-averse travelers and long-stay travelers). No human or non-human primate cases of YF have ever been reported. Data indicate that the only historical evidence for YF virus transmission is from serosurveys that demonstrated very low rates of possible exposure. Travelers aged ≥ 60 years should not be vaccinated.

Travel Vaccination Recommendations

COVID-19

Requirement (for entry)/Travel Restrictions

Rwanda

Nationals and residents aged 12 to 18 years with proof of complete COVID-19 vaccination, with the final dose of the primary series received prior to departure, may exit the country.

Nationals and residents aged ≥ 18 years with proof of complete COVID-19 vaccination, with the final dose of the primary series received prior to departure and with a booster dose received prior to departure, may exit the country.

Recommendation (for health protection)

Rwanda

Risk exists from December through July (although off-season transmission can occur, occasionally with significant spikes).

Recommended for: all travelers aged ≥ 6 months.

Vaccination Considerations

Rwanda

Travelers not already vaccinated with the currently available vaccine formulation should be vaccinated. Consider nirmatrelvir-ritonavir (Paxlovid) as standby self-administered therapy, especially for those who are at high risk for complications from COVID-19 or who are not adequately vaccinated and may not be able to attain rapid, robust medical evaluation and advanced care when traveling. However, jurisdictions may differ in the degree to which the medication is available for such use. Also, the medication's ritonavir subcomponent has several drug-drug interactions that must be evaluated in each patient.

Hepatitis A

Rwanda

Recommended for: all travelers.

Typhoid fever

Rwanda

Recommended for: all travelers.

Influenza

Rwanda

Risk exists from January through July, although off-season transmission can occur.

Recommended for: all travelers during transmission season due to demonstrated influenza risk in this group.

Vaccination Considerations

Rwanda

Travelers not already immunized with the currently available vaccine formulation should be vaccinated. Travelers immunized with the current formulation more than 6 months earlier should consider revaccination because immunity may have declined.

Consider baloxavir or oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza or inadequately vaccinated.

Hepatitis B

Rwanda

Recommended for: all health care workers; adventure travelers; travelers with high potential to seek medical or dental care in local facilities; those with prolonged stays; those with frequent short stays in this or other high- or intermediate-risk countries; those with possible contact with contaminated needles (e.g., from acupuncture, tattooing, or injection-drug use) or possible sexual contact with a new partner during the stay.

Consider for: risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe safer-sex practices and blood/bodily fluid precautions.

Measles, mumps, rubella

Rwanda

Indicated for those born in 1957 or later (1970 or later in Canada and UK; 1966 or later in Australia) without evidence of immunity or of 2 countable doses of live vaccine at any time during their lives. Also indicated for those born before 1970 (in Canada) without evidence of immunity or previous vaccination with 1 countable dose of measles-containing vaccine.

Rabies

Rwanda

Significant risk from dogs exists throughout the country.

Preexposure preventive measures:

Recommended for prolonged stays: all travelers and expatriates, with a priority for young children.

Recommended for short stays: adventure travelers, hikers, cyclists, and cavers; travelers going to locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; animal workers (such as veterinarians and wildlife professionals); all travelers likely to have contact with bats.

Consider for: risk-averse travelers with short stays desiring maximum pretravel preparation.

Travelers should observe animal bite precautions.

Postexposure prophylaxis considerations:

Dog, bat, and other mammal (including cat) bites or scratches should be taken seriously, and postexposure prophylaxis should be sought even by those already vaccinated.

Travelers should practice proper wound care.

Cholera

Rwanda

Low risk exists and is presumed to have widespread distribution.

Travelers, regardless of vaccination status, should observe strict food and beverage precautions and hand hygiene (frequent, thorough handwashing) and carry empiric antibiotic therapy (azithromycin) and oral rehydration solution (ORS) for self-treatment if any moderate-to-severe diarrhea develops. Travelers who develop watery diarrhea should ensure adequate intake of clean water and avoid high sugar (high osmolality) beverages. In case of severe, watery diarrhea, oral rehydration (ideally with an ORS) should be considered if oral fluids are tolerated.

Ebola virus disease

Rwanda

No human cases have been reported, but neighboring countries have reported outbreaks.

Routine Vaccination Recommendations (adults only)

Tetanus, diphtheria, pertussis

Due to increasingly frequent pertussis outbreaks worldwide, all travelers should receive Tdap vaccine every 10 years, assuming they previously received an adequate primary series. Those who received Td or TT for their most recent booster should receive an immediate dose of Tdap, regardless of the interval since the last tetanus dose.

Pneumococcal

Recommended for adults aged ≥ 65 years and all adults with chronic disease or immunocompromising conditions.

Varicella

Indicated for all persons born outside the US or born in the US in or after 1980, except for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

Malaria

Malaria General Information

Rwanda

General malaria information: predominantly *P. falciparum*. Extremely high transmission occurs throughout the year at elevations below 1,800 m (5,900 ft). Elevations between 1,800 m and 2,500 m (8,200 ft) are subject to infrequent epidemics.

Malaria Recommendations

Rwanda

Location-specific recommendations:

Chemoprophylaxis is recommended for all travelers: throughout elevations below 2,500 m.

Chemoprophylaxis is recommended for certain travelers (see Issues to Consider box): throughout elevations above 2,500 m.

Malaria Prophylaxis

Drug choice depends on personal factors discussed between the traveler and medical provider. No preventive measure is 100% effective. Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area. Include mention of travel history.

Rwanda

Preventive measures: Travelers should observe insect precautions in areas with any level of transmission. Atovaquone-proguanil, doxycycline, mefloquine, and tafenoquine are protective in this country. G6PD testing is required prior to tafenoquine use. Due to risk of adverse events, mefloquine should be reserved for travelers for whom it has clear advantage over other chemoprophylaxis options. Effective antimalarial drugs may not be available in this country. Travelers staying longer than 3 weeks should consider carrying a treatment dose of co-artemether or atovaquone-proguanil in case their protective medicines fail (treatment dose should be administered under the supervision of a qualified local health care provider).

Issues to Consider	
Factors favoring chemoprophylaxis	Factors against chemoprophylaxis
<ul style="list-style-type: none">• Adventure travel• Risk-averse and vulnerable travelers• Areas subject to infrequent epidemics• Immigrants visiting friends and relatives• Flexible itineraries• Travel longer than 1 month• Unreliable medical expertise and/or treatment drugs at destination	<ul style="list-style-type: none">• Air-conditioned hotels only• Urban areas only• Non-transmission season• Minimal outdoor exposure• Travel shorter than 3 days
For more information, see <i>Technical Explanation of Malaria Mapping</i> .	

Travelers' Diarrhea

Rwanda

High risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures are generally inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

In addition to maintaining fluid status with clean, safe water, travelers should maintain electrolyte status if they experience diarrhea and carry loperamide for self-treatment of watery (noninflammatory) diarrhea plus single-dose/short-course azithromycin (alternatively, a quinolone antibiotic) for use in combination with loperamide if functional capacity is impacted. Travelers with dysenteric presentation (or high fever) should use antibiotics (azithromycin, 3-day course) alone and avoid loperamide.

Other Concerns

Dengue

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable.

Chikungunya

Rwanda

Although no human cases have been reported, potential risk may exist based on serosurveys.

Zika

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable. Travelers, especially pregnant women, should observe daytime insect precautions.

Tuberculosis

Rwanda

Tuberculosis (TB) is common in all developing countries and presents risk in certain developed countries. TB incidence in this country is 25 to 100 cases per 100,000 population (not the highest risk category).

A documented interferon gamma release assay is recommended both before departure and 2 to 3 months after return for stays longer than 1 month for health care workers and those with anticipated exposure in prisons, homeless shelters, refugee camps, or shanty towns. All travelers should also be individually assessed for risk before and after return. If necessary, a tuberculin skin test can be used as an alternative.

Travelers should avoid public transportation and people who are coughing in crowded public places (whenever possible). Domestic household workers should be screened for TB.

Schistosomiasis

Rwanda

Significant risk exists throughout the country, especially in Kigali and in Kivu, Burera, Rweru, and Muhanzi lakes. Travelers should avoid freshwater exposure. If exposed to fresh water, discuss with a travel-medicine provider upon return.

African trypanosomiasis

Rwanda

Current endemicity is not established. Human cases of *T. b. rhodesiense* have not been reported since before 1990.

Snakebites

Rwanda

Risk of envenomation exists in areas with dense vegetation or rock formations (especially in warm weather when snakes tend to be more active). Most snakebites result from startling snakes; do not disturb or handle snakes. Boots and long pants are recommended in high-threat situations. Urgent medical care is indicated after any snakebite.

Sexually transmitted infections

Rwanda

HIV is estimated to be present in 3% of the adult population (compared to < 1% in most countries) and is estimated to be present in 36% of sex workers. Travelers should be clearly informed of STI concepts and risks for HIV transmission. Travelers expected

to engage in very high-risk behaviors should consider short-term preexposure prophylaxis (PrEP) with Truvada or other approved PrEP medication.

West Nile virus

Rwanda

Negligible risk may exist, but current epidemiologic data are unavailable.

Viral hemorrhagic fevers

Rwanda

Current country-specific epidemiologic data are unavailable. However, this country is in an area of higher-than-average risk for Crimean-Congo hemorrhagic fever. Tick precautions should be considered.

No human cases of Marburg disease have been reported, but neighboring countries have reported outbreaks.

Leptospirosis

Rwanda

Risk may exist, but either cases are not reported or those that are reported are rare. Risk-averse travelers whose itineraries include exposure to fresh water should wear appropriate footwear; avoid exposure to potentially contaminated floodwaters, fresh water, wet soil, and mud; avoid contact with rodents (including their excreta); and may consider preexposure prophylaxis with doxycycline (200 mg once per week).

Plague

Rwanda

Although no human cases have been reported, potential risk exists along the border with Tanzania due to established endemicity in that country. Travelers should avoid contact with potentially infected rodents and their fleas.

Filarial infections

Rwanda

Although this country is thought to be endemic for onchocerciasis, disease burden does not reach the ministry of health threshold for mass drug administration. Infection in travelers is unlikely.

Helminths

Rwanda

Low risk exists for soil-transmitted helminths in urban and rural areas and is presumed to have widespread distribution. Travelers should follow strict food and beverage precautions and wear appropriate footwear.

Anthrax disease

Rwanda

Negligible risk exists and is presumed to have widespread distribution. Travelers should avoid direct or indirect contact with animal carcasses or hides.

Additional Information by Country

Rwanda

Medical Summary

General Information

Rwanda is a developing nation classified as low income. Located in central Africa (north of Burundi and south Uganda), the climate is classified as humid equatorial (long dry season) in the east, with cooler temperatures in some high-altitude areas.

Medical Care

Medical care is extremely limited throughout the country. Any serious medical condition will usually require evacuation. Nairobi, Kenya and Johannesburg, South Africa are frequent destinations. Adequate evacuation coverage for all travelers is a high priority. Shortages of routine medications and supplies are common.

For a private ambulance in Kigali, call King Faisal Hospital at [+250] 588-888. For a public ambulance anywhere in the country, call 912. The national medical emergency number is 112. Public ambulances are not reliable. A taxi (from official ranks or dispatched via smart phone app or radio from a reputable company) or private car is the recommended means of transport to the hospital.

Upfront payment by cash, up to the total of all anticipated charges, is generally required by hospitals catering to foreigners prior to services or treatment. Upfront payment may be waived by hospitals that have existing cashless agreements with at least some major international insurance providers.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Consular Travel Warning

Due to ongoing security concerns and military conflict, Australia (DFAT) advises reconsidering travel (or avoiding nonessential travel) within 10 km (6.2 mi) of the borders with Burundi and Democratic Republic of the Congo, including the towns of Gisenyi, Kibuye, and Cyangugu (Western Province). US (DOS), UK (FCO), and Canada (GAC) have no current warnings.

Terrorism Risk

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

Crime

Low risk of violent crime (armed robbery and home robbery) and low risk of petty crime exist throughout the country, mainly in Kigali and in crowded places.

Theft of valuables from unattended vehicles and accommodations is common.

Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Unsafe Areas

Armed conflict occurs, a dangerous security environment exists, and armed groups are present in areas bordering Burundi and the Democratic Republic of Congo.

Other Safety Threats

Risk exists for fatal wildlife attacks on safaris and in game parks and reserves, including in Akagera, Nyungwe, and Volcanoes national parks. Travelers should closely follow park regulations, always maintain a safe distance from wildlife, and should not exit vehicles or protected enclosures.

Transportation Safety

Significant risk of traffic-related injury or death exists. The road traffic death rate is more than 24 per 100,000 population, the highest risk category. Carefully assess the safety of transportation options before any road travel.

There are no restrictions on mobile phone usage while driving.

Structural standards for vehicles may not meet international standards.

Airline Safety

The US Federal Aviation Administration has determined that the civil aviation authority of this country oversees its air carriers in accordance with minimum international safety standards.

Natural Disasters

The rainy season is from February through May and from September to December. Floods, mudslides, and landslides may occur. Seismic and volcanic activity frequently occurs, especially in northwestern areas.

Consular Information

Selected Embassies or Consulates in Rwanda

- United States: [+250] 252-596-400; rw.usembassy.gov
- Canada: [+250] 252-554-800; travel.gc.ca/assistance/embassies-consulates/rwanda
- United Kingdom: [+250] 252-556-000; www.gov.uk/world/organisations/british-high-commission-kigali
- Australia: Australia does not have an embassy or consulate in Rwanda.

Rwanda's Embassies or Consulates in Selected Countries

- In the U.S.: www.rwandaembassy.org
- In Canada: rwandahighcommission.ca/en
- In the U.K.: www.rwandahc.org
- In Australia: rwandacg.org.au

Visa/HIV Testing

HIV testing is not required to obtain a tourist, work, or residence visa.

Cross-Cultural Considerations

Official Name, Nationality

- Official Name: Republic of Rwanda
- Nationality: Rwandan or Rwandese

Conversation

Rwandans exchange greetings and small talk before discussing business. Daily life and the beauty of local landscapes are popular topics. Rwandans tend to be reserved and consider personal matters private, although religion may be mentioned. People may avoid saying anything that might upset the person with whom they are speaking. If the topic of family comes up, be aware that many people lost family members in the recent civil war. Avoid discussing the highly sensitive topics of politics, ethnicity, war, and sex.

Insulting the president, members of parliament, members of the cabinet, and other public servants may be illegal. Hate speech based on language, religion, or ethnic, regional, or racial background is illegal. The law prohibits speech that incites discrimination, sectarianism, or genocide. Genocide denial is illegal. Laws governing appropriate speech about genocide are strictly enforced.

Use respectful terms of address until invited to be more informal (when speaking French, use *vous* instead of *tu*).

Currency

The official currency is the Rwandan franc (RWF). US dollars and euros may also be accepted. Most banks, exchange bureaus, and shops will not accept or exchange US dollars printed before 2009; hotels or exchange bureaus may refuse to accept bank notes smaller than USD100.

Dress

Professional attire is preferred for business (jacket is optional). Rwandans take great care with personal appearance, so shoes should be well polished. Women can wear pants in Kigali or Butare but if working in a rural area, wear a knee-length (or longer) skirt or dress. Rwandans often wear bright colors and varied patterns.

Food

Brochettes (grilled meats) or fish and chips are popular for dinner. A traditional meal might include beans, tubers (sweet potatoes, manioc, plantains), and stewed meat, with peanut soup on the side. When socializing, brochettes and drinks are usually

purchased by the person who invites the others. Beer and soft drinks (fanta) should be ordered cold (*ikonje*) if that is desired. Rwandan women rarely drink alcohol; while visiting women do, they may want to take care in rural areas, where it may not be as acceptable as in cities.

Gestures, Touching, and Personal Space

Greet with a handshake; holding hands may be maintained through the greetings and sometimes the entire conversation, or while walking. Men often hold hands and embrace when familiar. Demonstration of affection between men and women is usually limited to greetings. For most Rwandans, looking directly in someone's eyes is seen as impolite or brash, especially between people of different social status. Rwandans stand about arm's length distance apart. Self-composure is well regarded, so avoid expressing anger or speaking in a raised voice.

Language(s)

Kinyarwanda, English, and French are the official languages. Kiswahili is also used in commerce. Bantu languages are also spoken.

Names/Titles

Use academic/professional/religious titles when known (*Monsieur/Madame/Mademoiselle* as default). When familiar, people address each other by a single name, which is usually their non-Kinyarwanda name. (Last names are usually given to individuals and are not "family names" as in the West, where a child inherits the father's last name. Siblings with the same father may have different last names. Conversely, the same last name does not mean that people are related.)

Personal

Homosexual activities are not illegal, but homosexuality is not widely accepted in Rwandan society. Avoid same-sex public displays of affection.

Photography

Photography of government buildings, military sites, airports, and public monuments is prohibited. Such sites are not always clearly marked. Use of aerial drones (including for photography or filming) requires a permit. Avoid taking photographs in border areas.

Protocol/Etiquette

Greet and stand to shake hands with each person individually. Close friends and family may embrace (and kiss on the cheek, if female) 3 times, alternating sides. To show respect, grasp the right forearm with the left hand when shaking hands or accepting or giving something (e.g., business card or drink).

Religion

Freedom of religion is provided by law. The population is majority Christian (roughly half Catholic, half Protestant), with a small (mostly urban) Muslim minority. Religion is very important to Rwandans, and people often refer to faith in their greetings (i.e., "Praise Jesus" may be used instead of "Good morning").

Time

Be punctual for business meetings, but understand that local notions of time can be very relaxed. Priority is often given to family obligations, especially funerals, weddings, or family illness.

The last Saturday of each month is *umuganda*, a national day of community service, during which most normal services are closed until 11:00 a.m.

Other

Single use plastic bags are banned, including in traveler luggage.

Basic Protective Measures

Many travel-related health and safety problems can be significantly reduced through appropriate behavior by the traveler. Risk can be minimized by adherence to the following measures.

Health

Insect Precautions

- Wear clothing that covers as much skin as practicable.
- Apply a repellent to all exposed, nonsensitive areas of the body. Frequent application ensures continuous protection. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- Use a repellent containing DEET (N,N-diethyl-meta-toluamide; 30%–35% concentration) or, alternatively, a repellent containing picaridin (20% concentration or greater for tropical destinations; also known as icaridin). Picaridin, unlike DEET, has a pleasant smell and does not dissolve plastic materials.
- Determine the time of day and type of insects to be avoided when choosing when to apply repellent.
 - *Applicable to malaria risk countries:* Mosquitoes that transmit malaria (*Anopheles* spp.) are generally night biters with activity between dusk and dawn.
 - *Applicable to West Nile virus and Japanese encephalitis risk countries:* Mosquitoes that transmit these diseases (*Culex* spp.) are generally night biters but have peak activity at dusk and again at dawn.
 - *Applicable to chikungunya, dengue, yellow fever, or Zika risk countries:* Mosquitoes that transmit these diseases (*Aedes* spp.) can bite throughout the day but have peak activity during early morning and late afternoon and evening.
 - *Applicable to leishmaniasis risk countries:* Sandflies that transmit leishmaniasis are active from dusk to dawn, but in forests and dark rooms they may bite during the daytime if disturbed.
 - *Applicable to African trypanosomiasis risk countries:* DEET is generally ineffective. Wear light-colored (not blue), heavyweight clothing in risk areas.
- Treat outer clothing, boots, tents, and sleeping bag liners with permethrin (or other pyrethroid) when traveling in an area of very high risk for mosquito-borne or tick-borne diseases.
- Sleep under a permethrin-impregnated bed net when at high risk of malaria or Japanese encephalitis if not sleeping in a sealed, air-conditioned room. Regularly check the net for rips and tears and keep it tucked in around the bed at all times. Ensure that all open windows have insect screens.
- Use spatial repellent products in the form of an aerosol spray, vaporizer device, or smoldering coil. These products usually contain a pyrethroid (e.g., metofluthrin or allethrin).
- Perform a full body check for ticks at least once a day when staying in areas where tick-borne disease is a risk.

Safe Food and Beverages

- Wash hands with soap before eating and after using the toilet. If water is not available, use disposable antiseptic wipes or an alcohol-based hand sanitizer.
- Avoid food from street vendors or market stalls.
- Choose establishments that are known to cater to foreigners.
- Avoid buffets if food covers or fly controls are not used or foods have not been kept steaming hot.
- Avoid undercooked meat, seafood, and fish; unpasteurized dairy products, such as cheese, yogurt, and milk; creamy desserts; cold sauces such as mayonnaise, salad dressing, and salsas; and leafy or uncooked vegetables and salads.
- Eat well-cooked, steaming-hot foods. Other foods that are safer to eat include breads, tortillas, crackers, biscuits, and other baked goods as well as canned foods and fruits, nuts, and vegetables with thick skins, peels or shells that can be removed.
- Avoid tap water or anything mixed with tap water and do not rinse toothbrushes in tap water.
- Do not use ice unless it is made from boiled, bottled, or purified water. Freezing does not kill the organisms that cause diarrhea.
- Use sealed bottled water or chemically treated, filtered, or boiled water for drinking and making ice and for brushing teeth.
- Drink canned, boxed, or commercially bottled carbonated water and drinks. Beer and wine are safe to drink; however, alcohol added to other beverages does not render the beverages safe.
- Purify water if one of these options is not available (see *Treating Water*). Decide which method to use for water purification and bring along the appropriate equipment or chemicals. Do not assume that water is safe because it is chlorinated. Chlorination does not destroy all the organisms that can cause illness.

- Continue to breastfeed infants who are nursing because it is the safest food source for these infants. If formula is used for feeding infants, prepare with boiled water and sterilized containers.

Blood-Borne and Sexually Transmitted Infections (STIs)

- Use condoms in all sexual encounters; unprotected casual sex, whether with local residents or with fellow travelers, always poses a high risk.
- Understand that inhibitions are diminished when traveling away from the social constraints of home; excessive use of alcohol and recreational drugs can influence behavior and encourage unintentional risk exposure.
- Avoid sexual relations with commercial sex workers.
- Consider short-term HIV preexposure prophylaxis with Truvada if very high-risk sexual behaviors are anticipated.
- Avoid skin-perforating procedures (acupuncture, piercing, or tattooing).
- Avoid invasive medical or dental procedures in unaccredited medical facilities (unless in a life-threatening situation); request proof of accreditation by Joint Commission International or other international bodies.
- Consider carrying disposable needles, syringes, and sutures for remote travel.

Swimming and Water Exposure

- Heed posted warnings and avoid beaches that are not patrolled.
- Recognize rip currents as a calm area with flat sandy water in front of the beach where the waves are not breaking and a line of white foam moves steadily seaward. Stay afloat, wave and yell for help, and swim parallel to the shore. Do not swim directly against the current in an attempt to get immediately back to shore; doing so may lead to exhaustion and drowning.
- Do not swim alone or after dark and do not walk on any beach after dark.
- Avoid use of alcohol or mind-altering drugs while engaging in water sports. Avoid water where sewage contamination or algae are present. Avoid any exposure (rafting, swimming, or wading) in water known to be infected with schistosomiasis (bilharzia).
- Scuba dive only with personnel certified by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI); use equipment only from PADI- or NAUI-certified dive operators.
- Follow established timetables for air travel after diving. The time from the end of the dive until the boarding of an aircraft is generally between 12 and 24 hours, depending on the type of dive.
- Decline water transportation in vessels without personal flotation devices or life jackets.
- Wear appropriate footwear when walking, wading, or swimming to avoid injury and exposure to parasites and poisonous plants and animals.
- Consider leptospirosis prophylaxis with 200 mg of doxycycline once per week (or 100 mg per day if in use for concomitant malaria prophylaxis) in developing countries where substantial risk of leptospirosis exists due to activities with exposure to water or wet environments (e.g., hikers, bikers, or adventurer travelers).
- Sit on a towel, blanket, or piece of clothing if a chair or hammock is not available because sand may be contaminated in areas frequented by animals. Thoroughly shake out all fabrics after use.
- Avoid eating amberjack, bonito, mackerel, mahi-mahi, or tuna due to risk of scombroid poisoning.

Rabies

- Never assume that an animal or bat is free of rabies.
- Avoid entering caves due to the possibility of exposure to bats and their droppings.
- Do not handle or feed pets, unknown animals (especially dogs and monkeys), or bats. Children should be closely supervised.
- Clean any bite, scratch, or lick on broken skin immediately with soapy water; seek postexposure prophylaxis for rabies (even if rabies vaccine was completed before exposure) or herpes B virus (transmitted by monkey bites).
- Minimize running or bicycling in high-risk rabies areas to avoid provoking domestic animals.

Skin/Wound Care

Extra vigilance, as outlined below, is recommended.

- Clean any bite, cut, or broken skin with safe water. Broken skin may become infected and lead to serious problems. Apply an antiseptic solution or spray.
- Seek medical help if increasing pain, redness, or discharge from a wound occurs, which suggests a spreading infection and may require antibiotic treatment.

- Always wear hats and apply sunscreen in the tropics. When both an insect repellent and sunscreen are used, apply the sunscreen first, let it dry completely, then apply the repellent. Very limited data suggest that DEET-containing repellents reduce a sunscreen's stated SPF UVB protection by as much as one-third, requiring more frequent sunscreen application. Sunscreens do not appear to reduce the efficacy of insect repellents (DEET or picaridin) but may increase the absorption of DEET (but not picaridin) through the skin, even when the sunscreen is applied first as recommended. Never use a combination sunscreen/insect repellent product (e.g., Avon Skin Soft Bug Guard, Bull Frog Mosquito Coast Sunscreen with Insect Repellent, or Sunsect).
- *Applicable only to African countries:* Iron all clothes that have been dried outdoors to prevent skin infestation by the larvae of the tumbu fly.

Tuberculosis

- Practice hand hygiene diligently.
- Avoid crowded public transportation or crowded public places that are poorly ventilated.
- Move away from anyone with a persistent or intense cough.
- Screen domestic workers for tuberculosis.
- Have a tuberculosis skin test or tuberculosis blood test before departure, once per year thereafter, and upon returning home (if planning a long stay to areas of the world where TB is highly or moderately endemic).

Pretravel Checklist

- Have predeparture medical and dental exams.
- Express any concerns about jet lag, altitude illness, or motion sickness to a travel health provider, who may suggest suitable medications.
- Pack adequate supplies of necessary medications and ensure that they are securely packaged in their original, labeled prescription containers and carried in multiple places. Travelers should have a letter from a physician stating the medical condition and the medications and/or medical supplies being carried.
 - If traveling with a controlled drug for personal use, review medication regulations on the International Narcotics Control Board website (<http://www.incb.org/incb/en/travellers/index.html>) as well as official government sites. Rules on amphetamine-based medications used for attention-deficit/hyperactive disorders should always be checked before travel.
- Prepare a compact medical kit that includes the following: simple first-aid supplies (such as bandages, gauze, hemostatic gauze, antiseptic, antibiotic ointment, butterfly bandages, skin glue, and splinter forceps), a thermometer, antipyretic agents, antifungal creams, cough and cold remedies, antacids, hydrocortisone cream, and blister pads.
- Pack a spare pair of eyeglasses or contact lenses and adequate cleansing solution, if applicable.
- Pack sunglasses, wide-brimmed hats, sunscreen (SPF 30+), and lip protection to avoid sun exposure problems during travel.
- Arrange adequate medical and evacuation insurance when traveling, even for short trips. Ensure all preexisting medical issues are declared to the insurer so that noncovered conditions are ascertained in advance. Have the insurer's contact details recorded and accessible at all times during travel.
- Carry a list of contact information for hometown medical providers, health insurance carriers, and a medical assistance company, keeping it accessible at all times.
- Carry a list of medical conditions, allergies, and medications (with dosages).
- Carry a copy of a recent electrocardiogram on a portable USB drive or ensure that it can be accessed on the internet (for those with cardiac disease).

Safety

Safety and Crime Avoidance

Extra vigilance, as outlined below, is recommended.

- Use caution in tourist sites and crowded areas and on or near public transportation; avoid marginal areas of cities.
- Be wary of any stranger who initiates conversation or physical contact in any way, no matter how accidental it may seem.
- Be familiar with common local scams and distraction techniques.
- Avoid using ATMs at night.
- Minimize visible signs of wealth in dress or jewelry.
- Wear handbags across the chest to prevent theft.
- Give up valuables if confronted. Money and passports can be replaced; life cannot.

- Use taxis from official ranks or dispatched via smart phone app or radio from a reputable company.
- Carry only a photocopy of the passport face page and legal entry stamp unless otherwise required by authorities; leave the actual passport in a hotel safe or other safe place.
- Advise at least 1 other person of one's whereabouts and expected schedule.
- Register a foreign trip and residence information with the Department of State at travelregistration.state.gov (U.S. citizens only), which facilitates communication and assistance in case of an emergency.

Safety in the Hotel

- Keep hotel doors locked at all times.
- Seek out and read fire safety instructions in the hotel room. Become familiar with escape routes upon arrival.
- Keep valuables in the room safe or the hotel safe.

Safety while Driving

- Do not drink and drive.
- Avoid overcrowded transportation.
- Keep automobile doors locked and windows closed at all times, if possible.
- Seek vehicles with seat belts, which may result in extra expense; decline vehicles without seat belts unless no choice is available.
- Decline transportation in vehicles with worn tires, worn brakes, or inoperative lights.
- Avoid driving at night or alone; seek local advice before driving outside urban areas after dark.
- Never drive a motorcycle or scooter abroad; passengers should wear a helmet.
- If planning a long stay, arrange for local mobile phone service (either a personal phone with a local plan or a locally purchased phone) to be in the vehicle when traveling.

Travax content represents decision-relevant, expert synthesis of real-time data reconciled with new and existing available advice from authoritative national and international bodies. Recommendations may differ from those of individual countries' public health authorities. Travax country-specific recommendations pertain to healthy adult travelers. Guidance regarding pediatric and special needs travelers can be found under the relevant topic in the Travax Library.

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