



Tanzania

The following information must be viewed as a guide only. It is not intended, nor implied to be a substitute for professional medical advice.

Specific recommendations on vaccinations, antimalarial medications & targeted travel health advice is always provided on an individual basis taking into account:

- the personal health of the traveller including past medical & vaccination history;
- intended activities;
- precise itinerary;
- style of travel;
- type of accommodation;
- time of year;
- altitude; &
- length of stay.

In addition, some vaccines eg rabies & tuberculosis are very much influenced by local risk & length of stay. Specific face-to-face advice is particularly important when recommending antimalarial medications & those for presumptive treatment eg for travellers diarrhoea.

We strongly recommend travellers seek an appointment with a doctor trained in travel health prior to departure.

Medical & nursing staff at The Travel Doctor-TMVC are trained in international public health issues with a focus on immunisations & preventive medicine. Many have travelled extensively & a number have worked in less developed areas of the world for extended periods. Travellers should undergo individual risk assessments whether they are short term holiday makers, business people or the long term expatriate worker. The Travel Doctor-TMVC has clinics Australia wide. In Australia the local centre may be contacted on 1300 658 844, or by visiting www.traveldoctor.com.au. It is recommended that you visit a travel health professional 6-8 weeks prior to departure. However, if that time frame is not possible, remember – “It’s never too late to vaccinate”.

Healthy Travelling in Tanzania

Tanzania is a common destination for Australian travellers, & is gaining in popularity each year.

Tanzania is situated just south of the equator on the east African coast & includes Zanzibar island & covers 900,000 sq. kms. The long coastal sandbars are marked by reefs & mangrove swamps where the many rivers empty into the Indian Ocean. The narrow coastal lowland rises towards a central plateau. In the north lies the Rift Valley & Lake Victoria, Africa’s largest lake. The Serengeti Plain lies in the north west. The country has several volcanic mountains of which the highest is Mount Kilimanjaro.

Healthy travellers have the most fun! Pre-travel preparation will help protect your health while you are away. To assist you in recognising & understanding some of the major travel health risks you may face while holidaying in Tanzania, The Travel Doctor-TMVC has prepared a summary of some of these issues in the following pages.

Table 1 provides a brief description of some of the major travel health issues & vaccinations that should be considered for travel to Tanzania.

Table 2 provides a summary of these major travel health issues & preventative measures that should be considered.

We hope you find this information useful in preparing for your trip. Remember it is advisable to consult a travel health specialist prior to departure.

Currency of your basic immunisations such as Tetanus & Diphtheria should be checked & others like Hepatitis A & Typhoid considered according to the criteria mentioned previously.

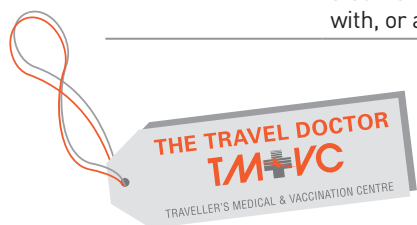




Table 1. Major Travel Health Issues & Considerations for Tanzania

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|---------------------------------|---|
| Hepatitis A | This is a viral disease of the liver which is transmitted through eating contaminated food or drinking contaminated water. It is the most common vaccine preventable disease that occurs in travellers to less developed areas of the world. It is strongly recommended for travel to Kenya. |
| Hepatitis B | This is a viral disease of the liver that is transmitted via blood, blood products or bodily fluids. It is vaccine preventable. Hepatitis B immunisation is now part of the childhood immunisation schedule. Many adult travellers have missed this very important immunisation & travel may be a good reason for vaccination. |
| Typhoid | Typhoid Fever is caused by a bacteria found in contaminated food & water. It is endemic in the developing world & vaccination is recommended for travellers to areas where environmental sanitation & personal hygiene may be poor. The adventurous eater venturing 'off the beaten' path should certainly consider vaccination. |
| Tetanus, Pertussis & Diphtheria | Tetanus is caused by a toxin released by a common dust or soil bacteria, which enters the body through a wound. Diphtheria is a bacterial infection of the throat & occasionally of the skin. It is found world wide & is transmitted from person-to-person by coughing & sneezing. Pertussis (Whooping cough) is a highly infectious respiratory infection responsible for 300,000 deaths annually, mainly in children. Diphtheria & pertussis vaccines can be added to the tetanus vaccine. Because many adults no longer have immunity from childhood immunisation it is advised that travellers to less developed countries have a tetanus, diphtheria & pertussis booster. |
| Measles, Mumps & Rubella | Childhood immunisation coverage in many developing countries is not good. As such, travellers whose birth date is after 1966 should check they have had 2 doses of measles vaccine. Since 1990 this may have been as the combination vaccine MMR (measles, mumps & rubella). Those born prior to 1966 are most likely to have long term immunity from previous exposure as a child. |
| Chickenpox | This very common infectious disease can now be prevented through immunisation. Many people miss the disease in childhood only to have a significant illness as an adult. Travel puts one at higher exposure & if one cannot elicit a history of having had the illness a test can show whether at risk. |
| Influenza | Individuals intending to travel out of an Australian winter might consider the current flu vaccine at the beginning of the season. Exposure to illness in airports & commuter transport is common & exposure may ruin a much needed break. In fact, influenza is likely to be the commonest vaccine preventable disease faced by travellers. |
| Malaria | Malaria is transmitted by a night biting mosquito. Malaria transmission is common in Tanzania & chloroquine resistance is high. The decision to use or not use anti-malarial drugs should be made after consultation with a travel health specialist, taking into consideration the relative malaria risk of areas on the traveller's itinerary as well as potential side effects & cost of available drugs. Insect avoidance measures should be followed throughout the trip. Upon return, any flu like illnesses should be investigated by a travel health specialist. See the next page for more information. |
| Schistosomiasis | This disease is caused by a free swimming parasite released by fresh water snails. The disease can develop after swimming in or bathing with water sourced from rivers streams & lakes in Tanzania. No vaccine is available, but the disease is treatable if recognised. Initially it may cause a skin irritation, but later internal organs such as the bladder & bowel may be affected. A serious complication is central nervous system involvement. |
| Poliomyelitis | All travellers to Tanzania should be up to date with vaccination against polio. Poliomyelitis is a viral infection that can lead to paralysis & sometimes death. Transmission is by faecal contamination of food, usually by unhygienic food handlers or flies, or directly from infected nasal secretions. Although most Australian's & New Zealanders will have been immunised in childhood, it is important to note that efficacy wanes after 10 years & a booster dose is recommended if travelling to a country where the disease is sometimes still found, such as Kenya. |
| Meningitis | Meningitis is an inflammation of the membrane overlaying the brain. It can be caused by bacteria, a virus or a fungus. Bacterial meningitis is the form of most concern to travellers. It is a serious disease & can rapidly become life threatening. It is transmitted from person-to-person through close contact (ie. droplet infection – the same way you catch a cold). Vaccination might be considered for those backpacking off the beaten path or those working in health areas where crowded conditions occur. |
| Yellow Fever | This viral illness is spread by mosquitoes in both urban & jungle areas in Tanzania. The disease has a mortality of 50% in visitors to the region, with death secondary to hepatitis & multiple organ failure. A vaccine is available for those over 9 months of age & an international certificate of vaccination is required for visitors to Kenya on return to Australia. |
| Rabies | Rabies is a deadly viral infection of the brain transmitted to humans. The disease itself is rare in travellers, but the risk increases with extended travel & the likelihood of animal contact. The best way to avoid rabies is to avoid all contact with animals. Dogs are the main carriers; however monkeys, bats, cats & other animals may also transmit the disease. Pre-exposure vaccination is recommended for extended travel & those who work with, or are likely to come in contact with animals. |

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| Cholera | Cholera is a severe, infectious diarrhoeal disease caused by a bacteria. It is common in developing countries & is associated with conditions of poverty & poor sanitation. Cholera causes severe & rapid dehydration. Travellers who follow the rules of eating & drinking safely will minimise their risk. There is also a new oral vaccine available for cholera which may be recommended under certain circumstances. |
| Traveller's Diarrhoea | Up to 40% of tourists may develop 3 or more loose bowel motions a day within the first week of travel. A variety of germs can be responsible for this infection & a Traveller's Medical Kit containing appropriate therapy can rapidly improve the symptoms. It is also important to follow the rules of healthy eating & drinking to minimise risks. |

Table 2. Summary of travel health issues for Tanzania & preventative options available


| | Vaccine Available | Healthy Eating & Drinking | Insect Avoidance | Animal Avoidance |
|---------------------------------|-------------------|---------------------------|------------------|------------------|
| Hepatitis A | ✓ | ✓ | | |
| Hepatitis B | ✓ | | | |
| Typhoid | ✓ | ✓ | | |
| Tetanus, Pertussis & Diphtheria | ✓ | | | |
| Measles, Mumps & Rubella | ✓ | | | |
| Chickenpox | ✓ | | | |
| Influenza | ✓ | | | |
| Malaria | | | ✓* | |
| Schistosomiasis | | | | ✓ |
| Poliomyelitis | ✓ | ✓ | | |
| Yellow Fever | ✓ | | ✓ | |
| Rabies | ✓ | | | ✓ |
| Cholera | ✓ | ✓ | | |
| Traveller's Diarrhoea | | ✓ | | |

✓ indicates preventative considerations
 * Chemoprophylaxis is generally recommended

Malaria is a risk factor in Tanzania throughout the year in the whole country below 1800m. Malaria prevention options should be discussed with a travel medicine specialist prior to departure. Because transmission rates are high & chloroquine resistance occurs, chemoprophylaxis is generally recommended.

Exotic tropical diseases such as Onchocerciasis, Lymphatic filariasis & African trypanosomiasis are rarely problems for tourists although can pose a risk for expatriates & long term residents.

Acute mountain sickness needs to be considered by the adventurous travellers planning to tackle Mt Kilimanjaro. Preventative drug treatment may be advised. Discussion with a travel health professional is advised.



Remember to check the DFAT 'Smartraveller' website www.smartraveller.gov.au prior to departure

