

# Travax<sup>®</sup> Provider Health Report

JOAN and BOB ASARNOW  
Travel to Tanzania

## Itinerary

Round trip: United States → Tanzania → 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:** cholera, hepatitis A, hepatitis B, influenza, rabies, typhoid fever, yellow fever
- **Malaria**
- **Other Diseases:** African trypanosomiasis, chikungunya, dengue, schistosomiasis, traveler's diarrhea, tuberculosis

## Yellow Fever

### Requirement Information (for entry)

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

**NO.** An official certificate showing vaccination within 10 years 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	
TANZANIA	No	Country with Transm. Risk	1 yr. and older	2

**Note 2:** Direct air transit stops in a "Required if Coming From" country may impact the yellow fever requirement. Please refer to the Individual Country Requirements information presented below to review this country's requirement and determine whether qualifying transit stops should be added to the itinerary in Report Builder.

#### Individual Country Requirements

- **Tanzania**
  - A vaccination certificate is required for travelers over 1 year of age coming from countries with risk of YF transmission.  
*Note:* This applies to airport layovers > 12 hours in such 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

- **Tanzania**

- Vaccination is 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 conducted over 40 years ago that demonstrated very low rates of possible exposure.

## Other Immunization Recommendations

- **Hepatitis A**

- **Tanzania**

- *Recommended for:* all travelers.

- **Typhoid fever**

- **Tanzania**

- *Recommended for:* all travelers.

- **Hepatitis B**

- **Tanzania**

- *Recommended for:* prolonged stays; frequent short stays in this or other high risk countries; adventure travelers; the possibility of acupuncture, dental work, or tattooing; all health care workers; the possibility of a new sexual partner during the stay; injection drug users; and travelers with high potential to seek medical care in local facilities. Consider for short stays in travelers desiring maximum pre-travel preparation. Increased awareness is recommended regarding safe sex and body fluid/blood precautions.

- **Rabies**

- **Tanzania**

- Risk exists in most of the country and is highest in the northeastern regions of Arusha, Kilimanjaro, Manyara, and Tanga. Risk is minimal in the Lindi and Mtwara regions and on Zanzibar Island. *Recommended for:* Prolonged stays: all travelers with a priority for young children and rural travel. Shorter stays: occupational exposure; locations more than 24 hours' travel from a reliable source of human rabies immune globulin and rabies vaccine for postexposure treatment; adventure travelers, hikers, cave explorers, and backpackers; and all travelers involved in any activity that might bring them into direct contact with bats. Consider for risk-averse travelers desiring maximum pre-travel preparation. Dog and bat bites or scratches should be taken seriously and postexposure prophylaxis sought even in those already immunized.

- **Cholera**

- **Tanzania**

- Risk exists throughout the country. *Recommended for:* aid and refugee workers. Cholera vaccine (Dukoral) is available in Canada and many European countries, but not in the U.S. Strict food and beverage precautions and hygiene measures are advised for travel to risk areas.

- **Influenza**

- **Tanzania**

- Risk exists throughout the year in the tropics. *Recommended for:* all travelers due to demonstrated influenza risk in this group. Immunity may have declined in those vaccinated > 6 months earlier; consider an additional dose using the most recently available vaccine formulation. Consider oseltamivir as standby therapy, especially for those who are at high risk for complications from influenza.

- **Polio**

- **Tanzania**

- Adult polio boosters are not recommended for travel to this country.

- **Routine vaccinations (adults only)**

- **Tetanus, diphtheria, pertussis**

- **Tanzania**

- 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 interval since the last tetanus dose.

- **Measles, mumps, rubella**

- **Tanzania**

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

- **Varicella**

- **Tanzania**

- Indicated for all persons born outside the U.S. or born in the U.S. after 1979, except not indicated for persons with an adequate vaccination history (2 lifetime doses), reliable evidence of previous infection, or laboratory confirmation of immunity.

- **Pneumococcal**

- **Tanzania**

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

## Malaria

### Malaria Information

- **Tanzania**

- **General malaria information:** predominantly *P. falciparum*. Transmission occurs throughout the year and is highest during the rainy season from November through May. Highland areas in the far west of the country are subject to infrequent epidemics.
- **Location-specific recommendations:**
  - *Chemoprophylaxis is recommended for all travelers:* altitudes below 1,800 m (5,900 ft) (see map); all cities and towns within these areas.
  - *Chemoprophylaxis is recommended for certain travelers (see Issues to Consider inset):* altitudes above 1,800 m in the far west of the country (see map); all cities and towns within these areas.
  - *No preventive measures are necessary (no evidence of transmission exists):* altitudes above 1,800 m in all other areas not mentioned above (see map).

### 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.

- **Tanzania**

- **Preventive measures:** Evening and nighttime insect precautions are essential in areas with any level of transmission. Atovaquone/proguanil (Malarone or generic), doxycycline, and mefloquine are protective in this country.

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#### Issues for Medical Providers to Consider

##### ***Factors favoring chemoprophylaxis***

- ◆ 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

##### ***Factors against chemoprophylaxis***

- ◆ Air-conditioned hotels only
- ◆ Urban areas only
- ◆ Non-transmission season
- ◆ Minimal nighttime exposure
- ◆ Travel shorter than 3 days

See the *Technical Explanation of Malaria Mapping* document for more information.

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# Provider Summary by Country

## TANZANIA

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### General Information

Tanzania is a developing nation in the lowest 25% of the world's economies. Located in eastern Africa, its climate varies from tropical along the coast to temperate in the highlands.

### Traveler's Diarrhea

- High risk exists throughout the country, including in deluxe accommodations in major cities. Food and beverage precautions are essential to reduce the likelihood of illness.
- Travelers should carry loperamide and/or a quinolone antibiotic for presumptive self-treatment of diarrhea if it occurs.

### Other Concerns

- **Sexually Transmitted Infections:** HIV/AIDS is estimated to be present in 5% of the adult population putting this country in the top tier of all countries. In addition, 31% of sex workers in the capital city are estimated to be HIV positive. Travelers should clearly understand STI concepts and risks for HIV transmission.
- **Tuberculosis:** This disease is common in all developing countries. However, this country has an incidence of over 100 cases per 100,000 population, the highest risk category. Travelers planning to stay more than 1 month should have pre-departure PPD skin test status documented. Travelers should avoid crowded public places and public transportation whenever possible. Domestic help should be screened for TB.
- **Dengue:** Risk exists in urban and rural areas throughout the country at elevations below 2,500 m (8,200 ft), including Dar es Salaam Region and Zanzibar Island. Daytime insect precautions are recommended.
- **Chikungunya:** Risk exists throughout the country, especially in Kilimanjaro Region. Daytime insect precautions are recommended.
- **African Trypanosomiasis:** Risk exists in western regions of Kigoma (including Moyowosi Game Reserve), Tabora (including Ugalla River Forest Reserve), Rukwa (including Luafi Game Reserve and Katavi National Park), and northern national parks (Serengeti, Ngorongoro, Tarangire). Conventional insect repellents (DEET and permethrin) are ineffective. Wearing of light-colored (not blue), heavyweight clothing is recommended.
- **Altitude Illness:** Chemoprophylaxis with acetazolamide should be considered for travelers anticipating rapid ascent to sleeping altitudes above 2,800 m (9,200 ft). Climbers summiting Mount Kilimanjaro reach an elevation of 5,895 m (19,300 ft). Itineraries often summit on the fifth day, which many trekkers do not tolerate.
- **Schistosomiasis:** Significant risk exists throughout the country including Zanzibar Island. Risk is highest in the areas surrounding Victoria, Malawi, and Tanganyika lakes and the northeastern regions bordering the Indian Ocean. Travelers should avoid freshwater exposure.
- **Marine Hazards:** Jellyfish, coral, and sea urchins present risk.
- **Security**
  - *Important Issues:* Banditry is a problem in national parks and border areas with Rwanda, Burundi, and Democratic Republic of the Congo. Violent crime occurs throughout the country. Travelers should exercise extraordinary vigilance and strict adherence to personal security strategies at all times.

### Medical Care

- Medical care is substandard throughout the country. Adequate private medical care for minor-care situations is available in Dar es Salaam. Adequate evacuation coverage for all travelers is a high priority. In the event of a serious medical condition, medical evacuation to Nairobi or Johannesburg/Pretoria is likely to be necessary. Shortages of routine medications and supplies may be encountered.
- In an emergency, dial 112 for police.
- There is no clear information as to payment practices or whether credit cards are accepted for medical care.