



Ethiopia

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 and 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.

As well, some vaccines eg rabies and tuberculosis are very much influenced by local disease risk. Specific face-to face advice is particularly important when recommending antimalarial medications and 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 and nursing staff at Travel Doctor -TMVC are trained in international public health issues with a focus on immunisations and preventive medicine. Many have travelled extensively and 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 Ethiopia

Ethiopia is an emerging holiday destination and ideal for the discerning traveller looking for a unique travel experience.

Two distinct travel experiences can be enjoyed. Firstly the highlands include the capital Addis Ababa- the third highest capital in the world, spectacular treks through the Simien highlands, 12th century subterranean rock churches at Lalibela, and the ancient capital of Gondor. Lowland highlights include the Rift Valley lakes in the south complete with abundant wildlife including hippos, crocodiles and hundreds of bird species, and a range of diverse landscapes ranging from tropical jungle to arid plains

Pre-travel preparation will help protect your health while you are away. To assist you in recognising and understanding some of the major travel health risks you may face while holidaying in Ethiopia, the Travel Doctor-TMVC has prepared a summary of some of these issues in the following pages.

The table below provides a brief description of some of the major travel health issues and vaccinations that should be considered for travel to Ethiopia.

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 and Diphtheria should be checked and others like Hepatitis A and Typhoid considered according to the criteria mentioned previously.

Major Travel Health Issues & Considerations for Ethiopia

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 Ethiopia.
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 and travel may be a good reason for vaccination.
Yellow Fever	This deadly disease is spread by mosquitoes and prevented by Yellow Fever vaccination. Ethiopia is in the WHO yellow fever endemic zone and vaccination is highly recommended.
Typhoid	Typhoid Fever is caused by a bacteria found in contaminated food & water. It is endemic in the developing world and vaccination is recommended for travellers to areas where environmental sanitation and 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 and occasionally of the skin. It is found world wide and is transmitted from person-to-person by coughing and sneezing. Pertussis(Whooping cough) is a highly infectious respiratory infection responsible for 300,000 deaths annually, mainly in children. Diphtheria and 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 and pertussis booster.



Measles, Mumps & Rubella	Childhood immunisation coverage in many developing countries is not very 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 and rubella). Those born prior to 1966 are most likely to have long term immunity from previous exposure as a child.
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 and commuter transport is common and exposure may ruin a much needed break. In fact, influenza is likely to be the most common vaccine preventable disease faced by travellers.
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 and if one cannot elicit a history of having had the illness a test can show whether at risk.
Poliomyelitis	All travellers to Ethiopia should be up to date with vaccination against polio. Poliomyelitis is a viral infection that can lead to paralysis and 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 still found, such as Ethiopia.
Malaria	Malaria is transmitted by a night biting mosquito. It is present in all areas of Ethiopia below 2000 m. There is no malaria in Addis Ababa. 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 and 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.
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 is suggested for visitors to Ethiopia during the meningococcal season from November to May each year.
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 and 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 and other animals may also transmit the disease. Pre-exposure vaccination is recommended for extended travel and those who work with, or are likely to come in contact with animals.
Rift Valley Fever	This is a mosquito borne disease of livestock which sporadically causes disease amongst humans in Ethiopia. The risk to tourists is low, but standard insect avoidance principles should be followed.
Cholera	Cholera is a severe, infectious diarrhoeal disease caused by 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 and a traveller's medical kit containing appropriate therapy can rapidly improve the symptoms.

Malaria is a risk factor in Ethiopia. Malaria prevention options should be discussed with a travel medicine specialist prior to departure.

Schistosomiasis can be contracted swimming in fresh water lakes and rivers in Ethiopia.

Altitude sickness can be a problem for those travellers engaging in activities above 2500 metres. This can certainly be a problem during highland treks. Preventative measures including the use of acetazolamide should be discussed with an experienced travel doctor.

smartraveller.gov.au
A must see destination.

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



medibank
HEALTH SOLUTIONS

Travel Health Fact Sheet **Ethiopia**
Copyright © The Travel Doctor-TMVC Pty Ltd 2010

Clinics Australia Wide. To find your nearest clinic call
1300 658 844 or visit www.traveldoctor.com.au