

MOZAMBIQUE TRAVEL HEALTH ADVICE

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Immunizations

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Required Vaccinations

Yellow Fever

A Yellow Fever vaccination certificate is only required for travellers coming from a country with risk of Yellow Fever transmission. The vaccination requirement is imposed by this country for protection against Yellow Fever since the principal mosquito vector *Aedes aegypti* is present in its territory. A Yellow Fever certificate is valid for 10 years beginning 10 days after vaccination.

Risk of Yellow Fever transmission exists in these countries:

AFRICA - Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Republic of the Congo, Democratic Republic of the Congo, Côte d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Sudan, Togo, Uganda.

AMERICAS - Argentina, Bolivia, Brazil, Colombia, Ecuador, French Guiana, Guyana, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Venezuela.

Note: A vaccination certificate is required for children over one year of age.

If your medical practitioner has advised you against the Yellow Fever vaccine for medical reasons, a vaccination waiver should be issued. Be aware that problems may arise when crossing borders and your vaccination waiver may not be honoured.

Important! In May 2013, the World Health Organization announced that a Yellow Fever booster dose is no longer needed after 10 years if you've already been vaccinated, since it affords life-long protection. However, you may still be required to show proof of a valid Yellow Fever vaccination certificate at the border – the vaccine must be administered at least 10 days before travel and no longer than 10 years ago. Please check this page for any updates or changes to

this recommendation.

- [Sample Yellow Fever Vaccination Certificate](#)
- [Sample Yellow Fever Vaccination Waiver](#)

>> [Yellow Fever symptoms, prevention, and vaccine contraindications.](#)

Recommended Vaccinations

Routine Immunizations

Your trip is a good occasion for a reminder to keep your routine immunizations updated; more than 80% of adults in developed countries have not maintained their immunization status. The following vaccinations are recommended for your protection and to prevent the spread of infectious diseases.

Tetanus, Diphtheria, Pertussis, Measles, Mumps, Rubella, Polio should be reviewed and updated if necessary. *Note: Many of these vaccine preventable illnesses are making a resurgence due to non-vaccination, incomplete vaccination, and waning immunity. It is important to keep your routine immunization up-to-date.*

Seasonal influenza vaccination is recommended for all travellers over 6 months of age, especially for children, pregnant women, persons over 65, and those with chronic health conditions such as asthma, diabetes, lung disease, heart disease, immune-suppressive disorders, and organ transplant recipients. *Note: In the northern hemisphere the flu season typically runs from November to April and from April to October in the southern hemisphere. If the flu vaccine is not available at the time of departure, contact your doctor or travel health clinic regarding influenza anti-viral protection.*

Pneumococcal vaccine is recommended for persons over the age of 65 and persons of any age suffering from cardiovascular disease, diabetes, renal disorders, liver diseases, sickle cell disease, asplenia, or immuno-suppressive disorders.

Hepatitis A

The Hepatitis A virus (HAV) is primarily transmitted from person to person via the fecal-oral route and through contaminated water and food - such as shellfish, and uncooked vegetables or fruit prepared by infected food handlers.

Risk: The virus is present worldwide, but the level of prevalence depends on local sanitary conditions. HAV circulates widely in populations living in areas with poor hygiene infrastructure. In these areas, persons usually acquire the virus during childhood when the illness is asymptomatic (but still infective to others) or mild, and end up developing full immunity. Large

outbreaks in these countries are rare. In contrast, a large number of non-immune persons are found in highly industrialized countries where community wide outbreaks can occur when proper food handling or good sanitation practices are not maintained including in daycare centres, prisons, or mass gatherings.

Symptoms: In many cases, the infection is asymptomatic (persons do not exhibit symptoms). Those with symptoms will usually get ill between 15 to 50 days after becoming infected. Symptoms include malaise, sudden onset of fever, nausea, abdominal pain, and jaundice after a few days. The illness can range from mild to severe lasting from one to two weeks or for several months. Severe cases can be fatal especially in older persons. Most infections are asymptomatic in children under six years of age, but infants and children can continue to shed the virus for up to six months after being infected, spreading the infection to others. Many countries are now including vaccination against Hepatitis A in their childhood vaccination schedules.

Prevention: Practice good personal hygiene, including washing your hands frequently and thoroughly, drink boiled or bottled water, eat well cooked foods, and peel your own fruits.

All non-immune persons, especially travellers, should be vaccinated. Two vaccines are available for persons over one year of age. Two doses are needed for full protection (the second dose is given 6 to 12 months after the first dose (HAVRIX) or 6 to 18 months after the first dose (VAQTA). TWINRIX is a combined vaccine against Hepatitis A and B. It is available for persons over 18 years of age. Three doses are needed for full protection. The second dose is given 1 month after the first, and the third 6 months later. For an accelerated schedule four doses are needed at 0, 7, 21, 31 days and the last dose 12 months later.

Typhoid Fever

Typhoid Fever is a gastro-intestinal infection caused by *Salmonella enterica typhi* bacteria. It is transmitted from person to person – humans being the only reservoir – via the fecal-oral route where an infected or asymptomatic individual (does not exhibit symptoms) with poor hand or body hygiene passes the infection to another person when handling food and water. The bacteria multiply in the intestinal tract and can spread to the bloodstream. Paratyphoid fever, a similar illness, is caused by *Salmonella enterica paratyphi A, B, and C*. The infection is endemic in many Southeast Asian countries as well as in Central and South America, the Caribbean, and Africa where there is poor water and sewage sanitation. Floods in these regions can also quickly spread the bacteria.

Risk: All travellers going to Typhoid Fever endemic areas are at risk, especially long term travellers, adventure travellers, and those visiting friends or relatives in areas of poor sanitation. Note that original infection does not provide immunity to subsequent infections.

Symptoms: Usually appear 1 to 3 weeks after exposure. Depending on the virulence of the infection symptoms can be mild or severe. The illness is characterized by extreme fatigue and

increasing fever. Other symptoms include headache, lack of appetite, malaise, and an enlarged liver. Sometimes patients have diarrhea, constipation, or a rash on their trunk. Severe symptoms may appear 2 to 3 weeks later and may include intestinal hemorrhage or perforation. Some people who recover from Typhoid or Paratyphoid Fever continue to be carriers of the bacteria and can potentially infect others. Treatment includes antibiotics and supportive care of symptoms. Unfortunately, *S. typhi* resistance to antibiotics is increasing worldwide.

Prevention: Wash your hands frequently and thoroughly, and practice proper body hygiene. Drink purified water (boiled or untampered bottled water) and only eat well cooked foods. Use the mantra *Boil it, Cook it, Peel it, or Forget it!*

Vaccination against Typhoid Fever is recommended for travellers going to endemic areas. There are two types of vaccines available; the oral live attenuated vaccine (booster every 5 years) and the intramuscular vaccine (booster needed every 2 years). Check with your healthcare provider for the best option which may include the combined Hepatitis A and Typhoid Fever vaccine.

Selective Vaccinations

Cholera

Cholera is an acute gastro-intestinal infection caused by *vibrio cholerae* bacteria. Risk of infection to travellers is low and vaccination is advised only for medical and rescue personnel working in endemic areas.

The best protection is to avoid potentially contaminated water and food. See IAMAT's [24 World Climate and Food Safety Charts](#) describing the sanitary condition of water, dairy products, and food in 1440 cities. Meticulous food and water hygiene are essential when travelling in endemic areas.

Persons living and working in inadequate sanitary conditions and those with impaired defence mechanisms (deficient production of gastric acid due to surgery for duodenal or gastric ulcers), persons on antacid therapy, and users of cannabis (smoking marijuana reduces acid secretion of the stomach) are more susceptible to cholera infection. The World Health Organization announced in 1991 that Cholera vaccination certificates are no longer required by any country or territory.

Hepatitis B

The Hepatitis B virus (HBV) can cause acute and chronic liver infections. It is transmitted through infected blood products, unprotected sex, infected items such as needles, razor blades, dental or medical equipment, unscreened blood transfusions, or from mother to child at birth.

Risk: The virus is present worldwide, but some populations in sub-Saharan Africa, Southeast Asia, Eastern Europe, and the Middle East, as well as indigenous communities are chronic

Hepatitis B carriers. Travellers getting tattoos or piercing abroad, using drugs intravenously, sharing needles and razor blades, undergoing dental or medical procedures, or having unprotected sex are at risk.

Symptoms: In many cases, the infection is asymptomatic (persons do not exhibit symptoms). Those with symptoms will usually get ill between 30 days and 6 months after becoming infected. Symptoms include fatigue, malaise, nausea, abdominal pain, dark urine, and jaundice. The illness can last several weeks and some adults can become chronic carriers after being infected. Hepatitis B can cause chronic liver infections, cirrhosis of the liver, or liver cancer. Most infections are asymptomatic in children under five years of age but they can become chronic carriers. Many countries are now including vaccination against Hepatitis B in their childhood vaccination schedules. Treatment includes supportive care of symptoms. Some cases of chronic Hepatitis B can be treated with antiretroviral drugs.

Prevention: Avoid getting new piercings or tattoos on your trip and do not share needles or razor blades. If you need medical or dental care abroad, ensure that it is done by a reputable facility. Always practice safe sex.

Vaccination is recommended for travellers on working assignments in the health care field such as physicians, nurses, laboratory technicians, dentists, or for those working in close contact with the local population such as teachers, aid workers, and missionaries.

Immunization against Hepatitis B consists of three doses. The second dose is given 1 month after the first and the third dose 6 months later (ENGERIX B or RECOMBIVAX). The ENGERIX B vaccine can be given in a 4 dose accelerated schedule at 0, 1, 2 months followed by the last dose after 12 months of the first dose. TWINRIX is a vaccine against Hepatitis A and B. It is available for persons over 18 years of age. Three doses are needed for full protection. The second dose is given 1 month after the first, and the third 6 months later. For an accelerated schedule four doses are needed at 0, 7, 21, 31 days and the last dose 12 months later.

Rabies

Rabies is a viral infection caused by viruses belonging to the *Lyssavirus* genus. It is a zoonosis (an animal disease that can spread to humans) transmitted through the saliva of infected mammals bites. The infection primarily circulates among domestic and wild animals such as dogs, foxes, bats, raccoons, and skunks, although all mammals are at risk. The virus attacks the Central Nervous System targeting the brain and the spinal cord, and may be fatal.

Risk: Rabies is present on all continents except Antarctica. The majority of human infections occur in Asia and Africa. Travellers coming into close contact with domestic animals or wildlife on ecotourism trips, or those undertaking outdoor activities like cave exploring, camping, trekking, and visiting farms or rural areas are at higher risk. Rabies is also an occupational hazard for veterinarians and wildlife researchers. Children are especially vulnerable since they may not

report scratches or bites. They should be cautioned not to pet dogs, cats, monkeys, or other mammals. Any animal bite or scratch must be washed repeatedly with copious amounts of soap and water. Seek medical attention immediately.

Symptoms: Usually appear 1 to 3 months, although they can appear as early as a few days after being infected. The illness is characterized by fever and pain or a tingling sensation at the wound site. As a result of inflammation to the brain and spinal cord, some patients present with anxiety, hyperactivity, convulsions, delirium, and have a fear of swallowing or drinking liquids, as well as a fear of moving air or drafts. In other patients, muscles become paralysed followed by a coma. Once symptoms are present, most patients die within 1 or 2 weeks.

Prevention: Avoid contact with feral animals or wildlife. Try to anticipate an animal's actions and always be careful not to make sudden moves or surprise them. If you've been bitten by a mammal, wash the wounds with soap and water and seek medical attention immediately.

A series of 3 pre-exposure rabies vaccination shots is advised for persons planning an extended stay or on working assignments in remote and rural areas, particularly in Africa, Asia, Central and South America. The pre-exposure series simplifies medical care if the person has been bitten by a rabid animal and gives you enough time to travel back from a remote area to seek medical attention. Although this provides adequate initial protection, you will require 2 additional post-exposure doses if you are exposed to rabies. The preferred vaccines for rabies pre-exposure vaccination and post-exposure therapy are HDCV (Human Diploid Cell Rabies vaccine) and PCEC (Purified Chick Embryo Cell vaccine). These two vaccines are interchangeable.

Travellers who have not received the pre-exposure shots need 4 injections (those with compromised immune systems need 5 injections) and the Human Rabies Immune Globulin (HRIG) which is calculated as 20 IU (International Units) per kilo of body weight. HRIG is injected intramuscularly at the site of the bite. In some countries purified Equine Rabies Immune Globulin (ERIG) is used for post-exposure therapy when HRIG is not available. Note that HRIG is in short supply worldwide and may not be available in remote areas.

The recommendations for vaccinations outlined above are intended as guidelines only. Your immunization needs depend on your health status, previous immunizations received, and your travel itinerary. Seek further advice from your doctor or travel health clinic.