



MOZAMBIQUE

ABOUT MOZAMBIQUE VACCINATIONS

Located on the southeastern coast of Africa, Mozambique is bordered by the Indian Ocean, Tanzania, Malawi, Zambia, Zimbabwe, South Africa and Swaziland. Despite its tropical maritime climate, drought is common in many areas of Mozambique, particularly south of the Zambezi River. Only north central and northwestern Mozambique generally maintains a favorable moisture balance. There is a distinct rainy season from about October to April, and the dry season usually lasts from April to September. Mean annual precipitation ranges from 142cm on the northwestern highlands to 20-30 inches in the southeastern lowlands. The country's altitude moderates the temperatures in the higher zones along the western border, bringing chillier nights and cooler winter months. The average January temperatures in the lowlands are 26-30°C and average July temperatures are 15-20°C. In the highlands, average temperatures are 22-25C in January and 11-15°C in July.

OVERALL RISK

High Risk - Preventable disease is much more common than in Australia. Consult a Travelvax clinic for your specific risk.

MALARIA RISK

Malaria is present throughout country. Anti-malarial medications recommended. Type of malaria tablets will vary according to itinerary, length of stay and needs to be discussed with a medical practitioner.

VACCINE PREVENTABLE DISEASES

YELLOW FEVER

Country requirement at entry: a yellow fever vaccination certificate is required for travellers aged 1 year or over arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.

No vaccination certificate is required for direct travel from Australia or New Zealand.

COVID-19

For the most up to date requirements for entry into Australia, go to [Smartraveller](#).

Please click this [COVID-19 Travel Regulations Map](#) (IATA) to view the latest Mozambique COVID travel requirements.

HEPATITIS A

Risk of Hepatitis A infection is high for all travellers, vaccination recommended.

HEPATITIS B

High presence of Hepatitis B in local population. Vaccination would be recommended. Consult a medical practitioner for your specific risk.

TYPHOID

Moderate risk for most travellers. Vaccination recommended for travel to smaller cities, villages and rural areas outside usual tourist routes. Some medical conditions pre-dispose to infection; whether vaccinations would be recommended should be discussed with a medical practitioner. Consult a medical practitioner for your specific risk.

INFLUENZA

Year round risk present. Most common vaccine preventable illness in travellers. Vaccine recommended, effective for 1 year.

RABIES

Disease present. Recommendation for vaccination will depend on specific itinerary and activities planned. Generally rabies vaccination is advised for high risk individuals such as veterinarians or animal handlers, cavers. Additionally for higher risk travellers who plan: extended periods outdoors, rural travel, adventurous activities including bicycling; also expats or long-term travellers to endemic regions and children (risk of more severe or risk-prone bites and may not report contact at all).

JAPANESE ENCEPHALITIS

No risk to travellers.

POLIO

Disease present. Recommendation for vaccination will depend on specific itinerary and activities planned. The risk to travellers is generally low, however vaccination is recommended for travel to affected regions and is a [requirement for travel](#) to/from some countries. If at risk, adults should have a booster to the childhood series.

Additional information:

Following the detection of **vaccine-derived poliovirus**, the recommendation of the WHO is to:

- 'Ensure that all residents and long-term visitors (i.e. > four weeks) of all ages, receive a dose of bivalent oral poliovirus vaccine (bOPV) or inactivated poliovirus vaccine (IPV) between four weeks and 12 months prior to international travel.
- Ensure that those undertaking urgent travel (i.e. within four weeks), who have not received a dose of bOPV or IPV in the previous four weeks to 12 months, receive a dose of polio vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travelers.
- Ensure that such travelers are provided with an International Certificate of Vaccination or Prophylaxis in the form specified in Annex 6 of the IHR to record their polio vaccination and serve as proof of vaccination.
- Restrict at the point of departure the international travel of any resident lacking documentation of appropriate polio vaccination. These recommendations apply to international travelers from all points of departure, irrespective of the means of conveyance (e.g. road, air, sea).' [Read more](#)

TICKBORNE ENCEPHALITIS

No risk to travellers.

MENINGOCOCCAL MENINGITIS

Low risk to travellers.

CHOLERA

Disease is present, however the risk is low for the majority of travellers. Peace corp, volunteers, refugee workers etc need to consider vaccination. All travellers should take food and water precautions. Consult a medical practitioner for your specific risk.

OTHER DISEASES

TRAVELLERS DIARRHOEA

High risk. Travellers' Diarrhoea affects 20-60% of overseas travellers, food and water precautions are essential. Self-treatment medications may be recommended.

INSECT-BORNE DISEASES

Diseases such as [Dengue](#), [Chikungunya](#), [Zika](#) may be present. Seasonal risk will vary by country. Whether preventive measures will be recommended will depend on itinerary, length of stay, type of travel etc. and needs to be discussed with a medical practitioner. For those countries with disease present, risk is highest in urban and semi-urban areas, but may also occur in rural areas; [insect avoidance measures](#) are highly recommended all year round. Travelvax believes that the best defence is to understand their habits, dress properly and use an [effective insect repellent](#) in the correct manner. Consult a medical practitioner for your specific risk.

SCHISTOSOMIASIS

Swimming or bathing in freshwater is the main cause of infection. Avoid freshwater contact if you are unsure of origin.

STIs

Sexually transmitted and blood-borne diseases occur. The risk to travellers can be greatly reduced by practising safe sex with any new partner. All travellers should carry condoms. Blood borne diseases (HIV, Hepatitis B & C) can be spread by blood transfusion, tattooing, body piercing or non-sterile needles. Travellers in high risk groups should carry sterile needles (see also Medical Care).

ALTITUDE

Altitude illness is a risk to travellers ascending higher than 2000 meters. Preventative medication is available. Consult a medical practitioner if ascending to 2000 metres or above.

ADDITIONAL INFORMATION

PERSONAL SAFETY

In order to check before and during travel for any high-risk areas visit the Smartraveller website. Avoid unnecessary displays of wealth or valuables and minimise the amounts of cash carried. Keep secure records of passport/credit card/licence numbers. For more safety tips visit: www.smartraveller.gov.au.

MEDICAL CARE

Comprehensive medical facilities available only in the major population centres and/or specific private clinics. Sterile surgical products (syringes/needles/sutures) are not always available. Check for any contacts supplied by your emergency assistance organisation (nominated by your travel insurer) or with IAMAT (International Association of Medical Assistance for Travellers).

FIRST AID KITS & ACCESSORIES

Always carry an [advanced first aid kit](#), including needles and syringes (shortages of sterile equipment are common). A prescription kit (containing treatments for travellers' diarrhoea) is essential. A [mosquito net](#) and [insect repellent](#) (containing DEET, Citriodiol or Picaridin) are highly recommended, even if anti-malarials are taken.

**More information on Mozambique is available during your pre-travel consultation with Travelvax.
Call 1300 360 164 for the location of the clinic nearest to you.**