



## ERITREA

### ABOUT ERITREA VACCINATIONS

Eritrea, part of the Horn of Africa, borders the Red Sea on the northeast and Ethiopia on the south. The climate in Eritrea varies greatly, depending on the region. While at sea level there is an annual average temperature of 30°C and an annual rainfall of 20 cm, at an elevation of 2,325 m there is an average annual temperature of 17°C and an annual rainfall of 51 cm.

#### 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

Disease is present. A yellow fever vaccination certificate is required for travellers aged 9 months or over arriving from countries with risk of yellow fever transmission.

Vaccination generally not recommended for travellers going to the following states: Anseba, Debub, Gash Barka, Mae Kel and Semenawi Keih Bahri.

Vaccination not recommended for all other areas not listed above, including the islands of the Dahlak Archipelago.

(1) Yellow fever vaccination is generally not recommended in areas where there is low potential for exposure to yellow fever virus. However, vaccination might be considered for a small subset of travellers to these areas, who are at increased risk of exposure to yellow fever virus (e.g. prolonged travel, extensive exposure to mosquitoes, inability to avoid mosquito bites). When considering vaccination, any traveller must take into account the risk of being infected with yellow fever virus, country entry requirements, as well as individual risk factors (e.g. age, immune status) for serious vaccine-associated adverse events.

Travellers arriving in Australia within 6 days of leaving this country require proof of vaccination.

*Travelvax note:* We advise that this information is discussed with a yellow licenced practitioner.

#### 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 Eritrea COVID travel requirements.

## HEPATITIS A

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

## HEPATITIS B

Moderate presence of Hepatitis B in local population. Vaccination would be recommended.

## 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.

Following the detection of **vaccine-derived poliovirus (VDPV)**, it is recommended to ensure polio vaccinations are up to date - see below. [Temporary recommendations](#) regarding polio vaccination, which are updated regularly by the WHO, advise that affected states:

**States with local transmission of cVDPV2, with risk of international spread should** in addition to the above measures:

- Encourage residents and long-term visitors to receive a dose of IPV four weeks to 12 months prior to international travel.
- Ensure that travelers who receive such vaccination have access to an appropriate document to record their polio vaccination status.

## TICKBORNE ENCEPHALITIS

No risk to travellers.

## MENINGOCOCCAL MENINGITIS

Sporadic outbreaks of the disease occur. Most travellers are at low risk. Consult a medical practitioner for your specific risk. Vaccination is recommended for all travellers who have a non-functioning spleen.

## CHOLERA

No risk to travellers.

## 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](http://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 Eritrea is available during your pre-travel consultation with Travelvax.  
Call 1300 360 164 for the location of the clinic nearest to you.**