



## ETHIOPIA

### ABOUT ETHIOPIA VACCINATIONS

The Federal Democratic Republic of Ethiopia, located in East Africa, is comprised of 11 semi-autonomous administrative regions organised loosely along major ethnic lines. It lies entirely within the tropics. Addis Ababa has two primary seasons: a dry season from October to February and a rainy season the rest of the year.

#### 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 from travellers aged 9 months or older arriving from countries with risk of yellow fever transmission and for travellers having transited more than 12 hours through the airport of a country with risk of yellow fever transmission.

Vaccination is recommended for all travellers aged 9 months or over, except as mentioned below.

Generally not recommended<sup>(1)</sup> for travellers whose itineraries are limited to the Afar and Somali provinces.

<sup>(1)</sup> 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 fever licenced practitioner.

#### 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.

Additional information:

Following the detection of **vaccine-derived poliovirus**, 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:

- Encourage residents and long-term visitors to receive a dose of IPV four weeks to 12 months prior to international travel? those undertaking urgent travel (i.e. within four weeks) should be encouraged to receive a dose at least by the time of departure.
- 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

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

No risk to travellers.

### STIs

Low incidence of sexually transmitted and blood-borne diseases. Safe sex and needle precautions should be followed by all travellers.

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