

Tanzania immunisations

- **Cholera spread** through consumption of contaminated water and food. More common during floods and after natural disasters, in areas with very poor sanitation and lack of clean drinking water. It would be unusual for travelers to contract cholera if they take basic precautions with food and water and maintain a good standard of hygiene.
Consider.
- **Diphtheria** spread person to person through respiratory droplets. Risk is higher if mixing with locals in poor, overcrowded living conditions. **Recommended.**
- **Hepatitis A** spread through consuming contaminated food and water or person to person through the faecal-oral route. Risk is higher where personal hygiene and sanitation are poor. **Recommended.**
- **Hepatitis B** spread through infected blood and blood products, contaminated needles and medical instruments and sexual intercourse. Risk is higher for those at occupational risk, long stays or frequent travel, children (exposed through cuts and scratches) and individuals who may need, or request, surgical procedures abroad.
Consider.
- **Rabies** spread through the saliva of an infected animal, usually through a bite, scratch or lick on broken skin. Particularly dogs and related species, but also bats. Risk is higher for those going to remote areas; however, we will never be more than 24 hours away from medical help. Even when pre-exposure vaccine has been received, urgent medical advice should be sought after any animal or bat bite. **Consider.**
- **Tetanus** spread through contamination of cuts, burns and wounds with tetanus spores. Spores are found in soil worldwide. A total of 5 doses of tetanus vaccine are recommended for life in the UK. Boosters are usually recommended in a country or situation where the correct treatment of an injury may not be readily available.
Recommended.
- **Typhoid** spread mainly through consumption of contaminated food and drink. Risk is higher where access to adequate sanitation and safe water is limited. **Recommended.**
- **Yellow Fever** spread by the bite of an infected, day-biting mosquito. The disease is mainly found in rural areas but outbreaks in urban areas do occur. **Consider.**
- **Malaria** precautions are essential in all areas below 1800m, all year round.
Recommended.
- Avoid mosquito bites by covering up with clothing such as long sleeves and long trousers especially after sunset, using insect repellents on exposed skin and, when necessary, sleeping under a mosquito net.
- Check with your doctor or nurse about suitable antimalarial tablets. Atovaquone/proguanil (Malarone) OR doxycycline OR mefloquine (Lariam) is usually recommended.
- If you have been travelling in a malaria area and develop a fever, seek medical attention promptly. Remember malaria can develop even up to one year after exposure.



- If travelling to high-risk malaria areas, remote from medical facilities, carrying emergency malaria standby treatment may be considered.

Please seek medical advice from your own doctor at least 6 months in advance