

Destination Guide for South Africa

Overview

Destination Risk Levels

- Low Medical Risk for South Africa
- Medium Travel Risk for South Africa
- High Travel Risk for City of Johannesburg (Gauteng province), eThekweni (KwaZulu-Natal province) metropolitan municipalities; High-density, low-income urban areas

City of Johannesburg (Gauteng province) and eThekweni (KwaZulu-Natal province) metropolitan municipalities: HIGH
Crime rates in the City of Johannesburg and eThekweni municipalities are comparatively higher than in most of the rest of the country. Common crimes include armed robbery, sexual violence and opportunistic street crime, as well as residential robberies, kidnapping and vehicle theft in the case of the City of Johannesburg. Social and political unrest and violence are also more common in both locations. Such activity includes a greater number of community grievance and political protests, and more reports of xenophobic discrimination and targeted violence. These events can pose indirect and direct risks to foreign nationals.

High-density, low-income areas: HIGH

People face a high risk of crime and other forms of violence in high-density low-income neighbourhoods and informal settlements, especially in the cities of Johannesburg, Durban and Cape Town, where violent crime, occasionally gang-related, is endemic. In Johannesburg, such locations can often be close to more affluent areas. Foreign nationals should familiarise themselves with the various areas of the city and the most practical routes. In Cape Town, the Cape Flats area, which lines the airport road, should also broadly be avoided. Nonetheless, business-critical daytime travel to such areas is possible, but requires enhanced security precautions, including heightened vigilance and the use of a local guide.

Standing Travel Advice

South Africa (MEDIUM)

- Travel to South Africa can proceed with standard security precautions.
- High crime rates pose a credible risk to foreign nationals and business travellers. Familiarise yourself with the crime risk areas of your destination prior to travel. Exercise heightened vigilance at all times, maintain a low profile and avoid sharing personal details with strangers.
- Be aware that even comparatively secure areas, including shopping malls and affluent neighbourhoods, are not immune to criminal activity.
- Muggings and crime at ATMs are common. Adopt sensible precautions, such as undertaking withdrawals only during daylight hours and preferably from machines located in shopping centres or hotels. Avoid cash withdrawals from petrol stations.
- If you plan to use credit cards, only do so in reputable establishments and exercise caution when they are being processed. As a precaution, never let your card be swiped out of your sight, and make sure your cards are with you at all times.
- Endeavour to park vehicles in secure areas and avoid unnecessary road travel after dark, even in affluent areas. After parking, physically check that your doors and boot are locked due to remote-jamming crimes. Exercise heightened vigilance when approaching your parked vehicle on foot.
- When travelling by vehicle, exercise caution at petrol stations, shopping centres, entrances to residences, traffic lights and junctions. At junctions, leave space between your car and the vehicle in front to enable you to manoeuvre away in the event of being accosted.
- Drivers should travel with valuables out of sight, keep doors locked and windows closed, and remain alert when in a stationary position or in slow-moving traffic.
- In the event of an accident or mechanical failure, drivers should continue to the nearest secure area or police station before leaving the vehicle, wherever possible.
- Plan travel bypassing protests, rallies, and strike-related activity due as a precaution. Remain abreast of volatile gatherings and plan routes avoiding affected areas due to the risk of indiscriminate violence or clashes between protesters and the security forces. Do not stop to watch or photograph gatherings.
- Respect local customs and legislation.
- Cybercrime and surveillance are relevant concerns. Minimise the number of devices brought into the country, ensure all software is up to date prior to travel and run a thorough check on devices upon your return.

- Use a Virtual Private Network (VPN) if connecting to public Wi-Fi networks. For further information on cybersecurity in South Africa, see our Communications section.

City of Johannesburg (Gauteng province) and eThekweni (KwaZulu-Natal province) metropolitan municipalities (HIGH)

- Travel requires enhanced precautions. Contact the nearest Assistance Centre for itinerary-specific advice prior to travel.
- Exercise heightened vigilance at all times and in all areas. Exercise a low profile and avoid sharing personal and travel details with strangers, including upon arrival at an airport.
- Pre-arrange a vehicle and a driver with a reputable transportation provider for the duration of travel. Travel with valuables out of sight, keep doors locked and windows closed, and remain alert when in a stationary position or in slow-moving traffic. Adopt varied routines and conduct regular check-ins with pre-identified trusted contacts.
- Select accommodation at internationally branded business-class hotels. For long-term stays, select accommodation in security complexes manned by 24/7-armed security in relatively secure neighbourhoods.
- Foreign nationals should avoid walking even to locations that are close by and during daylight hours. Instead use vehicles to travel between destinations.

High-density, low-income urban areas (HIGH)

- Travel to high-density, low-income urban areas should be for business-critical purposes only and requires enhanced security precautions.
- Travel should be conducted during the day and with a trusted local guide, preferably from the community.
- Travel 'kit light', leaving all valuables at your accommodation.
- Exercise vigilance in crowded areas and keep items close on your person.

Active Alerts (1)

● Notice | Category

Increase in measles, check vaccination status

10 July 2025 at 16:55

Location : South Africa

Category : Measles

Latest update: Outbreak ongoing. Measles infections are increasing in South Africa, particularly in Gauteng province. Measles is caused by a highly contagious virus that spreads from person-to-person via infected droplets. Outbreaks occur frequently in under-vaccinated populations. Common symptoms include fever, cough, and a characteristic rash. Measles can result in serious complications, particularly when very young children, the elderly or pregnant people are infected. Prevention is through immunisation.

Advice :

Do the following:

- Ensure you are immune to measles. Get vaccinated (unless you are in a [group that cannot be vaccinated](#)) if you haven't had measles in the past or if you haven't had two doses of measles vaccine (usually given as a combined measles-mumps-rubella vaccination 'MMR').
- Keep young infants and other people who are not immune to measles (are unable to be vaccinated), away from outbreak areas.
- If you are unsure about your immunity and may have been exposed, or if you develop symptoms, seek medical attention. Call before visiting in person, so staff can protect themselves and other patients from this very contagious virus.

Destination Guide for South Africa

Before You Travel

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required: Yes
Visa Required: No/1
Return Ticket Required: Yes

Australian

Passport Required: Yes
Visa Required: No/1
Return Ticket Required: Yes

Canadian

Passport Required: Yes
Visa Required: No/1
Return Ticket Required: Yes

USA

Passport Required: Yes
Visa Required: No/1
Return Ticket Required: Yes

Visas

1. Nationals of Australia, Canada, UK and US for stays of up to 90 days.
2. EU nationals, except nationals of Estonia, Latvia and Slovenia, do not require a visa for visits of between 30 and 90 days.

The exemption list is subject to change without notice and related details can be found [here](#).

Nationals of countries mentioned [here](#) are exempt from visa requirements. Please check the [official website](#) as visa requirements are subject to change without notice.

Applicants must submit documentation confirming the purpose and duration of visit, proof of financial means to cover their living expenses and a return or onward ticket. After entry, extensions may be sought from the Department of Home Affairs. Other nationals need to purchase visas in advance as they are not issued on arrival. Business travellers transiting South Africa to a neighbouring country (Lesotho, eSwatini, Namibia, Zimbabwe, Botswana and Mozambique) and all ordinary passport holders of Pakistan and Bangladesh who intend to transit South Africa en route to another country will require a transit visa. Business travellers transiting through OR Tambo International, Cape Town International, King Shaka and Lanseria airport are exempted from transit visas. There is biometric capturing at all ports of entry. The processing period for visas and transit visas is ten calendar days.

Procedures

Customs procedures for foreign business visitors are negligible. Personal effects are allowed in duty-free. Airport staff are generally polite and efficient. Business travellers should always ask for a value added tax (VAT) receipt (separate from normal sale receipts) when they purchase goods. VAT on purchases other than food, accommodation and travel is refundable at international airports, but the process does not happen automatically.

VAT officials may ask to inspect the goods and the VAT receipts. Banker's drafts are then issued for the VAT amount. VAT procedures take a considerable amount of time; business travellers should ensure that they get to the airport, check in and clear customs formalities early enough to have sufficient time to process VAT receipts. Business travellers can use the red (goods to declare) and green (nothing to declare) channels at the airports.

Entry/Exit Requirements

Entry/Exit requirements

Passports valid for at least 30 days after the intended date of departure are required by all nationals. Passports must have at least two blank pages for entry stamps and these pages must be visa pages, as visitors have been refused entry by airport immigration officials for flouting that regulation. All valid passport holders will be granted a temporary visitor's permit, which allows a stay of up to three months.

All foreign nationals should have a valid return ticket. Without one, foreign nationals may be required to deposit the equivalent of their fare with customs; the money will be refunded on departure of the country.

Foreign nationals who overstay their authorised period by less than 30 days are declared 'undesirable' and are not allowed entry for a year. Those who overstay for longer than 30 days will be unable to re-enter the country for five years.

There is no limit for carrying South African bank notes if travelling within the Common Monetary Area (CMA). Business travellers with any amount exceeding 25,000 rand (ZAR, approximately US\$1,300) must have prior authorisation from the South African Revenue Service. Foreign currency in amounts up to \$10,000 can be brought in or taken out without declaration. Amounts exceeding this limit must be declared.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

General Tips

- Conversations with South Africans will often include a discussion of local politics and can be belligerent. During such discussions, foreign nationals are advised to be polite and non-confrontational. Some topics such as religion, xenophobia, the apartheid era and its legacy are best avoided altogether.
- There are no legal restrictions for LGBTQ individuals. Societal attitudes towards the LGBTQ community are highly varied. Violence is rare, but may be more likely in rural than in urban settings.

Getting There

METHOD OF ARRIVAL

By air

South Africa has three major international airports – OR Tambo International Airport ([JNB](#)), which serves Johannesburg, Cape Town International Airport ([CPT](#)) and King Shaka International Airport ([DUR](#)) in Durban.

Airport security has been stepped up due to South Africa's status as an increasingly popular business and tourist destination. The US and the EU have assisted with security measures to limit the risks posed by international terrorism, and to stem the increasing trafficking of drugs through the country. Despite the heightened security, significant crime levels continue to pose risks to business travellers at both international and regional airports, including passport and baggage theft as well as robbery.

In addition to taking sensible precautions against crime at airports, it is recommended that foreign nationals and business travellers take the following steps before leaving for South Africa:

- Do not display your company name or address on baggage.
- Do not pack valuables, particularly larger electronic devices such as laptops, into your check-in luggage. Pack all valuables into your hand baggage.
- If this is your first visit, ask to be met by someone from your company or host company. Make sure you know your host's contact details (especially if arriving outside office hours), the name and mobile telephone number of the person meeting you, and your hotel name and telephone number. Ask the host to ensure that the representative meeting you does not display a board with your company name.
- Make sure your host knows your travel and contact details (mobile number) and inform them of any changes.

On arrival:

- If you do not know the person meeting you, ask for identification. Do not leave the airport with someone whose identity you cannot verify.
- Parent(s), legal guardians, or any other person travelling with a child who is a South African citizen must produce the following before departing or entering South Africa:

- A copy of a birth certificate or passport containing the details of the parent or parents of the child;
 - A letter of consent from the other parent or parents of the child authorising such person to depart from or enter South Africa with the child he or she is travelling with.
 - Additional requirements may apply depending on the situation; for more information on this legislation, please see the Department of Home Affairs [website](#).
- Only change small amounts of money inside the airport. Change at least enough to pay for a taxi if your host fails to arrive.
 - Keep trolley baggage in front of or next to you. Do not leave handbags or briefcases on top of your trolley baggage.
 - If it is necessary to use a taxi use an officially licensed, metered vehicle or take the hotel's courtesy coach. Do not leave the airport with one of the many touts.
 - Do not allow airport employees to walk away from you with your baggage. Supervise baggage being loaded into a taxi or bus and do not leave it to the driver.
 - Keep important items with you.
 - Be wary of pickpockets and scam artists who may engage foreign travellers in conversation. Should you witness any suspicious behaviour, inform the police. You can identify them by their blue uniform.
 - If you have a problem inside the airport, ask the airline or one of the airport officials (they display identification) to assist.
- Separately, before departure, be aware of scammers in the airport who may try to illicit fake bribes to allow boarding for bags that are allegedly overweight. Baggage weight should be confirmed with airline staff and any overweight fees should only be paid through official channels.

Airlines have variable security standards. You may wish to consult the European Commission's [website](#) for a list of airlines banned within the EU and the US Federal Aviation Administration's [website](#) for a database of aviation accidents and statistics

By land

The busiest border crossings are at Beitbridge into Zimbabwe, Lebombo into Mozambique and over the Orange River into Namibia, but the latter is mainly used by tourists. Other popular border points include the Skilpadshok/Lobatse border crossing from Botswana. There are border crossings with eSwatini and Lesotho as well; most operate between 08.00 and 18.00 (local time), while some remain open until 22.00. Travellers are advised to arrive several hours prior to the scheduled closure of the border crossings to avoid delays and to minimise the risk of having to drive in eSwatini at night.

By sea

Cape Town, Durban, East London and Port Elizabeth are the main ports. Several international cruise ships stop at Cape Town and Durban. Business travellers are advised to consult the South African Department of Home Affairs [website](#) for a comprehensive list of all ports of entry, timings and contact information.

Procedures

Customs procedures for foreign business visitors are negligible. Personal effects are allowed in duty-free. Airport staff are generally polite and efficient. Business travellers should always ask for a value added tax (VAT) receipt (separate from normal sale receipts) when they purchase goods. VAT on purchases other than food, accommodation and travel is refundable at international airports, but the process does not happen automatically.

VAT officials may ask to inspect the goods and the VAT receipts. Banker's drafts are then issued for the VAT amount. VAT procedures take a considerable amount of time; business travellers should ensure that they get to the airport, check in and clear customs formalities early enough to have sufficient time to process VAT receipts. Business travellers can use the red (goods to declare) and green (nothing to declare) channels at the airports.

Getting Around

BY AIR

Flying is the most efficient way of travelling around the country. [South African Airways](#) offers domestic flights between five different cities.

BY ROAD

Hire cars

Hiring a car may be preferable for foreign nationals on trips lasting more than a few days, and it should be done well in advance due to high demand from local business travellers. Rather than self-driving, business travellers on their first visit should hire a car with a driver until they are familiar with the layout and security environment of the relevant city. In addition, business travellers unfamiliar with the country's road network should book a vehicle with a satellite navigation system or ensure they have a local SIM card to assist with app-based navigation services.

Major international companies have car rental outlets at the major airports, in the city centre and some of the major hotels. Smaller car hire firms are generally cheaper but may not be up to the standard expected by international commercial

travellers. However, once a car is secured the service is generally excellent.

Self-driving

It is a legal requirement to carry a national driving licence at all times. Foreign motorists should consult their embassy on whether they must obtain an international driver's permit. Traffic drives on the left and seat belts are mandatory. Driving standards are often variable and drink-driving is commonplace. Traffic accidents occur often due to excessive speeding and drink-driving. In an attempt to manage the threat posed by carjacking, local drivers will sometimes skip red lights at night if the route is clear. Therefore, extra vigilance is required at intersections at night.

Foreign nationals should drive carefully, plan trips to minimise road travel after dusk (night travel is not recommended) and avoid townships. The road system is very good and only minor roads in remote rural areas are unpaved. Business travellers should stay on surfaced roads unless they are accustomed to dirt road driving.

Foreign nationals should choose a vehicle with modern locking systems, a lockable fuel tank cap, a front seat passenger rear-view mirror and vehicle alarm. If possible, they should select a more basic vehicle to avoid attracting attention. Motorists should use a reliable company offering 24-hour emergency service. As a matter of best practice, drivers should ensure they have enough petrol for a long journey.

Carjacking

Carjacking is a serious concern countrywide, particularly in the Booyens, Sandton and Mondeor areas of Johannesburg (Gauteng), as well as the Pinetown, Umlazi and Phoenix areas of Durban (KwaZulu-Natal province). These two provinces have relatively high number of carjackings. To mitigate the risk of carjacking, business travellers should:

- Hire cars with air-conditioning and, where possible, keep windows closed, doors locked and travel with valuables out of sight. If you need to open a window, only wind it down a couple of inches. Keep items of value, such as briefcase and cell phone, out of sight.
- Avoid falling victim to ploys such as cars that lightly bump your vehicle to induce you to exit the car and bogus police roadblocks. In rural areas, police may use flashlights to stop drivers; slow down, but do not stop unless a police officer can be clearly identified.
- Consult experienced contacts regarding local practices for managing the threat, and specific intersections and traffic lights to avoid, particularly at night. Be aware of potential warning signs at such locations, such as individuals loitering there.
- Avoid being 'boxed in': keep your distance from the car in front and the car behind to allow your vehicle freedom of movement if you are accosted.
- Ignore suspicious-looking accidents, such as a single body on the road with no cars in the vicinity. Report incidents on the emergency number and call for an ambulance; do not stop at deserted roadside resting places on national roads. Business travellers have been attacked and robbed in parking areas at tourist attractions in these areas.
- Business travellers should remain vigilant and avoid stopping for unnecessarily long periods of time in isolated areas.
- In the event of an accident or mechanical failure, where it is possible to do so, drivers should continue to the nearest secure area or police station before leaving the vehicle and (if appropriate) reporting the incident.
- Do not pull off the road unless ordered to by identifiable police officers. In rural areas, the police use flashlights to stop drivers: slow down, but do not stop unless a police officer can be clearly identified.
- Be especially vigilant at vulnerable points, such as road junctions and traffic lights, especially if you see suspicious persons loitering in the area. If in doubt, do not bring your vehicle to a halt.
- Fast-moving highways around Johannesburg, Cape Town and Durban are safer than routes with frequent stop signs or traffic lights. Stay in the middle lane, if possible.
- Attempt to park in secure and well-lit areas. Semi-official 'car guards' will usually offer to watch over your car, and in return should be paid a small tip of R2 upwards, depending on the length of stay. When returning to a parked vehicle, maintain situational awareness and have your keys in hand to allow quick access to the car.
- Avoid roads that pass through, or close to high-density, low-income areas.
- Plan routes in advance in consultation with local contacts who are familiar with the areas through which you will travel, identifying safe places to stop in the event of an emergency, and carry a good map in the car. Beware of relying solely on Global Positioning System (GPS) navigation as these devices may direct you through unsafe areas.
- If targeted in a carjacking, do not resist or argue, and look at the ground to show that you have no intention of identifying the criminals at a later date. Assume all criminals are armed.
- The preferred time of attack is when vehicles wait at an entrance or exit of a secure residence while the driver waits for the gates to be opened, or has come out of the vehicle to open the gates. If vehicles are queuing to enter a residence or office, drive away and come back later.

BY TAXI

Business travellers should use metered taxi cabs (which have a licence triangle on the front) or hotel-arranged taxis for safety reasons. Meter taxis can be expensive, though a fixed fare can be negotiated for longer journeys. Taxis cannot be hailed in the street, but they can be called, or business-class hotels can arrange safe taxis for guests.

Although the South African Uber service is a reliable and relatively safe mode of transport, there have been incidents of targeted violence and harassment of Uber and other app-based taxi service drivers and passengers by metered taxi drivers, most notably around transport hubs and established taxi ranks.

Travellers should be aware of the tensions between the two groups and exercise vigilance when using the Uber service. Pick-up locations should be away from established taxi ranks and heightened awareness should be exercised around transport hubs, particularly at stations along the high-speed commuter Gautrain rail service.

When travelling in a taxi, observe the following security precautions:

- If the taxi has no meter, agree a price beforehand;
- Sit in the rear of the vehicle;
- Ensure that doors are locked and windows rolled up;
- Keep hand baggage on the floor, not alongside you;
- Do not discuss details of your trip with the driver;
- Advise the driver if you suspect your vehicle is being followed;
- Remain alert during your ride to any deviations from the route, and immediately report any concerns to a trusted contact or via the safety features within an application if using an app-based taxi service.
- If the vehicle breaks down or is involved in an accident, stay inside. If it is necessary to leave, carry your hand baggage. Contact your host/hotel immediately and advise them of the circumstances. If the delay is likely to be prolonged, ask the driver to arrange an alternative taxi;
- If you are attacked by criminals, co-operate fully with their demands without making eye contact. Do not run away or make any sudden movements;
- On arrival at your hotel, before paying the driver, remove baggage from the vehicle. Do not allow the hotel's porter to take your hand baggage. Ask the driver for a receipt. When paying, do not display large amounts of cash.

BY TRAIN

Train travel is not recommended for business travellers due to security reasons. Commuter trains operate in Johannesburg, Pretoria, Cape Town and Durban, and connect to local municipal bus services; although these keep to strict timetables, public transport is slow. Assaults and muggings have been reported on routes between Johannesburg and Pretoria. Several serious accidents in recent years have raised concerns over safety standards. However, the [Gautrain](#), a convenient high-speed rail link connecting Pretoria, Johannesburg and OR Tambo International Airport, is safe and efficient.

BY OTHER MEANS

Minibus taxis

Avoid using minibus taxis, as the vehicles are badly maintained and driving standards are poor. In addition, business travellers using these would stand out and be potential targets for mugging. Disturbances can occasionally break out at taxi ranks, where rival operators wage violent campaigns (so-called 'taxi wars') to secure the most lucrative routes.

Buses

Several coach companies, including Intercap, Greyhound and Translux, run luxury services between major cities and these are considered a safe and acceptable means of transport. However, journeys can be long, making flying a preferable option for business travel.

Intra-city public buses are unreliable and should be avoided as a security precaution. Bus rapid transit services in Cape Town and Johannesburg are suitable for use in daylight hours and with an understanding that some of the routes pass through HIGH risk locations. In Cape Town, the [MyCiti](#) bus provides a convenient service along the west coast, and connects the airport with the City Bowl, the V&A Waterfront, and Sea Point. In Johannesburg, the Reya Vaya bus connects the Central Business District with Witswatersrand University, University of Johannesburg and several tourist attractions such as Joburg Theatre and the Johannesburg Art Gallery. The Gautrain buses can also be used to navigate parts of Pretoria and Johannesburg.

Business Women

BUSINESSWOMEN

South Africa has a high incidence of sexual assault and rape. Although a large percentage of cases are domestic or occur in low-income, high-density areas, female travellers should be alert to the heightened risk of sexual assault and adopt sensible security precautions as a routine measure.

- Arrange a meet-and-greet at the airport by a hotel representative, reputable transport provider or trusted local contact. Do not leave the airport until you have confirmed the identity of your meet-and-greet.
- Be prepared to ask trusted contacts to accompany you to your car, a taxi or your hotel after dark.
- Travel on foot is inadvisable in most areas due to a high rate of opportunistic crime and sexual assault. Do not travel on foot alone or after dark. Female travellers should be wary of strangers who tell them it is dangerous to walk alone in an area and offer to accompany them.

- Use only pre-arranged official taxis, preferably booked through the hotel, and always sit in the rear of the vehicle. If you are uncertain about the driver for any reason, do not get into the car, even if the driver becomes abusive or if you have to pay a nominal fare.
 - If leaving the hotel in the evening, inform reception of your destination and when you intend to return. Provide reception with a business card or mobile contact details as an additional precaution.
 - Ensure that hotel room numbers remain confidential. Do not display the room's key tag in public areas, and stress that the room number should not be given to anyone who enquires.
 - Insist that the hotel room has a key-chain, deadlock and spy-hole, and that the door and window locks work properly.
 - Never open the door to anyone without taking precautions. If someone claims to be a member of staff, obtain their name and department and check this information.
 - A number of drink-spiking incidents have been reported. Never leave a beverage unattended or accept drinks from strangers. Symptoms include dizziness, drowsiness, memory loss, vomiting and impaired muscle control. People who suspect they may have been a victim of drink-spiking should seek professional medical advice and support immediately.
 - If you receive unwelcome attention from other guests in your hotel, immediately speak to the hotel manager.
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Working Week

WORKING WEEK

- Banking hours: Monday-Friday 08.30 to 15.30. Most banks open on Saturday between 08.30 and 11.00.
 - Office hours: 08.30 or 09.00 to 17.00
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Language & Money

LANGUAGE

There are 11 official languages, but English, Xhosa, Zulu and Afrikaans are predominant and most regularly heard. Most educated South Africans are multilingual and almost all business is conducted in English. In rural areas, standards of language may differ.

MONEY

The local currency is the rand (ZAR or R). Counterfeit notes are in circulation. Business travellers should not take offence if notes are machine-tested at shops and restaurants.

South Africa has a sophisticated banking system. ATMs are widely available, though foreign nationals should take precautions against rampant ATM crime, particularly in Johannesburg. Business travellers with accounts linked to international bank card networks such as Maestro, Cirrus, Plus, Visa and Mastercard can draw cash directly from ATMs belonging to any of the country's principal banks (such as Standard Bank, First National and Nedbank). Most major credit/debit cards including MasterCard, Visa, American Express and Diners Club are accepted. Traveller's cheques can be cashed at banks, hotels, restaurants and famous tourist locations. Business travellers are advised to receive these cheques in Pounds Sterling or US Dollars.

Tipping

TIPPING

Tipping is common in South Africa. Taxi drivers, waiters, bartenders, hairdressers, petrol pump attendants and hotel porters expect a tip of 10-15 % or as foreign nationals deem appropriate.

Geography & Weather

CLIMATE

Climate overview

- Climate varies according to season and location, with a Mediterranean climate in the south-west, a temperate climate in the interior regions and a subtropical climate in the north-eastern areas.
- Most parts of the country experience rainfall during the summer, while Western Cape receives rainfall in the winter.
- Winter generally lasts from June to August. Cold fronts and heavy snowfall can occur during winters in the mountainous regions such as the Western and Northern Cape and the KwaZulu-Natal Drakensberg region.
- Refer to the [South African Weather Service](#) website for relevant updates.

Flooding

- The southern coast is prone to heavy rain between June and September.
- Heavy rain and flash floods are common inland and in northern provinces from November to April.
- Floods can result in road disruption, mass displacement, power outages and infrastructural damage.
- Western Cape and KwaZulu-Natal province are often affected by flooding.

Bushfires

- Bushfires are a significant threat in both rural and urban areas.
- Hot, dry and windy weather during the dry season, along with fire-prone vegetation, creates a fire risk.
- Bushfires can sometimes be exacerbated by periods of drought.
- Fires can result in road disruption and short-notice evacuations.

Droughts

- The country is located within a 'drought belt' and drought-like situations have occurred in several regions.
- Water restrictions are often imposed in major urban centres during droughts.
- Eastern and Western Cape provinces have experienced severe droughts in recent years.

Earthquakes

- The country does not lie in an active seismic zone. However, minor tremors are occasionally reported due to deep mining activities.

GEOGRAPHY

The Republic of South Africa is located at the southernmost tip of the African continent. It borders Namibia in the north-west, Botswana and Zimbabwe to the north, and Mozambique and eSwatini in the north-east and east. Lesotho, an independent country, lies entirely within South African territory. The South African coastlines border the Indian Ocean to the south-east and the Atlantic Ocean in the south-west. South Africa is divided into nine provinces, comprising Gauteng and Mpumalanga in the north-east; Limpopo and North West in the north and north-west; KwaZulu-Natal in the east; Eastern Cape, Western Cape, Northern Cape in the west and south; and Free State in the central region. Pretoria (Gauteng) is the administrative capital and Cape Town (Western Cape) houses the legislature; other major cities include the financial centre Johannesburg (Gauteng), Port Elizabeth (Eastern Cape) and Durban (KwaZulu-Natal). Bloemfontein (Free State) is the seat of the Supreme Court. The country has a diverse topography and consequently a varying climatic profile. Much of the interior is covered by the Karoo plateau, which is mountainous and sparsely populated. To the northwest, along the Namibian frontier, lies the Kalahari Desert. South Africa also possesses the small sub-Antarctic archipelago of the Prince Edward Islands, consisting of Marion Island and Prince Edward Island, approximately 1,200 miles (1,931km) from Cape Town.

International Dialing & Power

DIALLING CODES

Country Code : 27

IDD Prefix (International Direct Dialling) : 00

NDD Prefix (National Direct Dialling) : 0

COMMUNICATIONS

Landline services are provided nationwide by Telkom, which is still expanding its coverage. GSM coverage (2G/3G/4G/5G) is extensive, with Vodacom, MTN, Cell-C and Telkom being the four main providers. Internet cafes and Wi-Fi services are widely available in all major towns. The postal service to Europe and the US from all major cities is slow and theft occurs. Confidential documents and valuable items should always be sent by courier.

Information Security

Cybercrime is a particular issue, and malicious software attacks are increasing. With mobile payments common, SIM-swap fraud (in which a carrier is persuaded to switch your phone number to a SIM in a criminal's possession) is also growing. Ransomware and other malware are also significant problems.

The security agencies perform bulk surveillance under the Regulation of Interception of Communications and Provision of Communication-Related Information Act (RICA). Foreign nationals should also be aware of the possibility of targeted surveillance and corporate espionage, as surveillance capabilities are available to almost all public bodies. A Cybercrimes and Cyber Security Bill came into effect in December 2021, which criminalises cyber offences like hacking, data interference, cyber fraud, and cyber harassment. However, inadequate legal protection and a lack of official technical resources mean cybercrime is rising and critical infrastructure remains vulnerable.

Advice

- Minimise the number of devices you bring into the country; only carry devices that are essential. Clean devices, containing only data necessary for the trip and with no access to shared networks, should be used if targeted attacks are likely.
- Ensure all devices you bring are well-secured, with strong passwords, and that all storage devices have full disk encryption.
- Ensure all software, including anti-virus protection, is up-to-date before travel; avoid updating software while away.
- Avoid insecure Wi-Fi networks where possible. Public Wi-Fi connections are almost always unencrypted, allowing attackers to easily instigate 'man-in-the-middle' attacks, where they redirect your browsing request to a malicious website and then run malware on your device.
- If it's necessary to connect to public networks, use a Virtual Private Network (VPN). Always familiarise yourself with the legal status of any VPN or application in your destination prior to travel. Be aware of other relevant legislation, including compliance requests that allow the authorities to inspect devices.
- Keep devices on your person as much as possible. If unattended, ensure devices are powered down and well-secured. If using hotel safes, secure them with a secondary personally lockable device.
- Limit location tracking/turn off your phone's location function to deter surveillance, with the exception of our Assistance App or other essential applications. Turn off Wi-Fi and Bluetooth when not in use.
- Run a thorough check of all devices upon your return and use the 'forget network' setting if you connected to any public networks.
- Comply with local legislation. This includes any official requests to inspect devices. If this occurs, inform your IT department as soon as possible and exercise caution when using the device afterwards. Power off devices prior to approaching customs.
- Obtain profile-specific advice, considering your industry and position in the company.

ELECTRICITY



Calendar

Holidays & Security Dates

2025

16 Dec Reconciliation Day

If the holiday falls on a Sunday, it may be observed on the following Monday.

26 Dec Day of Goodwill

2026

01 Jan New Year's Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

21 Mar Human Rights Day

If the holiday falls on a Sunday, it will be observed on the following Monday.

27 Apr Freedom Day

If the holiday falls on a Sunday, it may be observed on the following Monday.

09 Aug National Women's Day

If the holiday falls on a Sunday, it may be observed on the following Monday.

24 Sep Heritage Day

If the holiday falls on a Sunday, it may be observed on the following Monday.

Destination Guide for South Africa

Medical Overview

Medical Care

Excellent

Standard of Health Care

Medical care in South Africa is considered to be amongst the best in the world. South Africa is the main referral center for Sub-Saharan Africa. Private hospitals are of an international standard. Public sector hospitals provide limited access to insured persons, so private hospitals are recommended. All providers speak English. All large centers have full specialist care and most have academic medical facilities as well. All medical staff are trained to international standards.

Medical Contact

Emergency Numbers, hospital and clinic contact information

EMERGENCY NUMBERS

Ambulance : 10177

Fire service : 112

Police : 10111

Hospitals & Clinics

Life Rosepark Hospital

57 Gustav Crescent Fichardt Park
27 515055111

Mediclinic Bloemfontein

Cnr Kellner & Parfitt Ave Westdene
27 514046225, 27 514046226, 27 514046666
conf.bloemfontein@mediclinic.co.za, confirmations.bloemfontein@mediclinic.co.za

Life Vincent Pallotti Hospital

Alexandra Road Pinelands
27 215065111
mikhaile.petersen@lifehealthcare.co.za, vphplanning@lifehealthcare.co.za, reception@lifehealthcare.co.za

Netcare Christiaan Barnard Memorial Hospital

Cnr. D. F. Malan street & Rua Bartholemeu Dias Plain Foreshore
27 214410000, 27 801222222

Life Entabeni Hospital

148 Mazisi Kunene (South Ridge Road) Berea
27 312041300
Entabeni.Support@lifehealthcare.co.za

Netcare St Augustines Hospital

107 JB Marks Road Berea
27 312685000, 27 312685030, 27 312685559
customer.service@netcare.co.za

Netcare Milpark Hospital

9 Guild Road Parktown West
27 114805600
milparkreception@netcare.co.za

Netcare Sunninghill Hospital

Cnr Witkoppen & Nanyuki Roads Sunninghill Park
27 118061500
sunninghill3@casualty.co.za, sunninghillreception@netcare.co.za

Netcare Unitas Hospital

Clifton Avenue Lyttleton
27 126778000
info@unitas.netcare.co.za, lsos-Unitas@netcare.co.za

Vaccinations

Proof of yellow fever vaccination is required for specified travellers to enter

Cholera

Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

The Disease

Cholera is an acute diarrhoeal disease caused by intake of contaminated food or water infested by the bacterium *Vibrio cholerae*. The disease is endemic in many countries.

Cholera outbreaks are caused by two serogroups of *V. cholerae* – O1 and O139.

Transmission

The bacterium that causes it is spread through food and water that has been contaminated by the faeces of an infected person.

Symptoms

Cholera has a short incubation period of a few hours to 5 days and can lead to death if left untreated. It affects both children and adults. Most infected cases do not develop any symptoms but are infectious for a period of 1 to 10 days. Mild to severe watery diarrhoea may develop within one to five days after infection and it is often called "rice-water" stools. Vomiting also occurs in most patients. Usually, the symptoms are relatively mild and respond to oral re-hydration.

Severe cases of cholera can cause life-threatening dehydration.

Diagnosis

Diagnosis is through isolation and identification of *Vibrio cholerae* bacteria in a culture of a stool sample.

Treatment

Prompt treatment is very effective and involves oral and/or intravenous fluid replacement depending on the severity of dehydration. Antibiotics are helpful in reducing the duration of diarrhoea and amount of rehydration needed. Treatment with zinc has also been shown to improve symptoms in children.

Vaccine

Several oral vaccines are available to prevent cholera, but they are not 100% effective and not available in every country. Brand names include Dukoral®, Euvichol-Plus®, and Vaxchora. Dukoral® also provides some protection against traveller's diarrhoea caused by ETEC (enterotoxigenic E.Coli).

Prevention

If visiting an area infected with cholera:

- Consider vaccination if available.
- Select food, water and other beverages carefully.
- Drink only boiled or bottled water, water that has been treated with chlorine or iodine, or carbonated beverages.
- Consider carrying water purification supplies with you.
- Choose food that has been thoroughly cooked while fresh and is served hot.
- Avoid ice, raw fruit, and raw vegetables (including salad). Fruit and vegetables that you peel yourself are safer choices.
- Pay close attention to hygiene. Wash your hands frequently, especially before eating.

Risk to Travellers

Cholera tends to occur in large epidemics, especially in areas where sanitary conditions have deteriorated such as peri-urban slums, refugee camps and war zones. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera. With the exception of health and relief workers, cholera rarely infects travellers who avoid unsanitary conditions.

[CDC Cholera Information](#)

[WHO Cholera disease factsheet](#)

Hepatitis A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see [US CDC](#)).
- people who use illicit drugs.
- those with liver disease.

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis is a general term that means inflammation of the liver. Medications, poisons, alcohol and infections can all cause hepatitis.

Hepatitis A is inflammation of the liver caused by a virus. The virus is highly contagious. People are mostly infected through eating or drinking contaminated food or water, or through direct contact with an infected person. Usually people make a full recovery, however occasionally the disease can be severe or fatal. There is an effective vaccine available.

Transmission

The illness is transmitted via the "faecal-oral route". The virus is present in the stool of an infected person. Others are infected when they consume food / drink contaminated with the virus. This is more common in areas with poor sanitation systems and limited access to clean water.

It is also possible to get the disease via direct contact with an infected person's faecal matter, for example through incompletely washed hands, sexual contact or through shared illicit drugs.

Symptoms

Not everyone gets symptoms. Most childhood infections will be asymptomatic or mild. Most adults will develop symptoms, and severity increases with age.

If symptoms do occur, they begin two to four or more weeks after infection and can last for weeks or months. They include any or all of the following:

- fever
- fatigue
- loss of appetite
- diarrhoea
- nausea/vomiting
- abdominal pain/discomfort
- jaundice (yellowing of the skin and eyes)
- dark urine, clay-coloured stool
- joint pain
- itching

Most people make a full recovery. About 10 to 15% of symptomatic persons with hepatitis A may experience relapse or prolonged illness up to six months. Sometimes the disease is severe and can be fatal (less than 1% of all cases), particularly in older people, and those with other underlying liver disease (such as infection with hepatitis B or C). It is thought to be due to the immune mechanisms rather than infection levels.

Diagnosis

Blood tests are required to confirm the diagnosis.

Treatment

There is no specific medication to treat hepatitis A. Medications to relieve symptoms should only be used under medical advice as they may contribute to damage of the liver.

Prevention

Prevention is through **hygiene**, careful selection of **food and water**, and **vaccination**.

Good hygiene, and choosing safe food and water are important, especially in areas where hepatitis A is common:

- Maintain a high level of personal hygiene, including during sexual activity.
- Do not drink tap water. Choose boiled or bottled water from reputable sources, water that has been treated with chlorine or iodine, or carbonated beverages.
- Avoid ice, as it may have been made with unsafe water.
- Ask locally which restaurants and hotels serve safe food.
- Select food that has been thoroughly cooked while fresh and served very hot.
- Do not eat raw shellfish.

Vaccination is effective, widely available and generally recommended for any traveller who has not already had the vaccine (or the disease). Two doses, given six months apart, are required for lifelong immunity. All travellers should consider it, particularly:

- If travelling to areas with high rates of hepatitis A.
- When living conditions are crowded or have poor sanitation.
- Men who have sex with men.
- Illicit drug users.
- People with liver disease.

Postexposure prophylaxis: After exposure, people who are not immune may be recommended Hepatitis A vaccination or immune globulin (antibodies) as soon as possible (within two weeks) to prevent infection.

Risk to travellers

Hepatitis A is common in areas with limited access to sanitation. People who live with an infected person, men who have sex with men, illicit drug users and people with liver disease are at higher risk in any area.

US Centers for Disease Control and Prevention (CDC) [Hepatitis A Information](#)

European Centre for Disease Prevention and Control (ECDC) [Factsheet about hepatitis A](#)

Hepatitis B

Recommended for most travellers and international assignees, especially:

- For long-term or frequent visitors, and health-care workers.
- For adventurous travellers who travel to more remote locations.
- If possibility of new sexual partner, needle sharing, acupuncture, dental work, body piercing or tattooing during visit.

Many travel health professionals recommend hepatitis B vaccination for all travellers, regardless of destination.

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions

- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis B is a viral disease affecting the liver. It is transmitted through contact with blood, blood products or body fluids of an infected person. It can cause a mild illness but occasionally can develop into a chronic illness.

Transmission

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids (e.g. semen, saliva) on broken skin. Modes of transmission include:

- Unprotected sexual intercourse with an infected partner
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth
- Contact with wounds of an infected person

The virus remains viable outside the body on any surface for about seven days and can lead to infection. Blood spills including dried blood can be infectious.

Symptoms

Symptoms develop between 30 and 180 days after exposure to infection. Hepatitis B can either be acute (short term illness) or chronic (long term illness). Most people will not develop symptoms during the acute phase. Others experience fever, pain in muscles and joints, abdominal, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. Recovery may take several weeks.

Risk of chronic illness is related to age. Babies who get infected from their mothers or those that get infected before five years of age are very likely to develop chronic infection. Less than 5% of adults and about 90% of children may develop chronic infection. In chronic illness, virus continues to remain in the body although people do not have symptoms. Many individuals may appear healthy but can spread the infection to others. Life threatening conditions such as liver cirrhosis and/or cancer may develop.

Diagnosis

The disease can be confirmed by blood tests.

Treatment

There is no specific cure for the disease. Treatment is mainly supportive, consisting of rest, adequate nutrition and medications to reduce discomfort.

Prevention

Avoid direct contact with body fluids.

Vaccine: This can prevent the illness and its serious outcomes such as cirrhosis and cancer. In many countries, hepatitis B vaccination is included in the routine childhood immunizations.

Risk to Travellers

Most travellers are at low risk unless they have contact with the infected blood or body fluids.

[CDC Hepatitis B information](#)

Measles

- Recommended for all travellers and international assignees.
- All travellers should be up to date with their measles vaccination (schedule differs by country). Vaccination for adults is available as MMR (measles, mumps and rubella), two doses given at least four weeks apart are required.

Some individuals [cannot be vaccinated](#) due to certain health conditions.

Measles is a highly contagious viral disease that can have serious complications.

Transmission

Measles spreads very easily when an infected person talks, coughs, or sneezes, releasing droplets into the air. If a healthy person breathes in these droplets, they can get sick. The virus can stay in the air and infect people for up to 2 hours after the infected person has left. It can also land on objects and surfaces, where it can live for several hours. If you touch these surfaces and then touch your face, you can get infected.

A person with measles is infectious from four days before the appearance of the rash until four days after it has appeared. After being exposed to the virus, approximately 90% of people who are not immune will become infected.

Symptoms

Measles symptoms usually start 7-14 days after being exposed to the virus. Early signs include a high fever, cough, runny nose, and red, watery eyes. Small white spots, known as Koplik's spots, may appear inside the mouth. A few days later, a red, blotchy rash starts on the face and spreads to the rest of the body.

Measles can lead to serious complications, especially in young children, adults over 20, pregnant women, and people with weakened immune systems. Common complications include ear infections and diarrhea. More severe complications can be pneumonia, which is a lung infection, and encephalitis, which is swelling of the brain. These severe complications can sometimes be fatal.

Pregnant women who contract measles have an increased chance of miscarriage and pre-term delivery. Their babies may also experience low birth weights and birth defects.

Diagnosis

This illness is usually diagnosed clinically. If necessary, a lab test can confirm measles.

Treatment

There is no particular treatment for measles. Symptoms can be managed with over-the-counter preparations, good nutrition and adequate fluid intake. Antibiotics are required if there are bacterial complications (such as pneumonia, ear infection). Sick people should be isolated from non-immune people, and should not go out in public until at least four days after their rash appears.

Prevention

Measles can be effectively prevented by vaccination, which many countries routinely administer during childhood. The MMR (measles, mumps, and rubella) vaccine is highly effective and safe, providing lifelong immunity for most people after two doses. Vaccination not only protects individuals but also helps prevent the spread of the virus within communities.

People who are not immune and are at higher risk for complications (such as pregnant women, unvaccinated infants and people with weakened immune systems) may be given a dose of antibodies if exposed to the virus.

In addition to vaccination, good hygiene practices, such as regular handwashing and avoiding close contact with infected individuals, can help reduce the risk of transmission.

Risk to Travellers

Measles occurs throughout the world. Outbreaks are common in areas where there is low vaccination coverage. Measles is highly contagious and can spread quickly in places where people gather, such as airports and tourist destinations. Anyone who has not been immunised, or has not previously had measles, is at risk of infection.

- International SOS article on [measles, mumps and rubella vaccination](#)
- [CDC Measles Information](#)
- See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Rabies

Consider for certain travellers, especially:

- For international assignees and long-term visitors.

- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.
(Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)
- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.
Jogging increases your risk of dog bite.

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

[Watch the 1 minute Rabies Video Podcast on Vimeo](#)

[Download the Rabies Facts Infographic PDF](#)

The Disease

Rabies is a preventable viral disease. It occurs in more than 150 countries worldwide and is transmitted to humans from domestic and wild animals.

Transmission

People can get it when they are bitten or scratched by an infected or "rabid" animal – most frequently a dog. Rabies from bats is common in the Americas, Australia and Western Europe. Human exposure to rabies through foxes, coyotes, raccoons, skunks, jackals, mongooses and other carnivore species is known but less common.

Symptoms

Symptoms take a highly variable time to develop, usually between one to three months but may take up to a year. When they begin, they are non-specific such as fever, tingling or numbness near the bite site. As the virus travels along the nerves, it causes neurologic symptoms: anxiety, paralysis, and characteristic hydrophobia. People with hydrophobia experience muscle spasms in the muscles used for swallowing when they see, hear or think about water. Eventually, rabies causes delirium, convulsions, coma and death.

Diagnosis

A patient is suspected to be suffering from rabies if there is a history of an animal bite. Clinical diagnosis is difficult unless rabies-specific signs appear. Generally, several tests are necessary to diagnose rabies ante-mortem (before death) in humans.

Prevention

Don't handle any domestic animal unless you are certain it does not have rabies. Never handle wild animals and keep your distance from them.

Rabies vaccination

In rabies-affected countries, *pre-exposure vaccination* is often recommended for expatriates and long-term visitors - especially if they will not be able to get quality medical care after being bitten or scratched by an animal. It is especially important for children, since they may not tell their parents that they have been bitten or scratched. The vaccine is usually given in your home country prior to travel, in a series of two injections (days 0 and 7).

Post-exposure vaccination is used after someone has interacted with an animal that may be rabid. It must be given soon after the bite or scratch, and can be life saving.

Following a bite or scratch or lick (on broken skin) by an animal:

- Immediately clean the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately to assess the need for rabies *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING).

For people who *did NOT* have a pre-exposure vaccination:

- Rabies immunoglobulin (RIG) is injected into and around the wounds
- Four doses of rabies vaccine are required, given on days 0, 3, 7 and 14 (or days 0, 3, 7, 14 and 28).

For people who *DID* have a pre-exposure vaccination:

- Two doses of rabies vaccine are required (given on days 0 and 3).
- Rabies immunoglobulin (RIG) is **not** required.

Risk to travellers

Rabies is found on all continents except Antarctica. Worldwide, most cases of human rabies occur in Asia, Africa and Latin America, in places that have large numbers of stray dogs. People living in rural areas, especially children are at higher risk of dog bites. Certain activities, such as cycling and running, can raise your risk of being chased and bitten by a dog.

[WHO information on rabies](#)

[CDC](#)

Typhoid fever

Recommended for all travellers and international assignees.

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important. Vaccination is recommended for people travelling to locations where typhoid is consistently present.

The Disease

Typhoid fever is a serious infection caused by *Salmonella Typhi* bacteria. It spreads either through intake of contaminated food or water or close contact with an infected person. Raw fruit and vegetables, and shellfish are often associated with typhoid.

Symptoms

The symptoms usually begin seven to 21 days after exposure. The typical feature of the disease is persistent high fevers. While typhoid fever is often called a diarrhoeal disease, not all patients have diarrhoea. Symptoms include high fever, body aches and pains, weakness, stomach ache, loss of appetite, cough and diarrhoea or constipation. Some people may develop a rash. If left untreated, symptoms worsen and life threatening complications may develop.

Some people can carry the bacteria without any symptoms ("carriers") and are a source of infection.

Diagnosis

Lab tests done on blood, stool and urine samples help diagnose the illness.

Treatment

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important.

Prevention

Typhoid is prevented through careful selection of safe food and water and vaccination. Maintaining hygiene measures and choosing safe food and water is important because typhoid vaccines do not provide complete protection.

- Maintain a high level of personal hygiene; wash hands frequently with soap and water.
- Drink only bottled or treated water or hot beverages.
- Select safe food. Meals should be thoroughly cooked and served hot. Avoid under-cooked or raw meat, fish or shellfish. Eat only fruit that you peel yourself.

Vaccination is recommended people travelling to locations where typhoid is consistently present.

Primary vaccination

Primary vaccination and booster doses for typhoid are the same. They can be either:

- A single injection.
- A series of three or four oral capsules taken on alternate days (differs country-to-country).

Booster

- After injected typhoid vaccination (Vi), a booster may be recommended at 2-3 years.
- After oral typhoid vaccination (three capsules), a booster may be recommended at 3-5 years.
- After oral typhoid vaccination (four capsules), a booster may be recommended at 3-5 years.

Risk to Travellers

High-risk areas are those with poor hygiene and sanitation and limited access to safe water. The disease is common in destinations such as the Indian subcontinent and other developing countries in Asia, Africa and Central and South America.

[CDC Typhoid information](#)

Yellow fever

A yellow fever vaccination certificate is **required** for entry for anyone ≥ 1 year of age arriving from a [country with a risk of yellow fever transmission](#), including people who were in transit for more than 12 hours in an airport located in a risk country.

(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

[View Yellow Fever Infographic Poster PDF](#)

The Disease

Yellow fever is a potentially fatal viral disease spread through mosquito bites. It is classified as one of the 'viral haemorrhagic fevers' and occurs in certain countries in Africa and South America. As there is no specific treatment available, prevention through vaccination and avoiding mosquito bites is essential. Many countries require travellers to show proof of vaccination for entry.

Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemagogus*), which breed in and around homes, in jungles, or in both environments. People and monkeys can become infected through mosquito bites. When the virus spreads into urban areas, large outbreaks can occur if a significant proportion of the population is unvaccinated and not immune.

Symptoms

Some people never develop symptoms after infection. For those who do, the first signs typically appear three to six days after a mosquito bite. They often begin with a sudden fever and headache, along with flu-like symptoms such as fatigue, muscle pain, back pain, nausea, and vomiting. Most people recover within four days. However, in around 15% of cases, symptoms worsen within 24 hours of apparent recovery. This toxic phase includes high fever, abdominal pain, vomiting, and jaundice (yellowing of the skin and eyes, giving the disease its name). The illness may progress to haemorrhagic symptoms (bleeding) and organ failure. Between 20% and 50% of severe cases result in death.

Diagnosis

Diagnosis requires specialised laboratory testing of blood and tissue samples. Early detection can be difficult as symptoms resemble other diseases such as malaria or dengue.

Treatment

There is no specific treatment for yellow fever. Patients are managed with supportive therapy. In severe cases, hospitalisation and intensive care may be required.

Prevention

Prevention is through avoiding mosquito bites and vaccination.

Prevent mosquito bites:

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks, and closed shoes).
- Consider treating clothing with an insecticide. These are available as both soaks and sprays, and usually last through several washings. Always follow the manufacturer's instructions.
- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. In general, the higher the concentration of the active ingredient in a product, the longer it lasts and hence the more effective it is. Reapply after swimming or excessive sweating.
- Stay away from mosquito breeding areas, such as stagnant water.
- Avoid using perfumes and wash off sweat as both attract mosquitoes.
- Consider using a bed net impregnated with insecticides.
- Ensure windows are covered with fly-wire. Use "knock-down" insect spray to kill mosquitoes in your room.
- Choose air-conditioned, well-screened accommodation if possible.

Vaccination: An effective vaccine is available. It contains a live, weakened virus and grants immunity to most people within 10 days, with 99% protection achieved by 30 days. A single dose generally provides lifelong immunity. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Vaccination is only available through designated

yellow fever vaccination clinics. Upon vaccination, travellers receive an International Certificate of Vaccination or Prophylaxis (ICVP), which becomes valid 10 days after vaccination and remains valid for life.

Proof of Vaccination for Entry and Exit Requirements

Many countries require proof of vaccination for entry—this applies to regions where yellow fever exists and those where mosquitoes capable of carrying the virus are present. If proof is unavailable, authorities may deny entry, mandate vaccination, or monitor your health. Some countries also require proof of vaccination upon departure.

Requirements are specific for each country and can vary depending on where the trip originated. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks before your trip.

If vaccination is medically contraindicated, a doctor must complete the "Medical Contraindications to Vaccination" section of the ICVP. A medical waiver letter may also be issued on official letterhead, signed and stamped by a doctor, specifying the reason for exemption. Waivers are generally issued for a single trip, and new ones may be required for future travel.

Risk to Travellers

The risk of acquiring yellow fever is higher in Africa than in South America, but the risk varies greatly according to location and season. In West Africa, peak transmission is late in the rainy season and early in the dry season (July–October). Transmission is highest during the rainy season (January–March) in Brazil. However, yellow fever can be contracted at any time of year.

[CDC Yellow Fever Information](#)

[CDC Yellow Fever Vaccine](#)

Routine Vaccinations

COVID-19

All travelers should ensure they are up to date with COVID-19 vaccinations. Recommendations vary between countries.

Influenza

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease, including::

- Young children
- Pregnant individuals
- People 65 years and older
- People with underlying health conditions

Measles-Mumps-Rubella

Vaccinations against measles, mumps, and rubella are routine in childhood, and are usually available as a combined vaccine "MMR".

Everyone should be immune to these diseases before travel.

There are outbreaks of measles in many locations.

If you are unsure of your immunity, consult your doctor well in advance of travel.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

Tetanus-Diphtheria-Pertussis

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

Health Threats

Known health threats for this country

Rabies

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

Rift Valley fever (RVF)

Rift Valley fever (RVF) is a viral disease that usually infects domestic animals such as cattle, sheep, goats, buffalo and camels. The virus sometimes transfers to humans, usually causing a mild flu-like illness that goes away within a week. However, in some cases the illness can be deadly. Humans can get the disease through the bite of an infected mosquito or other bloodsucking insect. They can also contract it via contact with the blood, organs, or bodily fluids of infected animals. Such contact most often occurs while caring for or slaughtering animals, or handling meat for food preparation. The virus can enter a person's body through contact with broken skin or via inhalation.

Some people infected with RVF will have no symptoms. Others will have a mild, flu-like illness with fever, weakness, muscle and back pain and dizziness. Some patients also develop meningitis-like symptoms: neck stiffness, sensitivity to light (photophobia) and vomiting. In severe cases, people may develop a haemorrhagic fever. This can cause severe liver disease, yellowing of the eyes and skin (jaundice), and signs of bleeding including blood in the faeces and vomit, bleeding gums and a rash. About 50 percent of those who develop haemorrhagic fever die. Other severe effects include encephalitis (brain inflammation) and eye disease. Both of these complications occur one to three weeks after symptoms first appear. Encephalitis can cause headache, seizure, coma or death. Eye inflammation and sores can result in permanent vision loss. There is no specific treatment for RVF. Although a vaccine has been developed, its use is still experimental and it is not commercially available. Prevention is through avoiding contact with potentially infected animals, and insect bites.

Crimean-Congo Fever (CCHF)

Crimean-Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with an infected person or animal's blood and other fluids or tissues. Symptoms occur within one to twelve days of exposure to infection. The illness presents with fever, chills, headache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about ten days after symptoms begin. Around 40 per cent of all infected people die. If the patient survives, recovery is long and slow.

The risk to travellers is low. High-risk groups include agricultural workers, healthcare workers, military personnel, and people who camp in rural areas. Prevention is mainly by avoiding tick bites. Wear long sleeves and long pants and use insect repellents. There is no safe, effective, and widely available vaccine for CCHF.

Malaria

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal. Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Tick bite fever

Tick bite fever (TBF) is part of a group of illnesses collectively called "spotted fevers". People get the disease when bitten by an infected tick. Most commonly, these ticks are carried on animals such as cattle, rodents and dogs.

Typically, TBF causes a fever, rash and an "eschar" where the tickbite occurred. (An eschar is a black mark on the skin surrounded by an inflamed red area.) Most people only become mildly ill. However, the disease is occasionally severe or fatal. It can be treated with antibiotics.

There is no vaccine or medication to protect people against TBF infection. Avoid tickbites to prevent TBF and other tickborne illnesses.

West Nile Virus

Primarily a disease of birds, West Nile virus (WNV) can infect humans. The most common route for a human infection is via mosquitoes. The mosquito feeds on an infected bird or other animal, then bites a human and introduces the virus into their body.

Most people who get WNV develop no symptoms. Of the 20 percent who do get ill, most develop mild symptoms 3-14 days after being bitten: fever, head and body ache, nausea and vomiting. Sometimes the lymph nodes swell or a rash appears on the trunk.

In fewer than one percent of all human cases, the person develops a serious, possibly fatal, infection. Symptoms may include high fever, headache, stiff neck, disorientation, muscle weakness, tremors and paralysis. The brain and membranes surrounding the brain and spinal cord may get inflamed, which can cause coma and death. Patients who recover from a serious WNV infection may suffer permanent brain damage.

There is no specific treatment for the disease, or vaccine to protect against it. To avoid infection, prevent mosquito bites in areas where the virus circulates. Wear long sleeves and long pants, and use insect repellents.

Tuberculosis (TB)

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. Family members, close friends and healthcare workers are most at risk. People with compromised immune systems, babies and children, those travelling to or living in countries with high TB rates, smokers and those who consume alcohol or other substances and those residing in group accommodation (such as prisons or nursing homes) are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include prolonged cough, chest pain, weakness, lack of appetite, weight loss, fever, chills, night sweats, tiredness, and lack of energy. Latent (inactive) TB causes no symptoms. Tuberculosis is diagnosed by evaluating a patient's risk factors for exposure to TB, clinical symptoms, chest X-rays, CT scan, tuberculin skin testing and examination of sputum or secretions which may contain the bacteria.

Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening. Some forms of TB have become resistant to drugs (MDR TB), and some forms are extensively resistant to drugs (XDR TB). These forms are hard to treat.

A vaccine, Bacillus Calmette-Guerin (BCG) is available. It protects children against severe TB. Some authorities recommend vaccinating children up to 16 years old or for travellers who may live or travel for three months or more to places with higher rates of TB infection or with the risk of multi-drug resistant TB. It must be discussed on an individual basis with your own health care provider.

Avoid enclosed or crowded environments where there are known TB patients, such as hospitals and prisons, whenever possible. People who must enter such places, such as health care workers, should wear specially fitted personal respiratory protective masks (such as the N-95 mask). Other ways to prevent the spread of TB include early identification, isolation and treatment of active cases, spreading awareness of symptoms to ensure people seek medical care early and ensuring that people on treatment take their medication and complete the entire course.

Air Pollution

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions.

See the International SOS [Air Pollution website](#) - use your membership number to log in.

Altitude

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to higher altitudes. It can occur from elevations of 1,500 meters onwards but is more common at elevations above 2,500 meters (8,000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitudes, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Cholera

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe watery diarrhoea, often called "rice-water" stools. Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 1 in 10 of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease. Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

Hepatitis A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

Typhoid fever

Typhoid fever is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important. Vaccination is recommended for people travelling to locations where typhoid is consistently present.

HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Schistosomiasis

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

Hepatitis B

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark.

There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

Measles

Yellow fever

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Food & Water

Generally safe

Food Risk

Food is safe in South Africa. Be sure to clean any fruits or vegetables purchased at markets before eating them.

Water and Beverages

Tap water is safe in all towns and cities. Use bottled or boiled water in rural areas.

The country is vulnerable to water shortages and faces extreme water stress annually.

Be aware of developments related to water supply, ahead of your travel. During periods of acute shortage, travellers may experience curtailed water supply or rationing of water.

Malaria

Risk in some areas

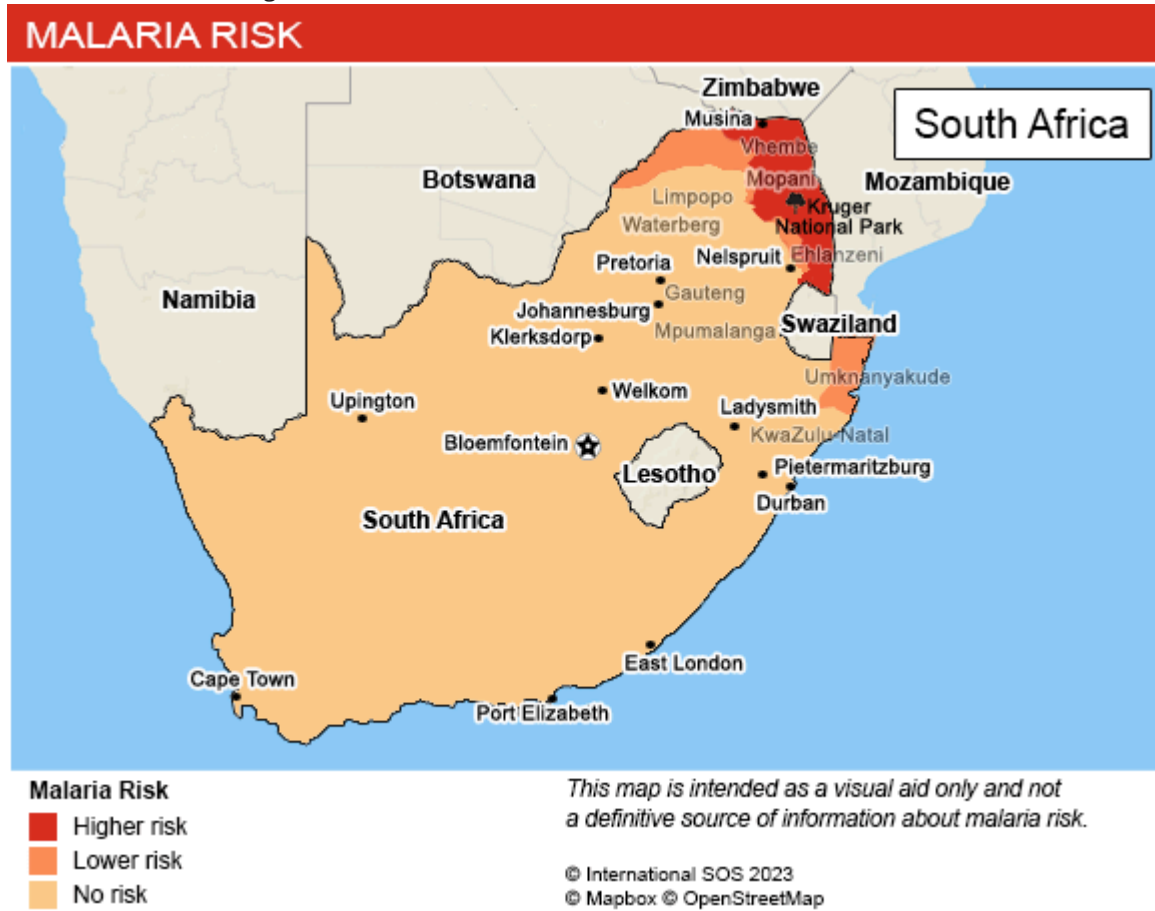
Malaria Bite Prevention

Malaria is present year-round in the following areas of South Africa: provinces bordering Mozambique and Zimbabwe, particularly in low altitude areas of Limpopo, Mpumalanga and KwaZulu-Natal provinces including the Kruger National Park.

The risk is higher during wet summer months from October to May.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas



Rabies

Avoid domestic and wild animals and bats

Rabies

Human cases of rabies have been identified in all Provinces of South Africa, with the majority being reported from the Provinces of KwaZulu Natal, Eastern Cape and Limpopo. Exposure to domestic dogs and cats are responsible for most cases however, rabies has also been detected in mongooses, jackals and seals. Multiple rabies infections have been detected in Cape fur seals along the coastline.

Destination Guide for South Africa

Security Overview

Personal Security

STANDING TRAVEL ADVICE

South Africa (MEDIUM)

- Travel to South Africa can proceed with standard security precautions.
- High crime rates pose a credible risk to foreign nationals and business travellers. Familiarise yourself with the crime risk areas of your destination prior to travel. Exercise heightened vigilance at all times, maintain a low profile and avoid sharing personal details with strangers.
- Be aware that even comparatively secure areas, including shopping malls and affluent neighbourhoods, are not immune to criminal activity.
- Muggings and crime at ATMs are common. Adopt sensible precautions, such as undertaking withdrawals only during daylight hours and preferably from machines located in shopping centres or hotels. Avoid cash withdrawals from petrol stations.
- If you plan to use credit cards, only do so in reputable establishments and exercise caution when they are being processed. As a precaution, never let your card be swiped out of your sight, and make sure your cards are with you at all times.
- Endeavour to park vehicles in secure areas and avoid unnecessary road travel after dark, even in affluent areas. After parking, physically check that your doors and boot are locked due to remote-jamming crimes. Exercise heightened vigilance when approaching your parked vehicle on foot.
- When travelling by vehicle, exercise caution at petrol stations, shopping centres, entrances to residences, traffic lights and junctions. At junctions, leave space between your car and the vehicle in front to enable you to manoeuvre away in the event of being accosted.
- Drivers should travel with valuables out of sight, keep doors locked and windows closed, and remain alert when in a stationary position or in slow-moving traffic.
- In the event of an accident or mechanical failure, drivers should continue to the nearest secure area or police station before leaving the vehicle, wherever possible.
- Plan travel bypassing protests, rallies, and strike-related activity due as a precaution. Remain abreast of volatile gatherings and plan routes avoiding affected areas due to the risk of indiscriminate violence or clashes between protesters and the security forces. Do not stop to watch or photograph gatherings.
- Respect local customs and legislation.
- Cybercrime and surveillance are relevant concerns. Minimise the number of devices brought into the country, ensure all software is up to date prior to travel and run a thorough check on devices upon your return.
- Use a Virtual Private Network (VPN) if connecting to public Wi-Fi networks. For further information on cybersecurity in South Africa, see our Communications section.

City of Johannesburg (Gauteng province) and eThekweni (KwaZulu-Natal province) metropolitan municipalities (HIGH)

- Travel requires enhanced precautions. Contact the nearest Assistance Centre for itinerary-specific advice prior to travel.
- Exercise heightened vigilance at all times and in all areas. Exercise a low profile and avoid sharing personal and travel details with strangers, including upon arrival at an airport.
- Pre-arrange a vehicle and a driver with a reputable transportation provider for the duration of travel. Travel with valuables out of sight, keep doors locked and windows closed, and remain alert when in a stationary position or in slow-moving traffic. Adopt varied routines and conduct regular check-ins with pre-identified trusted contacts.
- Select accommodation at internationally branded business-class hotels. For long-term stays, select accommodation in security complexes manned by 24/7-armed security in relatively secure neighbourhoods.
- Foreign nationals should avoid walking even to locations that are close by and during daylight hours. Instead use vehicles to travel between destinations.

High-density, low-income urban areas (HIGH)

- Travel to high-density, low-income urban areas should be for business-critical purposes only and requires enhanced security precautions.
- Travel should be conducted during the day and with a trusted local guide, preferably from the community.
- Travel 'kit light', leaving all valuables at your accommodation.
- Exercise vigilance in crowded areas and keep items close on your person.

Crime

Violent crime common

CRIME

Rates of crime, including violent crime, are very high, ranking amongst the highest globally. Most crime is concentrated in and around Johannesburg (Gauteng province), Cape Town (Western Cape province) and Durban (KwaZulu-Natal province). Although most crime occurs in high-density, low-income areas and informal settlements, no area can be considered immune from crime. Both local and foreign nationals are affected by crime. Criminals are very likely to be armed with firearms and prepared to use them. Violent crime risks increase after nightfall. Declining socio-economic conditions will contribute to a continued rise in crime rates.

Mugging/robbery

Muggings are especially common in the central business districts of major urban centres. However, robberies may also occur in other areas, including affluent neighbourhoods, shopping malls, and outside hotels. Although muggings are more likely to occur after nightfall, they are also commonly reported during daylight hours. There have been incidents involving attacks on tourist vehicles near Kruger National Park, including at Numbi Gate and along the R538 road. Travel during daylight hours, stick to main roads, and remain vigilant about potential criminals near all park gates and access points. Petty theft and muggings targeting passengers on public transport is frequent. The high-speed Gautrain between Pretoria and Johannesburg is a safe mode of travel, though robberies are occasionally reported outside train stations.

There have been incidents of criminals posing as police officers and committing crimes, including carjacking, home invasions and armed robbery. These criminals may not always have full police gear, vehicles, or identification.

ATM fraud, including card skimming and swopping, is common, including in comparatively secure areas such as banks or shopping centres. Perpetrators may distract victims while their cards are being skimmed or take the card with them to a separate area and copy the card details.

Vehicle-related robberies

Vehicle-related robberies are very common. Most vehicle thefts and carjackings are opportunistic and occur at night and in poorly lit areas, including in more affluent areas. People are most vulnerable to carjackings when vehicles are stationary and when approaching or leaving a parked vehicle. Carjackers often target vehicles at petrol stations, entrances to residences, or traffic lights and junctions. Perpetrators, who will typically work in groups, are commonly armed with firearms. See the internal travel guide for more information on navigating carjacking risks.

Vehicles parked in public areas, including at shopping centres or outdoor public parking, are most likely to be targeted for vehicle theft. Vehicles with visible valuables are likely to be targeted for theft from vehicles. In addition, 'car-jamming' crimes occur; these entail thieves using a small device to jam the frequencies at which vehicle remote-locking systems operate. After preventing a car from being locked remotely, criminals wait for the driver to leave the vehicle, before stealing the vehicle or, valuables from it.

Criminals have been known to identify targets arriving at airports, particularly Johannesburg's OR Tambo International Airport. Criminals will follow targets after they leave the airport, and block vehicles and rob passengers, sometimes while posing as police.

Smash-and-grab robberies from vehicles are also common at traffic intersections or in standstill or slow-moving traffic. Visible cell phones and portable bags are common targets.

Sexual violence

There is a high incidence of sexual assault and rapes countrywide. A large percentage of cases are domestic or occur in low-income, high-density areas. Drink-spiking at restaurants, bars and nightclubs, and subsequent violence are increasingly reported. Drinks are often spiked while being prepared or when left unattended.

Terrorism

Minimal risk to foreigners

TERRORISM

There is a latent risk of terrorism. There is no evidence that transnational terrorist organisations maintain a significant presence in the country, there is no history of a major terrorist attack, and levels of radicalisation are low. There is no significant threat of domestic terrorism and the country's counter-terrorism capabilities are strong.

Nonetheless, South Africa is used as a hub for recruitment, transit and funding of terrorist activities. In the past, there have been incidents linked to domestic extremists, including the 2018 discovery of bomb-like devices in multiple locations in Durban (KwaZulu Natal province). The US embassy and other diplomatic missions have also periodically issued warnings of alleged plots in the country, though attacks have not materialised.

The Mozambique-based Islamist militant al-Sunnah group has previously threatened to attack South Africa and other countries that have supported the Mozambican army's counterterrorism efforts. However, it has not demonstrated an ability to operate outside Mozambique and border areas of neighbouring Tanzania.

Kidnapping

KIDNAPPING

There has been a general upward trend in kidnapping in recent years. Most abductions are conducted in connection with other crimes, such as carjacking, armed robbery and express kidnapping, in which the victim is taken to an ATM to withdraw cash before being released. However, cases of kidnap-for-ransom and extortion have also been increasingly reported. Extortion gangs generally target businesspeople or foreign nationals, who are associated with a higher net worth, and demand cash in exchange for their release. Foreign nationals on long-term deployments, whose daily routines are often predictable, are more vulnerable to kidnap-for-ransom than business travellers on short visits. Business travellers visiting the country for shorter periods generally face lower risks, though isolated abductions have been reported. The risk varies between the country's nine provinces and is highest in Gauteng, KwaZulu-Natal, Mpumalanga and Western Cape provinces.

Social Unrest

SOCIAL UNREST

Protests are very common countrywide and pose mainly incidental risks to bystanders. The security forces can contain most unrest. Most protests are small-to-moderate in scale and peaceful, and primarily cause road traffic disruption and incidental risks of unrest to bystanders. Protests are mainly driven by public service delivery issues, such as high unemployment, poverty, inequality and perceived government inaction.

Service delivery unrest

Protests over service delivery grievances are a near-daily occurrence in lower-income communities, particularly in Johannesburg, Pretoria, Port Elizabeth, Durban and Cape Town. Gatherings can be highly charged and often degenerate into localised unrest, including instances of protesters blocking major roads and engaging in acts of indiscriminate arson and vandalism. These protests are usually spontaneous and occur early in the morning, coinciding with peak rush-hour traffic.

Industrial unrest

This is seasonal and tends to flare up when wage negotiations are taking place. Strikes are particularly common in the winter months (June to August) during what is dubbed as 'strike season'. Violence between striking and non-striking workers is a common occurrence during trade union walkouts, occasionally resulting in fatalities. However, such incidents usually remain restricted to low-income and industrial areas. Walkouts in the manufacturing and agricultural sectors sometimes entail peaceful demonstrations.

Xenophobic unrest

Xenophobic sentiments exist and mostly manifest in tensions between indigenous and migrant African communities in low-income areas; broader anti-foreigner sentiment potentially impacting formal business circles is rarer. Disaffected South Africans have long blamed foreign nationals for taking scarce jobs and housing, as well as contributing to the high levels of crime. When tensions flare, it is often due to inflammatory rhetoric and mobilisation by low-level community leaders to advance their own local agenda. Related protests are typically held in low-income communities and central business districts of major urban centres. Localised unrest and clashes with the security forces and communities are common.

Political unrest

Although most protests held by political parties are orderly, assassinations of local political figures, localised clashes between supporters of rival parties and sporadic unrest over poll-related issues typically occur ahead of elections. Political unrest is worst in KwaZulu-Natal, partly due to entrenched rivalries involving the Inkatha Freedom Party (IFP), the National Freedom Party (NFP) and the African National Congress (ANC). No major violent protest has taken place since the 2021 unrest linked to the arrest of former president Jacob Zuma (in office 2009-18) and socio-economic issues which led to looting and vandalism across KwaZulu-Natal and Gauteng.

Conflict

CONFLICT

The legacy of apartheid is a latent source of internal racial and socio-economic tensions, though strong institutions and a narrative of reconciliation significantly negate the potential for an escalation into open civil conflict. Xenophobic attacks against immigrants from neighbouring countries are occasionally reported, while tribal tensions are known to flare sporadically, particularly around election cycles. However, incidents are mostly restricted to low-income areas and generally have a negligible impact on business travellers and foreign nationals.

There are no specific external threats and South Africa continues to enjoy strong relations with the international community. The country has no disputes with its neighbours and plays an active role in regional conflict mediation.

