

Destination Guide for Tunisia



Overview

Destination Guide Content

Destination Risk Levels

- + Medium Medical Risk for Tunisia
- Medium Travel Risk for Tunisia
- High Travel Risk for **Libyan border areas; areas of Jendouba, Kasserine and Kef governorates within 25 miles (40km) of the Algerian border; Mount Chaambi, Mount Mgilla, Mount Salloum and Mount Sammama**

Libyan border areas: HIGH

Islamist militancy poses a risk to business travellers in areas within 25 miles (40km) of the Libyan border due to a presence of the Libya-based Islamic State (IS) group. The activities of the Islamist extremist al-Qaida in the Islamic Maghreb (AQIM) group also pose a significant risk within 25 miles of the Algerian border.

Libyan border areas; areas of Jendouba, Kasserine and Kef governorates within 25 miles (40km) of the Algerian border; Mount Chaambi, Mount Mgilla, Mount Salloum and Mount Sammama: HIGH

Closed military operation zones have been established in the Mount Chaambi, Mount Mghila, Mount Salloum and Mount Sammama mountain ranges and national parks, where armed militant groups are active and maintain bases. Sporadic attacks on domestic targets such as security force personnel and facilities are likely to continue in the short-to-medium term, while attempts by militants to seize territory cannot be discounted. Associated counter-terrorism operations can also cause disruption. Militant groups in border areas stage occasional attacks against the security forces and civilians. The AQIM-linked Okba Ibn Nafaa Brigade extremist group is most active in these areas.

Standing Travel Advice

- Travel to Tunisia can proceed with standard security precautions.
- Under normal circumstances, avoid all but essential travel to areas of Jendouba, Kasserine and Kef governorates within 25 miles (40km) of the Algerian border due to the risks posed by militant activity. Travel to those areas should only be undertaken in liaison with the local authorities.
- Travel within 25 miles (40km) of the Libyan border should be for essential purposes only due to the risks posed by instability and lawlessness in neighbouring Libya. Those undertaking essential travel to border areas should enquire about local conditions prior to setting out and liaise with local authorities as a precautionary measure, as security support may be required.
- Take sensible security precautions to mitigate the risk of street and petty crime, particularly in areas frequented by tourists.
- Avoid all protests because of the credible risk of violence; do not stop to watch or photograph them. If a crowd or large group of security personnel begins to gather, vacate the area immediately.
- Bouts of political or socio-economic unrest are possible and may occur with little or no warning, particularly in outlying provinces; monitor developments during your stay, using reliable media sources and our website. Be flexible in your travel plans as rapid changes in the situation could result in significant travel disruption or temporary spikes in insecurity, such as episodes of looting and vandalism. Foreign nationals are unlikely to be targeted in any violence but may be required to remain in secure accommodation until the situation has stabilised.
- Opt for accommodation located away from key protest venues.
- Curfews may be imposed at times of heightened tension. Stay abreast of and observe curfew hours, which may be subject to change with little or no notice.
- There is an underlying threat of attacks by Islamist militants in Tunisia. Likely targets include Western embassies, tourism sites, venues where Westerners are known to congregate and government or military personnel and assets. Report any suspicious behaviour or packages to the authorities and follow the security forces' instructions.
- Register with your embassy and all available warden networks.
- Border crossings with Libya and Algeria can close at short notice as a result of unrest or security incidents. Avoid overland travel to Algeria and Libya for security reasons. If it is necessary to undertake cross-border overland travel, plan journeys carefully and enquire about the status of border posts prior to setting out.
- Driving standards are poor, road quality variable and road traffic accidents common; do not self-drive unless familiar with local conditions. Taxis are a suitable means of transport in urban areas.
- If intending to undertake road travel outside urban areas, plan carefully using a private vehicle and trusted local driver; ensure sufficient fuel supplies and support in the event of a vehicle breakdown or security incident.
- First-class intercity coach and train travel is suitable for business travellers; however, minibus travel should be avoided.
- Be aware of and respect Muslim and local cultural sensitivities. Informal clothing is acceptable at coastal tourist resorts, but dress conservatively elsewhere. Female travellers should wear loose-fitting clothing covering the chest, arms and legs.
- Before posting information online, consider how this may be perceived by the authorities and that spreading rumours and fake news online is punishable under Tunisian law.

Destination Guide for Tunisia



Before You Travel

Destination Guide Content

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required Yes

Visa Required No

Return Ticket Required Yes

Australian

Passport Required Yes

Visa Required No

Return Ticket Required Yes

Canadian

Passport Required Yes

Visa Required No

Return Ticket Required Yes

USA

Passport Required Yes

Visa Required No

Return Ticket Required Yes

Procedures

Passport must be valid for a minimum period of six months. A two-part registration form is distributed on the plane – the top part is kept by immigration officials on arrival. Foreign nationals must submit the bottom half on departure. Immigration control can involve long checks, though business travellers are unlikely to face difficulties. On arrival, people are required to state their address or the name of their hotel, as well as the duration and nature of their visit.

Entry/Exit Requirements

Entry/Exit requirements

All foreign nationals must carry a passport valid for six months after the intended return date to enter Tunisia. Import of Tunisian currency is prohibited. Cash brought in equal to or in excess of 20,000 Tunisian Dinars (TD) is required to be declared. People must declare amounts above TD 5,000 if they wish to export that amount upon departure. Up to TD 3,000 may be re-exchanged into foreign currency upon departure from Tunisia with the original exchange receipt. Therefore, it is highly advisable to keep original exchange receipts, including those issued at ATMs.

Passengers on direct flights to the US and UK may still experience heightened security measures related to the screening of electronic items.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

- During the Islamic holy month of Ramadan, Muslims are not allowed to eat, drink or smoke from dawn to dusk, but hotels and some restaurants and bars cater to visiting foreign nationals.
- Foreign nationals could face legal penalties if they are perceived to be proselytizing to local people.
- Do not take photographs of government or military installations and diplomatic missions. Seek permission before taking a photo of a facility or person.
- There are severe penalties for anyone caught with illegal drugs.
- Homosexuality is illegal and severe punishments are regularly applied. Societal attitudes towards the LGBTQ+ community are sometimes intolerant but violence is only occasionally directed towards its members.

Getting There

METHOD OF ARRIVAL

By air

Tunis-Carthage International Airport ([TUN](#)) is the country's main international airport. Djerba-Zarzis ([DJE](#)), Monastir Habib Bourguiba ([MIR](#)), Sfax-Thyna ([SFA](#)), Tabarka (TBJ), Enfidha-Hammamet ([NBE](#)) and Tozeur-Nefta ([TOE](#)) are other major international airports. Djerba-Zarzis, Enfidha-Hammamet and Monastir Habib Bourguiba airports handle large number of tourist charter flights.

There are no major security risks at any of these airports, which provide a reasonably high level of security to passengers and aircraft. Passengers will have to undergo X-ray screening upon arrival.

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

Tunisia can be reached by road from Libya via border crossings in Medenine, Tataouine, Kasserine and Kef governorates. However, the authorities sporadically close the border crossings between the two countries – generally over security concerns – and foreign nationals planning to undertake travel via these frontier crossings should enquire about their status before setting out. Such closures can also result in large queues at alternative border posts, causing travel delays.

There are also several points of entry by road from Algeria, which are served by buses and long-distance louages (shared taxis). However, the crossings are frequently closed and unreliable for business travel.

By sea

The Corsican ferry company Corsica Linea ([CL](#)) runs ferry services from France and Italy to Tunis. Tunisian company Compagnie Tunisienne de Navigation ([CTN](#)) has regular ferry services to France, Italy and Malta. Major routes include Marseilles-Tunis and Genoa-Tunis; both journeys take 21-24 hours. A hydrofoil service is available from Sicily between May and September.

Procedures

Passport must be valid for a minimum period of six months. A two-part registration form is distributed on the plane – the top part is kept by immigration officials on arrival. Foreign nationals must submit the bottom half on departure. Immigration control can involve long checks, though business travellers are unlikely to face difficulties. On arrival, people are required to state their address or the name of their hotel, as well as the duration and nature of their visit.

Getting Around

BY AIR

There are regular internal connections between Tunis, Tozeur, Djerba and Sfax. Flights face no specific security problems, but seats may be in short supply. Flights can be delayed or cancelled at short notice. [Tunisair](#) is the flag carrier.

BY ROAD

Most major car-hire companies, such as Hertz and Avis, have offices at Tunis airport and cars can be collected on arrival. When hiring a car, foreign nationals should check that the front tyres are not worn out and there is a spare tyre. Motorists should also carry a can of petrol, particularly while travelling in rural areas, as petrol stations can be few and far between. The use of seat belts is mandatory for front row passengers while travelling in and around the cities. An International Driving Permit is mandatory. Traffic drives on the right. Foreign nationals should carry all vehicle documents with them because of frequent road checks, particularly in the south and near the Algerian border.

Foreign nationals should not self-drive as local driving standards are poor. Traffic and road safety rules are frequently violated, and traffic lane markings, signage and signals are often ignored; heavy pedestrian traffic can hinder drivers. Animals on roads, particularly in rural areas, can pose a hazard to drivers. Foreign nationals should avoid travelling after dark outside major urban centres. For safety reasons, it is forbidden to drive through the southern Sahara desert region without obtaining a permit from the authorities as it is a 'closed military zone'. Applications for permits can be submitted to the Tataouine, Kébili and Médenine governorates, depending on the area to be visited. Foreign nationals should take an experienced guide and a suitably equipped car with full provisions.

Clashes between rival groups – most often, between armed smugglers and the security forces – can pose incidental risks as well as result in impromptu closures of border crossings. The Ras Jedir crossing point with Libya is particularly vulnerable in that respect; foreign nationals should ascertain its status before undertaking any cross-border journeys.

BY TAXI

Yellow taxis are widely available in urban centres, but driving standards are erratic and road safety rules are often violated. Taxis are numbered and metered, though drivers have been known to overcharge foreign nationals. Taxi drivers usually do not speak English. Business travellers who do not speak French should write down their destination or ask hotel staff to explain it to the driver. Private taxi providers are also available. However, the authorities have suspended Bolt and similar ride-sharing apps following allegations of fraud.

BY TRAIN

Fast, efficient and air-conditioned [SNCFT](#) (Société Nationale des Chemins de Fer Tunisiens) trains run between most main cities, including between Tunis and Nabeul, Sfax and Gabes. Trains are in poor condition and not recommended for business travellers.

BY OTHER MEANS

By bus

Crowded urban and intercity buses are unsuitable for foreign nationals. Air-conditioned coaches link the cities. Shared louages (vans) run on set routes for longer journeys, but are usually unsuitable for business travel; they tend to be uncomfortable and follow erratic timetables.

Business Women

BUSINESSWOMEN

The number of businesswomen in the workplace has increased over the past decade. Nevertheless, lone women may encounter unwanted attention from men on the streets and on public beaches. Travelling on suburban trains and buses should be avoided late at night when the use of taxis is preferable for security reasons.

Foreign travellers should follow the cultural customs when travelling for business purposes.

Working Week

WORKING WEEK

- Working week: Monday to Friday
- Government offices are open until afternoon on Saturdays
- Office hours: 8.30-12.30 and 14.30-17.30. However, on Friday and Saturday, and during Ramadan and the summer months of July-August (known as Séance Unique), business hours are from 08.00 to 13.00.

Language & Money

LANGUAGE

Tunisian Arabic is the official language, but French is commonly used in major cities and is spoken almost universally. English is not commonly spoken outside areas popular with tourists.

MONEY

The Tunisian dinar (TD), the local currency, is available only in Tunisia and must be reconverted on departure. ATMs are widely available in all major cities but have been known to malfunction. Credit cards are accepted in major urban and tourist centres. Visa cards are readily accepted for ATM transactions, though Maestro (Switch) is also common. There are many banks in Tunis, but not all of them have ATMs. Most upmarket hotels have bureaux de change, though opening hours may vary. Traveller's cheques are not commonly accepted. People should conduct monetary transactions at authorised banks and retain receipts as these may be required during departure.

Tipping

TIPPING

Tipping is not compulsory; however, hotel and restaurant waiters and taxi drivers may be tipped for good service.

Geography & Weather

CLIMATE

Climate overview

- Tunisia has a warm climate all year round.
- Summer (June to late September) temperatures in desert regions are very high.
- Winter is mild and has the highest rainfall.
- Consult the [National Institute of Meteorology](#) website for the latest weather information.

Flooding

- Heavy rain and flooding usually occur in winter, though unseasonal floods have also been reported in recent years.
- Major urban centres, including the capital Tunis, are also vulnerable to severe flooding.
- Floods can cause fatalities and damage infrastructure, disrupting road travel and essential services.

Droughts

- Tunisia is prone to severe droughts, leading to water shortages.
- To address shortages, the authorities have imposed rationing measures and restrictions on water usage, while increasing the tariff on the supply of drinking water.

Dust and sand storms

- Dust and sand storms are common in Tunisia during the spring and summer months.
- Such storms mainly affect southern areas of the country, though central regions may also experience them.
- Low visibility during dust and sand storms can disrupt road travel and may also affect flights.

Wildfires

- Wildfires occur frequently during the summer months, with the fire season lasting from late June until August and peaking in July.
- Such fires can affect population centres, leading to evacuation of residents, property damage and road closures.

- In July 2023, large wildfires affected several northern governorates, including Jendouba, where around 2,500 residents of the town of Tabarka were evacuated from their homes.

Earthquakes

- Earthquakes occasionally strike Tunisia, though they are mostly mild and do not cause any major damage.

GEOGRAPHY

The northernmost country of the African continent, Tunisia is situated on the Mediterranean coast. It is flanked by Algeria to the west and Libya to the south-east, while the Mediterranean coastline forms its northern and eastern borders. Tunisia is the smallest nation in North Africa.

In the northern part of the country lies the Tunisian Dorsal mountain range, which is an extension of the Saharan Atlas. The semi-arid steppe plateau lies at the centre of the country. The Sahel, a flat westward extension of the coastal plain, extends into Libya. The region is famous for its seasonal salt lakes and olive groves. Further south, the dominant landforms are extensive seasonal salt flats and date palm plantations. The southern extremity of the country gives way to the Sahara desert.

The country is administratively divided into 24 governorates: Beja (Bajah), Ben Arous (Bin 'Arus), Bizerte (Banzart), Gabes (Qabis), Gafsa (Qafsah), Jendouba (Jundubah), Kairouan (Al Qayrawan), Kasserine (Al Qasrayn), Kebili (Qibili), Kef (Al Kaf), L'Ariana (Aryanah), Mahdia (Al Mahdiah), Manouba (Manubah), Medenine (Madanin), Monastir (Al Munastir), Nabeul (Nabul), Sfax (Safaqis), Sidi Bouzid (Sidi Bu Zayd), Siliana (Silyanah), Sousse (Susah), Tataouine (Tatawin), Tozeur (Tawzar), Tunis, Zaghuan (Zaghwan). Tunis is the capital; the other major cities are Sfax, Sousse, Sidi Bouzid and Kasseerine.

International Dialing & Power

DIALLING CODES

Country Code 216

IDD Prefix (International Direct Dialling) 0

NDD (National Direct Dialling) 0

COMMUNICATIONS

Tunisie Télécom is the national service provider. Both the domestic and international systems are reliable. International calls can be made from hotels but tend to be expensive. Ooredoo, Orange Tunisie and Tunisie Telecom provide GSM services.

Internet access is widespread including fibre broadband and 4G internet is available from all mobile providers.

Information security

Tunisia has one of the most developed telecommunications infrastructures in Africa. The internet penetration rate is rising due to a growth of mobile internet subscriptions.

The most common online criminal acts are identity theft and personal data breaches, notably through phishing. Cyberterrorism is also a major concern for the authorities due to the spread of social media accounts and websites calling for violence and spreading extremist ideologies.

Although a new data protection law that came into force in March 2018 was in line with the EU General Data Protection Regulation, it faced criticism due to vague and broad provisions which could allow for the violation of user rights to privacy and free speech. The National Authority for Protection of Personal Data (INPDP) is the data protection authority tasked with monitoring information privacy. However, the INPDP suffers from a lack of resources, little independence from the state and its decisions are non-binding.

There are various government bodies responsible for cybersecurity oversight. The National Agency for Computer Security (ANSI), which is part of the Ministry of Information and Communication Technologies, is the main agency controlling information systems and ensuring the implementation of a general security strategy. It also conducts periodic audits of the systems. ANSI also hosts TunCERT, the emergency response team responsible for monitoring and supervising responses to cyberattacks. TunCERT also offers [advice](#) on how to prevent such attacks on vulnerable or sensitive infrastructure.

Advice

- Minimise the number of devices you bring into the country and avoid carrying sensitive data with you.
- Ensure anti-virus software is up-to-date prior to travel and conduct a thorough check of all devices post-trip
- Exercise caution when connecting to insecure Wi-Fi networks, such as in hotels, airports and train stations.

- Use a Virtual Private Network (VPN) to protect communications and secure data. Always familiarise yourself with the legal status of any VPN or application in your destination country prior to travel.
- Use the 'forget network' setting upon your return if you connected to any public Wi-Fi networks while travelling.
- Obtain profile-specific advice taking into account your industry and position in the company.

ELECTRICITY

These are the most common plug types used:

Calendar

Holidays & Security Dates

2025

25 Jul Republic Day

13 Aug Women's Day

03 Sep Celebration of 3 September 1934

Celebrates founding of Neo-Destour Party

15 Oct Evacuation Day

07 Nov Commemoration Day/New Era Day

17 Dec Revolution And Youth Day

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.

13 Jan Berber New Year (Yennayer)

Usually celebrated on 13 January in Libya and Morocco.

20 Mar Independence Day

Celebrates Tunisian independence from France.

Destination Guide for Tunisia



Medical

Destination Guide Content

Medical Care

Variable

Standard of Health Care

Good quality medical care is available in private facilities (called clinics), especially in Tunis and other east coast cities. Away from the Mediterranean coast, the desert areas of Tunisia have under-developed medical care. The private healthcare system is preferred, except in cases of major trauma when public hospitals provide the first line of care. There may be a significant variation in quality of care between hospitals and travellers may benefit from support to select the most appropriate facility.

Most doctors are trained in Tunisia with some taking additional specialist training in France. All doctors speak French and Arabic and some doctors also speak German, Italian or English. Nursing care is not as developed as in European or other high-income countries. It may be recommended to avoid complex or planned medical treatment in Tunisia and serious medical conditions may benefit from evacuation to Europe to upgrade the level of care available.

EMERGENCY NUMBERS

Ambulance 190

Fire service 198

Police 197

Hospitals & Clinics

Clinique Internationale Med Hannibal

Category: Clinic

Address: 2 Les Berges du Lac Cite les Pins, Tunis

Phones: [21629902030](tel:21629902030),
[21636031300](tel:21636031300),
[21671137400](tel:21671137400)

Emails: Reception.central@cliniquehannibal.com,
Aymen.Hannachi@cliniquehannibal.com

Vaccinations

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 adventurous and long-term travellers, especially those who will:

- Visit friends and relatives.
- Eat from local vendors or restaurants.
- Be exposed to conditions of poor sanitation.
- Visit smaller cities or rural areas.

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.

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](#)

Malaria

None

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.)

Leishmaniasis

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn- this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide-treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.
- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

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.

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.

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.

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.

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

Food & Water

Drink bottled water. Care with food.

Food Risk

Food is generally considered to be safe in Tunisia. To reduce your risk, it may be wise to avoid food from street vendors, salads, pre-peeled fruit and shellfish. Fruit that you wash and peel yourself should be safe.

Water and Beverages

Tap water is safe to drink in major cities and resorts only. If drinking bottled water or carbonated beverages, ensure that the seal is intact.

Destination Guide for Tunisia



Security

Destination Guide Content

Personal Security

STANDING TRAVEL ADVICE

- Travel to Tunisia can proceed with standard security precautions.
- Under normal circumstances, avoid all but essential travel to areas of Jendouba, Kasserine and Kef governorates within 25 miles (40km) of the Algerian border due to the risks posed by militant activity. Travel to those areas should only be undertaken in liaison with the local authorities.
- Travel within 25 miles (40km) of the Libyan border should be for essential purposes only due to the risks posed by instability and lawlessness in neighbouring Libya. Those undertaking essential travel to border areas should enquire about local conditions prior to setting out and liaise with local authorities as a precautionary measure, as security support may be required.
- Take sensible security precautions to mitigate the risk of street and petty crime, particularly in areas frequented by tourists.
- Avoid all protests because of the credible risk of violence; do not stop to watch or photograph them. If a crowd or large group of security personnel begins to gather, vacate the area immediately.
- Bouts of political or socio-economic unrest are possible and may occur with little or no warning, particularly in outlying provinces; monitor developments during your stay, using reliable media sources and our website. Be flexible in your travel plans as rapid changes in the situation could result in significant travel disruption or temporary spikes in insecurity, such as episodes of looting and vandalism. Foreign nationals are unlikely to be targeted in any violence but may be required to remain in secure accommodation until the situation has stabilised.
- Opt for accommodation located away from key protest venues.
- Curfews may be imposed at times of heightened tension. Stay abreast of and observe curfew hours, which may be subject to change with little or no notice.
- There is an underlying threat of attacks by Islamist militants in Tunisia. Likely targets include Western embassies, tourism sites, venues where Westerners are known to congregate and government or military personnel and assets. Report any

suspicious behaviour or packages to the authorities and follow the security forces' instructions.

- Register with your embassy and all available warden networks.
- Border crossings with Libya and Algeria can close at short notice as a result of unrest or security incidents. Avoid overland travel to Algeria and Libya for security reasons. If it is necessary to undertake cross-border overland travel, plan journeys carefully and enquire about the status of border posts prior to setting out.
- Driving standards are poor, road quality variable and road traffic accidents common; do not self-drive unless familiar with local conditions. Taxis are a suitable means of transport in urban areas.
- If intending to undertake road travel outside urban areas, plan carefully using a private vehicle and trusted local driver; ensure sufficient fuel supplies and support in the event of a vehicle breakdown or security incident.
- First-class intercity coach and train travel is suitable for business travellers; however, minibus travel should be avoided.
- Be aware of and respect Muslim and local cultural sensitivities. Informal clothing is acceptable at coastal tourist resorts, but dress conservatively elsewhere. Female travellers should wear loose-fitting clothing covering the chest, arms and legs.
- Before posting information online, consider how this may be perceived by the authorities and that spreading rumours and fake news online is punishable under Tunisian law.

Crime

Limited to hot spots

CRIME

Although crime rates remain low, they have increased, with high youth unemployment and a severe economic crisis deepened by the COVID-19 pandemic contributing to them. Opportunistic crime, such as theft, pickpocketing and scams, poses the main risk to foreign travellers, in the form of theft, pickpocketing and scams. Violent crime is rare, but there are occasional car break-ins, especially during the summer months. Foreign nationals will attract the attention of beggars and tourist touts on the streets, but these are rarely threatening and unlikely to have criminal intentions. There is a large security force presence on the streets that helps in keeping rates of crime in check.

Terrorism

Moderate indirect risk to foreign nationals

TERRORISM

There is a heightened risk of terrorism in Tunisia, particularly homegrown lone-wolf style attacks. Possible targets include crowded areas, government and military installations,

transport hubs, businesses with Western interests, and areas popular with foreign nationals and tourists.

Religious extremism was long marginal in Tunisia. However, extremist Salafists have become more vocal in their denunciation of secularism and the country's pro-Western orientation since the 2011 ouster of former president Zine al-Abidine Ben Ali, who kept Islamist activity under control. Areas most vulnerable to such extremism include those affected by under-development and unemployment, including peripheral neighbourhoods of the capital Tunis and Sousse (Sousse governorate) and interior governorates.

Border regions

Tunisia's proximity to Algeria, a major base for al-Qaida in the Islamic Maghreb (AQIM) – and to Libya where the Islamic State (IS) organisation has established a presence – make the country an attractive target for Islamist militant attack. A state of emergency is currently in place, having been extended several times since 2015. The authorities have carried out a number of anti-terrorism operations, established closed military zones and built a 125-mile (200km) barrier along the porous Libyan border. However, sporadic attacks on domestic targets such as security forces personnel and facilities are possible in areas bordering Libya. Further attacks can lead to the temporary closure of border crossings, such as Ras Jedir and Dehiba.

Coastal regions

High-profile attacks took place in 2015 at the Bardo museum in Tunis and a beach resort in Port el Kantaoui (Sousse governorate), killing 57 foreign nationals; IS claimed responsibility for both incidents. Since 2018, there have been low-level suicide bombings in Tunis. In October 2018, a suicide bomber targeted police officers along the central Avenue Habib Bourguiba, injuring nine people. In June 2019, two suicide bombings in quick succession killed a police officer and injured eight other people. In March 2020, two suicide bombers detonated their devices near the US embassy, killing one person and injuring five others. The latest incident occurred in May 2023, when a gun attack at a Jewish pilgrimage site on Djerba island killed five people and injured others.

Kidnapping

KIDNAPPING

The risk of kidnapping in Tunisia is low. No kidnappings have been recently recorded in the country. Nevertheless, people travelling near the Libyan or Algerian borders should remain vigilant due to the strong presence of Al-Qaida in the Islamic Maghreb (AQIM) in Algeria and the credible risk of spillage into the shared borders with Tunisia.

Social Unrest

SOCIAL UNREST

Demonstrations prompted by political and social grievances are frequent. Such protests in the capital Tunis focus on key government buildings on [Avenue Habib Bourguiba](#), near the [Ministry of Interior](#) and in the vicinity of [Place du Bardo](#). Economic difficulties and

discontent with the pace of political reforms can prompt outbreaks of protests in Tunis and interior governorates. These can involve vandalism and arson attacks on official buildings and clashes with the security forces. Reports of food and water outages can also prompt spontaneous bouts of unrest. The authorities also occasionally impose temporary curfews.

Gatherings may be held on the anniversary of the so-called 'Jasmine Revolution' on 14 January to celebrate the 2011 transition to democracy. Such protests often remain peaceful. However, in times of heightened political tensions, they present a credible risk of localised disturbances and may be forcibly dispersed by the authorities.

Sit-ins and strikes at or near production sites can hamper access to these facilities. Such incidents are particularly frequent in Tunis, Gafsa, Sfax and Tataouine governorates. The public services and transport sectors are prone to strikes due to a longstanding dispute between the government and unions on reform of the public sector.