



9. HEALTH AND SAFETY

In general, health risks for most tourists are low provided that you stick to established routes and accommodation facilities. However it is essential to obtain informed medical advice from a medical practitioner or institute with experience of southern African pathogens and disease.

Malaria

There is a risk of malaria in all countries in the TFCA and while the risk is generally low, some areas pose a higher level of risk. Risk also may vary from season to season. Malaria prophylactics appropriate for the strain of parasite in the areas you propose to travel are recommended.

Symptoms of malaria may include:

- Fever
- Chills
- Headache
- Sweats
- Fatigue
- Nausea and vomiting.

The incubation period is generally two to three weeks so you may only feel unwell once you return home, but in some cases it may take months for the disease to manifest itself. If you experience any of the symptoms, even if you have taken your prophylaxis, see your doctor immediately and tell him you have been in a malaria area.

MALARIA RISK BY COUNTRY

Angola

Malaria prophylaxis is recommended for all areas in Angola.

Botswana

Although the risk of malaria is deemed as very low in Botswana, the areas with elevated risk are the districts of Central, Chobe, Ghanzi, Northeast, and Northwest. The cities of Francistown and Gaborone, however, are deemed safe areas.

Namibia

Areas of risk are the provinces of Kunene, Ohangwena, Okavango, Omaheke, Omusati, Oshana, Oshikoto, Otjozondjupa, and the Caprivi Strip. The risk is deemed as moderate.

Zambia

All areas in Zambia are at moderate risk of malaria.

Zimbabwe

All areas in Zimbabwe pose a moderate threat.

The simplest way to avoid malaria is reduce the chances of mosquito bites. Apart from the obvious prophylactics, there are other measures that you can implement to reduce the risk even more, for example:

- Try to avoid being outside from dusk till dawn as this is when malaria-carrying mosquitoes are most active. The most critical times are actually the few hours around dusk and dawn.
- Wear long-sleeved shirts and long pants when outside.
- Use mosquito repellents and be sure to apply as instructed on the label directions.
- Stay in a room that has air conditioning, screens on windows and doorways, and a mosquito net surrounding your bed.
- Use insect repellent sprays indoors.

Yellow Fever

Yellow Fever is a viral disease transmitted by the bite of an infected mosquito. The virus attacks the liver, and the skin and eye colour become yellow (jaundice).

The risk of travellers getting yellow fever differs due to various factors, including the season, the destination, the type of activities undertaken, and the length of stay. The risk is low for most travellers, especially those travelling to mainly well-developed urban areas. Those staying for a longer time, participating in outdoor activities such as hiking, camping, fieldwork or cycling, or visiting rural or forested areas are more at risk.

Yellow fever is endemic (always present) in many of the tropical areas of Africa including Zambia and Angola. Prevention is sensible and is required for visas for Angola and Zambia. The vaccination is cheap, safe and very effective. It provides protection from about 30 days after the vaccination, and is effective for life, although boosters at 10-year intervals are sometimes advised and may be required for visas.

HIV/AIDS

In the mid-1980s, HIV and AIDS were virtually unheard of in southern Africa. Now, it is the worst affected region and widely regarded as the “epicentre” of the global HIV epidemic. It is highly recommended that visitors do not engage in sexual behaviours that expose them, or their partners to a risk of infection.

Schistosomiasis (bilharzia)

Most water bodies in the region present a risk of Schistosomiasis. This is a parasitic infection whose life cycle circulates through humans and snails. The infection is widely treated casually by residents in the region and often ignored. However it should be taken seriously if you have been in contact with water, such as when rafting, canoeing or fishing. A test for

bilharzia is cheap and readily available and treatment is generally a single dose of medication, usually Praziquantel (Biltricide), although in some cases a follow-up dose and retesting may be recommended. This drug is on the World Health Organisation’s List of Essential Medicines. Symptoms are slow to express themselves and may go un-noticed for months or years. In general we would advise a routine test on your return home.

Gastro-Intestinal Parasites and Bacteria

The tap water is generally safe to drink in Botswana and Namibia but in Zambia, Zimbabwe and Angola, tap water should be boiled before drinking or brushing teeth — or use bottled water from a reliable source. Many lodges have their own water supplies derived from boreholes that are generally of high-quality and safe, although in some areas it may be brackish — fine for brushing your teeth and showering but unpleasant to the taste. Some hotels may have their own water purification facilities.

In general, gastro-intestinal problems can be avoided by regular hand washing, drinking water from a known safe source and only eating salads and raw vegetables provided by the established tourist facilities. Should you be preparing your own salads and fruits from roadside stalls or markets, then you are advised to wash, and if appropriate, peel your fruit and vegetables in safe water and preferably using a sterilising agent such as a vinegar and water solution, vinegar and hydrogen peroxide, a few drops of iodine or even a teaspoon of household bleach. Rinse thoroughly.

