

Immunizations

Information from Center for Disease Control
www.cdc.gov/travel

Preparing for Your Trip to Uganda

Before visiting Uganda, you may need to get the following vaccinations and medications for vaccine-preventable diseases and other diseases you might be at risk for at in Uganda: (Note: Your doctor or health-care provider will determine what you will need, depending on factors such as your health and immunization history, areas of the country you will be visiting, and planned activities.)

To have the most benefit, see a health-care provider at least 4–8 weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it.

Even if you have less than 4 weeks before you leave, you should still see a health-care provider for needed vaccines, anti-malaria drugs and other medications and information about how to protect yourself from illness and injury while traveling.

CDC recommends that you see a health-care provider who specializes in Travel Medicine. If you have a medical condition, you should also share your travel plans with any doctors you are currently seeing for other medical reasons.

If your travel plans will take you to more than one country during a single trip, be sure to let your health-care provider know so that you can receive the appropriate vaccinations and information for all of your destinations. Long-term travelers, such as those who plan to work or study abroad, may also need additional vaccinations as required by their employer or school.

Be sure your routine vaccinations are up-to-date. Check the links below to see which vaccinations adults and children should get.

Routine vaccines, as they are often called, such as for influenza, chickenpox (or varicella), polio, measles/mumps/rubella (MMR), and diphtheria/pertussis/tetanus (DPT) are given at all stages of life.

Routine vaccines are recommended even if you do not travel. Although childhood diseases, such as measles, rarely occur in the United States, they are still common in many parts of the world. A traveler who is not vaccinated would be at risk for infection.

Vaccine-Preventable Diseases

- **Tetanus/Diphtheria (Td)** - Combination vaccine is recommended for all persons, even those who reside in the United States.
- **Yellow Fever** - CDC yellow fever vaccination recommendation for travelers to Uganda: For all travelers 9 months of age or older. Uganda **requires** travelers arriving from countries where yellow fever is present to present proof of yellow fever vaccination. Vaccination should be given 10 days before travel and at 10 year intervals if there is on-going risk. Your immunization **MUST** be administered and authenticated (on Form PHS-731) by a recognized Yellow Fever Vaccinating Center.
- **Typhoid** - Not generally necessary for travelers who stay at the usual tourist accommodations in Mexico and most European and Caribbean countries. Suggested for travelers to most other foreign countries and, specifically, for persons who will be visiting in rural areas of Mexico.
- **Polio** - Single one-time booster is recommended for travel to Africa and to Southeast Asia.
- **Hepatitis A** - Routinely given to children beginning at age 1 year. Generally recommended for most foreign travel, including Europe.
- **Hepatitis B** - Given as a routine to infants, children and adolescents. It is particularly recommended for adolescents and adults with prolonged travel to or residence in developing countries.
- **Meningococcus** - Advised for travel to developing countries where risk is high for meningococcal infection, e.g., parts of sub-Saharan Africa (“meningitis belt”). Saudi Arabia requires vaccine for all pilgrims attending the Hajj.
- **Malaria** - A vaccine does not exist. Oral medications are available for the usual types of malaria and for drug-resistant strains. The most common medications prescribed are Mefloquine (Lariam), Atovaquone/Proguanil (Malarone) and Chloroquine. Dosage and duration varies with each drug.
- **Rabies** - Pre-exposure rabies vaccine is urged for persons who will have more than short-term travel in countries (including Mexico) where rabies is common in domestic and wild animals.
- **Japanese B Encephalitis (JE)** - Moderately toxic vaccine, with use generally limited to travelers to Asia who will have prolonged rural exposure to mosquitoes in areas with a high likelihood of disease transmission, e.g., rice paddies. Note: This vaccine is not available in the Orange County HCA Travel Clinic.

Malaria

Drugs to Prevent Malaria (antimalarial drugs)

If you will be visiting a malaria risk area in Uganda, you will need to take one of the following antimalarial drugs: atovaquone/proguanil, doxycycline, or mefloquine (primaquine in special circumstances and only after G6PD testing).

Note: Chloroquine is NOT an effective antimalarial drug in Uganda and should not be taken to prevent malaria in this region.

Malaria risk area in Uganda: All

A Special Note about Antimalarial Drugs

You should purchase your antimalarial drugs before travel. Drugs purchased overseas may not be manufactured according to United States standards and may not be effective. They also may be dangerous, contain counterfeit medications or contaminants, or be combinations of drugs that are not safe to use.

Halofantrine (marketed as Halfan) is widely used overseas to treat malaria. CDC recommends that you do **NOT** use halofantrine because of serious heart-related side effects, including deaths. You should avoid using antimalarial drugs that are not recommended **unless** you have been diagnosed with life-threatening malaria and no other options are immediately available.

For detailed information about these antimalarial drugs, see the information for the Public: Prescription Drugs for Malaria on the CDC website: www.cdc.gov/travel.

Immunization Resources

- Check with your health insurance/personal doctor to see what they will cover.
- Center for Disease Control (CDC) Website: www.cdc.gov/travel
- World Health Organization (WHO) Web Site: www.who.int/en/