

Eswatini

Medical Summary

The health risk information presented here is summarized from Shoreland Travax[®], a decision-support tool used by health care providers to perform a detailed health risk analysis based on specific locations, individual travel styles, and traveler risk behaviors. Travax provides practitioners current, independently researched malaria risk and prevention recommendations in a map-based format that goes beyond the annual WHO and US CDC statements included here. Not included here are current reports from Travax of disease outbreaks or environmental events that may pose elevated risks to travelers' health and safety. The Providers section of this site offers a directory of health care providers who utilize Shoreland Travax for travel health counseling. Learn more about the detailed reports and maps available from these practitioners (includes links to samples).

General Information

Eswatini (formerly known as Swaziland) is a developing nation classified as low income. Located in southeastern Africa (south of Mozambique and north of South Africa), the climate classifications range from humid temperate (no dry season) in the south to humid equatorial (long dry season) in the north.

Vaccinations

Yellow Fever

Although yellow fever does not occur in Eswatini, an official yellow fever vaccination certificate may be required depending on your itinerary.

- *Requirement:* A certificate proving yellow fever vaccination is required for travelers aged ≥ 9 months coming from countries with risk of YF transmission. This also applies to all airport transit stops (no exit through immigration checkpoint) in risk countries.

Other Vaccines

Depending on your itinerary, your personal risk factors, and the length of your visit, your health care provider may offer you vaccination against COVID-19, hepatitis A, hepatitis B, influenza, measles, mumps, rubella, rabies, or typhoid fever. Routine immunizations, such as those that prevent tetanus/diphtheria or "childhood" diseases, should be reviewed and updated as needed.

Malaria

The following is current information as reported by the World Health Organization (WHO) and the US Centers for Disease Control (CDC):

WHO—*International Travel and Health* (current online update, Country List)

(2018) Malaria risk due predominantly to *P. falciparum* exists throughout the year in all low veld areas (mainly Big Bend, Mhlume, Simunye and Tshaneni). Risk is highest from November through May.

- Recommended prevention in risk areas: **C** – Risk of *P. falciparum* malaria, in combination with reported chloroquine and sulfadoxine–pyrimethamine resistance. Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported side effects and contraindications) ^a

^aAlternatively, for travel to rural areas with low risk of malaria infection, mosquito bite prevention can be combined with stand-by emergency treatment (SBET).

WHO Country List footnote: When available, the date of the most recent update or confirmation is indicated in parentheses in the country list. If no date is indicated, the most recent update or confirmation was provided before 2013.

CDC—*Health Information for International Travel* (current online edition)

Areas with malaria: Present in eastern areas bordering Mozambique and South Africa, including all of Lubombo district and the eastern half of Hhohho, Manzini, and Shiselweni districts.

- Drug resistance³ : Chloroquine.
- Malaria species: *P. falciparum* 90%, *P. vivax* 5%, *P. ovale* 5%.
- Recommended chemoprophylaxis: Atovaquone-proguanil, doxycycline, mefloquine, or tafenoquine.⁴

³ Refers to *P. falciparum* malaria unless otherwise noted.

⁴ Primaquine and tafenoquine can cause hemolytic anemia in people with G6PD deficiency. Patients must be screened for G6PD deficiency before starting primaquine or tafenoquine. See *Tafenoquine Approved for Malaria Prophylaxis and Treatment* for more information.

Other Concerns

Travelers' Diarrhea

High risk exists throughout the country, including in deluxe accommodations. Community sanitation and food safety measures are generally inadequate. Some itineraries (e.g., remote destinations, austere accommodations) and activities (e.g., ecotourism, eating street or local-market food) further increase risk.

Travelers should observe food and beverage precautions, which reduce the likelihood of illness.

Travelers should carry loperamide for self-treatment of diarrhea and, if risk is moderate to high, an antibiotic to add if diarrhea is severe. Consult a knowledgeable health care provider regarding which antibiotic is appropriate for you and most effective for your destination.

Insect- and Arthropod-Borne Diseases

African trypanosomiasis, Rocky Mountain spotted fever, tick-bite fever may pose a risk. Personal protective measures are important.

Other Disease and Health Risks

Additional concerns include Crimean-Congo hemorrhagic fever, helminths, leptospirosis, schistosomiasis, sexually transmitted infections, tuberculosis.

Consular Advice

The material below includes information from the US Department of State (DOS), the UK Foreign, Commonwealth & Development Office (FCO), Global Affairs Canada (GAC), and Australia's Department of Foreign Affairs and Trade (DFAT), as well as from additional open-source material. Standard safety precautions that apply to all international travel can be found in the Library article Safety and Security.

Terrorism Risk

No intrinsic risk of attack by terrorist groups exists, but unforeseen attacks are possible.

Crime

Moderate risk of violent crime (armed robbery, carjacking) exists throughout the country, especially in Mbabane, Manzini (Manzini Region), in remote rural areas, and on major routes to and from South Africa and Mozambique.

High risk of petty crime exists throughout the country, especially in Mbabane, Manzini, and other cities, particularly around the Christmas holidays.

Civil Unrest

Protests and demonstrations may infrequently occur and have the potential to turn violent without warning. Bystanders are at risk of harm from violence or from the response by authorities. Disruption to transportation, free movement, or the ability to carry out daily activities may occur.

Transportation Safety

National incidence data on traffic-related injury or death are not available.

Structural standards for vehicles may not meet international standards.

Natural Disasters

The rainy season is from October through April. Floods, mudslides, and landslides may occur.

Consular Information

Selected Embassies or Consulates in Eswatini

- United States: [+268] 404-6441; sz.usembassy.gov
- Canada: Canada does not have an embassy or consulate in Eswatini.
- United Kingdom: www.gov.uk/world/organisations/british-high-commission-mbabane
- Australia: Australia does not have an embassy or consulate in Eswatini.

Eswatini's Embassies or Consulates in Selected Countries

- In the U.S.: www.gov.sz
- In Canada: Eswatini does not have an embassy or consulate in Canada.
- In the U.K.: [+44] 020-7630-6611
- In Australia: Eswatini does not have an embassy or consulate in Australia.

Visa/HIV Testing

HIV and hepatitis testing may be required to obtain a work or residence visa.

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