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

Routine vaccinations are essential due to a persistent rise of vaccine-preventable diseases (especially markedly high rates of diphtheria, pertussis, and measles) globally. Prior to travel, travelers should be up-to-date with the age-appropriate routine vaccinations recommended by their home country, which may include: COVID-19; ***H. influenzae*** type B (Hib); hepatitis A; hepatitis B; influenza; measles, mumps, rubella; meningococcal; pneumococcal; polio; rotavirus; tetanus, diphtheria, pertussis (Tdap preferred; consider an early pertussis booster for high-risk travelers); varicella.

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 rabies or typhoid fever.

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]

  [a]Alternatively, 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 resistance[3] : 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.

Other Food-Borne Illnesses

Precautions to prevent brucellosis may be needed.

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.

Safety and Security

Key Safety Risks

- Road conditions and traffic collisions
- Public transportation
- Petty crime
- Theft of vehicles

Key Security Threats

- Risk of security forces responding to protests with excessive force
- Occasional violent crime

Emergency Phone Number

The national emergency number is 999; emergency services may be unreliable.