

8th CGIAR System Council Meeting Logistics Information



Hosted by the International Livestock Research Institute (ILRI)
15-16 May 2019

ILRI Ethiopia
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Addis Ababa, Ethiopia
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<https://www.ilri.org/>

Document version: 9 May – Updated from previous version: overview of events (page 2), time schedule of transfers to/from meeting venue (page 5) and health section (page 9).

If you have any questions or require assistance whilst attending the meeting or the side events, please contact Ms. Victoria Pezzi: +33 6 30 83 73 37 - v.pezzi@cgiar.org

8th CGIAR System Council Meeting

Logistics Information

Dear System Council Members, Delegated Members, Active Observers and Invited Guests,

We are pleased to invite you to the forthcoming eighth meeting of the CGIAR System Council.

The information in this document is designed to support your attendance at the meeting and your visit to Addis Ababa.

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1. Overview of events taking place during the week at ILRI Campus

Date	Time	Event	Participants	Location
Monday 13 May	14:00 – 17:30	SIMEC meeting	SIMEC members	Info room
Tuesday 14 May	9:00 – 12:00	EIARD Meeting	EIARD members	Konso room
	13:00 – 17:00	System Reference Group meeting	SRG members	Info room
	17:00 – 18:00	Meeting of Developing Countries Constituencies	Developing Countries Constituencies	Konso room
	17:00 – 18:00	Other briefings/Side meetings (tbc)	TBC	Konso or Info room (tbc)
Wednesday 15 May	9:00 – 15:15	SC8 – Day 1	All SC8 participants*	Lalibela
	15:30 – 18:15	Ethiopia and CGIAR: partnering together to transform food systems	All SC8 participants* and invited guests	TBC
	18:15 – 19:00	Cocktail Reception	All SC8 participants* and invited guests	TBC
Thursday 16 May	9:00 – 17:00	SC8 – Day 2	All SC8 participants*	Lalibela
	17:30 – 19:00	Reception at the Australian Ambassador's Residence RSVP: Selwa.Ibrahim@dfat.gov.au and Leah.Ndungu@aci.gov.au	Open invitation to all SC8 participants*	Australian Ambassador's Residence
Friday 17 November	9:00 – 11:00	Launch of a new phase of Cultivate Africa's Future Fund RSVP: Ms. Janet Waiyaki jwaiyaki@idrc.ca	Open invitation to all SC8 participants* and invited guests	See event agenda
	9:00 – 14:00	Seed Systems Development Workshop Registrations via: https://forms.gle/rYskgDYReEmHUcH99	Open invitation to all SC8 participants* and invited guests	See event agenda
	Afternoon	Field trip being organized on afternoon of Friday 17 May as part of the Seed Systems Development Workshop. Registrations via: https://forms.gle/rYskgDYReEmHUcH99	Open invitation to all SC8 participants* and invited guests	See event agenda

* System Council members, observers, delegated attendees and invited guests

2. Pre-Meeting Support and Arrangements

2.1. Meeting materials and pre-meeting calls

Meeting materials are available on the [CGIAR website](https://www.cgiar.org/meeting-document/8th-cgiar-system-council-meeting/) at the following dedicated page for the meeting: <https://www.cgiar.org/meeting-document/8th-cgiar-system-council-meeting/>

If interested in pre-meeting calls to assist with discussion of the meeting documents and key issues, Council members are invited to contact systemcouncil@cgiar.org

2.2. Pre-registration

If you haven't already, we kindly ask you to register to SC8 as soon as possible via: https://cgiarsystemorganization.formstack.com/forms/registration_8th_system_council_meeting

2.3. Visa arrangements

As already indicated in the preliminary logistics message sent on 11 March 2019, a Conference Visa is required for this meeting.

Annex 1 provides information on the visa application process and the documentation required. Kindly reach out to ILRI colleagues as soon as possible if you need help with your visa application.

2.4. Accommodation and airport transfers

As advised in the preliminary logistics note, participants are responsible for making their own booking unless your participation is being funded by the CGIAR System Organization.

A block booking has been arranged at [Best Western Plus](#) hotel, located 7km from the meeting venue (ILRI Campus). The negotiated rates are below:

- **98 \$USD** per person, per room for a **Single room**, including breakfast, wi-fi, airport transfers and tax
- **126 \$USD** per person, per room for a **Deluxe room**, including breakfast, wi-fi, airport transfers and tax

To reserve your booking and airport transfers:

1. E-mail: Mr. Amir Seid amir.seid@bwplusaddisababa.com copy: reservations@bwplusaddisababa.com
2. Indicate: i) your check-in and check-out dates, ii) your preferred room and iii) the group code: **ILRI**

3. Once you have your flight details, send them to to the same addresses indicated above and ask for transfers to/from hotel. Transfers are included in the negotiated rate.

Cut-off date

The cut-off date for the room blocks was 23 April. You can still contact the hotel after this date and benefit from the negotiated rate, as long as the hotel still has availability for your travel dates.

If you missed the deadline to book your hotel as part of the block bookings and need help with your accommodation arrangements, please contact Victoria at v.pezzi@cgiar.org

3. Arrival and Transportation

3.1. Arrival

We strongly recommend that you travel with a printed copy of your Visa and/or your support documentation. You may be requested to show these to Ethiopian authorities.

3.2. Loss/delay of luggage

In case of any baggage loss or delay, please complete the required formalities at the airport and upon arrival send the documentation to Victoria: v.pezzi@cgiar.org

You are, however, advised to travel with a change of clothing in your hand luggage which will be useful should you lose or experience delays in obtaining your luggage. Additionally, at the point of boarding your connecting flight, kindly request the respective airline staff to confirm that your luggage, as indicated in the boarding pass, is indeed loaded onto the aircraft.

3.3. How to get from the airport to the city center

For those staying at the Best Western Plus Hotel, airport transfers are included in the hotel rate. At your arrival please look for the Best Western Plus desk, inside the airport, outside the arrival exit.

For those staying at the Guest House, a driver from ILRI will be waiting for you with an “ILRI” sign at the airport entrance, outside the airport.

In case you cannot find your driver, or any other issues please contact:

Mr. Thomas Getahun
ILRI Conference Services Deputy Manager
Tel: +251911483932
E-mail: t.getahun@cgiar.org

3.4. Confirming your transfer from the hotel to the airport

While checking in please confirm your airport transfer arrangements for your way back. We suggest that you consider leaving the hotel at least 2.30 hours before the departure of your flight.

4. Meeting Venue

The 8th System Council meeting and side events will take place at ILRI Campus in Addis Ababa, Ethiopia (Lalibela room). Signage and persons to show the way will both be available.

International Livestock Research Institute (ILRI)

PO Box 5689

Addis Ababa, Ethiopia

+251-11 617 2000

+251-11 617 2001

ILRI-Ethiopia@cgiar.org

4.1. How to get from the hotel to meeting venue

Transportation has been arranged to and from the Best Western Plus Hotel/ILRI Campus. Please find the time schedule below. Kindly be at the lobby of the hotel 10 minutes before departure time.

Date	Time	To/From
Wednesday 15 May	8:00	Best Western Plus Hotel/ ILRI Campus
	19:00	ILRI Campus/Best Western Plus Hotel
Thursday 16 May	8:00	Best Western Plus Hotel/ ILRI Campus
	17:00	ILRI Campus/Best Western Plus Hotel

Note: if attending reception at Australian Ambassador's residence separate transportation arrangements will be communicated.

4.2. Access to ILRI Campus

Your ID (national or passport) will be requested to access ILRI Campus. Kindly make sure you carry an ID with you for this purpose.

4.3. Registration

In order to collect your badge and confirm your arrival, a staff member of the System Management Office will be ready to welcome you on Monday 13, Tuesday 14 and Wednesday 15 May at the entrance of the Meeting space, half an hour before each meeting starts (see overview of events on page 2).

Please carry your passport or other official national ID with photo identification for registration purposes.

4.4. Access to Internet

Wireless internet is available in ILRI Campus

Network name: ILRI Guest

No password is needed

5. Additional dining options

To note:

- Breakfast is included as part of the accommodation rate
- On Wednesday 15 and Thursday 16 May, lunch and coffee breaks are provided as part of the meeting
- A Cocktail Reception will be held on Wednesday 15 May
- For those attending other side meetings please refer to each specific agenda to check what catering is included in those meetings.

For any other dining needs, please see some options below:

Inside the hotel

Home Restaurant - *Situated on the first floor*

Breakfast: 06:00-10:00

Lunch: 12:00-14:30

Dinner: 18:00-22:00

Ferensay Legasion - *Situated on the ground floor*

Starting from 07:00-23:00

Room service - 24 hours available

Inside ILRI Campus

Cafeteria - *cafeteria service on working days*

Breakfast: 07:00 - 09:00

Lunch: 12:00 - 13:30

Zebu Club – *a la cart menu – Open during weekends*

Breakfast: 07:00 -10:00

Lunch: 12:00 - 14:00

Dinner: 18:00 - 21:30

Outside the hotel and ILRI Campus

- **Ristorante Castelli** (Famous old Italian restaurant in Italian quarter)
Churchill Avenue, Addis Ababa
Phone: +251 11 563580
- **Abesha 2000** (Ethiopian food and dancing)
Namibia St, Addis Ababa, Ethiopia
Phone: +251 11 618 2253
- **Eros Addis Restaurant**
Atlas Hotel Area, Rakan Business Center - Cape Verde St, Addis Ababa
Phone: +251 11 6684445
- **Gusto Restaurant**
Tracon Tower, Third Floor, Churchill Road - Sengatera, Addis Ababa
Phone: +251 93 449 7861
- **Top view Restaurant** (close to ILRI Campus - not walking distance though)
Up the hill from the Megenagna Roundabout, Addis Ababa
Phone: +251 62734050

6. Printing Boarding Pass or other transport documentation

As you prepare for your departure, if you need to print your boarding pass, please send it to Victoria at v.pezzi@cgiar.org

7. General Information

7.1. Currency and withdrawal

The official currency of Ethiopia is the Ethiopian Birr (ETB): 1 USD = 28.9 ETB (as of 30 April 2019). The Ethiopian Birr is subdivided into santim; 100 santim = 1 ETB.

ATM (cashpoint machines) are available at the Airport and at ILRI Campus.

7.2. Electricity

In Ethiopia the power plugs and sockets are of type C, E, F and L. The standard voltage is 220 V and the standard frequency is 50 Hz.



7.3. Weather

Addis Ababa is located at 2,300 meters (7,500 ft) above sea level and therefore nights can be cool. The period from March to May is the warmest of the year. In May, temperatures in Addis Ababa range between 10.8°C (51.4°F) and 25.2°C (77.4°F). With an average of 18°C, May is the warmest month. From March to May, afternoon showers become a bit more frequent, occurring for 6/7 days per month.

7.4. Health

See your doctor before you travel. It is recommended that you obtain insurance covering health care expenses as well as medical evacuation or repatriation before you leave home.

Also, please check the vaccinations and medicines list indicated in the [Centers for Disease Control and Prevention website](#) for travelers to Ethiopia, and visit your doctor (ideally, 4-6 weeks) before your trip to get what you may need.

The government of Ethiopia requires proof of yellow fever vaccination only if you are arriving from a country with risk of yellow fever. See health brief (annex 2) for further information.

Altitude sickness: new visitors may experience discomfort due to high altitude until they adjust to the altitude. Symptoms can include shortness of breath, fatigue and insomnia.

8. Contacts

All queries relating to the information in this document, or any other aspect of your trip, should be addressed to systemcouncil@cgiar.org.

The logistical focal point on site will be Ms. Victoria Pezzi. In case any questions arise please contact her at: v.pezzi@cgiar.org or by phone: +33 (0)6 30 83 73 37.

8th System Council Meeting
15-16 May 2019, Addis Ababa, Ethiopia

Important information on Ethiopian Visa Application

This document intends to provide some important and useful information to help you with your visa application to participate in the 8th System Council meeting that will take place in Addis Ababa, Ethiopia on 15-16 May 2019.

For further information please go to <https://www.evisa.gov.et/#/home> and/or contact Kumneger Tilahun, ILRI's National Liaison and Protocol Manager.

Kumneger Tilahun, National Liaison and Protocol Manager

Mobile: +251 (0)944121650 | Tel: +251 116 172105 | Skype: Kumnei Tilahun

Email: K.Tilahun@cgiar.org

A. Who needs a Visa?

All foreign nationals except for Kenyan and Djibouti Nationals, need a visa to enter Ethiopia.

B. What kind of Visa do I need to apply for to participate in SC8?

Conference - Business Visa

The conference visa is a 30 (thirty)-day single entry visa whose validity starts from the intended date of entry to Ethiopia if applying online and from the issue date if applying at the Embassy.

Conference Visa cannot be extended. If you would like to extend your stay, please let Kumneger know before applying so that she can help asking for an exception.

C. What documentation do I need to apply for the Ethiopian Visa and who will provide those?

The required documentation to apply for an Ethiopian Visa are:

1. Recent passport-size photo
2. Copy of passport of the applicant which is valid for at least 6 months from the intended entry date to Ethiopia
3. Copy of Note Verbal (support letter) from the Ministry of Foreign Affairs of Ethiopia
4. Copy of invitation letter from ILRI
5. Copy of formal application letter written by ILRI to the Ministry of Foreign Affairs of Ethiopia

ILRI colleagues will provide you with the last 3 items mentioned above. For them to be able to process this documentation **you need to provide** them with the documents mentioned below by sending it to Kumneger via: K.Tilahun@cgiar.org **by 19 April** if you are applying via an Ethiopian Embassy and **by 26 April** if you are applying via an E-Visa (see further information below)

- A scanned copy of the bio-data page of your passport. Note that the passport must be valid for more than six months
- A scanned copy of your resident permit if you are not a national of the country you are travelling from

D. What is the next step after receiving the documentation from ILRI?

Once you have received the required documents from ILRI, you can apply for a Conference Visa either online, via an Ethiopian Embassy or on arrival (Visa on Arrival is only available for those individuals holding passports from countries without an Ethiopian embassy or mission in their country of residence).

For additional information visit <https://www.evisa.gov.et/#/home> and/or contact Kumneger.

E. Application process

There are three options to apply for an Ethiopian Conference Visas: **E-Visa** (online), via the **Embassy** or **On Arrival**.

All participants can apply online, via the **E-Visa**. This option is recommended.

Individuals holding passports from countries with an Ethiopian embassy or mission in their country of residence can also apply at the **Embassy**.

Individuals holding passports from countries without an Ethiopian embassy or mission in their country of residence can also apply for a **Visa on arrival**.

E1. E-Visa

Once you are in possession of all the required documentation, you are ready to apply for your E-Visa via: <https://www.evisa.gov.et/#/apply/start?category=2&type=CV>

Some useful information when applying for an E-Visa:

What do I select for Company Category?

International Organization

What do I select under Business Visa?

Conference Visa

How much is the Conference Visa fee?

USD 32

How do I pay?

Payment is online, you will need visa or debit card.

Important Note:

The cut-off date to submit your passport copies and residence or work permit (if required) is **26 April 2019**.

The online process takes 3 days; however, we recommend that you apply at least 10 days prior to travel to avoid any unforeseen delays.

E2. Visa from Ethiopian Embassy

For individuals holding passports from countries with an Ethiopian embassy or mission in their country of residence

Once ILRI colleagues have received the documents mentioned on Item C, they will submit an application to the Ministry of Foreign Affairs (MOFA). MOFA will then give authorization to Immigration Authority and the Immigration will issue authorizations to the Ethiopian embassies in respective countries.

You will be provided with a scanned copy of the confirmation from Immigration Authority that you need to bring along with the authorization letters and other required documents to apply at the embassy.

Please reach out to the Ethiopian Embassy in your country of residence to make sure that you have all the information on the procedure and that you are aware of the deadlines.

Important Notes:

The cut-off date to submit your passport copies and residence or work permit (if required) via the registration form is **19 April 2019**.

A business visa, when applied via Embassy, is valid from the date of issue for 30 days, meaning that you need to ensure that your visa is issued after 16 April for the visa to remain valid for the duration of the meeting. In exceptional cases, a visa validity of 60 days may be requested. Please advise us immediately if you require this.

E3. On Arrival Visa

For individuals holding passports from countries without an Ethiopian embassy or mission in their country of residence.

Once ILRI colleagues have received from you the documents mentioned on Item C and they receive the authorizations from the Immigration Authority, this will be sent to you. The authorization should be printed and kept along with your passport. This same authorization will entitle you to board the plane and to obtain a business visa on arrival at the airport's entry point.

On arrival visa fee is US\$50.00. It is advised to have US\$ in cash for this purpose.

Important Note:

The cut-off date to submit your passport copies and residence or work permit (if required) via the registration form is **19 April 2019**.

For additional information visit: <https://www.evisa.gov.et/#/home>

F. Cost of Visa

E-Visa fee: US\$32

On arrival visa fee: US\$50.00

Embassy Visa fee: check rate at the Ethiopian Embassy in your country of residence

G. What happens when I reach Addis Ababa Airport?

Show the Immigration Officer the visa inside your passport (if applied via Embassy) or your visa approval (if applied online). You will then get a stamp on your passport. **There is no need to lineup at the 'On-Arrival' visa section** if you haven't applied for a visa on arrival.

SC8 Logistics Information - Annex 2



Ethiopia

Risk Ratings

H HIGH MEDICAL RISK for Ethiopia

Risk Summary

The travel risk environment in Ethiopia is diverse and threats vary widely by location. Crime levels in the country, including against expatriates, are low by regional standards. Large-scale protests and social unrest occur sporadically, though all demonstrations should be avoided due to the credible risk of violence.

Security risks are considerably heightened in border and remote areas; these include attacks by bandits and the abduction of foreign nationals. Militant groups, including the Oromo Liberation Front (OLF) and the Ogaden National Liberation Front (ONLF), primarily operate in rural areas and have in the past targeted government interests and personnel, and more rarely, foreign interests. There is also a latent threat of attacks by Somali militants, potentially in collusion with transnational groups such as al-Shabab. Tensions along the border with Eritrea remain high and are the main potential source of external conflict. Isolated incidents in the border area could rapidly escalate into wider clashes and increased military posturing.

This information is intended as a summary of the travel security environment; however, the risks can change at short notice during a crisis or evolving situation. Please check our travel security alerts to ensure you are informed of the most recent developments.

Vaccinations For Ethiopia

Cholera	Oral vaccination is recommended for travellers
Hepatitis A	Recommended for all travellers and expatriates,
Hepatitis B	Recommended for all travellers and expatriates.
Meningitis - meningococcal	Vaccination with the quadrivalent vaccine
Polio	A booster is recommended. Although polio has not
Rabies	Consider for certain travellers, especially: For
Typhoid fever	Recommended for all travellers and expatriates.

Yellow fever

Ethiopia is a country with a risk of yellow fever

Routine Vaccinations

- All routine vaccinations should be current: these include Measles-Mumps-Rubella, Polio, Tetanus-Diphtheria-Pertussis, and Varicella.
- Annual influenza vaccination.

Other Medical Precautions

- Before you go - See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:
- Malaria
- Zika Virus
- Health Threats

Before You Go

See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:

- **Check your routine vaccinations**
Check your routine vaccinations are up to date (polio; varicella; measles, mumps and rubella; tetanus, diphtheria and pertussis, seasonal influenza). See a travel health practitioner 6 to 8 weeks before departure for destination-specific health preparations. You may need additional vaccinations, some of which require several doses, or be recommended malaria medication which may need to be started a week or more before arriving in the malarial country.
- **Documentation:** Arrange a copy of your personal health record to carry with you when you travel. Include a letter from your doctor explaining your need for all medications you are carrying, including any over-the-counter medications, in English and the language of your destination(s). Make sure you have copies of your prescriptions.
- **Medication:** Check the regulations of your destination country regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Take any medicines you require *in their original packaging*, including any information leaflets, with them clearly labelled with your name (matching your passport name), and your doctor's name. Have enough to cover the trip, and extra in case of delays, however note that many destinations limit quantities of certain drugs to a 30-day supply. Carry medication in your hand luggage, with copies of your prescriptions.

Vaccinations for Ethiopia

Recommendations may vary for short-term visitors. Always consult your travel health advisor or contact International SOS to discuss your specific needs.

Cholera	Oral vaccination is recommended for travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.
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Hepatitis A	<p>Recommended for all travellers and expatriates, especially:</p> <ul style="list-style-type: none"> • For long-term or frequent visitors. • For adventurous travellers who travel to more remote locations or stay in areas with poor sanitation. • For men who have sex with men, people who use illicit drugs or those with liver disease.
Hepatitis B	Recommended for all travellers and expatriates.
Meningitis - meningococcal	<p>Vaccination with the quadrivalent vaccine (serogroups A, C, Y and W135) is recommended for anyone who is:</p> <ul style="list-style-type: none"> • Travelling during the dry season (December to June). • Travelling during outbreaks. • At increased risk including: <ul style="list-style-type: none"> ○ Those visiting friends and relatives. ○ Healthcare workers. ○ Long-term travellers who will have close contact with the local population.
Polio	A booster is recommended. Although polio has not been recorded in this country for some time, there is a risk of polio importation from areas nearby.
Rabies	<p>Consider for certain travellers, especially:</p> <ul style="list-style-type: none"> • For expatriates 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. <p>(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.)</p> <ul style="list-style-type: none"> • If contact with dogs, monkeys or other potentially rabies-carrying animals is likely. <p>Jogging increases your risk of dog bite.</p>
Typhoid fever	Recommended for all travellers and expatriates.
Yellow fever	<p>Ethiopia is a country with a risk of yellow fever transmission.</p> <p>A yellow fever vaccination certificate is required for entry for anyone > 9 months of age arriving from a country with a risk of yellow fever transmission, including people who were in transit for more than 12 hours in an airport located in a risk country.</p> <p>Vaccination is <i>recommended</i> for all travellers > 9 months of age, except vaccination is <i>generally NOT recommended</i> for travellers only visiting Afar and Somali provinces.</p>

	<p>See the map of vaccination recommendations.</p> <p><i>For onward travel:</i> your next destination, including your home country, may require a vaccination certificate for entry.</p> <p><i>(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)</i></p>
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Malaria

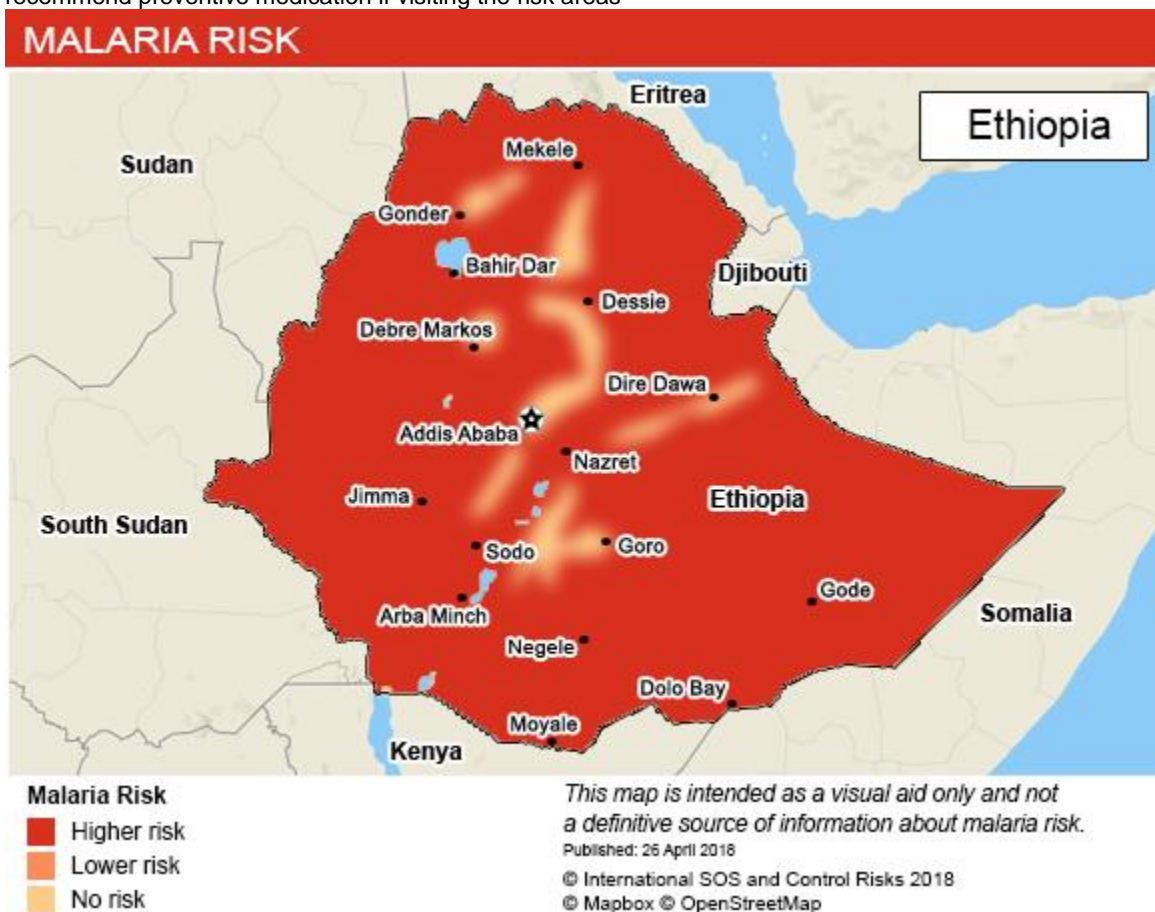
Threat from: Bites and Stings

Malaria is present year-round in most areas of Ethiopia with altitude below 2,500 meters (8,202 feet).

There is no risk of malaria in Addis Ababa City.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas



Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Zika Virus

There is no Zika Virus in Ethiopia.

Standard of Care

Emergency Response

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.

There is no reliable public ambulance service. The private hospitals and private clinics can assist in responding to emergencies, but response times may vary.

Emergency Numbers	
Police	991

Standard of Health Care

Medical care is extremely limited and below international standards. If possible, medical care should be sought from the private sector as resources in the public sector are extremely limited, often lacking basic medications and supplies as well as appropriate healthcare professionals. For these reasons, public medical facilities should be avoided if possible (although may be the only appropriate resource depending on the location).

In Addis Ababa, there are a number of private facilities where healthcare is of a higher standard although still not of international standard.

Medical Doctors are mainly Ethiopian nationals, some having received overseas training, locally trained specialists may have less expertise. A limited number of hospitals may have internationally trained physicians.

English is widely spoken.

Nurses in Ethiopia are trained as general nurses, obtaining a General Nursing Diploma from a Nursing College. There is no official specialty nursing education in Ethiopia and experience in a speciality is gained in service. Nurses are mostly Ethiopian nationals. The quality of nursing care is below international standards with basic safety and infection control procedures not consistently implemented.

Patients who need anything more than basic medical care will most likely require international evacuation to Johannesburg, Nairobi, Dubai or Europe. Surgery is not recommended in Ethiopia other than in life or limb saving instances.

OutPatient Care

Generally, outpatient care is below international standards and is managed within a clinic or at a hospital outpatient department.

Paying for Health Care

Medical facilities and doctors expect cash payment at the time of service. Credit cards may not be accepted.

Do not defer medical treatment because of financial concerns. Contact International SOS, and if our terms allow, we will make financial arrangements on your behalf.

Dental Care

There are a number of dentists available in Addis Ababa who can assist with emergency dental work. Outside of Addis Ababa, dental care is extremely limited. Always consult International SOS for information before selecting a provider.

Have a dental check prior to arrival, and, if possible, defer dental treatment until you return home. If emergency care is required, have the minimum treatment.

Blood Supplies

Blood is gathered, screened and stored by the National Blood Transfusion Service which works with approved hospitals. Blood is screened for most important diseases and is moderately safe however, not all sources are reliable. If a blood transfusion is required, contact International SOS who will advise on the most appropriate solution: in-country transfusion or evacuation.

Even in areas where the blood supply is considered safe, it's best to avoid blood transfusions if possible. Screening cannot detect every blood-borne disease, and immune reactions can vary from minor to life-threatening. If a blood transfusion is recommended and circumstances permit, seek a second opinion from International SOS or your health advisor.

Medication Availability

The supply of medications is very limited. Basic medications are available at the private clinics.

Since brand names vary, know the generic (chemical) names of your medications. It is always advisable to bring an adequate supply of prescription and other medications from your home country. Check the expiration date on all medications.

Clinics & Hospitals

Medical Providers

No matter where you are, contact International SOS first if you are sick, injured or need medical advice.

Our medical staff will advise you, help you select the correct doctor, hospital or clinic, and make any necessary appointments on your behalf. If our terms allow, we will also make financial arrangements for you.

It is recommended that you contact International SOS before accessing medical care in Ethiopia

Food & Water

Food and Water Precautions

Travellers have a small risk of developing diarrhoea in any country. It may be advisable to drink bottled water only, especially on short trips. Always wash your hands with soap before eating, or use an alcohol-based hand sanitizer. See the following country-specific recommendations:

Water and Beverages

Tap water is unsafe. Drink only bottled or boiled water or carbonated drinks. Avoid ice, as it may have been made from unsafe water.

Food Risk

Food served in large hotels and well-known restaurants patronised by expatriates should be safe, but always choose food that has been thoroughly cooked while fresh and is served hot. Avoid street vendors, because the standard of hygiene may be low and food may not be fresh. Do not buy pre-peeled fruit or salad. Fruit that you wash and peel yourself is safe. Avoid shellfish. Ensure that milk and other dairy products have been pasteurised.

More on food and water safety

Health Threats Summary

Health threats present include:

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Animals: Anthrax, Rabies

Bites and Stings: African Sleeping Sickness, Crimean-Congo Fever (CCHF), Dengue fever, Filariasis, Leishmaniasis, Malaria, Onchocerciasis, Tick bite fever, Yellow fever

Coughing/sneezing: Meningitis - meningococcal, Tuberculosis (TB)

Environment: Altitude, Volcano

Food and/or water: Cholera, Hepatitis A, Polio, Travelers' diarrhea, Typhoid fever

Sex/blood/needles: HIV, Hepatitis B and C, & STIs

Swimming/bathing: Schistosomiasis

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Health Threats

^African Sleeping Sickness | Threat from : Bites and Stings

African sleeping sickness (sometimes called *African trypanosomiasis* or *human African trypanosomiasis*) is a parasitic disease that can be fatal if left untreated. It is spread by the bite of the tsetse fly, which is about the size of a honeybee and gray-brown in color.

Early symptoms include fever, skin lesions and a rash. The lymph nodes in the neck often become enlarged and swollen. Early diagnosis and treatment can minimize the risk of developing more serious symptoms. Untreated, the disease progresses to affect the patient's brain. This can cause confusion, personality changes and disturbed sleep cycles, with excessive daytime fatigue and nighttime insomnia. Coma and death can occur.

No vaccine is available. Prevent infection by avoiding Tsetse fly bites. Ask local inhabitants which areas are infected, and avoid these areas. Tsetse flies are attracted to moving vehicles and dark, contrasting colors. They are **not** affected by insect repellent and can bite through light-weight clothing. If you must visit an affected area, wear medium-weight clothes with long sleeves, long pants and socks. Choose neutral colors that blend with the background environment.

^Altitude | Threat from : Environment

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to a higher altitudes. It can occur from elevations of 1,500 meters onwards, but is more common at elevations above 2,500 meters (8000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitude, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

^Anthrax | Threat from : Animals

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. It most commonly occurs in hooved mammals, though humans can also become infected. The serious forms of human anthrax are cutaneous anthrax, inhalation anthrax and intestinal anthrax.

Symptoms of anthrax are different depending on the mode of infection. Generally, symptoms develop within seven days of exposure.

Cutaneous anthrax is a skin infection and accounts for 95% of all naturally-occurring anthrax infections. The main risk factor is contact with animal hides or hair, bone products, and wool. The disease can also be spread through contact with infected animals. Hence, the populations most at risk for anthrax include farm workers, veterinarians, and tannery and wool workers.

Bacteria infects a person through cuts or abrasions on their skin. An itchy skin lesion, similar to an insect bite, then develops - usually within two weeks of exposure. This lesion may later blister and then break down, resulting in a black ulcer. The ulcer is frequently painless but surrounded by significant swelling. Sometimes painful lymph nodes may develop. Often, a scab forms, then dries and falls off within two weeks. In 20 percent of untreated individuals, the infection may spread through the bloodstream and become fatal. However, death is extremely rare among individuals who receive appropriate treatment.

Initial symptoms of *inhalation anthrax* infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

Intestinal anthrax may follow the consumption of contaminated food and is characterized by acute inflammation of the intestinal tract. Initial signs of this disease are nausea, loss of appetite, vomiting and fever. These are followed by abdominal pain, vomiting of blood and severe diarrhea.

Direct person-to-person spread of anthrax is extremely unlikely; it may not even be possible. Therefore, there is no need to immunize or treat people who have been in contact with infected people unless they also were also exposed to the same source of infection (usually, a sick animal).

People who have been exposed to anthrax can take antibiotics to prevent infection. It is necessary to treat anthrax infections early; a delay lessens chances for survival. Anthrax usually is susceptible to penicillin, doxycycline and fluoroquinolones.

An anthrax vaccine can also prevent infection. Vaccination against anthrax is not recommended for the general public and is not available.

^Cholera | Threat from : Food and/or water

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe diarrhoea. It is painless and watery (often called "rice-water" stools). Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 10-20 percent of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

^Crimean-Congo Fever (CCHF) | Threat from : Bites and Stings

Crimean Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with infected animals, patients or infected tissues. Symptoms occur within two to twelve days of exposure to infection. The illness presents with fever, chills, head ache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about 10 days after symptoms begin. Around half of all infected people die. If the patient survives, recovery is long and slow.

Risk to travellers is low. High risk groups include agricultural workers, healthcare workers, military personnel and people who camp in rural areas. There is no vaccine against CCHF. To prevent tick bites, wear long sleeves and long pants, and use insect repellents.

^Dengue fever | Threat from : Bites and Stings

Dengue, or "break-bone" fever, is a viral disease of the tropics and sub-tropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Symptoms include high fever, severe headaches, joint and muscle pain. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks.

Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue hemorrhagic fever or DHF) occurs. Severe dengue is mostly seen in persons who have been previously infected with dengue - the fatality rate is about 2.5%.

Prevention is through preventing mosquito bites. A dengue vaccine, Dengvaxia, is available in several countries however it is not recommended for people who have never had dengue infection. It should only be used in people who have previously been infected with dengue. Hence, travellers who have already had the disease or are seropositive and planning to visit areas with high transmission can consider vaccination in consultation with a travel health specialist.

Ethiopia

There have been annual outbreaks of dengue fever in the Somali region since the disease was first reported in 2013. The city of Dire Dawa has also reported cases. Cases generally peak between January and March.

^Filariasis | Threat from : Bites and Stings

Filariasis is a parasitic disease, also sometimes called "elephantiasis". It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilaria) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travelers are at low risk. Nevertheless, all travelers should prevent insect bites.

^Hepatitis A | Threat from : Food and/or water

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.

Symptoms begin on average 28 days after exposure (range 2 to 8 weeks), and include fever, chills, fatigue, abdominal pain, nausea, vomiting, dark urine and jaundice (yellow colour of the skin and eyes). 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.

^HIV, Hepatitis B and C, & STIs | Threat from : Sex/blood/needles

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.

^Leishmaniasis | Threat from : Bites and Stings

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.
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^Malaria | Threat from : Bites and Stings

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

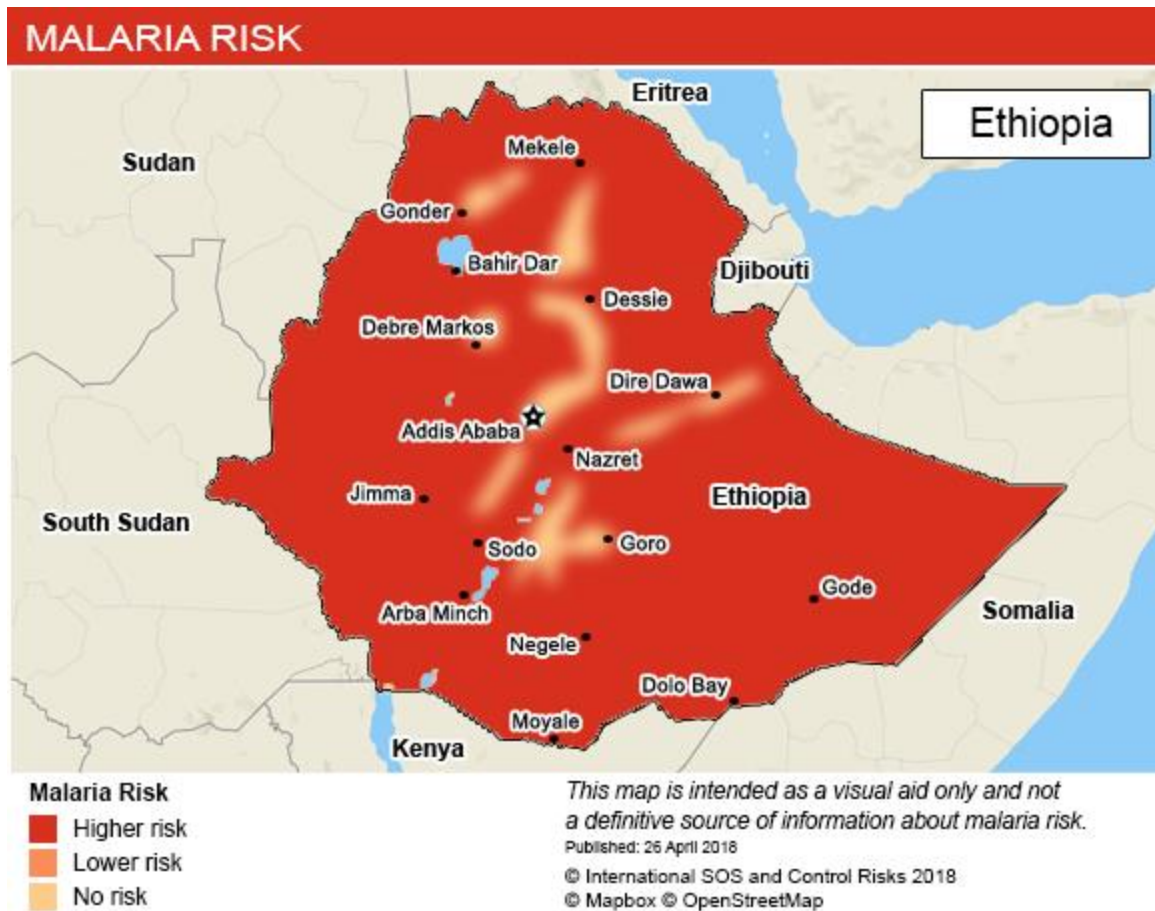
Ethiopia

Malaria is present year-round in most areas of Ethiopia with altitude below 2,500 meters (8,202 feet).

There is no risk of malaria in Addis Ababa City.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication if visiting the risk areas



^Meningitis - meningococcal | Threat from : Coughing/sneezing

Meningococcal disease is a severe, often fatal, bacterial infection. People can contract the disease if they inhale droplets that have been coughed or sneezed into the air by an infected person. Direct contact with an infected person's throat secretions (e.g. through kissing, sharing drinks) can also spread the disease.

The bacterium invades the brain and its linings (meningitis) and can multiply in the blood (septicemia). A characteristic red, blotchy rash occurs all over the body in most serious cases. Symptoms include fever, intense headache, vomiting, neck stiffness and progress to coma. It is essential that infected people receive antibiotics quickly, as the disease progresses rapidly and can cause permanent brain damage or death.

The risk to travelers is mainly limited to areas of equatorial Africa and pilgrims to Mecca (Saudi Arabia), but an epidemic can occur in any country at any time. Typically, epidemics of meningococcal disease occur among people who live in close quarters.

Vaccines against some strains of the disease are available. People who have been in close contact with an infected person should be promptly treated with preventive antibiotics.

^Onchocerciasis | Threat from : Bites and Stings

Onchocerciasis, also known as "river blindness", is caused by parasitic worms. The disease is mainly found mainly in parts of tropical Africa, though several non-African countries are also affected. Humans contract the disease via fly bites. Once introduced into the human body, the worms enter the bloodstream and mature in nodules under the skin. Later, large numbers of microscopic larvae (called microfilariae) are released. These migrate within the body.

No vaccine is available. Prevent insect bites to avoid infection.

^Polio | Threat from : Food and/or water

Polio is highly infectious, and is spread from person-to-person. People can be infected with polio if they eat or drink something that has been contaminated with faeces, particularly in countries with less-developed sanitation systems. It may also spread through the oral and nasal secretions of an infected person. In countries with higher levels of sanitation, respiratory droplets coughed by an infected person are an important means of transmission.

Most infected people show no symptoms, or have only mild ones including fever, headache, nausea and vomiting. In about one in 100 cases, the virus reaches the central nervous system and causes some form of paralysis.

Polio has now been eradicated from most countries. However, it remains endemic (consistently present) in three countries: Afghanistan, Nigeria and Pakistan. As of November 2018, the endemic countries as well as Democratic Republic of Congo, Kenya, Niger, Papua New Guinea and Somalia have the potential to spread the disease to other countries. However, there are some countries which are no longer infected by wild poliovirus or cVDPV, but are vulnerable to re-infection. These include Cameroon, Central African Republic, Chad, Equatorial Guinea, Ethiopia, Guinea, Iraq, Laos, Liberia, Madagascar, Myanmar, Sierra Leone, South Sudan, Syria and Ukraine.

Polio prevention involves selecting safe food and water, as well as vaccination. Many countries give a primary vaccination against polio during childhood. It entails several doses of oral (OPV) or injected (IPV) vaccine. Unvaccinated people, or those whose vaccination status is unknown, should receive IPV before travel to areas where polio is a risk.

Ethiopia

In March 2015, the country was removed from the list of infected countries, twelve months after the last detection of a new polio case. The country is in the "wild polio importation belt" and there is a risk of re-infection. Earlier, polio re-emerged in Ethiopia in 2013, first time after a gap of almost five years.

^Rabies | Threat from : Animals

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.)

^Schistosomiasis | Threat from : Swimming/bathing

Schistosomiasis, also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

^Tick bite fever | Threat from : Bites and Stings

Tick bite fever (TBF) is part of a group of illnesses collectively called "spotted fevers". People get the disease when bitten by an infected tick. Most commonly, these ticks are carried on animals such as cattle, rodents and dogs. Typically, TBF causes a fever, rash and an "eschar" where the tickbite occurred. (An eschar is a black mark on the skin surrounded by an inflamed red area.) Most people only become mildly ill. However, the disease is occasionally severe or fatal. It can be treated with antibiotics. There is no vaccine or medication to protect people against TBF infection. Avoid tickbites to prevent TBF and other tickborne illnesses.

^Travelers' diarrhea | Threat from : Food and/or water

Travellers' diarrhea 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.

^Tuberculosis (TB) | Threat from : Coughing/sneezing

Tuberculosis (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. This means they have spent days or weeks – not just a few hours – sharing the same air space with an infected person (e.g. living in the same house). People who work or live in institutions such as nursing homes or correctional facilities are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include cough, fever, night sweats, unintended weight loss and lethargy. Latent (inactive) TB causes no symptoms. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening.

Some forms of TB have become resistant to drugs (MDR TB), and some forms are *extensively* resistant to drugs (XDR TB). These diseases are hard to treat. People sometimes contract MDR or XDR TB through direct contact with a person who is already infected. Or, in other cases, people with more traditional TB infections develop a drug-resistant strains. This can happen if anti-TB medication is used inappropriately or stopped too soon.

Many countries where TB is common will routinely give the Bacillus Calmette-Guerin (BCG) vaccine against tuberculosis to babies or children. The BCG vaccine protects these children against severe TB. If you live in an area with higher rates of TB infection, you may also consider vaccinating children up to 16 years old if you plan to live there for 3 months or more.

Travellers and expatriates may be able to reduce their chance of contracting TB by limiting the amount of time they spend in crowded places. Avoiding people who are coughing also minimises risk. Consider TB screening of local staff who live with you – especially if you have young children in your household.

Ethiopia

The World Health Organization (WHO) has designated Ethiopia a "high burden country" for tuberculosis. The country falls in the "moderate incidence" range for tuberculosis as per WHO. Moderate incidence range is between 50 to 299 new cases each year per 100,000 population. WHO has also designated the country a "high burden country" for multi-drug resistance tuberculosis (MDR-TB). BCG vaccination is given at birth and is included in the country's immunization schedule.

Expatriates or frequent travellers should consider consulting their doctor as TB screening may be offered.

^Typhoid fever | Threat from : Food and/or water

Typhoid fever is a serious infection caused by a type of salmonella bacteria spread by contaminated food or water. Choosing safe food and water will greatly reduce the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrheal disease, some patients do not have diarrhea. 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 cured with antibiotic treatment. Preventive vaccinations are available.

^Volcano | Threat from : Environment

There are several types of volcanic eruptions and some pose a major threat to health. One such eruption is volcanic ash fall. Ash is made of fine particles of rock and minerals and is gritty and abrasive. It can carry for many kilometers through air. Approaching ash clouds resemble ordinary weather clouds, and are sometimes accompanied by lightning or thunder. They bring a sulfur smell into the air.

When the ash finally falls, it settles in a dust-like covering. The "dust", however, is hard and abrasive. It does not dissolve in water, and it conducts electricity. It becomes more conductive when wet. Heavy ash falls can cause roofs to collapse and can lead to high levels of respirable ash in the air people breathe.

Most commonly, people get a runny nose and sore throat, sometimes with dry cough. Because the ash is gritty, it can cause skin and eye irritation. People should minimize exposure to ash, those with chronic bronchitis, emphysema, asthma and other respiratory conditions should be especially vigilant since their symptoms can worsen.

Ethiopia

Ethiopia ranks among the top ten countries with high threat of volcanic activity. Activity has been recorded at volcano Erta Ale since 1971.

^Yellow fever | Threat from : Bites and Stings

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

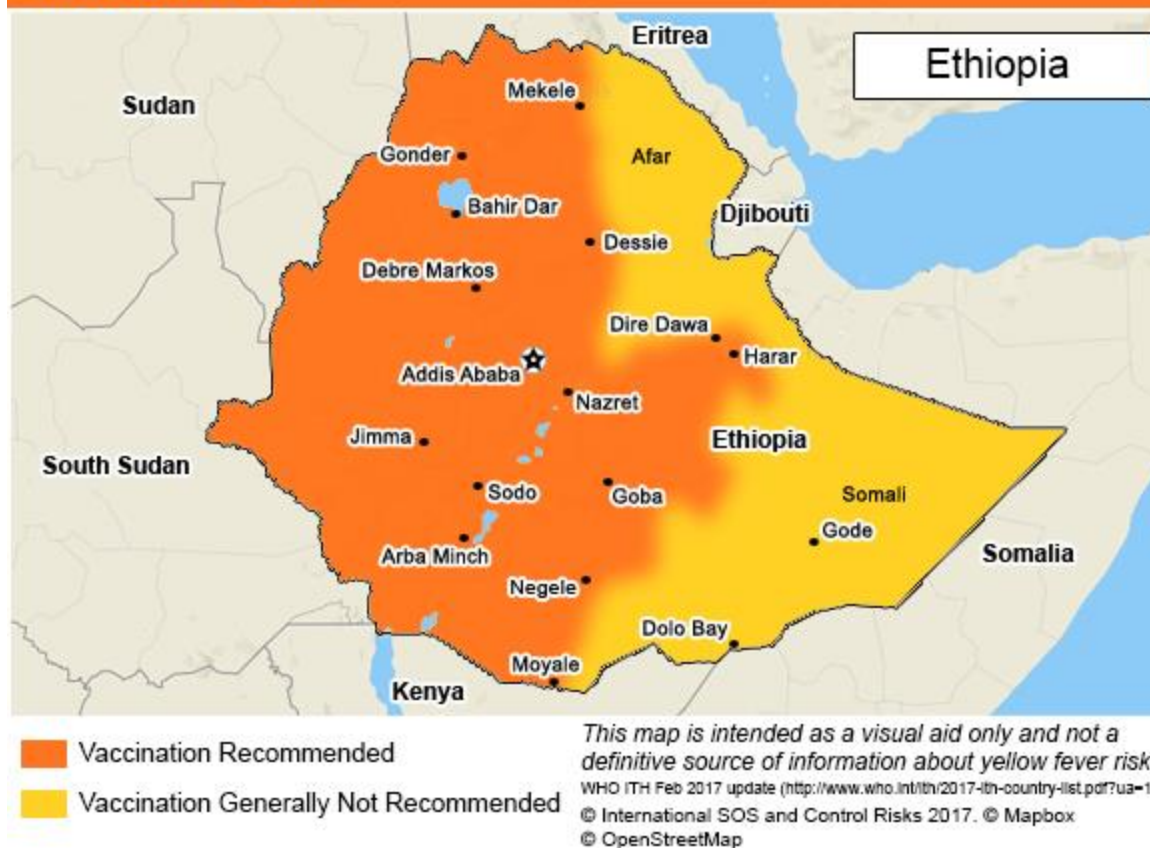
Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant country guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Ethiopia

There is a risk of yellow fever throughout Ethiopia. However the provinces of Afar and Somali have a low potential for exposure.

There were no cases reported between 1967 and 2012. An outbreak in 2013 in Arba Minch, Seguen and South Omo Zones in the southwest of the country caused 141 cases and 55 deaths.

YELLOW FEVER



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