



DESTINATION REPORT

SOUTH AFRICA

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GENERAL OVERVIEW

Emerging from the legacy of the post-colonial apartheid system, South Africa is a nation steeped in a rich cultural history. Led initially by Nelson Mandela, the African National Congress (ANC) is the major political party in South Africa today. Since the end of the apartheid system in 1994, the nation has been led by members of the ANC. Despite high rates of unemployment and HIV/AIDS, South Africa has managed to turn itself into the superpower of its region, and it is one of the largest emerging economies in the world.

The geography of South Africa encompasses 'veld'-high plains in the interior-divided from the narrow coastal plain by the mountain ranges of the Great Escarpment.

South Africa is home to almost 56 million people and is ethnically diverse. However, as a consequence of the nation's history of apartheid, the various ethnic groups are not very integrated. Almost 80 percent of South Africans are of indigenous African descent, 9 percent are white, 2 percent are of Indian heritage, and 9 percent are mixed. While two-thirds of South Africans identify as Christian, there are also sizable Muslim, Hindu, and Jewish communities. There are eleven official languages in South Africa. English is widely spoken, as is Afrikaans; the other official languages are isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, siSwati, Tshivenda, and Xitsonga.



SECURITY ASSESSMENT

Security Risk Rating

Moderate

Security Risk Overview

Violent crime is a major concern for visitors to South Africa. Muggings, carjackings, and robberies are very common, and incidents of sexual assault have increased. Discrimination against citizens from other African countries exists and sexual violence against females is common. There is a low threat of indigenous or international terrorist activity in the country, though unsubstantiated bomb threats are often reported. Civil unrest is not uncommon, especially in low-income communities, and some demonstrations have devolved into violence. Striking public servants may cause a disruption in service delivery as well.

Terrorism

There is a low threat of indigenous or international terrorist activity in the country. There have been no reported terrorist attacks in South Africa in the past five years.

Nevertheless, there is a heightened global threat of terrorist attacks against Western interests, and a handful of suspected terrorist plots have been disrupted in South Africa in recent years. In July 2016, police arrested two suspects allegedly planning bomb attacks on the US Embassy in Pretoria and Jewish institutions in the country. The two men were taken into police custody following anti-terror raids in Johannesburg and charged with terrorism. Authorities indicated that the individuals were planning to travel to Syria to join the Sunni extremist group the Islamic State (IS).

There have been threats of attack in the country in the recent past. In July 2018, the US Consulate General in Durban released a Security Alert regarding two security incidents that took place at Woolworths stores in Durban on 5 July 2018. According to the alert, an improvised explosive device (IED) caused a fire at a Woolworths store in the Pavilion Shopping Center in Westville. Shortly after, an IED was found at a Woolworths store in the Gateway Shopping Center in Umhlanga. No casualties were reported following the incidents. In June 2016, the US Embassy in South Africa released a security message warning citizens of near-term terror threats in Johannesburg and the legislative capital, Cape Town. According to the message, the US government obtained information indicating that terrorist groups were planning to conduct attacks on places frequented by US citizens in the two cities in the near future, including upscale shopping areas and malls. No attacks materialized during the timeframe in which the warning was in place. In September 2015, the US Embassy in South Africa similarly issued a warning that extremists may be planning attacks against US interests in the country. This followed another warning from the US Embassy about possible attacks against US interests in South Africa to coincide with the 11 September anniversary in 2015. Despite these recent warnings related to terrorism, many attacks in South Africa are motivated by xenophobia and are directed at refugees or immigrants from other African nations.

Civil Unrest

Labor strikes and demonstrations are common in South Africa and have become increasingly violent with damage to government buildings and private property, vandalism, and road blockades often reported. The province of Gauteng generally witnesses the majority of violent protests. Government corruption, unemployment, poverty, undemocratic laws, xenophobia, and poor service delivery of housing, electricity, water, and sanitation have triggered an escalation of popular protests throughout South Africa. Most of the unrest occurs in informal settlements or poor areas of the country's largest cities such as Johannesburg, Cape Town, and Ekurhuleni. Most recently, Clashes were reported during a protest in the Cape Town on 30 October 2019. According to local media, police used water cannons and stun grenades to disperse hundreds of protesters in the Waldorf Arcade in St. George's Mall outside the United Nations High Commissioner for Refugees (UNCHR) offices. At least 100 people, all foreign nationals, were detained following the incident.

A particularly violent spate of unrest erupted across South Africa in September 2019. Beginning on 1 September 2019, mobs in several South African cities looted and burned businesses, houses, and vehicles owned by citizens of other African countries. The violence was reportedly the result of perceived economic inequality between South African citizens and foreign nationals. Several people were killed in the violence, which impacted cities like Johannesburg and the administrative capital, Pretoria. The continuing xenophobic violence has triggered violent reprisal protests in several African countries, including the Democratic Republic of Congo, Nigeria, and Zambia, and has resulted in an ongoing diplomatic row between Nigerian and South African diplomats.

Unrest was also reported before, during, and after parliamentary elections held on 8 May 2019. Heightened security measures and incidents of electoral violence were reported on 5-7 May 2019 in anticipation of the elections. Six people reportedly set fire to an electoral officer's vehicle in Ganyesa on 6 May 2019, and a ballot box was burned by protesters in Ikageng. Additional reports indicate that a voting center in North West was burned on 5 May 2019 by a group encouraging a boycott of the elections. Locals clashed with the police during the elections in Vuwani on 8 May 2019. Reports indicate that residents engaged security personnel in sporadic clashes, barricaded roads, and attacked polling stations throughout the day. Despite the unrest seen in the immediate aftermath of the voting, tensions have since subsided. Incumbent President Cyril Ramaphosa, leader of the ANC, won a majority and continues to serve as South Africa's president.

Personal Security

Violent crime rates are rising in South Africa, most often taking the form of armed robberies, carjackings, muggings, smash-and-grab vehicle robberies, murder, and incidents of sexual violence. Continually high murder rates, which studies estimate have increased by nearly 5 percent in the last year, remain a significant concern in South Africa. Small gangs of organized criminals may target those appearing wealthy or not mindful of their surroundings. Often, the victims are followed to their place of lodging and robbed at gunpoint. There is a higher incidence of petty criminal activity surrounding areas with high tourist populations, such as hotels and public transportation hubs. Hikers in Cape Town's Table Mountain have been mugged and individuals planning to hike Table Mountain should do so in a group. According to reports on 17 September 2019, an ongoing security deployment in the Western Cape Province was extended on 16 September 2019. A deployment of South African Defence Force (SANDF) troops was reportedly scheduled to end on 16 September 2019 and has now been extended to 31 March 2020. President Cyril Ramaphosa indicated that the measures specifically apply to the Cape Flats, Bonteheuwel, Delft, Hanover Park, and Philippi East areas of Cape Town. The increased security measures include an uptick in residential search operations, foot and vehicle patrols, and a higher number of security checkpoints on roadways.

In Johannesburg, crimes are often committed in the areas of Berea, Hillbrow, and the Rotunda bus terminal. Additionally, areas outside of urban centers and main roads in KwaZulu-Natal have had multiple incidences of crimes, especially at night. At least two people were killed in xenophobic violence that erupted in Soweto on 29 August 2018. Reports indicate that community members of White City attacked foreign-owned shops, prompting shop owners to open fire on the looters. Security personnel were deployed to the area to restore order, although they were unable to quell the riots. Reports indicate that the riots were triggered by allegations that foreigners were selling fake and substandard goods to their customers. The rioters were calling for the expulsion of all foreign nationals through social media messages, particularly urging all South Africans to "shut down" shops owned by Somalis, Pakistanis, and other foreign nationals on 29 August 2018. Many South African nationals harbor anger towards African foreigners living in the country, who they believe to be responsible for the rising unemployment rate among South African natives. In Durban, criminal activity has often been reported in the downtown area and the city's beaches after dark.

The US Department of State (DoS) warns that criminals often pose as police officers and commit "blue light" robberies. In these scenarios, individuals who appear wealthy or who are often observed withdrawing large sums of money from an ATM are pulled over by criminals who pose as police officers. Criminals then rob the car passengers at gunpoint, sometimes also stealing the vehicle. These incidents often occur near O. R. Tambo International Airport (JNB) and the connecting freeways to Johannesburg and Pretoria.

Crimes of a sexual nature-including harassment and assault-are common in South Africa and law enforcement is generally ineffective in investigating and prosecuting these crimes. Attacks against immigrants from other African nations are also common. Attacks have also been reported against foreign nationals, including Western tourists, and have been fatal. These incidents usually occur in low-income neighborhoods in Gauteng and Johannesburg, but have also occurred in more sparsely populated areas in the past.

Same-sex relations are not illegal in South Africa but societal intolerance and discrimination against lesbian, gay, bisexual, and transgender (LGBT) individuals is common. This is particularly true for lesbian individuals, who are often targets of harassment and sexual violence.

Rain-triggered flooding is not uncommon in South Africa and has caused fatalities in the past. Most recently, at least 12 people were killed due to severe flooding in KwaZulu-Natal on 13-14 November 2019. According to local media, continuous heavy rainfall caused significant damage and disruptions on several major roads, bridges, and other properties across the province.

Law Enforcement

The South African Police Service (SAPS) is chronically understaffed, poorly trained, and poorly equipped. The force has a reputation for excessive use of force and there have been multiple reports of arbitrary arrests. In Cape Town, police are concentrated on controlling gang violence in low-income areas; as a result, they have few resources left over to enforce the law in other parts of Cape Town.

Many prisons and detention centers in South Africa do not meet international standards. These facilities are characterized by poor infrastructure, violence between prisoners, a lack of medical care, and severe overcrowding. Levels of disease, including HIV/AIDS, are high. There have been reports of officers utilizing torture, beatings, and sexual violence against prisoners and detainees. Lengthy pretrial detention periods and an understaffed judiciary hinder the justice system. Make every attempt to notify their embassy or consulate in the event of arrest.

Transportation

Air: South Africa is rated Category 1 by the International Aviation Safety Assessment Program (IASA). This means that the country's civil aviation authority has been assessed by IASA inspectors and is found to license and oversee air carriers in accordance with International Civil Aviation Organization (ICAO) aviation safety standards.

Theft from checked luggage is common at Cape Town International Airport (CPT) and OR Tambo International Airport (JNB). Additionally, travelers have been followed from JNB and robbed.

Bus: Public transportation in South Africa is risky due to high incidence of road traffic mortalities caused by a combination of poor driving skills and limited enforcement of traffic laws. However intercity bus companies, including Greyhound, Intercap, and Translux, tend to be reliable. Most major cities will have an extensive local bus system; however, most of these will not run frequently on weekends or at nighttime. Avoid overnight journeys on buses as the risk of an accident increases. Most recently, at least three people were killed and 22 others were injured in a bus crash in Mpumalanga on 16 December 2019. According to local media, a long-distance passenger bus traveling from Durban to Zimbabwe overturned on the N11 Highway in Kranspoort at approximately 07:45, resulting in the casualties.

Car: Drivers staying in South Africa for less than six months may drive with a foreign license. However, in road accidents where an insurance claim is required, drivers may be required to show an international driving permit. Traffic moves on the left. Road accidents are common and are largely precipitated by poor local driving standards, a lack of law enforcement, and poorly maintained vehicles. Road conditions are of good quality, though flooding may damage infrastructure, especially in the Cape Provinces.

Theft from cars and carjackings are very common in South Africa. Keep any bags or valuables out of view, under the seat, or in the trunk of the car. Smash-and-grab robberies most often occur when cars are waiting at traffic lights or getting off of the highway. There have been recent reported incidents of criminals driving fake South African Police Services (SAPS) or South African law enforcement vehicles and participating in carjackings and robberies. If travelers are stopped by what appears to be law enforcement authorities, they should turn on the hazard lights and slowly drive to the nearest South Africa police station, a well-lit or well-populated area such as a gas station, or supermarket to establish they are being stopped by genuine police.

Criminals may also try to convince drivers of a car malfunction, causing the driver to pull off the side of the road and then proceed to rob the vehicle. Sometimes criminals place sharp objects in the road in order to puncture tires, so they can pretend to assist the driver, while actually robbing them. Most carjackings occur when a driver is pulling into their driveway. Drivers should wait on the street until the gate is opened, allowing for quick access to the residence.

Taxi: Minibus taxis tend to be poorly maintained, and accidents occur fairly frequently. At least 16 people were injured during a minibus taxi collision in Durban on 27 November 2018. In major cities, territory disputes amongst taxi companies have also devolved into violence. Metered taxis are usually only found outside major hotels and airports. Only use properly marked taxis, and book through a hotel if possible. Do not get into a taxi if there is an unknown passenger sitting in the vehicle. Travelers who are unhappy with the direction in which the taxi is traveling should speak calmly, yet firmly to the driver in conjunction with the hand gesture to stop in case there is a language barrier. If there is no positive response from the driver, exit the vehicle at the first opportunity. Fatal accidents have also occurred in the past. Most recently, at least four people were killed and 11 others were injured when a minibus crashed in Gauteng on 8 February. According to

local media, the accident occurred along the N1 highway in the Grasmere area south of Johannesburg at approximately 06:00 local time.

Train: Two of South Africa's luxury train lines, the Rovos Rail and the Blue Train, run between Pretoria and Cape Town. Other routes include travel to Durban, the Garden Route, Kruger National Park, or Tanzania. Though not as luxurious, the Shosholozza Meyl offers first-class tickets. The Premier Classe train has lines which run from Johannesburg to Durban or Cape Town and from Cape Town to Port Elizabeth. Petty and violent crimes are not uncommon on commuter and metro trains in Johannesburg and Pretoria. Arson attacks were reported on two trains in Cape Town, on 9 October 2018. According to local media, two trains on platforms 16 and 17 at the Cape Town train station in the Central Business District (CBD) were reportedly set on fire. Firefighters and other emergency crews were deployed to the station. On 28 September, three trains were set on fire at the Cape Town, Firgrove, and Mbekweni train stations in Cape Town. At least one person was killed and four others were injured in a suspected arson attack on a train in Cape Town on 30 May 2018. Reports indicate that witnesses heard something being thrown at the train before a fire broke out. Consequently, the passengers were evacuated and the burning carriages were disconnected from the rest of the train to contain the damage.

Railway accidents not involving criminality, including collisions and derailments, are common in the country as well. These incidents typically occur because of human error, poor driving practices, and poor communication. At least 20 people were reportedly injured after a train derailed in Cape Town on 12 September 2019. According to local media, a Cape Town-bound Metrorail passenger train veered off the tracks at the Kuils River side of the Bellville Station, resulting in the injuries. Train services in the city were also reportedly disrupted for several hours following the accident.

At least 300 people were injured in a train collision in Kempton Park on 4 October 2018. Reports indicated that a train was transporting passengers from Johannesburg to Pretoria when it crashed into a stationary train at Van Riebeeck Park Station. On 4 September 2018, more than 100 people were injured after two trains collided in the Johannesburg suburb of Selby.

Scams, Fraud, Corruption, and Extortion

Individuals have been cheated as a result of "419" scams, which rob people of money through false business deals that are often conducted through unsolicited emails or faxes. It is important to thoroughly research job or contract offers that originate in South Africa. Criminals have posed as members of the Tourist police and robbed travelers; however, South Africa does not have a Tourist police force.

Common scams against foreigners, regardless of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information at all costs, especially bank or credit card numbers.

ATM fraud is frequent, and travelers should be wary of anyone offering them help in completing a transaction. Criminals have bombed ATMs in order to steal the money inside. These bombings usually occur in the early morning or in isolated areas.

Corruption of police and government employees is widespread in South Africa and it has been reported that these officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law.

Security Advice

Be prepared. Make an effort to understand your destination environment before you travel: identify the possible threats and prevailing situation, understand your own vulnerabilities and take action to mitigate the risks.

Maintain a low profile and good situational awareness. Ensure you travel with reliable communications equipment, test your mobile (cellular) telephone upon arrival at your destination and keep it fully charged. Make note of emergency telephone numbers, including the police, fire department, ambulance, and embassy or consulate.

Avoid all protests and demonstrations to minimize the risk of exposure to incidental violence. Travelers should walk away or wait inside a shop or restaurant if it is not possible to leave the area. Plan alternate routes to circumvent potential protest locations. Seek the assistance of a local host, or travel with a local driver, where possible.

To minimize the risk of becoming a victim of petty theft, travelers should maintain caution and exercise situational awareness at all times. Avoid overt displays of wealth. If confronted by a criminal, do nothing to antagonize the situation. Carry a "dummy" wallet if possible, and carry a passport photocopy at all times.

Carry handbags on the opposite side from passing traffic to reduce the risk of thieves on motorcycles trying to snatch them.

Avoid walking unless you are confident of the security situation. Do not walk by yourself at night in secluded or troublesome areas of the city. Do not take shortcuts away from main roads, which tend to be busy and provide a safer environment.

National holidays and public festivals tend to attract large crowds in some countries. Such public gatherings, despite a typically enhanced security presence, create a potential venue for disorder or violence. In addition, large crowds may well impede local transportation systems.

Do not buy counterfeit or any goods in violation of copyright laws. Doing so may be a violation of local laws and can carry hefty fines or even prison time.

Reduce risk of injury from car crashes by always wearing a seatbelt. Some countries have heavy fines for not wearing a seatbelt. Avoid drinking and driving. Be sure to travel with all appropriate documentation, including passport and visa photocopies. Individuals who intend on driving should be in possession of their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Travelers are subject to the laws of South Africa, even if they are not a citizen of South Africa. Individuals can also be prosecuted for violating their home country's laws while in a foreign country. Travelers should be aware of the laws and customs of the country they are traveling to in order to avoid prosecution.

Rain-triggered flooding is not uncommon in South Africa and has caused fatalities in the past.

HEALTH ASSESSMENT

Health Risk Rating

Moderate

Travel Health Advice

Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.

Protect against insect bites and insect-borne diseases, such as tick-borne encephalitis or malaria, by using insect repellent and wearing long pants, long sleeve shirts, boots, and hats if possible. See more detailed insect precautions below.

Prevent foodborne illnesses by avoiding undercooked foods and unpasteurized dairy products and washing hands, especially before eating. See more detailed food and beverage precautions below.

A comprehensive pre-travel health consultation with a travel health care provider is recommended for all travelers in order to optimize their health while traveling and to individualize their disease prevention strategies to best mitigate the health risks of any destination.

Immunizations - Required for Entry

The following vaccines are required for travelers entering the country. Some vaccines may only be required for travelers arriving from specific destinations, or those who have previously traveled to specific destinations within a given time period. Travelers are advised to consult with their travel healthcare provider for traveler-specific requirements.

Immunization	Notes
Yellow Fever (YF)	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>A requirement for YF vaccine is present in many countries to prevent travelers from bringing the virus into the country. This requirement in some cases applies even to airport transfers in countries with YF transmission risk.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>

Immunizations - General

The following immunizations are recommended for travel to all destinations.

Immunization	Notes
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Routine	Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.
Hepatitis B	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
Influenza (Flu)	<p>All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>

Immunizations - Recommended for this Country

The following are vaccine preventable diseases present in this country. Some travelers may be at an increased risk of exposure to specific diseases. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary- specific recommendations.

Immunization	Notes
Hepatitis A Virus (HAV)	<p>The Hepatitis A virus is primarily transmitted through contaminated water and food such as shellfish and uncooked vegetables or fruit prepared by infected food handlers. It is also transmitted through person-to-person contact via fecal-oral exposure, or spread through sexual relations, blood transfusions, and needles.</p> <p>Several pre-exposure vaccination options are available: HAVRIX, VAQTA, TWINRIX (3-dose HepA/HepB combination series), and AVAXIM. The vaccine requires 2 doses, separated by a minimum of 6 months. Ideally, the traveler should complete both doses at least 2 weeks prior to travel. However, if there is insufficient lead time to travel, the first injection should be administered before departure and a booster after 6 months. Once both doses are completed, immunity is considered lifelong.</p>

<p>Typhoid Fever</p>	<p>Typhoid is a bacterial infection spread through the ingestion of contaminated food or water.</p> <p>Vaccination should be completed 1-2 weeks before travel, depending on the form of the vaccine given. Two forms of the vaccine are available: an inactivated shot (1 dose), and a live oral vaccine (4 capsules given over 8 days). Booster doses of vaccine are needed for ongoing protection. The interval will vary depending on the form of the vaccine and the traveler's country of vaccination. Vaccination recommendations vary by country, activities, and specific itinerary. Consult a travel health professional for individual advice.</p>
<p>Hepatitis B</p>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
<p>Rabies</p>	<p>Rabies is spread through the bite or scratch of an infected animal. All mammals are susceptible, but dogs and other wildlife (particularly bats) are the most common vectors.</p> <p>A 3-dose pre-exposure rabies vaccine is recommended for long-term travelers and expatriates visiting remote areas. It is also recommended for travelers involved in adventure or outdoor activities in remote areas who could be exposed to bats, dogs, and other mammals and those who might be in direct contact with animals, including in urban areas. Children are at higher risk and have a lower threshold for pre-exposure vaccination. The first dose of the vaccine should be administered at least 21 days before travel.</p>
<p>Influenza (Flu)</p>	<p>All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>

Health Risks

The following are health risks present in the country. Some of these health risks are widespread, while others may only affect travelers in specific areas or those engaging in specific activities. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary-specific recommendations.

Health Risks	Notes
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<p>African Tick Bite Fever (ATBF)</p>	<p>ATBF is a tick-borne infection caused by one of many rickettsial bacteria species that exist around the world. Its symptoms appear within 2 weeks and include fever, headache, rash, muscle pain, and a red sore with a dark center (known as an eschar) that develops at the site of the bite.</p> <p>ATBF is transmitted through bites from ticks infected with <i>Rickettsia africae</i> bacteria. Those engaging in outdoor activities in wooded or high vegetation areas are at increased risk of exposure to ticks.</p> <p>There is no vaccine to prevent against African Tick Bite Fever. To avoid bites, adhere to the insect precautions detailed below, with particular attention to tick avoidance. Infected individuals should seek medical attention. They can be treated with antibiotics and supportive care.</p>
<p>Air Pollution</p>	<p>Air pollution refers to the potentially hazardous mix of particulate matter, chemicals, and other materials that infiltrates the air and causes acute symptoms and chronic conditions. Acute symptoms include itching of the eyes, nose, and throat, as well as wheezing, coughing, shortness of breath, chest pain, headaches, nausea, and upper respiratory infections (bronchitis and pneumonia). Air pollution is increasing in low- and middle- income countries and has become a major concern for travelers.</p> <p>Travelers with chronic lung conditions such as asthma or chronic obstructive pulmonary disease COPD should consult with their physicians prior to travel to areas with poor air quality, and these populations should reduce outdoor exertion. Elderly travelers and infants are also more at risk for respiratory consequences of exposure to air pollution. All travelers should comply with air pollution advisories. Levels of air pollution will vary by city and region; check current levels prior to travel to appropriately target preventive measures.</p>
<p>Chikungunya</p>	<p>Chikungunya is a viral infection acquired by humans through the bite of an infected mosquito. Chikungunya has been a predominately urban/suburban disease, but expanding development is encouraging spread into more rural areas. Not all infected persons exhibit symptoms, but persons may experience sudden joint pain and fever, as well as headache, rash, and vomiting.</p> <p>Chikungunya is spread through the bite of an infected <i>Aedes</i> mosquito. Highest risk occurs during the rainy season. The <i>Aedes</i> mosquito is day-biting, with particular activity 2-3 hours after dawn, and from mid-to-late afternoon.</p> <p>There is no vaccine to prevent against Chikungunya, but taking proper precautions against mosquito and insect bites may help prevent against transmission (see Insect Precautions below). No specific treatment exists for Chikungunya infection, but supportive care can be helpful to ease the symptoms. Seek medical attention if Chikungunya is suspected, as it is important to rule out other treatable or more serious infections that might be present, such as dengue or malaria.</p>

<p>Hepatitis C</p>	<p>Hepatitis C is a viral infection that causes liver disease. Most people do not have symptoms. If symptomatic, people can experience gastrointestinal disturbances, jaundice, dark urine, and fatigue. Chronic disease can cause liver cirrhosis and cancer.</p> <p>Hepatitis C is spread person-to-person through IV drug use, contaminated needles for tattoos and body piercings, or unsafe medical procedures such as unscreened blood transfusions. Hepatitis C can also be transferred sexually. Travelers are generally at low risk, unless engaging in at-risk behaviors, or suffer a medical event requiring a blood transfusion. Healthcare workers are also at risk.</p> <p>There is no vaccine to prevent hepatitis C infection. Travelers are advised to avoid IV drug use and sexual contact with high-risk individuals. Avoid receiving blood transfusions in facilities with substandard blood donation and screening procedures. Avoid other procedures that may bring you in contact with contaminated needles, such as tattoos and body piercings. There is effective antiviral treatment for hepatitis C. Travelers should seek medical care for testing and treatment if they suspect infection.</p>
<p>Malaria</p>	<p>Malaria is caused by a protozoan parasite that lives within red blood cells. Malaria is a very serious and potentially fatal disease. Symptoms include fever, chills, headache, and muscle aches. Vomiting, diarrhea, and abdominal pain also occur. Severe forms of the disease can lead to cerebral malaria, kidney failure, shock, and death.</p> <p>Malaria is spread through the bite of an infected Anopheles mosquito, which is active between dusk to dawn. Risk varies widely, even within a country, and depends on the traveler's itinerary, sleeping accommodations, urban vs rural travel, and elevation, among other factors.</p> <p>There is no vaccine to prevent against malaria. Observe nighttime insect precautions (see below). Malaria prophylaxis medications are often recommended for travel to endemic areas. Consult with a travel health professional for specific advice. Seek medical care immediately if malaria infection is suspected. Treatment with antimalarial medications is effective.</p>
<p>Schistosomiasis (Bilharzia)</p>	<p>Schistosomiasis is a parasitic infection caused by flatworms. Symptoms of initial infection can include skin rash, fever, headache, muscle ache, bloody diarrhea, cough, malaise, and abdominal pain, but many of those infected are asymptomatic. Schistosomiasis can become a chronic illness with varied manifestations if untreated.</p> <p>Schistosomiasis is spread via larvae that swim in fresh water, and through sexual contact with infected individuals. Travelers become infected by bathing, swimming, boating, or rafting in cercariae-infested waters.</p> <p>There is no vaccine to prevent against schistosomiasis. Avoid contact with bodies of freshwater in endemic areas. Schistosomiasis cannot be contracted in chlorinated swimming pools or in bodies of salt water. The use of insect repellent may be effective but is unreliable. Travelers who come in contact with bodies of fresh water should wear protective footwear and clothing, and clean their skin with rubbing alcohol and a clean, dry towel. Schistosomiasis can be treated with anti-helminthic medication.</p>

<p>Sexually Transmitted Infections (STIs)</p>	<p>STIs are a concern for travelers worldwide, and are likely underreported as a travel-related infection. STIs are caused by viruses, bacteria, and parasites, the same potential pathogens as are present in the traveler's home environment. However, certain infections like chancroid, LGV, and Granuloma inguinale are more common in less industrialized countries, and other areas of the world have higher incidence of HIV and Hepatitis B and C than others. Symptoms vary widely depending on the specific infection, and can include both local and systemic symptoms.</p> <p>STIs are spread between humans by unprotected sexual contact (oral, anal, or vaginal), and skin-to-skin genital contact. Some STIs can also be transmitted through exposure to blood and other bodily fluids. Travelers are at higher risk if engaging in sex with sex workers, traveling for sex tourism, or certain higher risk behaviors. Healthcare workers are at higher risk for certain blood-borne infections.</p> <p>Preventive measures focus on decreasing exposure to STI pathogens. Adhere strictly to safe sex practices: use a condom correctly and consistently, or abstain from intercourse, and use an external condom or dental dam for oral exposures. Travelers should pack external and/or internal condoms, as the quality of condoms available in some areas is not reliable. Avoid behavior that increases the risk of contracting an STI such as casual sex with a stranger or a sex worker. Drinking heavily or taking mind-altering drugs will impair judgement and inhibitions during a sexual encounter, increasing the risk of making unsafe choices. Seek medical attention promptly if an STI is suspected.</p>
<p>HIV/AIDS</p>	<p>HIV is a viral infection that affects the body's immune system, increasing susceptibility to certain infections and other health complications. Untreated, HIV is a fatal infection. The symptoms of HIV infection vary depending on the stage of the disease. Patients can be asymptomatic or only have non-specific symptoms until the infection is very advanced.</p> <p>HIV is transmitted through contact with blood and other body fluids, and sexual contact. Risk for travelers is generally low and determined more by behaviors than destination. Healthcare workers with clinical or laboratory responsibilities are at higher risk.</p> <p>There is no vaccine to prevent HIV infection. Travelers can protect themselves by avoiding exposures, engaging in safe sex practices, and using personal protective gear if potential exposure is unavoidable. High risk travelers may consider preexposure prophylaxis. Health care workers should follow standard precautions and assess local availability of (or bring) postexposure prophylaxis. Seek medical care immediately if an exposure occurs. Early treatment with antiviral medications is effective in decreasing transmission.</p>

<p>Travelers' Diarrhea</p>	<p>Travelers' diarrhea (TD) is the most common health problem for travelers, affecting up to 70% of travelers going to developing countries. TD is caused primarily by pathogenic bacteria and less commonly by protozoa or enteric viruses. Symptoms include diarrhea, fever, abdominal pain, nausea, and vomiting. More severe forms of TD include dysentery and diarrhea with blood and mucus present.</p> <p>TD is transmitted to humans by the ingestion of contaminated food and water. Individuals at higher risk for TD or adverse consequences include adventurous eaters, immunocompromised persons, persons with inflammatory bowel disease or diabetes, and those taking medications that decrease gastric acidity.</p> <p>There is no vaccine to prevent TD. Following food and beverage precautions may reduce the likelihood of illness (see below). Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.</p>
<p>West Nile Virus (WNV)</p>	<p>WNV is an arboviral infection spread by mosquitos. About 80% of those infected do not feel sick. Those who do experience symptoms typically have fever, headache, tiredness, nausea, vomiting, swollen lymph glands, and a rash on the chest, stomach, or back. Rarely, severe disease occurs, stiff neck, weakness, confusion, and coma.</p> <p>Transmission of WNV results from bites from infected Culex mosquitos. These mosquitos are most active in the evening after dusk and at dawn but are considered "night biting." Those engaged in outdoor activities in the evening and nighttime are most at risk.</p> <p>There is no vaccine to prevent WNV. Adhere to insect precaution recommendations (see below). Supportive care is the mainstay of treatment.</p>
<p>Mediterranean Spotted Fever (MSF)</p>	<p>MSF is a tick-borne infection caused by a species of rickettsial bacteria. Symptoms include fever, headache, and rash. A black eschar occurs at the site of the tick bite.</p> <p>MSF is spread through the bite of an infected tick. Those engaging in outdoor activities in wooded or high vegetation areas are at increased risk of exposure to ticks.</p> <p>There is no vaccine to prevent against MSF. To avoid bites, adhere to the insect precautions detailed below, with particular attention to tick avoidance. Infected individuals should seek medical attention, and they can be treated with antibiotics and supportive care.</p>

<p>Melioidosis</p>	<p>Melioidosis infection is caused by Burkholderia bacteria found in soil and water. Acute symptoms include fever, cough, chest pain, and shortness of breath. Localized skin infections also occur, as well as systemic forms of infection. Melioidosis can be fatal.</p> <p>Melioidosis is spread through direct contact with sources, usually water and soil, that are contaminated with the bacterium. Transmission occurs primarily through direct inoculation through the skin, contamination of wounds, and inhalation and aspiration, most often in the setting of recent rains, floods, or severe weather events. Ecotourists, adventure travelers, and persons working in agriculture, mining, and construction are at risk.</p> <p>There is no vaccine to prevent melioidosis. Avoid contact with pools of standing water, soil, or mud in endemic areas. Wear long pants, boots, and gloves if in contact with soil or an area of standing water. Clean wounds thoroughly and use an antiseptic cleanser. Seek medical care promptly if melioidosis infection is suspected for antibiotic treatment and other effective care.</p>
<p>Helminths - Soil Transmission</p>	<p>Soil-transmitted helminths include the human hookworms Ancylostoma and Necator, and Strongyloides. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>
<p>Marine Hazards</p>	<p>Marine hazards are varied, and include exposures to challenging tides and currents, hazards of watersports and boating, as well as contact with plants and animals that can injure humans. Most commonly seen in travelers are envenomation or stings from jellyfish, sea urchins, certain corals, stonefish, sting rays, and sea urchins.</p> <p>Travelers should seek out and heed posted warnings and refrain from bathing or other aquatic activities at unmarked, unpatrolled beaches.</p>

Plague	<p>Plague is a bacterial disease that can lead to 3 forms of disease: bubonic plague affecting the lymph nodes, septicemic plague in the bloodstream, and pneumonic plague affecting the lungs. Symptoms will vary depending on which form of the disease is present, and can include, fever, swollen and painful lymph nodes, abdominal pain, pneumonia, and bleeding.</p> <p>The plague is typically spread through the bite of infected rodent fleas. It is sometimes spread through the inhalation of infected animal secretions, or by handling infected animal tissue. Rarely, person-to-person spread can occur if pneumonic plague is present. Risk to travelers is generally low. Hikers, campers, hunters, and persons exposed to wild rodents in endemic areas are at higher risk.</p> <p>There is no vaccine to prevent against the plague. Measures should be taken to prevent against contact with rodents and other potentially infected animals. Prevent flea bites with insect repellent and protective clothing. Travelers should avoid crowds and coughing persons in areas where pneumonic plague has been reported. Those who may have had contact with an infected person, rodent, or other animal should receive antibiotic prophylactic treatment. Infected persons need immediate antibiotic treatment due to the high risk of death.</p>
African Trypanosomiasis (Sleeping sickness)	<p>African trypanosomiasis is a parasitic disease in sub-Saharan Africa. Two types of trypanosome protozoa cause this infection: one is more prominent in central Africa and western Africa, and the other in eastern and southeastern Africa. Symptoms and severity of the disease will vary depending on the species of parasite, but generally include fever, chancre, headache, enlarged lymph nodes, muscle/joint pain, and rash. Sleeping sickness can be fatal if untreated.</p> <p>African Trypanosomiasis is spread through the bite of an infected tsetse fly. Travelers spending significant time outdoors in rural areas or visiting game parks are at risk. The tsetse fly is a day-biting vector that rests in the shade under trees. Tourists are readily exposed to the flies while watching game.</p> <p>There is no vaccine to prevent against sleeping sickness. Insect repellents are not effective against tsetse flies; however, insect precautions should be followed to protect against other insect vectors. Wear heavyweight long pants, long sleeve shirts, boots, and hats in light colors (not blue). Stay indoors in areas with screens and air conditioning, if possible. Prevention is key, as treatment for the disease is complex and triggers significant side effects.</p>

<p>Tuberculosis (TB)</p>	<p>TB is caused by infection with the Mycobacterium tuberculosis bacteria. Over 95% of cases occur in developing countries, and infection is strongly associated with poverty, overcrowding, and malnutrition. TB infection can be latent, with no symptoms, for many years. The most common clinical presentation of active TB is pulmonary TB, with symptoms of cough, night sweats, weight loss, bloody sputum, and fatigue.</p> <p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. It can also be acquired by eating unpasteurized dairy products in areas where the bovine form of TB is endemic.</p> <p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0-80 percent. It is not recommended for travelers. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-γ release assay (IGRA) both before leaving the US and 8-10 weeks after returning from travel. Treatment for TB is complex; seek medical care for concerns of TB infection.</p>
<p>Rift Valley Fever (RVF)</p>	<p>Rift Valley Fever is an infection caused by the RVF virus belonging to the Bunyaviridae family. It is an animal disease that can spread to humans. Many of those infected have no symptoms. Those who have symptoms can experience fever, muscle and joint pain, headache, light sensitivity, neck stiffness, and vomiting. For most, infection is self-limiting; rarely, more severe forms of the infection can occur.</p> <p>Transmission can be by mosquito bites or contact with infected animal blood, fluid, or tissues through a skin lesion or inhaling infected air droplets from animals. Campers, hikers, and others who spend time outdoors are at higher risk.</p> <p>There is no preventive medication or vaccine against RVF. Travelers to risk areas should employ daytime insect precautions (see below), avoid contact with animal tissue and blood, and avoid consuming unpasteurized milk and raw meat. There is no specific treatment for RVF. Supportive care is the mainstay of treatment.</p>

Crimean-Congo Hemorrhagic Fever (CCHF)

CCHF is caused by a bunyavirus and is a zoonotic disease. Many infected individuals are asymptomatic. Those who become ill may present with fever, fever, sore muscles, dizziness, neck pain and stiffness, backache, headache, sore eyes and photophobia, mood swings, and aggression. The disease progresses to bleeding and bruising in mucus membranes and skin, and then in internal organs. CCHF can be fatal.

CCHF is spread through tick bites and through contact with infected animals or animal tissue. Activities that increase risk for CCHF include outdoor activities in endemic areas (camping, hiking, etc.), or contact with livestock. In general, risk to travelers is low.

There is no vaccine to prevent against CCHF. Those engaging in outdoor activities in endemic areas should observe insect precautions with particular attention to preventing tick bites (see Insect Precautions below). Visitors working with livestock or other animals in endemic areas should wear gloves or other barriers to keep their skin from coming into contact with infected animals, as they often serve as hosts for ticks. Special protective clothing is indicated for healthcare workers caring for patients with CCHF. Seek medical advice immediately if CCHF is suspected. Some patients may benefit from antiviral treatment, and more severely affected patients will need intensive supportive care.

Medical Facilities and Services

Quality medical facilities and services are available in major cities, as well as near game parks and tourist-oriented beaches. Although the public healthcare system remains overstretched and underfunded, the private healthcare system offers a fairly sophisticated level of service. Medical services are limited in more rural areas. Many Western medications are available; however, individuals should travel with adequate amounts of prescription medications for their intended stay.

Food and Water Safety

Although tap water in major cities and at tourist facilities is generally considered potable, travelers are advised to stick to bottled or treated water in rural areas. Thoroughly wash and peel fruits and vegetables and avoid undercooked or raw meat and seafood as these are often the source of foodborne illnesses. Avoid eating food that is not properly refrigerated or cooled, or that has been left standing and uncovered. Avoid eating leafy or uncooked vegetables and salads. Consuming unpasteurized dairy products can lead to illness.

Insect Precautions

Use insect repellent: DEET 20 - 30% or Picaridin 20% on exposed skin. Re-apply per manufacturer's directions.

Avoid scented soaps, hair products, deodorants, perfumes, and shaving products.

Wear long sleeves and pants tucked into socks. Wear neutral colors (beige, light gray). Always wear shoes, both indoors and outdoors.

Treat outer clothing with permethrin.

Remove any containers holding water, both inside and outside any building.

Avoid insect exposure using additional various methods depending on the insect:

- For nighttime flying insects, sleep under bed nets, preferably insecticide impregnated.
- For ticks, hike in the middle of the trail and avoid tall grasses and shrubs, use a tarp when sitting on grass, perform regular tick checks on your body and clothing.
- For other insect vectors, avoid direct contact with animals, and avoid overcrowded, unsanitary conditions to reduce risk of exposure to body lice, mites, fleas, and rodents.

DESTINATION DETAILS

Time Zones

From 1 January to 31 December, South Africa Standard Time (SAST): GMT + 2 hours
South Africa does not observe Daylight Saving Time.

Currency

South African Rand (ZAR)

Credit Cards

Credit cards are widely accepted in major cities and establishments such as hotels, restaurants, and national parks and games reserves, but may be limited in rural areas. MasterCard and Visa are most widely accepted, though American Express and Diners Club are also accepted in many locations. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are widely available and can be found in most tourist locations. Due to crime and fraudulent activity, individuals should avoid using ATMs at night and in remote areas. Travelers should check with their bank before their trip about any fees that might be charged with ATM use.

Banking Hours

From Monday to Friday 09:00-15:30 and Saturday 09:00-11:00.
Hours may vary based on bank and location.

Major Holidays

Services and transportation may be affected on/around the following holidays:

Date	Holiday
01 January 2020	New Year's Day
21 March 2020	Human Rights Day
10 April 2020	Good Friday
13 April 2020	Family Day
27 April 2020	Freedom Day
01 May 2020	Worker's Day
16 June 2020	Youth Day
10 August 2019	National Women's Day
24 September 2020	Heritage Day
17 October 2020	Navaratri
16 December 2020	Day of Reconciliation

25 December 2020	Christmas Day
26 December 2020	Day of Goodwill

NOTE: There are no major elections scheduled to take place in 2020.

Voltage Information

220 V and 230 V, 50 Hz

Plug Type M

International Airports

Airport Name	Airport Code	Airport Location
Cape Town International Airport	CPT	Cape Town
King Shaka International Airport	DUR	Durban
OR Tambo International Airport	JNB	Johannesburg
Lanseria International Airport	HLA	Johannesburg

ENTRY & EXIT REQUIREMENTS

The following information is for citizens of the United States. If you are a citizen of a country other than the United States, contact an embassy or consulate for up-to-date requirements. For additional questions regarding entry/exit requirements, contact Global Rescue at (+1) (617) 459-4200.

A passport with two blank visa pages and a visa are required for entry into South Africa. Passports must have two blank visa pages and be valid for at least 30 days after date of departure. Visitors staying in South Africa for less than 90 days who are traveling for tourism or business will be issued a visa upon entry. Travelers intending to stay beyond 90 days must obtain visas before traveling to South Africa. Travelers who seek a 90-day visa extension must submit a request at least 60 days prior to visa expiration. Travelers who overstay their visa are barred from entering South Africa for a period of 12 months. Travelers who do not have the appropriate documents will be refused entry and/or fined.

All children entering or departing South Africa must have an original or certified copy of their birth certificate including the names of their parents. When both parents are traveling, parents must produce an unabridged birth certificate. When one parent is traveling, the parents must present an unabridged birth certificate, consent in the form of an affidavit from the other parent listed on the birth certificate, copies of passports of parents or legal guardians, a court order granting full parental responsibilities in respect of the child, and where applicable, a death certificate of the other parent on the birth certificate.

Proof of a current and valid yellow fever vaccination is required when arriving from an area at risk of yellow fever transmission.

IMPORT RESTRICTIONS

The following items are permitted: 200 cigarettes OR 20 cigars OR 250 grams of tobacco, 50 milliliters of perfume AND 250 milliliters of eau de toilette, 2 liters of wine AND 1 liter of spirits, and items for personal use.

The following restrictions apply: Local currency, unprocessed gold, and gold coin and stamp collections valuing more than ZAR 10,000 must be declared. Special permission is required for the import of plants, plant products, endangered species, animals, and animal products. Medicines must be accompanied by a prescription from a doctor. Visitors may be asked to leave a deposit, which will be refunded upon departure, with customs on items such as laptops, watches, and cameras.

The following items are prohibited: Pornographic material, weaponry, explosives, fireworks, narcotics, poisonous chemicals or biological agents, goods made in prison, and counterfeit goods.

EXPORT RESTRICTIONS

The following restrictions apply: Gifts may not exceed a value of ZAR 500. A health certificate is needed for the export of dogs and cats.

IMPORTANT NUMBERS

Intl. Country Code	+27
Fire	10111
Police	10111
Ambulance	10177

Contact Information for Select Embassies

US Embassy in Pretoria

877 Pretorius Street
Arcadia, Pretoria 0083
Telephone: (+27) 12 431-4000

British High Commission, Pretoria

255 Hill Street
Arcadia, Pretoria 0028
Telephone: (+27) 12 421-7500

Australia High Commission in Pretoria

292 Orient Street
Arcadia, Pretoria 0083
Telephone: (+27) 12 423-6000

For other embassies, contact Global Rescue at (+1) (617) 459-4200.