

Summary Chart of Basic Suggested Immunizations for Travel to Uganda, East Africa

Please take this document to your physician and/or health department for updates and recommendations based on your personal medical history, any medications you are taking, and analysis of current specific exposure threats. Please remember this document is just a summary sheet. Complete details on each immunization should be consulted at http://www.immunize.org/vis/vis_alpha.asp.

✓	Immunization	Immunity	Comments / Recommendations
	Yellow Fever	10 years	1 dose at approved clinic. Some may not mix with other immunizations. MUST BE RECORDED ON PHS 731
	Typhoid (Injection) – OR – Vivotif Berna ¹ (Oral) Minimal side effects	3 years	2 doses (0.5ml SQ) 4 weeks apart, booster (0.5ml SQ) after three years, side effects are body ache and fever
usually a team option		5 years (Best Option)	4 capsules, 1 taken every other day with tap water one hour before eating, at least one week before departure
	Meningococcal Meningitis Menomune A/C/Y/W-135	5 years	1 dose (0.5ml SQ)
	Polio virus Vaccine Inactivated - IPOL	5 years	1 dose (0.5ml SQ)
	Hepatitis A Havrix 1440 EL u/ml – OR – Gamma Globulin Immune Serum	Lifetime (Best Option)	2 doses 1ml IM (deltoid) 6 to 12 months apart
		2ml = 3 Months 5ml = 5 Months	1 dose near departure (3 mos after Yellow Fever) needed ONLY if Hepatitis A has not been administered
	Hepatitis B Recombinant	2 doses = significant ² 3 doses = lifetime	1ml IM, (deltoid) 2nd at one month, 3rd 6 months after 1st
	Tetanus/Diphtheria	10 Years	1 dose
Suggest team effort here	Malaria Prophylaxis - Mefloquine ³ (Lariam) Dose = 250mg oral tablet, taken 1 per week as follows: 1 tablet 7 days before potential exposure, 1 each week on that same day while traveling and for 4 weeks after you return (Doxycycline and Malarone are common alternatives to Mefloquine)		

1. A physician must write a prescription for **Vivotif Berna Oral capsules** which your pharmacy can fill but allow at least two full weeks for it to be ordered. Keep refrigerated until use.
2. The health literature suggests that significant immunity against **Hepatitis B** exists after the second dose but the lifetime effectiveness does not occur until after the third. Therefore, if you have less than six months before departure, the first two doses should provide adequate protection for your trip but you should get the third dose upon your return.
3. A prescription is required for **Mefloquine**. Our teams have found costs in the US as much as \$12.00 per tablet so we only get enough for the first dose and then purchase additional tablets in Uganda for around \$3.00 each. We take the first tablet seven days before first potential exposure and take the second dose as soon as we arrive and purchase more tablets. We have never had any trouble purchasing adequate tablets once in Uganda. No prescription is needed there.