

## 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](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. <b>MUST BE RECORDED ON PHS 731</b>
	Typhoid (Injection) – OR –	3 years	2 doses (0.5ml SQ) 4 weeks apart, booster (0.5ml SQ) after three years. <b>Available at Health Department</b>
	Vivotif Berna <sup>1</sup> (Oral) Minimal side effects	5 years (Best Option)	4 capsules, 1 taken every other day with tap water one hour before eating, at least one week before exposure. <b>Requires prescription and Pharmacist must order.</b>
	Meningococcal Meningitis Menomune	5 years	1 dose (0.5ml SQ) A/C/Y/W-135
	Polio virus Vaccine Inactivated - IPOL	Some say 1 adult booster for life, others say 1 every 5 years	1 dose (0.5ml SQ)
Most under age 30 will have had these for school	Hepatitis A Havrix 1440 EL u/ml – OR –	Lifetime (Best Option)	2 doses 1ml IM (deltoid) 6 to 12 months apart
	Gamma Globulin Immune Serum	2ml = 3 Months 5ml = 5 Months	1 dose near departure (3 mos after Yellow Fever) <u>needed ONLY if Hepatitis A has not been administered</u>
	Hepatitis B Recombinant	2 doses = significant <sup>2</sup> 3 doses = lifetime	1ml IM, (deltoid) 2nd at one month, 3rd 6 months after 1st
	Tetanus/Diphtheria	10 Years	1 dose
	Measles, Mumps, Rubella Booster	Lifetime	1 booster dose now recommended by some healthcare givers for those under 40, especially women
	Rabies		This recommendation typically only applies to those who will have direct contact with animals and farms
	Malaria Prophylaxis - Mefloquine <sup>3</sup> (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 will 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 **any malarial prophylaxis**. For those who wish to use 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 \$2.00 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.