


TRAVEL INFORMATION

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MALARIA IN SOUTHERN AFRICA

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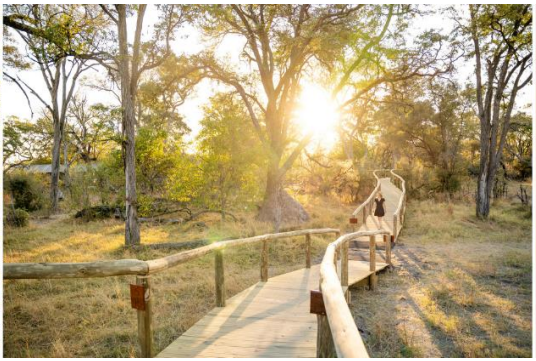




What is malaria?

Malaria is a **mosquito-borne disease** caused by parasites, transmitted through the bite of an infected **Anopheles** mosquito (mainly at night). It's **preventable and treatable**, but awareness matters in certain regions of Southern Africa. Malaria is **regional and seasonal** - not everywhere, and not all year, with risk being highest during the rainy season.

Overview

Country	Risk Zones
South Africa	Kruger National Park, far north Limpopo, northern KwaZulu-Natal
Botswana	Okavango Delta, Chobe, Moremi, northern regions
Namibia	Zambezi Region (formerly Caprivi Strip), Kavango East/West
Zimbabwe	Victoria Falls, Zambezi Valley, Hwange region
Zambia	Most safari areas (Luangwa, Lower Zambezi, Livingstone area)
Mozambique	Coastal regions & north (year-round risk in many areas)

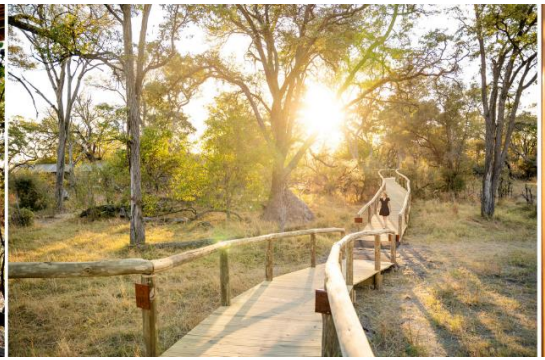
Whether travellers need to take malaria tablets depends on the **itinerary, season, and individual health**. Doctors may prescribe **prophylaxis** such as:

- Atovaquone/Proguanil (Malarone)
- Doxycycline
- Mefloquine

Advice should ideally come from a **travel clinic**, at least **4–6 weeks before travel**.
Guidance is often based on recommendations from bodies like the **World Health Organisation**.

Even with medication, avoiding bites is key:

✓ Use mosquito repellent
✓ Wear long sleeves/trousers in the evenings
✓ Sleep in screened or air-conditioned rooms
✓ Use bed nets where provided
✓ Use plug-in or spray repellents indoors



Most malaria mosquitoes bite **between dusk and dawn**. Most safari lodges in malaria areas implement mosquito control measures.
For prevention, use the ABCD approach:

- **A**wareness of risk
- **B**ite prevention (DEET/long sleeves)
- **C**hemoprophylaxis (consult a doctor)
- early **D**iagnosis.

Seek medical help urgently if there is (during or after travel):

- Fever
- Chills / flu-like symptoms
- Headache
- Muscle aches
- Nausea

Always tell the doctor you visited a malaria area. Malaria can show up **weeks after returning**.

Destination Specific Information

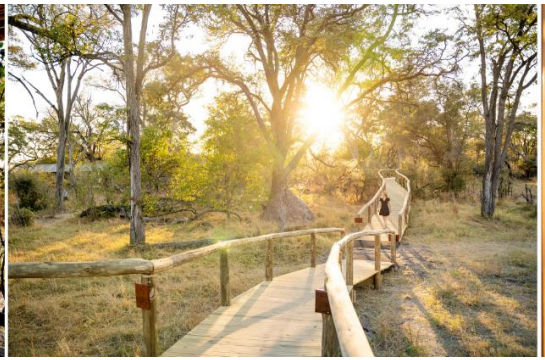
SOUTH AFRICA

Malaria risk in South Africa is geographically limited and does **not** apply to most major tourist areas.

No-risk areas include:

- Cape Town & Western Cape
- Garden Route
- Johannesburg & Pretoria
- Eastern Cape (Addo region)
- Drakensberg
- Most of the Free State & Northern Cape

When thinking of (South) Africa, malaria is often a concern. However, malaria risk in South Africa is geographically limited and mainly occurs in low-lying northern border regions. Malaria is endemic in parts of Limpopo, Mpumalanga and northern KwaZulu-Natal, particularly in areas such as the Kruger National Park region and border areas with Mozambique and Zimbabwe.



South Africa experiences seasonal malaria transmission, with cases increasing from October, peaking in January and February, and declining towards the end of May.

NAMIBIA

Higher-risk area:

- **Zambezi Region** (formerly Caprivi Strip) — particularly near rivers and border areas with Zambia, Angola, Botswana and Zimbabwe

Low to no-risk areas (most tourist routes):

- **Etosha National Park** (seasonal/low risk, mainly in the north-east)
- **Sossusvlei** & the Namib Desert
- Swakopmund & the Skeleton Coast
- Windhoek and central Namibia
- Damaraland & southern Namibia

Namibia is often perceived as entirely malaria-free, but travellers visiting the **Zambezi Region** should take appropriate precautions.

Malaria transmission in northern Namibia is **seasonal**, increasing during the **rainy months (approximately November–April)**.

BOTSWANA

Botswana is one of Africa's premier safari destinations, but travellers should be aware that many northern safari areas are malaria zones, particularly during the rainy season.

During the rainy season, between November and March, Malaria is particularly prevalent in the north. If you are travelling north of Gaborone, you should take medicine to prevent Malaria.




Higher-risk areas:

- **Okavango Delta**
- **Chobe National Park**
- **Moremi Game Reserve**
- Northern Kalahari regions
- Areas near the borders with Namibia, Zambia and Zimbabwe

Lower-risk areas:

- Southern Botswana
- Gaborone and surrounding areas
- Central Kalahari (seasonal and lower risk)

Malaria transmission in Botswana is **seasonal**, increasing during the **rainy season (approximately November–April)**, when mosquito activity rises. The Okavango Delta and Chobe face a year-round risk. Please keep in mind that tourism in Botswana is focused around National Parks and Game Lodges, and many, if not all of them, have emergency medical procedures in place.

ZIMBABWE

Zimbabwe is a spectacular safari and nature destination, but travellers should be aware that **many low-lying safari areas are malaria zones**, particularly during the rainy season.

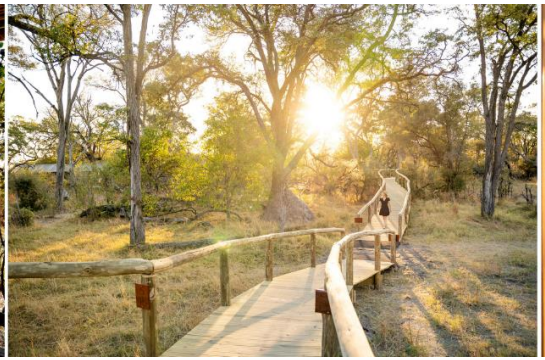
Malaria risk is **geographically concentrated in lower-altitude regions**, especially near rivers and northern border areas.

Higher-risk areas:

- **Victoria Falls** and the Zambezi Valley
- **Hwange National Park**
- Lake Kariba area
- Northern and north-eastern border regions

Lower-risk areas:

- Harare and surrounding highveld
- Bulawayo
- **Matobo Hills** region



Malaria transmission in Zimbabwe is **seasonal**, increasing during the **rainy months (approximately November–April)** when mosquito activity is higher.

Antimalarials are recommended year-round in the country's Zambezi Valley and Victoria Falls areas. The rest of the country is mainly at risk from November to June. Harare and Bulawayo present a slight risk, but taking preventive measures to avoid getting bitten is easy and reliable.

Please keep in mind that tourism in Zimbabwe is focused around National Parks and Game Lodges, and many, if not all of them have emergency medical procedures in place.

ZAMBIA

Zambia is one of Africa's premier wilderness and safari destinations. Travellers should note that **most safari regions are malaria areas**, particularly during the rainy season.

Malaria occurs in **most parts of Zambia**, especially in low-lying and riverine areas.

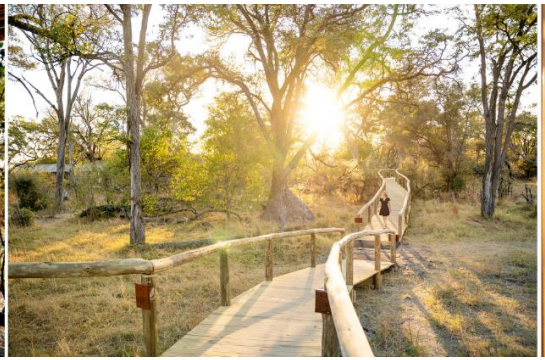
Higher-risk safari regions include:

- **South Luangwa National Park**
- **Lower Zambezi National Park**
- **Kafue National Park**
- The **Victoria Falls** / Livingstone area

Malaria risk is generally **low in urban centres** but increases in rural and safari environments.

Transmission is **seasonal**, with a higher risk during the **rainy season (approximately November–April)**.

Zambia has a relatively high risk of malaria, but there is no need to panic. Travellers to Zambia are advised to take malaria medication prescribed by their doctors.



MOZAMBIQUE

Mozambique is known for its stunning coastline, islands and marine life. Travellers should be aware that **malaria risk is present in much of the country**, particularly in coastal and northern regions.

Higher-risk areas include:

- Coastal regions (including popular beach destinations)
- Northern and central Mozambique
- Rural and low-lying areas
- Areas near rivers and wetlands

Lower-risk area:

- The capital city, **Maputo**, generally has a lower risk than rural regions, but precautions are still advisable.

Unlike Namibia or South Africa, malaria risk in Mozambique is **not limited to one region**.

Malaria transmission occurs **year-round**, but risk increases during the **rainy season (approximately November–April)** when mosquito numbers are higher.

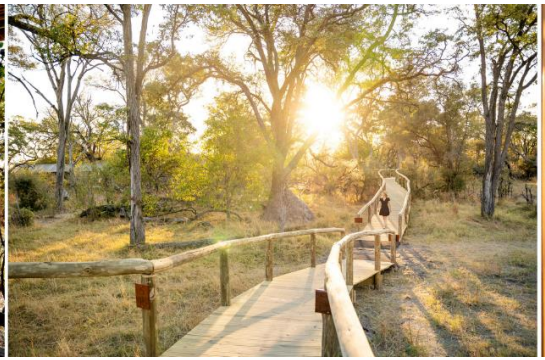
TANZANIA

Tanzania is famous for its wildlife safaris and tropical coastline. Travellers should note that malaria risk exists in many parts of the country, particularly in lower-lying areas.

Malaria occurs in much of Tanzania, especially in warm, low-altitude regions.

Higher-risk areas include:

- **Serengeti National Park**
- **Ngorongoro Crater** (surrounding lower areas)
- Coastal regions and islands**, including Zanzibar**
- Rural and riverine areas



Lower-risk area:

- High-altitude regions, such as areas near **Mount Kilimanjaro**, generally have lower malaria risk.

Malaria transmission can occur **year-round,** with higher risk during the **rainy seasons,** when mosquito activity increases.

The country recommends antimalarials year-round. Tanzania has high malaria risks, yet the country is not concerned, as malaria medication prescribed by doctors should be taken by travellers. It may be necessary to take this medicine for several days during preparation, use, and after returning from your trip. Please keep in mind that tourism in Mainland Tanzania is focused around National Parks and Game Lodges, and many, if not all of them, have emergency medical procedures in place.