

# HEALTH GUIDELINES

## & REQUIREMENTS

### Rwanda: Post-Genocide Restoration and Peacebuilding



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## BRIEF SUMMARY

### Prior to Departure:

- Schedule an appointment with your health care provider or a travel medicine clinic at least 8 weeks prior to departure.
- Take an adequate quantity of all your necessary and prescription medications to last your entire stay.
- Ensure you are up to date on all routine vaccines. A covid vaccine is required if available.
- Discuss your specific travel itinerary (including various in-country locations you plan to visit) with your health care provider and discuss:
  - Recommended vaccines including but not limited to: rabies, typhoid, TDap booster, polio, hepatitis A & B, meningococcal, influenza.
  - Prevention and treatment of traveler's diarrhea.
  - Malaria prophylaxis.

### While you are in Rwanda:

- Take measures to prevent traveler's diarrhea.
- Take preventive measures to avoid mosquito bites.
- Do not travel alone and maintain an awareness of your surroundings at all times.
- Remember motor vehicle accidents remain the biggest risk for international travelers. Ride in the back seat, wear seatbelts, and do not be afraid to ask your driver to slow down.
- Use condoms if you are sexually active.
- While traveling abroad, minimize high-risk behaviors.
- Notify your Academic Director if you become ill.

## GENERAL INFORMATION

To protect your health in Rwanda, you need certain pre-departure immunizations followed by reasonable health precautions while in the country. The following health guidelines and requirements are based on years of experience and the current recommendations from the US Centers for Disease Control and Prevention. They are designed to inform you of health concerns that may be present in Rwanda especially as you venture to smaller cities off the usual tourist track, or spend time in small villages and rural areas for extended periods.

Although no information sheet can address every conceivable contingency, the following health guidelines and requirements are an attempt to provide you with a standard, which if followed, should optimize good health during your stay abroad.

You may find that local customs and practice, as well as varying US health care providers' approaches, at times conflict with these guidelines. It is essential that you review these health guidelines and requirements with your health care provider, to discuss individual issues such as pre-existing medical problems and allergies to specific drugs. Any further questions or concerns should be directed to the US Centers for Disease Control and Prevention (CDC) ([www.cdc.gov/travel](http://www.cdc.gov/travel)) or to your own health care provider.



***SIT Study Abroad programs may venture off the usual tourist track. Pay careful attention to health and safety guidelines.***

# PREVENTION OF INSECT-BORNE ILLNESSES

## Malaria

Malaria is present in Rwanda and prophylaxis is recommended. CDC guidelines suggest that prevention of malaria is possible if you carefully follow personal protective measures as described below and take one of the following antimalarial drugs (listed alphabetically) as directed by your health care provider: atovaquone/proguanil (Malarone), doxycycline, mefloquine, or tafenoquine (Arakoda). **The selection should be discussed with your health care provider or health-care provider.** If, in spite of adherence to these preventive measures, you develop symptoms of malaria, prompt medical attention lessens the severity of the illness.

## Personal Protective Measures

The following insect precautions should be followed, especially after dark, to prevent mosquito bites that may transmit malaria:

- Wear long-sleeved shirts and long pants.
- Use mosquito netting over bedding.
- Use insect repellents on bedding and netting. (e.g. permethrin – commonly known as Permanone).
- Use insect repellents on skin and clothing. DEET-containing products (e.g. Off, Off Deep Woods, Jungle Juice, and Muskol) may be used on skin in concentrations up to 30–40% and on clothing in higher concentrations. Permethrin (Permanone) may also be used on clothing.

## Malaria prophylaxis drugs to be discussed with your health care provider:

- **Atovaquone/proguanil (Malarone)** is a combination drug of atovaquone and proguanil that stops the development of malaria parasites. It is used for prevention of malaria in a **daily** dose with food or milk starting 1–2 days before travel to malarious area and continuing for 7 days after return. Although Malarone may cause mild headache, nausea, vomiting, and some muscle pain, it has fewer neuropsychiatric side effects than mefloquine.
- **Doxycycline** is an antibiotic that prevents the development of malaria-causing parasites in the blood. It is related to the antibiotic tetracycline.

Doxycycline prophylaxis can begin 1–2 days before travel to malarious areas. It should be continued **daily** during travel in the malarious areas and for 4 weeks after the traveler leaves the malarious area. The dosage of doxycycline is one capsule **daily**. Travelers who use doxycycline should be cautioned about possible adverse reactions due to sunlight exposure, such as sunburn and photosensitivity, as well as other side effects including diarrhea, nausea, and vaginal yeast infection in women.

- **Mefloquine** is an antimalarial drug for prophylaxis. The regimen consists of a single dose of mefloquine to be taken **weekly**, starting 1 to 3 weeks before travel. Prophylaxis should be continued **weekly** during travel in malarious areas and for 4 weeks after a person leaves such areas.

Mefloquine should be used with caution. Many people using mefloquine may experience minor side effects initially including nausea, mild headache, dizziness, or bad dreams. Because of the potentially serious results of contracting malaria, your health care provider may recommend continuing the medication unless the symptoms become intolerable. If you are pregnant or have a history of significant emotional or psychiatric problems, including depression, severe anxiety, anorexia/bulimia, schizophrenia, and bipolar disorder, or medical problems including epilepsy and cardiac conduction abnormalities, you must communicate with your health care provider at home regarding the use of mefloquine and possible alternative drugs. More severe side effects such as fainting, vomiting, vertigo, depression, or confusion may require stopping mefloquine and contacting a health care provider to consider one of the alternative drugs.

There are potential adverse drug interactions between mefloquine and other medicines and drugs, including alcohol. Treatment for malaria using quinine or chloroquine should not be administered less than 12 hours after the previous dose of mefloquine. Any cardiac medication especially beta blockers or calcium channel blockers, should be approved by a health care provider who is familiar with mefloquine's drug interactions and who knows

you are receiving mefloquine for malaria prophylaxis.

- **Tafenoquine (Arakoda)** was recently approved as a prophylaxis by the US Food and Drug Administration (FDA) as a new drug for the prevention of malaria in travelers 18 years of age and older.

Tafenoquine should be taken as a single dose once **weekly** to prevent malaria, starting 3 days before travel to a malarious area. Upon return from travel, the final dose should occur 7 days after the last maintenance dose taken in the malarious area. Possible adverse reactions include: headache, dizziness, back pain, diarrhea, nausea, vomiting, motion sickness, insomnia, depression, abnormal dreams and anxiety.

Tafenoquine should not be administered if one has a deficiency of an enzyme G6PD.

SIT Study Abroad suggests that if you have further questions, do not hesitate to contact the Malarial Division of CDC at 888-232-3228 for recorded information or visit the CDC website:

<http://www.cdc.gov/malaria/travelers/index.html>

## PREVENTION OF FOOD- AND WATER-BORNE ILLNESSES

### Diarrhea-Producing Infections

“Traveler’s diarrhea” is the most common form of diarrhea in Rwanda. This is a self-limited diarrhea lasting from a few to several days, characterized by watery, non-bloody bowel movements. Traveler’s diarrhea usually requires no treatment other than fluid replacement including ORS (the World Health Organization’s oral rehydration solution which comes in package form) or other homemade solutions such as 1 teaspoon salt, 1/2 teaspoon baking soda, and 2–3 tablespoons sugar or honey in 1 liter of **clean** water; or carbonated soda diluted by one half. Antidiarrheals such as Imodium or Lomotil may be used short-term in some circumstances. Pepto Bismol in large amounts and certain antibiotics (doxycycline, sulfa-TMP, ciprofloxacin) can prevent or attenuate the infection. Antibiotics may be indicated for more severe cases of traveler’s diarrhea.

More protracted and disabling diarrheal illnesses may be due to giardiasis and amoebic dysentery (caused by parasites) and bacillary dysentery (caused by bacteria), including cholera and typhoid. These infections (as well as “traveler’s diarrhea”) are caused by contaminated food and water. Therefore, the best way to avoid such infections is to follow certain do’s and don’ts:



**DO WASH** your hands scrupulously with non-contaminated water and soap before eating and snacking.

### DO DRINK

- Bottled or canned beverages (water, soda, soft drinks) from a trusted source (ensure caps are sealed).
- Hot coffee, tea.
- Water that reached a rolling boil for at least one minute at sea level (longer at higher altitudes).

### DON'T DRINK

- Tap water: don't risk using it to brush your teeth or using ice made from tap water.

### DO USE

- Commercial iodide or tinctured liquid iodine to treat water, **ONLY** if bottled water (from a trusted source) is not available and boiling water is not possible. Chlorine in various forms is less reliable than iodine. These provide substantial protection when added to tap water.



## DO EAT

- Cooked vegetables, fruits with thick covering (citrus, bananas, and melons); and well-washed raw fruits and vegetables.
- Meat or fish that is thoroughly cooked (pork and lamb should be very well done).
- Pasteurized dairy products.

## DON'T EAT

- Unwashed or unpeeled raw fruits and vegetables.
- Fruits that do not have a thick, disposable outside covering.
- Rare or raw meat, fish, or shellfish.
- Dairy products from small, independent vendors without pasteurizing facilities, including food of any kind that has been left out in the sun, especially custards, creams, and mayonnaise.
- Raw (unpasteurized) milk or milk products. Tuberculosis and brucellosis, both serious diseases are transmitted in this way, so the consumption of unpasteurized milk and milk products should be strictly avoided.

There may be times when refusing an offer of food or beverage, even a drink with ice or avoiding a salad will be considered rude. You must decide for yourself, but polite refusals, thought out in advance, are often handy. Discuss these alternatives with your Academic Director(s).

## Hepatitis A

Hepatitis A is a highly contagious virus that causes liver inflammation. It is most commonly spread through contaminated food and water. Most Americans have not previously been exposed to the hepatitis A virus and are at risk of contracting the disease during travel to areas where the disease is more prevalent. A very effective vaccine is available and should be administered 2–3 weeks prior to travel.



## Schistosomiasis (Bilharzia)

Schistosomiasis is prevalent in Rwanda. It is acquired by contact with fluke-like parasites, which live on fresh-water snail hosts and can penetrate the skin of people and animals, causing serious illness. There is at present no chemoprophylaxis or immunization for this, but it can be avoided by following these guidelines:

### DO NOT SWIM OR WADE IN FRESH WATER.

- If using untreated water that comes directly from a freshwater source such as canals, lakes, rivers, streams or springs, heat bathing water to 50°C (122°F) for 5 minutes. This will destroy the parasites. Iodine treatment alone *will not guarantee* that water is safe and free of all parasites.
- Filter untreated water with a tightly woven cloth or with paper filters. This may also be effective in removing the parasites from untreated bathing water. If these measures are not feasible, allow untreated bathing water to stand for 3 days, as the parasites live only 48 hours.
- Properly chlorinated water that is piped into homes, chlorinated pools and salt water are generally safe from infectious diseases.
- If accidental exposure to suspected water occurs, immediate and vigorous towel drying or rapid application of rubbing alcohol to exposed areas may reduce the risk of infection.

If you suspect that you are infected, contact a health care provider or hospital *immediately* and obtain urine and stool tests. If you do test positive, praziquantel is the treatment of choice.

## Typhoid Fever

Typhoid is an infection caused by a particular species of the salmonella bacterium. It is spread by contaminated food and water. Symptoms include fever, severe toxicity, rash, and in about half the

cases, bloody diarrhea. Untreated, there is a 30% mortality rate. Vaccines are 60–70% effective in prevention. One vaccine involves a single injection, with immunity lasting 2 years. A second one is administered orally every other day for 4 doses, and lasts 5 years. Antibiotic resistance has been developing, but treatment of the disease with certain well-known antibiotics is usually effective. As with all diarrheal illnesses, careful dietary discretion continues to be the main line of defense.

## OTHER DISEASES

### Hepatitis B

Hepatitis B is a serious and often chronic viral infection of the liver. Since this type of hepatitis is most often acquired from contact with infected blood, sexual contact (as with HIV), or skin-to-skin contact of mutual open cuts and sores, appropriate precautions to avoid these types of exposure are necessary. This includes avoiding getting tattoos, or ear/body piercings and avoiding cuddling children with sores or draining insect bites. A series of three immunizing injections is recommended. This series should be initiated as early as possible so that at least two doses are taken prior to departure. This will provide partial protection. The third shot should be taken five months after the second dose, and may be given after returning home to achieve full, long-lasting immunity. An accelerated schedule can also be used as an alternative.



### HIV/AIDS and Blood Supplies

HIV/AIDS is a concern worldwide. The HIV virus is transmitted by way of bodily fluids from an infected person. HIV is spread mainly by having anal or vaginal sex or sharing drug injection equipment with

a person who has HIV. AIDS is an acquired immune deficiency that can result in life-threatening infections and is the most advanced stage of the HIV infection. It is the student's responsibility to protect him /herself from acquiring the disease through sexual transmission. Students anticipating even the possibility of sexual activity are strongly urged to bring their own condom supply. Other potential routes of infected blood transmission such as tattooing, body piercing and needle sharing must be strictly avoided.

With regard to blood transfusions, our Academic Directors have identified hospitals, through consultation with the local US embassy, where safe blood is available. In a life-threatening situation, the risks versus benefits of an emergency blood transfusion must be examined carefully and a decision made based on the best information available at the time.

### Rabies

Rabies is a viral disease almost always caused by animal bites (especially dogs). Risk occurs in Rwanda and, therefore, you should take measures to prevent it. Given the serious danger posed by rabies as a uniformly fatal disease, follow these important guidelines:

- Consider pre-exposure immunization (if available).
- Avoid bites from all animals and especially avoid handling or feeding puppies, kittens, monkeys, or other animals. They can have rabies before it is obvious.
- If you have been bitten or have had direct contact with the saliva of a suspected rabid animal, immediately wash the affected area with a soap solution and running water thoroughly to neutralize and to rinse out the virus. **Then proceed immediately for post-exposure treatment.**
- If at all possible, the animal should be captured and kept under cautious surveillance until the diagnosis and therapy are completed. If capture is not possible, a clear description of the animal and the circumstance of contact should be carefully recorded.

### Tuberculosis

Tuberculosis (TB) is a bacterial disease spread by airborne droplets from a person with untreated

pulmonary TB or by ingestion of TB-contaminated unpasteurized milk products. Transmission is more likely in conditions of crowding and poverty. A TB skin test can indicate prior exposure to tuberculosis and is recommended prior to travel (unless already known to be positive). A repeat test is also recommended after returning to the US even if the pre-departure test was negative.

## Coronavirus COVID-19

COVID-19 is a respiratory virus that is spread through direct contact with an infected person as well as through respiratory droplets produced when an infected person coughs or sneezes. Symptoms of COVID-19 may appear **2-14 days after exposure** and may include fever, cough, and shortness of breath. The illness can also cause muscle or body aches, sore throat, vomiting and diarrhea. Reported illnesses have ranged from mild symptoms to severe illness and death. Vaccines are available to protect against the coronavirus disease 2019 (COVID-19). CDC states that a person is considered fully vaccinated two weeks after *receiving the last recommended dose of vaccine. The best way to protect yourself is to obtain the COVID-19 vaccine (if available) and to continue to follow COVID 19 precautions!*

- **Clean your hands often**-wash your hands carefully and frequently with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.
- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash.
- **Clean AND disinfect** frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **Avoid close contact.** Put distance between yourself and other people if possible. Practice physical distancing by staying at least 6 feet apart.
- **Inform your Academic Director immediately** if you have a pulmonary disease or any respiratory illness; have a fever or feeling sick; if you have

been in close contact with a person known to have COVID-19; and/or have recently traveled from an area with widespread or ongoing community spread of COVID-19.

- **Contact ISOS and a health care provider**, if you develop symptoms.
- **Avoid travel if you are sick or have a fever.** Your Academic Director will make appropriate accommodations for students who are ill.
- **Wear a facemask**, especially when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office.
- **Most importantly, stay connected:** especially during your Independent Study Project or Internship. Communicate daily with your SIT Academic Director. SIT continues to update its contingency and evacuation plans to ensure that we are prepared to take appropriate action in the event of a change in circumstances.

SIT recommends that students check the country's consular website for up-to-date information on entry and exit requirements.

## Sun Exposure

SIT Study Abroad recommends the use of sunglasses, wide-brimmed hats, sunscreen lotions, and lip protection to reduce problems related to sun exposure.

## IMMUNIZATIONS FOR RWANDA

Immunizations are recommended to protect your health and well-being by building up your immune defenses against specific prevalent diseases.

Plan ahead at least 8 weeks since some immunizations require more than one dose for effectiveness. *SIT recommends that you bring a copy of your immunization record with you and insert this document in your passport so that it is easily accessible.*

### REQUIRED (for participation in program):

- **COVID 19:** Immunity is provided against COVID 19 disease two weeks after being fully vaccinated.

### RECOMMENDED (as a health precaution-consult your health care provider):



- **MMR (measles, mumps, rubella):** Two (2) doses of live measles vaccine are recommended.
- **Tetanus, diphtheria, pertussis:** The primary child series is recommended. Boosters (Td or Tdap) are effective for 10 years. If you are uncertain when you had your last injection, we recommend another booster.
- **Varicella (chicken pox):** you should have received the vaccine or have documentation of having chicken pox.
- **Meningococcal (meningitis):** At least one dose of the meningococcal vaccine is recommended.
- **Hepatitis A:** Hepatitis A vaccine, which provides long-term immunity, is recommended.
- **Hepatitis B:** A series of 3 immunization injections is recommended. See section on Hepatitis B.
- **Rabies:** Follow carefully the *special instructions* in the section on rabies.
- **Typhoid:** This vaccine is strongly encouraged as a viable protective measure. The vaccine is given either orally or by injection. Discuss the relative merits of each with your doctor.
- **Influenza:** Influenza vaccine should be considered for any individual wishing to decrease risk of influenza or non-specific respiratory illness especially those who are at high risk for complications from influenza including those with asthma, COPD, diabetes, chronic cardiovascular disease and immunocompromised conditions.

With reasonable attention to health and hygiene rules, your stay in Rwanda should be a healthy one. Aside from minor ailments due to adjustments to the new food, water and climate, the large majority of SIT Study Abroad students remain healthy throughout their semester. We do, however, recommend that you see your health care provider when you return to the US in order to test for any possible lingering infection contracted overseas.

### Take good care of yourself!

