Georgia

Risk Ratings

HIGH MEDICAL RISK for Georgia

Risk Summary

COVID-19 is a pandemic. All areas are likely to experience an outbreak and disruption.

International SOS is monitoring the situation closely.

Please see our:

- Medical and Security Alerts for Georgia
- COVID-19 information for Georgia
- Dedicated COVID-19 website

The travel security environment is generally stable, with the exception of the breakaway regions of South Ossetia and Abkhazia, which have remained outside the control of the central government and under the de facto control of Russia since the 2008 war. Travel to South Ossetia and Abkhazia, as well as their immediate border areas, should be avoided. Elsewhere in the country, opportunistic street crime poses the main risk to foreign personnel.

This information is intended as a summary of the travel security environment; however, the risks can change at short notice during a crisis or evolving situation. Please check our alerts to ensure you are informed of the most recent developments.

STANDING TRAVEL ADVICE

Alerts

- Tbilisi: Anticipate further Ukraine solidarity rallies in coming days
- COVID-19: Persistent restrictions in response to ongoing pandemic underline continued need for flexibility

View All Alerts

Vaccinations For Georgia

*COVID-19: Vaccination is recommended for all travellers.

- Hepatitis A: Recommended for all travellers and expatriates,

- Hepatitis B: Recommended for all travellers and expatriates.

- Polio: Proof of polio vaccination is required for entry

- Rabies: Consider for certain travellers, especially: For

- Typhoid fever: Recommended for all travellers and expatriates.

Routine Vaccinations
All routine vaccinations should be current: these include Measles-Mumps-Rubella, Polio, Tetanus-Diphtheria-Pertussis, and Varicella.

Other Medical Precautions

- Before you go - See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:
  - Malaria
  - Zika Virus
  - Health Threats

Alerts

- Japanese encephalitis warning New South Wales, Queensland, South Australia and Victoria.
- Case of polio
- Suspected meningitis outbreak

View All Alerts

Before You Go

See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:

- Check your routine vaccinations
  Check your measles and other routine vaccinations are up to date (polio; varicella; mumps and rubella; tetanus, diphtheria and pertussis, seasonal influenza). See a travel health practitioner 6 to 8 weeks before departure for destination-specific health preparations. You may need additional vaccinations, some of which require several doses, or be recommended malaria medication which may need to be started a week or more before arriving in the malarial country. If you are eligible, get a COVID-19 vaccine as soon as it’s available to you.

- Documentation: Arrange a copy of your personal health record to carry with you when you travel. Include a letter from your doctor explaining your need for all medications you are carrying, including any over-the-counter medications, in English and the language of your destination(s). Make sure you have copies of your prescriptions.

- Medication: Check the regulations of your destination country regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Some restrictions are published on the International Narcotics Control Board. Take any medicines you require in their original packaging, including any information leaflets, with them clearly labelled with your name (matching your passport name), and your doctor’s name. Have enough to cover the trip, and extra in case of delays, however note that many destinations limit quantities of certain drugs to a 30-day supply. Carry medication in your hand luggage, with copies of your prescriptions.

Vaccinations for Georgia

Recommendations may vary for short-term visitors. Always consult your travel health advisor or contact International SOS to discuss your specific needs.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>COVID-19</td>
<td>Vaccination is recommended for all travellers. For full details of testing and quarantine requirements, see the Restrictions section of the COVID-19 Impact on the Location Guides.</td>
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<tr>
<td>Hepatitis A</td>
<td>Recommended for all travellers and expatriates, especially groups at higher risk including:</td>
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<td>- long-term and frequent visitors.</td>
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<td></td>
<td>- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.</td>
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<td></td>
<td>- gay, bisexual, and other men who have sex with men see (see US CDC).</td>
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<td></td>
<td>- people who use illicit drugs.</td>
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<td></td>
<td>- those with liver disease.</td>
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<tr>
<td>Hepatitis B</td>
<td>Recommended for all travellers and expatriates.</td>
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<tr>
<td>Polio</td>
<td>Proof of polio vaccination is required for entry for all travellers coming from countries and territories with a risk of polio transmission. Those who are not vaccinated or are unable to present their certificate will be offered oral polio vaccine (OPV) at the border.</td>
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(The above-mentioned recommendations/requirements are as stated by the World Health Organization or the Ministry of Health. However national authorities may differ in how they implement these recommendations. Consult your travel health practitioner for individualised vaccination recommendation 6-8 weeks before your trip and check with the embassy or consulate of your destination.)
Rabies

Consider for certain travellers, especially:

- For expatriates and long-term visitors.
- For children who tend to play with animals and may not admit to being bitten or scratched.
- If you are travelling to a location where quality medical care may not be available immediately after being bitten/scratched by an animal.

(Unvaccinated people need immunoglobulin within 24 hours of an animal injury, and this medication is scarce in some countries. If you are pre-vaccinated, you do not need this immunoglobulin after an injury.)

- If contact with dogs, monkeys or other potentially rabies-carrying animals is likely.

Jogging increases your risk of dog bite.

Typhoid fever

Recommended for all travellers and expatriates.

Malaria

There is no malaria in Georgia.

Zika Virus

There is no Zika Virus in Georgia.

Standard of Care

Emergency Response

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.

Ambulances are usually hospital-based. The standard of the equipment and the staff's training level can vary widely. As there is limited ability to manage medical conditions while traveling, it is best to consider Georgian ambulances as "medical taxis".

The MediclubGeorgia clinic runs specially-equipped ambulances that are staffed with emergency teams.

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<thead>
<tr>
<th>Emergency Numbers</th>
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<tbody>
<tr>
<td>Ambulance</td>
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<tr>
<td>Fire</td>
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<tr>
<td>Police</td>
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Standard of Health Care

Generally, the standard of public medical care in Georgia is below appropriate standards. Most hospitals in Georgia are state run, and face resourcing issues such as shortages of nursing and medical staff, medication, and equipment.

Doctors at hospitals in Tbilisi and other larger cities may have been well-trained during the Soviet era, when Georgian medical specialists went to Russia to upgrade their knowledge and skills. These training opportunities have since been lost as ties to Russia were severed.

However, privately owned institutions (new facilities or "privatized" state hospitals) are beginning to appear in Tbilisi. Most offer a better environment and higher-quality care than state-run institutions. Private hospitals use internationally recognised manufactured medications, materials and modern diagnostic methods. Nevertheless, these hospitals - like their state-run counterparts - lack sufficient nursing care. Many doctors work at both state and private hospitals.

Moderate or serious conditions are often recommended international evacuation to a centre of medical excellence outside the country.

OutPatient Care

A few private clinics provide general practice care and are staffed by appropriately trained Georgian physicians. These facilities can provide primary care, manage simple emergencies, and provide limited stabilisation for patients who are awaiting evacuation.

Paying for Health Care

Credit cards are hardly ever accepted at hospitals or clinics. Cash deposits and payment in local currency will almost always be required.

Do not defer medical treatment because of financial concerns. Contact International SOS, and if our terms allow, we will make financial arrangements on your behalf.

Dental Care

Dental care in Georgia is below appropriate standards. All travelers should have a dental check prior to departure, regardless of their destination. If you have a dental problem while in Georgia, you should defer treatment until you return home or to another nation with better dental care if it is at all possible.
Blood Supplies

Due to the incidence of hepatitis and other blood-borne diseases and uncertainty regarding screening, blood supplies may be UNSAFE. If medically possible, delay transfusion until after evacuation.

Even in areas where the blood supply is considered safe, it's best to avoid blood transfusions if possible. Screening cannot detect every blood-borne disease, and immune reactions can vary from minor to life-threatening. If a blood transfusion is recommended and circumstances permit, seek a second opinion from International SOS or your health advisor.

Medication Availability

Medicines (particularly prescription drugs), sterile needles and disposable equipment are in very short supply. When they are available, they can be very expensive.

Since brand names vary, know the generic (chemical) names of your medications. It is always advisable to bring an adequate supply of prescription and other medications from your home country. However ensure you check the regulations of your destination regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Some restrictions are published on the International Narcotics Control Board.

Clinics & Hospitals

Medical Providers

No matter where you are, contact International SOS first if you are sick, injured or need medical advice.

Our medical staff will advise you, help you select the correct doctor, hospital or clinic, and make any necessary appointments on your behalf. If our terms allow, we will also make financial arrangements for you.

It is recommended that you contact International SOS before accessing medical care in Georgia

Hospitals / Clinics

If you are unable to contact International SOS, the following list of hospitals and clinics is provided in case of medical emergencies.

Tbilisi

MediClubGeorgia Ltd

Category: Hospital

Address: 22 A Tashkenti str
	Tbilisi, NA 0160

Telephone: 995 322251991
	995 599251991

Food & Water

Food and Water Precautions

Travellers have a small risk of developing diarrhoea in any country. It may be advisable to drink bottled water only, especially on short trips. Always wash your hands with soap before eating, or use an alcohol-based hand sanitizer. See the following country-specific recommendations:

Water and Beverages

Tap water may be unsafe to drink. Drink boiled or bottled water, or carbonated beverages, provided that the seal is intact. Look for bubbles when you open a carbonated beverage - bubbles are evidence that the product has been processed. Bottles are sometimes refilled with tap water and resold, and these products are not safe to drink.

Avoid ice because it can be made from unsafe water. Do not rinse your mouth or toothbrush with tap water, and do not open your mouth in the shower.

Do not purchase unsealed drinks or ice cream made by street vendors. These may contain untreated tap water and the equipment used may not have been properly cleaned. Coffee and tea made from boiling water are safe to drink, as are beer and wine. It is best to use ultra heat treated (UHT) or canned milk that has been pasteurized.

Food Risk

All visitors to Georgia are at risk of developing travelers’ diarrhea, even those only eating at the larger hotels. Always choose food that has been thoroughly cooked while fresh and is served hot. Avoid meat and meat products sold by kiosk vendors, as preparation and storage facilities may be inadequate. Ensure that milk and other dairy products have been pasteurized.

More on food and water safety

Health Threats Summary

Health threats present include:

Animals: Anthrax, Hantaviruses, Rabies
**Health Threats**

**Bites and Stings:** Crimean-Congo Fever (CCHF), Lyme disease

**Coughing/sneezing:** *COVID-19*, Tuberculosis (TB)

**Environment:** Altitude

**Food and/or water:** Hepatitis A, Travellers' diarrhoea, Typhoid fever

**Sex/blood/needles:** HIV, Hepatitis B and C, & STIs

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**Health Threats**

**^COVID-19 | Threat from : Coughing/sneezing**

COVID-19 | Threat from coughing/sneezing
International SOS is monitoring closely - please see the ALERTS on the "View All Alerts" section of this location guide, and the COVID-19 pages of the Pandemic Information website.

Transmission is from person to person through contact with particles expelled into the air by an infected person when talking, coughing or sneezing. Other people can inhale these particles and become infected. They may also become infected by touching their eyes, nose or mouth after touching contaminated surfaces.

Most people will develop mild to moderate illness only which lasts up to two weeks. Symptoms vary greatly but the main symptoms are a high fever, a cough and loss or change in sense of smell or taste. Other common symptoms include fatigue, cough, sore throat, shortness of breath and breathing difficulty. Some people may continue to have symptoms that last for weeks or months after the initial infection has gone. Older people and people with underlying health conditions are at higher risk for severe disease and death.

**Prevention**

Vaccine: Get vaccinated as soon as you are eligible to do so.

Avoid potential exposure to infection: crowds, indoor public places, people who are obviously unwell or coughing and sneezing.

Take measures to protect yourself from infection: try to stay 2 metres away from other people and wear a mask in public places, ensure adequate ventilation in enclosed spaces. Wash hands frequently, especially before eating, preparing food or touching your face, after using the restroom and when leaving a public place.

**Georgia**

The first imported COVID-19 cases were detected in late February 2020. See the Ministry of Health website for Georgia. Call 112 for emergency medical care.

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**^Altitude | Threat from : Environment**

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to a higher altitudes. It can occur from elevations of 1,500 meters onwards, but is more common at elevations above 2,500 meters (8000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitude, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

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**^Anthrax | Threat from : Animals**

Anthrax is an acute infectious disease caused by the spore-forming bacterium *Bacillus anthracis*. It most commonly occurs in hoofed mammals, though humans can also become infected. The serious forms of human anthrax are cutaneous anthrax, inhalation anthrax and intestinal anthrax.

Symptoms of anthrax are different depending on the mode of infection. Generally, symptoms develop within seven days of exposure.

*Cutaneous anthrax* is a skin infection and accounts for 95% of all naturally-occurring anthrax infections. The main risk factor is contact with animal hides or hair, bone products, and wool. The disease can also be spread through contact with infected animals. Hence, the populations most at risk for anthrax include farm workers, veterinarians, and tannery and wool workers.

Bacteria infects a person through cuts or abrasions on their skin. An itchy skin lesion, similar to an insect bite, then develops - usually within two weeks of exposure. This lesion may later blister and then break down, resulting in a black ulcer. The ulcer is frequently painless but surrounded by significant swelling. Sometimes painful lymph nodes may develop. Often, a scab forms, then dries and falls off within two weeks. In 20 percent of untreated individuals, the infection may spread through the bloodstream and become fatal. However, death is extremely rare among individuals who receive appropriate treatment.
Initial symptoms of *inhalation anthrax* infection may resemble a common cold. After several days, the symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

*Intestinal anthrax* may follow the consumption of contaminated food and is characterized by acute inflammation of the intestinal tract. Initial signs of this disease are nausea, loss of appetite, vomiting and fever. These are followed by abdominal pain, vomiting of blood and severe diarrhea.

Direct person-to-person spread of anthrax is extremely unlikely; it may not even be possible. Therefore, there is no need to immunize or treat people who have been in contact with infected people unless they also were also exposed to the same source of infection (usually, a sick animal).

People who have been exposed to anthrax can take antibiotics to prevent infection. It is necessary to treat anthrax infections early; a delay lessens chances for survival. Anthrax usually is susceptible to penicillin, doxycycline and fluoroquinolones.

An anthrax vaccine can also prevent infection. Vaccination against anthrax is not recommended for the general public and is not available.

**Georgia**

Human cases of Anthrax have been reported in the south-eastern region of the country. They have been associated with slaughtering animals and the consumption of infected meat.

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### Crimean-Congo Fever (CCHF) | Threat from: Bites and Stings

Crimean Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with infected animals, patients or infected tissues. Symptoms occur within two to twelve days of exposure to infection. The illness presents with fever, chills, headache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about 10 days after symptoms begin. Around half of all infected people die. If the patient survives, recovery is long and slow.

Risk to travellers is low. High risk groups include agricultural workers, healthcare workers, military personnel and people who camp in rural areas. There is no vaccine against CCHF. To prevent tick bites, wear long sleeves and long pants, and use insect repellents.

**Georgia**

The first case of Crimean-Congo Haemorrhagic Fever (CCHF) was detected in Georgia in 2009. Several CCHF cases are reported annually.

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### Hantaviruses | Threat from: Animals

Hantaviruses are a group of viruses that belong to the *bunyaviridae* family. They can cause two different types of illness in humans: Haemorrhagic Fever with Renal Syndrome (HFRS) involves the kidneys while Hantavirus Pulmonary Syndrome (HPS) involves the respiratory system. Regardless of which illness they cause, hantaviruses are carried by infected rodents. Virus is present in the animal's saliva, urine and faeces. Droplets of these excretions can contaminate the air in a process called aerosolisation. Humans become sick when they inhale the virus.

The incubation period of HPS is not positively known. Limited data suggests that people become sick within one to eight weeks after being exposed to the virus. The incubation period for HFRS is usually 1 to 2 weeks after exposure but could be as long as 8 weeks.

Initial symptoms of HPS include fatigue, fever, and muscle aches. About 50 percent of HPS patients also experience headache, dizziness, and abdominal symptoms (nausea, vomiting, diarrhoea, pain). The "late stage" symptoms of HPS are cough/shortness of breath and a feeling of overall tightness in the chest. Heartbeat and breathing may both become rapid at this stage of illness. Symptoms of HFRS appear suddenly and include intense headaches, back and abdominal pain, fever, chills, nausea and blurred vision. As the disease progresses, patients may develop flushing of the face, inflammation, redness of the eyes or a rash. Later symptoms include bleeds from the skin, conjunctiva of the eye, and mouth. In the most severe cases renal failure develops.

There is no specific treatment or cure. Patients are treated supportively, meaning their symptoms are addressed even though the disease itself cannot be cured. Patients usually require hospitalisation in an intensive care unit. An antiviral medication, ribavirin, may be used to treat the HFRS although its effectiveness has not been proven in HPS.

There is no vaccine for HPS. Vaccines against HFRS are being used in many Asian countries. The best way to avoid infection is to eliminate rodents from your living space and worksite, and/or avoid contact with them. Keep food in tightly sealed containers, clean dishes immediately after use, do not leave pet food out all day, and seal holes to the outside – generally, make your environment inhospitable to rodents.

**Georgia**

Hantavirus infections in humans have been reported.

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### Hepatitis A | Threat from: Food and/or water

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever,
fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

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**HIV, Hepatitis B and C, & STIs | Threat from : Sex/blood/needles**

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

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**Lyme disease | Threat from : Bites and Stings**

Lyme disease occurs in North America, Europe and Asia. It is transmitted to humans by the bite of a particular species of tick. Lyme disease can cause an expanding rash at the site of the bite, fever, arthritis and nerve problems such as facial palsy.

To prevent tick bites:

- Avoid tick habitats
- Use insect repellents
- Check daily for ticks

Lyme disease vaccination is no longer available.

If you develop a rash at the site of a tick bite or other symptoms of Lyme disease, seek medical attention. A course of antibiotics can cure Lyme disease.

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**Rabies | Threat from : Animals**

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

**Rabies vaccination**

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need post-exposure vaccination, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)
**Travellers' diarrhoea | Threat from : Food and/or water**

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water. Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

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**Tuberculosis (TB) | Threat from : Coughing/sneezing**

*Tuberculosis* (TB) is a serious bacterial disease. The bacteria can be coughed or sneezed into the air by an infected person. Most people who contract TB have had prolonged, close, exposure to an infected person. This means they have spent days or weeks – not just a few hours – sharing the same air space with an infected person (e.g. living in the same house). People who work or live in institutions such as nursing homes or correctional facilities are also at higher risk.

Active TB causes a variety of symptoms that are sometimes vague, but often include cough, fever, night sweats, unintended weight loss and lethargy. Latent (inactive) TB causes no symptoms. Most strains of TB can be treated with antimicrobial drugs. Up to four different types of medicines may be used together to treat a patient. If left untreated, active TB can be life-threatening.

Some forms of TB have become resistant to drugs (MDR TB), and some forms are *extensively* resistant to drugs (XDR TB). These diseases are hard to treat. People sometimes contract MDR or XDR TB through direct contact with a person who is already infected. Or, in other cases, people with more traditional TB infections develop a drug-resistant strains. This can happen if anti-TB medication is used inappropriately or stopped too soon.

Many countries where TB is common will routinely give the Bacillus Calmette-Guerin (BCG) vaccine against tuberculosis to babies or children. The BCG vaccine protects these children against severe TB. If you live in an area with higher rates of TB infection, you may also consider vaccinating children up to 16 years old if you plan to live there for 3 months or more.

Travellers and expatriates may be able to reduce their chance of contracting TB by limiting the amount of time they spend in crowded places. Avoiding people who are coughing also minimises risk. Consider TB screening of local staff who live with you – especially if you have young children in your household.

**Georgia**

Georgia falls in the "upper-moderate" incidence category for tuberculosis as per the World Health Organization (WHO). Upper-moderate incidence range is between 50 to 99 new and relapse cases each year per 100,000 population. BCG vaccination is given at 0-5 days of birth and is included in the country's immunisation schedule.

Expatriates or frequent travellers should consider consulting their doctor as TB screening may be offered.

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**Typhoid fever | Threat from : Food and/or water**

*Typhoid fever* is a serious infection caused by *Salmonella typhi* bacteria. People are infected through ingesting contaminated food or water. Choosing safe food and water and vaccination reduces the risk of developing the disease.

Symptoms usually begin one to three weeks after exposure. Although typhoid fever is often called a diarrhoeal disease, some patients do not have diarrhoea. Persistent, high fever is typical. Other early symptoms are flu-like: body aches and pains, weakness, loss of appetite and a continuous dull headache. A rash with pink spots may appear on the chest and abdomen of some patients. In severe cases, perforation of the bowel can cause severe bleeding or infection in the abdomen, which can be fatal.

Typhoid is treated with antibiotics. However there is a growing problem of antibiotic resistance. "Extensively drug-resistant" (XDR) typhoid is present in some locations and does not respond to many of the antibiotics which are usually used against typhoid, making preventive measures even more important.

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