



## DESTINATION REPORT

# CENTRAL AFRICAN REPUBLIC

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## GENERAL OVERVIEW

The Central Africa Republic (CAR) became a French colony in 1910 and declared independence in 1960. The CAR endured a series of coups and infighting triggered with each successive regime. Significant rebel activity persisted in the northeastern and northwestern parts of the country between the 2005 elections and a 2008 peace accord. As of 2016, the country is undergoing an internationally supervised transition to democracy, after a presidential election was conducted earlier in the year.

The CAR's low population density is a reminder of the slave trade that ravaged the population into the early 1900s. The nation's ethnic diversity is similarly contrasted by its geographic uniformity; home to more than 80 ethnic groups, the CAR is primarily rolling savannah with small sections of mountains and rainforest. Despite a wealth of natural resources the CAR is one of the world's poorest countries.

The CAR is bordered by the Republic of the Congo and the Democratic Republic of the Congo to the south, South Sudan to the east, Chad and Sudan to the north, and Cameroon to the west. The climate is tropical and southern areas are more humid than their northern counterparts. French is the official language and Sango is the national language. The country is 50 percent Christian, split evenly between Protestant and Catholic, 15 percent is Muslim, and 35 percent subscribe to indigenous beliefs.

# SECURITY ASSESSMENT

## Security Risk Rating

Extreme

## Security Risk Overview

Several governments advise against all travel to the CAR at this time due to the volatile security situation. Some foreign governments no longer provide consular assistance in the CAR.

The security situation in the CAR is unstable. Despite a relatively peaceful transition of power in February 2016 when a presidential election was held, sporadic violence has continued, including in Bangui. Multinational forces from the African Union, Europe, and the United Nations (UN) are stationed in the country in order to boost security. Despite this, sectarian violence remains a concern, particularly involving groups such as the "Front populaire pour la renaissance de la Centrafrique" (FPRC), its splinter group Union for Peace in the Central African Republic (UPC), and anti-Balaka militias.

The threat from terrorism in the CAR is low. However, armed bandits pose a significant threat throughout the country. This problem is compounded by a weak police force rife with corruption. Violent crime and petty theft are a problem in the capital and in large marketplaces. A permit is required for travel outside Bangui, especially in the southwestern region.

## Terrorism

There is a low threat of indigenous and international terrorist activity in the CAR. There have been no reported terrorist attacks in CAR in the past five years.

## Civil Unrest

The CAR is an unstable nation, and periods of unrest can arise without warning. The country plunged into turmoil after a coalition of rebel forces, known as Seleka, successfully seized the capital from government forces in March 2013. In response, a band of predominantly Christian militias, called the Anti-balaka, sprang up to counter the Seleka. The Seleka handed power to a transitional government early in 2014, but the country remained plagued by violence in the months that followed, despite the presence of international peacekeepers. On 21 April 2017, at least 14 armed groups including former Seleka rebels known as FPRC successfully reached a substantial deal in the country's Disarmament, Demobilization, Reinsertion and Repatriation (DDRR) program. Despite this development, violence involving FPRC and UPC continues, and affects civilian communities.

Violent demonstrations have previously taken place near the United Nations Peacekeeping Operations (MINUSCA) headquarters in downtown Bangui. Apart from protests, militias attack MINUSCA personnel and humanitarian workers. On 30-31 December 2018, FPRC and UPC militias reportedly attacked an anti-balaka area in Bakouma. At least four people were killed and more than 12,000 people were displaced. On 26 December 2019, at least 30 people were killed in an armed confrontation between traders and militia members in the PK5 area in Bangui. Heavy gunfire and explosions were reported during the confrontation, where dozens of vehicles, businesses, and residential structures were also set on fire.

A presidential election was held in February 2016, raising hopes of a peaceful democratic transition.

However, the threat of widespread unrest and violence persists. Christians and Muslim militias continue to clash, including in Bangui, Bambari, and Kouango.

Endemic corruption, a low standard of living, and widespread dissatisfaction with the government create an environment in which political conflict develop very quickly. Demonstrations and political rallies may turn violent with little or no notice and have resulted in fatalities in the past. Vandalism and looting can also accompany incidents of civil unrest. Associated roadblocks can disrupt travel, including on the airport road in Bangui.

Government employees occasionally embark on strikes, which can disrupt medical services.

## **Personal Security**

Some foreign governments advise against traveling or remaining in the CAR and have withdrawn diplomatic staff from the country. As a result, foreigners in the CAR who require emergency consular assistance may find this difficult to obtain.

Overall crime levels have increased. Violence and looting remain problematic in the capital; armed gangs operate in residential areas in the outskirts. Criminals are equipped with live ammunition and grenades, and these have wounded civilians in the past. Bandits, rebels, and poachers are a threat outside the capital, especially in border areas, and engage in criminal activities ranging from armed robbery to carjacking and looting. Armed highway bandits are more active during the dry season, typically between December and May, when road conditions are better.

The country's southeastern edge is particularly dangerous due to cross border incursions and raids by both local and foreign rebel groups and bandits. Although estimated to have less than 200 members, the Uganda-based Lord's Resistance Army (LRA) remains a threat. The area between the town of Zemio and localities neighboring South Sudan are particularly affected. The LRA is known to target civilians near the borders with South Sudan and Uganda.

Borders with other nations surrounding the CAR, such as the Democratic Republic of the Congo, may close with little or no notice due to unrest or violence.

Due to the unstable political and security situation, local authorities may impose curfews and travel restrictions at short notice. In Bangui, a curfew is effective between 21:00 and 06:00, although the hours may be modified periodically. Traveling outside Bangui requires permission from the authorities, especially if going to the southwest of the country.

Kidnapping is common in the CAR and Westerners, aid workers, individuals linked to foreign missions or other international organizations, and those who appear wealthy are often targeted. Foreigners and aid workers have been killed in the past. Muggings, petty theft, and armed robberies are common. These crimes often occur in large market places (such as the KM5 area of Bangui, which is also known for frequent violent incidents), although they can occur in shops and residences as well. Most crimes targeting travelers tend to be economically motivated. There have been reports of criminals using violence against resistant targets.

Crimes of a sexual nature-typically against women but increasingly against men-remain a concern. These crimes are widespread but vastly underreported due to societal stigmas. Law enforcement is generally unwilling or unable to investigate these crimes. Same sex relations - referred to as "public expression of love" - are illegal in CAR and are punishable with a fine, prison time, or death sentence. Offenders are not often prosecuted. Discrimination against lesbian, gay, bisexual, and transgender (LGBT) individuals is common.

It is prohibited to take photographs of government buildings, military installations, the police, security forces, related infrastructure (such as airports), mining leases, or subjects which the government deems damaging to the country's image. Doing so may result in a hefty fine, seizure of photographic equipment, or jail time. Official permits for photography can be requested from the Ministry of Tourism. Ordinary citizens may take offence if photographed without permission.

Official identification or certified copies of ID must be carried on one's person at all times. Failure to comply can lead to detention.

The legal purchase and sale of diamonds and precious stones require licenses and must be done with authorized agents.

Food shortages are not uncommon and it is recommended to reserve supplies of food and potable water.

Flash flooding can occur during the rainy season, which is typically between May and November.

## **Law Enforcement**

Poor training, a lack of resources, and other factors make it difficult for security forces to effectively prevent, respond to, and investigate crimes in a timely matter. As a result, vigilante violence and killings are common. Corruption of police and security forces is widespread in the CAR and it has been reported that these officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing routine services. Security forces have committed arbitrary arrests and detention in the past; extrajudicial punishment is a problem.

Police checkpoints occur throughout the country which necessitates that all travelers possess certified copies of their passport, visa, their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Prison conditions in the CAR do not meet international standards. These facilities are characterized by poor conditions, which include overcrowding, poor sanitation in addition to a lack of food, potable water, and medical care make prison sentences often life-threatening. Detainees are often mistreated and tortured by security forces in order to extract confessions or to control disobedient prisoners. Lengthy pretrial detention and trial periods coupled with a corrupt and inefficient judiciary hinder the justice system. Defendants are usually denied a fair public trial. Travelers should make every attempt to notify their embassy or consulate in the event of arrest, as authorities may fail to report arrests.

## **Transportation**

**Air:** The CAR has not been rated by the International Aviation Safety Assessment Program (IASA). Despite this, international flights on foreign-owned and -operated carriers may be compliant with IASA standards and provide a safe alternative to CAR-based services.

**Bus:** Public transportation in the CAR is limited. There is one route which connects the capital to the other major cities, but these are poorly maintained. There are mini-buses in Bangui but these are unreliable and overcrowded. Trucks in the CAR often function like buses, picking up passengers until full, and are similarly priced. Avoid overnight journeys on buses as the risk of an accident increases.

**Car:** Traffic moves on the right side of the road. Road travel can be hazardous due to poor road infrastructure. The majority of roads are unpaved and in very poor condition with inadequate street

lighting. Roads are often impassable during the rainy season, which typically lasts from May to November in the south and June to September in the north. Traffic laws and speed limits are rarely respected and not enforced. Poorly maintained vehicles and poor local driving practices are constant threats.

Traveling by car outside of Bangui, particularly at night, is discouraged due to the increased risk of violent attacks. Armed bandits have been known to erect barricades and conduct violent carjackings, particularly in border regions, and especially in the dry season (usually between December and May). The eastern, northern, and western parts of the country experience armed attacks on cars frequently. If road travel outside Bangui is unavoidable, do so in convoys during the daytime and bring essential supplies as fuel is often in short supply. Roadside assistance is difficult to find outside urban areas. If involved in an accident that causes injuries, proceed to the nearest police station and notify an embassy or consulate.

**Taxi:** Taxis are available in urban areas; however, most of these vehicles do not operate with meters and are poorly maintained. Only use properly marked taxis, and book through a hotel if possible.

**Train:** There are no passenger train services in the CAR.

### **Scams, Fraud, Corruption, and Extortion**

Illegal roadblocks may be erected in some areas, and the organizers - who may be connected with or disguised as law enforcement - may use violence in order to extort money. Common scams against foreigners, regardless of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information at all costs, especially bank or credit card numbers.

Corruption of government employees is widespread in the CAR and it has been reported that these officials may expect, request or demand illegitimate payments from foreigners for real or imaginary violations of local law or for providing routine services.

### **Security Advice**

Be prepared. Make an effort to understand your destination environment before you travel: identify the possible threats and prevailing situation, understand your own vulnerabilities and take action to mitigate the risks.

Maintain a low profile and good situational awareness. Ensure you travel with reliable communications equipment, test your mobile (cellular) telephone upon arrival at your destination and keep it fully charged. Make note of emergency telephone numbers, including the police, fire department, ambulance, and embassy or consulate.

Avoid all protests and demonstrations to minimize the risk of exposure to incidental violence. Travelers should walk away or wait inside a shop or restaurant if it is not possible to leave the area. Plan alternate routes to circumvent potential protest locations. Seek the assistance of a local host, or travel with a local driver, where possible.

To minimize the risk of becoming a victim of petty theft, travelers should maintain caution and exercise situational awareness at all times. Avoid overt displays of wealth. If confronted by a criminal, do nothing to antagonize the situation. Carry a "dummy" wallet if possible, and carry a passport photocopy at all times.

Carry handbags on the opposite side from passing traffic to reduce the risk of thieves on

motorcycles trying to snatch them.

Avoid walking unless you are confident of the security situation. Do not walk by yourself at night in secluded or troublesome areas of the city. Do not take shortcuts away from main roads, which tend to be busy and provide a safer environment.

National holidays and public festivals tend to attract large crowds in some countries. Such public gatherings, despite a typically enhanced security presence, create a potential venue for disorder or violence. In addition, large crowds may well impede local transportation systems.

Do not buy counterfeit or any goods in violation of copyright laws. Doing so may be a violation of local laws and can carry hefty fines or even prison time.

Reduce risk of injury from car crashes by always wearing a seatbelt. Some countries have heavy fines for not wearing a seatbelt. Avoid drinking and driving. Be sure to travel with all appropriate documentation, including passport and visa photocopies. Individuals who intend on driving should be in possession of their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Travelers are subject to the laws of the CAR, even if they are not a citizen of the CAR. Individuals can also be prosecuted for violating their home country's laws while in a foreign country. Travelers should be aware of the laws and customs of the country they are traveling to in order to avoid prosecution.

# HEALTH ASSESSMENT

## Health Risk Rating

Extreme

## Travel Health Advice

Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.

Protect against insect bites and insect-borne diseases, such as tick-borne encephalitis or malaria, by using insect repellent and wearing long pants, long sleeve shirts, boots, and hats if possible. See more detailed insect precautions below.

Prevent foodborne illnesses by avoiding undercooked foods and unpasteurized dairy products and washing hands, especially before eating. See more detailed food and beverage precautions below.

A comprehensive pre-travel health consultation with a travel health care provider is recommended for all travelers in order to optimize their health while traveling and to individualize their disease prevention strategies to best mitigate the health risks of any destination.

There are suspected or confirmed cases of the Novel Coronavirus in this country, and/or authorities have undertaken restrictive prevention measures. The situation is fluid. Numbers of cases, governmental restrictions, and travel services are subject to rapid change. To obtain Global Rescue's latest worldwide Novel Coronavirus update, please contact a sales representative at (+1) 617-459-4200 or [memberservices@globalrescue.com](mailto:memberservices@globalrescue.com).

## Immunizations - Required for Entry

The following vaccines are required for travelers entering the country. Some vaccines may only be required for travelers arriving from specific destinations, or those who have previously traveled to specific destinations within a given time period. Travelers are advised to consult with their travel healthcare provider for traveler-specific requirements.

Immunization	Notes
<b>Yellow Fever (YF)</b>	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>A requirement for YF vaccine is present in many countries to prevent travelers from bringing the virus into the country. This requirement in some cases applies even to airport transfers in countries with YF transmission risk.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>

## Immunizations - General

The following immunizations are recommended for travel to all destinations.

Immunization	Notes
<b>Routine</b>	Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.
<b>Hepatitis B</b>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); HepB (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
<b>Influenza</b>	<p>All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>

## Immunizations - Recommended for this Country

The following are vaccine preventable diseases present in this country. Some travelers may be at an increased risk of exposure to specific diseases. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary- specific recommendations.

Immunization	Notes
<b>Hepatitis A Virus (HAV)</b>	<p>The Hepatitis A virus is primarily transmitted through contaminated water and food such as shellfish and uncooked vegetables or fruit prepared by infected food handlers. It is also transmitted through person-to-person contact via fecal-oral exposure, or spread through sexual relations, blood transfusions, and needles.</p> <p>Several pre-exposure vaccination options are available: HAVRIX, VAQTA, TWINRIX (3-dose HepA/HepB combination series), and AVAXIM. The vaccine requires 2 doses, separated by a minimum of 6 months. Ideally, the traveler should complete both doses at least 2 weeks prior to travel. However, if there is insufficient lead time to travel, the first injection should be administered before departure and a booster after 6 months. Once both doses are completed, immunity is considered lifelong.</p>

<p><b>Hepatitis B Virus (HBV)</b></p>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
<p><b>Influenza Virus (flu)</b></p>	<p>Classic, or seasonal, influenza, is a highly contagious respiratory infection, caused by 2 types of virus: A and B. All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>
<p><b>Meningococcal Disease</b></p>	<p>Meningococcal disease is spread through contact with the respiratory secretions of an infected person, as well as sharing food and drinks.</p> <p>Meningococcal conjugate vaccine (MCV4) can be given to all persons at least 2 months of age. Dosing will vary depending on the product and the age of the traveler.</p>
<p><b>Polio</b></p>	<p>Polio is a viral disease spread between humans through both fecal-oral and oral-oral routes. Mechanisms include the ingestion of fecal-contaminated food or water, contact with infected feces, and through contact with the respiratory secretions of an infected person.</p> <p>All persons should be vaccinated against poliovirus. In the US, only inactivated polio vaccine (IPV) is used, while in other parts of the world, oral polio vaccine (OPV) is still used. A single lifetime booster dose of IPV is recommended for adults traveling to at-risk areas, even if they received routine vaccination as children. Those with unknown vaccination status, or who did not complete polio vaccination as children, should complete a routine vaccination series.</p> <p>Certain countries have implemented a polio vaccine requirement upon entry to or exit from the country. Certain countries also have recommendations for polio vaccination in specific circumstances. Travelers to these countries should carry a yellow card with appropriate polio vaccination recorded. Polio vaccine recommendations and requirements in these countries are in flux; consult with a travel health provider to determine if vaccination is recommended or required for your itinerary.</p>

<p><b>Rabies</b></p>	<p>Rabies is spread through the bite or scratch of an infected animal. All mammals are susceptible, but dogs and other wildlife (particularly bats) are the most common vectors.</p> <p>A 3-dose pre-exposure rabies vaccine is recommended for long-term travelers and expatriates visiting remote areas. It is also recommended for travelers involved in adventure or outdoor activities in remote areas who could be exposed to bats, dogs, and other mammals and those who might be in direct contact with animals, including in urban areas. Children are at higher risk and have a lower threshold for pre-exposure vaccination. The first dose of the vaccine should be administered at least 21 days before travel.</p>
<p><b>Typhoid Fever</b></p>	<p>Typhoid is a bacterial infection spread through the ingestion of contaminated food or water.</p> <p>Vaccination should be completed 1-2 weeks before travel, depending on the form of the vaccine given. Two forms of the vaccine are available: an inactivated shot (1 dose), and a live oral vaccine (4 capsules given over 8 days). Booster doses of vaccine are needed for ongoing protection. The interval will vary depending on the form of the vaccine and the traveler's country of vaccination. Vaccination recommendations vary by country, activities, and specific itinerary. Consult a travel health professional for individual advice.</p>
<p><b>Yellow Fever (YF)</b></p>	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>Vaccination is typically recommended for travel to countries where YF is present and transmission is possible. The vaccination recommendations are complex and change frequently to remain up-to-date with the epidemiology of the disease.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>

**Health Risks**

The following are health risks present in the country. Some of these health risks are widespread, while others may only affect travelers in specific areas or those engaging in specific activities. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary-specific recommendations.

Health Risks	Notes
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<p><b>African Trypanosomiasis (Sleeping sickness)</b></p>	<p>African trypanosomiasis is a parasitic disease in sub-Saharan Africa. Two types of trypanosome protozoa cause this infection: one is more prominent in central Africa and western Africa, and the other in eastern and southeastern Africa. Symptoms and severity of the disease will vary depending on the species of parasite, but generally include fever, chancre, headache, enlarged lymph nodes, muscle/joint pain, and rash. Sleeping sickness can be fatal if untreated.</p> <p>African Trypanosomiasis is spread through the bite of an infected tsetse fly. Travelers spending significant time outdoors in rural areas or visiting game parks are at risk. The tsetse fly is a day-biting vector that rests in the shade under trees. Tourists are readily exposed to the flies while watching game.</p> <p>There is no vaccine to prevent against sleeping sickness. Insect repellants are not effective against tsetse flies; however, insect precautions should be followed to protect against other insect vectors. Wear heavyweight long pants, long sleeve shirts, boots, and hats in light colors (not blue). Stay indoors in areas with screens and air conditioning, if possible. Prevention is key, as treatment for the disease is complex and triggers significant side effects.</p>
<p><b>African Tick Bite Fever (ATBF)</b></p>	<p>ATBF is a tick-borne infection caused by one of many rickettsial bacteria species that exist around the world. Its symptoms appear within 2 weeks and include fever, headache, rash, muscle pain, and a red sore with a dark center (known as an eschar) that develops at the site of the bite.</p> <p>ATBF is transmitted through bites from ticks infected with <i>Rickettsia africae</i> bacteria. Those engaging in outdoor activities in wooded or high vegetation areas are at increased risk of exposure to ticks.</p> <p>There is no vaccine to prevent against African Tick Bite Fever. To avoid bites, adhere to the insect precautions detailed below, with particular attention to tick avoidance. Infected individuals should seek medical attention. They can be treated with antibiotics and supportive care.</p>
<p><b>Air Pollution</b></p>	<p>Air pollution refers to the potentially hazardous mix of particulate matter, chemicals, and other materials that infiltrates the air and causes acute symptoms and chronic conditions. Acute symptoms include itching of the eyes, nose, and throat, as well as wheezing, coughing, shortness of breath, chest pain, headaches, nausea, and upper respiratory infections (bronchitis and pneumonia). Air pollution is increasing in low- and middle- income countries and has become a major concern for travelers.</p> <p>Travelers with chronic lung conditions such as asthma or chronic obstructive pulmonary disease COPD should consult with their physicians prior to travel to areas with poor air quality, and these populations should reduce outdoor exertion. Elderly travelers and infants are also more at risk for respiratory consequences of exposure to air pollution. All travelers should comply with air pollution advisories. Levels of air pollution will vary by city and region; check current levels prior to travel to appropriately target preventive measures.</p>

<p><b>Chikungunya</b></p>	<p>Chikungunya is a viral infection acquired by humans through the bite of an infected mosquito. Chikungunya has been a predominately urban/suburban disease, but expanding development is encouraging spread into more rural areas. Not all infected persons exhibit symptoms, but persons may experience sudden joint pain and fever, as well as headache, rash, and vomiting.</p> <p>Chikungunya is spread through the bite of an infected Aedes mosquito. Highest risk occurs during the rainy season. The Aedes mosquito is day-biting, with particular activity 2-3 hours after dawn, and from mid-to-late afternoon.</p> <p>There is no vaccine to prevent against Chikungunya, but taking proper precautions against mosquito and insect bites may help prevent against transmission (see Insect Precautions below). No specific treatment exists for Chikungunya infection, but supportive care can be helpful to ease the symptoms. Seek medical attention if Chikungunya is suspected, as it is important to rule out other treatable or more serious infections that might be present, such as dengue or malaria.</p>
<p><b>Dengue Fever</b></p>	<p>Dengue fever is a mosquito-borne viral infection. Symptoms include headache, sudden-onset fever, rash, and joint pain. Some cases progress to severe dengue, when significant bleeding, fluid shifts, and end organ damage can appear.</p> <p>Dengue fever is spread through the bite of an infected Aedes mosquito. The Aedes mosquito, which carries dengue fever, typically lives indoors in dark, cool places like closets, under beds, bathrooms, and behind curtains, as well as around standing water. Aedes are daytime biters, with highest activity 2-3 hours after dawn and mid-to-late afternoon. Aedes mosquitos are active in both urban and rural environments.</p> <p>There is no vaccine to prevent dengue fever. Use daytime insect precautions (see Insect Precautions below). Although there is no specific treatment for Dengue Fever, persons with suspected illness should seek medical care for definitive diagnosis. Dengue Fever does not usually require hospitalization; however, close clinical monitoring is needed to allow early intervention if complications occur.</p>

<b>Hepatitis C</b>	<p>Hepatitis C is a viral infection that causes liver disease. Most people do not have symptoms. If symptomatic, people can experience gastrointestinal disturbances, jaundice, dark urine, and fatigue. Chronic disease can cause liver cirrhosis and cancer.</p> <p>Hepatitis C is spread person-to-person through IV drug use, contaminated needles for tattoos and body piercings, or unsafe medical procedures such as unscreened blood transfusions. Hepatitis C can also be transferred sexually. Travelers are generally at low risk, unless engaging in at-risk behaviors, or suffer a medical event requiring a blood transfusion. Healthcare workers are also at risk.</p> <p>There is no vaccine to prevent hepatitis C infection. Travelers are advised to avoid IV drug use and sexual contact with high-risk individuals. Avoid receiving blood transfusions in facilities with substandard blood donation and screening procedures. Avoid other procedures that may bring you in contact with contaminated needles, such as tattoos and body piercings. There is effective antiviral treatment for hepatitis C. Travelers should seek medical care for testing and treatment if they suspect infection.</p>
<b>Hepatitis E</b>	<p>Hepatitis E is a viral infection causing liver inflammation. Most of those infected are asymptomatic or have only mild symptoms, which can include non-specific gastrointestinal symptoms, jaundice, dark urine, and fever.</p> <p>In developing countries, Hepatitis E is transmitted through the fecal-oral route, most often through contaminated water. Other modes of transmission include consuming raw or undercooked pork or game meat, and shellfish. Human-to-human transmission is uncommon. Pregnant women, those with liver disease, and immunosuppressed persons are at risk of more severe and chronic infection.</p> <p>There is a vaccine to prevent against Hepatitis E, but it is only available in China. Adhere to recommended food and water precautions (see below). Only eat meat that has been cooked well and thoroughly. Practice good hand washing and body hygiene. No specific antiviral medication is available to treat Hepatitis E. Supportive care is usually sufficient while the infection resolves.</p>

<p><b>HIV/AIDS</b></p>	<p>HIV is a viral infection that affects the body's immune system, increasing susceptibility to certain infections and other health complications. Untreated, HIV is a fatal infection. The symptoms of HIV infection vary depending on the stage of the disease. Patients can be asymptomatic or only have non-specific symptoms until the infection is very advanced.</p> <p>HIV is transmitted through contact with blood and other body fluids, and sexual contact. Risk for travelers is generally low and determined more by behaviors than destination. Healthcare workers with clinical or laboratory responsibilities are at higher risk.</p> <p>There is no vaccine to prevent HIV infection. Travelers can protect themselves by avoiding exposures, engaging in safe sex practices, and using personal protective gear if potential exposure is unavoidable. High risk travelers may consider preexposure prophylaxis. Health care workers should follow standard precautions and assess local availability of (or bring) postexposure prophylaxis. Seek medical care immediately if an exposure occurs. Early treatment with antiviral medications is effective in decreasing transmission.</p>
<p><b>Helminths - Soil Transmission</b></p>	<p>Soil-transmitted helminths include the human hookworms <i>Ancylostoma</i> and <i>Necator</i>, and <i>Strongyloides</i>. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>

<p><b>Leishmaniasis</b></p>	<p>Leishmaniasis is a parasitic disease caused by several species of Leishmania protozoa. Three clinical syndromes result, depending on causative species: cutaneous, mucosal, and visceral (the most severe). Travelers most often are affected by the cutaneous form, usually with ulcerating skin lesions and swollen glands, and experience self-limited disease.</p> <p>Leishmaniasis is spread through the bite of an infected sandfly. Risk of acquiring the disease is higher among adventure travelers, eco-tourists, missionaries, military personnel, construction workers, and those working outdoors at night or sleeping outdoors.</p> <p>There is no vaccine to prevent Leishmaniasis. Follow insect precautions (see below), and avoid nighttime outdoor activities if possible. Most sandflies bite from dusk to dawn, but in the Western hemisphere, sandflies bite both day and night. Be aware that the mesh on any protective netting must be of a finer weave than the norm for prevention of mosquito bites. For netting to be effective against sandflies, it must have at least 18 holes per linear inch (2.54 cm). Impregnated nets and screens are most effective. Treatment decisions are multifactorial and can include local wound care and medications.</p>
<p><b>Loiasis</b></p>	<p>Loiasis is caused by the filarial worm, <i>Loa loa</i>. Migrating adult worms in the skin cause the primary symptoms of itchy rash and local swelling. Sometimes worms migrate across the eye.</p> <p><i>Loa loa</i> is transmitted to humans through the bite of infected flies. These flies are day-biting, with highest activity around noon. Anyone working or spending time outdoors in the forest in endemic areas is at risk.</p> <p>There is no vaccine against Loiasis. Use daytime insect precautions (see below). There are medications to treat Loiasis. Seek medical care if infection is suspected.</p>
<p><b>Lymphatic Filariasis</b></p>	<p>Lymphatic filariasis is caused by several species of filarial worms which target the lymphatic system, causing a variety of symptoms. A longer-term chronic infection can cause swelling of body parts and thickening of the skin known as elephantiasis.</p> <p>Larvae of these worm species are transmitted to humans through the bite of several species of mosquitos. Biting can occur night or day depending on the vector species. Short term travelers are at low risk. Longer term travelers such as humanitarian workers, missionaries, and military personnel in endemic areas are at higher risk.</p> <p>There is no vaccine against Lymphatic filariasis. Use daytime and nighttime insect precautions (see below). There are medications to treat the disease, but treatment can be complex. Seek medical care if infection is suspected.</p>

<p><b>Malaria</b></p>	<p>Malaria is caused by a protozoan parasite that lives within red blood cells. Malaria is a very serious and potentially fatal disease. Symptoms include fever, chills, headache, and muscle aches. Vomiting, diarrhea, and abdominal pain also occur. Severe forms of the disease can lead to cerebral malaria, kidney failure, shock, and death.</p> <p>Malaria is spread through the bite of an infected Anopheles mosquito, which is active between dusk to dawn. Risk varies widely, even within a country, and depends on the traveler's itinerary, sleeping accommodations, urban vs rural travel, and elevation, among other factors.</p> <p>There is no vaccine to prevent against malaria. Observe nighttime insect precautions (see below). Malaria prophylaxis medications are often recommended for travel to endemic areas. Consult with a travel health professional for specific advice. Seek medical care immediately if malaria infection is suspected. Treatment with antimalarial medications is effective.</p>
<p><b>Monkeypox</b></p>	<p>The Monkeypox virus is in the same genus as the smallpox virus. It is transmitted to humans from infected animals through a bite or contact with infected blood or bodily fluids. It can also occur through ingestion of contaminated bush meat. Human-to-human transmission can occur, primarily through respiratory droplets, but also through contact with infected bodily fluids, skin lesions, or contaminated clothing.</p> <p>There is no vaccine for monkeypox, but the smallpox vaccine can confer some protection. In certain situations, smallpox vaccination can be administered after exposure to help prevent the disease or lessen its severity following its onset.</p>
<p><b>Onchocerciasis (River Blindness)</b></p>	<p>Onchocerciasis is a parasitic disease caused by infection with a filarial worm. It is widespread in river basins. Once it is settled in humans, the worms form nodules in the skin and migrate through skin and eye tissues. Many cases are asymptomatic, and symptoms may only manifest after 9-24 months after exposure. Skin rash, itching, eye lesions, and bumpy skin are the typical symptoms. Eye involvement can lead to blindness.</p> <p>Onchocerciasis is spread through the bite of an infected blackfly. Blackflies bite during the day, with highest activity at dawn and dusk. They are found near fast-moving bodies of water like rivers and streams. Adventure travelers, humanitarian workers, missionaries, and military personnel are at higher risk of being exposed to blackflies.</p> <p>There is no vaccine against Onchocerciasis. Follow daytime insect precautions to reduce blackfly bites (see below). Treatment with the anti-helminthic medication Ivermectin is effective, but may be required for 10 years or more given the longevity of adult worms in the human body.</p>

<p><b>Schistosomiasis (Bilharzia)</b></p>	<p>Schistosomiasis is a parasitic infection caused by flatworms. Symptoms of initial infection can include skin rash, fever, headache, muscle ache, bloody diarrhea, cough, malaise, and abdominal pain, but many of those infected are asymptomatic. Schistosomiasis can become a chronic illness with varied manifestations if untreated.</p> <p>Schistosomiasis is spread via larvae that swim in fresh water, and through sexual contact with infected individuals. Travelers become infected by bathing, swimming, boating, or rafting in cercariae-infested waters.</p> <p>There is no vaccine to prevent against schistosomiasis. Avoid contact with bodies of freshwater in endemic areas. Schistosomiasis cannot be contracted in chlorinated swimming pools or in bodies of salt water. The use of insect repellent may be effective but is unreliable. Travelers who come in contact with bodies of fresh water should wear protective footwear and clothing, and clean their skin with rubbing alcohol and a clean, dry towel. Schistosomiasis can be treated with anti-helminthic medication.</p>
<p><b>Sexually Transmitted Infections (STIs)</b></p>	<p>STIs are a concern for travelers worldwide, and are likely underreported as a travel-related infection. STIs are caused by viruses, bacteria, and parasites, the same potential pathogens as are present in the traveler's home environment. However, certain infections like chancroid, LGV, and Granuloma inguinale are more common in less industrialized countries, and other areas of the world have higher incidence of HIV and Hepatitis B and C than others. Symptoms vary widely depending on the specific infection, and can include both local and systemic symptoms.</p> <p>STIs are spread between humans by unprotected sexual contact (oral, anal, or vaginal), and skin-to-skin genital contact. Some STIs can also be transmitted through exposure to blood and other bodily fluids. Travelers are at higher risk if engaging in sex with sex workers, traveling for sex tourism, or certain higher risk behaviors. Healthcare workers are at higher risk for certain blood-borne infections.</p> <p>Preventive measures focus on decreasing exposure to STI pathogens. Adhere strictly to safe sex practices: use a condom correctly and consistently, or abstain from intercourse, and use an external condom or dental dam for oral exposures. Travelers should pack external and/or internal condoms, as the quality of condoms available in some areas is not reliable. Avoid behavior that increases the risk of contracting an STI such as casual sex with a stranger or a sex worker. Drinking heavily or taking mind-altering drugs will impair judgement and inhibitions during a sexual encounter, increasing the risk of making unsafe choices. Seek medical attention promptly if an STI is suspected.</p>

<p><b>Snakebites</b></p>	<p>Snakebites are an important cause of morbidity and mortality for rural populations in tropical and subtropical areas. Risk of snakebites exists in areas with dense vegetation or rock formation, and snakes are more active in warm weather. Despite this prevalence in resident populations, travelers rarely experience snakebites. Symptoms of snakebites depend on the degree of envenomation, which varies based on species of snake, the volume of venom injected (many bites from venomous snakes are dry), and the weight and size of the victim.</p> <p>Avoid close contact with snakes and do not attempt to handle them. Back away if a snake is disturbed and wait for it to move away. When hiking or trekking in a high risk country, travelers should wear boots and long pants, avoid tall grass if possible, walk slowly, and use a stick ahead to beat the vegetation. Do not reach into holes or cracks between rocks. Sleep under a bed net when camping. Use a flashlight if walking after dark. Seek medical attention immediately after any snakebite. Immediate first aid includes keeping the victim calm and quiet, and immobilizing the limb involved.</p>
<p><b>Traveler's Diarrhea</b></p>	<p>Travelers' diarrhea (TD) is the most common health problem for travelers, affecting up to 70% of travelers going to developing countries. TD is caused primarily by pathogenic bacteria and less commonly by protozoa or enteric viruses. Symptoms include diarrhea, fever, abdominal pain, nausea, and vomiting. More severe forms of TD include dysentery and diarrhea with blood and mucus present.</p> <p>TD is transmitted to humans by the ingestion of contaminated food and water. Individuals at higher risk for TD or adverse consequences include adventurous eaters, immunocompromised persons, persons with inflammatory bowel disease or diabetes, and those taking medications that decrease gastric acidity.</p> <p>There is no vaccine to prevent TD. Following food and beverage precautions may reduce the likelihood of illness (see below). Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.</p>
<p><b>Tuberculosis (TB)</b></p>	<p>TB is caused by infection with the Mycobacterium tuberculosis bacteria. Over 95% of cases occur in developing countries, and infection is strongly associated with poverty, overcrowding, and malnutrition. TB infection can be latent, with no symptoms, for many years. The most common clinical presentation of active TB is pulmonary TB, with symptoms of cough, night sweats, weight loss, bloody sputum, and fatigue.</p> <p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. It can also be acquired by eating unpasteurized dairy products in areas where the bovine form of TB is endemic.</p> <p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0-80 percent. It is not recommended for travelers. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-<math>\gamma</math> release assay (IGRA) both before leaving the US and 8-10 weeks after returning from travel. Treatment for TB is complex; seek medical care for concerns of TB infection.</p>

**Zika Fever**

Zika fever is an acute viral illness within the genus *Flavivirus* that is spread by the bite of an infected *Aedes* mosquito. Symptoms include a sudden fever with rash, joint and body pain, headache, and conjunctivitis. Symptoms are usually mild and last from several days to a week. Babies born to women infected with the Zika virus while pregnant, or who become pregnant while infected, are at an increased risk of birth defects, including microcephaly.

Transmission of Zika virus is through the bite of an infected *Aedes* mosquito. The risk of being bitten is highest in the early morning, several hours after daybreak, and in the mid-to-late afternoons before sunset. The *Aedes* mosquito, which carries the Zika virus, typically lives indoors in dark, cool places as well as around standing water. Zika can also be transmitted sexually.

There is no vaccine to prevent Zika virus infection. Prevention is primarily accomplished by avoiding the bites of infected *Aedes* mosquito. Adhere strictly to daytime insect precautions (see below). Travelers who are pregnant or are planning to become pregnant, or sexual partners of those who may become pregnant, should consult with their healthcare provider and determine the level of risk for microcephaly or other birth defects before traveling to areas with confirmed Zika virus activity, and after their return. Treatment for Zika fever is primarily supportive.

**Medical Facilities and Services**

Medical facilities and services are extremely limited or non-existent throughout the CAR, and when present, do not meet international standards. Sanitation standards are low. Medicines and equipment are often in short supply and ambulatory services are rare. Doctors may expect payment upfront or in cash. Avoid seeking local medical attention when at all possible.

**Food and Water Safety**

Food- and water-borne diseases are common in the CAR. Avoid eating raw or undercooked meat, poultry, seafood, or eggs. Avoid eating unwashed or unpeeled fruits/vegetables, fruits/vegetables that have been washed with contaminated water, unpasteurized dairy products, and bush or game meat. Avoid eating food that is not properly refrigerated or cooled, or that has been left standing and uncovered. Avoid eating leafy or uncooked vegetables and salads.

Only drink water that has been filtered or boiled, or has come in a sealed bottle. Avoid drinking any well water unless you can verify its quality. Do not drink beverages that contain ice unless you can confirm that the ice is from purified water. Do not drink unpasteurized milk or juice, or anything mixed with contaminated water. Hot coffee or tea is usually safe to drink.

Wash hands with soap or use an alcohol-based hand sanitizer prior to eating. Do not use tap water to brush teeth unless you can verify the quality of the water. Avoid sharing beverages or utensils with others.

**Insect Precautions**

Use insect repellent: DEET 20 - 30% or Picaridin 20% on exposed skin. Re-apply per manufacturer's directions.

Avoid scented soaps, hair products, deodorants, perfumes, and shaving products.

Wear long sleeves and pants tucked into socks. Wear neutral colors (beige, light gray). Always wear

shoes, both indoors and outdoors.

Treat outer clothing with permethrin.

Remove any containers holding water, both inside and outside any building.

Avoid insect exposure using additional various methods depending on the insect:

- For nighttime flying insects, sleep under bed nets, preferably insecticide impregnated.
- For ticks, hike in the middle of the trail and avoid tall grasses and shrubs, use a tarp when sitting on grass, perform regular tick checks on your body and clothing.
- For other insect vectors, avoid direct contact with animals, and avoid overcrowded, unsanitary conditions to reduce risk of exposure to body lice, mites, fleas, and rodents.

# DESTINATION DETAILS

## Time Zones

From 1 January to 31 December, West Africa Time (WAT): GMT +1 hour

The CAR does not observe Daylight Saving Time.

## Currency

Central African CFA franc (XAF)

**NOTE:** United States dollars (USD) and euros (EUR) can be exchanged but West African francs (CFA) cannot. Money can only be exchanged at banks in Bangui and Berbérati. Commission charges are high and exchange rates are low, with EUR being preferred.

## Credit Cards

Credit cards are not widely accepted in the CAR. A small number of major hotels in Bangui may accept major international credit cards but the majority of business is conducted in XAF or EUR. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

## ATMs

There are no international ATMs in the CAR.

## Banking Hours

From Monday to Friday 07:00-12:30.

Hours may vary by bank and location.

## Major Holidays

Services and transportation may be affected on/around the following holidays:

Date	Holiday
01 January 2020	New Year's Day
29 March 2020	Commemoration of Boganda
13 April 2020	Easter Monday
01 May 2020	Labor Day
21 May 2020	Ascension Day
24 May 2020	Eid al-Fitr
01 June 2020	Whit Monday
30 June 2020	National Prayer Day
31 July 2020	Eid al-Adha
13 August 2020	Independence Day
15 August 2020	Assumption of Mary

01 November 2020	All Saints' Eve
01 December 2020	Republic Day
25 December 2020	Christmas Day

**NOTE:** There are no elections scheduled to take place in 2020.

## Voltage Information

220 V, 50 Hz. Plug type: C, E

## International Airports

Airport Name	Airport Code	Airport Location
Bangui M'Poko International	BGF	Bangui, Ombella-M'Poko

# ENTRY & EXIT REQUIREMENTS

The following information is for citizens of the United States. If you are a citizen of a country other than the United States, contact an embassy or consulate for up-to-date requirements. For additional questions regarding entry/exit requirements, contact Global Rescue at (+1) (617) 459-4200.

A passport valid for at least six months beyond the length of stay with at least one blank page and proof of vaccination against yellow fever (dated within the last 10 years) are required for entry. Travelers intending to stay longer than 180 days must obtain a visa. Visas are not routinely issued at airports in the CAR, and so one must be applied for through a CAR diplomatic mission prior to departure. In countries without a CAR diplomatic mission, the French Embassy has authorization to issue a visa for entry into the CAR. Proof of an onward/return ticket and proof of sufficient funds are also necessary. Those who are unable to provide the required documents may be refused entry or may be forced to pay a fine.

Departure tax for passengers boarding international flights from Bangui is XAF 10,000 per person.

## IMPORT RESTRICTIONS

**Typical prohibited items in central African nations include, but are not limited to:**

- illegal drugs;
- firearms, explosives, ammunition, knives, deadly weapons;
- counterfeit money or goods; and,
- pornographic material.\*

**The following items are permitted:**

- 1,000 cigarettes;
- 250 cigars;
- two kilograms of tobacco products;
- five bottles of alcoholic beverages; and,
- five bottles of perfume.

**The following restrictions apply:** All pets require a veterinarian health certificate and a rabies vaccination certificate. Cameras, film, weapons, ammunition, and all currency must be declared.

## EXPORT RESTRICTIONS

**Typical prohibited items in central African nations include, but are not limited to:**

- illegal drugs;
- firearms, explosives, ammunition, knives, deadly weapons;
- counterfeit money or goods; and,
- pornographic material.\*

**The following restrictions apply:** Animal skins and diamonds must be declared when leaving the country.

**\*NOTE:** There is no information available on items prohibited from import to or export from the CAR.

## IMPORTANT NUMBERS

Intl. Country Code	+236
Fire	118
Police	117
Ambulance	610600

### Contact Information for Select Embassies

#### US Embassy in Cameroon

**NOTE** : The US Embassy in Bangui is unable to provide consular services. Travelers should contact the Embassy in Cameroon.

Avenue Rosa Parks

Yaounde, Cameroon

Telephone: (+237) 22220-1500 ext. 4341/4023

Emergency After-Hours: (+237) 2220-1500 ext. 4531 or (+237) 2222-25-893

#### British Embassy in Kinshasa

**NOTE** : The UK government does not have any permanent representation in Central African Republic but covers it remotely from the Democratic Republic of Congo.

83, Avenue Roi Baudoin

Gombe, Kinshasa

Telephone: (+243) 81-556-6200 or (+44) 1908-516-666

**NOTE**: British nationals in the CAR who require emergency assistance may contact the French Embassy in Bangui.

Boulevard Charles de Gaulle, Bangui

Telephone: (+236) (21) 613-000 or (+236) 610-584

#### Australian Embassy in Ethiopia

**NOTE** : There is no Australian diplomatic mission in the CAR. Travelers should contact the Embassy in Ethiopia.

Cape Verde Street (Turkish Compound),

Bole Sub City, Woreda 3,

Addis Ababa, Ethiopia

Telephone: (+251) 11-667-2678

For other embassies, contact Global Rescue at (+1) (617) 459-4200.