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FIFA World Cup, South Africa – advice for UK football fans

Key Messages

- Obtain travel health insurance.
- Be safe – watch out for accidents, injuries and theft.
- Avoid unprotected sexual contact.
- Ensure you are up to date with the [British Schedule of vaccination](#), including measles, mumps and rubella (MMR)
- Check to see if additional vaccinations (such as pandemic influenza vaccine) and malaria prevention are necessary by looking at information in this update and on the NaTHNaC Country Information Page for [South Africa](#).

England has qualified for the 2010 Federation Internationale de Football Association (FIFA) World Cup, which is being hosted by South Africa from 11 June to 11 July 2010 [1].

The [host cities](#) are:

- Cape Town
- Durban
- Johannesburg
- Mangaung/Bloemfontein
- Nelson Mandela Bay/Port Elizabeth
- Nelspruit
- Polokwane
- Rustenburg
- Tshwane/Pretoria

England's first match, against the United States, is on 12 June in Rustenburg. They play Algeria on 18 June in Cape Town, and then play Slovenia on 23 June in Nelson Mandela Bay/Port Elizabeth. As of 5 February, FIFA had received more than one million requests for tickets from 192 countries [2]. Nearly 600,000 tickets have been allocated, the majority to South African residents; over 21,000 tickets have been allocated to UK fans. The final phase of ticket sales commenced on 15 April and will run until 11 July 2010. Further information on fixtures can be found on the official [2010 FIFA World Cup website](#).

Advice for UK travellers

Insurance, Medical Care, Safety and Security

Travel health insurance

There is no Reciprocal Health Care Agreement between South Africa and the United Kingdom. All travellers should obtain comprehensive medical insurance that includes cover for medical evacuation costs. Any pre-existing conditions must be declared.

Medical care

Medical facilities in urban areas are generally of a high standard, but can be costly. Healthcare in remote regions may be basic.

Travellers should be aware regular medications may not be readily available in South Africa; they should carry adequate supplies. Counterfeit drugs can also be an issue. Advice on [transportation of personal medications by travellers](#) is available on the NaTHNaC website.



Safety and security

South Africa has high levels of crime, mainly in townships and regions away from normal tourist areas. Walking alone is not recommended. Secluded beaches and picnic areas should be avoided. Travellers must be vigilant after dark. Streets, even in cities, are not brightly lit at night. Immediate police and medical assistance should be obtained if sexual assault occurs. The Foreign and Commonwealth Office (FCO) can assist following [rape and sexual assault abroad](#). Contact details for the British High Commission and Consulate Offices in South Africa can be found at: <http://ukinsouthafrica.fco.gov.uk/en/our-offices-in-southafrica/>

Care should be taken at matches and fans should be vigilant about the risks of overcrowding.

The FCO state there is a threat from terrorism in South Africa. Attacks, although unlikely, could be indiscriminate and include public places frequented by expatriates and travellers. Comprehensive information on [travel requirements, safety and security](#) can be found on the [Foreign and Commonwealth Office \(FCO\)](#) website. [Personal safety](#) information can be found on the NaTHNaC [Personal Safety During Travel](#) health information sheet.

Illegal drug use

Travellers should not engage in illegal drug use. In South Africa the penalties are severe.

Road traffic injuries

Road traffic accident rates in sub-Saharan Africa are amongst the highest in the world [3]. The FCO advises that driving standards in South Africa are variable, and that many fatal accidents occur. Driving on unfamiliar rural roads should be avoided, especially at night. All travellers should take care to avoid [road traffic accidents during international travel](#) whether you are a driver, passenger or pedestrian.

Water safety

Local safety advice should be sought before swimming. Persons should not swim after drinking alcohol or taking drugs and ensure water depth is checked prior to diving. Children must be supervised at all times near water.

There is a risk of [schistosomiasis](#) (bilharzia) in South Africa; freshwater swimming or wading in rivers, streams or lakes is not recommended. Swimming in chlorinated pools or in salt water does not present a risk of schistosomiasis.

Personal Health

Bloodborne/sexually transmitted infections (STIs)

STIs and bloodborne viruses, such as [HIV](#), [Hepatitis B](#) and [Hepatitis C](#), are prevalent in sub-Saharan Africa. The World Health Organization (WHO) estimates approximately 20% of South African adults aged 15 to 49 years are HIV-infected [4]. Travellers can [reduce their risk of STIs](#) by avoiding sexual contact or using condoms. Contact sports, such as football and rugby, increase risk of exposure to bloodborne viruses and can result in injuries requiring emergency medical treatment. Other risk activities that should be avoided are body piercing, injection drug use and tattoos.

Food and water hygiene precautions

All travellers should practise [food and water hygiene precautions](#). [Travellers' diarrhoea](#) is common and can be debilitating. Maintaining hydration with fluids from a safe source (e.g. bottled) is important. Fans can consider carrying diarrhoea self-treatment medication.



H1N1 influenza

As of 15 February 2010, 12,640 confirmed human cases of pandemic (H1N1) 2009 influenza, including 93 deaths, have been reported in South Africa [5]. The majority of cases occurred during South Africa's winter months (June to September) with a peak in case numbers during August 2009 [5]. Since October, local transmission has diminished, coinciding with the start of the summer months in South Africa. Close contact with symptomatic individuals should be avoided. Good personal hygiene, including frequent hand washing, is essential to prevent all types of influenza.

Fans with influenza-like symptoms (fever and two or more of: cough, sore throat, runny nose, body aches, or headache) should stay at home in the UK and seek medical advice. Further guidance on pandemic influenza during travel can be found on the NaTHNaC Health Information Sheet: [Pandemic \(H1N1\) 2009 influenza: Advice for travellers](#).

On 18 March 2010 the Department of Health, United Kingdom advised that people travelling to countries in the [southern hemisphere](#) (including South Africa) during their influenza season should receive pandemic H1N1 (2009) influenza vaccine at least two weeks before travel [6]. The influenza season in South Africa generally occurs during June to September. Further information is given in the NaTHNaC Clinical Update: [Pandemic H1N1 \(2009\) influenza vaccination for travellers to the Southern Hemisphere](#)

Insect bite avoidance

All travellers should practise [insect bite precautions](#).

Malaria

Malaria chemoprophylaxis is not recommended for visits to the host cities. However, fans who combine their trip with a safari or visit malaria risk regions in South Africa or other African countries, need to take appropriate preventive measures.

Anti-malarials are recommended for northeast KwaZulu-Natal, as far south as Jozini, and to the low altitude areas of Mpumalanga and Limpopo. This includes the Kruger National Park, a popular safari destination for UK travellers. Further information can be found on the [NaTHNaC Country Information Page](#) for South Africa. For travel to other countries, their country pages can be consulted.

Measles

As of 28 April 2010, 12,227 cases of measles have been confirmed in an outbreak that started in January 2009 [7]. Cases have been reported from all nine provinces, but the outbreak has been concentrated in the northeast of the country; since the beginning of the outbreak over 4,500 cases have been reported in the province of Gauteng [7]. A national programme to immunise children against measles took place between 12 and 23 April 2010 [8].

Tick-borne illness

Travellers whose activities involve walking through brush and grasslands in southern African countries are at increased risk of acquiring African tick bite fever [9]. Travellers who have undertaken risk activities should inspect themselves regularly for ticks and [remove them promptly](#).

Tuberculosis

South Africa has the highest number of multi-drug resistant (MDR) and extremely drug resistant (XDR) tuberculosis in the southern African region [10]. Those who are immunosuppressed, either by a medical condition (e.g. HIV infection) or treatment (e.g.



steroids, chemotherapy or radiotherapy) are at highest risk of infection. The risk of contracting TB during travel to the World Cup tournament is very low, as prolonged exposure to the bacteria is usually necessary and brief contact carries little risk.

Bacille Calmette-Guérin (BCG) vaccination is not routinely recommended for those undertaking travel of less than three months duration. Guidance on BCG vaccination and for screening of persons exposed to tuberculosis is provided by the [Department of Health](#) [11].

Rift Valley fever

As of 28 April 2010, an outbreak of Rift Valley fever with 160 human cases including 13 deaths has been reported in Free State, Northern Cape, Eastern Cape, North West and Western Cape provinces, South Africa [12]. The risk of contracting RVF during travel to the World Cup tournament is very low, however, travellers should practise strict mosquito bite avoidance and avoid contact with blood or tissues (meat) from infected animals. Further advice for travellers is available in a [NaTHNaC Clinical Update: Rift Valley fever](#)

Rabies

There is a risk of [rabies](#) in South Africa. Transmission is via contact with saliva from infected wild/domestic animals, usually as a result of a bite, scratch or lick to open skin by a dog. Risk of exposure is increased by activities such as running, cycling or work involving animals. A UK traveller, who had previously volunteered in a South African animal sanctuary, died of rabies in Northern Ireland in January 2009 [13]. [Pre-exposure rabies vaccination](#) is available.

Vaccinations

Football fans should be up to date with the [British schedule](#) of vaccinations, including MMR,

There is an increased risk of respiratory illness at mass gatherings. Please see the above information on receipt of pandemic (H1N1) influenza vaccine.

Travellers should discuss their plans with their GP practice or travel clinic. Ideally the initial travel consultation should take place six weeks or more prior to departure. This is to ensure all appropriate vaccines can be administered.

NaTHNaC vaccination recommendations can be found on the [NaTHNaC Country Information Page](#) for South Africa.

Travellers transiting through Nairobi, Kenya will require an International Certificate of Vaccination or Prophylaxis for yellow fever. See the [NaTHNaC Clinical Update of 20 May 2010](#) for more information.

Climate

[The climate of South Africa](#) is generally temperate, although the low altitude north-eastern regions bordering Mozambique and Zimbabwe have a tropical climate.

Sun protection

Fans should be aware that the sun is stronger than in the UK at this time of year, and should use a sunscreen with an SPF rating of at least 30, and that protects against UVA and UVB rays. As well as appropriate sunscreen application, limiting exposure and wearing sunglasses, hats and protective clothing should be recommended. Further advice can be found on the NaTHNaC [Sun Protection](#) health information sheet.

References



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<http://www.hpa.org.uk/hpr/archives/2008/news5108.htm#rabies>

Links

[A Guide for 2010 FIFA World Cup Visitors to South Africa](#): National Institute for Communicable Diseases

[2010 FIFA World Cup South Africa](#)

[Foreign and Commonwealth Office \(FCO\) Travel advice by country: South Africa](#)

[NaTHNaC Country Information Pages – South Africa](#)

[NaTHNaC: Sexually transmitted infections – reducing your risk](#)

[South Africa 2010](#) – the Republic of South Africa's official World Cup website