

Mauritania

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Please refer to 'Advice sheets': for information on common health risks encountered by travellers that are not preventable by immunisation. These include [sunburn](#), [accidents](#), [travellers' diarrhoea](#), [respiratory tract infections](#), [sexually transmitted diseases and blood borne infections \(e.g. HIV infection\)](#). Advice sheets are also available for travellers such as [backpackers](#), [business travellers](#), [those going on cruises](#), [expatriates](#), [children](#), [women](#), [the elderly](#), those with [disabilities](#) and many more.

Personal safety information: this is updated regularly on the Foreign and Commonwealth Office website: [see FCO safety information](#)

Infection risks preventable by vaccination

1) Infections which should be covered by vaccinations recommended for life in Britain (See [British Vaccination Schedule](#))

- | Ensure primary courses and all recommended boosters have been received, including vaccines for special groups (e.g. hepatitis B for health care workers, influenza and pneumococcal vaccines for the elderly).

2) Infections for which additional vaccine boosters are usually advised (or primary courses if necessary)

- | [Diphtheria](#) - spread through close respiratory contact. .
- | [Hepatitis A](#) - a faecal/oral infection spread through contaminated food and water. It is very common in crowded conditions where hygiene is poor.
- | [Poliomyelitis](#) - spread mainly through faecally contaminated food and water. Remember poliomyelitis boosters should be up to date.
- | [Tetanus](#) - contracted through dirty cuts and scratches. Boosters are especially important in countries where tetanus hyperimmune globulin supplies may be unavailable in the event of an injury
- | [Typhoid](#) - a faecal/oral infection spread through contaminated food and water. It is common in crowded conditions where hygiene is poor.
- | [Yellow fever](#) - spread by infected mosquito bites. Most cases occur in rural and jungle areas where the specific monkey host is found - rarely outbreaks occur in cities with human to human spread. A vaccination certificate may be necessary - see below.

3) Vaccination certificates

(This refers to formal immigration requirements)

- | Yellow fever certificate is required from all travellers over 1 year old except those arriving from a non-infected area and staying less than 2 weeks in the country. See ['infected areas'](#).

4) Infections for which vaccination is advised in special circumstances

('Long stay' refers to periods of approximately 1 month or more)

- | [Cholera](#) - spread through contaminated water and food. More common during floods and rainy seasons. Those unable to take effective precautions, for example, during wars and when working in refugee camps or slums may consider vaccination when outbreaks are anticipated or being reported (see [current notes](#) below)
- | [Hepatitis B](#) - spread through blood, blood products and sexual intercourse. Vaccination is recommended for those at occupational risk (e.g. health care workers), for long stays in endemic countries, for those more likely to be exposed such as children (from cuts and scratches) and those who may need surgical procedures. Carriage of the virus in the local population is considered to be high (>10%).
- | [Meningococcal infection](#) - spread through close respiratory contact and more likely in crowded

situations such as dormitories, buses and clubs. Infection is uncommon in package tourists. Vaccination is recommended for long stays and especially towards the end of the dry season from September to May.

- | [Rabies](#) - spread through the saliva of infected mammals and is present throughout the country. The chance of exposure is usually small for those who can avoid direct contact with carnivorous animals especially dogs, which are the most frequent source of infected bites. Pre-exposure vaccination is recommended for those in regular contact with animals (e.g. veterinarians) or for at-risk travellers going to be more than 24 hrs away from a reliable source of vaccine (and ideally immunoglobulin).
- | [Tuberculosis](#) - spread through close respiratory contact and occasionally through infected milk or milk products. Tuberculosis is common and BCG is recommended, if not received previously, for those likely to be mixing closely with the local population. More important for long stays, those visiting families, teachers and health care workers than for short term package tourists.

Malaria prevention

1) Primary prevention: Take precautions to avoid mosquito bites: [avoiding bites](#)

2) Distribution: Risk is present throughout the year in the whole country except in northern areas (Dakhlet / Nouadhibou and Tiris/Zemour). In Adrar and Inchiri there is a risk during the rainy season (July-October): [malaria map](#)

3) Prophylaxis: Chloroquine plus proguanil is recommended for prophylaxis in risk areas: [malaria prophylaxis](#)

4) Treatment: Prompt investigation of fever is essential. If travelling to areas remote from medical facilities, emergency treatment should be carried: [standby treatment](#).

Infections for which other precautions may be necessary

- | [Travellers' diarrhoea](#), [hepatitis E](#) and [intestinal helminths](#) are spread through contaminated food and water and sometimes 'hand to mouth'. These diseases spread in the same way as typhoid, cholera, hepatitis A and poliomyelitis and for which vaccines are available. Helminths include threadworms, roundworms, tapeworms strongyloides, hookworms and whipworms. Water should always be treated by the traveller when there is doubt about its cleanliness, food must be thoroughly cooked and hands washed prior to eating ([see also 'sterilising water'](#)).
- | [Filariasis](#) (Bancrofti) is spread through the bite of the mosquito. It can cause fever and skin inflammation. Later swelling and lymphoedema of the legs, arms or genitalia may develop but usually only after repeated infections. It is not usually a problem for the short-term traveller staying in good accommodation. Mosquito bites should be avoided whenever possible.
- | [HIV infection](#) is spread through sexual intercourse or infected blood or blood products (e.g. through blood transfusions or the use of blood contaminated instruments such as intravenous needles). The virus can also be transmitted from mother to child around the time of birth and through breast feeding. Occasionally countries ask for certification that an immigrant or long-term expatriate visitor is free from HIV infection and travellers should be informed of this when they apply for visas or work permits.
- | [Leishmaniasis](#) is spread through the bite of an infected sand fly. It can cause a slowly growing skin lump or ulcer (the cutaneous form) and sometimes a serious life-threatening fever with anaemia and weight loss (Kala-azar). Infected dogs are carriers of the infection. Sand fly bites should be avoided whenever possible.
- | [Schistosomiasis](#) (Bilharzia) is spread through the fresh water snail. It causes infection of the bowel and bladder, often with bleeding. It is caused by a fluke and is contracted through the skin from water contaminated with human urine or faeces. Paddling or swimming in suspect fresh water lakes or slow running rivers should be avoided.

Medical services

Reciprocal Health Care Agreements with Britain: None. Adequate medical insurance is strongly recommended.

Medical Assistance: Certain travellers, such as those with existing illness, pregnancy, travelling with children or going into remote areas, may wish to try to identify health care facilities prior to departure. Addresses for local services are usually available at larger hotels and from tour company representatives. The Foreign and Commonwealth Office provides details of the nearest British Embassy or Consulate that may be able to help: [FCO](#)

A list of clinics, run by members of the International Society of Travel Medicine - [ISTM](#) - is available. Regular travellers can also register with the International Association for Medical Advice to Travellers- [IAMAT](#)

Current notes

