

Senegal

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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 required if entering from an ['infected area'](#).

4) Infections for which vaccination is advised in special circumstances (*'Long stay' refers to periods of approximately 1 month or more*)

- | [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 (December to June).
- | [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)

- | [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 from the malignant form present throughout the year. There is less risk in the central western regions during the dry season from January to June.

3) Prophylaxis: mefloquine OR doxycycline OR Malarone® is advised for risks areas. If these drugs are not suitable (e.g. in some young children and in early pregnancy) and the less effective chloroquine PLUS proguanil combination is used, it is very important to emphasize the importance of urgent medical attention for any feverish illness: see also [preventing malaria](#).

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'](#)).
- | [Dengue](#) (break-bone fever) is spread through the bite of the mosquito. It causes a feverish illness with headache and muscle pains like a bad, prolonged, attack of influenza. There may be a rash. A severe haemorrhagic form can develop, especially in children. It is becoming more common in many parts of the world. Mosquito bites should be avoided whenever possible.
- | [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.
- | [Leptospirosis](#) is spread through the excreta of infected rodents especially rats. It can cause hepatitis and renal failure that may be fatal. It is unusual for travellers to be affected unless living in poor sanitary conditions.
- | [Onchocerciasis](#) (river blindness) is spread through the bite of a small black fly which breeds in fast flowing water. It can cause a skin rash with intense itching caused by microfilaria usually occurring months or years later. Occasionally the eye can be affected. Camping near rivers should be avoided and precautions taken against bites.
- | [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.

- 1 [Trypanosomiasis](#) (Sleeping sickness) is spread through the tsetse fly. It occurs primarily in rural areas and cattle are intermediate hosts. This infection can cause progressive mental and neurological symptoms, leading to death in coma.

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

25/05/05 Cholera (update)- From 1 January to 8 May 2005, 11,725 cases reported for the whole country; of these, 509 cases reported between 2 and 8 May 2005. Four regions, Kolda, Matam, Tamba and Ziguinchor did not report any cases this week. The situation is improving except for Bambey and Diourbel where cases continue to be reported.

26/04/05 Cholera (update)- From the week 11-17 April 2005, Health Ministers have reported 1187 cases of cholera in the country. Diourbel is the most severely affected region with 808 cases. Cases are decreasing in the city of Touba, with an average of 33 cases reported daily compared to 100 cases reported daily the previous week. Religious gatherings will be taking place in Touba, Tivaoune and Kaoloack on 21-22 April 2005, increasing the number of people in these cities which could worsen the situation again.

11/04/05 Cholera (update)- The epidemic in central Senegal has now spread nationwide. During the week 28 March to 3 April almost 3400 new cases and 54 deaths were reported from healthcare districts throughout Senegal. Of the reported cases, 1733 are from the city of Touba.

05/04/05 Cholera - From the 1st January-23rd March 2005 the Ministry of Health has reported a total of 2,054 cholera cases and 8 deaths in Touba, Mbacke and Bambey districts of Diourbel region. The outbreak appears to be spreading to other areas. In the last week of March cases rose sharply with 1,800 new infections and 18 deaths. This increase was expected owing to the huge number of Muslim pilgrims visiting the holy city of Touba. Over the week leading up to the celebration, hundreds of thousands of pilgrims from around Africa and other parts of the world arrive in Touba and double the 1 million population of the city.

Advice for Travellers: Travellers to outbreak areas who will be mixing closely with the local population and cannot ensure safe drinking water can be immunised against cholera, [see also water purification](#).

