



Senegal

Risk Ratings

M MEDIUM MEDICAL RISK for Senegal

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 Senegal](#)

[COVID-19 information for Senegal](#)

[Dedicated COVID-19 website](#)

The security environment remains overall relatively benign. Petty theft is the primary risk faced by in-country workforce in the main business and tourist areas. Protests over economic or social grievances, particularly those by students, can occasionally turn violent in main cities. Political unrest can occur during heightened periods such as elections. Despite a general improvement in the security situation in Casamance (Ziguinchor and Kolda regions), travel to rural areas beyond coastal tourist resorts requires greater vigilance due to the risks posed by landmines, separatist groups and banditry. Greater vigilance should also be exercised in border areas with Mali due to increasing risks linked to highway banditry and potential cross-border movements by Islamist extremist and smuggler groups.

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 travel security alerts to ensure you are informed of the most recent developments.

[STANDING TRAVEL ADVICE](#)

Alerts

T [COVID-19: Persistent restrictions in response to ongoing pandemic underline continued need for flexibility](#)

[View All Alerts](#)

Vaccinations For Senegal

*COVID-19	Vaccination is recommended for all travellers. Read more
Cholera	Vaccination should be considered for some Read more
Hepatitis A	Recommended for all travellers and expatriates, Read more
Hepatitis B	Recommended for all travellers and expatriates. Read more
Meningitis - meningococcal	Vaccination with the quadrivalent vaccine Read more
Polio	All travellers are recommended to be fully Read more

Rabies	Consider for certain travellers, especially: For Read more
Typhoid fever	Recommended for all travellers and expatriates. Read more
Yellow fever	Senegal is a country with a risk of yellow fever Read more

Routine Vaccinations

- All routine vaccinations should be current: these include [Measles-Mumps-Rubella](#), [Polio](#), [Tetanus-Diphtheria-Pertussis](#), and [Varicella](#).
- Annual influenza [vaccination](#).

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 Senegal

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

*COVID-19	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.
Cholera	Vaccination should be considered for some travellers and relief workers who are likely to encounter unsanitary conditions, or will have limited access to safe water.
Hepatitis A	Recommended for all travellers and expatriates, especially groups at higher risk including: <ul style="list-style-type: none"> • long-term and frequent visitors. • adventurous travellers who travel to more remote locations or stay in areas with poor sanitation. • gay, bisexual, and other men who have sex with men see (see US CDC). • people who use illicit drugs. • those with liver disease.

Hepatitis B	Recommended for all travellers and expatriates.
Meningitis - meningococcal	<p>Vaccination with the quadrivalent vaccine (serogroups A, C, Y and W135) is recommended for anyone who is:</p> <ul style="list-style-type: none"> • Travelling during the dry season (December to June). • Travelling during outbreaks. • At increased risk including: <ul style="list-style-type: none"> ◦ Those visiting friends and relatives. ◦ Healthcare workers. ◦ Long-term travellers who will have close contact with the local population.
Polio	<p>All travellers are recommended to be fully immunised against polio (including a booster, if available) before they arrive in the country.</p> <p>WHO recommends that all residents and visitors who have been in the country for more than 4 weeks receive a dose of polio vaccine (IPV) within 4 weeks to 12 months of travel.</p> <p>Travellers should carry the document on which their polio vaccination status is recorded. They may be required to show proof of polio vaccination upon departure or for entry into their next destination. See Travel Advice article Polio Vaccination Entry and Exit Requirements for Travellers for details.</p> <p><i>(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 if proof of vaccination is required in your itinerary.)</i></p>
Rabies	<p>Consider for certain travellers, especially:</p> <ul style="list-style-type: none"> • 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.
Yellow fever	<p>Senegal is a country with a risk of yellow fever transmission.</p> <p>A yellow fever vaccination certificate is required for entry for anyone ≥ 9 months of age arriving from a country with a risk of yellow fever transmission, including people who were in transit in an airport located in a risk country.</p> <p>Vaccination is <i>recommended</i> for all travellers ≥ 9 months of age going to Senegal.</p> <p>See the map of vaccination recommendations.</p> <p><i>For onward travel:</i> your next destination, including your home country, may require a vaccination certificate for entry.</p> <p><i>(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)</i></p>

[More on diseases in Senegal](#)

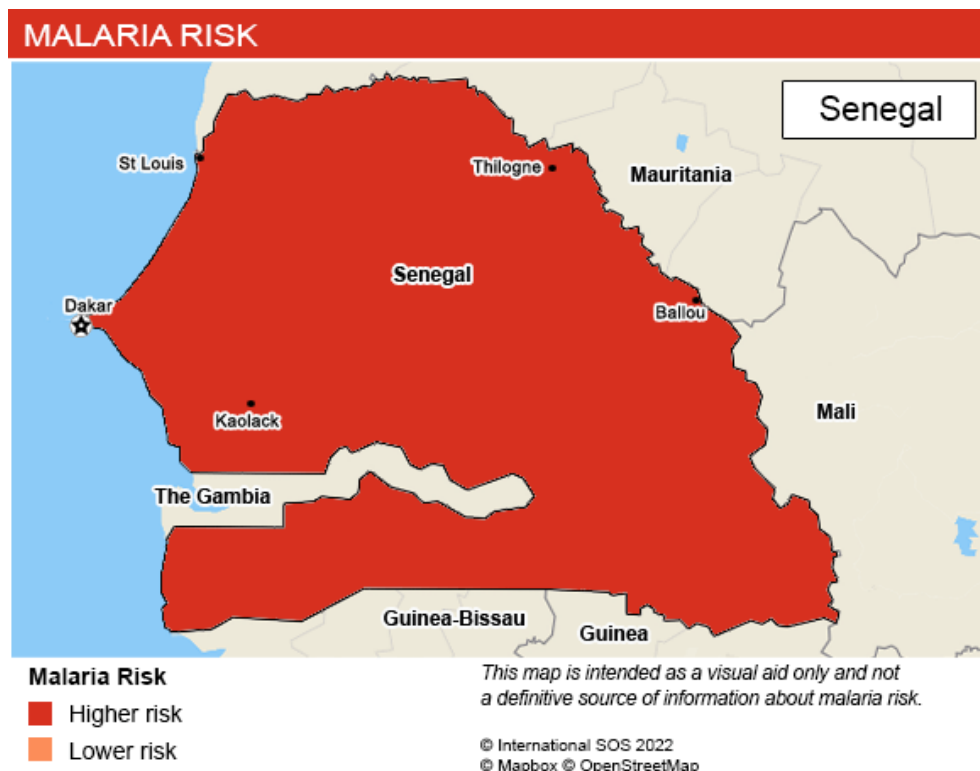
Malaria

Threat from: Bites and Stings

Malaria is present year-round in all of Senegal. The risk is less from January to June in the central western region.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication.



Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

- A:** Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.
- B:** Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.
- C:** Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.
- D:** Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).
- E:** Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Zika Virus

Threat from: Bites and Stings

Zika may be present in some areas. The first locally transmitted cases were reported in 2008.

Zika is a viral disease of the same family as dengue and chikungunya. The virus is transmitted by mosquitoes of the Aedes species, which bite during the daytime and are found in and around human habitation. Zika symptoms may be similar to chikungunya or dengue, although much less severe. Symptoms may include rash, joint and muscle pain or conjunctivitis, with or without a fever and typically last up to a week. Many people who are infected with Zika do not have any symptoms.

There is no vaccine against Zika virus; prevent infection by avoiding mosquito bites.

Standard of Care

Emergency Response

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

There are public and private ambulances in Senegal which offer different standards of care and equipment. In the private sector, SOS Medecins Dakar offers a reliable ambulance service (phone 8 213 213, 24 hours). These ambulances are well-equipped, efficient and staffed by doctors and nurses.

Emergency Numbers

Police 17/ 33 823 7149

Standard of Health Care

An acceptable standard of care available from selected providers, particularly from private clinics in the capital city of Dakar where care is good by West African standards with a good level of hygiene and a wide range of medication is available. Dakar is considered a regional medical referral centre. However, care standards may not be appropriate for all medical conditions and sophisticated specialist care requires international evacuation. Some hospitals in Dakar have a wide range of specialties including ICU. In other areas of the country, the standard of medical care is lower.

Complex surgeries and conditions requiring sophisticated specialist care are generally directed to Western Europe. Many Senegalese doctors, especially those in Dakar, have studied in France. French is the native tongue, but some doctors speak English.

OutPatient Care

Outpatient care in Dakar is considered appropriate for treatment of minor medical conditions. Elsewhere, the quality of primary and specialist care can vary from one provider to another and travellers generally require assistance to identify quality providers. All physicians speak French, and many speak English.

Paying for Health Care

Physicians will usually expect immediate cash payment and in general do not accept credit cards; private clinics may accept credit cards. In an emergency, go to a hospital; billing issues can be resolved after the medical condition has been treated.

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

A high standard of dental care is available from selected providers, particularly in the capital Dakar; other providers may offer a lower standard of care.

Blood Supplies

Blood supplies from *selected providers* in Dakar are screened to international standards. However, there is a high incidence of HIV and hepatitis B and C and blood may not be reliably screened to international standards elsewhere within Senegal. Contact your medical assistance provider for advice.

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

There is a reasonable supply of pharmaceuticals available. Some medications may be difficult to locate, and delays in obtaining a supply are common. Retail pharmacies offer an adequate selection of general, non-prescription items. Pharmacists are graduates of university schools of pharmacy and must have a current license.

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 Senegal

Hospitals / Clinics

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

Dakar

Clinique de la Madeleine

Category: Hospital

Address: 18 Avenue des Jambaars B.P. 3500
Dakar, Dakar N/A

Telephone: 221 338899451
221 338899470

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, where it is available, is not recommended for drinking or brushing teeth in Senegal. Drink only bottled or boiled water, or carbonated drinks and avoid ice that may have been made from untreated water.

- If drinking bottled water or carbonated beverages, ensure that the seal is intact.
- If bottled water is not available, water that you treat yourself should be safe for consumption. (If you plan to visit remote locations, consider carrying supplies of bottled water/purification mechanisms).

Food Risk

Food-borne illness is common among travellers. To reduce your risk:

- Food served in larger hotels and well-known restaurants should be safe.
- Busier restaurants may be safer as they are more likely to serve freshly cooked food.
- Always choose food that has been freshly cooked and is served hot.
- Avoid food that has been stored warm – such as in a "bain marie."
- Avoid raw foods, shellfish, pre-peeled fruit and salad.
- Fruit that you wash and peel yourself is safe.
- Avoid street vendors and market food because the standard of hygiene may be low and food may not be fresh.

[More on food and water safety](#)

Health Threats Summary

Health threats present include:

Animals: [Rabies](#), [Rift Valley fever \(RVF\)](#)

Bites and Stings: [Chikungunya](#), [Crimean-Congo Fever \(CCHF\)](#), [Dengue fever](#), [Filariasis](#), [Leishmaniasis](#), [Malaria](#), [Onchocerciasis](#), [Yellow fever](#), [Zika virus](#)

Coughing/sneezing: [*COVID-19](#), [Meningitis - meningococcal](#), [Tuberculosis \(TB\)](#)

Environment: [Air Pollution](#)

Food and/or water: [Cholera](#), [Hepatitis A](#), [Polio](#), [Travellers' diarrhoea](#), [Typhoid fever](#)

Sex/blood/needles: [HIV](#), [Hepatitis B and C](#), & [STIs](#)

Swimming/bathing: [Schistosomiasis](#)

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: trying 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.

Senegal

The first imported cases were confirmed on 2 March 2020. For more information, see the [Ministry of Health](#) website.

^ **Air Pollution** | Threat from : Environment

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions.

See the International SOS [Air Pollution website](#) - use your membership number to log in.

Senegal

According to the World Health Organization (WHO), Senegal is one of the most polluted countries in the world. Senegal uses the Air Quality Index (AQI) to measure air quality. Particulate matter (PM) 2.5 levels are at least nine times higher than the recommended guidelines. AQI is especially raised between December and March.

^ **Chikungunya** | Threat from : Bites and Stings

People can get chikungunya if they are bitten by a mosquito carrying the virus. About four to seven days later, the infected person develops a sudden fever and severe joint pain. Pain is especially common in the knees, ankles, small joints (especially in hands and feet) and any previously injured area. Other common symptoms are a rash and headache.

There is no specific cure for the disease. Recovery takes several weeks.

There is no vaccine. The only way to prevent chikungunya is to prevent mosquito bites. Wear long sleeves and long pants, and use insect repellents to prevent mosquito bites.

Senegal

Chikungunya occurs in parts of Senegal and cases among travellers have been reported sporadically.

^ **Cholera** | Threat from : Food and/or water

Cholera is a diarrhoeal disease. People get sick when they consume food or water that has been contaminated by the faeces of an infected person. The most common symptom is severe diarrhoea. It is painless and watery (often called "rice-water" stools). Vomiting is also common.

Most cholera infections are relatively mild. People recover on their own by keeping well-hydrated. About 10-20 percent of all infected people will suffer severe illness, which can cause life-threatening dehydration. These cases are treated with oral and/or intravenous fluid replacement and antibiotics.

Most travellers have a low risk of cholera, as following food and water precautions is usually sufficient to prevent the disease.

Healthcare and relief workers who travel to areas of cholera outbreaks and have limited access to safe water are at higher risk. They should consider vaccination against cholera.

Senegal

The last significant cholera outbreak was recorded in 2005, with smaller epidemics in 2007 and 2008.

^ **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, head ache, 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.

^ Dengue fever | Threat from : Bites and Stings

Dengue, or "break-bone" fever, is a viral disease of the tropics and sub-tropics. It is transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes that bite during the daytime and are found in and around human habitation. Sexual transmission can occur but is rare. Transmission from mother to child is possible during pregnancy or birth. Symptoms include high fever, severe headaches, joint and muscle pain, nausea and vomiting. A rash often follows. The acute illness can last up to ten days, but complete recovery can take two to four weeks.

Occasionally, a potentially fatal form of dengue called severe dengue (previously known as dengue hemorrhagic fever or DHF) occurs. Severe dengue is more likely in infants and pregnant women, as well as for people who have been infected in the past and are infected again with a different strain of dengue. When a pregnant woman is infected there is a risk of pre-term birth, low birth weight and foetal distress. About 2 to 3 out of 100 severe dengue cases are likely to be fatal.

Prevention is through avoiding mosquito bites. Prevention of sexual transmission is through abstinence or using condoms when infected with dengue. A dengue vaccine, Dengvaxia, is available in several countries however it is not recommended for people who have never had dengue infection. It should only be used in people who have previously been infected with dengue. Hence, travellers who have already had the disease or are seropositive and planning to visit areas with high transmission can consider vaccination in consultation with a travel health specialist.

^ Filariasis | Threat from : Bites and Stings

[Filariasis](#) is a parasitic disease, also sometimes called "elephantiasis". It is caused by microscopic, thread-like worms that are spread via mosquito bites. Larvae enter the skin when a person is bitten, then travel to the lymph nodes, where they develop into adult worms. The adult worms reproduce (creating microfilaria) then migrate further in the tissues and circulate in the blood causing a variety of symptoms.

Initial symptoms include skin redness and swollen lymph nodes in the arms and legs. Headache, weakness, muscles pain, coughing, wheezing and fever are also common.

People who are repeatedly bitten by mosquitoes over several months or years are at risk. Thus, short-term travelers are at low risk. Nevertheless, all travelers should prevent insect bites.

^ 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.

^ 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.

^ Leishmaniasis | Threat from : Bites and Stings

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn--this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.
- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

Senegal

Cutaneous leishmaniasis is consistently present in the country with most human cases reported from Thiès region.

^ Malaria | Threat from : Bites and Stings

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

A: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.

B: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

D: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

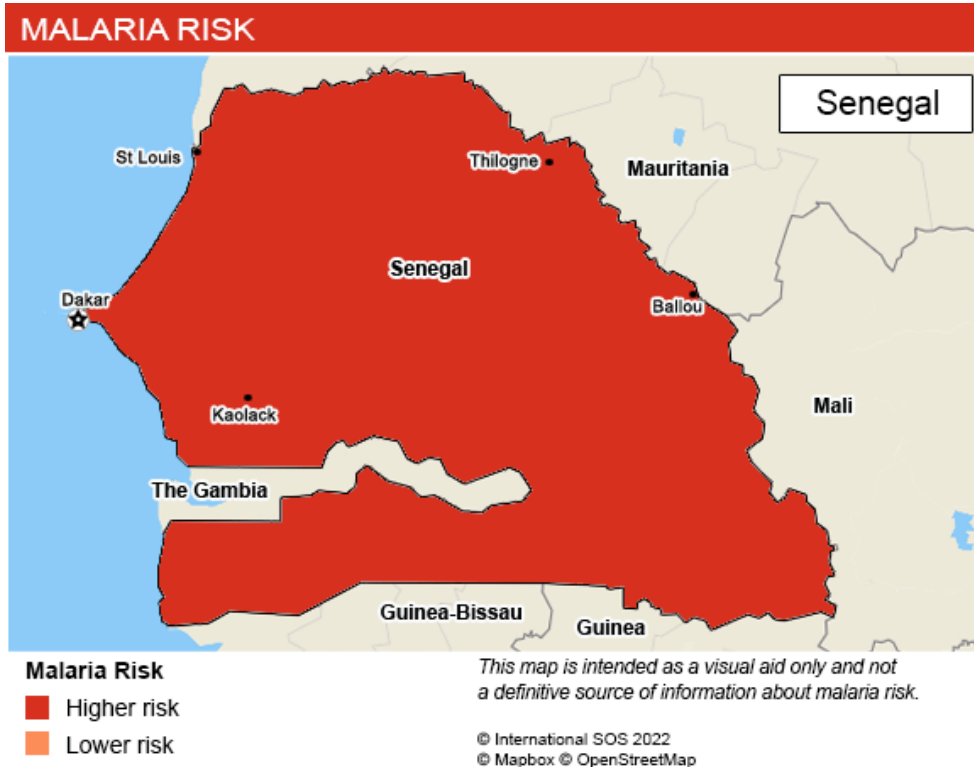
E: Emergency - Carry an **Emergency** Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

Senegal

Malaria is present year-round in all of Senegal. The risk is less from January to June in the central western region.

Prevention:

- mosquito bite avoidance
- medication: consult your travel health doctor for an individual recommendation. Some authorities recommend preventive medication.



^ Meningitis - meningococcal | Threat from : Coughing/sneezing

Meningococcal disease is a severe, often fatal, bacterial infection. People can contract the disease if they inhale droplets that have been coughed or sneezed into the air by an infected person. Direct contact with an infected person's throat secretions (e.g. through kissing, sharing drinks) can also spread the disease.

The bacterium invades the brain and its linings (meningitis) and can multiply in the blood (septicemia). A characteristic red, blotchy rash occurs all over the body in most serious cases. Symptoms include fever, intense headache, vomiting, neck stiffness and progress to coma. It is essential that infected people receive antibiotics quickly, as the disease progresses rapidly and can cause permanent brain damage or death.

The risk to travelers is mainly limited to areas of equatorial Africa and pilgrims to Mecca (Saudi Arabia), but an epidemic can occur in any country at any time. Typically, epidemics of meningococcal disease occur among people who live in close quarters.

Vaccines against some strains of the disease are available. People who have been in close contact with an infected person should be promptly treated with preventive antibiotics.

^ Onchocerciasis | Threat from : Bites and Stings

[Onchocerciasis](#), also known as "river blindness", is caused by parasitic worms. The disease is mainly found mainly in parts of tropical Africa, though several non-African countries are also affected. Humans contract the disease via fly bites. Once introduced into the human body, the worms enter the bloodstream and mature in nodules under the skin. Later, large numbers of microscopic larvae (called microfilariae) are released. These migrate within the body.

The disease is treated with an antiparasitic medication. No vaccine is available. [Prevent insect bites](#) to avoid infection.

Senegal

Onchocerciasis is found most often in the east and southeast of the country.

^ Polio | Threat from : Food and/or water

Polio is highly infectious, and is spread from person-to-person. People can be infected with polio if they eat or drink something that has been contaminated with faeces, particularly in countries with less-developed sanitation systems. It may also spread through the oral and nasal secretions of an infected person. In countries with higher levels of sanitation, respiratory droplets coughed by an infected person are an important means of transmission.

Most infected people show no symptoms, or have only mild ones including fever, headache, nausea and vomiting. In about one in 200 cases, the virus reaches the central nervous system and causes some form of paralysis.

Polio prevention involves selecting safe food and water, as well as vaccination. Many countries give a primary vaccination against polio during childhood. It entails several doses of oral (OPV) or injected (IPV) vaccine. Unvaccinated people, or those whose vaccination status is unknown, should receive IPV before travel to areas where polio is a risk.

Senegal

An environmental sample from Dakar collected in December 2020 tested positive for circulating vaccine-derived poliovirus type 2 (cVDPV2). More than 10 positive samples were collected in 2021.

Since late March 2021, more than 15 human cases of cVDPV2 have been confirmed in several regions.

Previously, Senegal reported human cases in 2010. Vaccination coverage is at least 97%.

^ 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.)

Senegal

Rabies is consistently present in Senegal and the country reported around 80 human cases from 1995-2016. Stray dogs are the main source of human infection although other animals can also harbour the virus including cats, monkeys and bats.

^ Rift Valley fever (RVF) | Threat from : Animals

Rift Valley fever (RVF) is a viral disease that usually infects domestic animals such as cattle, sheep, goats, buffalo and camels. The virus sometimes transfers to humans, usually causing a mild flu-like illness that goes away within a week. However, in some cases the illness can be deadly. Humans can get the disease through the bite of an infected mosquito or other bloodsucking insect. They can also contract it via contact with the blood, organs, or bodily fluids of infected animals. Such contact most often occurs while caring for or slaughtering animals, or handling meat for food preparation. The virus can enter a person's body through contact with broken skin or via inhalation.

Some people infected with RVF will have no symptoms. Others will have a mild, flu-like illness with fever, weakness, muscle and back pain and dizziness. Some patients also develop meningitis-like symptoms: neck stiffness, sensitivity to light (photophobia) and vomiting. In severe cases, people may develop a haemorrhagic fever. This can cause severe liver disease, yellowing of the eyes and skin (jaundice), and signs of bleeding including blood in the faeces and vomit, bleeding gums and a rash. About 50 percent of those who develop haemorrhagic fever die. Other severe effects include encephalitis (brain inflammation) and eye disease. Both of these complications occur one to three weeks after symptoms first appear. Encephalitis can cause headache, seizure, coma or death. Eye inflammation and sores can result in permanent vision loss.

There is no specific treatment for RVF. Although a vaccine has been developed, its use is still experimental and it is not commercially available. Prevention is through avoiding contact with potentially infected animals, and insect bites.

Senegal

Sporadic cases reported.

^ Schistosomiasis | Threat from : Swimming/bathing

[Schistosomiasis](#), also known as bilharzia, is a disease caused by parasitic worms that live in freshwater lakes, rivers and rice paddies. It can penetrate the skin of persons who are wading, swimming, bathing or washing in contaminated water. There is no vaccine.

To prevent infection:

- Avoid swimming or wading in fresh water in countries where schistosomiasis occurs.
- Using soap during bathing *reduces* the risk of infection, as does a vigorous rubdown with a towel immediately after contact with contaminated water. Do *not* rely on these methods to prevent schistosomiasis.
- Heat bath water for five minutes at 50°C (122°F).
- Water held in a storage tank for at least 48 hours should be safe.

Senegal

Schistosomiasis is found throughout Senegal, including in urban areas.

^ 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.

^ 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.

Senegal

Senegal falls in the "endemic" incidence category for tuberculosis as per the World Health Organization (WHO) Endemic incidence range is between 100 to 299 new and relapse cases each year per 100,000 population. BCG vaccination is given at 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.

^ 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.

^ **Yellow fever** | Threat from : Bites and Stings

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and [preventing mosquito bites](#).

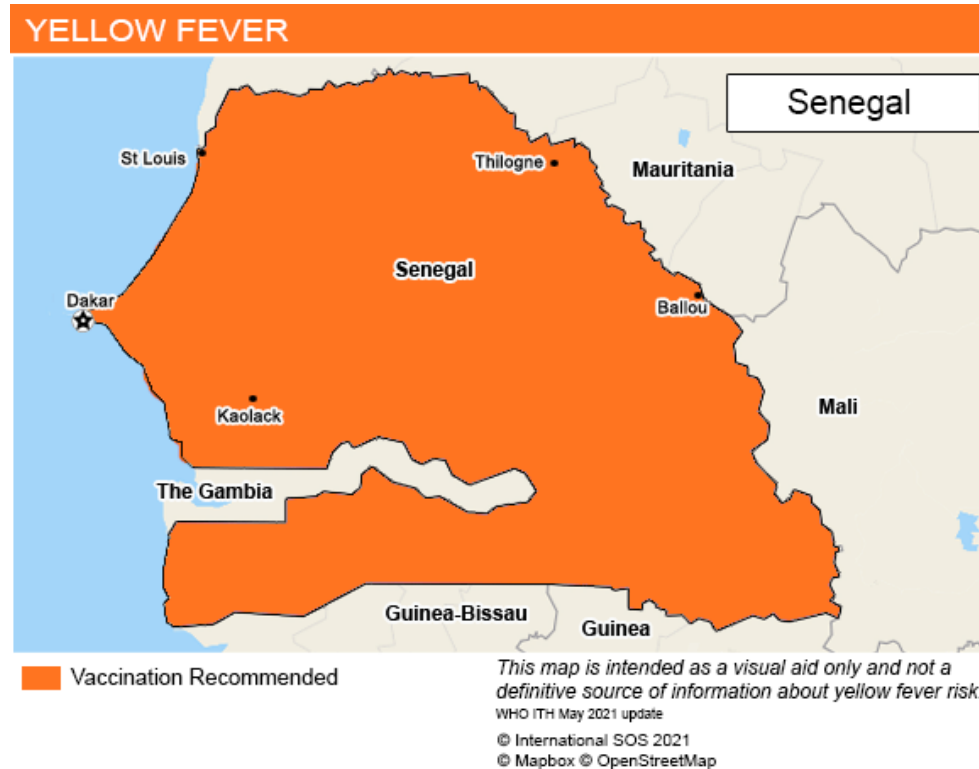
Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Senegal

There is a risk of yellow fever throughout Senegal.

Most years there are between 0 to 3 cases reported. Outbreaks occurred in 1995-6 (over 200 cases and 75 deaths), 2002 with 78 cases and 11 deaths, and in 2020-2021 in multiple locations with 17 cases and 2 deaths.



^ **Zika virus** | Threat from : Bites and Stings

Zika is a viral disease of the same family as dengue and chikungunya. The virus is transmitted by mosquitoes of the Aedes species, which bite during the daytime and are found in and around human habitation. Zika symptoms may be similar to chikungunya or dengue, although much less severe. Symptoms may include rash, joint and muscle pain or conjunctivitis, with or without a fever and typically last up to a week. Many people who are infected with Zika do not have any symptoms.

There is no vaccine against Zika virus; prevent infection by avoiding mosquito bites.

Senegal

Zika may be present in some areas. The first locally transmitted cases were reported in 2008.

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