

## Mayotte

Capital City : "Mamoudzou"  
Official Language: "French"  
Monetary Unit: "euro (€)"

### General Information

The information on these pages should be used to research health risks and to inform the pre-travel consultation.

Travellers should ideally arrange an appointment with their GP practice or travel clinic at least four to six weeks before travel. This appointment provides an opportunity to assess health risks taking into account a number of factors including destination, medical history, and planned activities. For those with pre-existing health problems, an earlier appointment is recommended. However, even if time is short, an appointment is still worthwhile.

All travellers should ensure they have [adequate travel health insurance](#).

A list of useful resources including advice on how to reduce the risk of certain health problems is available below.

### Resources

- [Food and water hygiene](#)
- [Insect and tick bite avoidance](#)
- [Personal safety](#)
- [Sexually transmitted infections](#)
- [Sun protection](#)

### Vaccine Recommendations

Details of vaccination recommendations and requirements are provided below.

#### All Travellers

Travellers should be up to date with routine vaccination courses and boosters as [recommended in the UK](#). These vaccinations include for example [measles-mumps-rubella \(MMR\)](#) vaccine and diphtheria-tetanus-polio vaccine.

Country specific diphtheria recommendations are not provided here. Diphtheria tetanus and polio are combined in a single vaccine in the UK. Therefore, when a tetanus booster is recommended for travellers, diphtheria vaccine is also given. Should there be an outbreak of diphtheria in a country, diphtheria vaccination guidance will be provided.

Those who may be at increased risk of an infectious disease due to their work, lifestyle choice, or certain underlying health problems should be up to date with additional recommended vaccines.

See the individual chapters of the 'Green Book' [Immunisation against infectious disease](#) for further details.

## Certificate Requirements

Please read the information below carefully, as certificate requirements may be relevant to certain travellers only. For travellers further details, if required, should be sought from their healthcare professional.

### Yellow fever

- There is **no risk of yellow fever** in this country, however, there is a certificate requirement.
- Under International Health Regulations, a yellow fever vaccination certificate is required from travellers over 1 year of age arriving from countries with risk of yellow fever transmission and for travellers having transited for more than 12 hours through an airport of a country with risk of yellow fever transmission.
- According to World Health Organization (WHO), from 11 July 2016 (for all countries), the yellow fever certificate will be valid for the duration of the life of the person vaccinated. As a consequence, a valid certificate, presented by arriving travellers, cannot be rejected on the grounds that more than ten years have passed since the date vaccination became effective as stated on the certificate; and that boosters or revaccination cannot be required. See [WHO Q&A](#).
- [View the WHO list of countries with risk of yellow fever transmission.](#)

## Most Travellers

The vaccines in this section are recommended for most travellers visiting this country. Information on these vaccines can be found by clicking on the blue arrow. Vaccines are listed alphabetically.

### Hepatitis A

Hepatitis A is a viral infection transmitted through contaminated food and water or by direct contact with an infectious person. Symptoms are often mild or absent in young children, but the disease becomes more serious with advancing age. Recovery can vary from weeks to months. Following hepatitis A illness immunity is lifelong.

Those at increased risk include travellers visiting friends and relatives, long-stay travellers, and those visiting areas of poor sanitation.

#### Prevention

All travellers should take care with personal, food and water hygiene.

### Hepatitis A vaccination

As hepatitis A vaccine is well tolerated and affords long-lasting protection, it is recommended for all previously unvaccinated travellers.

[Hepatitis A in brief](#)

### Tetanus

Tetanus is caused by a toxin released from *Clostridium tetani* and occurs worldwide. Tetanus bacteria are present in soil and manure and may be introduced through open wounds such as a puncture wound, burn or scratch.

### Prevention

Travellers should thoroughly clean all wounds and seek appropriate medical attention.

### Tetanus vaccination

- Travellers should have completed a primary vaccination course according to the UK schedule.
- If travelling to a country where medical facilities may be limited, a booster dose of a tetanus-containing vaccine is recommended if the last dose was more than ten years ago even if five doses of vaccine have been given previously.

Country specific information on medical facilities may be found in the 'health' section of the [FCO foreign travel advice](#) website.

[Tetanus in brief](#)

## Typhoid

Typhoid is a bacterial infection transmitted through contaminated food and water. Previous typhoid illness may only partially protect against re-infection.

Vaccination is recommended for most travellers, particularly travellers visiting friends and relatives, those in contact with an infected person, young children, frequent or long-stay travellers visiting areas where sanitation and food hygiene are likely to be poor, and laboratory personnel who may handle the bacteria for their work.

### Prevention

All travellers should take care with personal, food and water hygiene.

### Typhoid vaccination

- Oral and injectable typhoid vaccinations are available.

[Typhoid in brief](#)

## Some Travellers

The vaccines in this section are recommended for some travellers visiting this country. Information on when these vaccines should be considered can be found by clicking on the arrow. Vaccines are listed alphabetically.

## Hepatitis B

Hepatitis B is a viral infection; it is transmitted by exposure to infected blood or body fluids. This mostly occurs during sexual contact or as a result of blood-to-blood contact (for example from contaminated equipment during medical and dental procedures, tattooing or body piercing procedures, and sharing of intravenous needles). Mothers with the virus can also transmit the infection to their baby during childbirth.

### Hepatitis B in Mayotte

2% or more of the population are known or thought to be persistently infected with the hepatitis B virus (intermediate/high prevalence).

### Prevention

Travellers should avoid contact with blood or body fluids. This includes:

- avoiding unprotected sexual intercourse.
- avoiding tattooing, piercing, public shaving, and acupuncture (unless sterile equipment is used).
- not sharing needles or other injection equipment.
- following universal precautions if working in a medical/dental/high risk setting.

A sterile medical equipment kit may be helpful when travelling to resource poor areas.

### Hepatitis B vaccination

Vaccination could be considered for all travellers, and is recommended for those whose activities or medical history put them at increased risk including:

- those who may have unprotected sex.
- those who may be exposed to contaminated needles through injecting drug use.
- those who may be exposed to blood or body fluids through their work (e.g. health workers).
- those who may be exposed to contaminated needles as a result of having medical or dental care e.g. those with pre-existing medical conditions and those travelling for medical care abroad including those intending to receive renal dialysis overseas.
- long-stay travellers.
- those who are participating in contact sports.
- families adopting children from this country.

[Hepatitis B in brief](#)

## Rabies (Bat Lyssavirus)

Although rare, bat lyssaviruses (bat rabies) can be transmitted to humans or other animals following contact with the saliva of an infected bat most often by a bite. The disease can also be transmitted if the saliva of an infected bat gets into open wounds or mucous membranes (such as on the eye, nose or mouth). Bat lyssaviruses can cause disease in humans that is indistinguishable from rabies.

Symptoms can take some time to develop, but when they do the condition is almost always fatal.

The risk to most travellers is low. However, it is increased for certain occupations for example bat handlers and veterinarians, or certain activities such as caving.

### **Bat Lyssavirus in Mayotte**

Rabies has not been reported in this country; therefore most travellers are considered to be at low risk. However, bats may carry bat lyssavirus (bat rabies).

#### **Prevention**

- Travellers should avoid contact with bats. Bites from bats are frequently unrecognised. Rabies-like disease caused by bat lyssaviruses is preventable with prompt post-exposure rabies management.
- Following a possible exposure, wounds should be thoroughly cleansed and an urgent local medical assessment sought, even if the wound appears trivial. Although rabies has not been reported in other animals in this country, it is sensible to seek prompt medical advice if bitten or scratched. It is possible, although very rare for bats to pass rabies like viruses to other animals including pets.
- Post-exposure treatment and advice should be in accordance with [national guidelines](#).

### **Rabies vaccination**

- A full course of pre-exposure vaccines simplifies and shortens the course of post-exposure treatment and removes the need for rabies immunoglobulin which is in short supply world-wide.
- Pre-exposure rabies vaccinations are recommended for those who are at increased risk due to their work (e.g. laboratory staff working with the virus and those working with bats).
- Pre-exposure vaccines could be considered for those whose activities put them at increased risk of exposure to bats.

[Rabies in brief](#)

### **Tuberculosis (TB)**

TB is a bacterial infection transmitted most commonly by inhaling respiratory droplets from an infectious person. This is usually following prolonged or frequent close contact.

#### **Tuberculosis in Mayotte**

The average annual incidence of TB is presumed to be greater than or equal to 40 cases per 100,000 population ([further details](#)).

#### **Prevention**

Travellers should avoid close contact with individuals known to have infectious pulmonary (lung) TB.

Those at risk during their work (such as healthcare workers) should take appropriate infection control precautions.

### **Tuberculosis (BCG) vaccination**

According to current national guidance, BCG vaccine should be recommended for those at increased risk of developing severe disease and/or of exposure to TB infection e.g. when the average annual incidence of TB is greater than or equal to 40 cases per 100,000 population. See Public Health England's Immunisation against infectious disease, the '[Green Book](#)'.

For travellers, BCG vaccine is also recommended for:

- unvaccinated, children under 16 years of age, who are going to live for more than 3 months in this country. A tuberculin skin test is required prior to vaccination for all children from 6 years of age and may be recommended for some younger children.
- unvaccinated, tuberculin skin test negative individuals under 35 years of age at risk due to their work such as healthcare workers, prison staff and vets. Healthcare workers may be vaccinated over the age of 35 years following a careful risk assessment.

There are specific contraindications associated with the BCG vaccine and health professionals must be trained to administer this vaccine intradermally (just under the top layer of skin).

Following administration, no further vaccines should be administered in the same limb for 3 months.

The BCG vaccine is given once only, booster doses are not recommended.

[Tuberculosis in brief](#)

## **Malaria**

Malaria is a serious illness caused by infection of red blood cells with a parasite called Plasmodium. The disease is transmitted by mosquitoes which predominantly feed between dusk and dawn.

Symptoms usually begin with a fever (high temperature) of 38°C (100°F) or more. Other symptoms may include feeling cold and shivery, headache, nausea, vomiting and aching muscles. Symptoms may appear between eight days and one year after the infected mosquito bite.

Prompt diagnosis and treatment is required as people with malaria can deteriorate quickly. Those at higher risk of malaria, or of severe complications from malaria, include pregnant women, infants and young children, the elderly, travellers who do not have a functioning spleen and those visiting friends and relatives.

### **Prevention**

Travellers should follow an ABCD guide to preventing malaria:

**Awareness of the risk** – Risk depends on the specific location, season of travel, length of stay, activities and type of accommodation.

**Bite prevention** – Travellers should take mosquito bite avoidance measures.

**Chemoprophylaxis** – Travellers should take antimalarials (malaria prevention tablets) if appropriate for the area (see below). No antimalarials are 100% effective but taking them in combination with mosquito bite avoidance measures will give substantial protection against malaria.

**Diagnosis** – Travellers who develop a fever of 38°C [100°F] or higher more than one week after being in a malaria risk area, or who develop any symptoms suggestive of malaria within a year of return should seek immediate medical care. Emergency standby treatment may be considered for those going to remote areas with limited access to medical attention.

## Areas of Risk

- There is a risk of malaria in Mayotte: **atovaquone/proguanil** OR **doxycycline** OR **mefloquine** recommended.

## Recommended Antimalarials

The recommended antimalarials are listed below. If these are not suitable please seek further specialist advice.

Please note, the advice for children is different, the dose is based on body weight and some antimalarials are not suitable.

### Atovaquone/Proguanil

#### Atovaquone 250mg/Proguanil 100mg combination preparation:

- start one to two days before arrival in the malaria risk area
- for adults, one tablet is taken every day, ideally at the same time of day for the duration of the time in a malaria risk area and daily for seven days after leaving the malaria risk area
- take with a fatty meal if possible
- for children paediatric tablets are available and the dose is based on body weight (see table below)

### Doxycycline

#### Doxycycline 100mg:

- start one to two days before arrival in the malaria risk area
- adults and children over 12 years of age take 100mg daily, ideally at the same time of day for the duration of the time in a malaria risk area and daily for four weeks after leaving the malaria risk area
- take with food if possible; avoid taking this drug just before lying down
- not suitable for children under 12 years of age

### Mefloquine

**Mefloquine 250mg:**

- this drug is taken weekly, adults take one 250mg tablet each week
- start two to three weeks before arrival in the malaria risk area and continue weekly until four weeks after leaving the malaria risk area
- for children the dose is based on the body weight (see table below)

**Resources**

- [Malaria in brief](#)
- [Malaria factsheet](#)
- [Insect and tick bite avoidance](#)
- [Children's antimalarial dose table](#)
- [Guidelines for malaria prevention in travellers from the United Kingdom](#)

**Other Risks**

There are some risks that are relevant to all travellers regardless of destination. These may for example include road traffic and other accidents, diseases transmitted by insects or ticks, diseases transmitted by contaminated food and water, sexually transmitted infections, or health issues related to the heat or cold.

Some additional risks (which may be present in all or part of this country) are mentioned below and are presented alphabetically. Select risk to expand information.

**Biting insects or ticks**

Insect or tick bites can cause irritation and infections of the skin at the site of a bite. They can also spread certain diseases.

**Diseases in East Africa**

There is a risk of insect or tick-borne diseases in some areas of East Africa.

This includes diseases such as [African Trypanosomiasis \(sleeping sickness\)](#), [African tick bite fever](#), [chikungunya](#), [Crimean-Congo haemorrhagic fever](#), [leishmaniasis](#), [Rift Valley fever](#) and [West Nile virus](#).

**Prevention**

- All travellers should avoid insect and tick bites day and night.
- There are no vaccinations (or medications) to prevent these diseases.

Further information about specific insect or tick-borne diseases for this country can be found, if appropriate on this page, in other sections of the country information pages and the [insect and tick bite avoidance factsheet](#).

**Dengue**



Dengue is a viral infection transmitted by mosquitoes which predominantly feed between dawn and dusk. It causes a flu-like illness, which can occasionally develop into a more serious life-threatening form of the disease. Severe dengue is rare in travellers.

The mosquitoes that transmit dengue are most abundant in towns, cities and surrounding areas. All travellers to dengue areas are at risk.

### **Dengue in Mayotte**

There is a risk of dengue in this country.

#### **Prevention**

- All travellers should avoid mosquito bites particularly between dawn and dusk.
- There is currently no medication or vaccination available for travellers to prevent dengue.

[Dengue in brief](#)

### **Influenza (seasonal)**

Seasonal influenza is a viral infection of the respiratory tract and spreads easily from person to person via respiratory droplets when coughing and sneezing. Symptoms appear rapidly and include fever, muscle aches, headache, malaise (feeling unwell), cough, sore throat and a runny nose. In healthy individuals, symptoms improve without treatment within two to seven days. Severe illness is more common in those aged 65 years or over, those under 2 years of age, or those who have underlying medical conditions that increase their risk for complications of influenza.

### **Seasonal influenza in Mayotte**

Seasonal influenza occurs throughout the world. In the northern hemisphere (including the UK), most influenza occurs from as early as October through to March. In the southern hemisphere, influenza mostly occurs between April and September. In the tropics, influenza can occur throughout the year.

#### **Prevention**

All travellers should:

- Avoid close contact with symptomatic individuals
- Avoid crowded conditions where possible
- Wash their hands frequently
- Practise 'cough hygiene': sneezing or coughing into a tissue and promptly discarding it safely, and washing their hands
- Avoid travel if unwell with influenza-like symptoms
- A vaccine is available in certain circumstances (see below)\*

**\*In the UK, seasonal influenza vaccine is offered routinely each year to those at higher risk of developing of severe disease following influenza infection, and certain additional groups such as healthcare workers and children as part of the UK national schedule (see [information](#))**

[on vaccination](#)). **For those who do not fall into these groups, vaccination may be available privately.**

If individuals at higher risk of severe disease following influenza infection are travelling to a country when influenza is likely to be circulating they should ensure they received a flu vaccination in the previous 12 months.

The vaccine used in the UK protects against the strains predicted to occur during the winter months of the northern hemisphere. It is not possible to obtain vaccine for the southern hemisphere in the UK, but the vaccine used during the UK influenza season should still provide important protection against strains likely to occur during the southern hemisphere influenza season, and in the tropics.

### **Avian influenza**

Avian influenza viruses can rarely infect and cause disease in humans. Such cases are usually associated with close exposure to infected bird or animal populations. Where appropriate, information on these will be available in the outbreaks and news sections of the relevant country pages. Seasonal influenza vaccines will not provide protection against avian influenza.

[Avian influenza in brief](#)

[Latest News](#)

[Latest Outbreaks](#)