Morocco

Capital City: "Rabat"
Official Language: "Arabic; Tamazight"
Monetary Unit: "Moroccan dirham (DH)"

General Information

The information on these pages should be used to research health risks and to inform the pre-travel consultation. For advice regarding safety and security please check the UK Foreign and Commonwealth Office (FCO) website.

Travellers should ideally arrange an appointment with their health professional at least four to six weeks before travel. However, even if time is short, an appointment is still worthwhile. 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.

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.

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
There are no certificate requirements under International Health Regulations.

**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.

**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**

Tetanus is a bacterial infection transmitted through contaminated food and water. Previous tetanus 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.

**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 Morocco**

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.

**Rabies**

Rabies is a viral infection which is usually transmitted following contact with the saliva of an infected animal most often via a bite, scratch or lick to an open wound or mucous membrane (such as on the eye, nose or mouth). Although many different animals can transmit the virus, most cases follow a bite or scratch from an infected dog. In some parts of the world, bats are an important source of infection.

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

The risk of exposure is increased by certain activities and length of stay (see below). Children are at increased risk as they are less likely to avoid contact with animals and to report a bite, scratch or lick.

**Rabies in Morocco**

Rabies is considered a risk and has been reported in domestic animals in this country. Bats may also carry rabies-like viruses.

**Prevention**

• Travellers should avoid contact with all animals. Rabies is preventable with prompt post-exposure treatment.
• Following a possible exposure, wounds should be thoroughly cleansed and an urgent local medical assessment sought, even if the wound appears trivial.
• 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 vaccinations are recommended for travellers whose activities put them at increased risk including:

- those at risk due to their work (e.g. laboratory staff working with the virus, those working with animals or health workers who may be caring for infected patients).
- those travelling to areas where access to post-exposure treatment and medical care is limited.
- those planning higher risk activities such as running or cycling.
- long-stay travellers (more than one month).

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 Morocco

The average annual incidence of TB is 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 at risk due to their work such as healthcare or laboratory workers who have direct contact with TB patients or potentially
infectious clinical material and vets and abattoir workers who handle animal materials, which could be infected with TB.

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.

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.

Altitude

There is a risk of altitude illness when travelling to destinations of 2,500 metres (8,200 feet) or higher. Important risk factors are the altitude gained, rate of ascent and sleeping altitude. Rapid ascent without a period of acclimatisation puts a traveller at higher risk.

There are three syndromes; acute mountain sickness (AMS), high-altitude cerebral oedema (HACE) and high-altitude pulmonary oedema (HAPE). HACE and HAPE require immediate descent and medical treatment.

Altitude illness in Morocco

There is a point of elevation in this country higher than 2,500 metres. An example place of interest: Mt Toubkal 4,167m.

Prevention

- Travellers should spend a few days at an altitude below 3,000m.
- Where possible travellers should avoid travel from altitudes less than 1,200m to altitudes greater than 3,500m in a single day.
- Ascent above 3,000m should be gradual. Travellers should avoid increasing sleeping elevation by more than 500m per day and ensure a rest day (at the same altitude) every three or four days.
- Acetazolamide can be used to assist with acclimatisation, but should not replace gradual ascent.
- Travellers who develop symptoms of AMS (headache, fatigue, loss of appetite, nausea and sleep disturbance) should avoid further ascent. In the absence of improvement or with progression of symptoms the first response should be to descend.
- Development of HACE or HAPE symptoms requires immediate descent and emergency
medical treatment.

Altitude illness in brief

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 North Africa

There is a risk of insect or tick-borne diseases in some areas of North Africa. This includes diseases such as 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.

Schistosomiasis

Schistosomiasis is a parasitic infection. Schistosoma larvae are released from infected freshwater snails and can penetrate intact human skin following contact with contaminated freshwater. Travellers may be exposed during activities such as wading, swimming, bathing or washing clothes in freshwater streams, rivers or lakes. Schistosomiasis infection may cause no symptoms, but early symptoms can include a rash and itchy skin (‘swimmer’s itch’), fever, chills, cough, or muscle aches. If not treated, it can cause serious long term health problems such as intestinal or bladder disease.

Schistosomiasis in Morocco

Cases of schistosomiasis have previously been reported from this country, however according to World Health Organization (WHO) in 2012, transmission of schistosoma larvae in fresh water may have been interrupted. Most travellers are considered to be at very low risk.

Prevention
There is no vaccine or tablets to prevent schistosomiasis.

All travellers should avoid wading, swimming, or bathing in freshwater where possible. Swimming in chlorinated water or sea water is not a risk for schistosomiasis.

Topical application of insect repellent before exposure to water, or towel drying after accidental exposure to schistosomiasis are not reliable in preventing infection.

All travellers who may have been exposed to schistosomiasis should have a medical assessment.

Schistosomiasis in brief

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