

## St Lucia

Capital City : "Castries"  
Official Language: "English"  
Monetary Unit: "Eastern Caribbean dollar (EC\$)"

### 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.

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.

- 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 aged 9 months or over arriving from countries 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.

### 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](#)

## 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 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

Vaccination is recommended for those whose activities put them at increased risk. This includes:

- those who are staying with or visiting the local population.
- frequent and/or long-stay travellers to areas where sanitation and food hygiene are likely to be poor.
- adventure travellers visiting rural areas and staying in basic accommodation such as backpackers.
- those with existing medical conditions such as liver disease or haemophilia.
- men who have sex with men.
- injecting drug users.
- those who may be exposed to the virus through their work.
- those going to areas of hepatitis A outbreaks who have limited access to safe water and medical care.

[Hepatitis A in brief](#)

### 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 St Lucia

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 St Lucia

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](#)

## 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 Caribbean

There is a risk of insect or tick-borne diseases in some areas of the Caribbean. This includes diseases such as [chikungunya](#) 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 St Lucia

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 St Lucia

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](#)

## **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 St Lucia**

According to World Health Organization (WHO), cases of schistosomiasis were reported in this country in 2012.

### **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](#)

## Zika Virus

Zika virus (ZIKV) is a viral infection transmitted by mosquitoes which predominantly feed between dawn and dusk. A small number of cases of sexual transmission of ZIKV have also been reported. Most people infected with ZIKV have no symptoms. When symptoms do occur they are usually mild and short-lived. Serious complications and deaths are not common. However, ZIKV is a cause of Congenital Zika Syndrome (microcephaly and other congenital anomalies) and neurological complications such as Guillain-Barré syndrome.

### Zika virus in St Lucia

There is a risk of ZIKV in this country. Details of specific affected areas within this country are not available. **Pregnant women should consider avoiding travel** to this country until after the pregnancy. In the event that travel is unavoidable, the pregnant traveller must be informed of the risks which ZIKV presents.

### Prevention

- All travellers should avoid mosquito bites particularly between dawn and dusk.
- There is no vaccination or medication to prevent ZIKV infection.
- Women should avoid becoming pregnant while travelling in this country, and for 2 months (8 weeks) after their last possible ZIKV exposure\* (see below if male partner has travelled).
- If a woman develops symptoms compatible with ZIKV infection, it is recommended she avoids becoming pregnant for a further 2 months following recovery.
- Pregnant women who visited this country while pregnant, or who become pregnant within 2 months after their last possible ZIKV exposure\*, should contact their GP, obstetrician or midwife for further advice, even if they have not been unwell.

Please note screening of returning travellers without ZIKV symptoms is not available on the NHS. Couples planning pregnancy in the very near future should consider whether they should avoid travel to a country or area with risk of ZIKV, rather than delay conception for the recommended period (see below) after travel. This particularly includes couples in assisted fertility programmes.

### Prevention of sexual transmission

Couples should follow [guidance on prevention of sexual transmission of ZIKV](#) and avoid conception as follows:

- If both partners travelled, for 3 months after last possible ZIKV exposure\*
- Male traveller only, for 3 months after last possible ZIKV exposure\*



- Female traveller only, for 2 months after last possible ZIKV exposure\*

See [further information for pregnant women, their partners and couples planning pregnancy](#).

**\*Last possible Zika virus exposure is defined as the later of either the date of leaving a country or area with risk for ZIKV transmission, or the date on which unprotected sexual contact with a potentially infectious partner took place.**

See [detailed guidance on factors to consider when assessing the risk of ZIKV](#).

[Zika virus in brief](#)

[Latest News](#)

[Latest Outbreaks](#)