

## Saudi Arabia

Capital City : "Riyadh"  
Official Language: "Arabic"  
Monetary Unit: "Saudi riyal (SR)"

### 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](#)
- [Hajj and Umrah](#)
- [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

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 from travellers having transited for more than 12 hours through the 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.](#)

## Other Requirements

### Meningococcal Disease

Proof of vaccination with the quadrivalent vaccine (A, C, W, Y) is a visa requirement for Hajj and Umrah pilgrims and seasonal workers (see '*Some Travellers*' section below).

### Polio

Travellers arriving from countries infected with polio viruses or countries which remain vulnerable to reinfection with polio, require proof of receipt of a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV), within a period of no more than 12 months and at least 4 weeks prior to departure for Saudi Arabia.

These travellers will also receive 1 dose of oral polio vaccination at the borders on arrival in Saudi Arabia regardless of age and vaccination status. See [list of countries considered to be infected with polio viruses or vulnerable to polio by Saudi Ministry of Health](#).

## 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 Saudi Arabia

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](#)

## Meningococcal Disease

For Hajj and Umrah pilgrims and seasonal workers to this area, proof of vaccination with a meningococcal ACWY vaccine is a visa requirement for entry.

Meningococcal disease is a bacterial infection transmitted by inhaling respiratory droplets or direct contact with respiratory secretions from an infected person. This is usually following prolonged or frequent close contact. The most common forms of meningococcal disease are meningococcal meningitis (infection of the protective lining around the brain) and septicaemia (blood poisoning).

Hajj and Umrah pilgrims and seasonal workers at the pilgrimages are at increased risk due to the crowded conditions and possible close contact with people from countries with higher rates of meningococcal disease.

### **Meningococcal disease in Saudi Arabia**

Outbreaks of meningococcal meningitis were reported in 1987, 2000 and 2001 during the Hajj.

#### **Prevention**

Travellers may reduce their risk by avoiding overcrowded situations where possible.

### **Meningococcal disease vaccination**

For pilgrims and seasonal workers proof of vaccination with a meningococcal ACWY vaccine is a visa requirement for entry. When the meningococcal ACWY conjugate vaccine is used, this should be given at least 10 days before, and within the last 5 years of planned travel. Details of the vaccine name and type (i.e. conjugate vaccine) should be recorded in a patient held vaccine record showing the traveller's full name. It is advisable that this vaccination record is issued by the traveller's doctor, nurse or pharmacist and should reflect accurately details of the vaccine administered and be authenticated with the healthcare providers official stamp.

Pilgrims and seasonal workers must carry vaccination certificates with them for inspection by the Saudi Authority at port of entry.

The meningococcal ACWY conjugate vaccine is recommended. If a polysaccharide ACWY vaccine has been administered previously (no longer available in UK) it should have been administered within the last 3 years of planned travel.

[Meningococcal disease in brief](#)

### **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 Saudi Arabia**

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).

[Rabies 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.

### **Risk Areas**

- There is a low risk of malaria in the south western provinces of Saudi Arabia, along the border with Yemen including Asir province below 2,000m: **awareness of risk** and **bite avoidance** recommended.
- There is no risk in the cities of Jeddah, Makkah (Mecca), Medina, Riyadh, and Ta'if, or in Asir province above 2,000m: bite avoidance only recommended.

### **Special risk groups**

In low risk areas, antimalarials may be considered in exceptional circumstances for travellers who are at higher risk of malaria (such as long term travellers visiting friends and relatives), or of severe complications from malaria (such as the elderly [over 70 years], the immunosuppressed, those with complex co-morbidities, pregnant women, infants and young children).

Travellers with an absent or poorly functioning spleen should be dissuaded from travel to any area with risk of malaria, but where travel is essential awareness, rigorous bite avoidance and antimalarials should be advised.

In these circumstances, you may wish to seek specialist advice, although chloroquine plus proguanil would be an option.

The final decision whether or not to advise antimalarials rests with the travel health advisor and the traveller after individual risk assessment.

### **Antimalarial Recommendations Map**



## SAUDI ARABIA

### Malaria Recommendations

There is a low risk of malaria in the south western provinces below 2,000m. Awareness and bite avoidance recommended.

There is no risk in the cities of Jeddah, Makkah (Mecca), and Ta'if, or in the province of Asir above 2,000m.

Other countries

This map is intended as a guide. It should be used with the recommendations in the risk section.

- Capital
- City
- ▼ Point of interest

- [Open map in a new window](#)

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## Resources

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

## 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 Saudi Arabia

There is a point of elevation in this country higher than 2,500 metres.

### 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 Western Asia

There is a risk of insect or tick-borne diseases in some areas of Western Asia. This includes diseases such as [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 Saudi Arabia

There is a risk of dengue in the provinces of: Al Madinah, Jizan and Makkah (including the cities of Mecca and Jeddah).

### 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 Saudi Arabia

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](#)

## Middle East respiratory syndrome coronavirus

MERS-CoV is a viral infection transmitted following direct or indirect contact with infected camels or camel-related products. Limited person to person transmission through coughing and sneezing from infected persons, typically in healthcare settings, has also been reported.

Symptoms include fever and cough that can progress to severe shortness of breath and breathing difficulties. Deaths have been reported, with the risk increasing with advancing age or underlying medical conditions.

## MERS-CoV in Saudi Arabia

MERS-CoV has been reported to occur in this country.

## Prevention

All travellers, particularly those with chronic medical conditions, should practise good general health measures, such as regular hand washing with soap and water at all times, but especially after visiting farms, barns or market areas. They should:

- Avoid contact with camels
- Avoid raw camel milk and/or camel products
- Avoid consumption of any type of raw milk, raw milk products and any food that may be contaminated with animal secretions, unless peeled and cleaned and/or thoroughly cooked.

There is currently no vaccine to prevent MERS-CoV.

More information about Hajj and Umrah is available from the [Hajj and Umrah factsheet](#).

[MERS-CoV 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 Saudi Arabia

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](#)

### [Latest News](#)

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[Latest Outbreaks](#)

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