

Somalia

Capital City : "Mogadishu"
Official Language: "Somali, Arabic"
Monetary Unit: "Somali shilling (Shilin Soomaali; So.Sh.)"

General Information



TRAVEL RESTRICTIONS ARE IN PLACE FOR THIS COUNTRY

There are entry requirements for anyone who plans to travel to England from this country. [Please check here for further information](#). Advice may vary in [Scotland](#), [Wales](#), and [Northern Ireland](#).

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

Due to COVID-19, travel advice is subject to rapid change. Countries may change entry requirements and close their borders at very short notice. Travellers must ensure they check current [Foreign, Commonwealth & Development Office \(FCDO\) travel advice](#) in addition to the [FCDO specific country page](#) (where available) which provides additional information on travel restrictions and entry requirements in addition to safety and security advice.

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 a **low potential for exposure to yellow fever** in this country (see '*Some Travellers*' section below).
- Under International Health Regulations, a yellow fever vaccination certificate is required for travellers over 9 months 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](#).
- Polio vaccination is recommended for most travellers (see '*Most Travellers*' section below). This country has stipulated a [requirement for all travellers](#), for an international certificate of immunization (polio), on departure.

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](#)

Polio

Polio is caused by one of three types of polio virus and is transmitted by contaminated food and water. Previous infection with one type of polio virus does not protect against other types of the virus.

Those at increased risk include travellers visiting friends and relatives, those in direct contact with an infected person, long-stay travellers, and those visiting areas of poor sanitation.

Polio in Somalia

This country has reported cases of circulating vaccine derived polio virus type 2 (cVDPV2) with potential risk of international spread.

Prevention

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

Polio vaccination

- All travellers should have completed a polio vaccination course according to the UK schedule (vaccines used in the UK schedule contain inactivated polio vaccine (IPV) and provide protection against types 1,2 and 3 polioviruses; bivalent oral polio vaccine (bOPV) used in schedules of some other countries, does not protect the individual against type 2 poliovirus).
- A booster dose of an IPV-containing vaccine is recommended for those who have not received a dose within the previous 10 years.

The following additional advice should also be followed until further notice:

- Travellers to settings with extremely poor hygiene (e.g. refugee camps), or likely to be in close proximity with cases (e.g. healthcare workers), and/or visiting for 6 months or more, are advised to have a booster dose of IPV-containing vaccine if they had not received vaccination in the past 12 months.
- Immunosuppressed and their household contacts or pregnant individuals who plan to travel to this country for 4 weeks or more are advised to receive IPV-containing vaccine within 1 year before planned departure from this country and to carry proof of polio vaccination.
- Travellers who intend to visit this country for 4 weeks or more may wish to carry proof of polio vaccination, if given in the previous 12 months.
- Under International Health Regulations, there is no certificate requirement for this country.
- However, this country has stipulated a [requirement for all travellers](#), for an international

certificate of immunization (polio), given within the previous 12 months and at least 4 weeks prior to departure.

- Please check the [World Health Organization: International Travel and Health](#) for updates. Travellers should confirm these requirements by contacting the relevant consulate or embassy.
- Further information from WHO on the [Public Health Emergency of International Concern](#).
- [Further information from WHO about cessation of OPV and replacement with IPV 2016](#).

[Polio 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 [FCDO 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.

Cholera

Cholera is a bacterial infection transmitted by contaminated food and water. Cholera can cause severe watery diarrhoea although mild infections are common. Most travellers are at low risk.

Prevention

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

Cholera vaccination

This oral vaccine is recommended for those whose activities or medical history put them at increased risk. This includes:

- aid workers.
- those going to areas of cholera outbreaks who have limited access to safe water and medical care.
- those for whom vaccination is considered potentially beneficial.

[Cholera 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 Somalia

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

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 Somalia

Rabies is considered to be a risk 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 management.
- 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](#)

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 Somalia

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 material, 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.

[Tuberculosis in brief](#)

Yellow Fever

Yellow fever is a viral infection transmitted by mosquitoes which predominantly feed between dawn and dusk, but may also bite at night, especially in the jungle environment. Symptoms may be absent or mild, but in severe cases it can cause internal bleeding, organ failure and death.

Yellow fever in Somalia

There is a **low potential** for exposure to yellow fever in **some parts of Somalia**, and areas where there is **no risk** of yellow fever transmission (see below).

Prevention

Travellers should avoid mosquito bites at all times.

Yellow fever vaccination

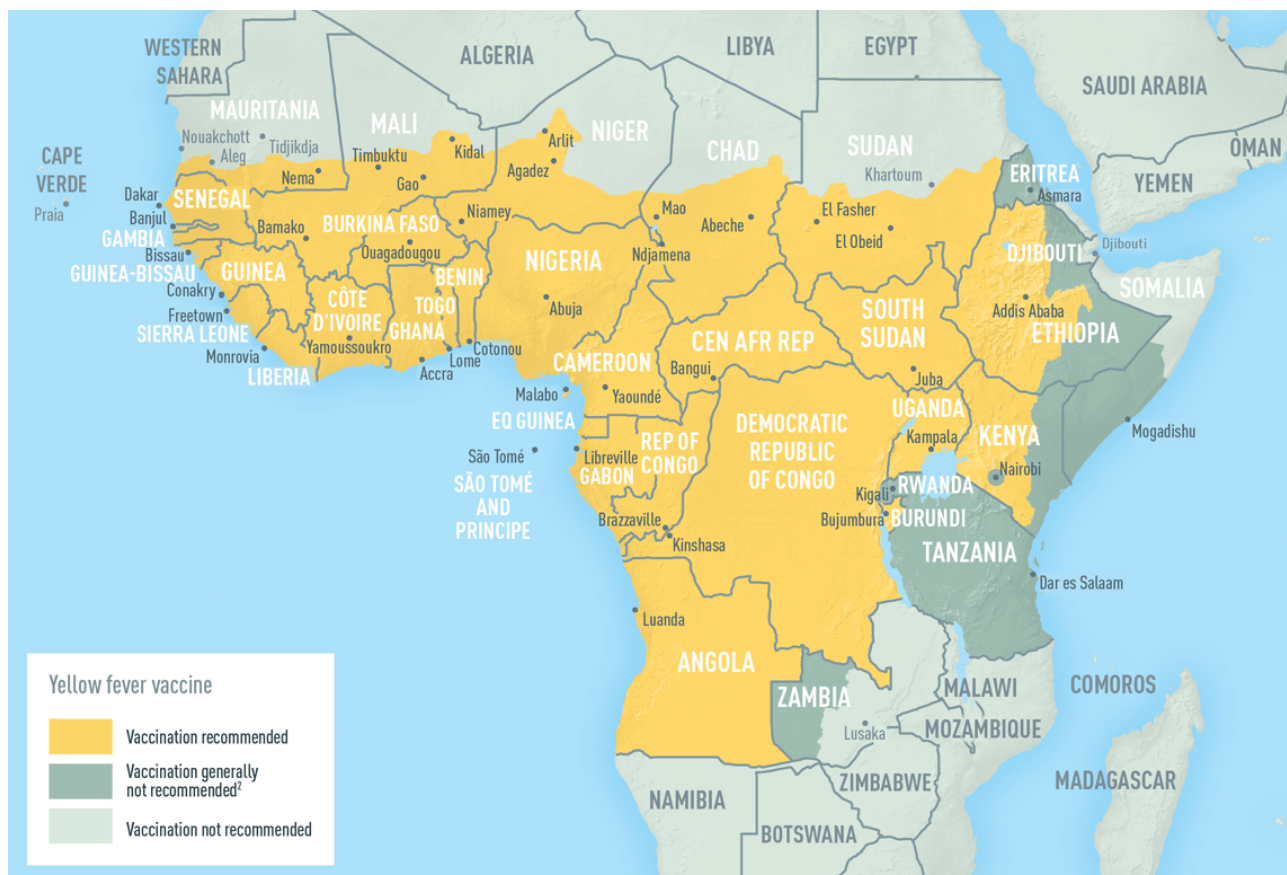
- Vaccination is **generally not recommended** for travel to the following regions: Bakool, Banaadir, Bay, Gado, Galgadud, Hiran, Lower Juba, Middle Juba, Lower Shabelle and Middle Shabelle.
- People aged 60 years or older **should not** be given the vaccine for travel to Somalia due to a higher risk of life-threatening side effects.
- Vaccination could be considered for a small subset of travellers (aged 9 months to less than 60 years of age) to such areas who are at increased risk because of:
 - Prolonged travel.
 - Heavy exposure to mosquito bites.
 - Inability to avoid insect bites.
- Vaccination is **not recommended** for all other areas not listed above.
- See vaccine recommendation map below.

The yellow fever vaccine is not suitable for all travellers, there are specific undesirable effects associated with it. This vaccine is only available at [registered yellow fever vaccination centres](#). Health professionals should carefully assess the risks and benefits of the vaccine, and seek specialist advice if necessary.

[Yellow fever in brief](#)

Yellow fever vaccine recommendations in Africa

[Map provided by the Travelers' Health Branch, Centers for Disease Control and Prevention](#)



Current as of August 2018. This map, which aligns with recommendations also published by the World Health Organization (WHO), is an updated version of the 2010 map created by the Informal WHO Working Group on the Geographic Risk of Yellow Fever.

2. Yellow fever (YF) vaccination is generally not recommended in areas where there is low potential for YF virus exposure. However, vaccination might be considered for a small subset of travelers to these areas who are at increased risk for exposure to YF virus because of prolonged travel, heavy exposure to mosquitoes, or inability to avoid mosquito bites. Consideration for vaccination of any traveler must take into account the traveler's risk of being infected with YF virus, country entry requirements, and individual risk factors for serious vaccine-associated adverse events (e.g. age, immune status).

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 high risk of malaria in Somalia: **atovaquone/proguanil** OR **doxycycline** OR **mefloquine** recommended.

Antimalarial Recommendations Map

(Click on static map to open in a new window)



SOMALIA

Malaria Recommendations

There is a high risk of malaria in Somalia

Antimalarials recommended: atovaquone-proguanil or doxycycline or mefloquine

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

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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 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 and 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 Somalia

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 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 Somalia

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](#)

Outdoor air quality

Poor air quality is a significant public health problem in many parts of the world. Exposure to high levels of air pollution over short time periods (e.g. minutes/hours/days) and longer time periods (e.g. years) is linked to many different acute and chronic health problems. These effects are mainly on the respiratory (lungs and airways) and cardiovascular (heart function and blood circulation) systems.

Current information on world air quality is available from the [world air quality index project](#).

Prevention

Travellers with health problems that might make them more vulnerable to the effects of air pollution who are travelling to areas of high pollution should:

- discuss their travel plans with their doctor, and carry adequate supplies of their regular medication
- take sensible precautions to minimise their exposure to high levels of air pollution
- check local air quality data and amend their activities accordingly
- take notice of any health advisories published by the local Ministry of Health and Department for Environment, and follow the guidance provided.

It is unclear if face masks are beneficial at reducing exposure and may make breathing more difficult for those with pre-existing lung conditions. Those who choose to use one should make sure that the mask fits well and know how to wear it properly.

[Outdoor air quality 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 Somalia

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](#)

Covid-19

COVID-19 disease is caused by the coronavirus SARS-CoV2. The main symptoms of COVID-19 are recent onset of a new continuous cough and/or a high temperature and/or a loss of, or change in, normal sense of taste or smell. Symptoms range from mild to life-threatening. Older people and those with underlying health problems are more likely to develop severe disease. Current evidence also shows that there is a higher risk of infection and of severe disease in Black, Asian and Minority Ethnic groups in the UK. The reasons for this are currently not clear.

The virus is mainly transmitted from human to human by breathing in droplets from the nose or mouth of an infected person or by touching the infected droplets on surfaces, then touching the eyes, nose or mouth. A COVID-19 vaccine is now available in some countries, but even if

vaccinated, prevention still relies on strict attention to social distancing guidance and personal and respiratory hygiene.

Travellers should always check the UK [Foreign, Commonwealth & Development Office \(FCDO\) travel advice](#) and their [country-specific pages](#) for the latest COVID-19 travel advisories which may include information on travel restrictions, quarantine or COVID-19 testing requirements. This includes considering the recommendations and requirements for any transit countries. Travellers should be aware that case numbers in individual countries/areas can increase rapidly and country requirements can change at short notice. They should check this page and FCDO travel advice regularly for updates.

Covid-19 In Somalia

Based on currently available information, there is a high risk of exposure to COVID-19 in this country. Due to the emerging COVID-19 variant in this country/region, all travellers are advised to avoid non-essential travel to this country.

There are entry requirements for anyone who plans to travel to England from this country. [Please check here for further information](#). Advice may vary in [Scotland](#), [Wales](#), and [Northern Ireland](#).

Prevention

If travelling to this country travellers should:

- Discuss their plans with a health professional. This is particularly important for those at higher risk of severe COVID-19.
- Consider the risk at all destinations including any transit countries and the risk during travel itself.
- Check with the airline/tour operator about physical distancing measures or other measures in place to reduce risk during travel.
- Follow the latest social distancing guidance, including any local requirements and maintain good hand, respiratory, and personal hygiene at all times. This may be particularly important if staying with friends and family.
- Complete the full COVID-19 vaccination schedule when offered this as part of the UK vaccination programme.

See [guidance on factors to consider when assessing the risk of COVID-19 for travellers](#).

If travellers develop COVID-19 symptoms while abroad, they should:

- Follow local guidelines on self-isolation, testing and avoiding travel.
- Contact their travel insurance provider.
- Seek medical advice if needed.

[COVID-19 in brief](#)

[Latest News](#)

[Latest Outbreaks](#)