Greenland

Capital City : "Nuuk"
Official Language: "Greenlandic"
Monetary Unit: "Danish krone (DKK)"

General Information

General Information

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

Travellers should check the Foreign, Commonwealth & Development Office (FCDO) country-specific travel advice page (where available) which provides information on travel 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
- Sun protection

Vaccine Recommendations

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 details on the selective immunisation programmes and additional vaccines for individuals with underlying medical conditions at the bottom of the 'Complete routine immunisation schedule' document and 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.

Tetanus

Tetanus is caused by a toxin released from *Clostridium tetani* bacteria 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 medical attention for injuries such as animal bites/scratches, burns or wounds contaminated with soil.

Tetanus vaccination

- Travellers should have completed a tetanus vaccination course according to the UK schedule.
- If travelling to a country or area 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 pages.

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.

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, worldwide most cases follow a bite or scratch from an infected dog. Bats are also an important source of infection in some countries.

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 Greenland

Travellers to this country are considered to be at risk if exposed to wild animals. Rabies has been reported in wild animals in Greenland. Bats may carry rabies-like viruses in this country.

Prevention

- Travellers should avoid contact with wild animals including bats. 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. Although rabies has not been reported in domestic animals, it is still sensible to seek prompt medical advice if bitten or scratched by all animals.
- Post-exposure management following contact with wild animals, including bats, should be in accordance with national guidelines.

Rabies vaccination

- Pre-exposure vaccines could be considered for those who are at increased risk of exposure to wild animals and bats.

Rabies in brief

Tuberculosis

TB is a bacterial infection most commonly affecting the lungs but can affect any part of the body. When a person with TB in their lungs or throat coughs or sneezes they could pass TB on to other people. TB is curable but can be serious if not treated.

The BCG vaccination helps to protect some people, particularly babies and young children who are at increased risk from TB.

Tuberculosis in Greenland

This country has reported an annual TB incidence of greater than or equal to 40 cases per 100,000 population at least once in the last five years (further details).

Prevention

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

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

Tuberculosis (BCG) vaccination

BCG vaccine is recommended for those at increased risk of developing severe disease and/or of exposure to TB infection. See UK Health Security Agency Immunisation against infectious disease, the 'Green Book'.

For travellers, BCG vaccine is 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 to BCG vaccine. Health professionals must be trained and assessed as competent to administer this vaccine intradermally.

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

Other Risks

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, 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.

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 Greenland

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.

Diseases in Greenland

In some areas of Greenland certain insects or ticks may be present.

Prevention

- All travellers should avoid insect and tick bites day and night.

Further information is available in the insect and tick bite avoidance factsheet.

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 Greenland

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

Sexually transmitted infections

Sexually transmitted infections (STIs) are a group of viral, bacterial and parasitic infections spread during sexual intercourse or by intimate contact. Certain STIs can be more difficult to treat due to higher levels of antibiotic resistance and some STIs that are rare in the UK may be more common in other world regions.

Anyone who is sexually active is at risk of getting an STI wherever they are in the world.

Risk is higher for travellers who:

- have sex without a condom
- have sex with new or casual partners
- engage in sex tourism
- have sex under the influence of drugs or alcohol

Symptoms of STIs vary depending on the type of infection; some may only cause mild or unnoticeable symptoms. If symptoms do occur, they can include a rash, discharge, itching, blisters, sores or warts in genital and/or anal areas, pain when peeing and flu like symptoms.

If left untreated, STIs can cause serious long term health issues such as fertility problems, pelvic inflammatory disease and pregnancy complications.

Prevention

Using condoms consistently and correctly with new or casual partners is the most effective way to reduce risk of STIs.

Travellers can also reduce their risk of STIs by:

- ensuring they are up to date for all UK recommended vaccines, including if appropriate gonorrhoea, hepatitis B, mpox and human papillomavirus (HPV) vaccines
- considering HIV Pre-Exposure Prophylaxis (PrEP) if appropriate

Travellers should seek medical advice and give their travel history if they think they may have an STI, even if they have no symptoms. They should also have a test for STIs if they have had sex without condoms with a new or casual partner while abroad.

In the UK STI testing is free and confidential.

Latest News

Latest Outbreaks