

## Hajj And Umrah

The Ministry of Health of Saudi Arabia issue their requirements and recommendations for Hajj and Umrah annually

Due to the COVID-19 pandemic, the Saudi Arabian authorities announced that performing Hajj 2020/1441H would be restricted to pilgrims of all nationalities who are residents of Saudi Arabia. As of 22 September 2020, the Saudi Arabian Ministry of Interior announced that permission to perform Umrah is to be gradually allowed for [certain groups](#) of pilgrims. British nationals resident in Saudi Arabia can [apply to perform Umrah through the official Ministry of Hajj app](#). The advice below is intended as a guide for British nationals who fall into this category.

### Key Messages

**Hajj, the annual pilgrimage to Makkah (Mecca), in the Kingdom of Saudi Arabia (KSA) is one of the largest gatherings of its kind in the world.**

**Performing the rituals of the Hajj and Umrah is demanding and often involves walking long distances in hot weather. Pilgrims must ensure that they are as physically fit as possible.**

**Pilgrims are usually required to have several vaccinations prior to attending Hajj/Umrah; these can change yearly [1]. Check our [KSA Country Information page](#) for details.**

**As of September 2020, the Saudi Arabian Ministry of Interior announced that permission to perform Umrah is to be gradually allowed for [certain groups](#) of pilgrims, for example those who are resident in Saudi Arabia.**

**Pilgrims should be advised of the importance of checking the [British Foreign, Commonwealth and Development Office \(FCDO\)](#) and [Ministry of Hajj and Umrah](#) websites for up to date travel advisories.**

**Enhanced COVID precautions have been introduced for [those performing Umrah from October 2020](#); an official [Ministry of Hajj app](#) has been launched as part of the registration procedures to perform Umrah during the COVID-19 pandemic.**

**Pilgrims should be advised to practice good hand hygiene and to avoid activities that promote exchange of respiratory secretions, such as sharing drinks and eating utensils.**

**The KSA Ministry of Health (MoH) recommends that, as a precautionary measure, pregnant women and young children, should postpone the**

**performance of the Hajj and Umrah [2].**

**Influenza is easily transmitted in crowded conditions. Pilgrims in [clinical risk groups](#) for influenza should receive influenza vaccine annually from their usual healthcare provider, when available, as this may still confer some protection for their pilgrimage.**

## Overview

Due to the large crowds, mass gatherings such as Hajj and Umrah are associated with unique health risks [4]. Each year, in early summer, the Ministry of Health (MoH) of the Kingdom of Saudi Arabia (KSA) issues the requirements and recommendations for entry visas relevant to pilgrims and seasonal workers who intend to visit KSA during forthcoming Hajj and Umrah season [1]. Requirements and recommendations may differ from year to year.

Hajj, the annual pilgrimage to Makkah (Mecca) in KSA occurs between the 8th and 12th day of the twelfth month of the Islamic calendar and is one of the largest mass gatherings in the world. Approximate dates for the 2021 Hajj are 17-22 July [4].

Every year approximately three million Muslims from around the world gather in Makkah for Hajj. All adult, able bodied Muslims are required to undertake Hajj at least once in their lifetime if they can afford to do so [4]. On 22 June 2020, the Saudi Press Agency published an announcement from the Ministry of Hajj and Umrah that due to the Covid-19 pandemic, permission to perform Hajj 2020/1141H would be restricted to pilgrims of all nationalities who are residents of Saudi Arabia [5].

Umrah is a shorter, non-compulsory pilgrimage for Muslims, which is performed as part of the Hajj ritual, but can also be undertaken at any time. On 4 March 2020, the Saudi Press Agency published an announcement from the Ministry of the Interior confirming that tourist visas for the purposes of performing Umrah would be suspended until further notice due to the Covid-19 pandemic [6]. In September 2020 the [Saudi Press Agency announced](#) that permission to perform Umrah is to be gradually allowed for [certain groups](#) of pilgrims, for example those who are resident in Saudi Arabia.

Health advice for KSA can be found on our [Saudi Arabia Country Information page](#). The information on the country page should be tailored to individual pilgrims and seasonal workers.

## Pre-pilgrimage preparation

Pilgrims should also seek advice about the health risks for any travel that may be undertaken either before or following Hajj or Umrah. Information on health risks for other destinations throughout the world can be found on the [Country Information pages](#).

In the context of COVID-19, a mass gathering could amplify the transmission of the virus and potentially disrupt the host country's response capacity. Therefore it is critical that pilgrims adhere to the prevention and control measures put in place by KSA Authorities to reduce the risk of

transmission or the potential strain on health services. These include:

- restrictions on number and control of crowd movement
- physical distancing
- respiratory/cough etiquette
- hand hygiene practices

Pilgrims should ensure they are up to date with all routine immunisations, and ideally see their healthcare provider at least four to six weeks prior to performing Hajj for advice on vaccinations, malaria chemoprophylaxis (if appropriate for travel before or after the pilgrimage), food and water precautions, risks from insect bites, heat exhaustion and injury prevention.

Performing the rituals of Hajj is demanding and involves walking great distances usually in hot weather. Pilgrims should ensure that they are physically fit before travelling, and pilgrims with pre-existing medical conditions should discuss the suitability of travel with their doctor. If on prescribed medications, they should ensure they have a sufficient supply to cover their time abroad with some extra in case of delays, and [carry a copy of their prescription](#).

MoH KSA advises that pilgrims consider their physical ability and health conditions before considering attending Hajj and Umrah.

In some situations, deferment of Hajj should be considered when the risks to the pilgrim are assessed to be high. MoH KSA recommends that pregnant women and young children (pre-puberty) postpone the performance of the Hajj and Umrah rituals for their own safety [2].

Women who anticipate their periods occurring during the Hajj may wish to delay menstruation, which is possible to achieve using hormonal treatment [2]. Women should discuss this with their healthcare provider.

Pilgrims should identify in-country healthcare resources in advance of their trip, and ensure they have adequate health insurance should they fall ill. Sharia compliant health insurance is available.

Pilgrims should also pack a [first aid kit](#) to help them manage common issues such as cuts and grazes, headaches and travellers' diarrhoea.

## **Vaccination**

Pilgrims should be up-to-date with immunisations routinely administered in the United Kingdom (UK) [7] including measles, mumps and rubella (MMR). Information on specific health risks, including recommended vaccinations, for pilgrims in KSA can be found on our [Country Information page](#).

## **Required vaccinations**

**Note:** The following list of requirements is based on those which have been needed by travellers arriving into KSA in previous Hajj years [1]; as of 13 July 2020, it is not known how these requirements will change for those in KSA intending to perform Hajj 2020/1441H. No change to vaccination requirements has been published to date.

## Meningococcal disease

All those arriving to perform Hajj or Umrah, or undertake seasonal work, are required to submit proof of vaccination (as a vaccination certificate) for meningococcal disease. Details of the vaccine name and type (i.e. conjugate vaccine) should be recorded in a patient held vaccine record showing the individual's full name. It is advisable that the proof of vaccination record is issued by the individual's doctor, nurse or pharmacist and should reflect accurately the details of the vaccine administered and be authenticated with the healthcare provider's official stamp.

If an individual is in possession of an International Certificate of Vaccination or Prophylaxis (ICVP) booklet, meningococcal ACWY vaccine can be recorded in the 'Other Vaccinations' pages. Note that the conjugate meningococcal vaccine 'certificate' is valid for five years. However, paperwork must state clearly that a conjugate meningococcal vaccine was administered. If the vaccine type is not indicated, the certificate will be valid for three years.

Pilgrims and seasonal workers in Hajj zones must carry vaccination certificates with them for inspection by the Saudi Authority.

All adults and children aged over two years should be given a single dose of the meningococcal ACWY vaccine either:

- a) ACWY polysaccharide vaccine within the last three years and not less than ten days before arrival in KSA (this vaccine is no longer available in the UK).
- b) ACWY conjugate vaccine within the last five years and not less than ten days before arrival in KSA [1].

This vaccine is also recommended for personal protection against groups A, C, W and Y meningococcal disease (see also recommended vaccines).

MoH KSA states they may opt to administer prophylactic antibiotics to some individuals, if deemed necessary [1].

## Polio

MoH KSA states that travellers arriving from countries with active transmission of circulating wild or vaccine-derived poliovirus (cVDPV2) and from countries at risk of polio re-introduction are required to submit a valid polio vaccination certificate [1].

Travellers arriving from Afghanistan, Democratic Republic of Congo, Mozambique, Niger, Nigeria, Pakistan, Myanmar, Papua New Guinea, Somalia, the Syrian Arab Republic and Yemen should present proof of vaccination with at least one of the following vaccines:

- At least one dose of inactivated polio vaccine (IPV) within the previous 12 months and administered at least 4 weeks prior to arrival or
- At least one dose of bivalent oral polio vaccine (not available in the UK) within the previous 12 months and administered at least 4 weeks prior to arrival.

Travellers arriving from Afghanistan, Nigeria, Pakistan, Papua New Guinea, Syria, Myanmar, Yemen and Somalia will also receive one dose of oral polio vaccine at the border points on Entry in Saudi Arabia regardless of age and vaccination status [1].

The UK is not a country regarded as at risk or re-introduction of circulating wild or vaccine-derived poliovirus. It is recommended that British pilgrims are up to date as per UK vaccine schedule.

## Yellow fever

All pilgrims to Hajj and Umrah [arriving from countries or areas at risk for transmission of yellow fever \(YF\)](#) as stated in the WHO International Travel and Health guidelines, must present a valid International Certificate of Vaccination or Prophylaxis documenting YF vaccination [8].

There is no risk of YF in the UK. Therefore this YF certificate requirement will only apply to UK pilgrims if they are to KSA via a YF risk country and not if they are travelling directly to KSA from the UK.

## Recommended vaccinations

General vaccination advice for KSA can be found on our [Country Information page](#).

All pilgrims should ensure that they are up-to-date with routine immunisations including [measles, mumps and rubella \(MMR\)](#) and diphtheria-tetanus-polio vaccine.

The following vaccine-preventable diseases have particular relevance to Hajj and Umrah pilgrims.

## Hepatitis B

Hepatitis B virus is found in body fluids and can be transmitted either through the skin (percutaneously) or by sexual contact. Percutaneous transmission can occur through the use of contaminated medical, dental, or other instruments; all pilgrims should consider receiving hepatitis B vaccine prior to travel.

One of the Hajj rites for men is head shaving. The KSA authorities provide licensed barbers with a new blade for each pilgrim. However, unlicensed barbers may not conform to this [9]. Pilgrims

should avoid shaving with a previously used blade, as this could result in transmission of hepatitis B and other blood borne infections such as hepatitis C or HIV for which there are no vaccines. Pilgrims can consider taking with them a disposable razor for personal use during this rite.

## Meningococcal disease

Meningococcal disease may result in meningitis (infection of the lining of the brain) or septicaemia (blood poisoning) or a combination of both. Less common manifestations of meningococcal disease include myocarditis (inflammation of the heart), pericarditis (inflammation of the sac that surrounds the heart), arthritis, pharyngitis (sore throat) or conjunctivitis (pink eye) [10]. Large outbreaks of meningococcal disease, including meningitis and septicaemia, have occurred during previous Hajj pilgrimages and spread to other countries by returning pilgrims [9].

A conjugated meningococcal ACWY vaccine is the preferred vaccine for all travellers because it not only protects against serious infection but also prevents vaccinated individuals from carrying the meningococcal bacteria and bringing it back with them.

Public Health England (PHE) recommends conjugated meningococcal ACWY vaccine as the preferred vaccine in all instances. Vaccines available in the UK are Menveo® and Nimenrix®. Full details of meningococcal vaccines and schedules can be found in Immunisation against infectious disease (the Green Book) [11] and the manufacturers Summary of Product Characteristics [12].

The UK's Joint Committee on Vaccination and Immunisation reviewed information on length of protection following ACWY conjugate vaccine and advised that for travellers at continued risk, boosting every five years would be a sensible approach until data becomes available [13]. These vaccines do not protect against all the causes of meningitis and septicaemia; any pilgrim who becomes unwell after returning from the Hajj or Umrah should contact their GP, NHS 111 or local hospital.

In addition to vaccination, pilgrims should be advised to practice good hand hygiene and to avoid activities that promote exchange of respiratory secretions, such as sharing drinks and eating utensils [14,15].

## Rabies

There is a risk of rabies in KSA. Pilgrims should be advised of the importance of avoiding contact with wild or domestic animals and to seek urgent emergency medical treatment if any potential exposure (animal bite, lick or scratch) occurs.

Pre-exposure vaccination can be considered. However, rabies vaccination prior to travel does not eliminate the need for post-exposure medical evaluation and additional doses of rabies vaccine. A three-dose course of pre-exposure rabies vaccine simplifies post exposure rabies treatment and removes need, for most travellers, for post exposure rabies immunoglobulin, which is in short supply worldwide.

## Seasonal influenza

Influenza is transmitted via the respiratory route and through contact (direct or indirect) with surfaces on which the virus has been deposited by sneezing or coughing. It is easily transmitted in crowded conditions.

Certain groups are considered at particular risk of complications from influenza. MoH KSA recommends that pilgrims be vaccinated against seasonal influenza before arrival, especially those at increased risk of influenza complications, including pregnant women, children under five years, the elderly and those with pre-existing health conditions such as (such as chronic cardiac, pulmonary, renal, metabolic, neurodevelopmental, liver or hematologic diseases) and individuals with immunosuppressive conditions (such as HIV/AIDS, receiving chemotherapy or steroids, or malignancy).

In the UK, influenza vaccine is available free for those in [clinical risk groups](#) and eligible pilgrims should receive influenza vaccine annually from their usual healthcare provider [16]. Those who do not fall into any of these risk categories can still pay and be vaccinated at some high street pharmacies, other retailers, or private travel clinics, but a vaccine may not be available in the UK summer months. New winter season influenza vaccine for the northern hemisphere is usually available in the UK from late August-September at the earliest; pilgrims planning to undertake Hajj the following year should ensure they are vaccinated during the flu season before as this may still confer some protection. Southern Hemisphere influenza vaccine is not usually available in the UK.

Viral respiratory infection (known as Hajj cough) experienced by many pilgrims at the Hajj, can range from a mild inconvenience to a severe illness, and can interfere with performing the rites. Advice about influenza prevention can be found in our [factsheet on seasonal influenza](#).

## Other health risks

### COVID-19 (coronavirus)

Enhanced COVID precautions have been introduced for [those performing Umrah from October 2020](#) ; an official [Ministry of Hajj app](#) has been launched as part of the registration procedures to perform Umrah during the COVID-19 pandemic.

Read the guidance on safer air travel for advice on how to [stay safe before and during a flight](#) in relation COVID-19.

All individuals, but particularly those who are clinically vulnerable or clinically extremely vulnerable to severe COVID-19 disease, need to consider current UK recommendations to reduce their risk of infection. This may mean considering postponing pilgrimage particularly if you are in a group that is considered clinically extremely vulnerable.

All pilgrims should be prepared to follow the advice of local authorities regarding COVID-19-related

measures. Be ready to comply with local isolation, social distancing, or quarantine requirements, and to rely on the local health system.

Pilgrims can reduce their chances of being infected or spreading COVID-19 by taking some simple precautions:

- Maintain at least 2 metres (6 feet) distance between themselves and others.
- Avoid going to crowded places.
- Stay in accommodation and self-isolate even with minor symptoms such as cough, mild fever or loss of, or change to, sense of smell or taste, until they recover. Have someone bring them supplies.
- If they are concerned, seek medical attention, but call by telephone in advance if possible and follow the directions of the local health authority.
- [Current UK guidelines](#) are that if you can, wear a face covering in enclosed public spaces where social distancing is not possible and where you will come into contact with people you do not normally meet.
- If you do use a face covering (and it may be a requirement at your destination) you should ensure you continue to use all the recommended precautions in order to minimise the risk of transmission.

## Handwashing and respiratory hygiene

There are also general principles travellers can follow to help prevent the spread of respiratory viruses, including [21]:

- Wash your hands more often – with soap and water for at least 20 seconds or use a hand sanitiser when you get back to your accommodation, when you blow your nose, sneeze or cough, eat or handle food.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who have symptoms.
- Cover your cough or sneeze with a tissue, then throw the tissue in a bin and wash your hands.
- Clean and disinfect frequently touched objects and surfaces in your accommodation.

## Middle East respiratory syndrome coronavirus (MERS-CoV)

Middle East respiratory syndrome coronavirus (MERS-CoV), which can cause severe illness and death [17], was first identified in KSA in 2012; the majority of cases to date have occurred in the Arabian Peninsula and in particular in KSA [18]. PHE remains vigilant and closely monitors developments in the Middle East and in the rest of the world where new cases have emerged, and continues to liaise with international colleagues to assess whether PHE recommendations (see below) need to change [19].

MoH KSA recommends all pilgrims to comply with the following advice:



- Wash hands with soap and water or a disinfectant, especially after coughing and sneezing, after using toilets, before handling and consuming food, and after touching animals.
- Use disposable tissues when coughing or sneezing and dispose of used tissues in a wastebasket.
- Avoid close contact with people who appear ill and avoid sharing their personal belongings.
- Avoid contact with camels in farms, markets or barns.
- Avoid drinking raw milk or eating meat that has not been thoroughly cooked [1].

MoH KSA also advises that pilgrims should wear masks in crowded places [1].

PHE advises that travellers, or those British citizens residing in the Middle East follow the advice of local health authorities. People who are acutely ill with an infectious disease are advised not to perform Hajj but to seek local health advice immediately [19].

Pilgrims who develop symptoms (e.g. fever, cough or increasing breathlessness) should seek medical advice locally prior to travel back to the UK.

Should British pilgrims travel back to the UK following Hajj and become unwell within 14 days of their return, they should seek advice by calling their GP or NHS 111 and mention which countries they have visited, so that appropriate measures and testing can be undertaken.

PHE provides further [guidance for travellers to, and returning from the Middle East](#), alongside more detailed [information for health professionals](#).

## Travellers' diarrhoea

Diarrhoeal illnesses are transmitted by the consumption of contaminated food or water. Dehydration can occur with diarrhoea and is of particular risk in hot weather. Babies, infants, the elderly and those with chronic medical conditions are more vulnerable to dehydration.

All pilgrims are advised to take personal, food and water hygiene precautions.

Pilgrims should also take with them oral rehydration therapy and self-treatment for diarrhoea. An antimotility agent, such as loperamide, can be carried. Information on treatment options can be found in our [travellers' diarrhoea factsheet](#).

## Vector-borne diseases

Malaria is not present in Medina or Makkah [Mecca] (or in the cities of Jeddah, Riyadh and Ta'if or areas of Asir province above 2,000m), but malaria is a risk in the south-western provinces of Saudi Arabia (including Asir province below 2,000m). Pilgrims planning further travel before or after Hajj or Umrah to malaria risk areas in KSA or Asia, Africa and Latin America, should seek advice about malaria prevention.

Pilgrims are advised to take necessary [measures to avoid mosquito bites](#) during the day and evening which include wearing protective clothing (preferably light-coloured) that covers as much of the body as possible; using physical barriers such as window screens and closed doors; and applying insect repellent to skin or clothing. This will help protect against vector-borne diseases, such as [dengue](#).

## Zika

Zika virus has not been detected in KSA [20, 21]. However, the presence of the vector mosquito (*Aedes aegypti*) has been recorded in KSA [21]. MoH KSA requires that aircrafts, ships, and other means of transportation coming from countries affected with the Zika virus and/or dengue fever to submit a certificate indicating that disinfection measures have been undertaken [8].

## Other health considerations

### Accidents and injuries

Minor injuries are relatively common, particularly to the feet. More serious injuries can occur as a result of stampedes as pilgrims undertake the stoning rite or other mass activities.

Pilgrims are advised to avoid peak times. Elderly and infirm people, who have decided to make their pilgrimage, may wish to consider appointing a proxy for the performance of this rite. All pilgrims to Hajj and Umrah should have adequate [health insurance](#).

### Environmental hazards (cold, heat and sun)

Daytime temperatures in KSA, even during the winter months, can reach over 30°C. Associated risks include sunburn, dehydration, heat exhaustion and heat stroke. MoH KSA recommends all pilgrims, especially older individuals, to avoid direct sun exposure while performing rituals and to drink sufficient amounts of fluids. Medicines with the potential to exacerbate dehydration (e.g. diuretics) or interfere with heat exchange may need adjustment by treating physicians [8].

If possible, travel to Makkah (Mecca) before the start of Hajj should be considered to allow a period of heat acclimatisation. Pilgrims should drink plenty of clean water (preferably bottled or boiled and cooled) to avoid dehydration.

Sun protection factor (SPF) of 30 or above, with four or five star UVA protection, should be applied liberally to exposed skin every two to three hours. Male pilgrims are not allowed to cover their heads, but an umbrella will provide shade from the sun.

Desert sand can reach very high temperatures; good quality footwear should be worn to avoid burning the feet. Footwear must be removed during times of prayer, to avoid losing them; pilgrims are advised to carry their shoes in a bag.

During the winter months the weather can be very cold overnight. If staying in basic accommodation, pilgrims should ensure they take appropriate bedding with them such as blankets and sleeping bags.

## Food and water advice

Authorities in KSA permit entry of food in small quantities in properly canned or sealed containers only [7]. All pilgrims are advised to take personal, [food and water hygiene precautions](#).

## Physical fitness

Performing the rituals of Hajj is demanding and involves walking great distances usually in hot weather. Pilgrims should ensure that they are physically fit.

## Illness abroad or on return from Hajj or Umrah

If you develop symptoms of new continuous cough, high temperature or a loss of, or change in your normal sense of taste or smell (anosmia) while abroad, or during travel, you should immediately:

- Stay indoors and avoid contact with other people.
- Call your health provider and/or insurance company to discuss what you should do.
- Follow local public health guidance, if available.
- If you become unwell at an airport, bus or train station before or during a long trip, seek medical advice and do not start or continue your journey.
- If you test positive for COVID-19 while abroad you will need to follow local public health advice regarding self-isolation. You should expect to self-isolate in the country you are in, so you may need to stay longer than planned. Current Public Health England guidance states you should [complete a 10 day self-isolation](#) (from when your symptoms started). If you still have a high temperature after 10 days, you should continue to self-isolate and seek medical advice. Plan ahead for any possible delays to your return home.
- Once you have fully recovered, check with your health provider if you are fit to travel, before any onward travel.

## Advice after travel

From 8 June 2020, new quarantine rules were applied to those entering or returning to the UK. All travellers need to provide their [journey and contact details](#) to border health authorities.

Self-isolation will be required for 14 days except in [limited situations](#). Travellers do not have to self-isolate if arriving from a country or territory on the [‘travel corridor’ list](#).

Those who develop COVID-19 symptoms must [self-isolate](#) and [arrange to have a test](#).

See the guidance for [England, Scotland, Wales and Northern Ireland](#).

See also the [list of people who are exempt from the English border rules](#).

## Resources

- [Association of British Hujjaj \(Pilgrims\)](#)
- [Council of British Hajjis](#)
- [Food and water hygiene](#)
- [Insect and tick bite avoidance](#)
- [Kingdom of Saudi Arabia Ministry of Health](#)
- [Malaria factsheet](#)
- [Public Health England: Algorithm on public health investigation and management of possible cases of MERS-CoV](#)
- [Public Health England: Travelling to the Middle East – Important information for travellers](#)
- [Public Health England: Returning from the Middle East – Important information for travellers](#)
- [Public Health England: YouTube information on MERS-CoV](#)
- [Sun protection](#)
- [World Health Organization: Middle East respiratory syndrome coronavirus \(MERS - CoV\)](#)

## REFERENCES

1. Ministry of Health, Kingdom of Saudi Arabia. Health Regulations. Health Requirements for Travellers to Saudi Arabia for pilgrimage to Makkah (2019/1440H Hajj).
2. [Ministry of Health, Kingdom of Saudi Arabia. Hajj 1439H Health Guidelines. Woman and Children during Hajj. \[Accessed 13 July 2020\]](#)
3. [Aldossari M, Aljoudi A & Celantano D. Health issues at the Hajj pilgrimage: a literature review. \[Accessed 13 July 2020\]](#)
4. [Foreign and Commonwealth Office: Foreign travel advice. Saudi Arabia. \[Accessed 13 July 2020\]](#)
5. [Ministry of Hajj and Umrah: Hajj 1441H Is Decided to Take Place This Year with Limited Number of Pilgrims from All Nationalities Residing in Saudi Arabia 22 June 2020 \[Accessed 13 July 2020\]](#)
6. [Interior Ministry Official Source: Suspension of Umrah Temporarily for Citizens, Residents in the Kingdom 4 March 2020. \[Accessed 13 July 2020\]](#)
7. [Public Health England. UK immunisation schedule Ch 11. Immunisation against infectious disease. Update 2 January 2020. \[Accessed 13 July 2020\]](#)
8. [European Centre for Disease Prevention and Control. Public health risks related to communicable diseases during the hajj 2019, Saudi Arabia, 9–14 August 2019 1 July 2019. \[Accessed 13 July 2020\]](#)
9. [Memish Z. The Hajj: communicable and non-communicable health hazards and current guidance for pilgrims. September 2010;15:39 \[Accessed 13 July 2020\]](#)
10. Harrison LH, Granoff DM, Pollard A. Meningococcal Capsular Group A, C, W, and Y Conjugate Vaccines. In: Plotkin SA, Orenstein WA, Offit PA, Edwards K eds. 7th ed. Philadelphia:

Elsevier; 2018. p619

11. [Public Health England. Meningococcal, Ch. 22. Immunisation against infectious disease. Updated 20 September 2016. \[Accessed 13 July 2020\]](#)
12. [electronic Medicines Compendium](#)
13. [Joint Committee on Vaccination and Immunisation. Draft minutes of meeting 1 February 2017. \[Accessed 13 July 2020\]](#)
14. [Government of Canada. CATMAT statement: meningococcal disease and international travel. Volume 41-5, May 7, 2015: Visiting friends and relatives \[Accessed 13 July 2020\]](#)
15. [World Health Organization. Meningococcal meningitis, Defeating meningitis by 2030: Development of the roadmap. \[Accessed 13 July 2020\]](#)
16. [Public Health England. Influenza, Ch. 19. Immunisation against infectious disease. Updated 23 April 2019. \[Accessed 13 July 2020\]](#)
17. [World Health Organization. Fact sheet Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) 11 March 2019 \[Accessed 13 July 2020\]](#)
18. [World Health Organization. Epidemic and pandemic-prone diseases MERS situation update, April 2019. \[Accessed 13 July 2020\]](#)
19. [Public Health England. Risk Assessment of Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\). Updated 23 July 2019. \[Accessed 13 July 2020\]](#)
20. [Public Health England. Zika virus: country specific risk, 19 July 2019. \[Accessed 13 July 2020\]](#)
21. [World Health Organization Regional Office for the Eastern Mediterranean. Zika virus. Number of countries affected, 2018. \[Accessed 13 July 2020\]](#)
22. [Public Health England. Coronavirus \(COVID-19\): guidance. Updated 1 June 2020. \[Accessed 13 July 2020\]](#)

Published Date: 13 Jul 2020

Updated Date: 26 Oct 2020