



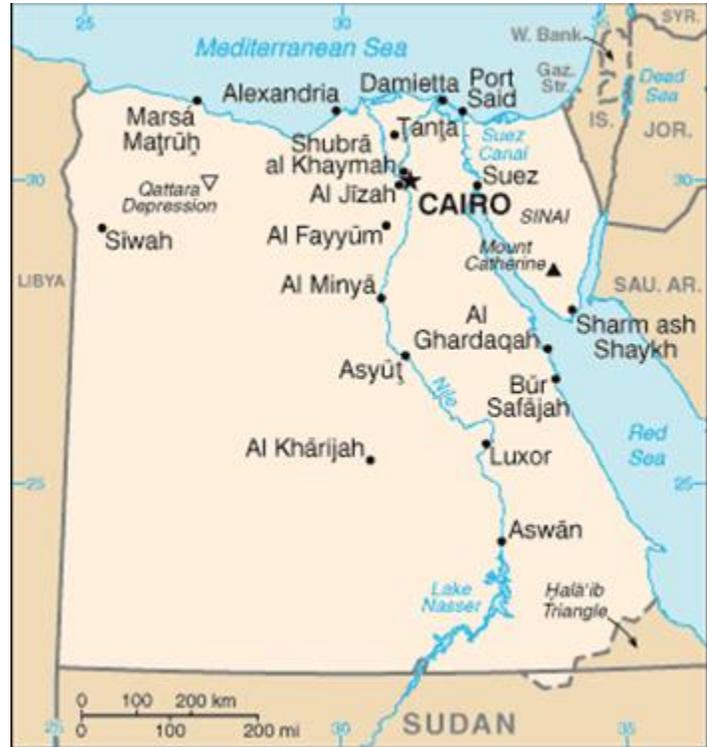
DESTINATION REPORT

EGYPT

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GENERAL OVERVIEW

Egypt developed as a civilization more than 5,000 years ago in large part due to its natural resources and geography. The country has been under the control of many empires, the most recent being the British, and it became an independent state in 1952. Hosni Mubarak became president in 1981 and ruled the country in an authoritarian manner until February 2011. Protests that began in January 2011 drew global attention to frustrations with the government, as did subsequent violence between protesters and police forces. Mubarak stepped down from power 18 days after the uprising began. Power was transferred to the military with the aim of transitioning towards a political system based on democratic institutions. Elections took place in June 2012, but in July 2013, the military removed the president from power after massive demonstrations calling for his resignation. A new president was elected in May 2014.



With over 82 million citizens, Egypt has the third largest population in Africa. Nearly 90 percent of citizens identify as Muslim, while the other 10 percent are Coptic Christian. The official language of Egypt is Arabic, but French and English are also widely spoken. Local laws and customs are based primarily on Islamic tradition.

Egypt is located in North Africa, bordering Libya, Sudan, the Gaza Strip, and Israel. The country has almost 2,500 kilometers (1,550 miles) of coastline between its Red Sea and Mediterranean shores. Most of the land is desert, and the country experiences hot, dry summers with mild winters.

SECURITY ASSESSMENT

Security Risk Rating

High

Security Risk Overview

The security situation in Egypt remains unstable, and levels of civil unrest are high. The Egyptian government declared a three-month state of emergency on 9 April 2017 following deadly attacks targeting Coptic Christians in Tanta and Alexandria. The state of emergency has since been extended until 15 April 2019. Terrorist attacks occur regularly, usually near police facilities, tourist locations, religious sites, and in the Sinai Peninsula. Recent attacks have occurred in areas with high concentrations of foreigners. There is an elevated security risk in areas located in close proximity to Egypt's borders with Libya, Sudan, and Israel. There is a heavy police presence in these regions, and foreigners may be restricted from certain areas. Additionally, the security situation in North Sinai Governorate is unstable, prompting the declaration of a state of emergency and curfew following attacks against government troops in the area.

Petty crime and pickpocketing are common. Local laws and behavior are heavily influenced by Islamic ideology. Sexual harassment against females, including foreigners, is a concern.

Terrorism

There is a high threat from terrorism in Egypt with multiple active groups and a number of attacks in the country in the past five years. Egypt is facing an Islamist insurgency led by the Islamic State's (IS) Egypt branch, Wilayat Sinai. The group primarily operates in North Sinai, where hundreds of soldiers and police have been killed in recent years. These attacks have also spilled over into South Sinai, the western desert, Nile delta cities, and the capital, Cairo. Additionally, judges and other senior officials have been targeted by radical Islamists opposed to President Abdel Fattah el-Sisi and to the detainment of members of the now-outlawed Muslim Brotherhood. Terrorist attacks have occurred most commonly in the form of bombings and kidnappings. Attacks tend to occur more frequently during holidays and sensitive events. Police stations, tourist locations, and the Sinai Peninsula have all been targets of attacks. Most recently, at least two security officials were killed and three others were injured in an explosion near the al-Azhar mosque in the capital on 18 February. The explosion was reportedly attributed to a suicide bomber who was trying to run away from police in the El-Darb El-Ahmar district of the capital.

Al-Gama'a al-Islamiyya is a local Sunni Islamist movement seeking to overthrow the Egyptian government and create an Islamic state. The group renounced the use of violence in 2003 and has not claimed responsibility for any major attacks in the past ten years. Nevertheless, the group continues to be considered a terrorist organization by several Western governments, including the US and the UK.

The Sunni jihadist group Wilayat Sinai (meaning the State of Sinai), formerly known as Ansar Bayt al-Maqdis (ABM), is the most active terrorist group in Egypt and has carried out multiple attacks primarily targeting security forces, government officials, and Israeli interests in Egypt. These attacks have included suicide bombings, drive-by shootings, the use of improvised explosive devices (IEDs), and assassinations. Wilayat Sinai has also targeted foreign tourists and the Egyptian tourism industry. In November 2014, Wilayat Sinai pledged allegiance to Abu Bakr al-Baghdadi, the leader of the Sunni terrorist group IS, proclaiming itself to be the IS's branch in Egypt. Egyptian authorities

have conducted counter-terror operations against Wilayat Sinai, including operations to dismantle apartments used by the group to construct bombs in Giza. On 31 October 2015, a bomb detonated aboard a Russian Metrojet passenger aircraft shortly after departing Sharm el-Sheikh International Airport (SSH), causing the aircraft to disintegrate and killing all 224 people on board. Wilayat Sinai later claimed responsibility for the bombing. The leader of the group, el Gharably, was killed in a raid in Cairo in November 2015. However, the group continues to be active and to carry out attacks, including an attack on 15 February that killed 15 security personnel in el-Arish.

Ajnad Misr (Soldiers of Egypt) is a Sinai-based jihadist group that has carried out numerous attacks in Egypt, including in Cairo, since November 2013. While the group has been largely dismantled by Egyptian authorities, the group continues to pose a threat. The militants have vowed to attack security forces in retaliation for the ongoing crackdown on pro-Morsi supporters and the Muslim Brotherhood, which has left hundreds dead. Attacks conducted by Ajnad Misr generally involve small arms and pipe bombs and target checkpoints in the greater Cairo/Giza area.

The Hasam Movement, a militant group with ties to the Muslim Brotherhood, is also a growing concern in Egypt. The group first appeared in July 2016 when it announced it had conducted an attack that killed a senior police officer and wounded two others in an armed assault in the Tamiyyah district, southeast of Cairo. The group has since claimed responsibility for attempted assassinations of an assistant prosecutor general in late September 2016 and Egypt's former grand Mufti Ali Gomaa in August 2016. On 9 December 2016, the group claimed responsibility for an IED blast near a checkpoint on Al-Haram Street in the city of Giza, part of the greater Cairo metropolis, which killed six police officers.

Hotels catering to foreigners and tourist destinations continue to be targets of militant and terrorist organizations. On 28 December 2018, at least two people were killed and 12 others were injured when a roadside IED detonated close to a bus carrying tourists near the pyramids in Giza. On 14 July 2017, two people were killed and four others were wounded in a knife attack on a private beach at Zahabia Hotel in the resort town of Hurghada. All six victims were female tourists. The attacker swam from a nearby public beach to the hotel and was detained immediately following the attack. On 8 January 2016, two assailants armed with knives attacked the Bella Vista Hotel in Hurghada, Red Sea Governorate. Three European tourists sustained knife injuries in the attack. The perpetrators were reportedly attempting to kidnap or take Westerners at the hotel as hostages, and reports indicate that the perpetrators were inspired by IS. The day before, on 7 January 2016, two gunmen on motorcycles opened fire on a tourist bus outside the Three Pyramids Hotel in Giza, Giza Governorate. No one was injured in the attack, which was reportedly aimed at Jewish tourists thought to be staying at the hotel. On 10 June 2015, four people were injured when unidentified terrorists --believed to be affiliated with Wilayat Sinai--attempted to attack the Karnak Temple Complex, a popular tourist site located in the southern city of Luxor. On 16 February 2014, Wilayat Sinai claimed responsibility for the suicide bombing of a tourist coach bus waiting in Taba to cross into Israel, which killed three South Korean tourists and an Egyptian driver.

Attacks have increasingly targeted places of worship across the country, particularly those affiliated with the country's Coptic Christian minority. At least one police officer was killed during a security operation to diffuse a bomb discovered in the capital on 5 January. According to local media, the bomb was found near Abu Sifan Church, a Coptic church located in Nasr City. No group has claimed responsibility for the bomb. On 2 November 2018, at least seven people were killed and 12 others were injured when gunmen attacked a bus carrying Coptic Christian pilgrims in the Minya governorate. At least nine people were reportedly killed when gunmen attacked a Coptic church in the Helwan district south of Cairo on 29 December 2017. On 26 May 2017, an attack by gunmen on a bus carrying Coptic Christians in Minya province resulted in 26 fatalities and dozens of other injuries. On 9 April 2017, at least 49 people were killed and dozens of others injured in two

bombings targeting Coptic Christians in Alexandria and Tanta. IS claimed responsibility for both blasts. On 11 December 2016, at least 25 people were killed and up to 40 others were injured in a bombing targeting Saint Mark's Coptic Orthodox Cathedral in the Abbasiya neighborhood of Cairo. IS claimed responsibility for the attack.

Additionally, one of the largest terrorist attacks in Egypt occurred on 24 November 2017 at a mosque in the North Sinai province. At least 305 people were killed and 128 others injured when a group of approximately 25 militants dressed in military uniforms attacked al-Rawda mosque-located 40 kilometers (25 miles) from Arish-by detonating a suicide bomb and opening fire on fleeing worshippers and emergency response personnel. The mosque was reportedly a gathering place for followers of Sufism, a mystical strain of Islam that many jihadist groups operating in North Sinai regard as heretical. Authorities have attributed the attack to IS, although the group has not claimed responsibility.

The US Embassy in Cairo advises US citizens to maintain heightened awareness and avoid crowds and public gatherings at all times while in Egypt. The US Embassy in Cairo has also been targeted for attacks. On 4 September 2018, a suspect lobbed an explosive device toward the embassy compound on Simon Bolivar Street in the Garden City area. However, the device failed to detonate, and the suspect was immediately arrested and detained.

Civil Unrest

In response to the deadly terrorist attacks targeting Coptic Christians on 9 April 2017, the Egyptian president declared a three-month state of emergency, which allows for additional security forces to be deployed across the country in order to protect citizens as well as public and private property. It also expands powers of arrest, government surveillance, and seizures by government forces. The state of emergency has been extended seven times since and is currently in effect until 15 April 2019.

Egypt has continued to experience a spate of demonstrations and sporadic clashes since former President Mohamed Morsi, the country's first democratically elected president, was overthrown by the military in July 2013. Hundreds of people and security forces have been killed in demonstration-related violence since that time. However, protests have decreased in size and frequency in recent years, due in part to a 2013 protest law that requires activists to notify authorities prior to demonstrations of greater than 10 people. The law also allows the government to cancel, postpone, change the location of, or otherwise modify a planned demonstration. Despite the clampdown on protests, tensions with the government remain high and further unrest is possible.

Protests typically take place following afternoon prayers on Fridays. However, other demonstrations may occur throughout the country around symbolic dates, such as 25 January (the Revolution), 1 February (Port Said massacre), 2 February (Battle of the Camel), 11 February (Mubarak's resignation), 30 June (Morsi's inauguration), 3 July (Morsi's ouster), 14 August (anniversary of violent clashes between protesters and security forces in Cairo), and 9 October (Maspiro massacre). Heightened security measures, including additional police deployments and road closures, are often implemented ahead of approved demonstrations or historically significant anniversaries.

Demonstrations may take place following the approval of policy that changes the security environment, such as a transfer of power, curfews, or elections, as well as in response to significant court rulings. Additionally, incidents or policies that are viewed as anti-Islamic have been known to cause violent protests.

During recent times of unrest in Cairo, protests have occurred in the following areas:

- Downtown: Tahrir Square, Nile TV headquarters, the US Embassy
- Giza: El Kitkat Square, Nahda Square
- Zamalek: 6th of October Bridge, Kasr al-Nil Bridge
- Nasr City: Rabaa al-Adawiya Mosque, the Ministry of Defense
- Al Azhar district: Al Azhar Park
- Heliopolis: Presidential Palace
- Maadi: Supreme Constitutional Court
- Ain Shams: Ain Shams University

Primary protest sites in Alexandria include the al-Qaed Ibrahim Mosque and Ibrahim Square, the Sidi Gaber district which includes the city's train station, the Sidi Bishr district, the Northern Military Area, and along the Corniche Road.

Female travelers should be particularly vigilant during times of unrest, as incidents of sexual assault and other sexual crimes are frequently reported.

Unrest is also likely during major sporting events. Hardline soccer fans, known as Ultras, have historically been a part of the country's major protest movements in Cairo, Alexandria, and the Suez Canal area.

Tensions between the nation's Christians and Muslims populations occasionally flare up. Coptic Christian communities often lack adequate police protection, making them targets for vigilantes. During unrest in August 2013, at least 40 Coptic churches were looted and burned while over 20 others were attacked and heavily damaged.

Security forces are quick to disperse disruptive protests, they and often use tear gas or bird shot to do so.

Personal Security

Crime levels tend to increase in Egypt, especially in large cities, during times of unrest or instability. Pickpocketing and purse swiping are common. Petty theft occurs with frequency in the affluent Cairo neighborhoods of Heliopolis and Maadi. Additionally, armed robbery of small businesses and carjackings are common, as are snatch-and-grab robberies by passing motorcyclists.

Crimes of a sexual nature-including harassment and assault-are common, especially during times of widespread unrest. There have been multiple instances of sexual harassment and assault against foreign women, particularly in the popular tourist destination Sharm el Sheikh. Although Egypt criminalized sexual harassment in June 2014, law enforcement is generally unwilling or ineffective in investigating and prosecuting these crimes due to societal attitudes.

Kidnappings are not uncommon, but incidents have largely been concentrated in the Sinai Peninsula. These kidnappings reflect the larger security vacuum that has traditionally existed in the Sinai Peninsula and has worsened in recent years. While most kidnappings appear to target locals, local Bedouin have abducted foreign tourists in the past for leverage in negotiations with the government. Most kidnapping victims are released unharmed shortly after their capture.

The border areas with Libya and Sudan have experienced violence due to internal conflicts and instability, which has spilled over the border in the past. A permit may be required to go to these regions.

Many areas around Egypt observe customs that are greatly influenced by Islam. Conservative dress, particularly for women, and discrete behavior should be observed. This is especially important during the month of Ramadan.

Same-sex relations, though not officially illegal, are not widely accepted and have led to arrest and deportation, including that of foreigners. Discrimination, harassment, and violence against lesbian, gay, bisexual, and transgender (LGBT) individuals is common. According to media reports, seven individuals were arrested in late September after allegedly raising rainbow flags at a concert in Cairo.

Areas of government or military interest including government buildings or officials, infrastructure, and the Suez Canal are illegal to photograph.

Landmines and other unexploded ordnance are littered throughout the country, primarily near the Mediterranean Sea in Alexandria, the desert region east of Cairo, in close proximity to the Suez Canal, and throughout the Sinai Peninsula. Most areas with ordnance are clearly marked, though local officials should be consulted before traveling in these areas.

There have been several hot air balloon accidents in Luxor in recent years. At least one tourist was killed and 12 others were injured when a hot air balloon crashed near Luxor on 5 January 2018. In 2016, Egypt temporarily banned hot air balloon flights after 22 Chinese nationals were injured during a crash landing. In 2013, 19 tourists were killed in a hot air balloon explosion during a sunrise sightseeing tour. The victims included foreign nationals from Hong Kong, Japan, Britain, France, and Hungary.

Law Enforcement

There is a heavy police presence throughout Egypt, particularly in tourist areas as well as locations with high levels of civil unrest. Police forces have historically failed to respond adequately during major emergencies, leading the military to occasionally be deployed to control unrest or crime. Tourist police are available in popular destinations for travelers. There have been reports of widespread corruption in the police force. These officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law, or for providing routine services. There have also been reports of police officers sexually harassing women.

Prisons and detention centers in Egypt do not meet international standards. Conditions at these facilities are characterized by overcrowding, disease, and the mistreatment of detainees. Pretrial detention periods are lengthy and often exceed the one-month limit set in place by law. Defendants are presumed innocent but those tried in military courts, including protesters and journalists, are often denied access to their lawyer and are tried swiftly. Individuals who are arrested in Egypt should attempt to contact their embassy or consulate, as prison officials may not despite a legal obligation to do so.

Transportation

Air: Egypt is rated Category 1 by the International Aviation Safety Assessment Program (IASA). This means that that Egypt's aviation authority has been found to license and oversee air carriers in accordance with International Civil Aviation Organization (ICAO) aviation safety standards.

Bus: Minibuses, common in Cairo and Alexandria, are poorly maintained, overcrowded, and are often involved in accidents. Larger buses within Cairo are available, but high rates of harassment targeting females have been reported on these vehicles. Luxury bus services are available between major cities. However, there is a high rate of traffic accidents involving intercity buses.

The risk of bus accidents occurring is elevated on overnight journeys. Drivers are not always checked for alcohol levels and drugs, resulting in higher numbers of bus drivers falling asleep while

driving.

Car: Drivers in Egypt may face difficulties due to the poor quality of road infrastructure and poor local driving practices. Rainstorms during the winter can create hazardous driving conditions. Driving conditions worsen at night and in rural areas.

Roadblocks may be set up by security forces or neighborhood watch groups with little or no notice, especially during times of widespread unrest. Carjackings have been on the rise, especially against SUVs and newer vehicles.

Taxi: Taxis are readily available in major cities. In Cairo, white taxis are metered and modern. Yellow taxis are also available. Black and white taxis are older and typically lack meters; a fare should be negotiated before entering the vehicle. Pick-up trucks are sometimes used as taxis in more rural areas.

Sexual harassment against females riding alone in a taxi has been reported. Only use properly marked taxis, and book through a hotel if possible. Do not get into a taxi if there is another passenger in the vehicle. If unhappy with the direction in which the taxi is traveling, speak calmly, yet firmly to the driver in conjunction with the hand gesture to stop in case there is a language barrier. If there is no positive response from the driver, exit the vehicle at the first opportunity.

Train: Most rail infrastructure is out-of-date and passenger cars may be dirty and overcrowded. Train accidents are common in the country. Rail travel is available between Cairo and Alexandria, and is considered a convenient way to travel between the two cities.

Several major accidents have been reported in recent years, due in part of the country's outdated rail infrastructure. At least 25 people were killed and 50 others were injured in a train crash at Ramses Train Station in the capital, Cairo, on 27 February. According to reports, a train crashed into one of the concrete barriers in the station, causing one of the train's fuel tanks to explode which resulted in a large fire that affected a platform and nearby buildings. On 14 July 2018, at least 55 people were injured when a train derailed on a railway track immediately south of Cairo. On 28 February 2018, at least 15 people were killed and 40 others were injured in a train collision in the Beheira governorate on 28 February 2018. On 11 August 2017, at least 36 people were killed and 55 others injured in a train crash in Alexandria.

A metro system is available in Cairo and is considered dependable. Female-only cars are available to help females avoid harassment. Pickpocketing is common on the subway. Small explosive devices have been detonated and found in metro and railway stations as well as on railway tracks.

Scams, Fraud, Corruption, and Extortion

Scams are common in Cairo, particularly in and near major tourist destinations. Many scammers will attempt to persuade a traveler to change their hotel, rental car, or taxi by claiming one of these is closed or in poor condition. Other scammers will persuade a traveler to visit their shops, which charge exorbitant prices. Common scams against foreigners, regardless of destination, include dating and marriage scams, false employment opportunities, and virtual kidnapping for ransom. Avoid giving out personal information at all costs, especially bank or credit card numbers.

Extreme levels of corruption have been reported throughout all parts of the civil service and security forces. Officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law, to respond to or investigate crime, or to provide routine services.

Security Advice

Be prepared. Make an effort to understand your destination environment before you travel: identify the possible threats and prevailing situation, understand your own vulnerabilities and take action to mitigate the risks.

Maintain a low profile and good situational awareness. Ensure you travel with reliable communications equipment, test your mobile (cellular) telephone upon arrival at your destination and keep it fully charged. Make note of emergency telephone numbers, including the police, fire department, ambulance, and embassy or consulate.

Avoid all protests and demonstrations to minimize the risk of exposure to incidental violence. Travelers should walk away or wait inside a shop or restaurant if it is not possible to leave the area. Plan alternate routes to circumvent potential protest locations. Seek the assistance of a local host, or travel with a local driver, where possible.

To minimize the risk of becoming a victim of petty theft, travelers should maintain caution and exercise situational awareness at all times. Avoid overt displays of wealth. If confronted by a criminal, do nothing to antagonize the situation. Carry a "dummy" wallet if possible, and carry a passport photocopy at all times.

Carry handbags on the opposite side from passing traffic to reduce the risk of thieves on motorcycles trying to snatch them.

Avoid walking unless you are confident of the security situation. Do not walk by yourself at night in secluded or troublesome areas of the city. Do not take shortcuts away from main roads, which tend to be busy and provide a safer environment.

National holidays and public festivals tend to attract large crowds in some countries. Such public gatherings, despite a typically enhanced security presence, create a potential venue for disorder or violence. In addition, large crowds may well impede local transportation systems.

Do not buy counterfeit or any goods in violation of copyright laws. Doing so may be a violation of local laws and can carry hefty fines or even prison time.

Reduce risk of injury from car crashes by always wearing a seatbelt. Some countries have heavy fines for not wearing a seatbelt. Avoid drinking and driving. Be sure to travel with all appropriate documentation, including passport and visa photocopies. Individuals who intend on driving should be in possession of their International Driving Permit (IDP), vehicle registration, and proof of insurance at all times.

Travelers are subject to the laws of Egypt, even if they are not a citizen of Egypt. Travelers can also be prosecuted for violating their home country's laws while in a foreign country. Travelers should be aware of the laws and customs of the country they are traveling in order to avoid prosecution.

HEALTH ASSESSMENT

Health Risk Rating

High

Travel Health Advice

Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.

Protect against insect bites and insect-borne diseases, such as tick-borne encephalitis or malaria, by using insect repellent and wearing long pants, long sleeve shirts, boots, and hats if possible. See more detailed insect precautions below.

Prevent foodborne illnesses by avoiding undercooked foods and unpasteurized dairy products and washing hands, especially before eating. See more detailed food and beverage precautions below.

A comprehensive pre-travel health consultation with a travel health care provider is recommended for all travelers in order to optimize their health while traveling and to individualize their disease prevention strategies to best mitigate the health risks of any destination.

Immunizations - Required for Entry

The following vaccines are required for travelers entering the country. Some vaccines may only be required for travelers arriving from specific destinations, or those who have previously traveled to specific destinations within a given time period. Travelers are advised to consult with their travel healthcare provider for traveler-specific requirements.

Immunization	Notes
Polio	<p>Polio is a viral disease spread between humans through both fecal-oral and oral-oral routes. Mechanisms include the ingestion of fecal-contaminated food or water, contact with infected feces, and through contact with the respiratory secretions of an infected person.</p> <p>All persons should be vaccinated against poliovirus. In the US, only inactivated polio vaccine (IPV) is used, while in other parts of the world, oral polio vaccine (OPV) is still used. A single lifetime booster dose of IPV is recommended for adults traveling to at-risk areas, even if they received routine vaccination as children. Those with unknown vaccination status, or who did not complete polio vaccination as children, should complete a routine vaccination series.</p> <p>Certain countries have implemented a polio vaccine requirement upon exit from the country. Travelers to these countries should carry a yellow card with appropriate polio vaccination recorded.</p>

Yellow Fever (YF)	<p>YF is a viral infection spread through the bite of an infected mosquito.</p> <p>A requirement for YF vaccine is present in many countries to prevent travelers from bringing the virus into the country. This requirement in some cases applies even to airport transfers in countries with YF transmission risk.</p> <p>A travel health professional can advise if YF vaccine is indicated for a specific travel itinerary. YF vaccine can be given to most adults and children over 9 months, and should be administered at least 10 days before travel. YF vaccine is considered effective for life; however, there is some uncertainty regarding universal country recognition of this lifetime validity.</p>
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Immunizations - General

The following immunizations are recommended for travel to all destinations.

Immunization	Notes
Routine	Routine vaccines for preventable diseases, such as measles/mumps/rubella (MMR) vaccine, diphtheria/pertussis/tetanus (DPT) vaccine, chickenpox (or varicella), poliovirus vaccine, etc. are recommended for all travelers.
Hepatitis B	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well.</p>
Influenza	<p>All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>

Immunizations - Recommended for this Country

The following are vaccine preventable diseases present in this country. Some travelers may be at an increased risk of exposure to specific diseases. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary- specific recommendations.

Immunization	Notes
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<p>Hepatitis A</p>	<p>The Hepatitis A virus is primarily transmitted through contaminated water and food such as shellfish and uncooked vegetables or fruit prepared by infected food handlers. It is also transmitted through person-to-person contact via fecal-oral exposure, or spread through sexual relations, blood transfusions, and needles.</p> <p>Several pre-exposure vaccination options are available: HAVRIX, VAQTA, TWINRIX (3-dose HepA/HepB combination series), and AVAXIM. The vaccine requires 2 doses, separated by a minimum of 6 months. Ideally, the traveler should complete both doses at least 2 weeks prior to travel. However, if there is insufficient lead time to travel, the first injection should be administered before departure and a booster after 6 months. Once both doses are completed, immunity is considered lifelong.</p>
<p>Hepatitis B</p>	<p>Hepatitis B is spread through contact with infected blood, sexual relations, and contact with contaminated needles.</p> <p>There are several pre-exposure vaccination options available: PEDIARIX (pediatric formulation containing DTaP, HepA/B, and polio vaccines), TWINRIX (3 dose HepA/HepB combination series), ENGERIX-B, RECOMBIVAX HB (3 doses); Heplisav-B (2 doses). The full course of injections is recommended prior to travel. Unvaccinated travelers who have been exposed to HBV should seek medical attention immediately. They should receive a dose of Hep B vaccine within 24 hours of the exposure, and may benefit from treatment with Hep B immunoglobulin as well. Vaccination is routine in the US and many other countries. Previously unvaccinated travelers should consider vaccination for travel to areas with high risk of HBV infection, or if they anticipate needing medical/dental care abroad, being exposed to needles, or engaging in sexual activity.</p>
<p>Typhoid Fever</p>	<p>Typhoid is a bacterial infection spread through the ingestion of contaminated food or water.</p> <p>Vaccination should be completed 1-2 weeks before travel, depending on the form of the vaccine given. Two forms of the vaccine are available: an inactivated shot (1 dose), and a live oral vaccine (4 capsules given over 8 days). Booster doses of vaccine are needed for ongoing protection. The interval will vary depending on the form of the vaccine and the traveler's country of vaccination. Vaccination recommendations vary by country, activities, and specific itinerary. Consult a travel health professional for individual advice.</p>
<p>Rabies</p>	<p>Rabies is spread through the bite or scratch of an infected animal. All mammals are susceptible, but dogs and other wildlife (particularly bats) are the most common vectors.</p> <p>A 3-dose pre-exposure rabies vaccine is recommended for long-term travelers and expatriates visiting remote areas. It is also recommended for travelers involved in adventure or outdoor activities in remote areas who could be exposed to bats, dogs, and other mammals and those who might be in direct contact with animals, including in urban areas. Children are at higher risk and have a lower threshold for pre-exposure vaccination. The first dose of the vaccine should be administered at least 21 days before travel.</p>

Influenza	<p>Classic, or seasonal, influenza, is a highly contagious respiratory infection, caused by 2 types of virus: A and B. All types of Influenza are spread between humans by respiratory droplets through sneezing, coughing, and touching objects contaminated with the virus.</p> <p>There are 2 types of pre-exposure vaccinations available: Inactivated Influenza Vaccine (IIV), and Live Intranasal Influenza Vaccine (LAIV). IIV is injected into the upper arm or thigh, and LAIV is administered as a nasal spray. Components of the vaccine change yearly, depending on anticipated circulating strains of the virus, which vary by hemisphere. Vaccination is recommended annually for all persons at least 6 months of age, prior to transmission season.</p>
Meningococcal Disease	<p>Meningococcal disease is spread through contact with the respiratory secretions of an infected person, as well as sharing food and drinks.</p> <p>Meningococcal conjugate vaccine (MCV4) can be given to all persons at least 2 months of age. Dosing will vary depending on the product and the age of the traveler.</p>

Health Risks

The following are health risks present in the country. Some of these health risks are widespread, while others may only affect travelers in specific areas or those engaging in specific activities. Travelers are advised to consult with their travel healthcare provider for traveler- and itinerary-specific recommendations.

Health Risks	Notes
Air Pollution	<p>Air pollution refers to the potentially hazardous mix of particulate matter, chemicals, and other materials that infiltrates the air and causes acute symptoms and chronic conditions. Acute symptoms include itching of the eyes, nose, and throat, as well as wheezing, coughing, shortness of breath, chest pain, headaches, nausea, and upper respiratory infections (bronchitis and pneumonia). Air pollution is increasing in low- and middle- income countries and has become a major concern for travelers.</p> <p>Travelers with chronic lung conditions such as asthma or chronic obstructive pulmonary disease COPD should consult with their physicians prior to travel to areas with poor air quality, and these populations should reduce outdoor exertion. Elderly travelers and infants are also more at risk for respiratory consequences of exposure to air pollution. All travelers should comply with air pollution advisories. Levels of air pollution will vary by city and region; check current levels prior to travel to appropriately target preventive measures.</p>

<p>Dengue Fever</p>	<p>Dengue fever is a mosquito-borne viral infection. Symptoms include headache, sudden-onset fever, rash, and joint pain. Some cases progress to severe dengue, when significant bleeding, fluid shifts, and end organ damage can appear.</p> <p>Dengue fever is spread through the bite of an infected Aedes mosquito. The Aedes mosquito, which carries dengue fever, typically lives indoors in dark, cool places like closets, under beds, bathrooms, and behind curtains, as well as around standing water. Aedes are daytime biters, with highest activity 2-3 hours after dawn and mid-to-late afternoon. Aedes mosquitos are active in both urban and rural environments.</p> <p>There is no vaccine to prevent dengue fever. Use daytime insect precautions (see Insect Precautions below). Although there is no specific treatment for Dengue Fever, persons with suspected illness should seek medical care for definitive diagnosis. Dengue Fever does not usually require hospitalization; however, close clinical monitoring is needed to allow early intervention if complications occur.</p>
<p>Hepatitis C</p>	<p>Hepatitis C is a viral infection that causes liver disease. Most people do not have symptoms. If symptomatic, people can experience gastrointestinal disturbances, jaundice, dark urine, and fatigue. Chronic disease can cause liver cirrhosis and cancer.</p> <p>Hepatitis C is spread person-to-person through IV drug use, contaminated needles for tattoos and body piercings, or unsafe medical procedures such as unscreened blood transfusions. Hepatitis C can also be transferred sexually. Travelers are generally at low risk, unless engaging in at-risk behaviors, or suffer a medical event requiring a blood transfusion. Healthcare workers are also at risk.</p> <p>There is no vaccine to prevent hepatitis C infection. Travelers are advised to avoid IV drug use and sexual contact with high-risk individuals. Avoid receiving blood transfusions in facilities with substandard blood donation and screening procedures. Avoid other procedures that may bring you in contact with contaminated needles, such as tattoos and body piercings. There is effective antiviral treatment for hepatitis C. Travelers should seek medical care for testing and treatment if they suspect infection.</p>
<p>Hepatitis E</p>	<p>Hepatitis E is a viral infection causing liver inflammation. Most of those infected are asymptomatic or have only mild symptoms, which can include non-specific gastrointestinal symptoms, jaundice, dark urine, and fever.</p> <p>In developing countries, Hepatitis E is transmitted through the fecal-oral route, most often through contaminated water. Other modes of transmission include consuming raw or undercooked pork or game meat, and shellfish. Human-to-human transmission is uncommon. Pregnant women, those with liver disease, and immunosuppressed persons are at risk of more severe and chronic infection.</p> <p>There is a vaccine to prevent against Hepatitis E, but it is only available in China. Adhere to recommended food and water precautions (see below). Only eat meat that has been cooked well and thoroughly. Practice good hand washing and body hygiene. No specific antiviral medication is available to treat Hepatitis E. Supportive care is usually sufficient while the infection resolves.</p>

Leishmaniasis	<p>Leishmaniasis is a parasitic disease caused by several species of Leishmania protozoa. Three clinical syndromes result, depending on causative species: cutaneous, mucosal, and visceral (the most severe). Travelers most often are affected by the cutaneous form, usually with ulcerating skin lesions and swollen glands, and experience self-limited disease.</p> <p>Leishmaniasis is spread through the bite of an infected sandfly. Risk of acquiring the disease is higher among adventure travelers, eco-tourists, missionaries, military personnel, construction workers, and those working outdoors at night or sleeping outdoors.</p> <p>There is no vaccine to prevent Leishmaniasis. Follow insect precautions (see below), and avoid nighttime outdoor activities if possible. Most sandflies bite from dusk to dawn, but in the Western hemisphere, sandflies bite both day and night. Be aware that the mesh on any protective netting must be of a finer weave than the norm for prevention of mosquito bites. For netting to be effective against sandflies, it must have at least 18 holes per linear inch (2.54 cm). Impregnated nets and screens are most effective. Treatment decisions are multifactorial and can include local wound care and medications.</p>
Schistosomiasis (Bilharzia)	<p>Schistosomiasis is a parasitic infection caused by flatworms. Symptoms of initial infection can include skin rash, fever, headache, muscle ache, bloody diarrhea, cough, malaise, and abdominal pain, but many of those infected are asymptomatic. Schistosomiasis can become a chronic illness with varied manifestations if untreated.</p> <p>Schistosomiasis is spread via larvae that swim in fresh water, and through sexual contact with infected individuals. Travelers become infected by bathing, swimming, boating, or rafting in cercariae-infested waters.</p> <p>There is no vaccine to prevent against schistosomiasis. Avoid contact with bodies of freshwater in endemic areas. Schistosomiasis cannot be contracted in chlorinated swimming pools or in bodies of salt water. The use of insect repellent may be effective but is unreliable. Travelers who come in contact with bodies of fresh water should wear protective footwear and clothing, and clean their skin with rubbing alcohol and a clean, dry towel. Schistosomiasis can be treated with anti-helminthic medication.</p>

<p>Sexually Transmitted Infections (STI)</p>	<p>STIs are a concern for travelers worldwide, and are likely underreported as a travel-related infection. STIs are caused by viruses, bacteria, and parasites, the same potential pathogens as are present in the traveler's home environment. However, certain infections like chancroid, LGV, and Granuloma inguinale are more common in less industrialized countries, and other areas of the world have higher incidence of HIV and Hepatitis B and C than others. Symptoms vary widely depending on the specific infection, and can include both local and systemic symptoms.</p> <p>STIs are spread between humans by unprotected sexual contact (oral, anal, or vaginal), and skin-to-skin genital contact. Some STIs can also be transmitted through exposure to blood and other bodily fluids. Travelers are at higher risk if engaging in sex with sex workers, traveling for sex tourism, or certain higher risk behaviors. Healthcare workers are at higher risk for certain blood-borne infections.</p> <p>Preventive measures focus on decreasing exposure to STI pathogens. Adhere strictly to safe sex practices: use a condom correctly and consistently, or abstain from intercourse, and use an external condom or dental dam for oral exposures. Travelers should pack external and/or internal condoms, as the quality of condoms available in some areas is not reliable. Avoid behavior that increases the risk of contracting an STI such as casual sex with a stranger or a sex worker. Drinking heavily or taking mind-altering drugs will impair judgement and inhibitions during a sexual encounter, increasing the risk of making unsafe choices. Seek medical attention promptly if an STI is suspected.</p>
<p>Helminths - Soil Transmission</p>	<p>Soil-transmitted helminths include the human hookworms <i>Ancylostoma</i> and <i>Necator</i>, and <i>Strongyloides</i>. These helminths penetrate the skin, then migrate through the body through species-dependent pathways to end up settling in the GI tract. Many of those infected have no symptoms. If present, symptoms vary depending on the phase of life cycle within the human host: rash and skin lesions, mild cough, and non-specific gastrointestinal symptoms.</p> <p>Transmission occurs through skin penetration by infective larvae found in fecally contaminated soil and sand in affected areas, usually when walking barefoot or lying directly on the ground. Transmission is more common in areas with poor sanitary practices. Travelers are at higher risk in moist, jungle environments and along the shoreline of tropical and subtropical beaches.</p> <p>There is no vaccine to prevent against helminth infection. Travelers are advised to avoid walking barefoot on beaches or other soil, wash feet after contact with sand, and to always sit on a protective surface to avoid contact between skin and sand/soil. Treatment is with anti-helminthic medication and symptomatic care.</p>

<p>Traveler's Diarrhea</p>	<p>Travelers' diarrhea (TD) is the most common health problem for travelers, affecting up to 70% of travelers going to developing countries. TD is caused primarily by pathogenic bacteria and less commonly by protozoa or enteric viruses. Symptoms include diarrhea, fever, abdominal pain, nausea, and vomiting. More severe forms of TD include dysentery and diarrhea with blood and mucus present.</p> <p>TD is transmitted to humans by the ingestion of contaminated food and water. Individuals at higher risk for TD or adverse consequences include adventurous eaters, immunocompromised persons, persons with inflammatory bowel disease or diabetes, and those taking medications that decrease gastric acidity.</p> <p>There is no vaccine to prevent TD. Following food and beverage precautions may reduce the likelihood of illness (see below). Travelers should carry loperamide for self-treatment of diarrhea and azithromycin to add if diarrhea is severe.</p>
<p>Rickettsial Infections: Murine Typhus</p>	<p>Murine Typhus is an infection with rickettsial bacteria transmitted by fleas. Symptoms include fever, headache, and muscle aches, followed by a rash. While most people have mild illness, more severe symptoms can ensue, including lung, liver, kidney and brain involvement.</p> <p>Murine typhus is transmitted to humans through the bite of a flea carrying the infection. Exposure to animals that serve as hosts (rats, cats, mice) is a risk factor for infection. Murine typhus is occasionally identified in travelers.</p> <p>There is no vaccine to prevent Murine typhus. Avoid contact with known animal reservoirs. Murine typhus is treated with antibiotics; seek medical attention if infection is suspected.</p>
<p>Brucellosis</p>	<p>Brucellosis is a bacterial disease that primarily affects domestic and wild animals, but can be transmitted to humans through contact with skin, conjunctiva, GI, and respiratory tracts. Brucellosis is a systemic infection and usually presents with fever, joint and muscle aches, weakness and fatigue, headache, and loss of appetite. A myriad of other more focal symptoms can also occur.</p> <p>In travelers, brucellosis is most commonly acquired through the ingestion of unpasteurized dairy products. Others at potential risk include those with close contact with infected animals or their tissues, including hunters.</p> <p>There is no vaccine available to immunize humans against brucellosis. Travelers should avoid consumption of unpasteurized dairy products, including fresh goat cheese and other goat products, and use rubber gloves if it is necessary to handle animal tissue or viscera. Brucellosis can be treated with antibiotics. Seek medical attention for potential illness.</p>

Snakebites	<p>Snakebites are an important cause of morbidity and mortality for rural populations in tropical and subtropical areas. Risk of snakebites exists in areas with dense vegetation or rock formation, and snakes are more active in warm weather. Despite this prevalence in resident populations, travelers rarely experience snakebites. Symptoms of snakebites depend on the degree of envenomation, which varies based on species of snake, the volume of venom injected (many bites from venomous snakes are dry), and the weight and size of the victim.</p> <p>Avoid close contact with snakes and do not attempt to handle them. Back away if a snake is disturbed and wait for it to move away. When hiking or trekking in a high risk country, travelers should wear boots and long pants, avoid tall grass if possible, walk slowly, and use a stick ahead to beat the vegetation. Do not reach into holes or cracks between rocks. Sleep under a bed net when camping. Use a flashlight if walking after dark. Seek medical attention immediately after any snakebite. Immediate first aid includes keeping the victim calm and quiet, and immobilizing the limb involved.</p>
Lymphatic Filariasis	<p>Lymphatic filariasis is caused by several species of filarial worms which target the lymphatic system, causing a variety of symptoms. A longer-term chronic infection can cause swelling of body parts and thickening of the skin known as elephantiasis.</p> <p>Larvae of these worm species are transmitted to humans through the bite of several species of mosquitos. Biting can occur night or day depending on the vector species. Short term travelers are at low risk. Longer term travelers such as humanitarian workers, missionaries, and military personnel in endemic areas are at higher risk.</p> <p>There is no vaccine against Lymphatic filariasis. Use daytime and nighttime insect precautions (see below). There are medications to treat the disease, but treatment can be complex. Seek medical care if infection is suspected.</p>
Tuberculosis (TB)	<p>TB is caused by infection with the Mycobacterium tuberculosis bacteria. Over 95% of cases occur in developing countries, and infection is strongly associated with poverty, overcrowding, and malnutrition. TB infection can be latent, with no symptoms, for many years. The most common clinical presentation of active TB is pulmonary TB, with symptoms of cough, night sweats, weight loss, bloody sputum, and fatigue.</p> <p>Tuberculosis is spread through contact with the respiratory secretions of an infected person. It can also be acquired by eating unpasteurized dairy products in areas where the bovine form of TB is endemic.</p> <p>The Bacillus Calmette-Guérin (BCG) vaccine has historically been used at birth in most developing countries to prevent against TB. Results in adults have varied with effectiveness of between 0-80 percent. It is not recommended for travelers. The BCG vaccine is also reported to interfere with TB testing in some cases. Individuals who anticipate prolonged exposure to TB areas should undergo the tuberculin skin test (TST) or interferon-γ release assay (IGRA) both before leaving the US and 8-10 weeks after returning from travel. Treatment for TB is complex; seek medical care for concerns of TB infection.</p>

<p>Avian Flu</p>	<p>Avian flu is caused by several subtypes of influenza A virus found in birds and domestic poultry. Travelers are at risk when visiting areas where avian flu is present, especially if in direct contact with birds/poultry, visiting live bird markets, or consuming undercooked poultry.</p> <p>Humans become infected through direct contact with sick or infected birds or their droppings. No evidence of sustained human-to-human transmission exists.</p> <p>There is no vaccination to prevent avian flu. Travelers to affected areas should avoid direct contact with birds (including domestic poultry), live animal markets and poultry farms, and avoid consumption of poultry. Observe hand and respiratory hygiene.</p>
<p>Rift Valley Fever (RVF)</p>	<p>Rift Valley Fever is an infection caused by the RVF virus belonging to the Bunyaviridae family. It is an animal disease that can spread to humans. Many of those infected have no symptoms. Those who have symptoms can experience fever, muscle and joint pain, headache, light sensitivity, neck stiffness, and vomiting. For most, infection is self-limiting; rarely, more severe forms of the infection can occur.</p> <p>Transmission can be by mosquito bites or contact with infected animal blood, fluid, or tissues through a skin lesion or inhaling infected air droplets from animals. Campers, hikers, and others who spend time outdoors are at higher risk.</p> <p>There is no preventive medication or vaccine against RVF. Travelers to risk areas should employ daytime insect precautions (see below), avoid contact with animal tissue and blood, and avoid consuming unpasteurized milk and raw meat. There is no specific treatment for RVF. Supportive care is the mainstay of treatment.</p>
<p>Marine Hazards</p>	<p>Marine hazards are varied, and include exposures to challenging tides and currents, hazards of watersports and boating, as well as contact with plants and animals that can injure humans. Most commonly seen in travelers are envenomation or stings from jellyfish, sea urchins, certain corals, stonefish, sting rays, and sea urchins.</p> <p>Travelers should seek out and heed posted warnings and refrain from bathing or other aquatic activities at unmarked, unpatrolled beaches.</p>

Medical Facilities and Services

Quality medical care with English-speaking physicians can be found in Cairo and Alexandria. Emergency and intensive care is often limited. Hospitals and health care in Luxor and Aswan may be inadequate. In more rural areas, medical services may be of low quality. Bring adequate amounts of necessary medications for the intended stay, as similar medications are unlikely to be found in Egypt. Doctors may require payment up front and/or in cash.

Food and Water Safety

Local water is generally not considered potable in Egypt and many restaurants have poor or non-existent sanitation standards. Stick to bottled or boiled water and avoid ice cubes. Take extra precautions when buying bottled water to verify that the cap is properly sealed, as it is common to sell used water bottles refilled with tap water to tourists and travelers. Thoroughly wash and peel all

fruits and vegetables and avoid undercooked or raw meat and seafood as these are often the source of foodborne illnesses. Avoid the consumption of unpasteurized dairy products.

Food and Water/Beverage Precautions

Avoid eating raw or undercooked meat, poultry, seafood, or eggs. Avoid eating unwashed or unpeeled fruits/vegetables, fruits/vegetables that have been washed with contaminated water, unpasteurized dairy products, and bush or game meat. Avoid eating food that is not properly refrigerated or cooled, or that has been left standing and uncovered. Avoid eating leafy or uncooked vegetables and salads.

Only drink water that has been filtered or boiled, or has come in a sealed bottle. Avoid drinking any well water unless you can verify its quality. Do not drink beverages that contain ice unless you can confirm that the ice is from purified water. Do not drink unpasteurized milk or juice, or anything mixed with contaminated water. Hot coffee or tea is usually safe to drink.

Wash hands with soap or use an alcohol-based hand sanitizer prior to eating. Do not use tap water to brush teeth unless you can verify the quality of the water. Avoid sharing beverages or utensils with others.

Insect Precautions

Use insect repellent: DEET 20 - 30% or Picaridin 20% on exposed skin. Re-apply per manufacturer's directions.

Avoid scented soaps, hair products, deodorants, perfumes, and shaving products.

Wear long sleeves and pants tucked into socks. Wear neutral colors (beige, light gray). Always wear shoes, both indoors and outdoors.

Treat outer clothing with permethrin.

Remove any containers holding water, both inside and outside any building.

Avoid insect exposure using additional various methods depending on the insect:

- For nighttime flying insects, sleep under bed nets, preferably insecticide impregnated.
- For ticks, hike in the middle of the trail and avoid tall grasses and shrubs, use a tarp when sitting on grass, perform regular tick checks on your body and clothing.
- For other insect vectors, avoid direct contact with animals, and avoid overcrowded, unsanitary conditions to reduce risk of exposure to body lice, mites, fleas, and rodents.

DESTINATION DETAILS

Time Zones

From 1 January to 31 December, Eastern European Time (EET): GMT +2 hours.
As of 2015, Egypt no longer observes Daylight Saving Time.

Currency

Egyptian Pound (EGP)

Credit Cards

Businesses in larger cities and tourist areas will generally accept major credit cards, such as American Express, Diners Club, MasterCard, and Visa. However, more rural areas and small businesses may expect cash payment. Travelers should always notify their bank of their travel to avoid having their account frozen.

ATMs

ATMs are widely available in tourist areas. Travelers should check with their bank before their trip about any fees they might be charged with ATM use.

Banking Hours

From Monday to Thursday 08:00-14:00; Friday 08:00-12:00; and, Saturday 08:00-11:00.
Hours may vary with bank and location.

Major Holidays

Services and transportation may be affected on/around the following holidays:

Date	Holiday
07 January 2019	Coptic Christmas Day
25 January 2019	January 25 Revolution Day
25 April 2019	Sinai Liberation Day
28 April 2019	Coptic Easter Sunday
29 April 2019	Sham el-Nessim (Spring Festival)
01 May 2019	Labor Day
05-07 June 2019	Eid al-Fitr (End of Ramadan)
30 June 2019	June 30 Uprising Day
23 July 2019	Revolution Day/National Day
12-15 August 2019	Eid al-Adha (Feast of Sacrifice)
01 September 2019	Muharram (Islamic New Year)
12 September 2019	Coptic New Year

06 October 2019	Armed Forces Day
10 November 2019	Milad un Nabi (Birth of the Prophet Mohammad)

NOTE: There are no upcoming elections scheduled to take place in 2019.

Voltage Information

220 V, 50 Hz; Plug Type C

International Airports

Airport Name	Airport Code	Airport Location
Aswan International Airport	ASW	Aswan
Borg El Arab International Airport	HBE	Borg El Arab, serving Alexandria
Cairo International Airport	CAI	Cairo
Hurghada International Airport	HRG	Hurghada
Luxor International Airport	LXR	Luxor
Marsa Alam International Airport	RMF	Marsa Alam
Mersa Matruh Airport	MUH	Mersa Matrouh
Sharm el-Sheikh International Airport	SSH	Sharm el-Sheikh
Taba International Airport	TCP	Taba

ENTRY & EXIT REQUIREMENTS

The following information is for citizens of the United States. If you are a citizen of a country other than the United States, contact an embassy or consulate for up-to-date requirements. For additional questions regarding entry/exit requirements, contact Global Rescue at (+1) (617) 459-4200.

A valid passport and visa are required for entry to Egypt. A renewable single-entry 30-day tourist visa can be acquired upon arrival at the airport for a fee of approximately USD 25. A multiple-entry visa is also obtainable for USD 35. When arriving by land or sea, a visa must be obtained prior to arrival. Proof of sufficient funds is also required for entry. Those who are unable to provide the required documents may be refused entry.

Proof of vaccination against yellow fever is required when arriving from a yellow fever infected area. All travelers over 15 years of age who are staying in Egypt for more than 30 days-including foreign contractors-must be tested for HIV prior to their arrival. Although there is an agreement between Israel and Egypt, travelers with an Israeli stamp in their passport may encounter harassment. A departure fee of USD 25 for international flights and USD 4 for domestic flights within Egypt may apply.

On 4 June 2017, Egyptian authorities announced the suspension of diplomatic relations with Qatar. As a result, all air and sea points of entry between Egypt and Qatar will be closed as of 6 June 2017.

IMPORT RESTRICTIONS

The following items are permitted:

- 200 cigarettes OR 25 cigars OR 200 grams of tobacco;
- two liters of alcohol;
- perfume for personal use;
- up to EGP 5,000;
- foreign currency up to a value of USD 10,000.

The following restrictions apply:

- currency, checks, and gold exceeding EGP 500 must be declared.

The following items are prohibited:

- illegal drugs;
- firearms;
- cotton.

EXPORT RESTRICTIONS

The following restrictions apply:

- permission is required to export antiques and artifacts over 100 years old.

The following items are prohibited:

- illegal drugs;

- weapons and ammunition;
- perishable food;
- live animals.

IMPORTANT NUMBERS

Intl. Country Code	+20
Fire	180 (Cairo)
Police	122 (Cairo)
Ambulance	123 (Cairo)

Contact Information for Select Embassies

US Embassy in Cairo

5 Tawfik Diab Street
Garden City, Cairo
Telephone: (+20) 2-2797-3300

UK Embassy in Cairo

7 Ahmed Ragheb Street
Garden City, Cairo
Telephone: (+20) 2-2791-6000

Australian Embassy in Cairo

11 th Floor, World Trade Center
1191 Corniche El-Nil
Boulak, Cairo
Telephone: (+20) 2-2770-6600

For other embassies, contact Global Rescue at (+1) (617) 459-4200.