



DESTINATION REPORT

SAUDI ARABIA

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GENERAL OVERVIEW

The Kingdom of Saudi Arabia is one of the wealthiest and most powerful states in the Middle East. The country is home to Islam's holy cities of Mecca and Medina in the west, and the world's largest proven oil reserves in the east. The Kingdom is bordered by Yemen and Oman to the south, and the United Arab Emirates, Qatar, and Bahrain to the east. It borders Iraq and Jordan to the north, and is separated from Egypt, Sudan, and Eritrea by the Red Sea. The Persian Gulf separates Saudi Arabia from Iran. The majority of the country is desert and, therefore, uninhabitable; however, there are also several major cities and oases that support a population of nearly 35 million people.

Most Saudi Arabians are ethnically Arab, though around ten percent are Afro-Asian. Approximately 10 million people in Saudi Arabia are foreign nationals, predominantly working as laborers. The official language of Saudi Arabia is Arabic. Although English is commonly used in business circles, all contracts in the Kingdom must be in Arabic and are binding. Saudi Arabia is a conservative Islamic state governed by the Holy Quran and Sharia Law. The King of Saudi Arabia is both head of state and head of government, and no political parties or national elections are permitted. The state uses an Islamic, rather than Gregorian, official calendar.

SECURITY ASSESSMENT

Security Risk Rating

Moderate

Security Risk Overview

Most visits to Saudi Arabia are free of major security concerns. However, there is a heightened risk of national and international terrorist activity in the country. In terms of civilian activism, almost all protests are illegal in Saudi Arabia and tend to be flashpoints for mob violence. Travelers to the country do not generally encounter petty crime. There have been clashes on the border with Yemen in recent years.

There is a threat of periodic ballistic missile attacks on civilian targets by rebel forces operating in neighboring Yemen.

Standards of conduct in Saudi Arabia are extremely conservative, particularly regarding dress and relations with members of the opposite sex. Involvement in any legal or commercial dispute—even as a witness or tangential participant in a dispute—may result in difficulties exiting the country.

Terrorism

There is a risk of terrorism in Saudi Arabia as the country remains a base for terrorists to obtain financial support and plan attacks within and outside of the Kingdom. Threats to Saudi Arabia are predominantly related to the Sunni jihadist group the Islamic State (IS).

Hundreds of people have been convicted of involvement with terrorist organizations in Saudi Arabia; however, a credible threat of opportunistic attacks including those against Westerners or Western interests remains in the country.

Houthi rebels based in Yemen—who have ties to Iran—have carried out numerous attacks on Saudi-owned infrastructure and air facilities as the country has led a coalition carrying out airstrikes in Yemen since 2015. These attacks commonly target the country's southwestern region, particularly the cities of Khamis Mushait, Najran, and Jizan.

On 11 November 2020, at least three people were injured in an improvised explosive device (IED) explosion during a World War I commemoration ceremony attended by European consulates held at a non-Muslim cemetery in Jeddah.

Civil Unrest

Protests are prohibited in Saudi Arabia with the exception of a small number of government-approved gatherings. However, some small illegal gatherings may still occur. Jeddah, in particular, has historically experienced unrest over frequent water shortages and the government's ineffectiveness at dealing with flooding. Foreigners arrested at the scene of a protest may be charged with espionage; all large public gatherings should thus be avoided. Do not discount the threat of these events turning violent with little or no notice.

Outbreaks of violence have occasionally been reported along the border with Yemen. Much of this violence is attributed to militant activity, which has triggered a low-level conflict between the Yemeni and Saudi governments, as well as tribal violence. Other areas of concern include those in

the Eastern province (EP), which houses large numbers of Shia Muslims.

Personal Security

Levels of crime in Saudi Arabia are generally low. The most frequently reported crimes against travelers are petty theft and robbery. Harassment, typically involving males stalking and/or pestering females, has also been reported. Sexual violence continues to be a problem in Saudi Arabia and, due to legal and societal implications, is vastly underreported and prosecuted.

Saudi Arabia is strictly governed by Sharia, or Islamic law, and it is imperative to be aware of and observe local customs and laws. Jeddah is considered to be less conservative than the capital, Riyadh, but conventions must be respected, regardless of location, particularly during Islamic holidays. Shops and restaurants may close or stop serving during the *adhan*, or call to prayer, which occurs multiple times a day.

Women are required to wear an *abaya*, which covers everything except one's face and hands. Women in public without a male family member or guardian can be targets for arrest or harassment. Some restaurants may refuse to serve an unaccompanied female; in others, women may be arrested for eating in a section designated for men. In extreme cases, public displays of affection or women caught socializing with men can be charged with prostitution.

Men are prohibited from wearing short pants or going shirtless. The consumption of alcohol is grounds for arrest. Homosexuality and adultery are illegal in Saudi Arabia, and can result in deportation, fines, flogging, and, in extreme cases, death. Dancing, playing music, and showing movies in public are prohibited. Foreigners may be arrested for insulting the Royal family, Islam, or displaying bibles or crosses.

Photography of government buildings, including airports or military facilities, is prohibited. Foreigners caught taking pictures of government buildings, even unknowingly, risk arrest for espionage.

Carjackings have occurred in Riyadh and surrounding areas. These tend to involve multiple criminals who used force or the threat of force to seize a vehicle. Westerners have generally been targeted due to the make of their vehicle, rather than the fact that they are Westerners.

Law Enforcement

Police in Saudi Arabia are generally effective at preventing, responding to, and investigating crimes. However, response times may vary due to a lack of physical addresses and street names. Police officers generally do not speak English. Police also sometimes detain potential witnesses to crimes without charges or access to legal counsel, as well as temporarily confiscating personal effects. Witnesses to criminal incidents may be prohibited from leaving the country until the relevant investigations are complete. Religious police, also known as the *mutawwa*, often treat detainees harshly. Arbitrary arrests and detentions occur, and arrested individuals are not presumed to be innocent.

Prison conditions can vary but tend to be poor; overcrowding and poor sanitation are common problems. There have been isolated reports of the abuse and mistreatment of detainees. Pretrial detention periods are lengthy, and security forces regularly detain individuals for an indefinite period of time. Witnesses to crimes can be detained without charges or access to legal counsel, as can drivers who have been in car accidents, whether at fault or not. Victims of crimes should contact both the local police and their local embassy or consulate as soon as possible because the police do not always notify one's embassy.

Transportation

Air: Saudi Arabia is rated Category 1 in the International Aviation Safety Assessment Program (IASA), indicating that the country's civil aviation authority has been assessed by IASA inspectors and found to license and oversee air carriers in accordance with International Civil Aviation Organization (ICAO) safety standards.

Bus: The state-run bus company, Saptco, currently operates all intra-city and intercity bus services. Buses between cities are generally air-conditioned and clean. Buses are always separated by gender, with families and unaccompanied women (traveling with a residence permit or a passport) in the front, and men in the back. Within major cities such as Riyadh there are minibuses that charge a flat-fare of SAR 2. Routes for these minibuses are generally only written in Arabic, and there are no posted stops. These minibuses are generally not air-conditioned.

Car: Male visitors temporarily in Saudi Arabia may drive on a foreign license, but men employed in Saudi Arabia must acquire a Saudi license from the local Department of Traffic Police and register with the National Information Center. Roads in rural areas tend to be less developed, and road markings and lighting can be scarce. However, roads in larger cities are well paved and generally in good condition, but high speed rates can contribute to accidents. Navigation in Saudi cities can be difficult, because buildings often lack numerical street addresses, and some streets are marked only at landmarks.

Traffic accidents are a serious problem in Saudi Arabia and the country has one of the highest accident rates in the world. Drivers are often detained in the event of an accident that results in personal injury, until fault can be determined and reparations are paid. Often all drivers involved in an accident will be held for several days, regardless of fault. In the event of an accident, all parties are required to pull over and wait for the traffic police, who may take several hours to arrive.

Taxi: Taxis are readily available in major cities. White taxis are metered, but can be scarce in smaller cities. Passengers may negotiate a fare with the driver but most drivers speak little English, so it is important to know the name of the destination in Arabic. Male travelers must sit in the front seat, and females must sit in the back. Passengers must call for a taxi or go to a designated taxi stand to hail a cab because taxis cannot pick up passengers along the road. Ride-sharing services such as Uber and Careem are banned from operating at airports.

Yellow taxis with a "TAXI" sign and white limousine taxis are legal. Illegal taxis will not display a sign and will look like an ordinary vehicle.

Train: Saudi Arabia is home to the only railway in the Arabian Peninsula. Trains run between Riyadh and Dammam, stopping in Al-Hofuf. Trains have three classes: first, second, and VIP. Stringent security requirements are in place for rail services throughout Saudi Arabia.

Scams, Fraud, Corruption, and Extortion

The Hajj is often used as a pretense for defrauding tourists, but in general, visitors should look for signs of dishonesty amongst tour and hotel operators. Tour operators may abandon tourists, leaving them with unpaid hotel bills, and the owners of hotels and hostels may charge fees for the return of foreigners' passports. Foreigners will be unable to leave the country until any legal disputes are resolved. In some cases, the Ministry of the Hajj may be helpful, but in all cases, it is the duty of the visitor to ensure that tour and hotel operators are fully licensed.

Common scams against foreigners, irrespective 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.

Corruption of government employees is widespread in Saudi Arabia. It has been reported that officials may expect, request, or demand illegitimate payments from foreigners for real or imaginary violations of local law.

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.

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 Saudi Arabia, even if they are not a citizen of Saudi Arabia. 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 to in order to avoid prosecution.

HEALTH ASSESSMENT

Health Risk Rating

Moderate

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
Meningococcal Disease	Meningococcal disease is spread through contact with the respiratory secretions of an infected person, as well as sharing food and drinks. 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.

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. Certain countries have implemented a polio vaccine requirement upon entry to or exit from the country. Certain countries also have recommendations for polio vaccination in specific circumstances. Travelers to these countries should carry a yellow card with appropriate polio vaccination recorded. Polio vaccine recommendations and requirements in these countries are in flux; consult with a travel health provider to determine if vaccination is recommended or required for your itinerary.</p>
Yellow Fever (YF)	<p>YF is a viral infection spread through the bite of an infected mosquito. 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. 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>

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>
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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
Hepatitis A Virus (HAV)	<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>
Typhoid Fever	<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>
Hepatitis B Virus (HBV)	<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>

Rabies	<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 Virus (Flu)	<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.</p> <p>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>

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>

Chikungunya	<p>Chikungunya is a viral infection acquired by humans through the bite of an infected mosquito. Chikungunya has been a predominately urban/suburban disease, but expanding development is encouraging spread into more rural areas. Not all infected persons exhibit symptoms, but persons may experience sudden joint pain and fever, as well as headache, rash, and vomiting.</p> <p>Chikungunya is spread through the bite of an infected Aedes mosquito. Highest risk occurs during the rainy season. The Aedes mosquito is day-biting, with particular activity 2-3 hours after dawn, and from mid-to-late afternoon.</p> <p>There is no vaccine to prevent against Chikungunya, but taking proper precautions against mosquito and insect bites may help prevent against transmission (see Insect Precautions below). No specific treatment exists for Chikungunya infection, but supportive care can be helpful to ease the symptoms. Seek medical attention if Chikungunya is suspected, as it is important to rule out other treatable or more serious infections that might be present, such as dengue or malaria.</p>
Dengue Fever	<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>
Hepatitis E	<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. 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>
Malaria	<p>Malaria is caused by a protozoan parasite that lives within red blood cells. Malaria is a very serious and potentially fatal disease. Symptoms include fever, chills, headache, and muscle aches. Vomiting, diarrhea, and abdominal pain also occur. Severe forms of the disease can lead to cerebral malaria, kidney failure, shock, and death.</p> <p>Malaria is spread through the bite of an infected Anopheles mosquito, which is active between dusk to dawn. Risk varies widely, even within a country, and depends on the traveler's itinerary, sleeping accommodations, urban vs rural travel, and elevation, among other factors.</p> <p>There is no vaccine to prevent against malaria. Observe nighttime insect precautions (see below). Malaria prophylaxis medications are often recommended for travel to endemic areas. Consult with a travel health professional for specific advice. Seek medical care immediately if malaria infection is suspected. Treatment with antimalarial medications is effective.</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>

Sexually Transmitted Infections (STIs)	<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>
Helminths - Soil Transmission	<p>The most common parasitic worms transmitted via the oral route are Ascaris, Trichuris, and Taenia. These worms typically affect the gastrointestinal tract and can cause nonspecific digestive symptoms such as abdominal pain and distention, and diarrhea. Each species also has a unique set of additional complications that can occur.</p> <p>These helminths are acquired by humans through ingestion of eggs deposited by an infected host animal, or adult worms in infected meat products. Typically, this occurs through contaminated food or water, or consumption of undercooked beef or pork. Transmission is more common in areas with poor sanitary practices. Resident populations in affected areas carry a significant disease burden. Travelers are generally at low risk of significant disease.</p> <p>There is no vaccine to prevent helminth infection. Adhere to recommended food and water precautions (see below). Only eat meat that has been cooked well and thoroughly. Avoid touching the mouth with dirty hands. Practice good hand washing and body hygiene. Treatment is with anti-helminthic drugs.</p>
Travelers' Diarrhea	<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>

Brucellosis	<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. 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>
Marine Hazards	<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>
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>
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	<p>MERS is an acute respiratory syndrome caused by a coronavirus. Symptoms include fever, cough, and difficulty breathing. Kidney failure can occur in severe cases. MERS has a case fatality of more than 30%.</p> <p>The virus is transmitted through exposure to respiratory secretions and body fluids of infected camels. Human-to-human transmission also occurs, especially in hospital settings via direct contact with contaminated surfaces. Risk to travelers is low. Healthcare workers in contact with MERS patients, and those who are immunosuppressed or chronically ill, are at higher risk. There is no vaccine currently available and no specific treatment for the virus. Travelers should avoid physical contact with wild or farm animals and camels, and consumption of camel products (unpasteurized milk, urine, and improperly cooked meat). Practice good personal and hand hygiene. There is no specific treatment for MERS. Seek medical attention promptly if you suspect infection with the MERS virus.</p>

Tuberculosis (TB)	<p>TB is caused by infection with the <i>Mycobacterium tuberculosis</i> 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>
Rift Valley Fever (RVF)	<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>
Crimean-Congo Hemorrhagic Fever (CCHF)	<p>CCHF is caused by a bunyavirus and is a zoonotic disease. Many infected individuals are asymptomatic. Those who become ill may present with fever, fever, sore muscles, dizziness, neck pain and stiffness, backache, headache, sore eyes and photophobia, mood swings, and aggression. The disease progresses to bleeding and bruising in mucus membranes and skin, and then in internal organs. CCHF can be fatal.</p> <p>CCHF is spread through tick bites and through contact with infected animals or animal tissue. Activities that increase risk for CCHF include outdoor activities in endemic areas (camping, hiking, etc.), or contact with livestock. In general, risk to travelers is low.</p> <p>There is no vaccine to prevent against CCHF. Those engaging in outdoor activities in endemic areas should observe insect precautions with particular attention to preventing tick bites (see Insect Precautions below). Visitors working with livestock or other animals in endemic areas should wear gloves or other barriers to keep their skin from coming into contact with infected animals, as they often serve as hosts for ticks. Special protective clothing is indicated for healthcare workers caring for patients with CCHF. Seek medical advice immediately if CCHF is suspected. Some patients may benefit from antiviral treatment, and more severely affected patients will need intensive supportive care.</p>

Plague	<p>Plague is a bacterial disease that can lead to 3 forms of disease: bubonic plague affecting the lymph nodes, septicemic plague in the bloodstream, and pneumonic plague affecting the lungs. Symptoms will vary depending on which form of the disease is present, and can include, fever, swollen and painful lymph nodes, abdominal pain, pneumonia, and bleeding.</p> <p>The plague is typically spread through the bite of infected rodent fleas. It is sometimes spread through the inhalation of infected animal secretions, or by handling infected animal tissue. Rarely, person-to-person spread can occur if pneumonic plague is present. Risk to travelers is generally low. Hikers, campers, hunters, and persons exposed to wild rodents in endemic areas are at higher risk.</p> <p>There is no vaccine to prevent against the plague. Measures should be taken to prevent against contact with rodents and other potentially infected animals. Prevent flea bites with insect repellent and protective clothing. Travelers should avoid crowds and coughing persons in areas where pneumonic plague has been reported. Those who may have had contact with an infected person, rodent, or other animal should receive antibiotic prophylactic treatment. Infected persons need immediate antibiotic treatment due to the high risk of death.</p>
Hajj and Umra travel restrictions	<p>Contagious diseases are a serious concern during the Hajj. Additional vaccine requirements may be in effect for those traveling to Saudi Arabia during the Hajj and Umra periods. Travelers should adhere to good hand hygiene, proper cough and sneeze etiquette, and avoid contact with ill appearing persons. In addition, travelers should avoid contact with animals, especially camels, including camel milk, camel urine, and improperly cooked meat.</p> <p>During certain Hajj and Umra travel seasons, restrictions have been in place for certain at-risk populations, such as pregnant women, immunocompromised individuals, those with cancer, and others with chronic health conditions. These restrictions can vary from year to year.</p> <p>Because vaccine and health requirements and restrictions for travelers participating in the Hajj and during the Umra season change from year to year, it is strongly recommended to consult with a travel health provider at least 6-8 weeks prior to travel in order to receive current information and have adequate time to comply with requirements prior to travel.</p>
Medication Restrictions	<p>Many countries strictly regulate the importation of medications, both prescription and over-the-counter. Some medications are banned in certain countries. This country is one that may have strict medication regulations for entry. It is recommended to consult with the country's consulate or ministry of health, as well as your travel health provider, for more specific information.</p>

Medical Facilities and Services

Most major cities in Saudi Arabia have high-quality medical facilities staffed by well-trained professionals. Most small towns have a medical center, but patients must go to a major city for treatment for serious illnesses. Hospitals generally have English-speaking personnel but doctors and nurses in rural centers may speak only Arabic.

Food and Water Safety

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.

Water may not be potable outside hotels or resorts. 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, Arabia Standard Time (AST): GMT +3 hours
Saudi Arabia does not observe Daylight Saving Time.

Currency

Saudi Riyal (SAR)

Credit Cards

Most medium or large hotels, restaurants, and airlines in Saudi Arabia accept Visa, MasterCard, and American Express. However, Saudi Arabia is largely a cash-based economy, and outside luxury establishments, credit card acceptance can be limited, even among tour operators and other businesses that cater to foreigners. Travelers should always notify their bank of their travel plans to avoid having their account frozen.

ATMs

ATMs are easy to find, though not all accept foreign cards. Generally, ATMs display the logos of the cards they accept. Travelers should check with their bank before their trip regarding any fees associated with ATM use.

Banking Hours

From Saturday to Wednesday 08:00-12:00 and 17:00-20:00, and Thursday 08:00-12:00.
Hours may vary by bank and location.

Major Holidays

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

Date	Holiday
3-5 May 2022	Eid al-Fitr
9 July 2022	Arafat Day
10-12 July 2022	Eid al-Adha
22 September 2022	National Day

NOTE: Dates of major holidays are approximate, as they depend on local sightings of various phases of the moon. During the month of Ramadan, preceding Eid al-Fitr, Muslims fast during the day and feast at night; this routine may disrupt normal patterns of commerce. During the Hajj, or pilgrimage to Mecca, businesses and government offices may be closed for 10 to 14 days.

Voltage Information

110/220V, 60Hz -- Plug Type A, B, F, G

International Airports

Airport Name	Airport Code	Airport Location
Dammam King Fahd International Airport	DMM	Dammam
Jeddah King Abdulaziz International Airport	JED	Jeddah
Medina Prince Mohammed Bin Abdulaziz International Airport	MED	Medina
Riyadh King Khalid International Airport	RUH	Riyadh

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 passport with at least one blank page and valid for at least six months from the date of arrival is required for entry. Tourist visas are now available through the e-visa portal (<https://visa.visitsaudi.com>) prior to planned trips, or upon arrival at any Saudi Arabia international airport. For all other travel, visas must be obtained prior to travel. Visitors are required to be in possession of an onward or return ticket. Visitors can be refused visas if their passports indicate travel to Israel or that they were born in Israel.

A Muslim female traveling to perform the Hajj must be accompanied by a male member from her immediate family over the age of 18, or, if over 45 years of age, must travel with a group of females and a sponsor. A husband or other male sponsor must meet any unaccompanied female at the airport or point of entry. Visitors can be refused entry if they fail to comply with Saudi standards of general appearance or engage in public displays of affection.

During the Hajj, Muslim visitors to Jeddah or Medina must have a valid Hajj visa. Non-Muslims are not allowed to visit Mecca or Medina.

US citizens entering Saudi Arabia on visitor visas must also have an exit visa. Citizens involved in legal disputes, employment disputes, or labor disputes will not be granted an exit visa prior to the court resolution of their case or the withdrawal of their complaint. Visitors who overstay can face significant fines, detention, and/or deportation, and a ban from returning to the country.

Currency restrictions apply. Travelers must declare any amount over USD 16,000 upon entering and exiting Saudi Arabia.

IMPORT RESTRICTIONS

The following items are permitted:

- 600 cigarettes or 100 cigars or 500 grams of tobacco products; and
- reasonable quantity of perfume.

The following restrictions apply:

- prescription drugs must have a valid prescription;
- currency or precious metals exceeding SAR 60,000 must be declared;
- explosives, weapons and ammunition must have permission from the Ministry of Interior;
- pets must have a certificate of health and an approved record of vaccination from a Saudi Arabian Embassy;
- birds must have a permit from the National Commission for Wildlife Conservation; and
- electronic equipment may be checked for offensive materials. A duty must be paid for electronic items (it may be refundable if the same items are exported within three months).

The following items are prohibited:

- alcoholic beverages;

- Israeli currency;
- narcotics;
- pornographic material;
- pork products;
- non-Islamic religious books and materials;
- counterfeit goods;
- natural pearls;
- games of chance;
- electronic cigarettes;
- laser pointers; and
- radio transmission equipment.

EXPORT RESTRICTIONS

The following restrictions apply:

- currency or precious metals exceeding SAR 60,000 must be declared.

IMPORTANT NUMBERS

Intl. Country Code	(+966)
Fire	999/911
Police	999/911
Ambulance	997/911

Contact Information for Select Embassies

US Embassy in Riyadh

8720 Abdullah Alsahmi Street, Al Safarat
Diplomatic Quarter, Riyadh 12523
Telephone: (+966) 11-835-4000

UK Embassy in Riyadh

Ibn Uday, As Safarat
Diplomatic Quarter, Riyadh
Telephone: (+966) 11-481-9100

Australian Embassy in Riyadh

Abdullah bin Hozafa Al-Sahmi Avenue
Diplomatic Quarter, Riyadh 11693
Telephone: (+966) 11-250-0990/0993

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