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EDITORIAL

Health conditions of travellers to Saudi Arabia for the pilgrimage to Mecca (Hajj and Umra) for 1434 (2013) ☆

Editorial note

The Ministry of Health of Saudi Arabia has issued the following requirements and recommendations for entry visas for the Hajj and Umra seasons in 2013

1. Yellow fever

(a) In accordance with the International Health Regulations 2005 [1], all travellers arriving from countries or areas at risk of yellow fever (listed below) must present a valid yellow fever vaccination certificate showing that the person was vaccinated at least 10 days previously and not more than 10 years before arrival at the border.

In the absence of such a certificate, the individual will be placed under strict surveillance for 6 days and health offices at entry points will be responsible for notifying the appropriate Director General of Health Affairs in the region or governorate about the temporary place of residence of the visitor.

The following countries/areas are at risk of yellow fever transmission (as defined by the International travel and health 2012) [2].

1.1. Africa

Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Cote

d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Guinea, Guinea Bissau, Gambia, Ghana, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Sudan, South Soudan, Togo, and Uganda.

1.2. South and Central America

Argentina, Bolivarian Republic of Venezuela, Brazil, Colombia, Ecuador, French Guyana, Guyana, Panama, Paraguay, Peru, Plurinational State of Bolivia, Suriname, Trinidad and Tobago.

(b) Aircrafts, ships and other means of transportation coming from countries affected by yellow fever are requested to submit a certificate indicating that it applied disinsection in accordance with methods recommended by WHO.

In accordance with the International Health Regulations 2005, all arriving ships will be requested to provide to the competent authority a valid Ship Sanitation Certificate. Ships arriving from areas at risk for yellow fever transmission may also be required to submit to inspection to ensure they are free of yellow fever vectors, or disinfected, as a condition of granting free pratique (including permission to enter a port, to embark or disembark and to discharge or load cargo or stores).

2. Meningococcal meningitis

(a) *Visitors from all countries:* Visitors arriving for the purpose of Umra or pilgrimage or for seasonal work are required to produce a certificate of

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vaccination with the quadrivalent (ACYW135) vaccine against meningitis issued not more than 3 years previously and not less than 10 days before arrival in Saudi Arabia. The responsible authorities in the visitor's country of origin should ensure that adults and children over the age of 2 years are given one dose of the quadrivalent polysaccharide (ACYW135) vaccine.

(b) *Visitors from African Countries:* For visitors arriving from countries in the African meningitis belt, namely Benin, Burkina Faso, Cameroon, Chad, Central African Republic, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, South Sudan and Sudan, in addition to the above stated requirements, ciprofloxacin tablets (500 mg) and rifampin for children chemoprophylaxis will be administered at the port of entry to lower the rate of carriers.

(c) *Interior pilgrims* and the Hajj workers vaccination with quadrivalent (ACYW135) vaccine is required for:

- all citizens and residents of Medina and Mecca who have not been vaccinated during the past 3 years;
- all citizens and residents undertaking the Hajj;
- all Hajj workers who have not been vaccinated in the past 3 years;
- any individual working at entry points or in direct contact with pilgrims in Saudi Arabia.

3. Poliomyelitis

All travellers arriving from polio-endemic countries and re-established transmission countries, namely, Afghanistan, Chad, Nigeria and Pakistan regardless of age and vaccination status, should receive one dose of oral polio vaccine (OPV). Proof of polio vaccination at least 6 weeks prior to departure is required for visitors from polio-endemic and re-established transmission countries to apply for entry visa for Saudi Arabia and travellers will also receive 1 dose of OPV at border points on arrival in Saudi Arabia. The same requirements are valid for travellers from recently endemic countries at high risk of re-importation of poliovirus, i.e. India.

All visitors aged under 15 years travelling to Saudi Arabia from countries reporting polio following importation or due to circulating vaccine-derived poliovirus in the past 12 months (as of mid-February, 2013, see list below) should be vaccinated against poliomyelitis with OPV. Proof of OPV or IPV vaccination is required 6 weeks prior to the application for entry visa. Irrespective of previous immunization history, all visitors under 15 years

arriving in Saudi Arabia will also receive one dose of OPV at border points.

Polio cases related to wild poliovirus importation or to circulating vaccine-derived poliovirus have been registered during the past 12 months in the following countries: Chad, Kenya, Niger, Somalia and Yemen.

4. Seasonal influenza

The Ministry of Health of Saudi Arabia recommends that international pilgrims be vaccinated against seasonal influenza before arrival into the kingdom of Saudi Arabia, particularly those at increased risk of severe influenza diseases including pregnant women, children aged <5 years, the elderly, and individuals with underlying health conditions such as HIV/AIDS, asthma, and chronic heart or lung diseases.

In Saudi Arabia, seasonal influenza vaccination is recommended for internal pilgrims, particularly those at risks described above, and all health-care workers in the Hajj premises.

5. Health education

Health authorities in countries of origin are required to provide information to pilgrims on infectious diseases symptoms, methods of transmission, complications, and means of prevention.

6. Food

Hajj and Umrah performers are not allowed to bring fresh food into Saudi Arabia. Only properly canned or sealed food or food stored in containers with easy access for inspection is allowed in small quantities, sufficient for one person for the duration of his or her trip.

7. International outbreaks responses

Updating immunization against vaccine-preventable diseases in all travellers is strongly recommended. Preparation for international travel provides the opportunity to review the immunization status of travellers. Incompletely immunized travellers can be offered routine vaccinations recommended in national immunization schedules (these usually include diphtheria, tetanus,

pertussis, polio, measles, and mumps), in addition to those needed for the specific travel (e.g. meningococcal vaccination for Hajj).

In the event of a public health emergency of international health concern, or in the case of any disease outbreak subject to notification under the International Health Regulations 2005, the health authorities in Saudi Arabia will undertake additional preventive precautions (not included in the measures mentioned above) following consultation with WHO and necessary to avoid the spread of infection during the pilgrimage or on return to their country of origin.

Please address any queries to the Deputy Minister of Health for Public Health in Saudi Arabia (email: zmemish@yahoo.com).

References

International Health Regulations 2005. Geneva, WHO, <<http://www.who.int/ihr>>; 2005.

International travel and health. Geneva, WHO, <<http://www.who.int/ith>>; 2012.

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