

Destination Guide for Netherlands

Overview

Destination Risk Levels

- Low Medical Risk for Netherlands
- Low Travel Risk for Netherlands

Standing Travel Advice

- Travel to Netherlands can continue with standard security precautions.
- Take normal security precautions against petty and street crime.
- There is a credible risk of terrorist attacks by Islamist extremists in major cities in the Netherlands. Government buildings, public transport and high-profile commercial interests are likely targets. Be alert to suspicious behaviour and report any suspect packages to the authorities.
- Protests and demonstrations over various political and socio-economic issues are common but usually pass off peacefully. Plan journeys bypassing them as a precaution and to minimise travel delays.
- Security alerts or hoaxes can trigger the short-notice evacuation of transport hubs or public locations, causing disruption. Follow all directives issued by the authorities during any security operation and do not act on the basis of unverified information.

Destination Guide for Netherlands

Before You Travel

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required: Yes
Visa Required: No
Return Ticket Required: No

Australian

Passport Required: Yes
Visa Required: No
Return Ticket Required: Yes

Canadian

Passport Required: Yes
Visa Required: No
Return Ticket Required: No

USA

Passport Required: Yes
Visa Required: No
Return Ticket Required: No

Visas

Passport valid for at least three months beyond length of stay is required by all nationals, except EU nationals who hold a valid national ID card.

Nationals referred to in the chart above and mentioned in the list on the Netherlands' foreign ministry [website](#) do not need visa for up to three months. All other nationals must apply for visas before travelling to the Netherlands. The visa-issuing policy is generally straightforward. However, it may take 15 days to two months to obtain a visa. Foreign nationals can apply at embassies or consulates of the Schengen country where they intend to spend the most time during their trip.

Requirement for a transit visa can be checked on the official [website](#).

For stays exceeding 90 days, an authorisation for temporary stay ([MVV](#)) is required by all nationals except citizens of the EU member states.

As per the EU, the Entry/Exit System (EES) will be implemented in October 2025 by European countries mentioned [here](#). It will replace the manual border checks by implementing an automated IT system for registering non-EU nationals (those who do not hold the nationality of any EU country or the nationality of Iceland, Liechtenstein, Norway or Switzerland) who are holders of short-stay visas or travellers exempted from visas for 90 days in a 180-day period (Schengen visa exemption) each time they cross the external borders using the system.

Please note: Travellers to Ireland and Cyprus will continue to get stamps in their passports. For details on exemptions to EES registration, please visit the [official page](#).

As per the EU, starting in late 2026, nationals of [visa-exempt countries](#) will need to obtain an ETIAS (European Travel Information and Authorisation System) travel authorisation to visit any of the 30 European countries mentioned [here](#) or up to 90 days within any 180-day period.

The exact date of its implementation is yet to be announced. For updates on the ETIAS launch date and new requirements, check the [ETIAS news corner](#). ETIAS applications can be made via the official ETIAS website or the official ETIAS mobile app once it is operational. For information on travel documents required to apply for ETIAS and payment exemptions, visit [here](#). ETIAS travel authorisation is valid for three years or until the travel document you used in your application expires - whichever comes first. It is for short-term stays and allows business travellers and foreign nationals to stay up to 90 days within any 180-day period. Most applications will be processed within minutes. However, in some cases, it may take longer, ranging from four to 30 days.

If your application is rejected, the email will provide the reasons for this decision. It will also include information about how to appeal, details of the competent authority, as well as the relevant time limit to appeal. Applicants of rejected ETIAS can also

apply for ETIAS travel authorisation with limited validity. More information about this is available [here](#).

Entry/Exit Requirements

Entry/Exit requirements

All passports should contain at least two blank pages at the time of application for visa along with a proof of sufficient funds and a valid return/onward ticket.

Foreign nationals travelling to and from EU member countries do not face any restrictions on the import or export of local or foreign currencies. However, travellers to and from other countries are required to declare any amount that exceeds 10,000 euros. EU nationals are only required to produce evidence of their EU nationality and identity to be admitted to the Netherlands (an EU Member State). This evidence can take the form of a valid national passport or a national identity card. Either is accepted.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

There are no legal restrictions for LGBTQ+ individuals. Societal attitudes towards the LGBTQ+ community are generally tolerant.

Getting There

METHOD OF ARRIVAL

By air

Amsterdam Airport Schiphol ([AMS](#)) is the country's main international airport. Eindhoven Airport ([EIN](#)), the country's second-largest airport, is five miles (8km) north-west of Eindhoven (Noord-Brabant province), while Rotterdam-The Hague Airport ([RTM](#)) is the third-largest airport.

Security at Amsterdam Airport Schiphol is good, though petty crime is a problem. Pickpockets target weary travellers who are arriving or departing late at night, particularly those overloaded with heavy luggage and laptops. People are especially vulnerable at car-rental counters, food and drink outlets and check-in desks. Foreign nationals using the Amsterdam airport should keep their travel documents safe, watch their baggage at all times and ensure that electronic goods are secure.

Airlines have variable security standards. You may wish to consult the European Commission's [website](#) for a list of airlines banned within the EU and the US Federal Aviation Administration's [website](#) for a database of aviation accidents and statistics.

By land

Rail and bus connections to Germany (from Amsterdam and Utrecht), France (via Brussels, Belgium) and Switzerland (via Frankfurt, Germany) are convenient. Overland border crossings from Belgium and Germany are very good and safe.

Getting Around

BY AIR

National carrier Royal Dutch Airlines ([KLM](#)) runs flights between Amsterdam, Eindhoven (North Brabant province) and Maastricht (Limburg province). The small size of the country and the proximity of most major cities mean that most internal travel is undertaken by road or railway, with domestic air travel being limited.

BY ROAD

The road system is excellent and driving is a good way of travelling between cities. Traffic drives on the right and vehicles approaching from the right side are favoured. Car hire is widely available. International car-hire companies, such as [Avis](#), [Europcar](#), and [Hertz](#), are well represented in the country. Motorists need to be at least 18 years old to drive in the Netherlands. Foreign nationals from EU countries or European Economic Area countries can use their national driving licences in the Netherlands for a period of 15 years from the date of original issue in their home country, after which they will have to procure a Dutch permit. Drivers from other nations can use their national licence for 185 days after moving to the Netherlands.

Congestion is a major problem on the motorway network and parking in larger cities can be an issue. Parking fines are severe. One-way systems and cycle-lanes can also make driving in cities difficult. Drivers should be particularly aware of cyclists, even though there are special cycle lanes. The speed limits are 32 miles per hour (50kph) in built-up areas and 62-75 miles per hour (100-120kph) on highways. Motorists should carry an emergency warning triangle and a high-visibility vest for use in case of a breakdown or accident. The usage of mobile phone while driving is strictly prohibited.

BY TAXI

Taxis are a safe and convenient way of travelling around urban areas. Many tourists have become victim of taxi drivers taking the longest route to the desired location. It is advised to only use registered taxis, which can be identified by the 'Taxi' sign on the roof. Illegal taxis also operate in the larger cities. Some taxi drivers will be unfamiliar with street names; it is advised to ask them to use the GPS navigation. Taxis can be picked up at taxi stands or booked by telephone. People should ensure that the meter is on before commencing the journey or else negotiate a fare before setting off.

Mobile application ride-sharing services, such as Uber, are a reasonably safe and reliable form of transport for business travellers in major cities.

BY TRAIN

A fast and efficient rail service, including double-decker commuter trains, links most major cities and towns. It is advisable to buy tickets for the faster express services, rather than the stopping services. Tickets can be purchased from the [Netherlands Railways](#) offices as well as from ticket vending machines in stations. Alternatively, people may buy an [OV-chipkaart](#) (public transport card). Travelling in first class is more comfortable during peak hours in the Randstad area (comprising the cities of Amsterdam, The Hague, Utrecht and Rotterdam).

BY OTHER MEANS

There is an extensive regional bus network. This service is convenient and cheap.

Business Women

BUSINESSWOMEN

There are few issues that will affect women in particular. Nevertheless, businesswomen should avoid walking alone late at night in most large cities and rural areas.

Working Week

WORKING WEEK

- Working week: Monday to Friday
- Office hours: 09.00-17.00
- Banking hours: 09.00-18.00; some are open on Saturdays as well.

Language & Money

LANGUAGE

The official language is Dutch. However, English, German and French are also widely spoken, especially in cities and main tourist areas. A few polite phrases in Dutch will be appreciated.

MONEY

The Netherlands is a member of the European Economic and Monetary Union and the euro is the national currency. ATMs are widely available. Major credit cards, such as Visa, American Express, Diners Club and MasterCard, are accepted. Euro-denominated traveller's cheques are widely accepted in main hotels, shops and restaurants. Smaller establishments may accept cash only.

Tipping

TIPPING

Tipping is optional as service charges are usually included in the bill, which should also include VAT. However, waiters and taxi drivers may expect a small tip.

Geography & Weather

CLIMATE

Climate overview

- The Netherlands has a maritime climate, meaning the summers, between June and August, are not too hot and the winters, between November to February, are not too cold.
- However, the weather can be unpredictable, and rainfall is possible year-round.
- The driest period is from February to May.
- Monitor the Royal Netherlands Meteorological Institute [website](#) for weather updates.

Flooding and strong winds

- The country faces a recurrent threat of flooding because much of the land is below sea level.
- A network of dykes and storm surge barriers is in place to protect communities.
- Gales are common in coastal areas during autumn and winter months.
- Floods and strong winds can disrupt overland travel and damage property.

Earthquakes

- The Netherlands is prone to occasional minor earthquakes.
- The frequency of tremors have increased in recent years due to tectonic movements as well as oil and gas exploration in the north of the country.
- Monitor the Royal Netherlands Meteorological Institute's earthquake [page](#) for related alerts.

Wildfires

- Wildfires are common in the Netherlands during the spring and summer months.
- Wildfires can prompt evacuations and road closures.

Droughts

- The country is vulnerable to droughts, leading to water shortages.
- In 2022, the government declared a national water shortage due to a drought and imposed water conservation measures.

GEOGRAPHY

The Netherlands is located in western Europe and includes the Caribbean islands of Aruba, Bonaire, Curaçao, Saba, St Maarten and St Eustatius. The Netherlands is bordered by Belgium to the south, Germany to the east and the North Sea to the north. The country is more popularly known as Holland, though this refers to the two western coastal provinces, North and South Holland, where the three principal cities, Amsterdam, the Hague and Rotterdam, are located. The fact that the Netherlands lies on the coast and is situated on the estuaries of three major western European rivers – the Rhine, the Maas and the Scheldt – has been a major factor in the development of its economy. A quarter of the country lies below sea level. The country is administratively divided into 12 provinces. Amsterdam is the capital, though the Hague is the seat of government and home to the Supreme Court. The other major cities are Utrecht and Rotterdam, the latter being one of the

world's busiest ports.

International Dialing & Power

DIALLING CODES

Country Code : 31

IDD Prefix (International Direct Dialling) : 00

NDD Prefix (National Direct Dialling) : 0

COMMUNICATIONS

The telecommunications system is modern and efficient. Mobile telecommunications networks have good coverage and have roaming arrangements with many international operators. Postal services are reliable.

Information Security

Reported cases of cybercrime in the Netherlands have been consistently increasing in recent years. This trend has been mainly driven by a growing number of hacking attacks and internet scams. The principal risks for business in the Netherlands stem from cybercriminal campaigns focused on fraud and identity theft (bank details, company/personal logins) using spear phishing and other social engineering techniques; most attacks have so far targeted the financial and retail sectors. Governmental institutions are also at risk due to geopolitical issues and the Netherlands' involvement in the EU and NATO. Cyber-crime has been able to prosper mainly due to the lack or non-implementation of security updates, leaving software weak.

Members should take adequate precautions against disclosing personal information and avoid risky behaviours, such as connecting to public Wi-Fi, charging devices using public USB stations or leaving auto-connect features on their devices.

Advice

- Minimise the number of devices you bring into the country; only carry devices that are absolutely essential. Clean devices, containing only data necessary for the trip with no access to shared networks, should be used if targeted attacks are likely.
- Ensure all devices you bring are well-secured, with strong unique passwords; set up multi-factor authentication where possible.
- Ensure all storage devices have full disk encryption.
- Ensure all software, including anti-virus protection, is up-to-date prior to travel; avoid updating software while away.
- Keep devices on your person as much as possible. If unattended, ensure devices are powered down and well-secured. If using hotel safes, secure them with a secondary personally-lockable device.
- Avoid charging your phone or other electronic device at public USB points, as these can be used by criminals to install malware and steal your personal data. Bring power banks that you can use if your device runs out of power.
- Avoid connecting to insecure Wi-Fi networks where possible and disable the auto-connect feature on your devices. Public Wi-Fi connections are almost always unencrypted, allowing attackers to easily instigate man-in-the-middle attacks, where they redirect your browsing request to a malicious website and then run malware on your device.
- If necessary, only connect to public networks using a Virtual Private Network (VPN). Always familiarise yourself with the legal status of any VPN or application in your destination country prior to travel.
- Comply with local legislation. This includes any official requests to inspect devices. If this occurs, inform your IT department as soon as possible and exercise caution when using the device after. Power off devices prior to approaching customs.
- Limit location tracking or turn off your phone's location function to deter surveillance, with the exception of our Assistance App and other essential applications. Turn off Wi-Fi and Bluetooth when not in use.
- Run a thorough check of all devices upon your return and use the 'forget network' setting if you did connect to any public Wi-Fi networks.
- Obtain profile-specific advice taking into account your industry and position in the company.
- If you fall victim to cybercrime in the Netherlands, you can file a report via telephone number 0900-8844 or at a police station.

ELECTRICITY



Calendar

Holidays & Security Dates

2025

26 Dec Boxing Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is observed on the following Monday or Tuesday respectively.

2026

01 Jan New Year's Day

In many countries, if this holiday falls on a Saturday or Sunday, a public holiday is declared for the following Monday.

05 May National Liberation Day

Destination Guide for Netherlands

Medical Overview

Medical Care

Excellent

Standard of Health Care

The Netherlands is a center of medical excellence, with all medical specialties available. All residents are required to pay a nominal premium and obtain a standard package of essential healthcare insurance. Insurance companies are required to accept all residents within their area of activity. Private health care is limited in the Netherlands.

Residents access all health care through the "huisarts" (general practitioners), who act as 'gatekeepers' to health care. They are assigned strictly by postal area. Individuals must initially register with one of their local GPs who will provide primary care and make specialist referrals as needed. Long term expatriates register with a huisart in their postal area on a permanent basis or as a temporary resident.

There can be long waiting times to see specialists. As in other EU countries, hospitals can specialise in different care areas.

However, if needed, patients will be transferred to facilities where their condition can best be treated.

Many Dutch doctors speak fluent English.

The emergency rooms can be used for urgent specialist care, however, anyone requiring after-hours emergency care should consult their local "Huisartsenpost" for treatment and triage as necessary. A "Huisartsenpost" is a cooperative of local huisarts (GPs) who provide care out of hours. They are open 1700 - 0800 Monday to Friday and 24 hours on Saturday and Sunday.

Busy hospital emergency rooms may decline to see patients with minor complaints. Such patients will be referred back to the Huisartenpost.

Medical Contact

Emergency Numbers, hospital and clinic contact information

EMERGENCY NUMBERS

Ambulance : 112

Fire service : 112

Police : 112

Hospitals & Clinics

Amsterdam UMC, location AMC

9 Meibergdreef

31 205669111

patientenvoorlichting@amc.nl

Amsterdam UMC, location VUmc

1119 De Boelelaan

31 204444444

gastenverblijf.info@amsterdamumc.nl

Erasmus MC

40 Dr. Molewaterplein

31 107040704

klantmanager@erasmusmc.nl

HMC Bronovo

Bronovolaan 5
31 889797900
informatie@haaglandenmc.nl

HMC Westeinde

Lijnbaan 32
31 889797900
info@haaglandenmc.nl

Vaccinations

Routine only

Hepatitis A

Many travel health professionals recommend hepatitis A vaccination for all travellers regardless of destination, especially those who are at higher risk (see [US CDC](#)), such as gay, bisexual, and other men who have sex with men, people who use illicit drugs or those with liver disease.

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis is a general term that means inflammation of the liver. Medications, poisons, alcohol and infections can all cause hepatitis.

Hepatitis A is inflammation of the liver caused by a virus. The virus is highly contagious. People are mostly infected through eating or drinking contaminated food or water, or through direct contact with an infected person. Usually people make a full recovery, however occasionally the disease can be severe or fatal. There is an effective vaccine available.

Transmission

The illness is transmitted via the "faecal-oral route". The virus is present in the stool of an infected person. Others are infected when they consume food / drink contaminated with the virus. This is more common in areas with poor sanitation systems and limited access to clean water.

It is also possible to get the disease via direct contact with an infected person's faecal matter, for example through incompletely washed hands, sexual contact or through shared illicit drugs.

Symptoms

Not everyone gets symptoms. Most childhood infections will be asymptomatic or mild. Most adults will develop symptoms, and severity increases with age.

If symptoms do occur, they begin two to four or more weeks after infection and can last for weeks or months. They include any or all of the following:

- fever
- fatigue
- loss of appetite
- diarrhoea
- nausea/vomiting
- abdominal pain/discomfort
- jaundice (yellowing of the skin and eyes)
- dark urine, clay-coloured stool
- joint pain
- itching

Most people make a full recovery. About 10 to 15% of symptomatic persons with hepatitis A may experience relapse or prolonged illness up to six months. Sometimes the disease is severe and can be fatal (less than 1% of all cases), particularly in older people, and those with other underlying liver disease (such as infection with hepatitis B or C). It is thought to be due to the immune mechanisms rather than infection levels.

Diagnosis

Blood tests are required to confirm the diagnosis.

Treatment

There is no specific medication to treat hepatitis A. Medications to relieve symptoms should only be used under medical advice as they may contribute to damage of the liver.

Prevention

Prevention is through **hygiene**, careful selection of **food and water**, and **vaccination**.

Good hygiene, and choosing safe food and water are important, especially in areas where hepatitis A is common:

- Maintain a high level of personal hygiene, including during sexual activity.
- Do not drink tap water. Choose boiled or bottled water from reputable sources, water that has been treated with chlorine or iodine, or carbonated beverages.
- Avoid ice, as it may have been made with unsafe water.
- Ask locally which restaurants and hotels serve safe food.
- Select food that has been thoroughly cooked while fresh and served very hot.
- Do not eat raw shellfish.

Vaccination is effective, widely available and generally recommended for any traveller who has not already had the vaccine (or the disease). Two doses, given six months apart, are required for lifelong immunity. All travellers should consider it, particularly:

- If travelling to areas with high rates of hepatitis A.
- When living conditions are crowded or have poor sanitation.
- Men who have sex with men.
- Illicit drug users.
- People with liver disease.

Postexposure prophylaxis: After exposure, people who are not immune may be recommended Hepatitis A vaccination or immune globulin (antibodies) as soon as possible (within two weeks) to prevent infection.

Risk to travellers

Hepatitis A is common in areas with limited access to sanitation. People who live with an infected person, men who have sex with men, illicit drug users and people with liver disease are at higher risk in any area.

US Centers for Disease Control and Prevention (CDC) [Hepatitis A Information](#)

European Centre for Disease Prevention and Control (ECDC) [Factsheet about hepatitis A](#)

Hepatitis B

Recommended for health care workers and anyone who may have a new sexual partner, share needles or get a tattoo or body piercing.

Many travel health professionals recommend hepatitis B vaccination for all travellers and international assignees, regardless of destination.

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark.

There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

[Watch the Hepatitis Video Podcast](#) (Vimeo)

[View Viral Hepatitis Infographic Poster](#) (PDF)

The Disease

Hepatitis B is a viral disease affecting the liver. It is transmitted through contact with blood, blood products or body fluids of an infected person. It can cause a mild illness but occasionally can develop into a chronic illness.

Transmission

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids (e.g. semen, saliva) on broken skin. Modes of transmission include:

- Unprotected sexual intercourse with an infected partner
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth
- Contact with wounds of an infected person

The virus remains viable outside the body on any surface for about seven days and can lead to infection. Blood spills including dried blood can be infectious.

Symptoms

Symptoms develop between 30 and 180 days after exposure to infection. Hepatitis B can either be acute (short term illness) or chronic (long term illness). Most people will not develop symptoms during the acute phase. Others experience fever, pain in muscles and joints, abdominal, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. Recovery may take several weeks.

Risk of chronic illness is related to age. Babies who get infected from their mothers or those that get infected before five years of age are very likely to develop chronic infection. Less than 5% of adults and about 90% of children may develop chronic infection. In chronic illness, virus continues to remain in the body although people do not have symptoms. Many individuals may appear healthy but can spread the infection to others. Life threatening conditions such as liver cirrhosis and/or cancer may develop.

Diagnosis

The disease can be confirmed by blood tests.

Treatment

There is no specific cure for the disease. Treatment is mainly supportive, consisting of rest, adequate nutrition and medications to reduce discomfort.

Prevention

Avoid direct contact with body fluids.

Vaccine: This can prevent the illness and its serious outcomes such as cirrhosis and cancer. In many countries, hepatitis B vaccination is included in the routine childhood immunizations.

Risk to Travellers

Most travellers are at low risk unless they have contact with the infected blood or body fluids.

[CDC Hepatitis B information](#)

Measles

- Recommended for all travellers and international assignees.
- All travellers should be up to date with their measles vaccination (schedule differs by country). Vaccination for adults is available as MMR (measles, mumps and rubella), two doses given at least four weeks apart are required.

Some individuals [cannot be vaccinated](#) due to certain health conditions.

Measles is a highly contagious viral disease that can have serious complications.

Transmission

Measles spreads very easily when an infected person talks, coughs, or sneezes, releasing droplets into the air. If a healthy person breathes in these droplets, they can get sick. The virus can stay in the air and infect people for up to 2 hours after the infected person has left. It can also land on objects and surfaces, where it can live for several hours. If you touch these surfaces and then touch your face, you can get infected.

A person with measles is infectious from four days before the appearance of the rash until four days after it has appeared. After being exposed to the virus, approximately 90% of people who are not immune will become infected.

Symptoms

Measles symptoms usually start 7-14 days after being exposed to the virus. Early signs include a high fever, cough, runny nose, and red, watery eyes. Small white spots, known as Koplik's spots, may appear inside the mouth. A few days later, a red, blotchy rash starts on the face and spreads to the rest of the body.

Measles can lead to serious complications, especially in young children, adults over 20, pregnant women, and people with weakened immune systems. Common complications include ear infections and diarrhea. More severe complications can be pneumonia, which is a lung infection, and encephalitis, which is swelling of the brain. These severe complications can sometimes be fatal.

Pregnant women who contract measles have an increased chance of miscarriage and pre-term delivery. Their babies may also experience low birth weights and birth defects.

Diagnosis

This illness is usually diagnosed clinically. If necessary, a lab test can confirm measles.

Treatment

There is no particular treatment for measles. Symptoms can be managed with over-the-counter preparations, good nutrition and adequate fluid intake. Antibiotics are required if there are bacterial complications (such as pneumonia, ear infection). Sick people should be isolated from non-immune people, and should not go out in public until at least four days after their rash appears.

Prevention

Measles can be effectively prevented by vaccination, which many countries routinely administer during childhood. The MMR (measles, mumps, and rubella) vaccine is highly effective and safe, providing lifelong immunity for most people after two doses. Vaccination not only protects individuals but also helps prevent the spread of the virus within communities.

People who are not immune and are at higher risk for complications (such as pregnant women, unvaccinated infants and people with weakened immune systems) may be given a dose of antibodies if exposed to the virus.

In addition to vaccination, good hygiene practices, such as regular handwashing and avoiding close contact with infected individuals, can help reduce the risk of transmission.

Risk to Travellers

Measles occurs throughout the world. Outbreaks are common in areas where there is low vaccination coverage. Measles is highly contagious and can spread quickly in places where people gather, such as airports and tourist destinations. Anyone who has not been immunised, or has not previously had measles, is at risk of infection.

- International SOS article on [measles, mumps and rubella vaccination](#)
- [CDC Measles Information](#)
- See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Tickborne encephalitis

Recommended for:

- people who will spend time in forested or grassy areas during tick season (particularly those who will hike, camp, perform fieldwork, etc.);
- people residing in this country for longer periods (i.e., six months or more).

Tickborne encephalitis (TBE) is a viral infection which is mostly transmitted to people through tick bites. Ticks live in or near forests and are usually active during warmer months. TBE infection can also be acquired by consuming unpasteurized dairy products from infected cows, goats or sheep.

Most people will not have any symptoms. For those who do, initial symptoms include fever, headache, muscle aches, nausea, and fatigue. These may resolve in a week or so, but if the infection spreads to the brain, the symptoms may become more severe (decreased mental state, severe headaches, convulsions, weakness and/or coma). TBE can be fatal.

Prevention is through avoiding tick bites and vaccination.

The Disease

Tickborne encephalitis (TBE) is a viral infection which is mostly transmitted to people through tick bites. It occurs in many areas of Europe and Asia.

Transmission

These viruses are mainly transmitted to humans by the bite of an infected tick. Ticks are usually found in forests, long grass and hedges and are more active between early spring and late autumn. Often, the bite goes unnoticed. Infection can also be acquired by consuming unpasteurized dairy products from infected cows, goats or sheep.

Symptoms

Many people have no symptoms. If symptoms do develop, they first start about 7 to 14 days after the tick bite. Initially there may be fever, headache, muscle aches, nausea and fatigue. These symptoms usually resolve in a week or so, but up to one third of people go on to a second phase of illness with inflammation of the brain and spinal cord. Symptoms then include severe headaches, decreased mental state, convulsions, and muscle paralysis. Recovery takes months and there may be long-term brain and nervous system damage. TBE can be fatal.

Diagnosis

The disease can only be diagnosed through laboratory tests.

Treatment

There is no specific medication to treat TBE. Patients are managed with supportive treatment.

Prevention

Avoid tick bites:

- Wear long pants with tight cuffs, and tuck pant legs into socks.
- Use insect repellent containing DEET, picaridin, IR3535, Oil of Lemon Eucalyptus (OLE), para-menthane-diol (PMD), or 2-undecanone.
- Consider soaking or spraying clothes with the insecticide permethrin. (Do not apply permethrin directly to the skin.)
- Look for ticks on the body and clothing, and remove them promptly.

Do not consume unpasteurised dairy products.

Vaccine

A vaccine is available in many countries. It is recommended for people visiting endemic countries during the warmer months (early spring to late autumn) and participating in outdoor activities. In countries where the disease is endemic, the TBE vaccine is often included in routine immunisation schedules.

Risk to Travellers

Travellers at increased risk of exposure are those going to endemic countries and whose itineraries include outdoor recreational activities (e.g., camping, hiking) or working in forested areas (e.g., farming, field research) between early spring and late autumn.

References

[CDC Tickborne encephalitis information](#)

[European Centre for Disease Prevention and Control Tickborne encephalitis factsheet](#)

[UK TravelHealthPro Tick-borne encephalitis factsheet](#)

Routine Vaccinations

COVID-19

All travelers should ensure they are up to date with COVID-19 vaccinations. Recommendations vary between countries.

Influenza

Annual vaccination is recommended. Vaccination is especially important for people at higher risk of severe disease, including::

- Young children
- Pregnant individuals
- People 65 years and older
- People with underlying health conditions

Measles-Mumps-Rubella

Vaccinations against measles, mumps, and rubella are routine in childhood, and are usually available as a combined vaccine "MMR".

Everyone should be immune to these diseases before travel.

There are outbreaks of measles in many locations.

If you are unsure of your immunity, consult your doctor well in advance of travel.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

Polio

Vaccination against polio is routine in childhood in many countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to the disease before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or a *booster*. Booster recommendations vary by country.

Tetanus-Diphtheria-Pertussis

Vaccinations against tetanus, diphtheria and pertussis are routine in childhood.

See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to these diseases before they travel abroad. If unsure of your immunity, consult your health professional. You may need a *primary vaccination* or *booster*. Booster recommendations vary by country.

Varicella

Varicella (chickenpox) vaccinations are included in the routine childhood immunization schedule of some countries. See routine childhood vaccination schedules: [Australia](#), [Canada](#), [Europe](#), [USA](#), [UK](#)

All adults should ensure they are immune to varicella before they travel abroad. If unsure of your immunity, consult your health professional.

Health Threats

Known health threats for this country

Rabies

Rabies is a viral disease contracted when bitten or scratched by an infected (rabid) animal, often a dog. Once it enters the body, the virus travels along nerves and causes paralysis. As it reaches important organs like the spinal cord and the brain, it causes coma and death.

In countries where rabies is present in animals or bats, ALL animal / bat bites, scratches and licks to broken skin must be treated seriously. Rabies vaccination is very effective in preventing rabies, even after a bite/scratch by a rabid animal.

Rabies vaccination

Pre-exposure vaccination is often recommended for expatriates and long-term visitors to destinations where rabies is present. It's especially recommended if quality medical care may not be available after being bitten or scratched by an animal. Pre-exposure treatment can be especially useful for children, since they may not tell their parents that they have been bitten/scratched.

Pre-exposure vaccination makes it easier to treat a bite or scratch. That's important because some types of rabies treatment can be in short supply in many countries, even in cities.

If bitten, scratched or licked (on broken skin) by an animal:

- Immediately cleanse the wound with soap and water and a povidone-iodine solution if available.
- Seek medical advice from a qualified source or your assistance company.
- Notify local health authorities immediately. You may need *post-exposure vaccination*, even if you have had pre-exposure vaccination. (THIS CAN BE LIFE SAVING.)

Lyme disease

Lyme disease occurs in North America, Europe and Asia. It is transmitted to humans by the bite of a particular species of tick. Lyme disease can cause an expanding rash at the site of the bite, fever, arthritis and nerve problems such as facial palsy.

To prevent tick bites:

- Avoid tick habitats
- Use insect repellents
- Check daily for ticks

Lyme disease vaccination is no longer available.

If you develop a rash at the site of a tick bite or other symptoms of Lyme disease, seek medical attention. A course of antibiotics can cure Lyme disease.

Tickborne encephalitis

Tickborne encephalitis (TBE) is a viral infection which is mostly transmitted to people through tick bites. Ticks live in or near forests and are usually active during warmer months. TBE infection can also be acquired by consuming unpasteurized dairy products from infected cows, goats or sheep.

Most people will not have any symptoms. For those who do, initial symptoms include fever, headache, muscle aches, nausea, and fatigue. These may resolve in a week or so, but if the infection spreads to the brain, the symptoms may become more severe (decreased mental state, severe headaches, convulsions, weakness and/or coma). TBE can be fatal.

Prevention is through avoiding tick bites and vaccination.

HIV, Hepatitis B and C, and STIs

HIV/AIDS, hepatitis B, and hepatitis C are spread by contact with bodily fluids (especially blood and semen).

- unprotected sex,
- needle sharing during IV drug use, or
- unsafe blood or medical/dental instruments.

Genital herpes (HSV), genital warts (HPV), gonorrhoea, chlamydia, syphilis and most other sexually transmitted diseases are spread by genital contact.

Prevention:

- In many countries, hepatitis B is now a routine childhood immunisation and need not be repeated. All non-immune travellers should consider vaccination.
- Always use new condoms (preferably brought from your home country).
- IV drug users should not share needles.
- Avoid having tattoos or piercings done.
- In healthcare settings, make sure that needles and syringes are sterile and not shared between patients.
- Call International SOS or your corporate medical department if you are hospitalised.
- Be aware of your risk when assisting anyone with an injury. Protect yourself from contact with bodily fluids.
- Seek medical attention within 24 hours if you accidentally come into contact with someone else's bodily fluids.

Hepatitis A

Hepatitis A is a viral disease that causes liver inflammation. The virus is present in the faeces of an infected person. It spreads through contaminated food and water and is common in areas with poor sanitation. Person-to-person spread also occurs, when the virus is inadvertently transferred into the mouth, including during sexual activity. People at higher risk of infection include men who have sex with men, illicit drug users and people with liver disease.

Not everyone gets symptoms. If symptoms do occur, they begin two to four weeks or more after infection and can last for weeks or months. Symptoms include fever, fatigue, loss of appetite, diarrhoea, nausea/vomiting, abdominal pain/discomfort, jaundice (yellow colour of the skin and eyes), dark urine, clay-coloured stool, joint pain and itching. Many infected people suffer only a mild illness. Most cases recover fully after four or more weeks. However, for some, the disease can be severe, and occasionally is fatal. There is no specific treatment and cases are managed through supportive therapy.

Prevention is through vaccination, attention to hygiene, and access to safe food and water.

Hepatitis B

The Disease

The hepatitis B virus, like HIV, is transmitted through contact with blood, blood products or body fluids. Modes of transmission include:

- Unprotected sexual intercourse
- Infected blood transfusions
- Needle sharing by IV drug users
- Use of unsterilized needles, syringes or equipment
- From mother to child during childbirth

Symptoms develop between 45 and 160 days after infection when the virus invades the liver causing fever, abdominal pain, nausea and loss of appetite. Jaundice (yellowing of the skin and eyes) is a common feature and the urine may become dark. There is no specific treatment and recovery usually takes about four weeks. Many individuals may have no symptoms but can still be infectious to others.

Approximately 1 in 10 of those infected do not recover fully and suffer ongoing liver damage called chronic hepatitis B - this can eventually cause liver cirrhosis and/or cancer. The very young and the elderly are more likely to develop a chronic

infection.

Vaccination

In many countries, hepatitis B is included in the routine childhood immunizations and need not be repeated. For unvaccinated travelers:

Routine schedule

- Individual hepatitis B vaccination requires a series of three injections given on days zero, 30 and after 6-12 months.
- A combined vaccine for hepatitis A and B is available in many countries. It also requires a series of three injections given on days zero, 30 and after six months.

Accelerated schedule

Can be used for travelers who will depart before the first two doses of the routine schedule can be given:

- Use an *individual* hepatitis B vaccine
- Doses on days 0, 7 and 21
- Fourth dose required after 6 months

Accelerated combined hepatitis A and B vaccine

- Doses on days 0, 7 and 21
- Fourth dose of hepatitis B alone or the combined vaccine required after 12 months

Measles

Food & Water

Generally safe

Food Risk

Food is considered safe.

Water and Beverages

Tap water is safe.

Rabies

Avoid bats.

Rabies

Rabies is present in bats only and the risk of exposure for average travellers is low. In October 2024 rabies was detected in an unvaccinated domestic cat.

Destination Guide for Netherlands

Security Overview

Personal Security

STANDING TRAVEL ADVICE

- Travel to Netherlands can continue with standard security precautions.
- Take normal security precautions against petty and street crime.
- There is a credible risk of terrorist attacks by Islamist extremists in major cities in the Netherlands. Government buildings, public transport and high-profile commercial interests are likely targets. Be alert to suspicious behaviour and report any suspect packages to the authorities.
- Protests and demonstrations over various political and socio-economic issues are common but usually pass off peacefully. Plan journeys bypassing them as a precaution and to minimise travel delays.
- Security alerts or hoaxes can trigger the short-notice evacuation of transport hubs or public locations, causing disruption. Follow all directives issued by the authorities during any security operation and do not act on the basis of unverified information.

Crime

Limited to hot spots

CRIME

Petty crime, mostly in the form of pickpocketing, poses the main risk. Levels of such crime are highest in tourist areas of the capital Amsterdam and other busy locations. Such locations include Amsterdam's Centraal rail station, Amsterdam Airport Schiphol (AMS) and main transport stations in or around major cities like Rotterdam and The Hague. Some thieves use bicycles and mopeds to escape after bag-snatching, while others operate in gangs with one thief attempting to distract a potential victim while another commits the theft. Caution should be exercised in larger cities after dark, and standard precautions should be taken against petty crime. Drink spiking is also a concern, especially for women or those alone in large urban centres. In recent years, stabbing attacks with no clear motive have occurred in popular tourist areas. These attacks pose an incidental risk to foreign nationals and business travellers.

Criminals posing as police officers sometimes target tourists and ask to see passports and credit cards before stealing them. Always ask to see valid identification before surrendering personal documents. ATM and credit card skimming, as well as email fraud, have increased substantially. Precautionary measures should be taken while making transactions or replying to any unknown email correspondence.

Violent crime is generally limited to gang-related feuds. Instances are sometimes reported, mainly in Amsterdam or Rotterdam. Police statistics indicate that reports of discrimination, including verbal and physical assaults, against members of the LGBTQ+ community have increased in recent years. Organised crime rarely impacts legitimate workforce, though international assignees have experienced some extortion demands. Criminal gangs are especially active in drug trafficking, money laundering, prostitution and car theft.

Terrorism

Minimal risk to foreigners

TERRORISM

The country's participation in the fight against Islamist militant groups in Iraq and Syria has made the Netherlands a credible target for terrorist attacks. Dutch populist politicians, such as far-right Party for Freedom leader Geert Wilders, some artists and other figures, have expressed hostile views towards Islam, drawing additional attention to the country.

In December 2023, the National Coordinator for Security and Counterterrorism (NCTV) increased the nationwide terrorism threat level to 'substantial' (second highest on a five-tier scale). According to the NCTV, the increased level means there is a realistic possibility of an attack taking place. The terrorist threat level can be monitored via the NCTV [website](#).

Attacks have taken place using unsophisticated and readily available means; such incidents are difficult to detect and prevent. Four people were shot and killed in March 2019 on a tram in Utrecht and two people were injured in August 2018 in a stabbing attack at Amsterdam Centraal rail station. The security services have previously foiled plots and arrested terrorist suspects. In

December 2023, one person was detained in Rotterdam (South Holland province) for allegedly plotting attacks on Jewish institutions in Europe.

Kidnapping

KIDNAPPING

Business travellers face a low risk of kidnapping, though Dutch business people and their families are targeted occasionally.

Social Unrest

SOCIAL UNREST

Public protests occur periodically and are generally localised and directed at the local government. Most protests are held in central areas of Amsterdam (particularly at Museumplein), Rotterdam and The Hague (at the Binnenhof parliamentary precinct or the Malieveld, adjacent to the city's Centraal train station). While gatherings are rarely violent, they often result in localised transport disruption. Disturbances can also break out near stadiums following football matches.

Immigration is a divisive topic in the Netherlands and protests have taken place in Amsterdam to demand tighter immigration policies. Rallies in support of asylum seekers also occur.

Protests by farmers have also been a recurring movement since 2022, following the decision by the authorities to reduce nitrogen emissions. Tractors have been used to block key highways around major cities in response.