Destination Guide for Sweden



Overview

Destination Guide Content

Destination Risk Levels

Low Medical Risk for Sweden

Low Travel Risk for Sweden

Stockholm: LOW

Although the city is safer than most European capitals, there is a higher threat to business travellers in Stockholm than in the rest of Sweden, where the threat is insignificant. Business travellers are more vulnerable to petty street crime in the city, and there are residual concerns about the integration of the Muslim population, especially in the wake of the Islamist extremist threat. There is a higher risk of xenophobic attacks, though these are likely to focus on immigrant residents rather than business travellers. Basic security precautions are sufficient to mitigate any of the increased risks associated with Stockholm.

Standing Travel Advice

- Travel to Sweden can continue with standard security precautions.
- Take basic security precautions to mitigate the risks of petty theft and street crime, especially in the capital Stockholm.
- Organised criminal groups operating in Sweden are associated with most of the violent crime that takes place in and around urban centres. Associated shootings and explosions generally target members of rival gangs, though they pose an incidental risk to those in the immediate vicinity.
- There is a credible risk of terrorist attack by Islamist militants in Sweden. Government buildings, transport hubs and public areas are among the more likely targets. Report any suspicious packages or behaviour to the authorities.
- Security alerts or hoaxes can trigger the short-notice evacuation of transport hubs or public locations, which can cause disruption. Follow all directives issued by the authorities during any security operation and do not act on the basis of unverified information.

Active Alerts (2)

Notice 09 June 2025 at 03:44

Urban centres: Expect disruption during demonstrations linked to Middle East conflict (Revised)

Location: Europe & CIS

Category: Protest/Rally, Road disruption

Situation:

Expect disruption in urban centres **in the coming weeks** during demonstrations linked to the ongoing conflict in the Middle East (*see related alerts*). Protests have intensified since the mid-March resumption of Hamas-Israel hostilities in the Gaza Strip (Palestinian Territories). Although such gatherings are likely to pass off peacefully, there is potential for localised scuffles involving rival protesters and the police. Bystanders face incidental risks in the event of any unrest.

Advice:

- Liaise with local contacts for details on any planned or spontaneous demonstrations in your area. Expect associated disruption and plan journeys accordingly.
- If travelling near a gathering, reconfirm the status of routes before setting out and allow additional time for journeys.
- Expect heightened security near demonstrations and follow all official directives. Leave the area at the first sign of unrest.
- Monitor our alerts for updates.

More Detail:

Outlook

Details of known demonstrations are listed below (all times local). This list is not exhaustive:

11 June

• Manchester (UK): From 08.00 at Windmill Street

15 June

• Zagreb (Croatia): At **17.00** from Europe Square to the foreign ministry.

14 June

• Antwerp (Belgium): From 16.00 at Groenplaats.

17 June

- Havant (UK): From 11.00 at Havant Park
- Madrid (Spain): At 20.00 from Cibeles Fountain to Plaza de Espana.

21 June

- Berlin (Germany): From 15.00 at the Brandenburg Gate
- London (UK): At 12.00 from Russell Square to Whitehall.

Notice07 June 2025 at 05:25

Urban centres: Expect localised disruption in coming weeks during Pride events (Revised)

Location: Europe & CIS

Category: Protest/Rally, Road disruption

Situation:

Expect localised disruption **over the coming weeks** during LGBTQ Pride events in urban centres and plan journeys accordingly. Such events are likely to be well attended and accompanied by a heightened police presence and traffic disruption. Localised scuffles between participants and counter-demonstrators are possible, particularly in countries where attitudes towards LGBTQ people are more conservative. Any such disturbances pose incidental risks to bystanders. Attacks targeting the LGBTQ community are possible. If planning to attend an event, remain alert to your surroundings.

Advice:

- Expect disruption during Pride events and plan journeys accordingly.
- If travelling near an event, ensure routes are clear prior to setting out and allow extra time to complete journeys.
- Be alert to suspicious behaviour and items. Report anything unusual to the authorities.
- Expect a heightened police presence around Pride events and follow all official directives.
- Monitor our alerts for updates.

More Detail:

Impact

Details of notable demonstrations are listed below (all times local). This list is not exhaustive:

14 June

- Athens (Greece): From 17.00 at Syntagma Square
- Gothenburg (Sweden): At 13.00 from Gataplatsen to Baltespannarparken
- Ibiza town (Spain): At 19.00 from Poliesportiu Es Pratet to Port of Ibiza
- Lyon (France): At **12.00** from Place Geneviève-de-Gaulle-Anthonioz to Parc de la Tete d'Or
- Rome (Italy): At 15.00 from Piazza della Repubblica to Piazza Venezia
- Vienna (Austria): From 12.00 at Rathausplatz
- Zagreb (Croatia): At **15.00** from the Croatian National Theatre to Ribnjak Park.

21 June

- **Edinburgh** (Scotland, UK): At **12.30** from the Scottish Parliament to the University of Edinburgh campus
- Lisbon (Portugal): At 16.00 at Saldanha towards Praca do Comercio
- Zurich (Switzerland): At **13.00** from Helvetiaplatz to Mullerstrasse.

28 June

- Budapest (Hungary): From 12.00 at Madach Square
- **Dublin** (Ireland): At **12.30** from O'Connell Street to Merrion Square
- Helsinki (Finland): At 12.00 from Senate Square to Kaivopuisto
- Milan (Italy): At 15.00 from Via Vittor Pisani to Arco della Pace
- Munich (Germany): From 12.00 at Marienplatz
- Oslo (Norway): At **12.00** from Gronland station to Pride Park
- Palma (Spain): At 18.00 from Passeig del Born to Parc de ses Estacions
- Paris (France): At 13.30 from Porte de la Villette station to Place de la Republique.

5 July

- London (England, UK): At **12.00** from Hyde Park Corner to Whitehall
- Madrid (Spain): At 19.00 from Plaza del Emperador Carlos V to Plaza de Colon
- Marseille (France): At **15.00** from Parc Longchamp to Hotel de Ville.

6 July

• **Cologne** (Germany): At **12.00** from Deutzer Bridge to Komodienstrasse.

12 July

• Nice (France): At **16.00** from Gare Du Sud to Place du General de Gaulle.

19 July

• **Barcelona** (Spain): At **18.00** from Jardins de les Tres Xemeneies to Placa d'Espanya

• Frankfurt (Germany): At **11.30** from Romerberg to Tongesgasse.

Destination Guide for Sweden



Before You Travel

Destination Guide Content

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

Passport Required Yes

Visa Required No

Return Ticket Required Yes

Australian

Passport Required Yes

Visa Required No

Return Ticket Required Yes

Canadian

Passport Required Yes

Visa Required No

Return Ticket Required Yes

US

Passport Required Yes Visa Required No

Visas

Citizens of countries referred to in the chart above and those of countries in the Schengen Area do not need a visa for stays up to three months in a sixmonth period. Nationals of other countries require a visa for stays up to 90 days, and these can take up to a month to acquire. Applications should be submitted in good time prior to the intended visit. Foreign nationals who intend to visit for more than 90 days or extend their stay beyond 90 days must apply for a visitor's residence permit. For details on visa requirements, please visit the Swedish government's visa website.

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.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

• There are no legal restrictions for LGBTQ+ individuals. Societal attitudes towards the LBGTQ+ community are tolerant and accepting; violence is very rare.

Getting There

METHOD OF ARRIVAL

By air

The main international airports are Stockholm-Arlanda Airport (ARN), Landvetter Airport (GOT) in Gothenburg, Stockholm Skavsta or Nykoping Airport (NYO) and Malmo's Sturup Airport (MMX). Security standards are excellent. Armed security guards ('skyddsvakt') are deployed at airports as a routine security measure and are not indicative of a heightened threat level. Poor weather conditions may delay or disrupt flight services during the winter season (November to March).

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

Sweden is a Schengen area country, which makes crossing its borders with other EU member states generally straightforward. However, the government temporarily reintroduced internal border controls with Schengen countries until 11 May2025, citing 'serious threat to public order and internal security'. **By sea**

There are extensive and efficient car ferry services connecting southern Sweden with Finland and the Baltic countries. These are punctual, reliable and generally safe, though petty crime and drunkenness can be problems on some of the longer international crossings.

Getting Around

BY AIR

There is an extensive domestic flight network, and small aircraft, seaplanes and helicopters can be hired to carry personnel to remote locations. The domestic airlines provide efficient services from Malmö (Skåne county) in the south to Kiruna (Norrbotten county) in the north. The standard of security and service on internal flights is excellent. SAS is the national carrier and runs an extensive service to and within Sweden.

BY ROAD

Traffic drives on the right. The country has an extensive road network. Fuel and parking are expensive, and parking facilities in city centres are inadequate. Distances outside urban centres can be long, while urban roads are often congested. The authorities impose strict penalties for drink-driving and speeding offences. The maximum speed limit is 70 miles per hour (110kph). Both drivers and passengers must wear seatbelts and headlights are mandatory at all times, even during the day.

Snow tyres are mandatory between 1 December and 31 March, owing to the potential for icy road conditions. Some roads are closed during the winter months, particularly in northern areas; check with the relevant authorities before setting off. Driving during the winter can prove challenging due to difficult driving conditions caused by snow and ice; therefore, self-driving during that period is not advisable.

Accidents involving collisions with animals are very common in all parts of the country. Large highways are generally surrounded by wildlife fencing. However, smaller roads are not. Drivers should proceed with caution at all times, especially around areas where road signs warn for wildlife crossings. Swedish regulations stipulate that drivers must have held a full driving licence for a minimum of one year before they are permitted to hire a car. Licences issued in other EU countries are acknowledged in Sweden and the country also recognises international driving permits. Most road signs are based on pictograms and text, if any, is in both Swedish and English. A congestion tax is levied on vehicles registered in Sweden and abroad. More information can be found on the transport agency website.

BY TAXI

Taxis operate in cities and most provincial towns and are suitable for business travellers. Taxis can be hailed on the street or hired at taxi stands. It is advisable to use taxis when travelling alone late at night. Although all taxis have the fare list displayed both inside and outside the vehicle, only a few follows fixed rates. It is advisable to agree on a fare before setting off. Airport cabs have fixed prices throughout Sweden. Taxis are easily identifiable by the taxi sign on the roof. Credit cards are normally accepted. Taxi drivers may or may not speak English. It is advisable to have the address written down in Swedish by a local contact. The app-based transportation service Uber is also operating in major cities, including Stockholm, Gothenburg and Malmo.

BY TRAIN

There are reliable, efficient and comfortable rail services, with routes extending far north. However, travelling by train can be expensive. The main railway companies operating in Sweden are SJ (national carrier), MTR Express, Snalltaget and Arriva. The trains are modern and have first- and second-class cars. Sleeping facilities and buffet cars are available on long journeys. Further information about rail travel in Sweden is available on this website.

BY OTHER MEANS

Sweden has a reliable public transportation system which is divided into 21 regional networks *('lanstrafik').* In addition of the commuter trains, reliable bus services operate in most cities and towns. Where available, trams, underground and boats are deemed secure to use for business travellers as well. For further information, please see the Visit Sweden website.

Business Women

BUSINESSWOMEN

There are no specific security concerns for female travellers or businesswomen. However, all women are advised to follow basic security precautions, such as not travelling alone on trains and other public transport at night, or walking alone after dark.

Working Week

WORKING WEEK

• Working Week: Monday to Friday

- Business hours: 09.30-18.00
- Banking hours: 10.00-15.00, Friday; until 16.00/17.30 on Thursdays

Language & Money

LANGUAGE

Swedish is the official language. English is also widely spoken. Attempting a few polite phrases in Swedish will be appreciated.

MONEY

The currency is the Swedish Krona (Skr/SEK). Credit cards are widely accepted in main shops, restaurants and hotels (though it is best to check beforehand). Foreign nationals may have difficulty using cards in smaller shops or rural areas. Credit cards like American Express, Diners Club, MasterCard, Visa and Cirrus are widely accepted. Foreign currencies and traveller's cheques in pound, euro and US dollars can be exchanged at banks, bureaux de change, airports, railway stations, major hotels and ports at the official exchange rates. However, traveller's cheques are not widely accepted. ATMs are widely available.

Tipping

TIPPING

Service charges are included in all bills for hotels, restaurants and taxis, though good service in restaurants is often tipped up to an additional 10%.

Geography & Weather

CLIMATE

Climate Overview

- The climate varies by region.
- The northernmost part of the country has a sub-Arctic climate with long, cold and snowy winters. Southern and central Sweden experience a temperate climate.
- Monitor the Swedish Meteorological and Hydrological Institute website for the latest weather updates.

Earthquakes

- Sweden is located in a zone with low seismic activity.
- Minor tremors can take place occasionally.

Flooding

- Low lying areas are prone to flooding due to heavy rainfall and melting snow.
- Landslides and avalanches, especially in mountainous regions, can occur due to heavy rainfall or melting snow.

Snowstorms

- Snowstorms are common especially in northern Sweden.
- Heavy snowfall tends to disrupt road and air travel, and can lead to public transport cancellations.
- In January 2024, heavy snowfall in southern Sweden blocked a major highway and led to thousands of mororists being trapped in their vehicles.
- Heavy snowfall can lead to road accidents.
- Power outages can also occur during and following snowstorms.

GEOGRAPHY

Sweden is part of the Scandinavian Peninsula. It is bordered by Norway in the west and Finland in the north-east, and has long coastlines with the Baltic in the east and the south. Forests cover approximately 55% of the country's geographical area. Sweden also has a large number of lakes – Vanern being the largest. Sweden is divided into 21 counties which are further subdivided into 290 municipalities. Major cities include Stockholm, Gothenburg, Malmo, Uppsala, Linkoping, Kiruna, Lulea, Umea and Orebro.

International Dialing & Power

DIALLING CODES

Country Code 46

IDD Prefix (International Direct Dialling) 00

NDD Prefix (National Direct Dialling) 0

COMMUNICATIONS

Communications throughout the country are of a high standard. High-speed internet and Wi-Fi connections are widely available. Telia, Tele2, Telenor and 3 are the major mobile network operators and 4G mobile internet coverage is available in all populated areas. However, mobile coverage in mountainous areas may be patchy.

ELECTRICITY

This is the most common plug type used:

Calendar

Holidays & Security Dates

2025

31 Oct Working day before All Saints' Day
Half day, banks only.
01 Nov All Saints Day
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.
31 Dec New Years Eve

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.
06 Jan Epiphany
30 Apr Walpurgis Night
Spring celebration on the day before Labour Day - half day, banks only
06 Jun National Day

Destination Guide for Sweden



Medical

Destination Guide Content

Medical Care

Excellent

Standard of Health Care

Sweden's medical system is managed by the County Councils, which represent the geographic areas of the country. Travellers should not encounter any difficulty obtaining high quality medical care. Many doctors speak English. The standard of medical care in Stockholm is high. Although medical facilities in smaller cities and towns may be limited in certain specialties, they are sufficiently equipped to handle most medical cases. Primary care is accessed by registering with your local health center (*Vardcentralen*). Inpatient care and specialist care are available in both county hospitals and the regional specialist hospitals. There is a small but growing private sector.

EMERGENCY NUMBERS

Ambulance 112 Fire service 112 Police 112

Hospitals & Clinics

Vaccinations

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-toperson 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, claycoloured 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 in 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

Malaria

None

Health Threats

Known health threats for this country

Hantaviruses

Hantaviruses are a group of viruses that belong to the *bunyaviridae* family. They can cause two different types of illness in humans: Haemorrhagic Fever with Renal Syndrome (HFRS) involves the kidneys while Hantavirus Pulmonary Syndrome (HPS) involves the respiratory system. Regardless of which illness they cause, hantaviruses are carried by infected rodents. Virus is present in the animal's saliva, urine and faeces. Droplets of these excretions can contaminate the air in a process called aerosolisation. Humans become sick when they inhale the virus.

The incubation period of HPS is not positively known. Limited data suggests that people become sick within one to eight weeks after being exposed to the virus. The incubation period for HFRS is usually 1 to 2 weeks after exposure but could be as long as 8 weeks.

Initial symptoms of HPS include fatigue, fever, and muscle aches. About 50 percent of HPS patients also experience headache, dizziness, and abdominal symptoms (nausea, vomiting, diarrhoea, pain). The "late stage" symptoms of HPS are cough/shortness of breath and a feeling of overall tightness in the chest. Heartbeat and breathing may both become rapid at this stage of illness. Symptoms of HFRS appear suddenly and include intense headaches, back and abdominal pain, fever, chills, nausea and blurred vision. As the disease progresses, patients may develop flushing of the face, inflammation, redness of the eyes or a rash. Later symptoms include bleeding from the skin, conjunctiva of the eye, and mouth. In the most severe cases renal failure develops.

There is no specific treatment or cure. Patients are treated supportively, meaning their symptoms are addressed even though the disease itself cannot be cured. Patients usually require hospitalisation in an intensive care unit. An antiviral medication, ribavirin, may be used to treat the HFRS although its effectiveness has not been proven in HPS.

There is no vaccine for HPS. Vaccines against HFRS are being used in many Asian countries. The best way to avoid infection is to eliminate rodents from your living space and worksite, and/or avoid contact with them. Keep food in tightly sealed containers, clean dishes immediately after use, do not leave pet food out all day, and seal holes to the outside – generally, make your environment inhospitable to rodents.

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 longterm 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 povidoneiodine 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-toperson 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, claycoloured 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

Food & Water

Generally safe

Food Risk

Food supplies are considered safe.

Water and Beverages

Tap water is considered safe.

Destination Guide for Sweden



Security

Destination Guide Content

Personal Security

STANDING TRAVEL ADVICE

- Travel to Sweden can continue with standard security precautions.
- Take basic security precautions to mitigate the risks of petty theft and street crime, especially in the capital Stockholm.
- Organised criminal groups operating in Sweden are associated with most of the violent crime that takes place in and around urban centres. Associated shootings and explosions generally target members of rival gangs, though they pose an incidental risk to those in the immediate vicinity.
- There is a credible risk of terrorist attack by Islamist militants in Sweden. Government buildings, transport hubs and public areas are among the more likely targets. Report any suspicious packages or behaviour to the authorities.
- Security alerts or hoaxes can trigger the short-notice evacuation of transport hubs or public locations, which can cause disruption. Follow all directives issued by the authorities during any security operation and do not act on the basis of unverified information.

Crime

Petty crime rare

CRIME

The level of crime is low. Petty crime, mainly pickpocketing, is the principal risk. Pickpockets generally work in pairs, with one person distracting the victim while the other picks the victim's pocket. The petty crime rate tends to rise during the peak summer months (June to August) as criminals take advantage of an influx of foreign nationals. Thieves operate in busy tourist areas such as the capital Stockholm's old town and on public transport. Remain vigilant while travelling on public transport and at main tourist attractions, restaurants, museums and train stations. Other common crimes include mugging, residential burglary and credit card fraud.

In the rare instances where violent crime occurs, it usually relates to isolated domestic or personal disputes. However, gang-related violence remains a concern. An ongoing dispute between rival factions of a prominent gang resulted in a surge in violence in 2023. Such violence has mainly been reported in suburban neighbourhoods on the outskirts of urban centres, including Gothenburg (Vastra Gotaland county), Linkoping (Ostergotland county), Malmo (Skane county) and Stockholm. However, there is an increasing trend of bombings and shootings in more central locations as well as smaller rural towns, posing credible indirect risks to bystanders. These have received an increased amount of media coverage as criminal groups resort to more sophisticated means to attack each other.

Terrorism

Minimal risk to foreigners

TERRORISM

Islamist terrorism

Sweden is a potential target for Islamist extremists. However, the level of threat is lower in Sweden compared to other European countries that feature more prominently in Islamist extremist anti-Western rhetoric.

The most recent attack in the country took place in Stockholm in April 2017, when a truck was driven into pedestrians on Drottninggatan (Queen Street), killing five people and injuring 15 others. An Uzbek national suspected of having links to the extremist Islamic State (IS) group was sentenced to life in prison for carrying out the attack. Since June 2023, there have been multiple instances of burnings of the Islamic holy book of the Koran. These have prompted calls for revenge on social media. Subsequently, the authorities in August raised the country's terror threat level from 'three' to 'four' (on a five-tier scale), indicating a 'high threat'. They said the decision was made based on a range of factors, including an increased threat posed by Islamist terror groups. However, the security agencies have sophisticated capabilities to deter terror threats. Since the worsening of the Israel-Hamas conflict in October 2023, a few security incidents targeting Israeli establishments have been reported. On 1 October 2024, shots were fired at the Israeli embassy in Stockholm, with no reported casualties. Earlier, in January, surveillance was increased in the area after a suspected dangerous object was found near the embassy.

Far-right terrorism

Migrant groups and perceived left-wing institutions have been targeted in far-right terrorist attacks. These attacks targeted people perceived to have a non-Swedish appearance, refugee centres and a left-wing cafe. However, no major incidents have been reported in recent years.

Kidnapping

KIDNAPPING

The risk of kidnap is low, with high-profile residents, particularly those involved in business with former Soviet countries, at greatest risk.

Social Unrest

SOCIAL UNREST

The majority of demonstrations in the country occur peacefully. However, protests by radical groups have a tendency to provoke counter-demonstrations, increasing the likelihood of clashes between rival groups. Demonstrations over government changes to the country's highly developed welfare system and by single-issue groups (such as environmentalists or those opposed to the EU) also take place.

Protests by immigrants are more likely to occur spontaneously and have previously degenerated into rioting. Such disturbances are usually restricted to established peripheral immigrant communities and are mostly short-lived and contained within the affected areas. A series of protests occurred from June to September 2023 over the burning of pages of the Islamic holy book of Koran. These resulted in violence, property damage and scuffles between counter-protesters and the police.