

Destination Guide for United Arab Emirates (UAE)



Overview

Destination Guide Content

Destination Risk Levels

 Low Medical Risk for United Arab Emirates (UAE)

 Low Travel Risk for United Arab Emirates (UAE)

Standing Travel Advice

- Travel to the UAE can continue with standard security precautions.
- Take basic precautions against the risk of petty and street crime.
- Respect the local culture and dress conservatively in public places. Beach clubs and resorts tend to have more informal dress codes.
- Short-term business travellers should avoid self-driving unless they are comfortable with local driving standards. Taxis are readily available and suitable.
- Ensure you understand customs restrictions on medication prior to travel, as well as cultural rules on alcohol consumption.
- Cyber surveillance may be a concern in the UAE. Exercise caution in your electronic communications and when posting on social media, including sharing any potentially misleading information.
- For more information on cybersecurity in the UAE, see our Communications section.

Active Alerts (1)

 Notice

27 May 2025 at 08:26

Monitor regional developments as momentum of US-Iran talks stalls

Location: Worldwide Travel

Category: Conflict

Situation:

Fresh rounds of nuclear talks have continued to take place between representatives of the US and Iran over the past few weeks, but progress has been limited. The US is putting pressure on Iran to cease its domestic uranium enrichment, which is a red line for Iran. Meanwhile, broader regional tensions linked to the US-Iran negotiations persist. In the lead-up to the fifth round of talks on 23 May, reports emerged that Israel was preparing to attack Iranian nuclear facilities. Iran has since warned that it would hold the US responsible for any such attack.

Advice:

- Closely monitor regional developments and ensure that escalation plans are updated and rapidly implementable.
- Israeli and US nationals present in countries across the Middle East and North Africa should exercise caution and maintain a low profile amid heightened tensions.
- Minimise time spent in the vicinity of all diplomatic missions across the region, particularly those of Israel and the US, as a precaution. Refrain from discussing the situation in public.
- Liaise with local contacts to stay abreast of potential demonstrations planned in your vicinity. Avoid all gatherings as a precaution. Expect heightened security near related events.
- Remain informed of the latest developments via verified sources, including International SOS alerts, diplomatic missions and local contacts. Do not act on unverified information.

More Detail:

Impact

The risk of Israel resorting to a military action against Iran in the coming weeks remains credible, particularly if the stalemate in talks protracts. Mid-June marks a 60-day deadline set by US president Donald Trump for reaching an agreement. It is unlikely that the sides involved will be able to reach a comprehensive agreement before then. Nevertheless, both Iran and the US remain invested in reaching a deal on Iran's nuclear programme. Therefore, it is possible that the deadline could be extended to allow negotiations to continue.

Outlook

A potential for deal

The US-Iran nuclear talks are expected to persist **in the coming weeks**. Given the complexity of the issue, it is unlikely that the US and Iran will be able to reach a comprehensive deal on Iran's nuclear programme at least in a short term. However, the two sides could reach a preliminary agreement establishing a framework and timeline for further negotiations, which would de-escalate the immediate regional tensions.

Risk of military action

While the US-Iran negotiations are ongoing, the US is unlikely to support a large-scale military action by Israel against Iran aimed at eliminating Iran's nuclear infrastructure and capabilities. Nevertheless, Israel may resort to a limited military operation against Iran aimed at pressuring the country to reach a deal on its nuclear programme. This could be triggered by a lack of progress in talks and take the form of airstrikes, sabotage or targeted assassinations. Depending on the nature of the attack, Iran may retaliate with direct cross-border strikes against Israel.

Context

The first round of US-Iran nuclear talks occurred on 12 April. Since then, US and Iran representatives have met several times in an attempt to develop a framework for the new agreement. The US's goal has been to prevent Iran from obtaining nuclear weapons and limit its ability to enrich uranium domestically, despite Iran's objections. Iran defends its right to continue developing its nuclear program for civilian purposes and seeks sanctions relief, access to its frozen assets and guarantees that the US will not breach the new deal. Meanwhile, amid ongoing negotiations, the US has continued to pursue its so-called maximum pressure campaign against Iran's nuclear and missile programmes.

Assessment:

A scenario involving fresh hostilities between Israel and Iran would increase the risk of broader regional escalation. However, as long as the scope and impact of Israeli operations against Iran remains relatively limited and avoid targeting civilian infrastructure, Iran is also likely to demonstrate restraint in its retaliation. The country may delay its retaliatory attacks, as it has done in the past, to avoid further escalation of hostilities.

In this scenario, the risk to the rest of the region is likely to be limited primarily to airspace and flight disruption. However, regional tensions will escalate further if Iran and/or its allied groups in the region do not limit their retaliatory attacks to Israel and target US interests as well. Even if such an attack on US interests were intended to be limited, it would prompt US retaliation, which could occur on Iranian soil.

Escalatory triggers

- Protracted stalemate, breakdown in talks with either side withdrawing from the negotiations (**partially met**)
- US ramps up its military presence in the region (**met**)
- Airlines across the region pre-emptively reduce flights across the region (**not met**)
- Iran puts its forces on high alert (**not met**)
- Drawdown of diplomatic staff from Iran and Iraq (**not met**)
- Foreign intelligence reports issue warning of an imminent attack against Iran (**not met**)

Destination Guide for United Arab Emirates (UAE)



Before You Travel

Destination Guide Content

Visa Requirements

IMMIGRATION REQUIREMENTS AND PROCEDURES

British

- Passport Required Yes
- Visa Required Yes/1
- Return Ticket Required Yes

Australian

- Passport Required Yes
- Visa Required Yes/1
- Return Ticket Required Yes

Canadian

- Passport Required Yes
- Visa Required Yes/1
- Return Ticket Required Yes

USA

- Passport Required Yes
- Visa Required Yes/1
- Return Ticket Required Yes

Visas

Nationals referred to in the chart above require a visa prior to arrival in the United Arab Emirates (UAE) except:

Procedures

Customs and immigration procedures are well organised and efficient. Foreign nationals might have to face additional scrutiny if prohibited items are found on them.

Entry/Exit Requirements

Entry/Exit requirements

All foreign nationals must carry a passport that is valid for six months beyond the intended departure date, as well as return or onward travel tickets.

Nationals of Pakistan require electronic-coded biometric passports to enter the UAE. Import and export of local or foreign currencies is restricted to 60,000 Dirham (AED) or its equivalent; any amount exceeding this sum must be declared at customs.

Entry and exit formalities are routine but can involve lengthy queues. Abu Dhabi and Dubai airports allow alcohol to be purchased at the arrival terminal. Videotapes that contain sexual scenes or extreme violence will be confiscated at customs. Magazines that feature men or women without 'reasonable clothing' will also be retained. Passengers flying from Abu Dhabi or Dubai with a direct service to Australia, Canada, the UK or the US should anticipate additional security screening measures at their boarding gate. Foreign nationals should note that certain prescription medications that are legal in many countries, including codeine and temazepam, are banned in the UAE. Possession of these drugs, including its presence in the body, is punishable by a four-year prison sentence. Foreign nationals should note that many over-the-counter remedies contain codeine. Business travellers who may be taking a course of prescription medication should carry a medical certificate stating the name of the treatment and the reason for taking it. Full contact and personal details should also be included. Those who have concerns are encouraged to contact the UAE embassy or consulate in their country of residence before they travel. In addition, foreign nationals are reminded that the UAE strictly prohibits the import of all illegal recreational drugs, such as marijuana and cocaine; arriving passengers who are caught with even small amounts of such drugs face long prison sentences.

Cultural Tips

CULTURAL ISSUES AND ETIQUETTE

- Foreign nationals have been awarded jail terms for public displays of affection.
- As of November 2020, consuming alcohol is no longer a criminal offence, though subscribers should be cautious as the constituent Emirates have different laws. The sale of alcohol is forbidden in Sharjah. Customers may buy alcohol in hotels and authorised shops in most Emirates, though harsh penalties may be imposed for public drunkenness or drink driving. A licence issued by the police may be necessary to purchase alcohol from authorised shops.
- It is prohibited to eat, drink and smoke in public during daylight hours during the Islamic fasting month of Ramadan.
- Smoking is banned in government and private offices and shopping centres.
- Taking photographs of anything that could be perceived as being of military or security interest may result in problems with the authorities. Hobbies such as bird watching and plane spotting could be misinterpreted, particularly near sensitive installations such as military sites, government buildings and airports. Seek permission prior to taking a photograph.
- Familiarise yourself with local laws pertaining to penalties that may be imposed for propagating opinions that are deemed to undermine UAE national interests.
- Homosexuality is illegal and LGBTQ individuals may face severe punishments, including a lengthy prison sentence, though these are rarely imposed. There are no recorded cases of the death penalty being incurred for homosexuality. Societal attitudes towards the LGBTQ community are often intolerant, but reports of violence towards its members are rare.
- Possession of pornographic material is illegal.

Getting There

METHOD OF ARRIVAL

By air

Most foreign nationals arrive at Abu Dhabi International Airport ([AUH](#)) or Dubai International Airport ([DXB](#)), though the UAE also boasts five other international airports: Dubai al-Maktoum ([DWC](#)), Sharjah ([SHJ](#)), Fujairah ([FJR](#)), Ras al-Khaimah ([RTK](#)) and Al Ain ([AAN](#)). Facilities at these airports include duty-free shops, restaurants and cafes, international vehicle rental agencies, car parking, banks and shuttle services between the terminals.

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

Overland travel to the UAE from Oman is straightforward, though foreign nationals should confirm the availability of visa services and the operating hours of border crossings as these are subject to change. Overland travel from Saudi Arabia is far more complicated and not recommended.

Procedures

Customs and immigration procedures are well organised and efficient. Foreign nationals might have to face additional scrutiny if prohibited items are found on them.

Getting Around

BY AIR

There are limited flight options between emirates. However, some companies operate chartered helicopter flights. Foreign nationals cannot use Abu Dhabi as a domestic connection; they must be in transit to an international flight.

BY ROAD

The road network is excellent and almost all roads are paved. There are numerous local and international car-hire companies; many have desks in airports and large hotels. Car-hire companies will issue temporary UAE licences to foreign nationals who have driving licences from their own countries, though international assignees must obtain a permanent UAE licence. There are reciprocal agreements only for holders of British, US and some EU driving licences. Other nationals will be required to take a full written and practical driving test.

Driving is on the right side of the road. The speed limit is around 40 miles per hour (64kph) in towns and 60mph (96kph) on highways (80mph (112kph) in Abu Dhabi and Dubai). These limits are exceeded frequently, despite radar traps and speed humps. Driving standards are poor and accident rates are high. Excursions to deserts should always be undertaken in four-wheel drive (4WD) vehicles, with a mobile phone and an adequate supply of essential items such as water. Foreign nationals should allow additional journey time during foggy weather conditions in winter months (December-March).

Disruption tends to be worse in the morning, when denser fog is possible, affecting visibility and increasing the risk of traffic accidents.

Prudence should be exercised while driving during the holy month of Ramadan as road accidents tend to increase as exhausted drivers rush home to break their fast. The working hours of utility services, such as vehicle testing and registration centres, and public transport, including metro and bus services, tend to change during Ramadan.

There are strict penalties for violation of traffic rules, particularly for drunk driving. In Dubai and Abu Dhabi, vehicles that have sustained minor damage in an accident should be moved to the side of the road in order to avoid blocking traffic. In the rest of the Emirates, foreign nationals can move their cars provided the accident is minor and both the parties agree to it. Drivers involved in an accident involving casualties are detained until the injured party is discharged from hospital. The driver is liable to pay compensation if a person from the other vehicle dies. Neither driver is permitted to leave the country during the judicial proceedings, even in the event of minor accidents. Drivers displaying offensive gestures and foul language are liable to pay fines and could be imprisoned or deported.

BY TAXI

Official axis and app-based ride sharing services are the easiest method of transport, particularly between Dubai and the northern emirates. Taxis usually have a sign on the roof and a company logo on the door. Most drivers understand English.

BY TRAIN

There are no trains.

BY OTHER MEANS

Bus

Business travellers are unlikely to need to use public buses. Bus journeys tend to be time-consuming and traffic congestion during peak hours can lead to delays.

Metro

Business travellers in Dubai can use the metro to move between specific locations – mainly located alongside Sheikh Zayed Road. Using the metro for transport may not be practical for some destinations.

Business Women

BUSINESSWOMEN

Emirati women generally wear the traditional black robe – the abaya – but some wear Western-style dress, though shoulders and upper arms are usually covered and skirts reach below the knee. Foreign women are advised to dress conservatively as well, though they do not need to wear the abaya.

Expectations around dress varies substantially between emirates. In Dubai, western styles of dress are very common while in some other emirates, more conservative dressing is advised. Verbal harassment of women is not common due to the tightly controlled security environment.

Entry to public buildings, particularly government offices, may be refused if dress standards are deemed insufficiently conservative. Many government offices, banks and some shops have separate women-only service counters and seating areas. The Dubai metro has a designated group of cabins for women and children.

Working Week

WORKING WEEK

- Working week: Monday to mid-day Friday (public sector); Monday to Friday (private sector)
- Weekend: Saturday and Sunday.
- Employees in the public sector work on Monday to Thursday in Sharjah. The weekend extends from Friday to Sunday.
- Business hours are shortened during Ramadan.

Language & Money

LANGUAGE

Arabic is the national language, but English is widely understood and is the main business language.

MONEY

The currency is the dirham (AED). It is pegged to the US dollar. All major credit cards and traveller's cheques are accepted in main hotels and larger shops, but many local traders will offer lower prices for cash to avoid paying credit card commissions. ATMs that accept cards carrying the Visa, Plus or Cirrus symbols are common throughout the UAE, especially in Dubai and Abu Dhabi.

Tipping

TIPPING

A service charge of 10-15% is included in the bill at most restaurants. If it is not, a 10% tip is appropriate. Taxi drivers, porters and housekeeping staff are generally tipped between 5-10 dirhams.

Geography & Weather

CLIMATE

Climate overview

- The UAE has a subtropical desert climate characterised by hot, humid summers (April to September) and warm and dry in winters (October to March).
- Mean daytime summer temperatures can exceed 40°C (104°F) for weeks at a time (peaking at 50°C (122°F)) and may not fall below 30°C (86°F) at night.
- The UAE experiences sparse and inconsistent rainfall, mostly during the winter.
- Monitor the [meteorological website](#) for weather updates and alerts.

Sand and dust storms

- Sand and dust storm activity in the UAE occurs during the summer (April to September).
- Dusty conditions leads to poor air quality, reduced visibility, and subsequent hazardous driving conditions.

Heatwaves

- The UAE experiences heatwaves during the summer months (April to September) with temperatures as high as 50°C (122°F).
- Extreme high temperatures have led to fatalities during previous heatwaves.

Heavy rainfall and flooding

- Infrequent, torrential rain can occur in winter between October to March.
- In April 2024, the UAE experienced its heaviest rainfall since several decades, resulting in severe flash floods in Dubai, Sharjah, the northern Emirates, and parts of Ras Al Khaimah. Significant travel disruption and infrastructural damage as well as fatalities were reported.

Dense fog

- The UAE experiences dense fog during the winter months (October to March).
- Severe fog conditions lead to reduced visibility, and subsequent hazardous driving conditions, prompting authorities to issue extreme weather alerts and precautionary advisories.

Earthquakes

- Seismic activity is low in the country and major earthquakes are rare.
- Minor tremors from distant earthquakes are common.

Droughts

- Low rainfall years, combined with high temperatures and evaporation rates, leads to drought-like conditions and subsequent water scarcity in the country.

GEOGRAPHY

The United Arab Emirates (UAE) lies between Oman and Saudi Arabia, bordering the Gulf of Oman and the Persian Gulf. It shares a border with Saudi Arabia to the west, south and south-east, and Oman to the south-east and north-east. The UAE consists of seven emirates: Abu Dhabi, Dubai, Sharjah, Ajman, Fujairah, Ras al Khaimah and Umm al-Qaiwain. Most of the country's terrain is desert. The largest emirate, Abu Dhabi, covers approximately 87% of the UAE's total area, while Ajman is the smallest. The Al Hajar al Gharbi (Western Al Hajar) Mountains near the UAE-Oman border extend southward into Oman.

International Dialing & Power

DIALLING CODES

Country Code 971

IDD Prefix (International Direct Dialling) 0

COMMUNICATIONS

The country enjoys a modern telecommunications network. International and local telephone services are good. The leading GSM service providers include Etisalat and Du. Internet availability is good.

Information Security

According to some open-source reports, the authorities in the UAE may have deployed commercially available surveillance tools. Targeted surveillance may be used against political and religious activists. Individuals residing in or travelling to the UAE should exercise caution when using electronic communications. Internet filtering is also in place in the UAE. Some electronic communication applications, such as Skype, are partly or wholly unavailable. The primary cybercrime issues are around the potential for state-backed attacks on individuals or organisations linked to the UAE or attacks on private companies, especially in the telecommunications, IT, financial and oil and gas sectors. The authorities have focused on further developing the country's cyber capabilities.

In 2022, a new law to combat rumours and cybercrimes came into force, which repealed all previous legislations dealing with cybercrimes. It provides a comprehensive legal framework to combat all forms of abuse of digital technologies. It imposes serious penalties for online threats or insults. In recent years there have been instances of foreign nationals being imprisoned for cybercrime offences. These have included posting a video online without a subject's permission and insulting a person's character on social media.

Advice

- **Minimise the number of devices you bring in the country;** only carry devices that are absolutely essential. Clean devices, containing only data necessary for the trip and with no access to shared networks, should be used if targeted attacks are likely.
- **Ensure all devices you bring in-country are well secured,** through strong passwords, and that 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.
- **Avoid connecting to insecure Wi-Fi networks where possible.** 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 familiarize yourself with the legal status of any VPN or application in your destination country prior to travel. Be aware of other relevant legislation including compliance requests which allow authorities to inspect devices.
- **Keep devices on your person as much as possible.** If unattended, ensure devices are powered down.
- **Limit location tracking/turn off your phone's location function** to deter surveillance, with the exception of our Assistance App or 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.
- **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.

ELECTRICITY

This is the most common plug type used:

Calendar

Holidays & Security Dates

2025

06 Aug Accession of Sheikh Zayed bin Sultan Al Nahyan

Abu Dhabi only

02 Dec National Day

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.

Destination Guide for United Arab Emirates (UAE)



Medical

Destination Guide Content

Medical Care

Good

Standard of Health Care

The UAE has a high standard of healthcare, especially in major cities. Facilities in more remote towns may be much less adequate.

The standard of care in private hospitals ranges from good to excellent. Most local doctors have been trained outside the UAE (U.K., U.S., Germany etc.).

EMERGENCY NUMBERS

Ambulance 999/998

Fire service 999/997

Police 999

Red Crescent operates the public ambulance service. Private hospitals also have ambulances, and these are often better equipped. Use these for non-emergency patient transfer. When an ambulance is called for car accidents, assaults, etc., patients are taken to a government hospital, and the authorities will investigate the incident.

Hospitals & Clinics

American Hospital Dubai

Category: Hospital

Address: 15th Street Oud Metha, Dubai

Phones: [97143775500](tel:97143775500),

97143367777

Emails: ipatrel3@ahdubai.com,
ipatrel@ahdubai.com,
callcenter@ahdubai.com,
info@ahdubai.com,
asabu@ahdubai.com

Cleveland Clinic Abu Dhabi (CCAD)

Category: Hospital

Address: Abu Dhabi Global Market Square 59 Hamouda Bin Ali Al Dhaheri
Street Al Maryah Island, Abu Dhabi

Phone: [97180022233](tel:97180022233)

Mediclinic Airport Road Hospital

Category: Hospital

Address: Airport Road, Next to Zayed Sports City, Abu Dhabi

Phones: [9718002000](tel:9718002000),
[97124446655](tel:97124446655)

Mediclinic City Hospital MCH

Category: Hospital

Address: Building 37 26th Street, Dubai

Phones: [97144359999](tel:97144359999),
[9718001999](tel:9718001999)

Emails: mch.appointments@mediclinic.ae,
MCH-PatientAdminCoordinators@mediclinic.ae

Mediclinic Welcare Hospital

Category: Hospital

Address: 2nd street Al Garhoud near Bustan Rotana Hotel, Dubai, Dubai

Phone: [97142827788](tel:97142827788)

Email: welcarehospital@mediclinic.ae

Vaccinations

Hepatitis A

Recommended for all travellers and international assignees, especially groups at higher risk including:

- long-term and frequent visitors.
- adventurous travellers who travel to more remote locations or stay in areas with poor sanitation.
- gay, bisexual, and other men who have sex with men (see [US CDC](#)).
- people who use illicit drugs.
- 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](#)

Hepatitis B

Recommended for most travellers and international assignees, especially:

- For long-term or frequent visitors, and health-care workers.
- For adventurous travellers who travel to more remote locations.
- If possibility of new sexual partner, needle sharing, acupuncture, dental work, body piercing or tattooing during visit.

Many travel health professionals recommend hepatitis B vaccination for all travellers, 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](#)

Yellow fever

A yellow fever vaccination certificate is **required** for entry for anyone ≥ 9 months of age arriving from a [country with a risk of yellow fever transmission](#), including people who were in transit for more than 12 hours in an airport located in a risk country.

(Discuss vaccination with your travel health professional well in advance of your trip. The certificate becomes valid 10 days after vaccination and is valid for the life of the traveller. Note that vaccination requirements may change at any time; check with the relevant embassy or consulate for your destination. Occasionally border authorities request a valid vaccination certificate although it may not be required under the official policy.)

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

[View Yellow Fever Infographic Poster PDF](#)

The Disease

Yellow fever is a potentially fatal viral disease spread through mosquito bites. It is classified as one of the 'viral haemorrhagic fevers' and occurs in certain countries in Africa and South America. As there is no specific treatment available, prevention through vaccination and avoiding mosquito bites is essential. Many countries require travellers to show proof of vaccination for entry.

Transmission

The virus is carried by certain mosquito species (*Aedes* and *Haemagogus*), which breed in and around homes, in jungles, or in both environments. People and monkeys can become infected through mosquito bites. When the virus spreads into urban areas, large outbreaks can occur if a significant proportion of the population is unvaccinated and not immune.

Symptoms

Some people never develop symptoms after infection. For those who do, the first signs typically appear three to six days after a mosquito bite. They often begin with a sudden fever and headache, along with flu-like symptoms such as fatigue, muscle pain, back pain, nausea, and vomiting. Most people recover within four days. However, in around 15% of cases, symptoms worsen within 24 hours of apparent recovery. This toxic phase includes high fever, abdominal pain, vomiting, and jaundice (yellowing of the skin and eyes, giving the disease its name). The illness may progress to haemorrhagic symptoms (bleeding) and organ failure. Between 20% and 50% of severe cases result in death.

Diagnosis

Diagnosis requires specialised laboratory testing of blood and tissue samples. Early detection can be difficult as symptoms resemble other diseases such as malaria or dengue.

Treatment

There is no specific treatment for yellow fever. Patients are managed with supportive therapy. In severe cases, hospitalisation and intensive care may be required.

Prevention

Prevention is through avoiding mosquito bites and vaccination.

Prevent mosquito bites:

- When outdoors, wear clothing that covers most of your body (long sleeves, long pants, socks, and closed shoes).
- Consider treating clothing with an insecticide. These are available as both soaks and sprays, and usually last through several washings. Always follow the manufacturer's instructions.
- Use an effective insect repellent that contains DEET, Picaridin, PMD, or IR3535. In general, the higher the concentration of the active ingredient in a product, the longer it lasts and hence the more effective it is. Reapply after swimming or excessive sweating.
- Stay away from mosquito breeding areas, such as stagnant water.
- Avoid using perfumes and wash off sweat as both attract mosquitoes.
- Consider using a bed net impregnated with insecticides.
- Ensure windows are covered with fly-wire. Use "knock-down" insect spray to kill mosquitoes in your room.
- Choose air-conditioned, well-screened accommodation if possible.

Vaccination: An effective vaccine is available. It contains a live, weakened virus and grants immunity to most people within 10 days, with 99% protection achieved by 30 days. A single dose generally provides lifelong immunity. There are precautions and contraindications to vaccination, and not everyone can receive the vaccine. Vaccination is only available through designated yellow fever vaccination clinics. Upon vaccination, travellers receive an International Certificate of Vaccination or Prophylaxis (ICVP), which becomes valid 10 days after vaccination and remains valid for life.

Proof of Vaccination for Entry and Exit Requirements

Many countries require proof of vaccination for entry—this applies to regions where yellow fever exists and those where mosquitoes capable of carrying the virus are present. If proof is unavailable, authorities may deny entry, mandate vaccination, or monitor your health. Some countries also require proof of vaccination upon departure.

Requirements are specific for each country and can vary depending on where the trip originated. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks before your trip.

If vaccination is medically contraindicated, a doctor must complete the "Medical Contraindications to Vaccination" section of the ICVP. A medical waiver letter may also be issued on official letterhead, signed and stamped by a doctor, specifying the reason for exemption. Waivers are generally issued for a single trip, and new ones may be required for future travel.

Risk to Travellers

The risk of acquiring yellow fever is higher in Africa than in South America, but the risk varies greatly according to location and season. In West Africa, peak transmission is late in the rainy season and early in the dry season (July–October). Transmission is highest during the rainy season (January–March) in Brazil. However, yellow fever can be contracted at any time of year.

[CDC Yellow Fever Information](#)

[CDC Yellow Fever Vaccine](#)

Malaria

None

Health Threats

Known health threats for this country

MERS CoV

Middle East respiratory syndrome (MERS-CoV) is a viral illness that was first identified in 2012 in Saudi Arabia. It is from the same family of viruses as SARS (Severe Acute Respiratory Syndrome). The virus is present in bats and camels. People may be infected through direct contact with these animals OR through respiratory droplets from an infected person to others in close contact with them. Symptoms begin 2 to 14 days after someone is exposed and include severe respiratory (breathing) problems, fever and cough. In some cases, diarrhoea and abdominal pain are additional symptoms.

The majority of cases originate from the Middle East and the death rate is between 30-40%. In most fatal cases people have an underlying medical problem. There is no specific treatment and no vaccine available for MERS-CoV. Prevent infection through good hygiene measures such as frequent hand washing, avoiding touching your face, keeping some distance from people who are coughing, sneezing or appear sick and in the Middle East avoiding unnecessary contact with live animals and consuming raw camel products.

See the MERS-CoV pages of the [Pandemic Preparedness website](#) for more details.

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.)

Crimean-Congo Fever (CCHF)

Crimean-Congo haemorrhagic fever (CCHF) is a viral disease that affects animals and humans. It is transmitted to humans by an infected tick bite or upon direct contact with an infected person or animal's blood and other fluids or tissues. Symptoms occur within one to twelve days of exposure to infection. The illness presents with fever, chills, headache, body ache and haemorrhage (bleeding). Continued bleeding leads to shock and death about ten days after symptoms begin. Around 40 per cent of all infected people die. If the patient survives, recovery is long and slow.

The risk to travellers is low. High-risk groups include agricultural workers, healthcare workers, military personnel, and people who camp in rural areas. Prevention is mainly by avoiding tick bites. Wear long sleeves and long pants and use insect repellents. There is no safe, effective, and widely available vaccine for CCHF.

Leishmaniasis

Leishmaniasis is a disease caused by a parasite that can infect humans, dogs, rodents and other small animals. It is transmitted by sandflies that bite mainly between dusk and dawn and can occur in both rural and urban environments. Sandflies breed quickly in unsanitary conditions, and the spread of the disease is exacerbated by war, chronic food shortages and urbanisation activities like deforestation and building of dams and irrigation systems, changes in temperature, heavy rainfall and population movement. The disease can manifest in one of the three forms, cutaneous (is the most common form and causes skin ulcers), mucocutaneous (is a rare form which affects the inner parts of the nose and mouth) or visceral (which is the more severe form and can lead to death). There is no vaccine or drug to prevent leishmaniasis.

Prevention

The only way to avoid leishmaniasis is to prevent sandfly bites.

- Minimise outdoor activities from dusk to dawn- this is when sand flies are most active.
- Use protective clothing and insect repellent.
- Consider using an insecticide-treated bed net with *fine mesh* if there are sandflies in your living quarters. The standard bed nets used to prevent malaria are not effective, as sandflies are about one-third the size of mosquitoes and can fly through the malaria nets.
- Note that sandflies are small and do not make noise while flying. This makes it difficult to determine whether they are in your environment. Their bites cause mild symptoms and might not be noticed.

MERS CoV

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Air Pollution

Poor air quality, also known as "haze", "smog" and "air pollution", can negatively impact one's health. Some groups are especially vulnerable to problems caused by polluted air. These include children, the elderly and anyone with underlying chronic health problems such as heart disease, emphysema, bronchitis or asthma.

The chemicals in polluted air can affect the lungs resulting in wheezing, coughing, shortness of breath and even pain. Polluted air can also irritate the eyes and nose, and may interfere with immune system function. Long-term exposure can result in reduced lung function, particularly in children. It can also lead to lung cancer.

Limiting exposure to polluted air is the best way to prevent health problems. When air quality is poor, it may be advisable to avoid outdoor physical activities. While indoors, keep doors and windows closed, and use an air conditioner on 'recirculate' if possible. If the air quality is frequently problematic, consider using an air cleaner. During particularly bad periods, you may want to wear a mask while outside. Ask your healthcare provider before using a mask, especially if you have underlying health conditions.

See the International SOS [Air Pollution website](#) - use your membership number to log in.

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.

Travellers diarrhoea

Travellers' diarrhoea is the most common travel-related illness. It usually occurs within the first week away from home. It is spread through contaminated food and water.

Prevention is through choosing safe food and water, and paying attention to hygiene. Select food that is thoroughly cooked while fresh and served hot. Avoid undercooked or raw meat, fish or shellfish. Avoid salad and raw vegetables unless you can wash them with clean (treated) water and you peel them yourself.

Unless you are certain that the tap water is drinkable - choose bottled water and beverages, avoid ice.

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 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

Yellow fever

Yellow fever is caused by a virus spread through mosquito bites. The symptoms range from a mild flu-like illness to a severe haemorrhagic fever with organ failure. It is prevented through vaccination and preventing mosquito bites.

Vaccination provides life-long protection. It is only available through designated yellow fever vaccination clinics. They will issue a signed and stamped International Certificate of Vaccination or Prophylaxis (ICVP) which becomes valid 10 days after the vaccination, and is valid for the lifetime of the person vaccinated.

Many countries require proof of vaccination for entry. If proof is not available, authorities may deny entry, mandate vaccination or may monitor your health. Some countries require proof of vaccination when departing. Always check the relevant location guide, or ask the consulate or embassy for the requirements, several weeks prior to your trip.

Food & Water

Generally safe

Food Risk

Food served in large hotels and well-known restaurants is safe, although some of the numerous Indian restaurants use spices that may unsettle sensitive stomachs. Street food, especially meat such as Shwarma, should be avoided. Salads and fruit should be washed with purified water or peeled if possible. Seafood is plentiful but should only be ordered in reputable restaurants/hotels. Dairy products such as ice cream are of western standards. Choose well-known brands and avoid unpasteurized ("raw") products.

Water and Beverages

Tap water is generally considered safe although some travellers and international assignees may prefer to drink bottled water. Most tap water is sourced from desalinated sea water which some find unpalatable.

Destination Guide for United Arab Emirates (UAE)



Security

Destination Guide Content

Personal Security

STANDING TRAVEL ADVICE

- Travel to the UAE can continue with standard security precautions.
- Take basic precautions against the risk of petty and street crime.
- Respect the local culture and dress conservatively in public places. Beach clubs and resorts tend to have more informal dress codes.
- Short-term business travellers should avoid self-driving unless they are comfortable with local driving standards. Taxis are readily available and suitable.
- Ensure you understand customs restrictions on medication prior to travel, as well as cultural rules on alcohol consumption.
- Cyber surveillance may be a concern in the UAE. Exercise caution in your electronic communications and when posting on social media, including sharing any potentially misleading information.
- For more information on cybersecurity in the UAE, see our Communications section.

Crime

Petty crime rare

CRIME

Foreign nationals are unlikely to fall victim to violent crime. Petty crime is a minor problem, which can be mitigated by exercising basic security precautions. Verbal harassment of women is not common due to the tightly controlled security environment but may occur in isolated circumstances.

Terrorism

Minimal risk to foreigners

TERRORISM

The overall risk of a terrorist attack remains low, as the UAE has never experienced a major terrorist attack, but there have been a number of small-scale anti-Western incidents. The country, which is home to large numbers of international assignees and many high-profile international businesses, hosts a wide selection of attractive targets. Large-scale attacks are theoretically possible, though the more likely risk is posed by small, opportunistic incidents consisting of 'lone-wolf' attacks by radicalised individuals. Islamist extremists may also target the country for its close ties with the US. However, the security forces in the UAE are sophisticated and the security environment is tightly controlled. Reports emerge periodically regarding successes in breaking up alleged terrorist cells and Islamist groups are closely monitored.

Social Unrest

SOCIAL UNREST

Native Emiratis make up only about 12% of the total population. In this context, the government has taken care to invest the country's considerable oil wealth into domestic projects to maintain popular support. The living standards of the local population are such that socio-economic factors are highly unlikely to trigger protests or anti-government actions.

Protests are illegal in the UAE and political demonstrations are almost non-existent. While rallies in response to developments in the Middle East and further afield are possible, the security forces will swiftly contain any outbreak of unrest.

Workers from South Asia occasionally stage spontaneous protests over socio-economic or domestic political issues. These gatherings usually take place at company-run labour camps and have little to no impact on business travellers or international assignees. The police usually respond quickly to break up any gatherings.

Conflict

CONFLICT

Since 2015, the UAE has been part of a Saudi-led military coalition in Yemen against the Zaydi Houthi group. By the beginning of 2020, the UAE completed a phased withdrawal of its troops from Yemen. The UAE remains indirectly involved in the political situation in Yemen through support for local forces.

In January 2022, the Houthis launched several attacks against the UAE, targeting locations in the capital Abu Dhabi, which killed three people and injured six.

Although there is a risk of further cross-border attacks, the UAE's air defence system can intercept most projectiles and is bolstered by assistance from international partners. Foreign nationals face mainly incidental risks from falling debris after an interception and temporary disruption to aviation hubs.

