

Mass Gathering Risk Assessment: Hajj 1446H (2025)

Developed internally by Gulf CDC Public Health Emergency Department on 25 May 2025 and produced on 29 May 2025.

I. Background of the Mass Gathering

(a) Overview

Hajj is the annual religious ritual gathering of Muslims that takes place in Makkah, Saudi Arabia, and it is one of the largest annual mass gatherings in the world. Every year, more than one million people perform Hajj. Historically, the number of pilgrims reached nearly 3 million in some years; however, last year, 1445/2024 the number of pilgrims surged to 1,833,164, similarly to the year before 1444/2023, 1,845,045, marking a significant increase from the number of pilgrims in 1443/2022, 926,062 due to COVID-19 restrictions (1–3). The historical travel origin of the pilgrims is described in Figures 1 and 2, and the countries with the largest Hajj Quota (1445/2024) are listed in Table 1.

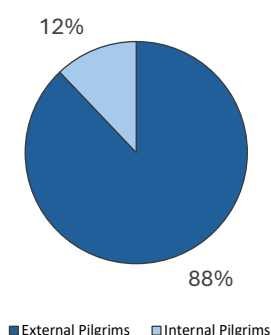


Figure 1: Percentage of pilgrims' original destination, 1445/2024 (1)

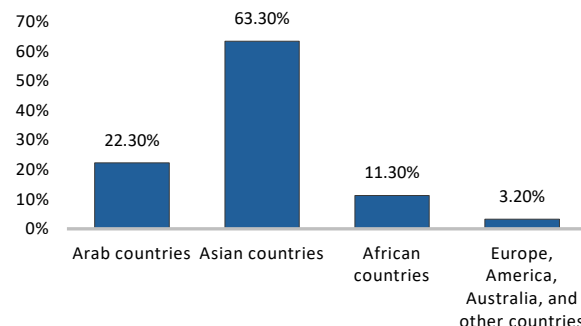


Figure 2: Percentage of external pilgrims by country, 1445/2024 (1)

Table 1: 10 countries with the largest Hajj Quota (1445/2024) (4):

Country	Hajj Quota 1445/2024
Indonesia	221,000
Pakistan	180,000
India	175,025
Bangladesh	127,198
Nigeria	95,000
Iran	87,550
Algeria	41,300
Turkey	37,770
Egypt	35,375
Sudan	32,000

Hajj is a mass gathering that has a high possibility of spreading infectious diseases and requiring public health monitoring. The risk of infectious disease transmission during Hajj may extend to the local population, other GCC countries, and the home population of returning pilgrims after Hajj. There is several public health risks increased in mass gatherings such as Hajj, including heat-related illnesses and the risk of transmission of respiratory diseases, food and water-borne diseases, and meningococcal diseases (5–7). Some large infectious disease outbreaks that previously occurred during Hajj were:

- Meningococcal disease: In 1987, serogroup A caused an outbreak, while serogroup W135 was responsible for outbreaks in 2000 and 2001 (8).
- Cholera: In 1821, an estimated 20,000 pilgrims died during the Hajj due to a cholera epidemic, which started in India in 1817 and spread across the world. Similarly, in 1865, an estimated 15,000 out of 90,000 pilgrims died due to the cholera epidemic that spread throughout the world (9).

Other public health hazards have been documented in the past, such as heat-related illnesses, stampedes, and suffocation. In Hajj season 1997/1417, a fire occurred in Mina tents, which led to the death of 343 people and the injury of more than 1,500 people as a result of a gas cylinder explosion (10).

Therefore, a risk assessment of prevailing priority hazards would support identifying appropriate public health precautions to be considered by health authorities in GCC countries to prevent or reduce the potential emergencies that could occur in the region as a result of Hajj.

(b) Potential Hazards

There are several hazards to be considered in preparation for the upcoming Hajj pilgrimage in 2025. These include:

- **Infectious diseases with a risk of immediate transmission (e.g. COVID-19, measles, etc).**
- **Infectious diseases that can have high consequences but are typically reported sporadically (i.e. MERS, mpox, anthrax, meningococcal disease, avian influenza, Crimean Congo hemorrhagic fever, ebola, botulism, kyllasanur forest disease, marburg virus disease).**
- **Infectious diseases that do not present as an immediate transmission risk during the Hajj but have a risk of long-term establishment in Saudi Arabia due to the presence of a competent vector (i.e., chikungunya, malaria, yellow fever, zika, dengue) as well as the potential of introducing or importing a new vector to the Hajj region.**
- Injuries due to stampedes caused by overcrowding.
- Heat-related illnesses include heat stroke and exhaustion due to prolonged outdoor exposure to high temperatures.
- Fires due to accidental events (such as gas canister explosions).
- Food-borne and water-borne diseases/outbreaks.
- Complications from non-communicable diseases.

The Gulf CDC has reviewed the potential hazards and prioritized the assessment of infectious disease transmission (first three hazards listed above) as a focus for this report.

II. Risk Assessment

(a) Risk Question

What is the risk of infectious disease transmission occurring in the GCC in the next 3 months as a result of the 2025 Hajj based on the diseases with the highest chance of importation or exportation during/after Hajj?

(b) Likelihood & Impact

Diseases with the highest importation or exportation (Importation likelihood refers to the chance of one case of the disease being imported to Saudi Arabia within the Hajj period, around 30 days and Exportation likelihood refers to the chance of one case of the disease being exported from Saudi Arabia as a result of the Hajj) have been identified based on the epidemiological situation in the top 10 countries where the highest number of pilgrims would come from according to 1445/2024 Hajj Quota (4) (see Appendix A for importation likelihood) and based on the national priorities set by the Ministry of Health of Saudi Arabia (11).

Note: Risk has been calculated based on the levels of **likelihood** and **impact** of the transmission across the GCC countries (see **Appendix B** for the **risk matrix**) and the **Risk Level** is shown for the identified diseases in the tables below. Details of the analyses conducted to allocate the levels of **likelihood** and **impact** are documented in a separate internal report (available upon request), and only high-level assessment outcomes disease-by-disease are summarized below.

COVID-19					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Most individuals infected with the virus will experience mild to moderate respiratory illness and recover without needing special treatment. COVID-19 has a high likelihood of spreading due to its respiratory nature, especially in close-contact settings (12). Globally, COVID-19 cases reported to WHO have been decreasing, within the last month (to 27 April 2025) (13). In contrast, the LP.8.1 variant circulating globally accounted for 37.5% of sequenced cases during April 2025, as its global growth appears to be plateauing (14). Additionally, FLiRT COVID variants have been reported in many countries. The term "FLiRT" encompasses a range of variants, including KP.2, JN.1.7, and other variants starting with KP or JN, that have independently acquired similar mutations. Vaccines targeting JN.1 produce some cross-reactive antibodies (15). The Saudi Ministry of Health has recommended that all pilgrims aged 12 and above be vaccinated. As for pilgrims from Saudi Arabia, vaccination against COVID-19 is mandatory (16). Qatar health authorities have also mandated the vaccination for pilgrims (17). Health education was provided to the community about the COVID-19 disease and preventive measures across the GCC countries; several pilgrims may opt to use masks during pilgrimage to reduce personal risk, and the vaccination coverage for COVID-19 is high in the GCC countries resulting in a "moderate" impact.					

Influenza					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Individuals infected with influenza frequently experience an immediate onset of cough, fever, headache, and myalgia. Influenza has a high likelihood of spreading due to its respiratory nature and some practices during Hajj that could enable its transmission (18). However, the Saudi Ministry of Health has advised that all external pilgrims receive vaccination and has mandated vaccinations for internal pilgrims. United Arab Emirates, Bahrain, and Oman health authorities have also mandated the vaccination for pilgrims (19–21). Additionally, constant and active vaccination campaigns that raise awareness and promote influenza prevention have been conducted across GCC countries.					

Measles					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Measles is a severe disease caused by a virus. It spreads easily when an infected person breathes, coughs or sneezes. Measles has an incubation period of 10-12 days. Based on the current global epidemiological situation due to increasing vaccination hesitancy, measles can be imported through Hajj from multiple countries and spread as pilgrims return to their home countries after the Hajj. Current estimates suggest that the likelihood of a measles case being imported during Hajj from Pakistan (65.14%) is the highest, followed by Nigeria (3.51%), Iran (0.97%). However, pilgrims are not considered a high-risk group for measles, as the primary at-risk individuals are children and the unvaccinated population (22). The Saudi Ministry of Health has recommended that all pilgrims have completed the required vaccinations in their national vaccination schedule, including vaccination against diphtheria, tetanus, pertussis, polio, measles, varicella, and mumps (16). The GCC countries have high vaccination coverage against measles in 2024 with high detection and response capacities for measles; this would contribute to early detection and management of any increased importation of measles cases.					

Cholera					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Cholera is a bacterial disease that causes severe diarrhoea and dehydration. There has been an increasing number of cholera outbreaks globally, increasing the likelihood of infected pilgrims arriving from countries with ongoing cholera outbreaks. The current ongoing seventh global cholera pandemic is caused by the bacterium <i>Vibrio cholerae</i>, with El-Tor strain (serogroup O1) being one of the dominant strains and considered haemolytic (23). Based on estimates, the likelihood of cholera one case being imported during Hajj is 46.99% from Sudan, 3.64% from Bangladesh, 2.44% from Nigeria, 0.08% from Egypt, and 0.07% from India resulting in “unlikely” likelihood importation. Strong WASH infrastructure and high healthcare capacity in the GCC will effectively prevent local transmission. The overall impact of a potential outbreak is expected to be “moderate” due to these existing mitigation measures.					

Crimean-Congo Hemorrhagic Fever (CCHF)					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Crimean-Congo Hemorrhagic Fever (CCHF) is a widespread disease caused by a tick-borne virus (<i>Nairovirus</i>) of the <i>Bunyaviridae</i> family. CCHF cases have been increasing in a neighbouring country to GCC, Iraq, where forty-five confirmed cases and nine deaths were reported in 2025 (24). CCHF poses a low risk to the GCC population, as the likelihood of outbreaks is considered “likely” due to Eid Al-Adha occurring during the summer months, which coincides with a potential peak in viraemic animals due to increased tick activity. However, the impact is considered “moderate” due to existing robust public health measures like case surveillance, isolation protocols, potential implementation of travel and livestock screening programs from high-risk regions, and awareness campaigns held around Eid Al-Adha, which serve to mitigate outbreak risks.					

Dengue					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Dengue is a vector-borne disease that can be imported during Hajj. The likelihood of one dengue case being imported during Hajj is estimated to be 91.27% from Indonesia, 45.97% from Sudan, 33.73% from India, 25.41% from Bangladesh, 12.81% from Pakistan and 3.92% from Iran. It is likely for cases to be imported during the Hajj period. However, the surveillance and case management capacities of GCC countries are high enough to detect and treat these imported cases early, meriting a “low” impact on case fatality rates. In addition, although autochthonous transmission has already been established in some GCC countries as well as the importation of cases throughout the year from global and neighbouring countries, the Hajj mass gathering itself might not have a bigger effect on Dengue importation into the GCC. However, there remains a chance of local transmission due to the presence of competent vectors in several GCC countries. The possible extent of this transmission is currently unknown due to information unavailability, and it is difficult to determine outbreak risk with limited data on vector/s.					

Meningococcal disease					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Meningococcal disease is a severe disease caused by the bacterium <i>Neisseria meningitides</i>. It is potentially fatal within 24 hours of infection and requires urgent medical care (25). In 2025, 17 cases with a history of travel to Makkah were reported globally between 7 January and 18 March, with serogroup W135 identified. Seven cases were reported from WHO Eastern Mediterranean Region, and three cases were reported from the WHO Europe Region. In contrast, the remaining cases are individuals with travel history from countries in the WHO South-East Asia Region (26). From the top 10 countries that pilgrims will be arriving from this year, current estimates indicate that there is a 0.14% likelihood of importing one meningococcal case from Turkey and 0.10% from Nigeria. However, all pilgrims (internal and external) and seasonal workers in the Hajj zones (Makkah, Madinah, Jeddah, Taif) in contact are required to have a valid vaccination certificate. Entering the Hajj area (Makkah) is only permissible for individuals carrying Hajj permits (and Hajj visas), and these permits are not issued if vaccination proof is not provided. Saudi Health authorities at the point of entry also administer antibiotics to pilgrims from countries with frequent meningococcal meningitis epidemics or countries at risk of meningitis epidemics if deemed necessary (16) (see Appendix C). Most of the GCC countries have meningococcal vaccine included in their routine immunization schedules and have robust public health systems and infrastructure that can detect and respond to outbreaks of meningococcal disease.					

Mpox					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Mpox is a viral zoonotic disease caused by monkeypox virus (MPXV). Symptoms of mpox include skin rash or mucosal lesions which can last 2–4 weeks accompanied by fever, headache, muscle aches, back pain, low energy and swollen lymph nodes. Transmission occurs through direct contact with infected individuals or recently contaminated objects. Two distinct clades of mpox have been circulating globally circulating: clade I (subclades Ia and Ib) associated with outbreaks in the Democratic Republic of Congo, and clade II (subclade IIa and IIb) associated with outbreaks in some African countries (27). The likelihood of one mpox case being imported during Hajj from the top 10 countries is estimated to be 1.99% from Nigeria, and 0.55% from Pakistan. Pilgrims from other countries experiencing outbreaks may be performing Hajj. Outside of Africa, several countries including GCC countries have reported travel-linked cases of mpox clade Ib whether having direct or in-direct links to affected countries in Africa (28). However, the transmission of a case during the Hajj period is “unlikely”. Mpox poses a low morbidity and mortality risk, with the low transmission potential. Vaccination capacity in GCC countries varies, it’s offered for self-identifying high-risk groups (one GCC country), healthcare workers and specific laboratory personnel (2 GCC countries), and contacts of cases (2 GCC countries). Vaccination of healthcare workers at risk of mpox infection and post-exposure prophylaxis for close contact with a confirmed case has also commenced in Saudi Arabia. GCC countries have high national capacities established for mpox prevention and control, resulting in a “moderate” impact of mpox to GCC countries.					

Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV)					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
The majority of MERS-CoV infections to date have occurred due to exposure to dromedary camels. While human-to-human transmission of MERS-CoV can occur among close contacts, particularly in healthcare settings. The likelihood of a case being imported into Saudi Arabia is “negligible”. However, there is a chance of an internal pilgrim being infectious during Hajj. Nevertheless, the human-to-human sustained transmission of MERS-CoV typically requires close-contact in nosocomial settings (29), so despite its respiratory nature, it is “unlikely” to spread during Hajj mass gatherings. However, robust public health surveillance in Saudi Arabia and the GCC countries are in place to identify and isolate cases rapidly.					

Yellow Fever					
Negligible	Very Low	Low	Moderate	High	Critical
Gulf CDC Risk Assessment of this Hazard					
Yellow fever is a mosquito-borne disease considered to have a severe pathogen severity. The case-fatality rate for severe cases is 30%–60% (30). The importation likelihood is considered “unlikely” with the probability of one case being imported only from Nigeria is at 0.55%. There are no approved treatments for yellow fever. Saudi Arabia has mandated the presentation of a yellow fever vaccination certificate during applications for Hajj visas/permits for individuals traveling from countries or areas at risk of yellow fever transmission (See Appendix D). However, GCC nationals and long-term residents may not be routinely vaccinated, which could slightly increase the chance of importation. While the <i>Aedes aegypti</i> mosquito is present in the GCC, the virus itself is not circulating. Strong public health measures are in place in all countries to effectively manage any imported case.					

(c) Level of Confidence

The level of confidence in the assessment is **moderate**. The available data provides a reasonable basis for assessment. However, estimates have been produced by a mathematical model based on assumed parameters and do not accurately reflect the situation. Any estimates and their interpretation should be considered with caution.

V. Recommendations to GCC Countries

1. Review national policies for the vaccination of Hajj pilgrims and consider mandating COVID-19, influenza, and meningococcal vaccinations for all pilgrims.
2. Request Hajj clinics to ensure the validity of pilgrim's (1-year-old and above) meningococcal vaccination certificates and appropriate vaccination type and timing (including clear dates) as follows:
 - a. Quadrivalent (ACYW) Polysaccharide Vaccine, 10 days prior to arrival and should not exceed 3 years.
 - b. Quadrivalent (ACYW) Conjugated Vaccine within the last 5 years and at least 10 days prior to arrival.
3. Consider enforcement of vaccination and other public health measures for Hajj pilgrims, as set per Saudi Guidelines (see example in Appendix E).
4. Enhance Gulf CDC and GCC-national epidemic intelligence activities with a focus on Hajj zones (Makkah, Jeddah, Madinah, Taif) and languages spoken by pilgrims from the top ten countries.
5. Conduct a national risk assessment to identify any additional measures to be taken based on national needs (e.g., Bahrain recommends meningococcal vaccination for household contacts of Hajj pilgrims as an added precaution).
6. Enhance surveillance and laboratory capacities for early detection of infectious disease when preparing for Hajj season.
7. Promote timely case investigation, ensure stakeholder awareness of reporting pathways to the National IHR Focal Point, and facilitate rapid notification to and relevant GCC authorities and the Gulf CDC by establishing or strengthening data-sharing agreements through the Gulf Surveillance Permanent Communication Network.
8. Strengthen risk communication efforts to ensure returning travelers are informed of potential post-travel health risks, encouraged to monitor for symptoms, and advised to report recent travel for Umrah or Hajj when seeking medical care .
9. Enhance vector surveillance and vector control programs and activities for vector-borne diseases.
10. Enhance preparedness and readiness measures for necessary medicines, supplies, and health awareness materials and tools.
11. Increase risk communication activities, particularly at travel clinics and Hajj centers, to raise pilgrim's awareness before coming to Hajj regarding personal protective measures against the high-priority diseases identified (e.g. hygiene, mask use, choosing a suitable barber, etc.).
12. Raise awareness of high-priority diseases identified for Hajj via regular communications (e.g. circulars) to all relevant public health professionals, particularly clinicians.
13. Launching public awareness campaigns to emphasize the importance and effectiveness of vaccination in preventing diseases, utilizing social media, traditional media, and community outreach initiatives (engaging religious leaders such as imams in Muslim communities).

14. Follow key health messages: before, during, and after Hajj, which was developed by WHE/EMRO and in close collaboration with the health authority in the Kingdom of Saudi Arabia (<https://www.emro.who.int/cpi/programmes/umrah-hajj-safety.html>).
15. Review screening measures at points of entry and exit (in all GCC countries for Hajj pilgrims) and conduct refresher training of staff, particularly on the high-priority disease.
16. Consider implementing enhanced screening measures for high-priority diseases identified from at-risk-countries for individuals transiting through major airports
17. Consider follow-up measures for Hajj returnees to enable high-priority disease profiling and early case identification, focusing on non-vaccine-preventable diseases and strains.
18. Promote coordination among ministries of health, civil aviation, immigration authorities, and Hajj tour operators to ensure harmonized implementation of vaccination and entry requirements, including pre-departure checks.

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VII. Appendices

Appendix A: Importation likelihood ratios of Infectious diseases in the top 10 countries with the most Hajj visas granted and where the highest number of pilgrims is expected to come from.

Table 1. Average Importation Likelihood of Active Infectious Diseases within the next 30 days, as of 21 May 2025 (BlueDot, 2025) in the Top 10 Origin Countries of most pilgrims for 2024.

	Algeria	Bangladesh	Egypt	India	Indonesia	Iran	Nigeria	Pakistan	Sudan	Turkey	Grand Total
Botulism						0.05%					0.05%
Brucellosis	0.85%			0.12%						0.32%	1.29%
Chikungunya				4.35%	1.34%						5.69%
Cholera		3.64%	0.08%	0.07%			2.44%		46.99%	0.00%	53.22%
Crimean-Congo Hemorrhagic Fever (CCHF)				0.00%		0.00%					0.00%
Dengue		25.41%		33.73%	91.27%	3.92%		12.81%	45.97%	0.00%	213.11%
Diphtheria							0.04%				0.04%
Guillain-Barre Syndrome		0.00%		6.19%							6.19%
Hand Foot And Mouth Disease					0.36%						0.36%
Hepatitis A				11.12%							11.12%
Human Metapneumovirus Infection		0.06%		0.12%				0.16%			0.34%
Japanese Encephalitis				0.02%							0.02%
Kyasanur Forest Disease				1.14%							1.14%
Lassa Fever							6.18%				6.18%
Leprosy				2.98%							2.98%
Leptospirosis				1.93%	0.01%						1.94%
Malaria		0.10%		1.58%				99.71%			101.39%
Measles	0.00%			0.04%		0.97%	3.51%	65.14%			69.66%
Meningococcal Disease										0.14%	0.14%
Meningococcal Meningitis							0.10%				0.10%
Mpox				0.04%			1.99%	0.55%			2.58%
Mumps				0.25%	0.87%						1.12%
Nipah		0.12%		0.13%				0.35%			0.60%
Poliomyelitis				0.00%		0.01%		0.41%			0.42%
Rabies				0.43%	0.86%			0.57%			1.86%
Scrub Typhus				0.11%							0.11%
Swine Influenza A H1N1										0.01%	0.01%
Tick Borne Encephalitis										0.04%	0.04%
Typhoid				1.31%							1.31%
Unknown Illness				0.09%				0.66%			0.75%
Vaccine-derived Poliomyelitis	0.09%						0.01%				0.10%
Yellow Fever							0.55%				0.55%
Grand Total	0.94%	29.33%	0.08%	65.74%	94.71%	4.95%	14.82%	180.36%	92.96%	0.51%	484.39%

Importation likelihood refers to the chance of **one case of the disease** being imported to Saudi Arabia within the **next 30 days**.
The blanks in the table represent importation likelihoods that were not computed due to disease counts not identified in the last 60 days.

Appendix B: Gulf CDC Risk Characterization Matrix

Likelihood	Impact				
	Negligible	Minor	Moderate	Major	Severe
Negligible	Negligible	Negligible	Negligible	Negligible	Negligible
Unlikely	Negligible	VERY LOW	LOW	LOW	MODERATE
Likely	Negligible	LOW	LOW	MODERATE	MODERATE
Highly likely	Negligible	LOW	MODERATE	MODERATE	HIGH
Almost certain/sure	Negligible	MODERATE	MODERATE	HIGH	CRITICAL

Appendix C: Countries/areas with frequent epidemics of meningococcal meningitis and countries at risk for meningitis epidemics (WHO International Travel and Health, 2015):

Africa		
Nigeria	Ethiopia	Burkina Faso
South Sudan	Gambia	Burundi
Rwanda	Ghana	Cameroon
Senegal	Guinea	Central African Republic
Sudan	Guinea-Bissau	Chad
Tanzania	Kenya	Côte d'Ivoire
Togo	Mali	DR Congo
Uganda	Mauritania	Eritrea
Niger	Benin	

Appendix D: Countries/areas at risk of Yellow Fever transmission, as per the WHO International Travel and Health Guidelines, are:

America		Africa	
Guyana	Argentina	Ghana	Angola
Panama	Venezuela	Guinea	Benin
Paraguay	Bolivia	Guinea-Bissau	Burkina Faso
Peru	Brazil	Kenya	Burundi
Surinam	Colombia	Liberia	Cameroon
Ecuador	Trinidad and Tobago	Mali	Central African Republic
	French Guiana	Mauritania	Chad
		Niger	Congo
		Nigeria	Côte d'Ivoire
		Senegal	DR Congo
		Sierra Leone	Equatorial Guinea
		Sudan	Ethiopia
		Gambia	Gabon
		Togo	South Sudan

		Uganda	
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Appendix E: Vaccines required for internal and external pilgrims (Saudi Ministry of Health 1446/2025 2025)

وزارة الصحة
Ministry of Health

استعدادات ما قبل الحج:
من المهم المرض على أخذ تطعيمات الحج الضرورية

من داخل المملكة:

التطعيم ضد الحمى الشوكية
لمن لم يسبق لهم التطعيم ضد الحمى الشوكية في الخمس سنوات الماضية وتؤخذ قبل 10 أيام على الأقل من الحج

التطعيم ضد الانفلونزا الموسمية
جرعة واحدة من التطعيم أعطيت خلال عام ١٤٤٥ هـ

التطعيم ضد كورونا (كوفيد-١٩)
جرعة واحدة من التطعيم أعطيت خلال عام ١٤٤٥ هـ

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وزارة الصحة
Ministry of Health

للحجاج من خارج المملكة:

التطعيم	الحمى الشوكية النيسيرية	الحمى الصفراء	شلل الأطفال
لمن	لم يتلقوا اللقاح خلال 3 أو 5 سنوات الماضية حسب نوع التطعيم	للحجاج من الدول التي يسري فيها الحمى الصفراء هنا	للحجاج من الدول التي يسري فيها شلل الأطفال هنا
منى	حتى 10 أيام قبل الحج	لا تقل عن 4 أسابيع ولا تزيد عن سنة	

يوصى باستكمال التحصين ضد فيروس كورونا - 19 والانفلونزا الموسمية بجرعة أعطيت خلال عام 1445 هـ إلى جانب تحديث التحصين ضد الأمراض المستهدفة وفقاً للاشتراطات الصحية **هنا**

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VIII. Acknowledgments

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IX. Authors

Developed by:

Lubna Al Ariqi, Lamia Aljarbou

Reviewed by:

Sami Almudarra, Leena Zeyad, Haya Alothaimeen

Reviewed and validated by:

Gulf Public Health Emergencies Network:

Gulf CDC: (alphabetical: Afaf Merza, Alia bin Ali, Amina Al Jardani, Amjad Ghanem, Bader Alrawaihi, Emad El Mohammadi, Fatma Al Attar, Fatma Alloghani Ghada Alzayani, Hamad Bastaki, Khalid Alharthy, Soha Albayat, Nada Almarzouqi, Sarah Alqabandi, Sondos Alqabandi, Walid Osman).