Greece

Risk Ratings

LOW MEDICAL RISK for Greece

Risk Summary

COVID-19 is a pandemic. All areas are likely to experience an outbreak and disruption.

International SOS is monitoring the situation closely.

Please see our:

Medical and Security Alerts for Greece
COVID-19 information for Greece
Dedicated COVID-19 website

Petty theft and opportunistic crime pose the most credible risks. Strikes and anti-austerity protests, as well as anti-government unrest, also pose a risk and can lead to travel disruption or localised clashes between the police and protesters. Minor attacks by ultra-leftist and anarchist groups may target government and police buildings or vehicles, as well as diplomatic missions, multinational companies, and financial or foreign institutions. However, such attacks generally occur overnight and are intended to cause damage property rather than injury.

This information is intended as a summary of the travel security environment; however, the risks can change at short notice during a crisis or evolving situation. Please check our travel security alerts to ensure you are informed of the most recent developments.

STANDING TRAVEL ADVICE

Alerts

North Aegean region: Anticipate disruption, avoid protests against new migrant camps on 23 February

COVID-19: Persistent restrictions in response to ongoing pandemic underline continued need for flexibility

View All Alerts

Vaccinations For Greece

*COVID-19 Vaccine is recommended for all travellers.

Read more

Hepatitis A Recommended for all travellers and expatriates,

Read more

Hepatitis B Recommended for most travellers and expatriates,

Read more

Routine Vaccinations

- All routine vaccinations should be current: these include Measles-Mumps-Rubella, Polio, Tetanus-Diphtheria-Pertussis, and Varicella.
- Annual influenza vaccination.

Other Medical Precautions

- Before you go - See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:
Before You Go

See your doctor and dentist and ensure you are in the best health before you leave. Other preparations:

- **Check your routine vaccinations**
  Check your measles and other routine vaccinations are up to date (polio; varicella; mumps and rubella; tetanus, diphtheria and pertussis, seasonal influenza). See a travel health practitioner 6 to 8 weeks before departure for destination-specific health preparations. You may need additional vaccinations, some of which require several doses, or be recommended malaria medication which may need to be started a week or more before arriving in the malarial country. **If you are eligible, get a COVID-19 vaccine as soon as it's available to you.**

- **Documentation:** Arrange a copy of your personal health record to carry with you when you travel. Include a letter from your doctor explaining your need for all medications you are carrying, including any over-the-counter medications, in English and the language of your destination(s). Make sure you have copies of your prescriptions.

- **Medication:** Check the regulations of your destination country regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Some restrictions are published on the International Narcotics Control Board. Take any medicines you require in their original packaging, including any information leaflets, with them clearly labelled with your name (matching your passport name), and your doctor's name. Have enough to cover the trip, and extra in case of delays, however note that many destinations limit quantities of certain drugs to a 30-day supply. Carry medication in your hand luggage, with copies of your prescriptions.

Vaccinations for Greece

Recommendations may vary for short-term visitors. Always consult your travel health advisor or contact International SOS to discuss your specific needs.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Details</th>
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<tbody>
<tr>
<td><em>COVID-19</em></td>
<td>Vaccination is recommended for all travellers. For full details of testing and quarantine requirements, see the Restrictions section of the COVID-19 Impact on the Location Guides.</td>
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</tbody>
</table>
| Hepatitis A | Recommended for all travellers and expatriates, 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 (see US CDC).
  - people who use illicit drugs.
  - those with liver disease. |
| Hepatitis B | Recommended for most travellers and expatriates, 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 travelers, regardless of destination. |

Malaria

**Threat from:** Bites and Stings

Rare sporadic cases have been reported in certain agricultural areas associated with imported malaria cases. Risk to travellers is considered very low.

Prevention:

- mosquito bite avoidance

More on diseases in Greece

https://www.internationalsos.com/MasterPortal/PrintDisplay.aspx
Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

**A**: Awareness - Be Aware of the risk, the symptoms and malaria prevention.

**B**: Bite Prevention - Avoid being Bitten by mosquitoes, especially between dusk and dawn.

**C**: Chemoprophylaxis - If prescribed for you, use Chemoprophylaxis (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.

**D**: Diagnosis - Immediately seek Diagnosis and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).

**E**: Emergency - Carry an Emergency Standby Treatment (EST) kit if available and recommended (this is the kit which contains malaria treatment).

**Zika Virus**

There is no Zika Virus in Greece.

**Standard of Care**

**Emergency Response**

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.

Use the public ambulance service for medical emergencies. The ambulances are well equipped and staffed with certified paramedics, physicians and/or nurses. Response time may vary in rural areas.

**SINGLE EU EMERGENCY NUMBER**

Use 112 to contact all emergency services in EU countries.

<table>
<thead>
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<th>Emergency Numbers</th>
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<td>Ambulance</td>
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<td>Fire</td>
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<td>Police</td>
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**Standard of Health Care**

Greece, especially Athens, is considered to have a high standard of medical care, and most medical conditions can be treated adequately. The private system provides a higher standard of care than the public system. Many of the doctors working in Athens have been trained abroad, either in Europe or North America, and most speak English. Although the public facilities provide a good level of medical care, they may appear unkempt and, if possible, should be avoided. In Crete, there are a number of private medical centers in the tourist resorts around the island. They provide a good quality of care and efficient services for minor injuries and illnesses. In smaller cities and towns, medical facilities may be limited, and doctors may not speak English. More complicated procedures or elective surgery should be performed either in Athens or another European center of medical excellence.

**OutPatient Care**

In Athens, it is possible to arrange most types of specialist care in private clinics. Public hospitals also provide outpatient care, but communication with the mainly Greek-speaking staff may be difficult. Public hospital waiting times are often lengthy. In Crete, there are many privately owned clinics catering to the tourist industry. The quality of care and price can vary significantly between clinics which can lead to overcharging. Obtain a professional recommendation.

**Paying for Health Care**

The majority of doctors and hospitals expect cash payment at the time services are rendered. Some facilities will also accept credit cards.

Citizens of the EU and certain other countries where a reciprocal health agreement is in place are entitled to emergency public medical treatment, as per the old E111 form. As of January 2006, the form has been replaced with a European Health Insurance card, or EHIC. A valid card must be presented to take advantage of the agreement. Service under the EHIC may involve expenses that are typically provided free of charge in your home country.

Do not defer medical treatment because of financial concerns. Contact International SOS, and if our terms allow, we will make financial arrangements on your behalf.

**Dental Care**

Dental services are safe and reliable in Greece.

**Blood Supplies**

The blood supply in Greece is considered to be safe. It is controlled by the Greek Ministry of Health and is screened according to international standards. The blood transfusion center at the public Venizelio Hospital is the largest blood bank in Greece and usually has adequate supplies.
Even in areas where the blood supply is considered safe, it's best to avoid blood transfusions if possible. Screening cannot detect every blood-borne disease, and immune reactions can vary from minor to life-threatening. If a blood transfusion is recommended and circumstances permit, seek a second opinion from International SOS or your health advisor.

Medication Availability

Most pharmaceuticals are available in Greece. Quality is monitored by the Greek Pharmaceutical Association.

Since brand names vary, know the generic (chemical) names of your medications. It is always advisable to bring an adequate supply of prescription and other medications from your home country. However ensure you check the regulations of your destination regarding importation of your medication, as some drugs may be strictly prohibited (especially narcotics and psychotropics) and may result in severe penalties. Some restrictions are published on the International Narcotics Control Board.

Clinics & Hospitals

Medical Providers

No matter where you are, contact International SOS first if you are sick, injured or need medical advice.

Our medical staff will advise you, help you select the correct doctor, hospital or clinic, and make any necessary appointments on your behalf. If our terms allow, we will also make financial arrangements for you.

It is recommended that you contact International SOS before accessing medical care in Greece

Hospitals / Clinics

If you are unable to contact International SOS, the following list of hospitals and clinics is provided in case of medical emergencies.

Athens

Athens Euroclinic
Category: Hospital
Address: Athanasiadou 9
Ambelokipi
Athens, Attica 11521
Telephone: 30 2106416600

Athens Medical Center (Iatriko Kentro Athinon)
Category: Hospital
Address: Distomou 5-7
Maroussi
Athens, Attica 15125
Telephone: 30 2106198100
30 2106198120

Diagnostic and Therapeutic Center Hygeia SA
Category: Hospital
Address: Erythrou Stavrou 2-4
Marousi
Athens, Attica 15123
Telephone: 30 2106867000

Food & Water

Food and Water Precautions

Travellers have a small risk of developing diarrhoea in any country. It may be advisable to drink bottled water only, especially on short trips. Always wash your hands with soap before eating, or use an alcohol-based hand sanitizer. See the following country-specific recommendations:

Water and Beverages

Tap water in Athens is treated and can be directly consumed. In smaller cities and rural towns, tap water may not be treated. Drink only bottled or boiled water, or carbonated drinks and avoid ice that may have been made from unsterilised water.

Food Risk

Food in Greece is considered safe.
More on food and water safety

Health Threats Summary

Health threats present include:
Animals: Hantaviruses, Rabies

Bites and Stings: Crimean-Congo Fever (CCHF), Leishmaniasis, Malaria, West Nile Virus

Coughing/sneezing: *COVID-19

Environment: Altitude

Food and/or water: Hepatitis A

Sex/blood/needles: HIV, Hepatitis B and C, & STIs

Health Threats

*COVID-19 | Threat from: Coughing/sneezing

COVID-19 | Threat from coughing/sneezing

International SOS is monitoring closely - please see the ALERTS on the "View All Alerts" section of this location guide, and the COVID-19 pages of the Pandemic Information website.

Transmission is from person to person through contact with particles expelled into the air by an infected person when talking, coughing or sneezing. Other people can inhale these particles and become infected. They may also become infected by touching their eyes, nose or mouth after touching contaminated surfaces.

Most people will develop mild to moderate illness only which lasts up to two weeks. Symptoms vary greatly but the main symptoms are a high fever, a cough and loss or change in sense of smell or taste. Other common symptoms include fatigue, cough, sore throat, shortness of breath and breathing difficulty. Some people may continue to have symptoms that last for weeks or months after the initial infection has gone. Older people and people with underlying health conditions are at higher risk for severe disease and death.

Prevention

Vaccine: Get vaccinated as soon as you are eligible to do so.

Avoid potential exposure to infection: crowds, indoor public places, people who are obviously unwell or coughing and sneezing.

Take measures to protect yourself from infection: trying to stay 2 metres away from other people and wear a mask in public places, ensure adequate ventilation in enclosed spaces. Wash hands frequently, especially before eating, preparing food or touching your face, after using the restroom and when leaving a public place.

Greece

The first imported COVID-19 cases were confirmed on 26 February 2020 and local transmission was detected the following day. By the end of March 2020, the outbreak had surpassed 1,000 cases. See the National Organisation for Public Health website for the latest COVID-19 information and guidance in Greece. Dial 1135 for COVID-19 related medical concerns.

Altitude | Threat from: Environment

Altitude illness is a potentially fatal condition that can affect people who normally live at a low altitude and travel to a higher altitudes. It can occur from elevations of 1,500 meters upwards, but is more common at elevations above 2,500 meters (8000 feet).

People most at risk are those who have experienced altitude illness before, people who have heart or lung problems and people under the age of 50. There are three different types of altitude illness: Acute Mountain Sickness (AMS), High Altitude Cerebral Edema (HACE) and High Altitude Pulmonary Edema (HAPE). AMS is the most common and mild form of altitude illness. HACE and HAPE are more severe. HACE is a medical emergency and if not treated and managed quickly, can result in coma and death. Management of altitude illnesses involves immediate descent and oxygen treatment. Most people who are affected, even those who develop HACE or HAPE, recover completely if moved to a lower elevation. There are medicines that can be administered by trained medical professionals.

Anyone travelling to high altitude, especially higher than 2,500 meters, should be aware of and recognise the symptoms of altitude illness. See your travel health professional before departure, for individual advice on preventive measures, especially if you have ever suffered altitude sickness in the past, or if you have an underlying medical condition.

Crimean-Congo Fever (CCHF) | Threat from: Bites and Stings

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 infected animals, patients or infected tissues. Symptoms occur within two 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 10 days after symptoms begin. Around half of all infected people die. If the patient survives, recovery is long and slow.

Risk to travellers is low. High risk groups include agricultural workers, healthcare workers, military personnel and people who camp in rural areas. There is no vaccine against CCHF. To prevent tick bites, wear long sleeves and long pants, and use insect repellents.
Hantaviruses | Threat from: Animals

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.

Greece

Human cases of hantavirus are occasionally reported.

Hepatitis A | Threat from: Food and/or water

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.

HIV, Hepatitis B and C, & STIs | Threat from: Sex/blood/needles

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 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.

Leishmaniasis | Threat from: Bites and Stings

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.

### Malaria | Threat from : Bites and Stings

Malaria is transmitted by mosquitoes that usually bite from dusk to dawn. Symptoms can develop as early as seven days or as late as several months after exposure. Early malaria symptoms are flu-like and can include fever, sweats/chills, head and body aches, and generally feeling tired and unwell. People also sometimes feel nauseous and vomit or have diarrhoea. Untreated, malaria can cause serious complications like anaemia, seizures, mental confusion, kidney failure and coma. It can be fatal.

Follow the ABCDEs to minimise malarial risk:

- **A**: Awareness - Be **Aware** of the risk, the symptoms and malaria prevention.
- **B**: Bite Prevention - Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.
- **C**: Chemoprophylaxis - If prescribed for you, use **Chemoprophylaxis** (antimalarial medication) to prevent infection and if infected reduce the risk of severe malaria.
- **D**: Diagnosis - Immediately seek **Diagnosis** and treatment if a fever develops one week or more after being in a malarial area (up to one year after departure).
- **E**: Emergency - Carry an **Emergency Standby Treatment** (EST) kit if available and recommended (this is the kit which contains malaria treatment).

**Greece**

Rare sporadic cases have been reported in certain agricultural areas associated with imported malaria cases. Risk to travellers is considered very low.

**Prevention:**

- mosquito bite avoidance

### Rabies | Threat from : Animals

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.**)

**Greece**

Rabies risk is present in bats and wild animals. The risk is higher in northern Greece including Eastern Macedonia and Thrace, Epirus, Thessaly, Central Macedonia and West Macedonia.

### West Nile Virus | Threat from : Bites and Stings
Primarily a disease of birds, **West Nile virus** (WNV) can infect humans. The most common route for a human infection is via mosquitoes. The mosquito feeds on an infected bird or other animal, then bites a human and introduces the virus into their body.

Most people who get WNV develop no symptoms. Of the 20 percent who do get ill, most develop mild symptoms 3-14 days after being bitten: fever, head and body ache, nausea and vomiting. Sometimes the lymph nodes swell or a rash appears on the trunk.

In fewer than one percent of all human cases, the person develops a serious, possibly fatal, infection. Symptoms may include high fever, headache, stiff neck, disorientation, muscle weakness, tremors and paralysis. The brain and membranes surrounding the brain and spinal cord may get inflamed, which can cause coma and death. Patients who recover from a serious WNV infection may suffer permanent brain damage.

There is no specific treatment for the disease, or vaccine to protect against it. To avoid infection, prevent mosquito bites in areas where the virus circulates. Wear long sleeves and long pants, and use insect repellents.

**Greece**

A large outbreak was reported in 2010 affecting the Central Macedonia and Thessilia regions. The peak season typically occurs from June to July, although previous WNV seasons have extended through to October.