Spain

Risk Ratings

LOW MEDICAL RISK for Spain

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 Spain
COVID-19 information for Spain
Dedicated COVID-19 website

Petty crime poses the main risk, with levels increasing in major cities, particularly Madrid and Barcelona, and during holiday seasons and festivals. There is a credible risk of attacks by Islamist extremist terrorists. The risk previously posed by the Basque separatist group ETA, which occasionally targeted tourist infrastructure, ceased following the organisation's official abandonment of armed struggle in December 2011.

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

Catalonia autonomous community: Anticipate disruption until 4 March due to transport strike
COVID-19: Persistent restrictions in response to ongoing pandemic underline continued need for flexibility

View All Alerts

Vaccinations For Spain

*COVID-19 Vaccination is recommended for all travellers. Read more

Hepatitis A Many travel health professionals recommend Read more

Hepatitis B Recommended for health care workers and anyone 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:
- Malaria
**Zika Virus**  
**Health Threats**

**Alerts**

- Suspected meningitis outbreak
- Yellow fever
- Cases of yellow fever

View All Alerts

**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](https://www.internationalsos.com/MasterPortal/PrintDisplay.aspx). 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 Spain**

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>Information</th>
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<tbody>
<tr>
<td><strong>COVID-19</strong></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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<tr>
<td><strong>Hepatitis A</strong></td>
<td>Many travel health professionals recommend hepatitis A vaccination for all travellers regardless of destination, especially those who are at higher risk (see <a href="https://www.cdc.gov">US CDC</a>), such as gay, bisexual, and other men who have sex with men, people who use illicit drugs or those with liver disease.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Recommended for health care workers and anyone who may have a new sexual partner, share needles or get a tattoo or body piercing. Many travel health professionals recommend hepatitis B vaccination for all travellers and expatriates, regardless of destination.</td>
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**Malaria**

There is no malaria in Spain.

**Zika Virus**

There is no Zika Virus in Spain.

**Standard of Care**

**Emergency Response**

Always try to call International SOS whenever medical care or advice is required, especially in emergencies.
SINGLE EU EMERGENCY NUMBER
Use 112 to contact all emergency services in EU countries.
In Spain, calls are answered in Spanish, and, in tourist regions, in English, French or German.

The public ambulance system is recommended, however attendants may not speak English. Private hospitals do not have ambulances. For emergencies, they use the public emergency medical system. Private ambulance companies are only used for non-emergency transportation.

<table>
<thead>
<tr>
<th>Emergency Numbers</th>
<th>Ambulance</th>
<th>Fire</th>
<th>Police</th>
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<tr>
<td></td>
<td>061/112</td>
<td>080/112</td>
<td>091/112</td>
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Standard of Health Care
The Spanish medical system offers an international standard of care. Medical facilities in smaller cities and towns may be limited, but there is a well-developed emergency internal medical transportation system.

English speaking physicians are often found in both the public and private facilities. Generally, public hospitals offer a broader and higher level of care than private hospitals, especially for major medical and surgical emergencies and highly complex procedures. However, the emergency rooms of public hospitals are usually crowded with long wait times. Waiting list for elective surgical procedures may be long.

Private hospitals are generally small to medium-size facilities with 40 to 150 beds. They will often have an emergency room, intensive care unit, surgical facility, EKG, laboratory and pharmacy. However, not all private hospitals have a fully staffed and equipped emergency room or intensive care units. Specialists are on call.

OutPatient Care
General practitioners (GPs) manage most outpatient care in both the private and public sectors. GP facilities are equipped with basic diagnostic tools. Higher level medical equipment can be found in facilities managed by private specialists.

Paying for Health Care
Private physicians will usually expect cash payment. However, some medical facilities will accept credit card payments. Foreign insurance plans will not be accepted without a guarantee of payment.

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 might be provided free of charge in your home country.

New regulations affect patients whose medical expenses would be covered by private insurance. Their private insurance will be claimed initially, and the public system will be claimed on an in-excess-of basis.

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 care in Spain is of an international standard.

Blood Supplies
The blood supply in Spain is considered safe and is screened according to international standards.

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
There are many reputable pharmacies in the major cities, and virtually all international medications are available in Spain.

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

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

Barcelona
Hospital Quironsalud Barcelona
Category: Hospital
Address: Plaza Alfonso Comín 5
       Barcelona, Barcelona 08023
Telephone: 34 901 123 456 (G24)
           34 902 444 446
           34 932 554 000

Madrid
Hospital Ruber Internacional (Quironsalud)
Category: Hospital
Address: La Maso 38
       Urbanizacion Mirasierra
       Madrid, Madrid 28034
Telephone: 34 901 123 456 (intl dept)
           34 91 387 50 00

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 is considered safe.

Food Risk
Food 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, West Nile Virus

Coughing/sneezing: *COVID-19

Environment: Altitude

Food and/or water: Ciguatera

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.

Spain
The first imported COVID-19 case was confirmed on 1 February 2020. Local transmission has been detected, and cases have also been exported from Spain into other countries. By mid-March, Spain declared a state of emergency, closing restaurants and non-essential shops. Lockdown measures further tightened by late March. Reports of new cases started to decline by mid-April, and by the end of April Spain began easing lockdown measures.

Updates are available from the Ministry of Health Spain website.

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**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 onwards, 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.

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**Ciguatera** | Threat from: Food and/or water
Ciguatera poisoning is caused by eating fish that is contaminated by a micro algae toxin - ciguatoxin. The toxin becomes more concentrated in large carnivorous reef fish over 2.7kg. The fish most frequently implicated include amberjack, barracuda, grouper, moray eel and sea bass.
Early symptoms usually start 3 to 6 hours after eating contaminated fish, but can be delayed up to 30 hours. They include slowed heart rate, abdominal pain, nausea, vomiting and profuse watery diarrhea, which generally last for 1-2 days. A range of neurological symptoms may also occur and can last for months, including dizziness, weakness, tingling in hands, feet, tongue and mouth, blurred visions and temperature reversal (where hot things feel cold and cold things feel hot). In extreme cases, patients can suffer respiratory paralysis, coma and very rarely heart failure and death.
There is no specific treatment for ciguatera poisoning.
The toxin does not affect the taste, odour or texture of the fish, and it cannot destroyed by freezing, cooking or any other method of food preparation. Prevention is by avoiding eating large reef fish (over 2.7kg / 6lbs) and avoiding eating the heads, intestines, liver or roe of all reef fish. Certain foods may need to be avoided after an episode of ciguatera poisoning.

Spain
Cases are sporadically reported in the Canary Islands.

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**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, head ache, 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.

Spain
Crimean-Congo hemorrhagic fever was first detected in ticks in 2010. Following that, locally-acquired cases have been reported in Castile and Leon and from Badajoz, Extremadura.

**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.

**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.
Spain
Since 2009, over 500 people are known to have been infected with visceral and cutaneous leishmaniasis in areas surrounding the capital, Madrid. This has mainly affected the municipalities of Fuenlabrada, Getafe, Humanes de Madrid and Leganes.

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.)

Spain
Rabies is generally present in bats only and the risk of exposure for average travellers is low.

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.

Spain
The first human WNV case was reported in 2004, with two more cases reported in 2010. Since 2016 cases have been reported sporadically. A large outbreak occurred in 2020, with some fatalities. Most cases are reported in Andalusia region, although the virus has been detected in animals, mosquitoes and birds in other parts the country.

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