



Travel with IBD, including Hajj and Umrah

Information for people with inflammatory bowel disease

PE-IBD-21

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Most people with IBD can travel safely, including for Hajj and Umrah. Planning ahead — your medicines, your vaccines and a plan for illness — makes the journey safer and easier.

Planning ahead

Talk to your doctor at least eight weeks before you travel, as some vaccines take time to work and your treatment may need to be planned around the journey. It is best to travel when your IBD is settled; if you are in a flare, or have just had an operation, ask your doctor whether to postpone. Hajj is physically demanding, with long walks, heat and large crowds, so ask your doctor whether you are fit for it, and tell the doctor with your Hajj group about your IBD and your medicines; ask your doctor if the group needs a medical fitness form. The Saudi health requirements advise against Hajj in the last three months of pregnancy or in a high-risk pregnancy.

- Ask your doctor for a letter listing your diagnosis and your medicines by their generic names and doses, stating that you carry injections and needles if you do.
- Carry a copy of your recent blood results and the clinic's contact details, and find out where the nearest hospital is at your destination.

Your medicines

- Take enough for the whole trip, plus at least an extra week in case of delays, and twice the stoma supplies you expect to use.
- Keep all medicines in your hand luggage, in their original packs with the pharmacy label. Some medicines, such as the strong painkillers codeine and tramadol, are controlled in Saudi Arabia, the UAE and other countries — carry the prescription and check the rules before you travel.

- **Injections:** carry pens in a cool bag with ice packs that do not touch the pens, and never in checked luggage, where they can freeze or be lost. Ask for a fridge where you stay. Check on the label how long your pen can be kept out of the fridge and at what temperature – the heat in Makkah is often far above this, so the cool bag matters. Take a small sharps bin.
- **Infusions** such as infliximab or vedolizumab: tell your doctor your dates so they can try to fit your dose around the trip.
- **Time zones:** keep daily tablets at about the same interval, shifting by an hour or two a day if needed, and take weekly or fortnightly injections on your usual day.
- **Do not stop your medicines** because you are travelling. If you take steroid tablets, carry a steroid card; if you have a fever, ask your doctor whether to increase the dose, and if you are vomiting and cannot keep them down, get medical help the same day.
- **Pack a small kit:** oral rehydration sachets, paracetamol, a thermometer, hand sanitiser, sunscreen, and any standby medicine your doctor gives you. Avoid anti-inflammatory painkillers such as ibuprofen.

Vaccines

Plan vaccines early. Non-live vaccines are safe with all IBD medicines and are recommended, though they may work a little less well – see sheet [PE-IBD-04](#). Saudi requirements change each season, so check the current requirements with your doctor or a travel clinic before you book.

- The meningococcal ACWY vaccine is required for Hajj and Umrah. It is not a live vaccine. It must be given at least ten days before you arrive, and the conjugate type is valid for five years. Make sure the certificate states the vaccine type and date – without the type it counts for only three years – and keep it with your passport.
- **COVID-19:** for the 2026 (1447H) season, Saudi rules require proof of COVID-19 vaccination (or a recent confirmed infection) for Umrah pilgrims whose immune system is weakened by medicine, and Oman's Ministry of Awqaf and Religious Affairs requires it for all Hajj pilgrims, so bring your certificate. The influenza vaccine is recommended for all pilgrims, and every year in any case.
- Other non-live travel vaccines – hepatitis A and B, typhoid injection, rabies, polio injection and Japanese encephalitis – can be given as needed. Make sure your pneumococcal vaccine is up to date before Hajj.
- Live vaccines must not be given while you take, or have recently stopped, steroids, azathioprine, mercaptopurine, methotrexate, a biologic or a JAK inhibitor. They

include yellow fever, oral polio drops, oral typhoid capsules, MMR, the live chickenpox vaccine, the dengue vaccine and BCG. If you need a polio vaccine, it must be the injection, not the drops. Never accept one at a travel clinic or abroad without checking with your doctor.

- Yellow fever vaccine is required for entry to some countries in Africa and South America; it is not needed for Hajj or Umrah when you travel from Oman. If you cannot have it, your doctor can give a medical exemption letter, but this does not protect you, so think carefully before travelling to an area where yellow fever occurs.

Food and water

Medicines that weaken the immune system make infections from food and water more likely and more severe, so take extra care.

- Wash your hands with soap, or use hand sanitiser, before eating and after using the toilet.
- Drink sealed bottled water or boiled water, and avoid ice unless you know it was made from safe water.
- Eat food that is freshly cooked and served hot. Avoid food that has stood at room temperature, raw or undercooked meat, eggs and seafood, and salads or fruit you cannot peel or wash in safe water.
- Avoid unpasteurised milk, laban and soft cheese, and raw camel milk, and avoid close contact with camels, which can carry the MERS virus.

If you get diarrhoea

Diarrhoea while travelling may be an infection or a flare, and it can be hard to tell them apart. General advice on diarrhoea is in sheet [PE-GIC-33](#).

- Drink plenty of fluids, including oral rehydration solution, and keep eating light food.
- Loperamide can be used for a day or two, but not if you have blood in the stool, a fever or severe tummy pain, or are in a flare.
- If your doctor has given you a standby antibiotic, take it as they explained.
- Do not stop your IBD medicines without advice. If you have a fever, contact your doctor – some medicines are paused during an infection.
- Seek medical help if diarrhoea lasts more than two days, and straight away if there is blood, fever or severe pain, or you cannot keep fluids down. If you have a

stoma or have had part of the bowel removed, you can become dehydrated quickly, so act sooner.

- If it has not settled by the time you return, tell your doctor; a stool sample is usually tested before treating it as a flare.

Hajj and Umrah: heat and crowds

- Heat: drink water regularly through the day without waiting to feel thirsty, and more if you have diarrhoea or a stoma. Use an umbrella, light-coloured clothing and sunscreen, and rest in the shade in the hottest hours when you can. Several IBD medicines make the skin more sensitive to the sun or raise the risk of skin cancer.
- Heat exhaustion – headache, dizziness, nausea, heavy sweating and weakness – means stopping, cooling down and drinking. Confusion, hot skin (dry or sweating) or collapse is heat stroke and needs emergency help.
- Crowds spread chest infections. Wash your hands often, consider a mask in crowded places, and do not share cups, towels or razors.
- Use insect repellent (DEET or icaridin) and cover up, as dengue occurs in Jeddah and Makkah and the dengue vaccine is not suitable for you.
- For shaving the head, use a licensed barber with a new blade, or your own disposable razor, to avoid hepatitis B, hepatitis C and HIV.
- Check your feet daily and clean any blister or cut – on these medicines a small wound can become infected.
- On flights or drives of more than four hours, walk about, move your legs and drink water – the risk of blood clots is higher in IBD, especially during a flare.

Tell your doctor straight away if

- You have a fever of 38°C or more, or shivering – on immune-suppressing medicine, see a doctor the same day wherever you are, and say which medicines you take.
- You have bloody diarrhoea, severe or constant tummy pain, or vomiting so that you cannot keep fluids or medicines down.
- You have signs of dehydration – dizziness on standing, very little dark urine, or a very high stoma output.
- You have confusion, hot skin (dry or sweating) or collapse in the heat – call for emergency help.
- You have a painful swollen leg, chest pain or sudden breathlessness after a long journey – go to the Emergency Department.
- You have a fever, cough or breathlessness within two weeks of returning from Hajj or Umrah – tell the doctor where you have been.
- Your IBD flares while you are away.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first – do not wait for a reply.

Contact your doctor or clinic using the numbers they have given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ – check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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