

**OFFICE OF THE COMMAND SURGEON**

**UNITED STATES SOUTHERN COMMAND**

**GENERAL MEDICAL BRIEF for JIATF-S AOR**

*Current as of January 2012*

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I. IMPORTANT TELEPHONE NUMBERS:

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**JIATF-S Joint Operation Center (JOC):** 305-293-5422/5631 DSN 483 (24hrs)

###### **USSOUTHCOM Partnership for the Americas Collaboration Center (PFFAC):**

###### 305-437-3719/16/17, DSN 567 (24hrs) Ask for oOn-Call Surgeon Rep.

###### **TRICARE/ISOS**: 1-800-834-5514 or 215-701-2800(Call collect) (24hrs)

**Command Surgeon (SCSG)**: 305-437-1327/1912/1330, DSN 567 (Duty hrs only)

**JIATF-S Surgeon:** WK 305-437-1912, DSN 567-1912 or Cell (305) 781-6473 (off-duty #)

**GTMO Naval Hospital:** From the US: 011-5399-3200 or DSN 723-3960 ext 3200

**Naval Branch Medical Clinic; Key West, FL:** 305-293-4600 (DSN 483)

**FOL Comalapa, El Salvador:** 011–503-2333 1777 / 1789 / 011-50-378-995-568

**FOL Curacao:** (305) 293-2600 Ext. 0940

**JTF-B Honduras Medical Element:** 305-234-5111 (DSN 449)

###### **GPMRC:** 618-229-4200 (DSN 779) (24hrs)

**Important Note:**  ISOS is a civilian health insurance plan under contract with the government, as such, civilians are not covered with this plan. If an issue develops where a civilian needs treatment – most government insurance plans are configured for the patient to pay first and file a claim after the fact for reimbursement. If you find yourself in this scenario, contact the JIATF-S Surgeon or the USSOUTHCOM Surgeon’s Office for assistance as required.

**II. MEDICAL EMERGENCY SEQUENCE OF EVENTS** (as of May 2010)

Once it has been determined that a service member requires medical treatment which exceeds the capabilities of organic / local assets and a Medical Evacuation or Casualty Evacuation is necessary, there are two (2) must contact agencies:

1. **The JIATF-S Joint Operations Center (JIATF-S JOC)**

**P**rimary – Secure Chat

**A**lternate – Secure SATCOM

**C**ontingency – STU enabled phone to **(305) 293-5422/5631 DSN 483**

**E**mergency – Dial **(305) 293-5422/5631 DSN 483**

2. **International SOS (ISOS)**

**P**rimary **– (215) 701 - 2800 (**Can call collect**)**

**A**lternate - **(800) 834 – 5514 /** Fax: **(215) 354-2338**

**C**ontingency **– Email:** tricarephl@internationalsos.com

**E**mergency **–** Call **JIATF-S Surgeon** numbers listed below

International SOS (ISOS) is the US Government-contracted agent responsible for **MEDEVAC / CASEVAC** in the **SOUTHCOM AOR**. They serve as a link between US Service members and host nation civilian care.

**The services ISOS provides include:**

* + ISOS will direct you to the **closest US approved Medical Treatment Facility** (MTF)
  + ISOS will serve as **medical liaison officers** with the OCONUS MTF.

- ISOS will **coordinate further evacuation** to the USA as required.

- ISOS will continue to **update** evacuated service member’s **unit** and **the American Embassy** (AMEMB)

- ISOS will address all issue of **payment** with OCONUS MTF administrative offices

- ISOS will provide **medical oversight** with US physicians / USSOUTHCOM and the JIATF-S Surgeon to ensure US Standards and Quality of Care are maintained.

# If any other assistance is required, or if unable to contact ISOS, contact the US Southern Command PFFAC, SOUTHCOM Surgeon (SCSG), JIATF-S Surgeon or the nearest US Embassy / USMILGP.

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# ISOS numbers: Comm 1-800-834-5514 or (215)-701-2800 (Can call collect)

# JIATF-S JOC: (305) 293-5422 / 5631 (24hrs) DSN 483

# SOUTHCOM PFFAC: (305) 437-3716 / 3719 (24hrs) DSN 567

# SOUTHCOM Surgeon Office: (305) 437-1912 / 1930 / 1327 (Duty hours) DSN 567

# JIATF-S Surgeon: (305) 781-6473 (Off-Duty hours)

**III. PATIENT MOVEMENT FOR MEDICAL OR DENTAL EMERGENCIES WITHIN THE USSOUTHCOM AOR**

1. There are **two options available** to US personnel traveling in the USSOUTHCOM AOR who require Medical or Dental care assistance. One is **to access a Military Treatment Facility** (MTF); the other is to seek **local civilian care through the TRICARE/International SOS** (ISOS) **System**.

**a. Military Treatment Facilities (MTF) in the USSOUTHCOM AOR**:

**JTF-B Medical Element; Soto Cano Air Base; Comayagua, Honduras –** Full service Level II medical element with surgical and moderate ancillary capability.

*Commercial from the US: 011-504-234-4190/4634 or DSN 449-4190 / 4984*

**FOL Curacao –** Small USAF clinic staffed by one IDMT (USAF equivalent to USN IDC); Flight Surgeon rotates through with aircrew, however, not fulltime. Can be reached at (305) 293-2600 ext. 0949

**FOL Comalapa, El Salvador** – Small USN clinic staffed by USN IDC who serves as link to host nation civilian hospital contacts. Can be reached at 011-503-2333-1777 / 1789 or 011-503-7899-5568. FOL also has a rotating Flight Surgeon who will often accompany the aircrew(s).

**Naval Hospital GTMO, Cuba** – Small, well staffed, fully functional Level III Hospital.

*Commercial from the US: 011-5399-3200 or DSN 723-3960 ext 3200 or DSN 660-2998 option 1 Ext. 72020*

**Naval Hospital Roosevelt Roads (NHRR), PR.** – CLOSED

*When these MTF facilities are readily accessible, please utilize them for your health care requirements. When not accessible, your Urgent and Emergent health care needs can be supported through the TRICARE/ISOS Health Care system. One phone call to their medical assistance help desk will locate an approved medical facility or provider in your area.*

**b. All TRICARE/ISOS services are accessed through the customer service desk:**

Contact the ISOS Call Center toll free for all urgent and emergent Medical or Dental care needs at: (800) 834-5514 or commercial at (215) 701-2800 (call collect, if need be.)

c. The JIATF-S Surgeon and the USSOUTHCOM Command Surgeon’s Office are here to support you and your crew. Please contact MAJ Michael Coote, USA, or LTC Eric Milstrey at (305) 437-1912 / 2486 with any medical questions pertinent to your deployment to the JIATF-S AOR.

**IV. Malaria Threat – “Danger depends on where you’re going.”**

*The information provided here is a result of the hard work and efforts of the SOC-S Surgeon, coupled with information available in SC Reg. 1106, and on the AFMIC and CDC Websites.*

The following locations are considered “**Extremely low risk for Malaria”** and do not require anti-malarial chemoprophylaxis medications. The locations are specific, **any** travel **outside** these locations, or travel to a location **not listed**, will require **medical evaluation** and **prescription anti-malarial chemoprophylaxis medications**.

**Extremely Low Malaria risk SOUTH and CENTRAL AMERICA locations:**

-Buenos Aires, Argentina

-La Paz City, Bolivia

-All sites in Chile are malaria free.

-Bogota, Medellin, Cali, and the San Andres Islands of Colombia.

-San Jose, Costa Rica

-Quito and the Galapagos Islands of Ecuador.

-Guatemala City, Guatemala

-Managua, Nicaragua

-Panama City and Colon, Panama; as well as the Panama Canal Zone.

-Asuncion and Iguassu Falls, Paraguay

-Lima and Machu Picchu, Peru

-All sites in Uruguay are malaria free.

-Caracas, Maracaibo, and Isla de Margarita of Venezuela

**Extremely Low Malaria risk CARIBBEAN and CARIBBEAN ISLAND locations:**

-Belize City, Belize

-All other Caribbean Islands except the Dominican Republic and Haiti are low risk.

**\*\*\*The Dominican Republic and Haiti both require anti-malarial chemoprophylaxis mediations in all areas**.

**Chloroquine resistant anti-malarial prophylactic medication** (**Mefloquine and Doxycycline**) is required for most locations in the USSOUTHCOM AOR. **Exceptions are**: Paraguay, Nicaragua, Mexico, Haiti, Honduras, Guatemala, Grenada, El Salvador, Dominican Republic, Costa Rica, and Belize; which are effectively covered with weekly **Chloroquine**.

Contact your healthcare provider for prescriptions. Your duty status, health considerations, and other personal factors should be discussed with your healthcare provider prior to choosing the right medications for your personal needs. If not already documented, personnel will also require a G6PD deficiency blood test.

**Upon return, your travel itinerary should be reviewed by a healthcare provider to determine the need for “Terminal Chemoprophylaxis” with additional Primaquine.**

**V. MALARIA CHEMOPROPHYLAXIS MEASURES**

Generally, two groups of malaria exist in the USSOUTHCOM AOR, those that are effectively prevented with Chloroquine, and those that have developed resistance to Chloroquine (Chloroquine resistant). The prophylactic treatment for each is similar but requires different medications. The best drug for you depends on your flight status, itinerary, and a number of personal factors that should be discussed between you and your healthcare provider.

**Chloroquine resistant anti-malarial prophylactic medication** (**Mefloquine and Doxycycline**) is required for most locations in the USSOUTHCOM AOR. **Exceptions are**: Paraguay, Nicaragua, Mexico, Haiti, Honduras, Guatemala, Grenada, El Salvador, Dominican Republic, Costa Rica, and Belize; which are effectively covered with weekly **Chloroquine**.

-Questions not clarified by this document, or by your health care provider, can be addressed to the **Key West Branch Naval Clinic Community Health Department**, or the **JIATF-S Surgeon**.

- Travel itineraries should be discussed with your healthcare provider upon return to determine the necessity for terminal chemoprophylaxis medications.

- Personnel taking malaria chemoprophylaxis will require a documented G6PD deficiency blood test prior to receiving Primaquine as terminal prophylaxis.

-See your regular Health Care Provider for required malaria chemoprophylaxis prescriptions.

-Doxycycline is the only authorized malaria chemoprophylaxis for personnel on flight status.

**Drug prophylaxis regimens for malaria susceptible to Chloroquine:**

**Chloroquine:** 500mg taken once weekly. Beginning 1-2 weeks prior to arrival in country, and continuing 4 weeks after return to the US, or to a malaria free area**.**

**Drug prophylaxis regimens for “Chloroquine Resistant” malaria:**

**Mefloquine:** 250mg taken once weekly. Beginning 1 week prior to departure and continuing until 4 weeks after return.

**NOTE**: Do not give to patients with past or present psychological conditions such as anxiety, depression, or psychotic episodes.

**Doxycycline:** 100mg taken once daily. Beginning 2 days prior to departure and continuing until 4 weeks after return.

**NOTE:** Avoid excessive sun exposure. Some persons may develop increased photosensitivity.

**Malarone:** 1 Tablet taken daily 2 days prior to departure and continuing until 7 days after return.

**NOTE:** Take with food or milk.Rarely stocked in DoD facilities.

**Terminal Prophylaxis regimen** **(All Active Duty Personnel are required to complete the following regimen upon return from Plasmodium Vivax and Ovale Malaria endemic areas):**

**Primaquine:** After returning, begin once daily dose of 15mg or 26.3mg for 14 days. This is taken in addition to the 1-4 weeks continuation of other anti-malaria medications.

**NOTE:** Individuals taking Primaquine must not be G6PD deficient.

-See your regular Healthcare Provider either prior to travel for required malaria chemoprophylaxis prescriptions.

**Suggested Vector (Insect) control items and techniques:**

-**Insect Repellent, Clothing Treatment (PERMETHRIN),**

NSN 6840-01-278-1336, aerosol spray, two cans.

-Insect/Arthropod Repellant Lotion,

NSN 6840-01-284-3982, Four Tubes.

-Sleep in well-screened accommodations.

**VI. TUBERCULOSIS – WHAT ARE THE CONCERNS AND HOW DO YOU MINIMIZE THE RISKS?**

Tuberculosis (TB) is common in all developing countries. All long-stay travelers (more than 3 months) should have pre-departure PPD skin test status documented. When possible, travelers should limit exposure to crowded public places and public transportation in higher threat areas. Greater risks exist in Peru, Ecuador, and Bolivia. *TB is transmitted primarily through airborne inhalation, which can be avoided through the simple wearing of protective equipment such as a mask.*

One of the more recent groups of indigenous personnel who have come under scrutiny are Ecuadorian maritime smugglers. When in close contact with this group (for example when detaining them aboard vessels) it would be appropriate to issue **protective equipment** to the US personnel in direct contact with them.

***Ecuador: Maritime Interdiction of Smugglers and Tuberculosis Risk* - *AFMIC Medical Intelligence Note 008-03, (DI-1812-293-03), 14 February 2003***

**Intelligence Findings and Analysis**

The World Health Organization estimated that the annual incidence rate of active tuberculosis (TB) cases in Ecuador was 100 to 300 per 100,000 population in 2000 (compared to the US rate of approximately 6 per 100,000). The disease is considered an "extremely serious" public health problem, particularly among the poor and native Amerindian populations in Ecuador. These populations make up the majority of clients for the maritime smugglers of illegal aliens who operate in the region.

US personnel conducting maritime interdiction operations may encounter persons with active TB infections. These exposures typically would not be prolonged contacts with infected persons and, therefore, would pose minimal risk of TB infection. However, TB skin test (PPD conversion) rates may be elevated in personnel with repeated close contact, such as household exposures to an active case. PPD screening to detect latent infection may be warranted.

The risk to US personnel of contracting TB increases with exposure to infected individuals in enclosed spaces. Prolonged exposure times increases risk and the proximity of the infected person to our personnel is an obvious contributing factor as well.

TB is a curable disease, but is also one that can be avoided through proper precautions. TB, as well as other infectious diseases can be transmitted through direct contact with skin or mucous membranes. The risk of this transmission can be greatly reduced by wearing protective equipment such as gloves and masks.

The masks must have a **National Institute of Occupational Safety and Health** (NIOSH) approval number and **be N95 particulate respirators**, approved for TB exposure control. Regular "blue" or “green” surgical masks **will not** protect against TB's mycobacterium. The gloves mentioned below are basic and standard throughout many DoD facilities.

**VII. SUGGESTED TB PROTECTIVE EQUIPMENT**

# Following are the protective equipment items suggested by the USSOUTHCOM Command Surgeon's Office

# Gloves – Non-Latex: for those with known or unknown latex allergies

# 1. Can be found with NSN: 4240-01-463-5449

OR

2. Glove, Exam Non-Latex (Large) 100 ea. NSN MH56180PM104

Glove, Exam Non-Latex (Med) 100 ea. NSN UMH56180PM103

Glove, Exam Non-Latex (Small) 100 ea. NSN UMH56180PM102

**NIOSH Approved for TB exposure, N95 Particulate Respirator, Masks**:

**1. Fisher Health Care** 1-800-640-0640 www.fishersci.com

Regular size: Mfr.# 1860; Cat. # 18-992; Pack of 20-$18.52 / 6 Packs **$108.96**

Small: Mfr.# 1860S; Cat# 18-991; Pack of 20-$18.17 / 6 Packs $**106.69**

**2. White Knight Health Care** 1-800-851-4431

# Part # 653395; Case of 120-$75.00

**Note:** An important responsibility is maintaining your Intradermal Purified Protein Derivative (IPPD) testing on a regular basis. DoD direction is to have an annual IPPD. As per SC Reg. 40-10, personnel returning from deployment in the USSOUTHCOM AOR should receive an **IPPD within 3-6 months** after their return. This will ensure the early detection of exposure, giving your healthcare provider greater options toward treatment of any disease or exposure US personnel may encounter.

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**VIII**. **GENERAL MEDICAL THREAT INFORMATION**

Most large cities and urban areas in the **USSOUTHCOM AOR** have medical facilities that meet or approach those found in the United States while health care found throughout rural areas is generally characterized as substandard. Nevertheless, adequate emergency health care can be obtained in many of these austere environments. The TRICARE / International SOS (ISOS) help desk, the JIATF-S Surgeon, the U.S. Southern Command Surgeon’s Office, and the U.S. Embassy can assist in locating these facilities.

Common sense and adherence to the following guidance can reduce the threat of illness or injury during your travels. Recent medical and dental exams should ensure that the traveler is in good health. Bring an adequate supply of all prescription and other medications, as well as any necessary personal hygiene items, including a spare pair of eyeglasses or contact lenses if necessary. Ensure all immunizations are up to date. Be very compliant with any prophylactic measures set forth by your Medical Officer. Swim only in well-maintained, chlorinated pools, or water known to be free from pollution. Wear clothing that reduces skin exposure, and apply insect repellents containing DEET to remaining areas. Sleep in well-screened accommodations. Reduce problems related to sun exposure by using sunglasses, proper clothing, wide-brimmed hats, sunscreen lotions (SPF 30 or greater), and lip protection.

This document is produced in support of general travel throughout the **USSOUTHCOM AOR.** Some travel for short periods of time, and to certain urban areas may not require all immunizations and malarial chemoprophylaxis. SC Reg. 1106 can be referenced to clarify many questions. All other questions may be directed to the JIATF-S Surgeon, or the USSOUTHCOM Command Surgeon’s office.

**IX. GENERAL HEALTH PRECAUTIONS**

**Following is an overview of a number of health precautions that may be encountered while traveling throughout the USSOUTHCOM AOR.**

**Altitude**: Complications such as altitude sickness, High Altitude Pulmonary Edema (HAPE), and High Altitude Cerebral Edema (HACE) may develop at altitudes near 10,000 feet or 4,300 meters. To avoid these, consider chemoprophylaxis with Acetozolamide (Diamox) 125-250mg twice daily the day of travel to regions near 10,000 feet. Some individuals may only require once daily dosing.

This treatment is especially beneficial for La Paz, Bolivia (14,000 feet). Additionally, some individuals may require this Rx in Quito, Ecuador, or Bogota, Colombia. Continue taking Diamox for 3-5 days while at altitude, discontinue after return to lower altitudes. If respiratory or cardiac complications develop at any point, the traveler should be taken immediately to a lower altitude to seek the care of a competent healthcare provider. Travelers with Diabetes, Hypertension, Asthma, Emphysema, Angina, or certain heart conditions should avoid altitudes near or above 10,000 feet.

**Mercury Poisoning:** Mining is common throughout many areas, especially Bolivia and Colombia. Mercury is used in many mining operations, and has contaminated the water supply and local marine life of some areas. Consumption of water from contaminated sources, or marine life can lead to Mercury poisoning. Travelers should avoid consumption of fish harvested in mining regions and drink only bottled water from a reputable source. Chlorine and Iodine do not decontaminate water of Mercury.

**Blood:** Blood should be considered unsafe unless otherwise advised by the US Southern Command Surgeon’s Office, TRICARE/ISOS, or Embassy medical staff.

**X. COMMON DISEASES FOUND THROUGHOUT CENTRAL AND SOUTH AMERICA**

**Food-borne and water-borne**:

- Generally, there is a minimal risk in deluxe accommodations and higher risk at lesser accommodations or restaurants.

- Generally, tap water should **not** be considered suitable for drinking. It is advised that US personnel drink bottled water while traveling throughout the USSOUTHCOM AOR.

- **Cholera** can be found in many areas. Most common sites are found in regions where sufficient sewage treatment facilities and sources of potable drinking water are lacking.

Mosquito-borne:

Malaria is endemic throughout Central and South America, as well as Belize, Haiti, and the Dominican Republic. At times malaria is not a threat to travelers in urban or high altitude areas (above 8,200 feet or 2,500 meters). Many strains are Chloroquine resistant, requiring other medications such as Mefloquine (Lariam), Doxycycline, or Atovaquone/Proguanil (Malarone).

-Malaria chemoprophylaxis requirements throughout the USSOUTHCOM AOR are referenced in SC Reg. 40-10 website under medical information. Questions not clarified by these references, or your health care provider, can be addressed to the JIATF-S Surgeon.

-Personnel taking malaria chemoprophylaxis will require a documented G6PD deficiency blood test prior to receiving terminal prophylaxis.

-Malaria treatment regimens are addressed elsewhere in this document.

-Doxycycline is the only medication approved for those personnel on flight status.

-Contact your healthcare provider, or flight surgeon for prescriptions.

Dengue fever occurs in urban and rural areas all throughout the AOR. There is no “pill” or chemoprophylaxis to prevent Dengue. Avoidance is the only prevention for Dengue Fever. The mosquito that transmits Dengue fever usually feeds during daylight hours. The use of Mosquito nets, pretreatment of clothing with Permethrin and application of Insect/Arthropod repellant lotion (DEET) to exposed skin is advised.

**Additional diseases of concern:**

**Leptospirosis –** the most commonly acquired animal-to-human disease in the world. Very prevalent in Central and South America – often referred to as Swamp Fever or Mud Fever. The organism enters the body when mucous membranes or abraded skin is exposed to contaminated water or soil.

**Rabies -** All dog, cat, and other mammal bites or scratches while in the USSOUTHCOM AOR should be taken seriously and post exposure prophylaxis sought, even in those already immunized. Report these incidences to your health care provider immediately.

**Leishmaniasis -** Transmitted by sand flies throughout Central and South America. Avoidance and preventive measures greatly reduce the threat of disease. Variations include cutaneous (skin), mucocutaneous, and visceral (internal organ infection) Leishmaniasis. Cutaneous is the greatest threat, but infection is unlikely to be debilitating. Definitive treatment will require evacuation. Persons who have traveled to these regions and develop suspicious skin lesions should report them to their health care provider. **Follow vector control items and techniques.**

**Chagas' disease** is common throughout the region. The risk is generally low to US travelers, but is year-round with a variable distribution through Central America, Colombia, areas of Venezuela, and Bolivia primarily in rural areas at elevations up to 3,600 meters. Transmitted by the feces of blood sucking Reduviidae (cone nosed bugs, stink bugs, or kissing bugs) family of insects. **Follow vector control items and techniques.**

**Lyme Disease** (Lyme borreliosis) can be found in some areas. Risk to travelers is generally low.

**Hantavirus** occurs in some rural farming areas. No risk to the typical traveler. Avoid contact with mice and mice feces in rural areas.

**Hepatitis A** risk can be found throughout the area, due to food and water contamination. All DoD personnel should be immunized for Hepatitis A.

**Hepatitis B** is transmitted through contaminated blood, blood products, and sexual intercourse.

**Hepatitis C** transmitted through blood and blood products. Usually not sexually transmitted.

**Hepatitis D** found only in patients with Hepatitis B (Super Infection).

**Hepatitis E** is rare, but can be contracted from consuming local food, water, or ice. Typical case requires convalescence over 7 days.

**Hepatitis G** usually found as co-infection with Hepatitis C. Transmitted similarly to Hep C.

**Typhoid / paratyphoid fever:**  Salmonella family infection. Cases could occur among unvaccinated personnel consuming local food, water, or ice. Debilitating febrile illness typically requiring 1-7 days of inpatient care, followed by return to duty.

**Plague:** Rare and infrequent, but sporadic numbers of personnel exposed to rodents and fleas could be affected. Potentially severe illness, which may require more than 7 days of hospitalization then convalescence. Risk is year-round, primarily in Peru and Bolivia.

**Brucellosis -** a bacterial infection, is sporadic and infrequent but has been reported. Avoid un-pasteurized goat cheese (always white in color), and other un-pasteurized dairy products.

## **Sexually Transmitted Diseases -** are common due to unprotected sexual intercourse.

## Gonorrhea and Chlamydia are significant problems throughout.

## Hepatitis B/C and HIV are also prevalent.

**Note: *HIV testing paid for by ISOS – requires documentation of exposure and/or incident report***

**XI. VACCINATIONS FOR TRAVEL THROUGHOUT THE USSOUTHCOM AOR**

Vaccination requirements vary throughout the USSOUTHCOM AOR. SC Reg. 1106, your health care provider, the Command Surgeon’s office, or the **JIATF-S Surgeon** can help clarify vaccination requirements.

Travelers who are currently vaccinated with Tetanus, Typhoid, Yellow Fever, Influenza and Hepatitis A are sufficiently covered for travel to any location in the USSOUTHCOM AOR. You must also have your tuberculosis exposure tested annually with the PPD.

**Yellow Fever- One shot every 10 years. Required for many areas within the AOR.**

**Hepatitis A- One time, two-shot series (1st then 2nd at 6-12 months). Required for all personnel.**

**Hepatitis B - One time, three-shot series (1st, 2nd at 30 days, then 3rd 5 months later) Required for Medical Personnel Only.**

**Typhoid:**

**Inactivated Typhoid Vaccine (Shot)**

* Should not be given to children younger than 2 years of age.
* One dose provides protection. It should be given at least 2 weeks before travel to allow the vaccine time to work.
* A booster dose is needed every 2 years for people who remain at risk.

**Live Typhoid Vaccine (Oral)**

* Should not be given to children younger than 6 years of age.
* Four doses, each dose given 2 days apart, are needed for protection. The last dose should be given at least 1 week before travel to allow the vaccine time to work.
* A booster dose is needed every 5 years for people who remain at risk.

Either vaccine may be given at the same time as other vaccines. **Required for many areas in the AOR.**

**Tetanus- Initial shot with booster every 10 yrs. Required for all personnel.**

**Tuberculosis (PPD) - Required annually, within one-year prior to deployment, or within 3-6 months after redeployment from those deployments greater than 30 days.**

**Influenza- Required annually for all active duty personnel.**

**XII. TRAVEL AND MEDICAL INTELLIGENCE WEBSITES**

**SIPR Net Websites**:

-US Army Center for Health Promotion and Preventive Medicine (USACHPPM):

<http://usachppm1.army.smil.mil/>

-USACHPPM Current Disease Threats for the USSOUTHCOM AOR:

<http://usachppm1.army.smil.mil/pages/EntoORM/EntoORM.aspx>

-CDC Yellow Book, Health Information for the International Traveler, 2001-2002:

[http://usachppm1.army.smil.mil/Documents/CDC Pubs/yellowbook.pdf](http://usachppm1.army.smil.mil/Documents/CDC%20Pubs/yellowbook.pdf)

-Armed Forces Medical Intelligence Center (AFMIC), USSOUTHCOM AOR:

<http://www.afmic.dia.smil.mil/cgi-bin/afmic/nav.pl?menu=southcom.html>

**NIPR Net Websites**:

-US Army Center for Health Promotion and Preventive Medicine (USACHPPM):

[http://chppm-www.apgea.army.mil/](http://usachppm1.army.smil.mil/)

-CDC Travelers Health Guide, Malaria

<http://www.cdc.gov/travel/regionalmalaria/index.htm>

-CDC Yellow Book, Health Information for the International Traveler, 2001-2002:

[http://www.cdc.gov/travel/diseases/malaria/index.htm](http://usachppm1.army.smil.mil/Documents/CDC%20Pubs/yellowbook.pdf)

-Armed Forces Medical Intelligence Center (AFMIC), USSOUTHCOM AOR:

[http://mic.afmic.detrick.army.mil/](http://usachppm1.army.smil.mil/)