



Medical Force Protection: Uruguay

Medical Force Protection countermeasures required before, during, and after deployment to Ecuador are as follows:

Major Threats

Diarrheal disease, viral hepatitis A, typhoid and paratyphoid fever, malaria, dengue fever, Venezuelan Equine Encephalitis, leishmaniasis, sexually transmitted diseases, rabies (primarily from stray dogs), heat injury, industrial pollution, and altitude sickness (central region).

Presume local water sources are not safe for drinking.

Requirements before Deployment

1. **Before Deploying report to Medical to:**
 - a. Ensure your Immunizations are up to date, specific immunizations needed for area: **Hepatitis A, MMR, Typhoid, Yellow fever, Tetanus (Td), and Influenza.**
 - b. If you have not been immunized against Hepatitis A (two dose series over 6 months) get an injection of Immunoglobulin with the initial Hepatitis A dose.
2. **Malaria Chemoprophylaxis:** There is no risk of malaria in the country of Uruguay. Therefore, chemoprophylaxis is not recommended.
3. **Get HIV testing if not done in the past 12 months.**
4. **Complete attached Pre-Deployment Screening form and turn into your Medical Section.**
5. **Make sure you have or are issued from unit supply: DEET, permethrin, bednets/poles, sunscreen and lip balm. Treat utility uniform and bednet with permethrin.**

Requirements during Deployment

1. Consume food, water, and ice only from US-approved sources; "**Boil it, cook it, peel it, or forget it**".
2. Involve preventive medicine personnel with troop campsite selection.
3. Practice good personal hygiene, hand-washing, and waste disposal.
4. Avoid sexual contact. If sexually active, use condoms.
5. Use DEET and other personal protective measures against insects and other arthropod-borne diseases. Personal protective measures include but are not limited to proper wear of uniform, use of bed nets, and daily "buddy checks" in tick and mite infested areas.
6. Minimize non-battle injuries by ensuring safety measures are followed. Precautions include hearing and eye protection, enough water consumption, suitable work/rest cycles, and acclimatization to environment and stress management.
7. Eliminate food/waste sources that attract pests in living areas.
8. Avoid contact with animals and hazardous plants.
9. Consider **Acetazolamide (Diamox) 250 mg every 6 – 12 hours** for 1 – 2 days before ascent and continued for 48 hours **if traveling to elevations >2,500 meters.**

Requirements after Deployment

1. Begin terminal malaria prophylaxis as described above.
2. Receive preventive medicine debriefing after deployment.
3. Seek medical care immediately if ill, especially with fever.
4. Get HIV and PPD testing as required by your medical department or Task Force Surgeon.

VECTOR RISK ASSESSMENT PROFILE (VECTRAP): Uruguay

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1. GEOGRAPHY: Area of 68,037 sq mi, or slightly smaller than Oklahoma. Capital: Montevideo (est. pop. 1.31 million). Terrain: plains and low hills, 84 % agricultural land. Climate: temperate.

2. VECTOR-BORNE DISEASES:

- a. **Malaria:** Malaria has been eradicated in Uruguay. However, malaria is reported endemic in bordering countries. If acquired, malaria would seriously reduce combat effectiveness.
- b. **Dengue fever:** Dengue fever is not currently reported. However, as with most Latin American countries, the potential exists for a major outbreak. If acquired, dengue would seriously reduce combat effectiveness.
- c. Triatomid bugs (Reduviidae) vector **Chagas' Disease (American trypanosomiasis)**. These bugs are found in all rural and suburban areas of Uruguay except the Atlantic coastal areas. During the mid-1980s, an estimated 6 to 11 per cent of the population in the Departments of Artigas, Rivera, Salto, and Tacuarembó was seropositive for the etiological agent, *Trypanosoma cruzi*. However, a 1997 report from the World Health Organization stated that the reduviid house infestation rate in Uruguay had been reduced by 90%. The risk of acquiring Chagas' disease is considered low to moderate.

3. DISEASE VECTOR INFORMATION:

- a. Potential vectors for malaria include the mosquitoes: *Anopheles aquasalis*, *A. albicans* and *A. argyritarsis*.
- b. The mosquito, *Aedes aegypti*, is an important vector of dengue and is reported as eradicated from urban areas in Uruguay, but it is found in bordering Brazil.
- c. The reduviid bugs, *Panstrongylus megistus*, *Triatoma infestans*, and *T. rubrovaria* are the vectors for Chagas' Disease.

4. DISEASE AND VECTOR CONTROL PROGRAMS:

- a. Prevention & Control: Malaria chemoprophylaxis should be held in reserve by the deploying units. Consult the Navy Environmental Preventive Medicine Unit #2 in Norfolk, VA (COMM: 757-444-7671; DSN: 564-7671; FAX: 757-444-1191; PLAD: NAVENPVNTMEDU TWO NORFOLK VA) for the current chemoprophylaxis recommendations.
- b. Yellow fever immunizations should be current.
- c. Control for peridomestic reduviid bugs is based upon improvements to human habitations; debris and harborage sites in and around habitations should be eliminated. Infested habitations should be treated with residual insecticides applied to walls and other surfaces. Bednets should be used in infested houses.
- d. The conscientious use of personal protective measures will help to reduce the risk of many vector-borne diseases. The most important personal protection measures include the use of DEET insect repellent on exposed skin, wearing permethrin-treated uniforms, and wearing these uniforms properly. The use of DEET 33% lotion (2 oz. tubes: NSN 6840-01-284-3982) during daylight and evening/night hours is recommended for protection against a variety of arthropods including mosquitoes, sand flies, other biting flies, fleas, ticks and mites. Uniforms should be treated with 0.5% permethrin aerosol clothing repellent (NSN 6840-01-278-1336), per label instructions. NOTE: This spray is only to be applied to trousers and blouse, not to socks, undergarments or covers. Reducing exposed skin (e.g., rolling shirt sleeves down, buttoning collar of blouse, blousing trousers) will provide fewer opportunities for blood-feeding insects and other arthropods. Additional protection from mosquitoes and other biting flies can be accomplished by the use of screened

VECTOR RISK ASSESSMENT PROFILE (VECTRAP): Uruguay (continued)

eating and sleeping quarters, and by limiting the amount of outside activity during the evening/night hours when possible. Bednets (insect bar [netting]: NSN 7210-00-266-9736) may be treated with permethrin for additional protection.

e. Expanded Vector Control Recommendations are available upon request.

5. IMPORTANT REFERENCES:

Contingency Pest Management Pocket Guide Technical Information Memorandum(TIM)24. Available from the Defense Pest Management Information Analysis Center (DPMIAC) www.afpmb.org/pubs/tims/ (DSN: 295-7479 COMM: (301) 295-7479). Best source for information on vector control equipment, supplies, and use in contingency situations.

Control of Communicable Diseases Manual-Edited by James Chin. Seventeenth Ed. 2000. Available to government agencies through the Government Printing Office. Published by the American Public Health Association. Excellent source of information on communicable diseases.

Medical Environmental Disease Intelligence and Countermeasures-(MEDIC). January 2002. Available on CD-ROM from Armed Forces Medical Intelligence Center, Fort Detrick, Frederick, MD 21702-5004. A comprehensive medical intelligence product that includes portions of the references listed above and a wealth of additional preventive medicine information.

Internet Sites- Additional information regarding the current status of vector-borne diseases in this and other countries may be found by subscribing to various medical information sites on the internet. At the Centers of Disease Control and Prevention home page subscriptions can be made to the Morbidity and Mortality Weekly Report(MMWR)and the Journal of Emerging Infectious Diseases. The address is www.cdc.gov. The World Health Organization Weekly Epidemiology Report (WHO-WER) can be subscribed to at www.who.int/wer. The web site for PROMED is <http://www.promedmail.org/>.

Although PROMED is not peer reviewed, it is timely and contains potentially useful information. The CDC and WHO reports are peer reviewed. Information on venomous arthropods such as scorpions and spiders as well as snakes, fish and other land animals can be found at the International Venom and Toxin Database website at <http://www.kingsnake.com/toxinology/>. Information on anti-venom sources can also be found at that site. Information on Poisonings, Bites and Envenomization as well as poison control resources can be found at www.invivo.net/bg/poison2.html.

USERS OF THIS VECTRAP: Please notify NDVECC Jacksonville, or the appropriate NEPMU, if you acquire any medical entomology information that can be used to update this VECTRAP.

CUSTOMER SURVEY: In order to improve our VECTRAPs we would like your opinions on the quality and quantity of information contained in them. Please take time to fill out the survey which is contained as an attachment and Fax or e-mail your response back to us. Thank you for your cooperation.

ADDITIONAL INFORMATION ON DISEASE VECTOR SURVEYS, CONTROL AND SPECIMEN ID's WILL BE PROVIDED UPON REQUEST.