



Medical Force Protection: Haiti

Haiti is a **HIGH-RISK** country, with an overall disease risk that will adversely impact mission effectiveness unless force health protection measures are implemented.

Major Threats

HIGH:

Diarrhea (Bacterial and Protozoal), **Hepatitis A**, **Typhoid/Paratyphoid Fever**, **Dengue Fever** (the major vector borne risk), **Malaria** (all four types, especially *P. falciparum*) and **Leptospirosis**

INTERMEDIATE:

Brucellosis, Cholera, Hepatitis B and E, West Nile Fever, Gonorrhea, Chlamydia, HIV/AIDS, Tuberculosis, Rabies, Anthrax, Q-Fever and Soil-Transmitted Helminthes (Hookworm, Strongyloidiasis, Cutaneous Larva Migrans)

LOW:

Equine Encephalitis (Eastern and Western), St. Louis Encephalitis, Cutaneous Leishmaniasis and Meningococcal Meningitis

OTHER:

Arthropod-borne infections, viral gastroenteritis (e.g. Norovirus), food poisoning (e.g. *Bacillus cereus*, *Clostridium perfringens*, *Staphylococcus*), heat injuries, raw sewage

FOOD CONTAMINATION:

Ackee, a common fruit in Haiti used for food and medicinal purposes. It can be toxic if eaten before it is ripe. May cause respiratory paralysis and death. **Seasonal Algal Bloom** can contaminate shellfish and reef fish (amberjack, barracuda, grouper and snapper) with neurotoxins and cause *ciguatera fish poisoning* or *paralytic shellfish poisoning* (PSP). Cooking does NOT destroy the neurotoxins.

POTENTIALLY HAZARDOUS ANIMALS:

Centipedes, Scorpions, Tarantulas and Recluse Spider (brown and black)

Requirements Before Deployment to Haiti

1. Immunizations:
 - a. Hepatitis A and B – both series completed or dose # 1 > 14 days prior to departing
 - b. Tetanus-Diphtheria – every 10 years
 - c. MMR – proof of vaccination or proof of positive antibody titer
 - d. Influenza – seasonal and H1N1
 - e. Typhoid – either attenuated oral or IM injection
 - f. Rabies – for individuals at occupational risk of exposure
2. Malaria Prophylaxis Options (see “Requirements after Deployment”, #5 as well):
 - a. Chloroquine 300 mg/week, start 1-2 weeks prior, weekly during stay and continue for 4 weeks after departure.
 - b. Mefloquine 250 mg/week, start 2 weeks prior, weekly during stay and continue for 4 weeks after departure (not approved if on flight status)
 - c. Doxycycline 100 mg/day, start 2 days prior, daily during stay and continue for 4 weeks after departure.
 - d. Atovaquone 250 mg/day, start 1-2 days prior, daily during stay and continue for 7 days after departure

3. Required Labs: a) HIV; b) TST; c) DNA; d) Pregnancy; e) G6PD
4. Completed Copies in medical record of: a. current PHA b. Dental readiness; c) DoD Form 2766; d) DoD Form 2795/2796
5. Obtain the following: a) Prescription eyeglasses x 2, b) Personal protective equipment (hearing, eye, leather gloves, respirators/N-95 masks); c) Greater than 60 day supply of personal prescription medication; d) Health threat briefing.

Requirements During Deployment to Haiti

1. Consume food, water, and ice only from US-approved sources.
2. Protect yourself from the sun: use clothing, sunscreen, and sunglasses.
3. To avoid diarrhea illness, practice good personal hygiene, hand-washing, and waste disposal. Medications (loperamide and/or a quinolone antibiotic) may be prescribed to mitigate risks.
4. Due to rabies risk, avoid animals and report exposure to saliva, scratches, or bites. Eliminate food/waste sources that attract pests in living areas.
5. Significant electrocution hazards exist: assume all wires are live!
6. HIV is widespread in Haiti. Avoid sexual contact. If sexually active, use condoms.
7. To avoid Malaria and Dengue, use insect precautions, including application of DEET repellent (concentration 30-35%) to exposed areas of skin, permethrin treated uniforms and treated bed nets when sleeping.
8. Remember safety measures such as hearing and eye protection, hydration, suitable work/rest cycles, acclimatization to environment and stress management.

Requirements After Deployment to Haiti

1. Receive Post-deployment medical threat debriefing.
2. Ensure all deployment medical paperwork (DD Forms 2795 and 2796) records post-deployment health issues and is placed in your permanent medical record
3. Update DD Form 2766 with deployment information.
4. Obtain post deployment HIV and PPD testing as required by your medical department.
5. Malaria prevention: Primaquine 30 mg/day x 2 weeks starting the day leaving theater.

Additional Resources

NCMI <http://www.intelink.gov/ncmi/index.php>
NMCPhC <http://www-nehc.med.navy.mil>
CDC Travel <http://wwwnc.cdc.gov/travel/default.aspx>
WHO <http://www.who.int/countries/en/>