

International SOS offers an unrivalled depth and quality of medical information. This is made possible by our dedicated, in-house Medical Information & Analysis Team, and our medical professionals all over the world.

The information provided to clients by International SOS through our membership and other services comes from:

Internal Sources	External Sources
<ul style="list-style-type: none"> • Medical Operations: Each location has an “Expert” team of International SOS medical professionals who are very familiar with health risks, medical infrastructure, and the medical assistance required by members in these locations. The Experts are based in our assistance centres, offices, clinics, and sites in our network. • Medical Information & Analysis Team: A smaller group of doctors, nurses, and public health professionals with expertise in travel and public health, who constantly monitor the global health landscape - including disease outbreaks and epidemiology, disasters, vaccine updates, as well as public health developments, national and international guidelines - to provide information and advice for International SOS staff and members. They research, analyse, and coordinate information from subject matter experts. • 5,200 International SOS medical professionals around the world, from more than 1,000 locations in 90 countries, including many internationally renowned subject matter experts on many medical issues including diving, aviation, and tropical medicine. • 26 assistance centres • 77 clinics, 900 medical sites with 300 offshore installations • Our team of network managers who manage the credentialing and monitoring of 81,000 providers including hospitals, clinics, GP and dental practices. 	<p>Other international resources and partnerships include:</p> <ul style="list-style-type: none"> • United States Centers for Disease Control and Prevention (CDC) • World Health Organization (WHO) • European Centre for Disease Prevention and Control (ECDC) • Ministries of Health, national and regional health authorities. • Internationally renowned experts in a number of fields including: travel health, vaccination, infectious diseases, radiation, chemicals, entomology, occupational health. • Many respected online information sources such as ProMed, International Society of Travel Medicine, American Society for Tropical Medicine and Health, etc. • Our clients around the world, who include government bodies, non-government organisations, individuals, local companies and multi-national corporations across a broad range of industry sectors. • Websites and other public communications of national and international health authorities.

We constantly monitor many news sources, blogs and internet “chatter”, and use digital technology to monitor hundreds of information sources.

Location Guides: When are they reviewed and updated?

The guides are updated promptly whenever new information from our sources has been verified and vetted. This is a constant process, and changes are made throughout the year as required.

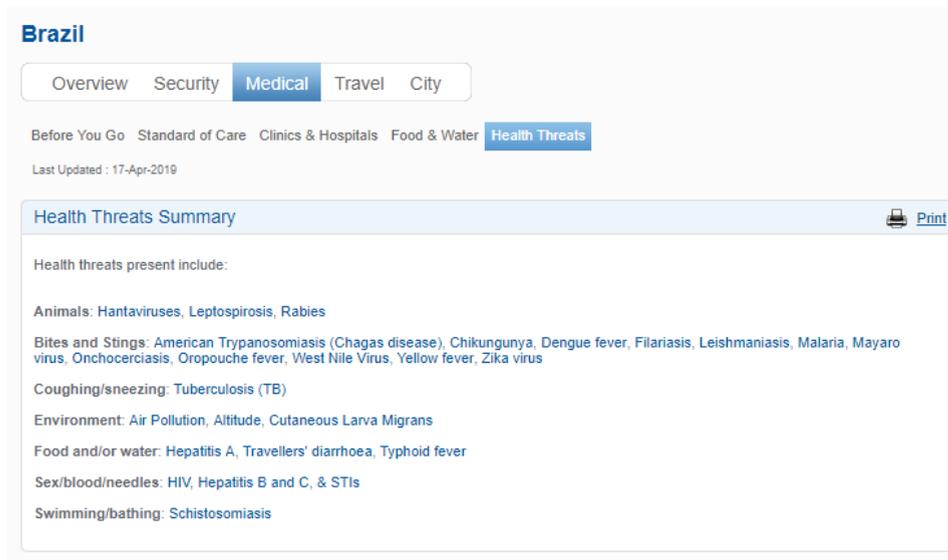
In addition, all medical information in each location guide is reviewed at a minimum every 12 months, utilizing our Expert system. Following the review process, updates may OR may NOT be required.

The publication date on the portal indicates the date an update was made to the medical information for the location. It does not reflect the date the information was last reviewed.

Medical Alerts: When they are posted, how they are updated?

We do **not** publish Medical Alerts for every health threat or disease outbreak. Endemic (consistently present) expected / predictable health risks are available under the “Health Threats” tab of the Medical section of the Location Guides, along with epidemiological notes regarding the cycles/seasons and locations of known risk areas.

Once an Alert is posted, we continue monitor the situation and update the alert as new information is obtained. Every Medical Alert is continually under review and updated when new information is available. When alerts are updated they are not re-emailed unless there is a significant change in the risk landscape or advice. **Members are advised to check the website / membership app for the latest information.**



The screenshot shows the 'Brazil' page on the International SOS website. The 'Medical' tab is selected, and the 'Health Threats' sub-tab is active. The 'Health Threats Summary' section lists various health threats categorized by exposure route:

- Animals: Hantaviruses, Leptospirosis, Rabies
- Bites and Stings: American Trypanosomiasis (Chagas disease), Chikungunya, Dengue fever, Filariasis, Leishmaniasis, Malaria, Mayaro virus, Onchocerciasis, Oropouche fever, West Nile Virus, Yellow fever, Zika virus
- Coughing/sneezing: Tuberculosis (TB)
- Environment: Air Pollution, Altitude, Cutaneous Larva Migrans
- Food and/or water: Hepatitis A, Travellers' diarrhoea, Typhoid fever
- Sex/blood/needles: HIV, Hepatitis B and C, & STIs
- Swimming/bathing: Schistosomiasis

We **do** publish Medical Alerts when events have reached our threshold, and have been verified and vetted. Many of the events under investigation and monitoring do not reach this threshold. Nevertheless, we continue to monitor all events (whether published or not) until the situation has resolved or returned to baseline.

We base our decision whether to post a Medical Alert on some or all of the following:

- The threat affects / could affect international travellers and/or expatriates.
- Additional preventive measures are recommended.
- A health threat occurs in a location where it is not usually present.
- An outbreak occurs that differs from the normal disease pattern for the location.
- The threat is new or unusual.
- There is a change to vaccination entry requirements.
- There is an increase in enquiries to our assistance centres.
- The event has received a high level of media attention.

Medical Alerts are archived when the risk is clearly declining, the threat is resolved or the outbreak is over. Factors which indicate an outbreak is over include: no new cases for twice the disease's incubation period (time between exposure to the disease and symptom onset), steadily declining case numbers over six to eight weeks, or improvement of the seasonal conditions that increase the risk (e.g. end of rainy season).