(U) FY 2025 FORCE HEALTH PROTECTION GUIDANCE FOR USINDOPACOM

Originator: HQ USPACOM J3

TOR: 10/16/2024 07:48:49

DTG: 160433Z Oct 24

Prec: Priority

DAC: General

To: HQDA SURG GEN WASHINGTON DC, CDRUSARPAC CG FT SHAFTER HI, USARPAC COMMAND CENTER FT SHAFTER HI, COMPACFLT PEARL HARBOR HI, HQ PACAF HICKAM AFB HI, PACAF CC HICKAM AFB HI, HQ ALCOM ELMENDORF AFB AK, COMUSKOREA CP SEOUL KOR, COMUSKOREA J3 EOC SEOUL KOR, COMUSJAPAN COMMAND CENTER YOKOTA AB JA, COMUSJAPAN YOKOTA AB JA, JIATF WEST

CC: JOINT STAFF WASHINGTON DC, CNO WASHINGTON DC, COMMARFORPAC, COMMARFORPAC, COMMARFORPAC G THREE, COMMARFORPAC G THREE, COMSOCPAC HONOLULU HI, CDR USTRANSCOM SCOTT AFB IL, COMSEVENTHFLT, COMTHIRDFLT, CG I MEF G THREE, CG I MEF G THREE, CG III MEF G THREE, CG III MEF G THREE, KAIS 7AF OSAN AB KOR, HQ USPACOM J3, HQ USPACOM JOC

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FM HQ USPACOM J3
TO RUEADWD/HQDA SURG GEN WASHINGTON DC
RUIAAAA/CDRUSARPAC CG FT SHAFTER HI
RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI
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SUBJ/(U) FY 2025 FORCE HEALTH PROTECTION GUIDANCE FOR USINDOPACOM
AOR.
MSGID/GENADMIN/USINDOPACOM P-24-0215/TIMEZONE/Z//
USINDOPACOM (J07) is the responsible office for this order.
This order is active until CANCELLED.
BLUF/(U) THIS MESSAGE PROVIDES UPDATES FOR FORCE HEALTH PROTECTION
MEASURES REQUIRED BY PERSONNEL WITHIN THE U.S. INDO-PACIFIC COMMAND

(USINDOPACOM) AREA OF OPERATIONS (AOR).//
REF/A/DOC/CJCS/JUL2024//
REF/B/MEMO/CJCS/02NOV2007//
REF/C/DOC/DOD/19JUN2019//
REF/D/DOC/DHA/17DEC2019//
REF/E/MEMO/OSD/07OCT2013//
REF/F/DOC/DOD/05FEB2010//
REF/G/DOC/DOD/23APR2007//
REF/H/DOC/DOD/23JAN2024//
REF/I/DOC/DOD/31AUG2018//
REF/J/DOC/DOD/07OCT2013//
REF/K/DOC/USFK/20OCT21//
REF/L/MEMO/OSD/12NOV2015//
REF/M/MEMO/DOD/10JAN2023//
REF/N/DOD/MEMO/24FEB2023//
REF/O/WEBPAGE/NCMI/NA//
REF/P/WEBPAGE/CDC/NA//
REF/Q/WEBPAGE/TRAVAX/NA//
REF/R/WEBPAGE/ACIP/NA//
REF/S/MSG/IIIMEF/192015ZNOV2022//
REF/T/MSG/COMPACFLT//102140ZNOV2016//
REF/U/MEMO/USAF/09JAN2015//
REF/V/MEMO/DOD/23OCT2023//
REF/W/DOC/DHA/04JUN2024
REF/X/DOC/DOD/28MAY2024//
REF/Y/WEBPAGE/AHRQ/NA//
REF/Z/MEMO/OSD/15APR2013//
REF/AA/DOC/AFPMB/NOV2015//
REF/AB/MEMO/OSD/12MAR2009//
REF/AC/DOC/DOD/29AUG2017//
REF/AD/DOC/DOD/21JAN2005//
REF/AE/DOC/DOD/01JUN2022//
REF/AF/DOC/USPACOM/18MAR2013//
REF/AG/WEBPAGE/DHA/NA//
REF/AH/DOC/DOD/01OCT2021//
REF/AI/DOC/DOD/28AUG2017//
REF/AJ/DOC/DOD/01AUG2023//
REF/AK/MSG/USINDOPACOM/150211ZFEB18
REF/AL/MSG/USINDOPACOM/200351ZAPR24//
REF/AM/MSG/USINDOPACOM/060037ZDEC23//
NARR/ REF A is "DOD Dictionary of Military and Associated Terms"
of July 2024, available at JDEIS.JS.MIL/JDEIS/NEW_PUBS/
DICTIONARY.PDF. REF B is Chairman Joint Chiefs of Staff
Memo 0028-07, "Procedures for Deployment Health Surveillance"
of 02 NOV 2007. REF C is DODI 6490.03 "Deployment Health" of
19 JUN 2019. REF D is DHA Procedural Instruction (DHA-PI)
6490.03 "Deployment Health Procedures" of 17 DEC 2019. REF E
is ASD(HA) Memo "Clinical Practice Guidance for Deployment-
Limiting Mental Health Disorders and Psychotropic Medications"
of 7 OCT 2013. REF F is DODI 6490.07 "Deployment-Limiting
Medical Conditions for Service Members and DOD Civilian
Employees" of 05 FEB 2010. REF G is DODD 6200.04 "Force
Health Protection" of 09 OCT 2004, Certified Current as of
23 APR 2007. REF H is Directive-Type Memo 17-004, "Department
of Defense Expeditionary Civilian Workforce" of 25 JAN 2017,
Incorporating Change 7, Effective 23 JAN 2024. REF I is
DODI 3020.41 "Operational Contract Support" of 20 DEC 11,
Incorporating Change 2, 31 AUG 2018. REF J is AR 40-562/
BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINT M6230.4G
"Immunization and Chemoprophylaxis for the Prevention of
Infectious Diseases" of 07 OCT 2013. REF K is United
States Forces Korea Instruction 4200.02, "Force Health

Protection" of 20 AUG 2024. REF L is DEPSECDEF Memo, "Clarifying Guidance for Smallpox and Anthrax Vaccine Immunization Programs" of 12 NOV 2015. REF M is SECDEF Memo, "Rescission of the August 24, 2021 AND November 30, 2021 Coronavirus Disease 2019 Vaccination Requirements for Members of the Armed Forces" of 10 JAN 2023. REF N is DEPSECDEF Memo, "Guidance for Implementing Rescission of August 24, 2021 and November 30, 2021 Coronavirus Disease 2019 Vaccination Requirements for Members of the Armed Forces" of 24 FEB 2023. REF O is National Center for Medical Intelligence Websites at WWW.NCMI.DODIIS.MIL OR DIA.SMIL.MIL/. REF P is Centers for Disease Control and Prevention (CDC) Travelers Health Website at WWWNC.CDC.GOV/TRAVEL/. REF Q is Shoreland Travax Website at WWW.TRAVAX.COM. REF R is Advisory Committee of Immunization Practices Vaccine Recommendations and Guidance Website at WWW.CDC.GOV/VACCINES/HCP/ACIP-RECS/VACC-SPECIFIC/INDEX.HTML. REF S is "III Marine Expeditionary Force (MEF) Force Health Protection (FHP) Guidance and Requirements 2024". REF T is COMPACFLT Pearl Harbor HI "Guidance on the Japanese Encephalitis Vaccine for U.S. Navy Personnel and Tricare Beneficiaries in the Pacific Fleet Area of Responsibility" of 14 NOV 2016. REF U is HQ USAF (SG) Memo "Guidance on the Use of Japanese Encephalitis Vaccine" of 09 JAN 2015. REF V is USD (P&R) Memo, "Use of Next-Generation Smallpox Vaccines" of 23 OCT 2023. REF W is DHA-PI 6025.52 "Guidance for the DOD Influenza Vaccine Program (IVP)" of 04 JUN 2024. REF X is DODI 6490.13 "Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services" OF 11 SEP 2015, Incorporating Change 2, Effective 28 MAY 2024. REF Y is "Guide to Clinical Preventive Services" from the Agency for Healthcare Research and Quality at WWW.USPREVENTIVESERVICESTASKFORCE.ORG/USPSTF/. REF Z is HA POLICY 13-002 "Guidance on Medications for Prophylaxis of Malaria" of 15 APR 2013. REF AA is Armed Forces Pest Management Board Technical Guide 36 of NOV 2015. REF AB is HA POLICY 09-006 "Policy for Decreasing Use of Aspirin(Acetylsalicylic Acid) in Combat Zones" of 12 MAR 2009. REF AC is DODD 6400.0E, "DOD Veterinary Public and Animal Health Services" of 27 JUN 2013, Incorporating Change 2, 29 AUG 2017. REF AD is AR 40-657/NAVSUP 4355.4H/MCOP10110.31H, "Veterinary/Medical Food Safety, Quality Assurance, and Laboratory Service" of 21 JAN 2005. REF AE is MIL-HDBK-3041A, "Guidelines for Conducting Food and Water Risk Assessments (FWRA)" of 1 JUN 2022. REF AF is USPACOM 1107.2 "Force Health Protection (FHP) Program for Deployments" of 18 MAR 2013. REF AG is "Armed Forces Reportable Medical Events Guidelines and Case Definitions" of October 2022, available at HEALTH.MIL/REFERENCE-CENTER/PUBLICATIONS/2022/11/01/ARMED-FORCES-REPORTABLE-MEDICAL-EVENTS-GUIDELINES/. REF AH is DODI 6490.11 "DOD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in Deployed Setting" of 18 SEP 2012, Incorporating Change 3, 01 OCT 21. REF AI is DODD 6490.02E, "Comprehensive Health Surveillance" OF 08 FEB 2012, Incorporating Change 2, Effective 28 AUG 2017. REF AJ is "Joint Travel Regulations Uniformed Service Members and DOD Civilian Employees" at MEDIA.DEFENSE.GOV/2022/JAN/04/2002917147/-1/-1/0/JTR.PDF. REF AK is "USPACOM Zika Virus Force Health Protection Message Update" of 15 FEB 2018. REF AL is "Force Health Protection Updates in the Philippines" of 20 APR 2024. REF AM is "USINDOPACOM FY 2024 Force Health Protection Guidance for USINDOPACOM AOR" of 06 DEC 2023.

GENTEXT/RMKS/

1. (U) This message provides updated USINDOPACOM medical guidance in support of contingency operations, as defined by REF (A) within the USINDOPACOM AOR in accordance with (IAW) REFS (B) through (AJ). This message incorporates and cancels REFS(AK) and (AL) and cancels REF (AM).

2. (U) APPLICABILITY.
2.A. (U) This guidance applies to operational movement of units, Individual Augmentees, exercise support personnel, those otherwise deployed, or TDY/TAD to the USINDOPACOM AOR for 30 days or longer unless otherwise specified.
2.A.1. (U) Personnel traveling to and remaining within the United States (to include Hawaii and Alaska and the U.S. territory of Guam) are exempt from these requirements IAW REF (C) but shall follow Service-, Agency-, and/or Command-specific requirements.
2.A.1.A. (U) If travelling to any other parts of the USINDOPACOM AOR, these requirements will apply.
2.A.1.B. (U) Service Members and their associated family members being assigned within the USINDOPACOM AOR should go through the necessary protocols to include their permanent change of station screening office IAW respective Service-specific guidance to ensure suitability and availability of health care services.
2.A.2. (U) Personnel travelling for less than 30 days are exempt from these requirements but shall follow Service-, Agency-, and/or Command-specific requirements. Additionally, personnel shall confer with their Service Component Surgeon, Force Health Protection (FHP) Officer and/or travel clinic to ensure adequate immunizations, medications, required medical waivers, and personal protective measures are prescribed and/or issued and utilized.
2.B. (U) This message applies to deployed, Active (AC), Activated Reserve (RC) and Guard (NG) Component Military, Department of Defense (DOD) Civilian Personnel, and Contract Personnel (IAW their Statement of Work).
2.C. (U) This guidance does not supersede more stringent policy from Commands, Subcomponents, Service Components, or appropriate General Medical Officer clinical judgment.
2.D. (U) To ensure members' safety and successful execution of these missions, personnel entering the USINDOPACOM AOR shall utilize standard deployment screening procedures described in the following paragraphs.

3. (U) DEPLOYMENT HEALTH SUITABILITY SCREENING REQUIREMENTS.
3.A. (U) Personnel must be screened and meet medical readiness standards, IAW REF (E) and REF (F) prior to deployment.
3.B. (U) All personnel deploying to theater must be medically, dentally, and psychologically fit. Fitness specifically includes the ability to accomplish tasks and unique to a particular operation and tolerate environmental and operational conditions of the deployed location.
3.C. (U) Periodic Health Assessments (PHAs) and Special Duty Exams must be current prior to deployment.
3.D. (U) Deployers must also comply with health and mental health assessments.
3.D.1. (U) IAW REFS (B), (C), (D), (G), and (H), A Pre-Deployment Health Assessment - DD Form 2795, Post-Deployment Health Assessment (PDHA) - DD Form 2796, Post-Deployment Health Reassessment (PDHRA) - DD FORM 2900, and Mental Health Assessments (MHAs) - DD FORM 2978 - will be completed by personnel who deploy for over 30 days to OCONUS areas without

a fixed U.S. Military Treatment Facility (MTF).
3.D.1.A. (U) Shipboard personnel not going ashore to support land-based operations may be exempt from these requirements as per REF (B).
3.D.1.B. (U) Responsible Preventive Medicine/Public Health personnel, USINDOPACOM Surgeon, Component Surgeons, or Joint Task Force Surgeon may require assessments for any deployment (regardless of location or length) based on anticipated or actual health threats.
3.D.1.C. (U) Service Members will initiate these assessments via Service approved methods.
3.D.1.D. (U) Health providers will complete the assessments IAW Service medical procedures.
3.D.1.E. (U) A copy of the completed assessment forms must be integrated in the Service Member's health record and an annotation of completion noted in the appropriate block of DD Form 2766.
3.D.2. (U) Time frames for administering the Deployment Health Assessment forms or Deployment-Related Health Assessments (DRHA) will be IAW REF (C) and (D).
3.D.2.A. (U) The Pre-Deployment Health Assessment (DD Form 2795 or DHRA-1) may be completed within 120 days prior to the estimated deployment date.
3.D.2.B. (U) The Post-Deployment Health Assessment (DD Form 2796 or DHRA-2) must be completed within 30 days before and 30 days after redeployment and should be completed as close to the redeployment date as possible.
3.D.2.C. (U) The Post-Deployment Health Reassessment (DD Form 2900 or DHRA-3) must be completed 90 to 180 days after redeployment.
3.D.2.D. (U) Deployment Mental Health Assessments (DMHA), besides being part of the Deployment Health Assessments, will also be completed once during each 180-day period of member's deployment, between 181 days and 18 months after redeployment (DD Form 2978, DD Form 3024, or DRHA-4), and between 18 months and 30 months after redeployment (DD Form 2978, DD Form 3024, OR DRHA-5).
3.E. (U) Service Members who deploy must have a minimum of 90-day supply of their medications to allow for continued stability until they can be followed by a provider in theater.

4. (U) WAIVER REQUIRING CONDITIONS
4.A. (U) AC, RC (to include any Active Orders to the USINDOPACOM AOR), and DOD Civilian Personnel with the following conditions may not deploy unless an approved deployment waiver has been obtained (See Paragraph 5 for waiver submissions).
4.B. (U) Contractors must meet medical and dental fitness requirements prior to deployment as per REF (I).
4.B.1. (U) Medical and dental waivers for Contractors shall follow process described in REF (I).
4.C. Conditions consistent with REF (F):
4.C.1. (U) Conditions affecting FHP including inability to effectively wear personal protective equipment (PPE) and conditions that prohibit immunizations or the use of FHP prescription products.
4.C.1.A. (U) This includes the inability to wear permethrin treated uniforms or clothing.
4.C.2. (U) Unresolved health conditions requiring care or affecting performance.
4.C.2.A. (U) Any chronic medical condition that requires frequent clinical visits, fails to respond to adequate conservative treatment, or necessitates significant limitation of physical activity.
4.C.2.A.1. (U) This includes conditions that require clinical

visits more than semiannually, as well as conditions that require ancillary tests more than twice/year.
4.C.2.A.2. (U) This also includes conditions that require care from medical specialties or ancillary tests that are not available at the deployment locations.
4.C.2.B. (U) Pregnancy.
4.C.2.C. (U) Any medical condition that requires either durable medical equipment or appliances, or periodic evaluation and treatment by medical specialists that is not readily available in theater.
4.C.2.C.1. (U) Individuals with mild obstructive sleep apnea (OSA) (Apnea Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) < 15/hour) may deploy without a waiver even if utilizing a CPAP.
4.C.2.C.1.A. (U) Individuals utilizing a CPAP with AHI or RDI equal to or greater than 15 must receive a waiver to enter the USINDOPACOM AOR.
4.C.2.C.2. (U) Shipboard personnel not in support of land-based operations may be exempt from this requirement as per REF (B) and MANMED P117.
4.C.2.D. (U) Any unresolved acute illness or injury that would impair duty performance during the duration of the deployment.
4.C.2.E. (U) Cancer that requires continuing treatment or specialty medical evaluations during the anticipated duration of the deployment.
4.C.2.F. (U) Precancerous lesions that have not been treated and/or evaluated and that require treatment and/or evaluation during the anticipated duration of the deployment.
4.C.2.G. (U) Any medical condition that requires surgery or for which surgery has been performed that requires rehabilitation or additional surgery to remove devices.
4.C.2.H. (U) Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment.
4.C.2.I. (U) An acute exacerbation of a physical or mental health condition that could significantly affect duty performance.
4.C.3. (U) Conditions that could cause sudden incapacitation including recurrent loss of consciousness for any reason, history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin or oral hypoglycemic agents.
4.C.4. (U) Uncontrolled Asthma.
4.C.5. (U) Infectious diseases including active pulmonary tuberculosis (TB) and transmissible blood-borne diseases.
4.C.6. (U) Sensory disorders including severe hearing loss and severe visual impairment.
4.C.7. (U) Cardiac and vascular disorders including uncontrolled hypertension, symptomatic coronary artery disease, heart failure, history of myocardial infarction within one year, or recent history (less than one year) of coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair.
4.C.8. (U) Mental Health Disorders.
4.C.8.A. (U) Psychotic and/or bipolar disorders as detailed in REF (E).
4.C.8.A.1. (U) No waivers will be granted for psychotic and bipolar disorders.
4.C.8.B. (U) Psychiatric disorders with less than 3 months of demonstrated stability.
4.C.8.B.1. (U) A member with a disorder in remission or whose residual symptoms do not impair duty performance may be considered for deployment, but Service Member must have been clinically stable for at least three months prior to Pre-

Deployment Assessment.
4.C.8.B.2. (U) A waiver request must be submitted for personnel who are on psychotropic medications, including antidepressants, and have been stable for at least three months while on medication.
4.C.8.B.3. (U) Service Members on psychotropic medications must obtain a small arms waiver IAW Service Component policy.
4.C.8.C. (U) Clinical psychiatric disorders with residual symptoms that impair duty performance.
4.C.8.D. (U) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment.
4.C.8.E. (U) Chronic psychiatric conditions that require ongoing treatment with antipsychotics, lithium, or anticonvulsants.
4.C.8.E.1. (U) Service Members cannot deploy on anti-psychotics, lithium, or anti-seizure medications. However, off-label use of these medications for pain management, sleep disorders, PTSD, etc., will be considered by individual waiver request.
4.C.8.F. (U) Individuals with a history of inpatient psychiatric hospitalization.
4.C.9. (U) Individuals with a history of alcohol or substance abuse will require a waiver for entry into the USINDOPACOM AOR.
4.C.9.A (U) Individuals will have demonstrated at least 180 days of clinical stability to be considered for a waiver.
4.C.9.B. (U) Individuals with a history of alcohol or substance abuse with any of the following features will not be granted waivers:
4.C.9.B.1. (U) Less than 180 days of documented stability (e.g. abstinence from substance(s), completion of program if advised/ ordered, resolution of related symptoms and disorders).
4.C.9.B.2. (U) Any documented history of treatment failure in a treatment program.
4.C.9.B.3. (U) Currently require the use of medication for treatment of substance use disorder (e.g. oral or injectable naltrexone, disulfiram, buprenorphine, methadone, etc.).
4.D. (U) Operational Dental Readiness Class 3 OR 4. These conditions are generally not waiverable. Justification for any approved waiver shall be recorded in waiver log (see Paragraph 5 below).

5. WAIVER SUBMISSION PROCESS.
5.A. (U) Waiver Authority.
5.A.1. (U) Uniformed Service Member waiver requests are submitted to the Service Member's respective Component Surgeon, who may delegate approval authority.
5.B. (U) Component Surgeons shall track and archive all approved or denied waivers to include Service Member's name, date of birth, DOD identification number, unit identification code (UIC), date of theater entry, duration of orders to the USINDOPACOM AOR, condition for which the waiver was requested, and disposition of the waiver (i.e., whether the waiver was granted or denied).
5.C. (U) Contact information.
5.C.1. (U) USARPAC.
5.C.1.A. (U) DSN: 315-787-5901.
5.C.1.B. (U) COM: 808-787-5901.
5.C.1.C. (U) POC email: USARMY.SHAFTER.USARPAC.LIST.ACSMED-WAIVERS(AT)ARMY.MIL.
5.C.1.D. (U) Most recent guidance: USARPAC Surgeon's Office, "USARPAC Force Health Protection Guidance" of 7 DEC 2021.
5.C.2. (U) PACAF.
5.C.2.A. (U) DSN: 315-448-3422.
5.C.2.B. (U) COM: 808-448-3422.
5.C.2.C. (U) POC email: USAF.JBPHH.PACAF-SG.MBX.MEDICAL-

WAIVER(AT)HEALTH.MIL.
5.C.2.D. (U) Most recent guidance: PACAF SG Memo, "Medical Review and Approval Procedures for Personnel Deploying or Traveling via PCS or TDY into the INDOPACOM AOR" of 11 APR 2024, available at HTTPS://WWW.MEDXS.AF.MIL/PUBLIC/DOCS/WAIVERS/2024_PACAF_WAIVER_GUIDE-FINAL.PDF?ATTACH=TRUE.
5.C.3. (U) PACFLT.
5.C.3.A. (U) DSN: 315-474-6339 OR 315-747-9111.
5.C.3.B. (U) COM: 808-474-6339 OR 808-474-9111.
5.C.3.C. (U) Waivers should be submitted to PACFLT via ETMS2 or other tasking system.
5.C.3.D. (U) Waivers for Theater Entry do NOT supersede or replace submarine or sea duty screenings for Active or Reserve personnel.
5.C.4. (U) MARFORPAC.
5.C.4.A. (U) DSN: 315-477-8668 OR 315-477-8664.
5.C.4.B. (U) COM: 808-477-8668 OR 808-477-8664.
5.C.4.C. (U) POC email: MARFORPAC-OFFICEOFTHEFORCESURGEON(AT)USMC.ONMICROSOFT.COM.
5.C.4.d. (U) Waiver requests shall be submitted by the origin chain of command to the in-theater receiving command and be reviewed by the respective medicine departments for each. All requests must be approved prior to applicable personnel entering theater. Approval may only be granted at the Major Subordinate Command-level and above.
5.C.4.E. (U) I MEF.
5.C.4.E.1. (U) COM: 760-763-4522.
5.C.4.E.2. (U) POC email: IMEF_G4_MEDICAL(AT)USMC.MIL.
5.C.4.F. (U) III MEF.
5.C.4.F.1. (U) DSN: 315-622-3900.
5.C.4.F.2. (U) POC email: IIIMEFSURGEONSOPS(AT)USMC.ONMICROSOFT.COM
5.C.4.F.3. (U) Most recent guidance: III Marine Expeditionary Force (MEF) Force Health Protection (FHP) Guidance and Requirements 2024, available at WWW.IIIMEF.MARINES.MIL/PORTALS/22/III%20MEF%20FHP%20GUIDANCE%20AND%20REQUIREMENTS%202024_FINAL_1.PDF.
5.C.5. (U) SOCPAC.
5.C.5.A. (U) DSN: 315-470-1081.
5.C.5.B. (U) COM: 808-470-1081 OR 808-470-7930 OR 808-470-7929.
5.C.5.C. (U) POC email: SOCPAC.SOJ07(AT)SOCOM.MIL.
5.C.5.D. (U) Most recent guidance: SOCPAC SG Memo, "Memorandum for Special Operations Command, INDOPACOM: Waiver Requirements" of 4 JAN 2024.
5.C.6. (U) USFK.
5.C.6.A. (U) DSN: 315-755-8450.
5.c.6.b. (U) Most recent guidance: USFKI 4200.02, "Force Health Protection" of 20 AUG 2024, available at WWW.USFK.MIL/PORTALS/105/DOCUMENTS/PUBLICATIONS/INSTRUCTIONS/USFKI-4200.02_FORCE-HEALTH-PROTECTION(FHP)_20240820.PDF?VER=8G7FQ0JY25A_BFHH5CFJQG%3D%3D.
5.C.6.B. (U) 7TH AIR FORCE.
5.C.6.B.1. (U) DSN: 315-784-8080.
5.C.6.B.2. (U) POC email: 7AF.SGWORKFLOW(AT)US.AF.MIL.
5.C.6.C. (U) 8TH ARMY.
5.C.6.C.1. (U) DSN: 315-755-2716.
5.C.6.C.2. (U) POC email: USARMY.HUMPHREYS.8-ARMY.LIST.SURGEON-DEPLOYMENT-WAIVER(AT)ARMY.MIL.
5.C.6.D. (U) CNFK.
5.C.6.D.1. (U) DSN: 315-763-8793.
5.C.6.D.2. (U) POC email: CNFK-MEDICAL(AT)US.NAVY.MIL.
5.C.6.E. (U) MARFORK.
5.C.6.E.1. (U) DSN: 315-755-8356.
5.C.6.F. (U) SOCKOR.

5.C.6.F.1. (U) DSN: 315-757-3536.
5.C.6.F.2. (U) POC email: SOCKOR_CMD_SURGEON_CELL(AT)SOCOM.MIL.

6. (U) MANDATORY VACCINATIONS, REF (J).
6.A. (U) Ensure all personnel are current for routine adult vaccinations.
6.A.1. (U) Documentation of immunity or immunization is required as listed below.
6.A.1.A. (U) Proof of immunization may include:
6.A.1.A.1 (U) SF 601, Health Record Immunization Record.
6.A.1.A.2. (U) Form CDC 731, International Certificate of Vaccination or Prophylaxis (commonly called "Yellow Card").
6.A.1.A.3. (U) DD Form 2766, Adult Preventive and Chronic Care Flow Sheet.
6.A.1.A.4. (U) Equivalent Service immunization database record (e.g., ASIMS, MEDPROS, MRRS).
6.A.1.B. (U) Documentation of immunity may include:
6.A.1.B.1. (U) Laboratory evidence of immunity (antibody titer).
6.A.1.B.2. (U) Documentation of the disease in the medical record by a medical provider based on clinical assessment.
6.A.1.B.2.A. (U) Personal reporting of previous infection is not sufficient for evidence of immunity in absence of healthcare provider verification or diagnosis.
6.A.2. (U) Contract Personnel will receive immunizations IAW contract at expense of Contract Organization unless contract with U.S. Government indicates otherwise.
6.B. (U) Routine adult vaccinations and requirements.
6.B.1. (U) Hepatitis A Vaccine. ONE OF THE FOLLOWING:
6.B.1.A. (U) Documentation of immunity.
6.B.1.B. (U) Proof of immunization series complete.
6.B.1.C. (U) At least one dose prior to deployment.
6.B.2. (U) Hepatitis B Vaccine. One of the following:
6.B.2.A. (U) Documentation of immunity.
6.B.2.B. (U) Proof of immunization series complete.
6.B.2.C. (U) At least one dose prior to deployment.
6.B.3. (U) Influenza Vaccine.
6.B.3.A. (U) Proof of current seasonal vaccine.
6.B.4. (U) Measles/Mumps/Rubella Vaccine. One of the following:
6.B.4.A. (U) Documentation of immunity.
6.B.4.B. (U) Proof of immunization series complete.
6.B.4.C. (U) At least one dose prior to deployment.
6.B.5. (U) Polio Vaccine.
6.B.5.A. (U) Proof of immunization series complete.
6.B.5.B. (U) In the setting of a polio outbreak (as defined by International Health Regulations (IHR) Emergency Committee for Polio), comply with IHR Emergency Committee for Polio recommendations, available at HTTPS://WWW.WHO.INT/NEWS.
6.B.5.B.1. (U) As a general rule, adults who have been fully vaccinated should receive (or have documentation of) a single lifetime adult polio booster dose before travel. However, if in an area with ongoing transmission of wild-type polio or circulating vaccine-derived polio virus for more than 4 weeks, polio immunization with inactivated polio vaccine may be required within one year of departing the at risk country.
6.B.5.C. (U) Polio vaccination shall be documented on Form CDC 731 ("Yellow Card"). Refer to Paragraph 7.K.2.A. below for more details regarding Form CDC 731.
6.B.6. (U) Tetanus-Diphtheria (TD) or Tetanus-Diphtheria-Acellular Pertussis (Tdap).
6.B.6.A. (U) Proof of immunization within 10 years of end of deployment.
6.B.6.B. (U) Proof of immunization of at least one adult dose

of Tdap.
6.B.6.C. (U) Should be administered at the time of wound management if it has been more than five years since last dose tetanus toxoid-containing vaccine and the wound is not clean and minor.
6.B.7. (U) Varicella Vaccine. One of the followng:
6.B.7.A. (U) Documentation of immunity.
6.B.7.A.1. (U) In addition to definition in Paragraph 6.A.1.B. above, U.S. citizens born before 1980 (except those working in healthcare) are considered immune.
6.B.7.B. (U) Proof of immunization series complete.
6.B.7.C. (U) At least one dose prior to deployment.
6.C. (U) Tracking of unit immunizations will be IAW Service policy.

7. (U) OTHER VACCINATIONS, REF (J).
7.A. (U) Anthrax.
7.A.1. (U) USFK requires vaccination against Anthrax IAW REFS (K) AND (L).
7.B. (U) Cholera.
7.B.1. (U) Not routinely recommended but may be indicated for deployments into high risk situations (e.g., ongoing cholera outbreak, certain humanitarian or disaster relief operations). Consult with preventive medicine/public health clinic for additional guidance.
7.C. (U) COVID-19.
7.C.1. (U) Being up-to-date with COVID-19 vaccinations is highly recommended for those entering the USINDOPACOM AOR.
7.C.2. (U) DOD personnel must comply with foreign nation vaccination entry requirements, REF (M) AND (N). Additional information is available in the Foreign Clearance Guide at HTTPS://APACS.MILCLOUD.MIL/FCG/INDEX.HTML.
7.D. (U) Japanese Encephalitis (JE).
7.D.1. (U) JE virus risk varies based on destination, season, and types of activities.
7.D.1.A. (U) JE virus is typically found throughout much of the rural USINDOPACOM AOR, particularly in sub-tropical Asia, South Asia, and certain Western Pacific Islands.
7.D.1.B. (U) JE is transmitted by morning/evening-biting mosquitoes and is primarily associated with areas of rice agriculture and pig farming.
7.D.1.C. (U) Greater risk is associated with day-time outdoor activities to include substantial time outdoors in rural or agricultural areas and in accommodations without air conditioning and lacking screened openings.
7.D.2. (U) JE vaccine is recommended for personnel being deployed for more than 30 days to endemic areas during JE transmission season.
7.D.2.A. (U) JE risk assessments are available at REF (O) (see Infectious Disease Risk Assessment for specific country), REF (P) (see Yellow Book chapter on JE), and REF (Q) (see travel report for specific country).
7.D.3. (U) JE vaccine should be considered for:
7.D.3.A. (U) Travelers to areas with an ongoing JE outbreak regardless of length of travel.
7.D.3.B. (U) Travelers with short-term (i.e., less than 30 days) or frequent travel to endemic areas during the JE virus transmission season if they plan to travel outside of an urban area and have an increased risk for exposure due to outdoor activities IAW REF (R).
7.D.3.C. (U) Individuals who may be deployed to areas with JE virus transmission on short notice.
7.D.4. (U) JE vaccine may be required by respective Command, Subcomponent, or Service Component guidance. See REFS (K) and

(S) through (U).
7.E. (U) Meningococcal Vaccine.
7.E.1. (U) Meningococcal vaccine is recommended for travel to countries where Neisseria meningitidis is hyperendemic or epidemic, particularly if contact with the local population will be prolonged.
7.E.1.A. (U) See REFS (O) through (Q) for specific country recommendations.
7.F. (U) Pneumococcal Vaccine.
7.F.1. (U) Recommended for persons aged 65 years or more, for smokers, for people with asthma, and for those with chronic conditions that may have increased risk of pneumococcal infection.
7.F.1.A. (U) Older populations, including Civilian Contractors and Merchant Marine Sailors, may be at risk.
7.F.1.B. (U) See REF (R) for further details.
7.G. (U) Rabies.
7.G.1. (U) Pre-exposure rabies vaccine series (two vaccinations) is recommended when deploying to known high-risk endemic areas and where exposure is likely to be unrecognized or mission requirements and/or environment will preclude access to post-exposure prophylaxis.
7.G.2. (U) Any routine requirements, based on the potential to deploy and/or operational exposure, is covered in covered in respective Component guidance.
7.H. (U) Smallpox.
7.H.1. (U) USFK requires pre-exposure prophylaxis against smallpox IAW REFS (J) AND (K).
7.H.2. (U) IAW REF (V), pre-exposure prophylaxis will be completed using Jynneos rather than ACAM2000.
7.H.2.A. (U) Use of ACAM2000 is reserved for post-exposure prophylaxis IAW REF (V).
7.H.2.B. (U) ACAM2000 may be utilized for pre-exposure prophylaxis only with written approval from ASD(HA) IAW WITH REF (V).
7.H.3. (U) Availability of Jynneos is currently limited but expected to increase in the near future. Pre-exposure prophylaxis should be offered as applicable in anticipation of a full resumption of requirements in the near future.
7.H.4. (U) Smallpox vaccination may also be indicated for prophylaxis against Mpox and should be administered based on specific risks an in consultation with preventive medicine/ public health clinic.
7.H.4.A. (U) Refer to the Immunization Healthcare Division website at HTTPS://WWW.HEALTH.MIL/MILITARY-HEALTH-TOPICS/ HEALTH-READINESS/IMMUNIZATION-HEALTHCARE for the most current information.
7.I. (U) Southern Hemisphere (SH) Influenza Vaccine.
7.I.1. (U) The vaccine should be given to Service Members participating in operations and exercises in the Southern Hemisphere during the influenza season (April-September) IAW REF (W).
7.I.2. (U) To ensure maximal effectiveness, the vaccine should be given at least two weeks prior to travel.
7.I.3. (U) SH Influenza vaccine must be ordered with significant lead time and may not always be available.
7.I.3.A. (U) While al efforts should be made to obtain SH Influenza vaccine when indicated, if not logistically possible, individuals may deploy without SH Influenza vaccine as long as current on most recent Northern Hemisphere Seasonal Influenza vaccine.
7.J. (U) Typhoid Vaccine (Injectable or Oral).

7.J.1. (U) Indicated for many locations in the AOR and administered based on site specific risk and in consultation with preventive medicine/public health clinic.
7.J.2. (U) Typhoid vaccine should be considered for forces who may deploy on short notice to ensure readiness.
7.J.3. (U) Vaccine is effective for two year (injectable) or five years (oral) per package insert.
7.K. (U) Yellow Fever (YF).
7.K.1. (U) YF vaccine may be required for entry into some USINDOPACOM countries if traveling from, or transiting through, endemic areas in Africa and/or South America.
7.K.1.A. (U) See REF (M) (chapter on YF) OR REF (N) (country specific travel report).
7.K.2. (U) If required, YF vaccine must be documented on the Form 731 with an official "Uniform Stamp".
7.K.2.A. (U) Form 731 can be obtained from the U.S. Government Printing Office at HTTPS://BOOKSTORE.GPO.GOV/.
7.K.2.b. (U) If the YF Vaccine is contraindicated, a signed and dated exemption letter on letterhead stationary must clearly state the individual's contraindications to vaccination and must bear the official YF stamp.
7.L. (U) Tick-borne Encephalitis vaccine.
7.L.1. (U) May be indicated for individuals deployed or traveling to forested areas where the disease is endemic and if compliance with personal protective measures to prevent insect bites is difficult, suspect, or insufficient. Consult with preventive medicine/public health clinic for additional guidance.
7.L.2. (U) Advance planning required as vaccine is not routinely stocked at military treatment facilities.

8. (U) TESTING AND SCREENING.
8.A. (U) The following laboratory tests and/or screenings are required prior to deployment and/or IAW Service standards. Contract personnel will obtain testing/screening IAW contract at expense of contract organization unless with U.S. Government indicates otherwise.
8.A.1. (U) Blood Type/RH Factor.
8.A.1.A. (U) Personnel will be screened IAW Service specific standards.
8.A.1.B. (U) One lifetime validation test is sufficient.
8.A.2. (U) DNA Sample.
8.A.2.A. (U) One lifetime cheek swab sample is required for DNA repository.
8.A.3. (U) Sickle Cell.
8.A.3.A. (U) Personnel will be screened IAW Service specific standards.
8.A.3.B. (U) One lifetime screening test is sufficient.
8.A.4. (U) G6PD Deficiency.
8.A.4.A. (U) All personnel will be screening IAW Service specific standards.
8.A.4.B. (U) One lifetime screening test is sufficient.
8.A.4.C. (U) Due to the risk of hemolysis, personnel with G6PD deficiency will not receive Tafenoquine or Primaquine for terminal malaria prophylaxis and/or treatment unless referred to or discussed with an Internal Medicine or Infectious Disease specialist.
8.A.5. (U) Pregnancy Testing.
8.A.5.A. (U) All deploying women and transgender men of childbearing age will be assessed for pregnancy prior to actual movement IAW Service Component guidance and counseled that pregnancy may cause member to be non-deployable.
8.A.5.B. (U) If pregnancy is determined after deployment the

member will return to home station per Service specific policy.
8.A.6. (U) Tuberculosis (TB) Screening.
8.A.6.A. (U) Pre-deployment TB screening questionnaire will be conducted IAW Service specific policy.
8.A.6.B. (U) A large number of countries within the USINDOPACOM AOR are classified as having a high burden of TB, to include multidrug resistant (MDR) TB.
8.A.6.C. (U) In keeping with CDC guidelines, if a Service Member will be deploying for an extended period of time to a high risk area and will have routine contact with high risk populations, including hospital, prison, homeless, or displaced populations, they should be tested for exposure to TB prior to leaving the U.S. with either a tuberculin skin test (TST) or an interferon-gamma release assay (IGRA).
8.A.6.C.1. (U) For these unique deployment situations, if the anticipated deployer had a test within the past 12 months and no subsequent suspected exposures, then that most recent test can be a valid pre-deployment test.
8.A.6.C.2. (U) For rapid deployments (within 48 hours or less), if testing is indicated, IGRA is the preferred testing method as patient recall is not needed to determine the results of the test and interference from prior BCG vaccine is minimal.
8.A.6.C.3. (U) If Service specific policy is more comprehensive than the CDC guidelines, Service specific policy will take precedence.
8.A.6.D. (U) Routine testing of all personnel is not recommended as testing those at low risk will lead to an increased number of false positive test and unnecessary therapeutic treatment.
8.A.6.E. (U) TB convertors who have had a prior evaluation and appropriate management are deployable.
8.A.6.F. (U) Personnel who have recently become TST/IGRA positive must be medically evaluated and cleared before being considered for deployment.
8.A.6.F.1. (U) Deployability is based on Service Component policy.
8.A.6.F.2. (U) Persons receiving/undergoing therapy for latent TB infection are eligible to deploy if medically cleared and the deployment environment and/or situation permits and allows ongoing monitoring and treatment.
8.A.6.G. (U) Post-deployment assessment questionnaire for TB exposure is required IAW Service policy.
8.A.6.G.1. (U) Those found to have an increased TB exposure risk will have a TST or IGRA test conducted 8-10 weeks post-deployment to determine TB status.
8.A.6.G.2. (U) Those with a new positive TB test will be treated per CDC or Service guidelines.
8.A.6.H. (U) Repeat testing of individuals who were previously found to be TST or IGRA positive is unnecessary.
8.A.6.H.1. (U) These individuals must be clinically and/or radiographically evaluated post-deployment if they are found to have had an increased exposure risk and/or have become symptomatic.
8.A.7. (U) HIV Testing and Deployment-Related Serum Specimens.
8.A.7.A. (U) A pre-deployment serum specimen for medical examination will be collected within one year of deployment. The most recent sample, including serum collected for HIV testing, collected within the previous 364 days of the date of the deployment may serve as the pre-deployment serum sample.
8.A.7.B. (U) As part of the redeployment process, a serum specimen will be collected within 30 days after arrival at the demobilization site, home station, or in-patient medical facility. This is usually accomplished through an HIV test.
8.A.7.C. (U) HIV screening is required within 24-months of deployment IAW REF (C).

8.A.7.C.1. (U) RC personnel are required to have current HIV test within two years of the date called to Active Duty if the duration is for 30-days or more.
8.A.7.C.2. (U) HIV testing is required for Civilian personnel only to the extent provided in the applicable contract or Service policies.
8.A.7.D. (U) There is no requirement for HIV testing following redeployment unless stipulated in mission orders or based on individual risk assessment by a clinician.
8.A.8. (U) Neurocognitive Assessment.
8.A.8.A (U) IAW REF (X), each deployer will receive a neurocognitive assessment using the Automated Neuropsychological Assessment Matrix (ANAM) or equivalent validated neurocognitive assessment tool (NCAT) within 12 months prior to deployment.
8.A.8.A.1. (U) Shipboard personnel not going ashore to support land based operations may be exempt from these requirements as per REF (B).
8.A.8.B. (U) Neither the ANAM nor NCAT are diagnostic and do not influence whether the member is deployable. They establish a pre-deployment baseline that can be used if a Member is injured with a suspected mild traumatic brain injury/concussion.
8.A.9. (U) Hearing Readiness.
8.A.9.A. (U) DD Form 2215 "Reference Baseline Audiogram" OR DD Form 2216 "Periodic Audiogram" shall be used in the Members medical record.
8.A.9.A.1. (U) If a Member's record does not contain DD Form 2215, then one will be completed by qualified personnel using a Defense Occupational and Environmental Health Readiness System (DOEHRS) Hearing Conservation Audiometer prior to deployment.
8.A.9.B. (U) IAW Service specific requirements, deploying Service Members may be required to have their hearing assessed by audiometric testing in addition to the above requirement.
8.A.10. (U) Vision Readiness.
8.A.10.A. (U) The vision readiness of each Service Member will be assessed within 12 months of deployment.
8.A.10.A. (U) Service Members classified as Vision Readiness Classification One and Two are fully deployable.
8.A.10.B. (U) Service Members in Class Three (corrected vision worse than 20/40 or uncorrected vision worse than 20/400, or do not possess required optical devices) or Class Four (last vision screening or eye exam is greater than one-year old or vision classification is unknown) are not deployable.
8.A.10.B.1. (U) Service Members who are in Class Three or Class Four at the time of screening will immediately be reclassified after obtaining corrective vision or optical services.
8.A.10.C. (U) Personnel requiring corrective eyewear will have in their possession two pairs of eyeglasses, protective mask optical inserts, and ballistic eyewear inserts as appropriate.
8.A.10.D. (U) Contact lens wea may be unauthorized in certain deployed/contingency situations, see Service specific guidelines.
8.A.11. (U) Cancer Screening.
8.A.11.A. (U) Service Members who require age, sex, and risk appropriate cancer screening shall receive the appropriate healthcare services prior to deployment IAW REF (Y) and Service specific guidance.
8.A.12. (U) Pre-deployment Whole Blood Donor Screening (AC, RC, and National Guard only).
8.A.12.A. (U) Pre-deployment whole blood donor screening is required within 120 days of deployment for all deployments greater than 30 days within the USINDOPACOM AOR.
8.A.12.B. (U) Pre-deployment whole blood donor screening may

be required FOR deployments less than 30 days within the USINDOPACOM AOR at the direction of COMUSINDOPACOM, Service Component Commander, or the Commander exercising operational control of a deployment in consultation with the Joint Blood Program Director.
8.A.12.C. (U) Pre-deployment whole blood donor screening consists of:
8.A.12.C.1. (U) Blood type (previous testing as per Paragraph 8.A.1 is sufficient).
8.A.12.C.2. (U) Donor health history questionnaire.
8.A.12.C.3. (U) Screening for transfusion transmitted diseases.
8.A.12.C.4. (U) For individuals with blood group O, current anti-A and anti-B titer levels.

9. (U) PREVENTIVE MEDICINE AND PERSONAL PROTECTION COUNTERMEASURES.
9.A. (U) Malaria Protective Measures.
9.A.1. (U) Malaria Chemoprophylaxis.
9.A.1.A. (U) Falciparum Malaria or Mixed Species.
9.A.1.A.1. (U) Atovaquone-Proguanil (Malarone) or Doxycycline are the drugs of choice for chemoprophylaxis in the presence of Falciparum malaria or mixed species.
9.A.1.A.2. (U) Mefloquine resistance is significant in parts of Southeast Asia. Mefloquine should only be used for those personnel with contraindications to Malarone and Doxycycline and have no contraindications to Mefloquine. There are strict requirements when prescribing Mefloquine. Consult your local pharmacist to ensure compliance per REF (Z).
9.A.1.A.3. (U) Tafenoquine may be an acceptable alternative for chemoprophylaxis.
9.A.1.A.3.A. (U) Tafenoquine is contraindicated in persons with G6PD Deficiency (see Paragraph 8.A.4.), and during pregnancy.
9.A.1.A.3.B. (U) Tafenoquine is in the DoD Formulary, but not necessarily locally stocked.
9.A.1.B. (U) Vivax Malaria.
9.A.1.B.1. (U) In the presence of Vivax malaria predominance and absence of chloroquine resistance, chloroquine is the drug of choice for chemoprophylaxis.
9.A.1.B.1.A. (U) Examples of this situation include the Korean Demilitarized Zone during localized outbreaks, when risk may be determined to be elevated by specific medical authorities in accordance with REF (K).
9.A.1.B.2. (U) If there are reliable reports of chloroquine resistance, Atovaquone-Proguanil (Malarone) is the drug of choice due to its action on liver stage parasites.
9.A.1.B.3. (U) Tafenoquine may be an acceptable alternative for Vivax malaria chemoprophylaxis. See notes in Paragraph 9.A.1.A.3.
9.A.1.C. (U) Provider guidance should determine individual drug selection for each service member per REF (Z). For current recommendatons for the specific country/region of interested, consult malaria resources from REFS (L) through (N).
9.A.2. (U) Presumptive Anti-Relapse Therapy (PART).
9.A.2.A. (U) PART may be required post-deployment where Vivax malaria is present, either as the predominant form or in a mixed setting with significant levels of Vivax malaria present.
9.A.2.B. (U) Primaquine is the drug of choice for PART.
9.A.2.B.1. (U) Use of Primaquine requires the documented absence of G6PD deficiency (see Paragraph 8.A.4.) and education regarding precautions of primaquine use and pregnancy.
9.A.2.B.2. (U) Tafenoquine may be an acceptable alternative for PART. See notes in Paragraph 9.A.1.A.3.
9.A.3. (U) Insect Precautions.

9.A.3.A. (U) Insect precautions (see Paragraph 9.B. below) may be sufficient in settings of very low malaria transmission, especially if staying in accommodations with sealed doors and windows and limited time outdoors.
9.A.3.B. (U) Insect precautions should always be used if chemoprophylaxis is warranted; chemoprophylaxis without insect precautions is not sufficient to prevent malaria and creates opportunities for additional vector-borne infections.
9.B. (U) Insect Precautions. Service Members and Government Employees shall use al components of the DoD Insect Repellent System IAW REF (AA) when insect vectors are/may be present.
9.B.1. (U) Insecticide-treated clothing.
9.B.1.A. (U) Manufacturer pre-treated uniforms.
9.B.1.A.1. (U) Currently available for Army, Air Force, and Marine Corps uniforms. Uniforms cannot be re-treated but are effective for fifty (50) washes or per manufacturer's label.
9.B.1.B. (U) Individual Dynamic Absorption Kit, Permethrin 40%, (NSN 6840-01-345-0237).
9.B.1.B.1. (U) Treat uniforms IAW manufacturer's instructions. Allow to air dry for at least three hours prior to wear. Effective for 50 washes.
9.B.1.C. (U) Insect Repellent, Clothing Application, Aerosol, Permethrin (0.5%) Arthropod Repellent, 6-Oz Cans (NSN 6840-01-278-1336).
9.B.1.C.1. (U) Spray outer surface of clothing until fabric appears moistened and slight color change is noted. Allow to fully air dry before wearing. Effective for six washes.
9.B.1.D. (U) Service specific preventive medicine units may be able to provide mass treatment of uniforms for operational units.
9.B.1.E. (U) Contact the Armed Forces Pest Management Board at HTTPS://WWW.ACQ.OSD.MIL/EIE/AFPMB/ or Contingency Liaison Officer for specific uniform insect repellency treatment recommendations.
9.B.2. (U) Insect/Arthropod Repellent.
9.B.2.A. (U) Personal repellant should contain DEET equal to or greater than 30% concentration, IR3535 equal to or greater than 20% concentration, or Picaridin equal to or greater than 20% concentration. Example NSN include:
9.B.2.A.1. (U) Ultrathon (33% DEET Lotion) (NSN 6840-01-284-3982).
9.B.2.A.2. (U) Ultra 30 (30% DEET Lotion) (NSN 6840-01-584-8393).
9.B.2.A.3. (U) Natrapel (20% Picaridin Spray (NSN 6840-01-584-8598).
9.B.2.B. (U) Do not use under clothing.
9.B.2.C. (U) Follow label application timing guidance.
9.B.3. (U) Proper uniform wear: pant legs bloused or tucked into boots or socks, undershirt tucked into pants, sleeves down, wrist openings secured, and collar closed.
9.B.4. (U) If sleeping in unprotected conditions (e.g., unscreened building or vehicle), use a bed net (Pop-Up, Self-Supporting, Low Profile) treted with Permethrin repellent. If pop-up bed nets are not available, use other military or commercially available bed nets.
9.C. (U) Occupational/Operational Specific Personal Protective Equipment (PPE).
9.C.1. (U) If additional PPE is warranted based on occupational/ operational risk, the on-site command medical officer, USINDOPACOM Surgeon, Service Component, or Subcomponent Surgeon will provide recommendations.
9.C.2. (U) On-site Commanders, medical personnel, and FHP Officers should also evaluate the need to update PPE based on their ongoing evaluation of operational risks.
9.D. (U) Sunscreen and lip balm SPF-30 or greater.
9.E. (U) Triple or quad flange earplugs or combat arms earplugs.
9.F. (U) Chemical, Biological, Radiological, and Nuclear and

Explosive (CBRNE) Medical Countermeasures.
9.F.1. (U) IAW REF (K), rotational and deployed forces traveling or deploying to the Republic of Korea for 30 days or greater are required to bring and maintain appropriate medical countermeasures such as chemical warfare antidotes and anti-microbial prophylaxis/post-exposure medications.
9.F.2. (U) For all other locations, there is no persistent indication for the use of medical counter defense measures for CBRNE threats, but the risk and need should be continually assessed.

10. (U) ZIKA VIRUS.
10.A. (U) Zika virus is a unique vector-borne disease that can cause birth defects in unborn children.
10.B. (U) Zika virus is spread by the bite of infected mosquitos as well as by sexual transmission.
10.C. (U) Couples who are pregnant or are intending to become pregnant need to take precautions to prevent birth defects.
10.D. (U) Disease prevention includes compliance with personal protective measures against mosquito bites and safe sexual practices.
10.D.1. (U) Men should consider using condoms or not having sex for at least six months after returning from Zika-affected areas.
10.D.2. (U) Women should consider using condoms or not having sex for at least eight weeks after returning from Zika affected areas.
10.E. (U) Women who are pregnant or intending to become pregnant may want to postpone nonessential travel to Zika affected areas.
10.E.1. (U) Refer to the CDC (REF P) for most recen guidance.

11. (U) OTHER DEPLOYMENT PREPARATION REQUIREMENTS.
11.A. (U) Deployable Medial Record.
11.A.1. (U) All deploying personnel (Military and DoD Civilians) will mobilize with a deployable medical record (DD Form 2766) updated with blood type, medications, allergies (as documented in their medical record), immunization record, and summary sheet of past medical problems.
11.A.2. (U) Units will not deploy with permanent health and dental records.
11.A.3. (U) Deployable medical and dental encounter records will be returned to home station following mobilization/ deployment processing IAW REF (C).
11.B. (U) Prescribed Medications.
11.B.1. (U) A minimum 90-day supply (or enough for duration of the deployment if resupply is not an option) of all current prescribed medications should be carried Service Member into deployment.
11.C. (U) Individual First Aid Kit (IFAK).
11.C.1. (U) Follow Service Component standards for issuance.
11.D. (U) Aspirin Use.
11.D.1. (U) Service Members and Government Civilians deploying to combat zones must not take aspirin unless under physician's orders and documented in Member's medical records IAW REF (AB).
11.D.2. (U) Discontinue aspirin use at least 10 days before entering combat zone.
11.E. (U) Permitted Equipment.
11.E.1. (U) Personnel who require medical equipment, including corrective eyewear, hearing aids and chargers or batteries, orthodontic appliances, or CPAP (with waiver except as in Paragraph 4.C.2.C.1.) must deploy with all required items in their possession.
11.F. (U) FHP Briefing.
11.F.1. (U) A location and/or country specific FHP briefing must be provided to deployers prior to deployment IAW REFS (C),

(D), AND (G) and include topics covered in Paragraphs 9 and 11.

12. (U) FIELD HYGIENE AND SANITATION.
12.A. (U) Unit field sanitation teams (per Service requirements) will be used to aid the unit Commander with protecting the health of the forces.
12.B. (U) Most infections and illnesses can be prevented or mitigated can be prevented or mitigated through vaccinations, medications, and/or physical barriers. However, the best defense against infectious disease threats is strict discipline in proper field hygiene and sanitary waste disposal.
12.B.1. (U) Units are responsible for providing field sanitation requirements unless such services are contracted.
12.B.2. (U) Recommend deployers carry and use hand sanitizer.
12.B.3. (U) Environmental health oversight of food service contractors and waste disposal contractors is required.
12.C. (U) IAW REF (C) AND (D) Food and Water Risk Assessments (FWRA) will be conducted by the appropriate veterinary/medical personnel for all USINDOPACOM deployments where Service Members will consume contracted, locally procured food (including water and ice).
12.C.1. (U) The mission Commander must assume the risk associated with consuming locally procured food, water, and/or ice if they choose to contract locally procured food instead of utilizing approved sources.
12.C.2. (U) Requirements for personnel conducting FWRA are found in REFS (AC) and (AD). Additional guidance is found in REF (AE).
12.D. (U) Consumption or individual purchase of unapproved local food prohibited.
12.E. (U) All water (including ice) is considered non-potable until tested and/or approved by properly trained medical personnel.
12.F. (U) Periodic inspections of food storage/preparation and water storage facilities are required.

13. (U) DISEASE AND INJURY SURVEILLANCE.
13.A. (U) PER REFS (D) and (AF), disease and injury trends will be collected, monitored, recorded, and reported. Reports will be submitted using established Defense Heath Agency systems.
13.B. (U) IAW REF (AG), all Reportable Medical Events (RME) listed in the current Armed Forces Reportable Medical Events Guidelines and Case Definitions will be reported per REF (D). Additionally, RME information must be transmitted to respective Service surveillance offices or directly entered into the Disease Reporting System-internet (DRSi) system.
13.C. (U) IAW REF (AH), Line Commanders have the responsibility to report potential concussive events experience by deployed personnel to their respective Service Components. Service Components are required to submit events on a monthly basis to the Joint Trauma Analysis and Prevention of Injury in Combat Program Office.
13.C.1. (U) Reports can be submitted via the on-line Joint Concussive Event Reporting Portal at HTTPS://JINCS.ARMY.MIL/.

14. (U) OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) SITE ASSESSMENTS (OEHSA).
14.A. (U) OEHSA will be conducted to identify OEH hazards that pose potential health risks to U.S. personnel at U.S. Force Locations per REFS (C), (D), and (AI).
14.A.1. (U) This information will be leveraged for consideration during operational planning as part of the operation FHP program.
14.B. (U) OEHSA are initiated and completed IAW REF (D).
14.B.1. (U) All OEHSA data or exposure incident investigations will be submitted to the DOEHRS-Industrial Hygiene module.

14.B.2. (U) Classified exposure data should be submitted directly to MESL-S at HTTPS://MESL.CSD.DISA.SMIL.MIL.
14.B.2.A. (U) If access to the MESL-S is not available, email the document via SIPR to OEHS.DATA.ARMY(AT)MAIL.SMIL.MIL IAW REF (D).

15. (U) CIVILIAN HEALTH CARE ELIGIBILITY.
15.A. (U) Healthcare is authorized through Military Treatment Facilities both OCONUS and CONUS for injuries and illness incurred by DoD Expeditionary Civilian Employees deployed in support of U.S. Military forces engaged in hostilities IAW REF (H).
15.A.1. (U) Healthcare for DoD Civilian Employees on TDY/TAD missions outside the scope of REF (H) may not be authorized.
15.A.2. (U) DoD Civilian Employees are authorized emergency travel and transportation due to illness, injury, or a personal emergency situation while TDY/TAD per REF (AJ).
15.A.2.A. (U) It is incumbent upon DoD Civilian Employees traveling on TDY/TAD orders to have a health plan which will provide adequate coverage during these types of missions.
15.B. (U) The Federal Employees Compensation Act and the Office of Workers' Compensation Programs provide a mechanism to receive reimbursement for illness or injury sustained on the job. However, the employee is often required to pay up front and reimbursement, if approved, will come afterwards.

16. (U) Security and Foreign Disclosure. If at any time, any of the security classification guidance contained herein is challenged, the items of information involved shall continue to be protected at the level prescribed by this order until such time as a final decision is made on the challenge by the appropriate authority. Classification challenges shall be addressed to the HQ USINDOPACOM J02 Command Security Manager, RIZAL DAQUIOAQ, EMAIL- PACOM.COMMAND.SECURITY.FCT(AT)NAVY.SMIL.MIL, DSN(315)/COM (808)477-9001, WEB- HTTPS://PSP-USA.HQ.PACOM.SMIL.MIL/PACOMINFOSEC/.
16.A.1. (U) Foreign Disclosure (FD) and/or release-ability policies will be strictly adhered to and respected as required within operations planning and execution. Requests to disclose or release additional information not contained herein requires approval through the USINDOPACOM Foreign Disclosure Office (FDO). FD requests shall be submitted on the HQ USINDOPACOM SIPRNET FD website- HTTPS://PSP-USA.HQ.PACOM.SMIL.MIL/FDO/. USINDOPACOM OPS FD questions may be addressed to: LEEANN STEPHAN, PACOM_J3_F_D_O(AT)PACOM.SMIL.MIL, (808)477-9482.

17. (U) POINTS OF CONTACT.
17.A. (U) J07 FORCE HEALTH PROTECTION, LCDR MATTHEW JUSTUS, COM: 808-477-7897, DSN: 315-477-7897, EMAIL: MATTHEW.M.JUSTUS (AT)PACOM.MIL OR MATTHEW.M.JUSTUS(AT)PACOM.SMIL.MIL.
17.B. (U) JOC DIR, COM: 808-477-7227 DSN: 315-477-7377, EMAIL: JOC.DIR.PACOM(AT)PACOM.SMIL.MIL.//

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