

UNCLAS

(U) USINDOPACOM FY 2021 FORCE HEALTH PROTECTION GUIDANCE FOR

Originator: HQ USPACOM J3

DTG: 230012Z OCT 20 Precedence: P DAC: General

To: HQDA SURG GEN WASHINGTON DC, CDRUSARPAC CG FT SHAFTER HI, USARPAC COMMAND CENTER FT SHAFTER HI, COMPACFLT PEARL HARBOR HI, More...

CC: JOINT STAFF WASHINGTON DC, CNO WASHINGTON DC, COMMARFORPAC, COMMARFORPAC G THREE, More...

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ZNR UUUUU ZDH ZUI RUEOMCJ1509 2970056
P 230012Z OCT 20
FM HQ USINDOPACOM J3
TO RUEADWD/HQDA SURG GEN WASHINGTON DC
RUIAAAA/CDRUSARPAC CG FT SHAFTER HI
RUIAAAA/USARPAC COMMAND CENTER FT SHAFTER HI
RUIAAAA/COMPACFLT PEARL HARBOR HI
RUIAAAA/HQ PACAF HICKAM AFB HI
RUIAAAA/PACAF CC HICKAM AFB HI
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RUJDAAA/COMMARFORPAC
RUJDAAA/COMMARFORPAC G THREE
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RUIHAAA/CDR USTRANSCOM SCOTT AFB IL
RUIAAAA/COMSEVENTHFLT
RUIAAAA/COMTHIRDFLT
RUJDAAA/CG I MEF G THREE
RUJDAAA/CG III MEF G THREE
RUACMXI/KAIS 7AF OSAN AB KOR
RHHJAKE/KCSS 7AF OSAN AB KOR
RUICAA/CDR USINDOPACOM HONOLULU HI
RUICAA/HQ USINDOPACOM JOC

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UNCLAS

SUBJ/ (U) USINDOPACOM FY 2021 FORCE HEALTH PROTECTION GUIDANCE FOR USINDOPACOM AOR

REF/A/JOINT STAFF/MEMO/07 DEC 2012//

REF/B/DOD/DOC/19 JUN 2019//

REF/C/DHA/DOC/17 DEC 2019//

REF/D/OSD/07 OCT 2013//

REF/E/DOD/DOC/05 FEB 2010//

REF/F/DOD/DOC/20 DEC 2011//
REF/G/DOD/DOC/07 OCT 2013//
REF/H/USFK/08 FEB 2018//
REF/I/DHA/DOC/20 MAR 2020//
REF/J/NCMI/WEBPAGE/NA//
REF/K/CDC/WEBPAGE/NA//
REF/L/TRAVAX/WEBPAGE/NA//
REF/M/ACIP/WEBPAGE/06 JUL 2020//
REF/N/IIIMEF/192015Z NOV 2020//
REF/O/COMPACFLT PEARL HARBOR HI/14 NOV 2016//
REF/P/USAF/09 JAN 2015//
REF/Q/DOD/DOC/11 SEP 2015//
REF/R/AHRQ/WEBPAGE/NA//
REF/S/OSD/15 APR 2013//
REF/T/AFPMB/NOV 2015//
REF/U/OSD/12 MAR 2009//
REF/V/DOD/DOC/09 OCT 2004//
REF/W/USD/11 MAR 2016//
REF/X/AFPMB/NOV 2013//
REF/Y/OSD/14 NOV 2011//
REF/Z/DOD/DOC/07 JUN 2013//
REF/AA/DOD/DOC/22 NOV 2011//
REF/BB/DOD/DOC/15 MAY 2013//
REF/CC/DOD/DOC/23 JAN 2017//
REF/DD/USPACOM/DOC/18 MAR 2013//
REF/EE/DHA/DOC/01 JAN 2020//
REF/FF/DOD/DOC/18 SEP 2012//
REF/GG/DOD/DOC/08 FEB 2012//
REF/HH/DOD/DOC/01 SEP 2020//
REF/II/USINDOPACOM/MSG/060304Z OCT 2019//

NARR/REF A IS JOINT STAFF MEMO ON PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE (MSM-0017-12) OF 07 DEC 2012 AT [HTTPS\(DOUBLES LASH\)SPORTAL.SP.PENTAGON.MIL/SITES/MATRIX/DEL/JEL%20%20UNLIMITED/MCM%200017-12.PDF](https://portal.sp.pentagon.mil/sites/matrix/del/jel%20%20unlimited/mcm%200017-12.pdf). REF B IS DODI 6490.03 "DEPLOYMENT HEALTH" OF 19 JUN 19. REF C IS DHA PROCEDURAL INSTRUCTION 6490.03 "DEPLOYMENT HEALTH PROCEDURES" OF 17 DEC 2019. REF D IS ASD(HA) MEMO "CLINICAL PRACTICE GUIDANCE FOR DEPLOYMENT-LIMITING DISORDERS AND PSYCHOTROPIC MEDICATIONS" OF 7 OCT 2013. REF E IS DODI 6490.07 "DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES" OF 05 FEB 2010. REF F IS DODI 3020.41 "OPERATIONAL CONTRACT SUPPORT" OF 20 DEC 11 INCORPORATING CHANGE 2, 31 AUG 2018. REF G IS AR 40-562/BUMEDINST 6230.15B/AFI 48-110_IP/CG COMDTINST M6230.4G "IMMUNIZATION AND CHEMOPROPHYLAXIS FOR THE PREVENTION OF INFECTIOUS DISEASES" OF 07 OCT 2013. REF H IS HQ USFK REG 40-9 "FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR THE KOREAN THEATER" OF 08 FEB 2018, AT [HTTPS\(DOUBLES LASH\) 8THARMY.KOREA.ARMY.MIL/G1/USFK-ARCHIVES.ASP](https://8tharmy.korea.army.mil/g1/usfk-archives.asp). REF I DHA-IPM 20-002 "2020 SOUTHERN HEMISPHERE INFLUENZA VACCINATION PROGRAM OF 20 MAR 2020. REF J IS NATIONAL CENTER FOR MEDICAL INTELLIGENCE WEBSITES AT [HTTPS\(DOUBLES LASH\)WWW.NCMI.DODIIS.MIL](https://www.ncmi.dodis.mil) OR (SIPR) [HTTP\(DOUBLES LASH\)WWW.NCMI.DIA.SMIL.MIL](http://www.ncmi.dia.smil.mil). REF K IS CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) TRAVELERS HEALTH WEBSITE AT [HTTP\(DOUBLES LASH\)WWWNC.CDC.GOV/TRAVEL/](http://wwwnc.cdc.gov/travel/).

REF L IS SHORELAND TRAVAX WEBSITE AT [HTTPS\(DOUBLES LASH\)MHS.HEALTH.MIL/TRAVAX](https://mhs.health.mil/travax). REF M IS ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES VACCINE RECOMMENDATIONS AND GUIDELINES WEBSITE AT [HTTPS\(DOUBLES LASH\)WWW.CDC.GOV/VACCINES/ACIP/RECOMMENDATIONS.HTML](https://www.cdc.gov/vaccines/acip/recommendations.html). REF N IS "III MEF FORCE HEALTH PROTECTION REQUIREMENTS 2020" OF 20 NOV 2019. REF O 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 P IS HQ USAF (SG) MEMO "GUIDANCE ON THE USE OF JAPANESE ENCEPHALITIS VACCINE" OF 09 JAN 2015. REF Q IS DODI 6490.13 "COMPREHENSIVE POLICY ON TRAUMATIC BRAIN INJURY-RELATED NEURO-COGNITIVE ASSESSMENTS BY THE MILITARY SERVICES" OF 11 SEP 2015 INCORPORATING CHANGE 1, EFFECTIVE 31 MAR 2017. REF R IS "GUIDE TO CLINICAL PREVENTIVE SERVICES" FROM THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY AT [HTTPS\(DOUBLES LASH\)WWW.US PREVENTIVE SERVICESTASKFORCE.ORG](https://www.uspreventiveservicestaskforce.org). REF S IS HA POLICY 13-002 "GUIDANCE ON MEDICATIONS FOR PROPHYLAXIS OF MALARIA" OF 15 APR 2013. REF T IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 36 OF NOV 2015. REF U IS HA POLICY 09-006 "POLICY FOR DECREASING USE OF ASPIRIN (ACETYLSALICYLIC ACID) IN COMBAT ZONES" OF 12 MAR 2009. REF V IS DODD 6200.04 "FORCE HEALTH PROTECTION" OF 09 OCT 2004 CERTIFIED CURRENT AS OF 23 APR 2007. REF W IS USD MEMO "PERSONNEL OPTIONS IN RESPONSE TO THE ZIKA VIRUS" OF 11 MAR 2016. REF X IS ARMED FORCES PEST MANAGEMENT BOARD TECHNICAL GUIDE 48 OF NOV 2013. REF Y IS ASD (HA) MEMO "HUMAN RABIES PREVENTION DURING AND AFTER DEPLOYMENT" OF 14 NOV 2011. REF Z IS DODI 6485.1 "HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1) IN MILITARY SERVICE MEMBERS" OF 7 JUN 2013 INCORPORATING CHANGE 1, EFFECTIVE 28 APR 20. REF AA IS DODI 6490.05 "MAINTENANCE OF PSYCHOLOGICAL HEALTH IN MILITARY OPERATIONS" OF 22 NOV 2011 INCORPORATING CHANGE 1, EFFECTIVE 02 OCT 2013. REF BB IS DOD VETERINARY SERVICE ACTIVITY (DODVSA) POLICY MEMORANDUM B-004, "IMPLEMENTATION OF MILITARY STANDARD 3041, REQUIREMENTS FOR FOOD AND WATER RISK ASSESSMENTS OF 12 SEP 2014, AND MILITARY HANDBOOK 3041, DOD HANDBOOK GUIDELINES FOR CONDUCTING FOOD AND WATER RISK ASSESSMENTS" OF 15 MAY 2013. REF CC IS DIRECTIVE-TYPE MEMO 17-004, "DEPARTMENT OF DEFENSE EXPEDITIONARY CIVILIAN WORKFORCE" OF 25 JAN 2017. REF DD IS USPACOM 1.107.2 "FORCE HEALTH PROTECTION (FHP) PROGRAM FOR DEPLOYMENTS" OF 18 MAR 2013. REF EE IS "ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES AND CASE DEFINITIONS" AT [HTTPS\(DOUBLES LASH\)HEALTH.MIL/MILITARY-HEALTH-TOPICS/COMBAT-SUPPORT/ARMED-FORCES-HEALTH-SURVEILLANCE-BRANCH/REPORTS-AND-PUBLICATIONS](https://health.mil/military-health-topics/combat-support/armed-forces-health-surveillance-branch/reports-and-publications). REF FF IS DODI 6490.11 "DOD POLICY GUIDANCE FOR MANAGEMENT OF MILD TRAUMATIC BRAIN INJURY/ CONCUSSION IN THE DEPLOYED SETTING" OF 18 SEP 2012 INCORPORATING CHANGE 2, 26 NOV 2019. REF GG IS DODD 6490.02E "COMPREHENSIVE HEALTH SURVEILLANCE" OF 08 FEB 2012 INCORPORATING CHANGE 2 EFFECTIVE 28 AUG 2017. REF HH IS "JOINT TRAVEL REGULATIONS UNIFORMED SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES" AT [HTTPS\(DOUBLES LASH\) WWW.DEFENSETRAVEL.DOD.MIL/SITE/TRAVELREG.CFM](https://www.defensetravel.dod.mil/site/travelreg.cfm). REF II IS USINDOPACOM FY 20 FORCE HEALTH PROTECTION GUIDANCE FOR USINDOPACOM MESSAGE OF 06 OCT 2019.

GENTEXT//

RMKS// THIS MESSAGE PROVIDES UPDATED USINDOPACOM MEDICAL GUIDANCE IN SUPPORT OF CONTINGENCY OPERATIONS, AS DEFINED BY REFS (A), (B), AND (C) WITHIN THE USINDOPACOM AREA OF RESPONSIBILITY (AOR) IN ACCORDANCE WITH (IAW) REFS (A) THROUGH (HH) AND CANCELS REF (II). 1. BACKGROUND. HEALTH PROTECTION GUIDANCE FOR SERVICE MEMBERS TRAVELING FOR OTHER MISSIONS (E.G., TAD/TDY, TRAINING) 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. SINCE THESE MISSIONS ARE NOT CONSIDERED DEPLOY-

MENTS (PER REFS A, B, AND C), CERTAIN REQUIREMENTS (E.G., HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING, DURABLE MEDICAL EQUIPMENT, AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM)) MAY NOT APPLY. TO ENSURE MEMBER'S SAFETY AND SUCCESSFUL EXECUTION OF THESE MISSIONS, PERSONNEL ENTERING THE USINDOPACOM AOR SHALL UTILIZE DEPLOYMENT STANDARD SCREENING PROCEDURES. SERVICE MEMBERS AND THEIR ASSOCIATED FAMILY MEMBERS BEING ASSIGNED TO 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.

1.A. 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).

1.B. THIS GUIDANCE DOES NOT SUPERSEDE MORE STRINGENT POLICY FROM COMMANDS, SUBCOM-
PONENTS, SERVICE COMPONENTS, OR APPROPRIATE CLINICAL JUDGMENT.

2. DEPLOYMENT HEALTH SUITABILITY REQUIREMENTS AND WAIVERS.

2.A. PERSONNEL MUST BE SCREENED AND MEET MEDICAL READINESS STANDARDS, IAW (REF D AND REF E) PRIOR TO DEPLOYMENT. ALL PERSONNEL DEPLOYING TO THEATER MUST BE MEDICALLY, DENTALLY, AND PSYCHOLOGICALLY FIT. FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION AND TOLERATE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION.

2.B. PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT. DEPLOYERS MUST ALSO COMPLY WITH HEALTH AND MENTAL HEALTH ASSESSMENTS PER PARAGRAPH 10.

2.C. UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANT DUTY OR MOBILITY LIMITATIONS DISQUALIFY A MEMBER FOR DEPLOYMENT. OTHER MEDICAL DISQUALIFICATION AND ASSOCIATED GUIDANCE IS IDENTIFIED IN (REF E).

2.D. AC, RC (TO INCLUDE ANY ACTIVE ORDERS TO THE USINDOPACOM AOR), AND DOD CIVILIAN PERSONNEL WITH THE FOLLOWING CONDITIONS SHOULD NOT DEPLOY WITHOUT A MEDICAL AND/OR DENTAL WAIVER (SEE PARAGRAPH 2.F. FOR WAIVER SUBMISSIONS).

2.D.1. CONDITIONS THAT PREVENT THE WEAR OF REQUIRED PERSONAL PROTECTIVE EQUIPMENT TO INCLUDE MANUFACTURER PERMETHRIN PRE-TREATED UNIFORMS.

2.D.2. CONDITIONS THAT PROHIBIT REQUIRED IMMUNIZATIONS OR MEDICATIONS.

2.D.3. CHRONIC CONDITIONS THAT REQUIRE FREQUENT CLINICAL VISITS (MORE THAN SEMIANNUALLY) OR ANCILLARY TESTS (MORE THAN TWICE/YEAR); THAT REQUIRE EVALUATION/ TREATMENT BY MEDICAL SPECIALISTS NOT READILY AVAILABLE IN THEATER; THAT FAIL TO RESPOND TO ADEQUATE CONSERVATIVE TREATMENT; THAT REQUIRE SIGNIFICANT LIMITATION TO PHYSICAL ACTIVITY; OR THAT CONSTITUTE INCREASED RISK OF ILLNESS, INJURY, OR INFECTION.

2.D.4. ANY UNRESOLVED ACUTE ILLNESS OR INJURY THAT WOULD IMPAIR DUTY PERFORMANCE DURING THE DURATION OF THE DEPLOYMENT.

2.D.5. ANY MEDICAL CONDITION THAT REQUIRES DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, CATHETERS, ETC.), REPEATED/SCHEDULED MEDICAL MANAGEMENT, LOGISTICAL SUPPORT, AND/OR INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT THAT ARE NOT AVAILABLE AT DEPLOYMENT LOCATION. SHIPBOARD PERSONNEL NOT IN SUPPORT OF LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT PER U.S. NAVY/PACFLT POLICY.

2.D.6. OPERATIONAL DENTAL READINESS BELOW CLASS 2. THESE CONDITIONS ARE GENERALLY NOT WAIVERABLE. JUSTIFICATION FOR ANY APPROVED WAIVER SHALL BE RECORDED IN WAIVER LOG (SEE PARAGRAPH 2.F.).

2.E. (REF D) PROVIDES POLICY GUIDANCE FOR DEPLOYING SERVICE MEMBERS WITH PSYCHIATRIC DISORDERS AND/OR WHO ARE PRESCRIBED PSYCHOTROPIC (PSYCHIATRIC) MEDICATIONS. 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. NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. 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. A WAIVER REQUEST MUST BE SUBMITTED (SEE PARAGRAPH 2.F.) FOR PERSONNEL WHO ARE ON PSYCHOTROPIC MEDICATIONS, INCLUDING ANTIDEPRESSANTS, AND HAVE BEEN STABLE FOR AT LEAST THREE MONTHS WHILE ON MEDICATION. A WAIVER REQUEST WILL ALSO BE SUBMITTED FOR THOSE WITH ANY HISTORY OF INPATIENT PSYCHIATRIC HOSPITALIZATION OR USE OF PSYCHOTROPIC MEDICATIONS FOR NON-PSYCHIATRIC CONDITIONS. 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. SERVICE MEMBERS ON PSYCHOTROPIC MEDICATIONS MUST OBTAIN A SMALL ARMS WAIVER IAW SERVICE COMPONENT POLICY.

2.F. WAIVER REQUESTS ARE SUBMITTED AND DECISIONS DOCUMENTED IN A SYSTEM MAINTAINED AND OPERATED BY THE RESPECTIVE MILITARY DEPARTMENT OR USCG USING THEIR SPECIFIC WAIVER SUBMISSION PROCESS.

2.G. CONTRACTORS MUST MEET MEDICAL AND DENTAL FITNESS REQUIREMENTS PRIOR TO DEPLOYMENT AS REQUIRED PER (REF F), ENCLOSURE 3. MEDICAL AND DENTAL WAIVERS FOR CONTRACTORS SHALL FOLLOW PROCESS DESCRIBED IN PARAGRAPH 2.F.

3. MANDATORY VACCINATIONS (REF G).

3.A. ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS. DOCUMENTATION IS REQUIRED. PROOF OF RECORD MAY INCLUDE: SF 601, HEALTH RECORD IMMUNIZATION RECORD; FORM CDC 731, INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS; DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET; OR EQUIVALENT SERVICE IMMUNIZATION DATABASE RECORD (E.G., ASIMS, MEDPROS, MRRS). CONTRACT PERSONNEL WILL RECEIVE IMMUNIZATIONS IAW CONTRACT AT EXPENSE OF CONTRACT ORGANIZATION UNLESS CONTRACT WITH U.S. GOVERNMENT INDICATES OTHERWISE.

3.A.1. HEPATITIS A VACCINE. SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT.

3.A.2. HEPATITIS B VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.3. INFLUENZA VACCINE. CURRENT SEASONAL VACCINE.

3.A.4. MEASLES/MUMPS/RUBELLA VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZED WITH SERIES COMPLETE OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT.

3.A.5. POLIO VACCINE. DOCUMENTATION OF IMMUNIZATION REQUIRED (SERIES COMPLETE).

3.A.5.A. IN THE SETTING OF A POLIO OUTBREAK, COMPLY WITH CDC OR WORLD HEALTH ORGANIZATION RECOMMENDATIONS. 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. IF IN-COUNTRY DEPLOYMENT FOR MORE THAN 4 WEEKS, POLIO IMMUNIZATION WITH INACTIVATED POLIO VACCINE IS REQUIRED PRIOR TO ARRIVING IN COUNTRY.

3.A.5.B. POLIO VACCINATION SHALL BE DOCUMENTED ON FORM CDC 731 (COMMONLY CALLED "YELLOW CARD"). REFER TO PARAGRAPH 4.I. BELOW FOR MORE DETAILS REGARDING FORM CDC 731.

3.A.6. TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS (TDAP). TETANUS-DIPHTHERIA VACCINE IS REQUIRED EVERY 10 YEARS. FOR ADULTS WHO HAVE NOT PREVIOUSLY RECEIVED A DOSE OF TDAP, ONE DOSE OF TDAP SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE THE LAST TETANUS VACCINE.

3.A.7. VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA.

EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF TWO

DOSES OF VARICELLA VACCINE FOUR WEEKS APART; U.S. CITIZENS BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL); LABORATORY EVIDENCE OF IMMUNITY (ANTIBODY TITER); HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER.

3.B. TRACKING OF UNIT IMMUNIZATIONS WILL BE IAW SERVICE POLICY.

4. OTHER VACCINATIONS (REF G).

4.A. ANTHRAX. PER USFK COMMAND REQUIREMENT (REF H).

4.B. CHOLERA. NOT ROUTINELY RECOMMENDED, BUT MAY BE INDICATED FOR DEPLOYMENTS INTO HIGH RISK SITUATIONS (E.G., KNOWN ONGOING CHOLERA OUTBREAK, CERTAIN HUMANITARIAN OR DISASTER RELIEF OPERATIONS). CONSULT WITH PREVENTIVE MEDICINE/PUBLIC HEALTH CLINIC FOR ADDITIONAL GUIDANCE.

4.C. SOUTHERN HEMISPHERE (SH) INFLUENZA VACCINE. 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 I). TO ENSURE MAXIMAL EFFECTIVENESS, THE VACCINE SHOULD BE GIVEN AT LEAST TWO WEEKS PRIOR TO TRAVEL.

4.D. JAPANESE ENCEPHALITIS (JE) VACCINE. JE VIRUS RISK VARIES BASED ON DESTINATION, SEASON, AND TYPES OF ACTIVITIES. JE IS TYPICALLY FOUND THROUGHOUT MUCH OF THE RURAL USINDOPACOM AOR, PARTICULARLY IN SUB-TROPICAL ASIA, SOUTH ASIA, AND CERTAIN WESTERN PACIFIC ISLANDS. JE IS TRANSMITTED BY DAY-BITING MOSQUITOES AND IS PRIMARILY ASSOCIATED WITH AREAS OF RICE AGRICULTURE AND PIG FARMING. GREATER RISK IS ASSOCIATED WITH DAY-TIME OUTDOOR ACTIVITIES TO INCLUDE SUBSTANTIAL TIME OUTDOORS IN RURAL OR AGRICULTURAL AREAS AND ACCOMMODATIONS WITHOUT AIR CONDITIONING OR SCREENED OPENINGS.

4.D.1. JE VACCINE IS RECOMMENDED FOR PERSONNEL BEING DEPLOYED FOR MORE THAN 30 DAYS TO ENDEMIC AREAS DURING JE TRANSMISSION SEASON. JE RISK ASSESSMENTS ARE AVAILABLE AT (REF J) SEE INFECTIOUS DISEASE RISK ASSESSMENT FOR SPECIFIC COUNTRY, (REF K) SEE YELLOW BOOK CHAPTER, AND (REF L).

4.D.2. JE VACCINE SHOULD BE CONSIDERED FOR TRAVELERS: (1) TO AREAS WITH AN ONGOING JE OUTBREAK REGARDLESS OF LENGTH OF TRAVEL; OR (2) 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 M).

4.D.3. JE VACCINE MAY BE REQUIRED BY RESPECTIVE COMMANDS', SUBCOMPONENTS', OR SERVICE COMPONENTS' GUIDANCE PER (REFS H AND N-P).

4.E. MENINGOCOCCAL VACCINE. RECOMMENDED FOR TRAVEL TO COUNTRIES WHERE N. MENINGITIDIS IS HYPERENDEMIC OR EPIDEMIC, PARTICULARLY IF CONTACT WITH THE LOCAL POPULATION WILL BE PROLONGED. SEE (REFS J-L) FOR SPECIFIC COUNTRY RECOMMENDATIONS.

4.F. PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR SMOKERS, PEOPLE WITH ASTHMA AND THOSE WITH CHRONIC CONDITIONS THAT MAY HAVE INCREASED RISK OF PNEUMOCOCCAL INFECTION. OLDER POPULATIONS, INCLUDING CIVILIAN CONTRACTORS AND MERCHANT MARINE SAILORS, MAY BE AT RISK. SEE (REF M) FOR FURTHER DETAILS.

4.G. RABIES. PRE-EXPOSURE RABIES VACCINE SERIES (THREE 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. ANY ROUTINE REQUIREMENTS, BASED ON THE POTENTIAL TO DEPLOY AND/OR OPERATIONAL EXPOSURE, IS COVERED IN RESPECTIVE COMPONENTS' GUIDANCE.

4.H. SMALLPOX. PER USFK COMMAND REQUIREMENT (REF H).

4.I. TYPHOID VACCINE (INJECTABLE OR ORAL). INDICATED FOR MANY LOCATIONS IN THE AOR, AND

ADMINISTERED BASED ON SITE SPECIFIC RISK AND IN CONSULTATION WITH PREVENTIVE MEDICINE OR PUBLIC HEALTH CLINIC. VACCINE IS EFFECTIVE FOR TWO YEARS (INJECTABLE) OR FIVE YEARS (ORAL) PER PACKAGE INSERT.

4.J. YELLOW FEVER (YF). YF VACCINE MAY BE REQUIRED FOR ENTRY INTO SOME USINDOPACOM COUNTRIES SEE (REF K) YELLOW BOOK CHAPTER) IF TRAVELING FROM, OR TRANSITING THROUGH, ENDEMIC AREAS (AFRICA AND SOUTH AMERICA). IF REQUIRED, YF VACCINE MUST BE DOCUMENTED ON THE FORM CDC 731 WITH AN OFFICIAL "UNIFORM STAMP". FORM CDC 731 CAN BE OBTAIN FROM THE U.S. GOVERNMENT PRINTING OFFICE AT [HTTP\(DOUBLESLASH\)BOOKSTORE.GPO.GOV](http://bookstore.gpo.gov). IF THE YF VACCINE IS CONTRAINDICATED, A SIGNED AND DATED EXEMPTION LETTER ON LETTERHEAD STATIONERY MUST CLEARLY STATE THE INDIVIDUAL'S CONTRAINDICATIONS TO VACCINATION AND MUST BEAR THE OFFICIAL YF STAMP.

5. TESTING AND SCREENING. 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 CONTRACT WITH U.S. GOVERNMENT INDICATES OTHERWISE.

5.A. BLOOD TYPE/RH FACTOR. PERSONNEL WILL BE SCREENED IAW SERVICE SPECIFIC STANDARDS. ONE LIFETIME VALIDATION TEST IS SUFFICIENT.

5.B. DNA SAMPLE. ONE LIFETIME CHEEK SWAB SAMPLE IS REQUIRED FOR DNA REPOSITORY.

5.C. SICKLE CELL. PERSONNEL WILL BE SCREENED IAW SERVICE SPECIFIC STANDARDS. ONE LIFETIME SCREENING TEST IS SUFFICIENT.

5.D. G6PD DEFICIENCY. ALL PERSONNEL WILL BE SCREENED IAW SERVICE SPECIFIC STANDARDS DUE TO THE RISK OF HEMOLYSIS ASSOCIATED WITH PRIMAQUINE FOR MALARIA PROPHYLAXIS OR TREATMENT. PERSONNEL WITH G6PD DEFICIENCY WILL NOT RECEIVE PRIMAQUINE FOR TERMINAL MALARIA PROPHYLAXIS AND/OR TREATMENT UNLESS REFERRED TO OR DISCUSSED WITH AN INTERNAL MEDICINE OR INFECTIOUS DISEASE SPECIALIST. ONE LIFETIME SCREENING TEST IS SUFFICIENT.

5.E. PREGNANCY TESTING. ALL DEPLOYING FERTILE WOMEN OF CHILDBEARING AGE (AND IF APPLICABLE, TRANSGENDER MEN) WILL BE ASSESSED FOR PREGNANCY PRIOR TO ACTUAL MOVEMENT IAW SERVICE COMPONENT GUIDANCE AND COUNSELED THAT PREGNANCY MAY CAUSE MEMBER TO BE NON-DEPLOYABLE. IF PREGNANCY IS DETERMINED AFTER DEPLOYMENT THE MEMBER WILL RETURN TO HOME STATION PER SERVICE SPECIFIC POLICY.

5.F. TUBERCULOSIS (TB) SCREENING. PRE-DEPLOYMENT TB SCREENING QUESTIONNAIRE WILL BE CONDUCTED IAW CDC GUIDELINES OR SERVICE SPECIFIC POLICY. A LARGE NUMBER OF COUNTRIES WITHIN THE USINDOPACOM AOR ARE CLASSIFIED AS HAVING A HIGH BURDEN OF TB TO INCLUDE MULTIDRUG RESISTANT TB. 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). FOR THESE UNIQUE DEPLOYMENT SITUATIONS, IF THE ANTICIPATED DEPLOYER HAS 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. ROUTINE TESTING OF ALL PERSONNEL IS NOT RECOMMENDED AS TESTING THOSE AT LOW RISK WILL LEAD TO AN INCREASED NUMBER OF FALSE POSITIVE TESTS AND UNNECESSARY THERAPEUTIC TREATMENT. IF SERVICE SPECIFIC POLICY IS MORE COMPREHENSIVE THAN THE CDC GUIDELINES, SERVICE SPECIFIC POLICY WILL TAKE PRECEDENCE.

5.F.1. FOR RAPID DEPLOYMENTS (WITHIN 48 HOURS OR LESS), 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.

5.F.2. TB CONVERTORS WHO HAVE HAD A PRIOR EVALUATION AND APPROPRIATE MANAGEMENT ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY BECOME TST/IGRA POSITIVE MUST BE MEDICALLY EVALUATED AND CLEARED OF ACTIVE TB BEFORE BEING CONSIDERED FOR DEPLOYMENT. DEPLOYABILITY IS BASED ON SERVICE COMPONENT POLICY. PERSONS RECEIVING/UNDERGOING THERAPY FOR LATENT TUBERCULOSIS INFECTION ARE ELIGIBLE TO DEPLOY IF MEDICALLY CLEARED AND THE DEPLOYMENT ENVIRONMENT AND/OR SITUATION PERMITS AND ALLOWS MONTHLY MONITORING AND ONGOING THERAPY.

5.F.3. POST-DEPLOYMENT ASSESSMENT QUESTIONNAIRE FOR TB EXPOSURE IS REQUIRED PER SERVICE POLICY. 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. THOSE WITH A NEW POSITIVE TB TEST WILL BE TREATED PER CDC OR SERVICE GUIDELINES. REPEAT TESTING OF INDIVIDUALS WHO WERE PREVIOUSLY FOUND TO BE TST OR IGRA POSITIVE IS UNNECESSARY. HOWEVER, 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.

5.G. HIV TESTING AND DEPLOYMENT-RELATED SERUM SPECIMENS.

5.G.1. HIV SCREENING IS REQUIRED WITHIN 24-MONTHS OF DEPLOYMENT IAW (REF B). 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. HIV TESTING IS REQUIRED FOR CIVILIAN PERSONNEL ONLY TO THE EXTENT PROVIDED IN THE APPLICABLE CONTRACT OR SERVICE POLICIES.

5.G.2. THERE IS NO REQUIREMENT FOR HIV TESTING FOLLOWING RE-DEPLOYMENT UNLESS STIPULATED IN MISSION ORDERS OR BASED UPON INDIVIDUAL RISK ASSESSMENT BY A CLINICIAN.

5.G.3. A PRE-DEPLOYMENT SERUM SPECIMEN FOR MEDICAL EXAMINATION WILL BE COLLECTED WITHIN ONE YEAR OF DEPLOYMENT. THE MOST RECENT SERUM SAMPLE, INCLUDING SERUM COLLECTED FOR HIV TESTING, COLLECTED WITHIN THE PREVIOUS 365 DAYS OF THE DATE OF THE DEPLOYMENT MAY SERVE AS THE PRE-DEPLOYMENT SERUM SAMPLE.

5.G.4. 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.

5.H. NEUROCOGNITIVE ASSESSMENT. IAW (REF Q), 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. NEITHER THE ANAM NOR NCAT ARE DIAGNOSTIC AND DO NOT INFLUENCE WHETHER OR NOT 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.

5.I. HEARING READINESS. IAW SERVICE SPECIFIC REQUIREMENTS, DEPLOYING SERVICE MEMBERS MAY BE REQUIRED TO HAVE THEIR HEARING ASSESSED BY AUDIOMETRIC TESTING. DD FORM 2215 "REFERENCE BASELINE AUDIOGRAM" OR DD FORM 2216 "PERIODIC AUDIOGRAM" SHALL BE IN THE MEMBERS' MEDICAL RECORD. IF REQUIRED, AND 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.

5.J. VISION READINESS. THE VISION READINESS OF EACH SERVICE MEMBER WILL BE ASSESSED WITHIN 12 MONTHS OF DEPLOYMENT. SERVICE MEMBERS CLASSIFIED AS VISION READINESS CLASSIFICATION ONE AND TWO ARE FULLY DEPLOYABLE. 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. 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. PERSONNEL REQUIRING CORRECTIVE EYEWEAR

WILL HAVE IN THEIR POSSESSION TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK OPTICAL INSERTS, AND BALLISTIC EYEWEAR INSERTS AS APPROPRIATE. CONTACT LENS WEAR MAY BE UNAUTHORIZED IN CERTAIN DEPLOYED/CONTINGENCY SITUATIONS, SEE SERVICE SPECIFIC GUIDELINES.

5.K. CANCER SCREENING. MALE AND FEMALE SERVICE MEMBERS WHO REQUIRE AGE AND RISK APPROPRIATE CANCER SCREENING SHALL RECEIVE THE APPROPRIATE HEALTHCARE SERVICES PRIOR TO DEPLOYMENT IAW REF (R) AND SERVICE SPECIFIC GUIDANCE.

6. PREVENTIVE MEDICINE AND PERSONAL PROTECTION COUNTERMEASURES.

6.A. MALARIA CHEMOPROPHYLAXIS. MALARONE OR DOXYCYCLINE ARE THE DRUGS OF CHOICE; WITH THE EXCEPTION OF KOREA WHERE CHLOROQUINE IS APPROPRIATE AGAINST VIVAX MALARIA IN THE DEMILITARIZED ZONE, BUT ONLY WHEN MALARIA RISK IS DETERMINED ELEVATED BY SPECIFIC MEDICAL AUTHORITIES, SEE (REF H). PROVIDER GUIDANCE SHOULD DETERMINE INDIVIDUAL DRUG SELECTION FOR EACH SERVICE MEMBER PER (REF S). FOR CURRENT RECOMMENDATIONS FOR THE SPECIFIC COUNTRY/REGION OF INTEREST, CONSULT MALARIA RESOURCES FROM (REFS J-L) TO INCLUDE [HTTPS\(DOUBLESLASH\)WWW.NCMI.DETRICK.ARMY.MIL/DOCUMENT.PHP?ID=99003](https://www.ncmi.detrick.army.mil/document.php?id=99003).

6.A.1. 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 S).

6.A.2. PRESUMPTIVE ANTI-RELAPSE THERAPY (PART) WITH PRIMAQUINE MAY BE REQUIRED POST-DEPLOYMENT WHERE P. VIVAX IS PRESENT (E.G., KOREA). USE OF PRIMAQUINE REQUIRES THE DOCUMENTED ABSENCE OF G6PD DEFICIENCY AND EDUCATION REGARDING PRECAUTIONS OF PRIMAQUINE USE AND PREGNANCY.

6.A.3. TAFENOQUINE MAY BE AN ACCEPTABLE ALTERNATIVE FOR BOTH CHEMOPROPHYLAXIS AND PART. HOWEVER, IT IS CONTRAINDICATED IN PERSONS WITH G6PD DEFICIENCY. TAFENOQUINE IS IN THE DOD FORMULARY, BUT NOT NECESSARILY LOCALLY STOCKED.

6.B. VECTOR CONTROL. SERVICE MEMBERS AND GOVERNMENT EMPLOYEES SHALL USE ALL COMPONENTS OF THE DOD ARTHROPOD REPELLENT SYSTEM IAW (REF T) WHEN INSECT VECTORS ARE/MAY BE PRESENT.

6.B.1. SERVICE PERSONNEL WILL DEPLOY WITH PERMETHRIN TREATED UNIFORMS. CONTACT ARMED FORCES PEST MANAGEMENT BOARD AT [HTTP\(DOUBLESLASH\)WWW.ACQ.OSD.MIL/EJE/AFPMB](http://www.acq.osd.mil/eje/afpmb) OR CONTINGENCY LIAISON OFFICER FOR SPECIFIC UNIFORM INSECT REPELLENCY TREATMENT RECOMMENDATIONS. SPECIFIC OPTIONS ARE LISTED IN PARA 6.B.1.A TO 6.B.1.C.

6.B.1.A. MANUFACTURER PRE-TREATED UNIFORMS. CURRENTLY AVAILABLE ONLY FOR ARMY AND MARINE CORPS UNIFORMS. UNIFORMS CANNOT BE RE-TREATED, BUT ARE EFFECTIVE FOR FIFTY (50) WASHES OR PER MANUFACTURER'S LABEL.

6.B.1.B. INDIVIDUAL DYNAMIC ABSORPTION KIT, PERMETHRIN 40%, (NSN 6840-01-345-0237). TREAT UNIFORMS IAW MANUFACTURER'S INSTRUCTIONS. ALLOW TO AIR DRY FOR AT LEAST THREE HOURS PRIOR TO WEAR; EFFECTIVE FOR 50 WASHES.

6.B.1.C. INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN (0.5%) ARTHROPOD REPELLENT, 6-OZ CANS (NSN 6840-01-278-1336). SPRAY OUTER SURFACE OF CLOTHING UNTIL FABRIC APPEARS MOISTENED AND SLIGHT COLOR CHANGE IS NOTED. ALLOW TO FULLY AIR DRY BEFORE WEARING; EFFECTIVE FOR ONLY 6 WASHES.

6.B.2. INSECT/ARTHROPOD REPELLENT LOTION CONTAINING DEET (NSN 6840-01-284-3982, 6840-01-584-8393, OR 6840-01-584-8598) OR PICARIDIN (NSN 6840-01-619-4795). DO NOT USE UNDER CLOTHING; REQUIRES FREQUENT APPLICATION.

6.B.3. IF SLEEPING IN UNPROTECTED CONDITIONS E.G., UNSCREENED BUILDING, VEHICLE, USE A BED NET (POP-UP, SELF-SUPPORTING, LOW PROFILE) TREATED WITH PERMETHRIN REPELLENTS. IF POP-UP BED NETS ARE NOT AVAILABLE, USE OTHER MILITARY OR COMMERCIALY AVAILABLE BED NETS.

6.B.4. PROPER UNIFORM WEAR: PANT LEGS BLOUSED OR TUCKED INTO BOOTS OR SOCKS, UNDERSHIRT TUCKED INTO PANTS, SLEEVES DOWN, WRIST OPENINGS SECURED, AND COLLAR CLOSED.

6.C. OCCUPATIONAL/OPERATIONAL SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE). IF ADDITIONAL PPE IS WARRANTED BASED ON OCCUPATIONAL/OPERATIONAL RISK, THE ON-SITE COMMAND MEDICAL OFFICER, USINDOPACOM SURGEON, SERVICE OR SUBCOMPONENT SURGEON WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS, MEDICAL PERSONNEL, AND FHP OFFICERS SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE BASED ON THEIR ONGOING EVALUATION OF OPERATIONAL RISKS.

6.D. SUNSCREEN AND LIP BALM SPF-15 OR GREATER.

6.E. SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS.

6.F. CBRN MEDICAL COUNTERMEASURES. IAW (REF H), ROTATIONAL AND DEPLOYED FORCES AND INDIVIDUALS 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 MEDICINES. FOR ALL OTHER LOCATIONS, THERE IS NO INDICATION FOR THE USE OF MEDICAL COUNTER DEFENSE MEASURES FOR CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR AND EXPLOSIVES (CBRNE) THREATS, BUT THE RISK AND NEED SHOULD BE CONTINUALLY ASSESSED.

7. OTHER DEPLOYMENT PREPARATION REQUIREMENTS.

7.A. DEPLOYABLE MEDICAL RECORD. 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. UNITS WILL NOT DEPLOY WITH PERMANENT HEALTH AND DENTAL RECORDS. DEPLOYABLE MEDICAL AND DENTAL ENCOUNTER RECORDS WILL BE RETURNED TO HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING IAW (REF B). SERVICE PERSONNEL ARE ISSUED IDENTIFICATION TAGS (I.E., DOG TAGS) IAW APPLICABLE SERVICE REQUIREMENTS.

7.B. PRESCRIBED MEDICATIONS. A MINIMUM 90-DAY SUPPLY (OR SUFFICIENT AMOUNT FOR DURATION OF DEPLOYMENT IF RESUPPLY IS NOT AN OPTION) OF ALL CURRENT PRESCRIBED MEDICATIONS SHOULD BE CARRIED BY SERVICE MEMBER INTO DEPLOYMENT.

7.C. INDIVIDUAL FIRST AID KIT. FOLLOW SERVICE COMPONENT STANDARDS FOR ISSUANCE.

7.D. ASPIRIN USE. SERVICE MEMBERS AND GOVERNMENT CIVILIANS DEPLOYING TO COMBAT ZONES MUST NOT TAKE ASPIRIN UNLESS UNDER PHYSICIAN'S ORDERS AND DOCUMENTED IN MEMBERS' MEDICAL RECORDS IAW (REF U). DISCONTINUE ASPIRIN USE AT LEAST 10 DAYS BEFORE DEPARTURE.

7.E. PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT, INCLUDING CORRECTIVE EYEWEAR, HEARING AIDS AND BATTERIES, ORTHODONTIC EQUIPMENT, OR CPAP (WITH WAIVER), MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION.

7.F. FHP BRIEFING. A LOCATION AND/OR COUNTRY SPECIFIC FHP BRIEFING MUST BE PROVIDED TO DEPLOYERS PRIOR TO DEPLOYMENT IAW (REFS A, B, C, AND V) AND INCLUDE TOPICS COVERED IN PARAGRAPHS 6 AND 8.

8. FORCE HEALTH CONCERNS. IN ADDITION TO THE ITEMS MENTIONED BELOW, UNITS CAN MORE COMPLETELY ASSESS COUNTRY OR REGIONAL HEALTH THREATS BY UTILIZING (REFS J-L).

8.A. ENDEMIC DISEASES.

8.A.1. VECTOR-BORNE DISEASES.

8.A.1.A. VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, TICKS, MITES, LICE, AND FLEAS. OVERALL RISK TO DOD PERSONNEL RANGES FROM LOW TO HIGH IN THE AOR. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, VECTOR CONTROL, PROPER WEAR OF UNIFORM/CLOTHING, AND USE OF PERSONAL PREVENTIVE MEASURES (SEE PARAGRAPH 6.B).

8.A.1.B. MALARIA, JAPANESE ENCEPHALITIS, AND DENGUE FEVER ARE HIGH THREATS IN PORTIONS OF THE AOR. VECTOR-BORNE DISEASES CAUSING INTERMEDIATE THREATS INCLUDE CHIKUNGUNYA, SCRUB TYPHUS, ROSS RIVER FEVER, MURRAY VALLEY FEVER, AND ZIKA.

8.A.1.C. ZIKA IS A UNIQUE VECTOR-BORNE DISEASE THAT CAUSES BIRTH DEFECTS IN UNBORN CHILDREN. DISEASE PREVENTION INCLUDES COMPLIANCE WITH PERSONAL PROTECTIVE MEASURES AGAINST MOSQUITO BITES AND SAFE SEXUAL PRACTICES. COUPLES WHO ARE PREGNANT OR ARE INTENDING TO BECOME PREGNANT NEED TO TAKE PRECAUTIONS TO PREVENT BIRTH DEFECTS. MEN SHOULD CONSIDER USING CONDOMS OR NOT HAVING SEX FOR AT LEAST SIX MONTHS AFTER RETURNING FROM ZIKA-AFFECTED AREAS. WOMEN SHOULD CONSIDER USING CONDOMS OR NOT HAVING SEX FOR AT LEAST EIGHT WEEKS AFTER RETURNING FROM ZIKA AFFECTED AREAS. REFER TO THE CDC FOR THE MOST RECENT GUIDANCE AT [HTTPS\(DOUBLES LASH\)WWW.CDC.GOV/ZIKA/ GEO/ INDEX.HTML](https://www.cdc.gov/zika/geo/index.html).

8.A.1.C.1. WOMEN WHO ARE PREGNANT OR INTENDING TO BECOME PREGNANT MAY WANT TO POSTPONE NONESSENTIAL TRAVEL TO ZIKA AFFECTED AREAS PER CDC GUIDANCE.

8.A.1.C.2. PREGNANT SERVICE MEMBERS ASSIGNED TO OCONUS ZIKA-AFFECTED AREAS CAN BE RELOCATED PER (REF W).

8.A.1.C.3. ADDITIONAL USINDOPACOM ZIKA GUIDANCE CAN BE FOUND AT [HTTP\(DOUBLES LASH\) WWW.PACOM.MIL/CONTACT/DIRECTORY/JO/SURGEONS-OFFICE](http://www.pacom.mil/contact/directory/jo/surgeons-office).

8.A.1.D. HANTAVIRUS AND RODENT-BORNE PLAGUE MAY EXIST IN THE AOR. CONDUCT PREVENTIVE MEDICINE MEASURES IAW (REF X) AND IF POSSIBLE, AVOID COMING IN CONTACT WITH RODENTS, RODENT NESTING MATERIALS, AND/OR EXCREMENT.

8.A.2. FOOD-BORNE AND WATER-BORNE DISEASES. BACTERIAL AND PROTOZOAL DIARRHEA, VIRAL GASTROENTERITIS, HEPATITIS A, BRUCELLOSIS, CHOLERA, AND HEPATITIS-E ARE RISKS OF INFECTION DEPENDENT ON LOCATION AND CONDITIONS.

8.A.2.A. ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREATS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNTIL ASSESSED BY U.S. MILITARY MEDICAL AUTHORITIES (SEE PARAGRAPHS 9.C. - 9.E.). FIELD SANITATION AND HYGIENE IAW (REFS B, C, AND V) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS SHALL BE FOLLOWED. CONSULT (REFS J-L) FOR DIARRHEAL PREVALENCE IN THE SPECIFIC COUNTRY/REGION OF INTEREST. DUE TO ANTIBIOTIC RESISTANCE AND SAFETY CONCERNS, FLUOROQUINOLONES E.G., CIPRO ARE NO LONGER A FIRST-LINE AGENT FOR TREATMENT OF ACUTE DIARRHEA. REFER TO DEPLOYMENT HEALTH GUIDELINES FOR INDICATIONS AND USE OF ANTI-MICROBIAL AGENTS AT [HTTPS\(DOUBLES LASH\)ACADEMIC.OUP.COM/ MILMED/ISSUE/182/SUPPL_2](https://academic.oup.com/milmed/issue/182/suppl_2).

8.A.2.B. LEPTOSPIROSIS. THE RISK OF LEPTOSPIROSIS IS HIGHER AMONG PERSONNEL WADING OR SWIMMING IN FRESH WATER SUCH AS LAKES, STREAMS, FLOOD WATERS, OR IRRIGATED FIELDS. IF CONTACT WITH POTENTIALLY CONTAMINATED WATER IS UNAVOIDABLE DUE TO TRAINING OR OPERATIONAL REQUIREMENTS, DOXYCYCLINE PROPHYLAXIS MAY BE CONSIDERED PER (REF K).

8.A.2.C. MELIODOSIS AND SCHISTOSOMIASIS (BILHARZIA). MELIODOSIS AND SCHISTOSOMIASIS ARE ENDEMIC IN MANY REGIONS WITHIN THE AOR AND CAN BE TRANSMITTED THROUGH CONTAMINATED FRESH SURFACE WATER. AVOID EXPOSURE TO ANY POTENTIALLY CONTAMINATED FRESH WATER SOURCES.

8.A.3. RABIES. RABIES IS AN INTERMEDIATE RISK IN MOST COUNTRIES WITHIN THE AOR, BUT RANGES FROM LOW TO HIGH DEPENDING ON EXACT LOCATION. CONSULT (REFS J-L) FOR COUNTRY SPECIFIC RISK PRIOR TO DEPLOYMENT. PERSONS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, MONKEYS, BATS, DOMESTIC LIVESTOCK, OR WILD ANIMALS, SHOULD IMMEDIATELY CLEANSE THE WOUND WITH SOAP AND WATER, PREFERABLY POVIDONE-IODINE (BETADINE), AND REPORT FOR MEDICAL ATTENTION AND CARE. FOLLOW STANDARD PROTOCOL FOR

RABIES POST-EXPOSURE PROPHYLAXIS IAW (REF Y). CONSULT VETERINARY EXPERTS TO ASSIST WITH ANIMAL TESTING AND RISK MANAGEMENT. MEDICAL PERSONNEL AT ALL LEVELS SHOULD EVALUATE (BASED ON DEPLOYMENT LOCATION, RISK EXPOSURE, AND EVACUATION CAPABILITIES) AND CONSIDER BRINGING A SUPPLY OF HUMAN RABIES IMMUNE GLOBULIN AND RABIES VACCINE, WITH THE CAVEAT THAT COLD CHAIN STORAGE MUST BE MAINTAINED. ON DEPLOYMENTS, ANIMALS ARE NOT TO BE FED OR KEPT AS PETS OR MASCOTS. ALL ANIMAL BITES SHALL BE REPORTED PER PARAGRAPH 8.B.4.A.

8.A.4. SEXUALLY TRANSMITTED INFECTIONS (STI). STI ARE A CONSTANT THREAT. ABSTINENCE IS THE ONLY WAY TO ENSURE COMPLETE PREVENTION OF AN STI. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. PERSONNEL SHALL SEEK PROMPT MEDICAL TREATMENT IF STI SYMPTOMS OCCUR. ANTIBIOTIC RESISTANCE (ESPECIALLY GONORRHEA) IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA. CONSULT (REFS J-L) FOR PREVALENCE IN THE SPECIFIC COUNTRY/REGION OF INTEREST. IAW (REF Z), MEMBERS TREATED FOR PRESUMED STI DURING DEPLOYMENT SHALL HAVE AN HIV TEST CONDUCTED WHEN LABORATORY ASSETS BECOME AVAILABLE OR UPON REDEPLOYMENT. ADDITIONAL TESTING MAY BE INDICATED BASED ON CLINICAL JUDGMENT.

8.B. ENVIRONMENTAL HEALTH THREATS.

8.B.1. TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

8.B.1.A. WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, SNOW, WIND, LIGHTNING, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. HAVE AN EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER OR SITUATION E.G., TYPHOON, TSUNAMI.

8.B.1.B. HEAT STRESS AND SOLAR INJURIES/ILLNESS. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION TO INCREASED TEMPERATURE AND HUMIDITY MAY TAKE 10 TO 14 DAYS. HEAT INJURIES CAN INCLUDE DEHYDRATION, HEAT SYNCOPE, HEAT EXHAUSTION, HEAT STROKE, AND SUNBURN. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION AND NUTRITION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION. PERSONNEL ARE TO SEEK MEDICAL ATTENTION FOR SUSPECTED HEAT RELATED ILLNESS BEYOND MILD DEHYDRATION. ENSURE AVAILABILITY AND USE OF SUN GOGGLES/GLASSES, SUNSCREEN, AND SAFE DRINKING WATER.

8.B.1.C. ALTITUDE. OPERATIONS AT HIGH ALTITUDES (OVER 8000 FT) CAN CAUSE A SPECTRUM OF ILLNESSES INCLUDING ACUTE MOUNTAIN SICKNESS, HIGH ALTITUDE PULMONARY EDEMA, HIGH ALTITUDE CEREBRAL EDEMA, AND/OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT. ASCEND GRADUALLY, IF POSSIBLE. SUDDEN ASCENTS FROM LOW ALTITUDE TO >9,000 FT (2,750 M) IN ONE DAY ARE NOT ADVISED. USE ACETAZOLAMIDE (DIAMOX) OR CONSIDER USING DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE.

8.B.2. TRENCH (IMMERSION) FOOT. TRENCH FOOT MAY OCCUR WHEN FEET HAVE BEEN WET FOR LONG PERIODS. SYMPTOMS INCLUDE TINGLING, ITCHING, PAIN, SWELLING, SKIN BLOTCHING, NUMBNESS, REDNESS, DRYNESS, BLISTERS, AND SKIN PEELING. IF POSSIBLE, REMOVE WET SHOES AND SOCKS, ELEVATE THE FEET, ALLOW THEM TO AIR DRY, AND USE FOOT POWDER. WEAR DRY SOCKS AND SHOES. DO NOT WEAR SOCKS WHEN SLEEPING OR RESTING. EXAMINE FEET AT LEAST ONCE A DAY TO DETECT ANY INFECTION OR SYMPTOM WORSENING.

8.B.3. CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND/OR GROUND WATER WITH RAW SEWAGE AND/OR INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND/OR FRUIT AND VEGETABLE CONTAMINATION. CONSULT (REFS J-L) AND ENVIRONMENTAL HEALTH PERSONNEL FOR LOCATION SPECIFIC GUIDANCE. IN HEAVILY INDUSTRIALIZED URBAN AREAS PARTICULATE MATTER AND THE RELEASE OF TOXIC INDUSTRIAL CHEMICALS MAY BE PREVALENT DUE TO INFRASTRUCTURE DAMAGE AND THE LACK OF REGULATIONS. UNIT COMMANDERS WHO ARE CONCERNED ABOUT PROLONGED EXPOSURE TO HAZARDOUS AIR QUALITY CAN COORDINATE WITH THEIR RESPECTIVE U.S. EMBASSY FOR MEDICAL AND

NON-MEDICAL VERIFICATION OF HEALTH HAZARDS. UNIT OPERATIONAL FUNDS MAY BE LEVERAGED TO PURCHASE AIR PURIFIERS AND/OR PERSONAL RESPIRATORS UPON U.S. EMBASSY ENDORSEMENT.

8.B.4. DANGEROUS FLORA AND FAUNA.

8.B.4.A. AVOID AND DO NOT FEED WILD OR DOMESTICATED ANIMALS. DO NOT KEEP MASCOTS OR PETS. ALL ANIMAL BITES, SCRATCHES, OR SALIVA EXPOSURES E.G., DOGS, CATS, MONKEYS, BATS SHALL BE REPORTED AND MEDICALLY EVALUATED USING DD FORM 2341, "REPORT OF ANIMAL BITE-POTENTIAL RABIES EXPOSURES". TREAT ALL POTENTIAL RABIES EXPOSURES AS CLINICALLY INDICATED AND PER PARAGRAPH 8.A.3. ABOVE.

8.B.4.B. MANY SPECIES OF VENOMOUS SNAKES, SPIDERS, AND SCORPIONS ARE ENDEMIC IN THE AOR. PLANNING SHOULD INCLUDE ANTIVENIN AVAILABILITY AND EVACUATION PLANS. SEEK PROMPT MEDICAL ATTENTION SHOULD BITES OR ENVENOMATIONS OCCUR.

8.B.4.C. A VARIETY OF PLANT RESINS MAY CAUSE CONTACT DERMATITIS (REF J). PERSONNEL SHOULD BE AWARE OF ENVIRONMENT AND AVOID.

8.B.4.D. LEATHER HIDES AND PRODUCTS PRESENT AN ANTHRAX RISK AND MUST BE AVOIDED.

8.C. OTHER HEALTH THREATS.

8.C.1. COMBAT AND DEPLOYMENT RELATED STRESS. ALL PERSONNEL SHOULD BE PROVIDED AWARENESS OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS OF SUICIDE RISKS, AND HOW TO SEEK HELP FOR THEMSELVES OR THEIR BUDDIES. COMMANDERS AND ALL PERSONNEL SHOULD BE COGNIZANT OF SIGNS OF MENTAL STRESS AND ENFORCE SLEEP DISCIPLINE. IN ADDITION, (REFS AA AND BB) SHALL BE EXECUTED DURING ALL DEPLOYMENT/CONTINGENCY OPERATIONS.

8.C.2. INJURIES (WORK AND RECREATIONAL). WORK INJURIES, AS WELL AS SPORTS AND OTHER RECREATIONAL INJURIES, ARE SIGNIFICANT CONTRIBUTORS TO MISSION INEFFECTIVENESS. COMMAND EMPHASIS ON SAFETY AWARENESS AND INJURY PREVENTION IS ESSENTIAL.

8.C.3. CRIME AND TERRORISM INCLUDING CBRNE THREATS. RISK OF CRIME AND TERRORISM THREAT IS LOW TO INTERMEDIATE FOR MOST OF THE AOR WITH SOME EXCEPTIONS FOR CIVIL UNREST, INSURGENCY, AND KIDNAPPING. PERSONNEL SHOULD BE AWARE OF FORCE PROTECTION STATUS AND THREATS, BE ALERT TO POTENTIAL CRIMINAL OR VIOLENT SITUATIONS, AND COMPLY WITH DOD AND/OR DEPARTMENT OF STATE PRECAUTIONS AND REQUIREMENTS.

9. FIELD HYGIENE AND SANITATION.

9.A. UNIT FIELD SANITATION TEAMS (PER SERVICE REQUIREMENTS) WILL BE USED TO AID THE UNIT COMMANDER WITH PROTECTING THE HEALTH OF THE FORCES.

9.B. MOST INFECTIONS AND ILLNESSES 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 SANITATION PRACTICES MOST NOTABLY HAND WASHING AND SANITARY WASTE DISPOSAL. UNITS ARE RESPONSIBLE FOR PROVIDING FIELD SANITATION REQUIREMENTS UNLESS SUCH SERVICES ARE CONTRACTED. RECOMMEND DEPLOYERS CARRY AND USE HAND SANITIZER. ENVIRONMENTAL HEALTH OVERSIGHT OF FOOD SERVICE CONTRACTORS AND WASTE DISPOSAL CONTRACTORS IS REQUIRED.

9.C. IAW (REF B AND C) 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). 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. REQUIREMENTS FOR PERSONNEL CONDUCTING FWRA ARE FOUND IN (REF BB).

9.D. CONSUMPTION OR INDIVIDUAL PURCHASE OF UNAPPROVED LOCAL FOOD IS PROHIBITED.

9.E. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND/OR APPROVED BY PROPERLY TRAINED MEDICAL PERSONNEL.

9.F. PERIODIC INSPECTIONS OF FOOD STORAGE/PREPARATION AND WATER STORAGE FACILITIES ARE REQUIRED.

10. DEPLOYMENT HEALTH AND MENTAL HEALTH ASSESSMENTS.

10.A. IAW (REFS B, C, V, AND CC), 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 - 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. SHIPBOARD PERSONNEL NOT GOING ASHORE TO SUPPORT LAND BASED OPERATIONS MAY BE EXEMPT FROM THESE REQUIREMENTS. 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. SERVICE MEMBERS WILL INITIATE THESE ASSESSMENTS VIA SERVICE APPROVED METHODS. HEALTH PROVIDERS WILL COMPLETE THE ASSESSMENTS IAW SERVICE MEDICAL PROCEDURES. A COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE INTEGRATED IN THE SERVICE MEMBERS' HEALTH RECORD AND AN ANNOTATION OF COMPLETION NOTED IN THE APPROPRIATE BLOCK OF DD FORM 2766.

10.B. TIME FRAMES FOR ADMINISTERING THE DEPLOYMENT HEALTH ASSESSMENT (DHA) FORMS OR DEPLOYMENT-RELATED HEALTH ASSESSMENTS (DRHA) WILL BE IAW (REF B AND C).

10.B.1. THE PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795 OR DHRA-1) MAY BE COMPLETED WITHIN 120 DAYS PRIOR TO THE ESTIMATED DEPLOYMENT DATE.

10.B.2. THE POST-DEPLOYMENT ASSESSMENT (DD FORM 2796 OR DHRA-2) SHOULD BE COMPLETED AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT MUST BE WITHIN 30 DAYS BEFORE OR 30 DAYS AFTER REDEPLOYMENT.

10.B.3. THE POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900 OR DHRA-3) MUST BE COMPLETED 90 TO 180 DAYS AFTER REDEPLOYMENT.

10.B.4. 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).

10.C. ADDITIONAL GUIDANCE CAN BE FOUND AT [HTTPS\(DOUBLESLASH\)WWW.PDHEALTH.MIL/TREATMENT-GUIDANCE/DEPLOYMENT-HEALTH-ASSESSMENTS](https://www.pdhealth.mil/treatment-guidance/deployment-health-assessments).

11. DISEASE AND INJURY SURVEILLANCE.

11.A. PER (REFS A, C, AND DD), DISEASE AND INJURY TRENDS WILL BE COLLECTED, MONITORED, RECORDED AND REPORTED. REPORTS WILL BE SUBMITTED USING ESTABLISHED DEFENSE HEALTH AGENCY SYSTEMS E.G., MEDICAL SITUATIONAL AWARENESS IN THE THEATER.

11.B. IAW (REF EE), ALL REPORTABLE MEDICAL EVENTS (RME) LISTED IN THE CURRENT ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES AND CASE DEFINITIONS WILL BE REPORTED PER (REF A AND C). ADDITIONALLY, RME INFORMATION MUST BE TRANSMITTED TO RESPECTIVE SERVICE SURVEILLANCE OFFICES OR DIRECTLY ENTERED INTO THE DISEASE REPORTING SYSTEM-INTERNET SYSTEM.

11.C. IAW (REF FF), LINE COMMANDERS HAVE THE RESPONSIBILITY TO REPORT POTENTIAL CONCUSSIVE EVENTS EXPERIENCED 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. REPORTS CAN BE SUBMITTED VIA THE ON-LINE JOINT CONCUSSIVE EVENT REPORTING PORTAL AT [HTTPS\(DOUBLE SLASH\)INTELSHARE.INTELINK.GOV/ SITES/JTAPIC/_ LAYOUTS/15/START.ASPX#/SITEPAGES/HOME.ASPX](https://intelshare.intelink.gov/sites/jtapic/_layouts/15/start.aspx#/sitepages/home.aspx).

12. OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH) SITE ASSESSMENTS (OEHS).

12.A. OEHS ARE CONDUCTED TO IDENTIFY OEH HAZARDS THAT POSE POTENTIAL HEALTH RISKS TO

U.S. PERSONNEL AT U.S. FORCE LOCATIONS PER (REFS A, B, C, AND GG). THIS INFORMATION WILL BE LEVERAGED FOR CONSIDERATION DURING OPERATIONAL PLANNING AS PART OF THE OPERATIONAL FHP PROGRAM.

12.B. OEHS ARE INITIATED AND COMPLETED IAW WITH (REF A AND C). ALL OEHS DATA OR EXPOSURE INCIDENT INVESTIGATIONS WILL BE SUBMITTED TO DOEHS-INDUSTRIAL HYGIENE MODULE. CLASSIFIED EXPOSURE DATA SHOULD BE SUBMITTED DIRECTLY TO MESL-S AT HTTPS(DOUBLES LASH) MESL.CSD.DISA.SMIL.MIL. IF ACCESS TO THE MESL-S IS NOT AVAILABLE, EMAIL THE DOCUMENT TO OEHS.DATA.ARMY(AT)MAIL.SMIL.MIL IAW (REF A AND C).

13. CIVILIAN HEALTH CARE ELIGIBILITY.

13.A. HEALTHCARE IS AUTHORIZED THROUGH MILITARY TREATMENT FACILITIES BOTH OCONUS AND CONUS FOR INJURIES AND ILLNESS INCURRED BY CIVILIAN EMPLOYEES DEPLOYED IN SUPPORT OF U.S. MILITARY FORCES ENGAGED IN HOSTILITIES IAW (REF CC). HEALTHCARE FOR DOD CIVILIAN EMPLOYEES ON TDY/TAD MISSIONS OUTSIDE THE SCOPE OF (REF CC) MAY NOT BE AUTHORIZED. DOD CIVILIAN EMPLOYEES ARE AUTHORIZED EMERGENCY TRAVEL AND TRANSPORTATION DUE TO ILLNESS, INJURY, OR A PERSONAL EMERGENCY SITUATION WHILE TDY/TAD PER (REF HH). 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.

13.B. 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.

14. SECURITY AND FOREIGN DISCLOSURE.

14.A. CLASSIFICATION CHALLENGES. 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 SHOULD BE ADDRESSED TO USINDOPACOM COMMAND SECURITY ADVISORS, (PRIMARY) MS. ZERAN.KAANAPU, ZERAN.KAANAPU(AT)PACOM.SMIL.MIL, (808)477-9326, OR (ALTERNATE) MS. KATHERINE VAN MEERTEN, KATHERINE.VANMEERTEN(AT)PACOM.SMIL.MIL, (808)477-9699.

14.B. FOREIGN DISCLOSURE AND/OR RELEASABILITY POLICIES WILL BE STRICTLY ADHERED TO AND RESPECTED AS REQUIRED WITHIN OPS PLANNING AND EXECUTION. REQUESTS TO DISCLOSE OR RELEASE ADDITIONAL INFORMATION NOT CONTAINED HEREIN REQUIRES APPROVAL THROUGH THE USINDOPACOM FOREIGN DISCLOSURE OFFICE (FDO). REQUESTS MAY BE SUBMITTED ON THE HQ USINDOPACOM SIPRNET FDO WEBSITE AT HTTP(DOUBLES LASH)PSP-USA.HQ.PACOM.SMIL.MIL/FDO/.

15. POC JOC MED (808)477-7885, OR JOC-MED.PACOM(AT)PACOM.MIL, OR JOC.MED.PACOM(AT)PACOM.SMIL.MIL.

16. EXPIRATION DATE. UNTIL RESCINDED BY FOLLOW ON ORDER.//

BT

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