-----Original Message-----
From: PACOM JOC NCO
Sent: Thursday, October 25, 2012 13:57
To: PACOM JOC ALL
Cc: Milligan, Pamela K Brig Gen PACOM J3COS; Cutler, Keith M Col PACOM, J33; Keenan, Joseph M CAPT PACOM, J33; Belczak Paul D CIV PACOM, J3315
Subject: USPACOM FY13 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR (U)

Classification: UNCLASSIFIED
********** UNCLASSIFIED/ **********

Subject: USPACOM FY13 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR
Originator: HQ USPACOM JOC(SC)
DTG: 252137Z Oct 12
Precedence: PRIORITY
DAC: General
To: SURGEON GENERAL(SC)
cc: USARPAC COMMAND CENTER(MC), PACAF COMMAND CENTER DIRECTOR(SC), ALCOM J3(SC), COMUSKOREA CP SEOUL KOR, COMUSJAPAN YOKOTA AB JA, JOINT STAFF WASHINGTON DC, CNO WASHINGTON DC, COMMARFORPAC(SC), COMSOCPAC HONOLULU HI(SC), CDR USTRANSCOM(SC), COMSEVENTHFLT, III MHG(SC), COMTHIRDFLT, 18MDG CC(SC), 3MDG CC(SC), 35MDG CC(SC), 36MDG CC(SC), 374MDG CC(SC), 7AF CC(SC), NAVHOSP OKINAWA JA(SC), NAVHOSP YOKOSUKA JA(SC), HQ USPACOM J2(SC), HQ USPACOM J3(SC), HQ USPACOM J7(SC)

UNCLASSIFIED/
UNCLASSIFIED//
HQDA SURGEON GENERAL (UC)//
CDRUSARPAC FT SHAFTER HI//
COMPACFLT PEARL HARBOR HI//
COMPACAF HICKAM AFB HI//SGX//
ALCOM ELMENDORF AFB AK//
COMUSKOREA SEOUL KOR//
COMUSJAPAN YOKOTA AB JA//
INFO JOINT STAFF WASHINGTON DC//
CNO WASHINGTON DC//N931//
COMMARFORPAC CAMP SMITH HI//
COMSOCPAC CAMP SMITH HI//
CDRUSTRANSCOM SCOTT AFB IL//
HQ USAF BOLLING AFB DC//SGXR//
COMUSKOREA SEOUL KOR//EAMC/OPS//
COMUSJAPAN YOKOTA AB JA//J4//
ALCOM ELMENDORF AFB AK//
COMSEVENTHFLT//N014//
CG III MEF//G-4/SURGEON//
CG THIRD FSSG//G-3/HSSO//
CDRTAMC HONOLULU HI//
CDR18THMEDCOM SEOUL KOR//
18MDG KADENA AB JA//SG/SGPX/SGSL/SGSAL// 3MDG ELMENDORF AFB AK//SGSAL/SGAL/SGX// 35MDG MISAWA AB JA//CCSGPR/SGSL/SGSAL// 36MDSS ANDERSEN AFGU//CC/SGOARSGSL/SGSAL// 374MDG YOKOTA AB JA//CC/SGSAL/SGPR/SGX// 51MDG OSAN AB KOR//SGHL/SGAL// 7AF OSAN AB KOR//SGX// HICKAM CCP HICKAM AFB HI//SGL/SGAL// NAVHOSP GU//00/502// NAVHOSP OKINAWA JA/00// NAVHOSP YOKOSUKA JA//041//

CDR USPACOM HONOLULU HI//J07/CATMED/CAT//
UNCLASSIFIED
MSGID/ORDER/CDR USPACOM//
SUBJ/USPACOM FY 2013 FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR
NARR/MEDICAL GUIDANCE FOR DEPLOYMENT IN SUPPORT OF OPERATIONS WITHIN THE USPACOM AOR// REF/A/JOINT STAFF/MEMO/02 NOV 2007//
REF/B/DOD/DOC/09 OCT 2004//
REF/C/DOD/DOC/11 AUG 06//
REF/D/ DOD/DOC/23 JAN 2009//
REF/E/OSD/MEMO/10 MAR 2005//
REF/F/DOD/DOC/05 FEB 2010//
REF/G/CDC/WEBPAGE/01 JUL 2012//
REF/H/OSD/28 MAY 2008//
REF/I/OSD/07 NOV 2006//
REF/J/OSD/12 MAR 2009//
REF/K/DOD/29 SEP 2006//
REF/L/NCMI/WEBPAGE/01 JUL 2012//
REF/M/OSD/MEMO/14 NOV 2011//
REF/N/OSD/04 SEP 2009//
REF/O/USPACOM/MSG/030145Z JAN 11//
REF/P/SECNAV/INSTRUCTION/01 DEC2009//
REF/Q/AHRQ/MANUAL/AUG 2010//
REF/R/DOD/DOC/19 MAR 1991//
REF/S/DOD/DOC/22 N0V 2011//
REF/T/USPACOM/MSG/022052Z OCT 12//
NARR/REF A IS JOINT STAFF MEMO ON PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE (MSM-0028-07), REF B IS DODD 6200.04 "FORCE HEALTH PROTECTION" OF 09 OCT 2004, REF C IS DODI 6490.3 "DEPLOYMENT HEALTH" OF 11 AUG 06, REF D IS DODD 1404.10 "DOD CIVILIAN EXPEDITIONARY WORKFORCE" OF 23 JAN 2009, REF E IS OASD(HA) MEMO "POST DEPLOYMENT HEALTH REASSESSMENT" OF 10 MAR 2005, REF F IS DODI 6490.07 "DEPLOYMENT-LIMITING MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN EMPLOYEES" OF 05 FEB 2010, REF G IS THE CDC TRAVELERS HEALTH WEBPAGE AT HTTP:(double slash)WWW.CDC.GOV/TRAVEL//, REF H IS OASD(HA) MEMO "BASELINE PRE-DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT - INTERIM GUIDANCE" OF 28 MAY 2008, REF I IS OASD(HA) MEMO "POLICY GUIDANCE FOR DEPLOYMENT-LIMITING PSYCHIATRIC CONDITIONS AND MEDICATIONS" OF 07 NOV 2006, REF J IS OASD (HA) MEMO "POLICY FOR DECREASING USE OF ASPIRIN (ACETYLSALICYLIC ACID) IN COMBAT ZONES" OF 12 MAR 2009, REF K IS AR 40-562/BUMEDINST 6230.15A/AFJI 48-110/C G COMDTINST M6230.4F "IMMUNIZATION AND CHEMOPROPHYLAXIS" OF 29 SEP 2006, REF L IS NATIONAL CENTER FOR MEDICAL INTELLIGENCE WEBSITES AT (NIPR) https:(double slash)www.intelink.gov/ncmi/index.php (LINK IS CASE SENSITIVE) OR (SIPR)HTTP:(double slash)WWW.AFMIC.DIA.SMIL.MIL REF M IS OSD (HA) MEMO "HUMAN RABIES PREVENTION DURING AND AFTER DEPLOYMENT, REF N IS OASD (HA) MEMO "POLICY MEMORANDUM ON THE USE OF MEFLOQUINE (LARIAM)IN MALARIA PROPHYLAXIS" OF 04 SEP 2009, REF O IS PACOM FORCE HEALTH PROTECTION GUIDANCE MESSAGE OF 30145Z JAN 11, REF P IS SECNAV INSTRUCTION 6120.3 CHANGE TRANSMITTAL 1 "PERIODIC HEALTH ASSESSMENT FOR INDIVIDUAL MEDICAL READINESS" OF 1 DEC 2009, REF Q IS THE GUIDE TO CLINICAL PREVENTIVE SERVICES 2010-2011 FROM THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY OF AUG 2010, REF R IS DODD 6485.1 "HUMAN IMMUNODEFICIENCY VIRUS-1 (HIV-1)" OF 19 MAR 1991, REF S IS THE DODI 6490.05 "MAINTENANCE OF PSYCHOLOGICAL HEALTH IN MILITARY OPERATIONS" OF 22 NOV 2011// REF T IS PA COM FORCE HEALTH PROTECTION GUIDANCE FOR USPACOM AOR RMKS// 1. (U) THIS MESSAGE PROVIDES UPDATED

USPACOM MEDICAL GUIDANCE FOR DEPLOYMENT IN SUPPORT OF OPERATIONS WITHIN THE PACOM AOR IAW REFS A THROUGH N. CANCEL REF O AND T. THIS MESSAGE APPLIES TO ACTIVE COMPONENT MILITARY AND DOD CIVILIAN PERSONNEL CONTRACT PERSONNEL WORKING FOR DOD MUST BE SCREENED AND MEET MEDICAL READINESS STANDARDS IN ACCORDANCE WITH THEIR STATEMENTS OF WORK. THIS GUIDANCE DOES NOT APPLY TO PERSONNEL PERMANENTLY ASSIGNED TO US FORCES JAPAN AND US FORCES KOREA ON PCS ORDERS. PARAGRAPH THREE DETAILS REQUIRED VACCINATIONS, PARAGRAPH FOUR COVERS REQUIRED PRE AND POST DEPLOYMENT TESTING, PARAGRAPH FIVE COVERS PREVENTIVE MEDICINE AND PERSONAL PROTECTIVE EQUIPMENT, PARAGRAPH SIX COVERS THE MEDICAL THREAT ENVIRONMENT, PARAGRAPH SEVEN COVERS FIELD SANITATION AND HYGIENE, PARAGRAPH EIGHT COVERS REQUIRED PRE AND POST DEPLOYMENT HEALTH ASSESSMENTS. THIS GUIDANCE DOES NOT SUPERSEDE BEST CLINICAL JUDGMENT.

2. (U) INDIVIDUALS WITH THE FOLLOWING CONDITIONS SHOULD NOT DEPLOY WITHOUT A MEDICAL AND/OR DENTAL WAIVER:

2.A. (U) CONDITIONS THAT PREVENT THE WEAR OF REQUIRED PERSONAL PROTECTIVE EQUIPMENT.

2.B. (U) CONDITIONS THAT PROHIBIT REQUIRED IMMUNIZATIONS OR MEDICATIONS.

2.C. (U) CHRONIC CONDITIONS THAT REQUIRE FREQUENT CLINICAL VISITS (MORE THAN SEMI-ANNUALLY) 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. THESE CONDITIONS REQUIRE A WAIVER FROM THE COMPONENT SURGEONS.

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

2.E. (U) ANY MEDICAL CONDITION THAT REQUIRES DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, CATHETERS, ETC.). MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT ARE NOT AVAILABLE. SHIPBOARD PERSONNEL WHO WILL NOT BE SUPPORTING LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT.

2.F. (U) ANY DENTAL CONDITION REDUCING DENTAL READINESS BELOW CLASS 2,ENERALLY THESE CONDITIONS ARE NOT WAIVERABLE.

3. (U) MANDATORY VACCINATIONS.

3.A. (U) ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT VACCINATIONS.

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

3.A.(2) (U) HEPATITIS B VACCINE (SERIES COMPLETE, OR AT LEAST ONE DOSE PRIOR TO DEPLOYMENT).

3.A.(3) (U) POLIO AND MEASLES/MUMPS/RUBELLA VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL DEPLOYERS.

3.A.(4) (U) VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF 2 DOSES OF VARICELLA VACCINE 4 WEEKS APART, US CITIZENS BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL), HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER, OR LABORATORY EVIDENCE OF IMMUNITY (ANTIBODY TITER). DOCUMENTATION OF STATUS INTO THE MEDICAL RECORD AND SERVICE IMMUNIZATION DATABASE IS REQUIRED.

3.A.(5) (U) TETANUS-DIPHTHERIA (DT) OR TETANUS-DIPHTHERIA-ACELLULAR PERTUSSIS (TDAP) IN PAST 10 YEARS. ONE DOSE OF EITHER IS REQUIRED EVERY 10 YEARS OR SOONER, AS INDICATED. TDAP HAS REPLACED DT AS THE PREFERRED VACCINATION. IF MEMBER DOES NOT HAVE ONE DOCUMENTED, TDAP IS THE BETTER CHOICE. TDAP CAN BE ADMINISTERED

REGARDLESS OF INTERVAL SINCE THE LAST TETANUS OR DIPHTHERIA VACCINATION, PARTICULARLY DURING PERTUSSIS OUTBREAKS.
3.A.(6) (U) INFLUENZA VACCINE (CURRENT SEASONAL VACCINE) MANDATORY.
3.A.(7) (U) TYPHOID VACCINE (INJECTABLE OR ORAL), CURRENT PER PACKAGE INSERT WITHIN TWO YEARS FOR INJECTABLE OR FIVE YEARS FOR ORAL PRIOR TO DEPLOYMENT.
3.A.(8) (U) PNEUMOCOCCAL VACCINE IS RECOMMENDED FOR SMOKERS, ASPLENIC (NO SPLEEN) PERSONNEL, AND PERSONNEL WITH OTHERWISE COMPROMISED IMMUNE SYSTEMS OR WITH HIGH RISK HEALTH CONDITIONS, INCLUDING CHRONIC HEART, LUNG, LIVER OR KIDNEY DISEASE, AND DIABETES MELLITUS. SCREENING OF OLDER POPULATION GROUPS, INCLUDING CIVILIAN CONTRACTORS AND MERCHANT MARINE SAILORS, FOR THESE CONDITIONS IS RECOMMENDED. ONE RE-VACCINATION FIVE OR MORE YEARS AFTER INITIAL PNEUMOCOCCAL VACCINATION IS RECOMMENDED FOR FUNCTIONAL (SICKLE CELL DISEASE) OR ANATOMIC ASPLENIA AND IMMUNOCOMPROMISED CONDITIONS. SEE CURRENT CDC GUIDELINES FOR FURTHER DETAILS.
3.A.(9) (U) RABIES. PRE-EXPOSURE RABIES VACCINE SERIES (3 VACCINATIONS) IS REQUIRED FOR ALL PERSONNEL WHO SHALL BE DEPLOYED FOR MORE THAN 30 DAYS TO JSOTF-P. FOR OTHERS, PRE-EXPOSURE RABIES VACCINE SERIES IS REQUIRED FOR VETERINARY WORKERS, THOSE INVOLVED IN ANIMAL CONTROL, SPECIAL OPERATIONS PERSONNEL, CIVIL AFFAIRS PERSONNEL AND THOSE ASSIGNED LONG TERM TO REGIONS WITH ENDEMIC RABIES. OTHER HIGH-RISK PERSONNEL, TO INCLUDE CONSTRUCTION BATTALION/COMBAT ENGINEERING PERSONNEL AND THOSE ASSIGNED TO JOINT PRISONERS OF WAR, MISSING IN ACTION ACCOUNTING COMMAND, AND JPAC ARE HIGHLY RECOMMENDED TO RECEIVE THE PRE-EXPOSURE RABIES VACCINE SERIES WHEN DEPLOYING TO KNOWN ENDEMIC AREAS.
3.A.(10) (U) YELLOW FEVER (YF). DOCUMENTATION OF YF VACCINE ON THE CDC YELLOW CARD (CDC FORM 731) MAY BE REQUIRED FOR ENTRY INTO SOME PACOM COUNTRIES IF TRAVELING FROM OR TRANSITING THROUGH ENDEMIC AREAS (AFRICA AND SOUTH AMERICA). YF VACCINE IS VALID FOR 10 YEARS AND FACILITATES EASIER INTERNATIONAL TRAVEL.
3.A.(11) (U) JAPANESE ENCEPHALITIS (JE) VACCINE - JE VIRUS IS A RISK THROUGHOUT MUCH OF THE RURAL PACOM AOR, PARTICULARLY IN EASTERN ASIA AND CERTAIN WESTERN PACIFIC ISLANDS, MAINLY IN AREAS OF JOINT RICE AGRICULTURE AND PIG FARMING (SEE NCMI RISK MAPS AT REF (L)). IAW REF (G), JE VACCINE IS RECOMMENDED (SERIES COMPLETE) FOR (1) ALL PERSONNEL WHO SHALL BE DEPLOYED FOR MORE THAN 30 DAYS TO ENDEMIC AREAS DURING THE JE TRANSMISSION SEASON, ESPECIALLY THOSE INVOLVED IN PROLONGED FIELD AND/OR NIGHT OPERATIONS; (2) ALERT PERSONNEL WHO WOULD DEPLOY WITHIN 10 DAYS OF NOTIFICATION TO RURAL AREAS WHERE JE IS ENDEMIC; (3) SHORT-TERM TRAVELERS, LESS THAN 30 DAYS, TO ENDEMIC AREAS DURING THE JE TRANSMISSION SEASON IF THEY PLAN TO TRAVEL OUTSIDE OF AN URBAN AREA AND HAVE AN INCREASED RISK FOR JE EXPOSURE DUE TO OUTDOOR ACTIVITIES; (4) TRAVELERS TO AN AREA WITH AN ONGOING JE OUTBREAK; (5) TRAVELERS TO ENDEMIC AREAS WHO ARE UNCERTAIN OF SPECIFIC DESTINATIONS, ACTIVITIES, OR DURATION OF TR AVEL; AND, (6) UNDER SOME CIRCUMSTANCES PREVENTIVE MEDICINE PERSONNEL MAY REQUIRE THAT SPECIFIC GROUPS (INCLUDING BUT NOT LIMITED TO SPECIAL OPERATIONS UNITS, NAVY MOBILE CONSTRUCTION BATTALIONS,QUICK REACTION FORCES, MORE THAN 30 DAYS TO JSOTF-P , AND MARINE EXPEDITIONARY UNITS) BE VACCINATED.
3.B. (U) TRACKING OF UNIT IMMUNIZATIONS WILL BE IAW SERVICE POLICY.
4. (U) TESTING. THE FOLLOWING TESTS AND/OR SCREENINGS ARE REQUIRED PRIOR TO DEPLOYMENT IAW WITH SERVICE STANDARDS. ALL PERSONNEL DEPLOYING TO THEATER MUST BE MEDICALLY, DENTALLY AND PSYCHOLOGICALLY FIT AND POSSESS A CURRENT PERIODIC HEALTH ASSESSMENT (PHA) OR PHYSICAL. FITNESS SPECIFICALLY INCLUDES THE ABILITY TO ACCOMPLISH TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION AND TO TOLERATE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION.
4.A. (U) HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING AND PRE-DEPLOYMENT SERUM SPECIMENS.

4.A.(1) (U) HIV SCREENING WITHIN THE PREVIOUS 24-MONTHS PRIOR TO DEPLOYMENT IS REQUIRED. RESERVE COMPONENT (RC) PERSONNEL ARE REQUIRED TO HAVE CURRENT HIV-TEST WITHIN TWO YEARS OF THE DATE CALLED TO ACTIVE DUTY FOR 30-DAYS OR MORE. HIV TESTING REQUIRED FOR CIVILIAN PERSONNEL ONLY TO THE EXTENT PROVIDED IN THE APPLICABLE CONTRACT OR SERVICE POLICIES.
4.A.(1)(A) (U) THERE IS NO REQUIREMENT FOR HIV-TESTING FOLLOWING REDEPLOYMENT UNLESS STIPULATED IN MISSION ORDERS OR BASED UPON INDIVIDUAL RISK ASSESSMENT BY A CLINICIAN.
4.A.(2) (U) 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.
4.A.(3) (U) AS PART OF THE REDEPLOYMENT PROCESS, A POST-DEPLOYMENT SERUM SPECIMEN WILL BE COLLECTED WITHIN 30-DAYS AFTER ARRIVAL AT THE DEMOBILIZATION SITE, HOME STATION, OR IN-PATIENT MEDICAL FACILITY 4.B. (U) DNA SAMPLE (ONLY ONE LIFETIME SAMPLE IS REQUIRED FOR DNA REPOSITORY FROM CHEEK SWAB).
4.C. (U) SICKLE CELL AND G6PD DEFICIENCY.
4.C.(1)(U) PERSONNEL WILL BE SCREENED FOR SICKLE CELL IAW SERVICE SPECIFIC GUIDELINES.
4.C.(2) (U) ALL PERSONNEL WILL BE SCREENED FOR G6PD DEFICIENCY.
4.C.(3) (U) TEST RESULTS WILL BE DOCUMENTED IN SERVICE READINESS RECORD, DD 2766, AND THE HEALTH RECORD. A SINGLE SCREENING TEST IS SUFFICIENT FOR EACH TEST. 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.
4.D. (U) PREGNANCY TESTING. ALL DEPLOYING FEMALE SERVICE MEMBERS WILL BE ASSESSED FOR PREGNANCY IN ACCORDANCE WITH SERVICE COMPONENT POLICIES WITHIN ONE MONTH PRIOR TO ACTUAL MOVEMENT OVERSEAS AND COUNSELED THAT PREGNANCY MAY CAUSE MEMBER TO BE NON-DEPLOYABLE.
4.E. (U) MALE AND FEMALE SERVICE MEMBERS WHO REQUIRE AGE AND RISK APPROPRIATE CANCER SCREENING DUE PRIOR TO THE START OF DEPLOYMENT- SHALL RECEIVE THE APPROPRIATE SCREENING PRIOR TO DEPLOYMENT IN ACCORDANCE WITH SERVICE SPECIFIC GUIDANCE. SPECIFIC EXAMPLES INCLUDE COLORECTAL, PROSTATE, CERVICAL, AND BREAST CANCER SCREENING.
4.F. (U) 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 OR FOUR ARE NOT DEPLOYABLE. SERVICE MEMBERS WHO ARE IN CLASS THREE (UNCORRECTED VISION WORSE THAN 20/40 OR WHO DO NOT POSSES REQUIRED OPTICAL DEVICES) OR CLASS FOUR (LAST VISION SCREENING OR EYE EXAM IS GREATER THAN ONE YEAR OLD OR VISION CLASSIFICATION IS UNKNOWN) AT THE TIME OF SCREENING WILL IMMEDIATELY BE RECLASSIFIED AFTER OBTAINING CORRECTIVE VISION OR OPTICAL SERVICES. ALL THOSE WHO DEPLOY REQUIRING CORRECTIVE LENSES MUST HAVE A MINIMUM OF TWO PAIRS OF SPECTACLES.
4.G. (U) TUBERCULOSIS SCREENING. PRE-DEPLOYMENT TUBERCULOSIS SCREENING WILL BE CONDUCTED IN ACCORDANCE WITH CDC GUIDELINES OR SERVICE SPECIFIC POLICY. A LARGE NUMBER OF COUNTRIES WITHIN THE PACOM AOR ARE CLASSIFIED AS HAVING A HIGH BURDEN OF TUBERCULOSIS. IN KEEPING WITH CDC GUIDELINES, IF A SERVICE MEMBER WILL BE DEPLOYING FOR AN EXTENDED PERIOD OF TIME TO A HIGH RISK AREA OR WILL HAVE ROUTINE CONTACT WITH HIGH RISK POPULATIONS, INCLUDING HOSPITAL, PRISON, HOMELESS, OR DISPLACED POPULATIONS, MEMBER SHOULD BE SCREENED FOR EXPOSURE TO TUBERCULOSIS PRIOR TO LEAVING THE U.S. WITH EITHER A TUBERCULIN SKIN TEST (TST) OR AN

INTERFERON-GAMMA RELEASE ASSAY (IGRA) SUCH AS QUANTIFERON-TB GOLD OR QUANTIFERON-TB GOLD-IN-TUBE TEST. ROUTINE SCREENING OF ALL PERSONNEL IS NOT RECOMMENDED AS SCREENING THOSE AT LOW RISK WILL LEAD TO AN INCREASED NUMBER OF FALSE POSITIVE TESTS AND UNNECESSARY THERAPEAUTIC TREATMENT. IF SERVICE SPECIFIC POLICY IS MORE COMPREHENSIVE THAN THE CDC GUIDELINES, SERVI CE SPECIFIC POLICY WILL TAKE PRECEDENCE.

4.G.(1) (U) FOR RAPID DEPLOYMENTS (WITHIN 48 HOURS OR LESS), IGRA IS THE PREFERRED SCREENING METHOD, IF AVAILABLE, AS THERE IS NO NEED FOR PATIENT RECALL TO DETERMINE THE RESULTS OF THE TEST AND NO INTERFERENCE IF THE PATIENT PREVIOUSLY RECEIVED BCG VACCINE.

4.G.(2) (U) TB CONVERTORS WHO HAVE HAD A PRIOR EVALUATION AND APPROPRIATE MANAGEMENT ARE DEPLOYABLE. PERSONNEL WHO HAVE RECENTLY CONVERTED TO TST/IGRA POSITIVE MUST BE MEDICALLY EVALUATED AND CLEARED OF ACTIVE TUBERCULOSIS BEFORE BEING CONSIDERED FOR DEPLOYMENT. DEPLOYABILITY IS BASED ON SERVICE COMPONENT POLICY.

4.G.(3) (U) POST-DEPLOYMENT REQUIREMENTS. ON RETURN FROM DEPLOYMENT, PERSONNEL WILL BE SCREENED FOR TUBERCULOSIS EXPOSURE IN ACCORDANCE WITH SERVICE POLICY. FOR THOSE WHO ARE FOUND TO HAVE BEEN AT AN INCREASED RISK OF EXPOSURE, A TST OR IGRA TEST WILL BE CONDUCTED AT 8-10 WEEKS POST-DEPLOYMENT TO DETERMINE EXPOSURE STATUS. THOSE FOUND TO HAVE A NEW POSITIVE TB SCREENING 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. IF THESE INDIVIDUALS WERE FOUND TO HAVE HAD AN INCREASED EXPOSURE RISK AND/OR BECOME SYMPTOMATIC, THEY MUST BE CLINICALLY AND/OR RADIOGRAPHICALLY EVALUATED POST-DEPLOYMENT.

4.H. (U) HEARING READINESS. IAW SERVICE STANDARDS, 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 THEIR MEDICAL RECORD. IF A MEMBER'S RECORD DOES NOT CONTAIN DD FORM 2215, THEN ONE WILL BE COMPLETED BY QUALIFIED PERSONNEL USING THE DEFENSE OCCUPATIONAL ENVIRONMENTAL HEALTH READINESS SYSTEM HEARING CONSERVATION AUDIOMETER. HEARING SHIFTS MAY BE ASSOCIATED WITH, OR AN INDICATOR OF, TRAUMATIC BRAIN INJURY.

4.I. (U) IAW REF (H), EVERY DEPLOYING SERVICE MEMBER SHOULD RECEIVE A NEUROCOGNITIVE ASSESSMENT USING ANAM (AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT MATRIX) (OR EQUIVALENT VALIDATED TEST) WITHIN 12 MONTHS PRIOR TO DEPLOYMENT. THIS 20-MINUTE COMPUTER-BASED ASSESSMENT IS NOT DIAGNOSTIC AND DOES NOT INFLUENCE WHETHER OR NOT THE MEMBER IS DEPLOYABLE. IT ESTABLISHES A PRE-DEPLOYMENT BASELINE THAT LATER CAN BE USED IF MEMBER IS INJURED WITH A SUSPECTED MILD TRAUMATIC BRAIN INJURY/CONCUSSION (M-TBI). WHEN ANAM IS UTILIZED AFTER A SUSPECT M-TBI, IF ABNORMAL, IT CAN IDENTIFY THOSE WHO SHOULD RECEIVE A MORE THOROUGH NEUROPSYCHOLOGICAL EVALUATION.

4.J. (U) REF (I) PROVIDES POLICY GUIDANCE FOR DEPLOYING SERVICE MEMBERS WHO EXPERIENCE 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 3 MONTHS PRIOR TO PRE-DEPLOYMENT ASSESSMENT. NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. SERVICE MEMBERS CANNOT DEPLOY ON ANTIPSYCHOTICS, LITHIUM OR ANTICONVULSANTS. FOR PERSONNEL WHO ARE ON PSYCHOTROPIC MEDICATIONS, INCLUDING ANTIDEPRESSANTS, AND WHO ARE NOT STABLE FOR AT LEAST 3 MONTHS WHILE ON MEDICATION, A WAIVER REQUEST MUST BE SUBMITTED TO THE USPACOM SURGEON. SERVICE MEMBERS WHO DEPLOY MUST HAVE A 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 WA IVER IAW SERVICE COMPONENT POLICY.
5. (U) PREVENTIVE MEDICINE COUNTERMEASURES.
5.A. (U) ALL DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN) WILL MOBILIZE WITH A DEPLOYABLE MEDICAL RECORD (DD FORM 2766) UPDATED WITH BLOOD TYPE, MEDICATION ALLERGIES/ALLERGIES DOCUMENTED IN THE MEDICAL RECORD AND NOTED ON THE DOG TAGS, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-DEPLOYMENT HEALTH ASSESSMENT FORM, AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS. UNITS WILL NOT DEPLOY WITH PERMANENT HEALTH AND DENTAL RECORDS. PERMANENT HEALTH AND DENTAL RECORDS WILL BE RETURNED TO HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING. RECORDS WILL BE RETURNED TO THE DEMOBILIZATION STATION FOR REVIEW DURING MEDICAL OUT-PROCESSING. UPON RETURN FROM DEPLOYMENT, DA FORM 2766 (OR SERVICE EQUIVALENT) WILL BE INTEGRATED INTO THE SERVICE MEMBER'S MEDICAL RECORD.
5.B. (U) A MINIMUM 90-DAY SUPPLY OF ALL CURRENT PRESCRIBED MEDICATIONS SHOULD BE CARRIED BY SERVICE MEMBER INTO DEPLOYMENT.
5.C. (U) VECTOR CONTROL ITEMS. USE ALL COMPONENTS OF DOD ARTHROPOD REPELLENT PROGRAM.
5.C.(1) (U) UNIFORMS SHOULD BE TREATED WITH PERMETHRIN PRIOR TO DEPLOYMENT. PERMETHRIN TREATMENT CAN BE ACCOMPLISHED IN SEVERAL WAYS. CONTACT ARMED FORCES PEST MANAGEMENT BOARD OR CONTINGENCY LIAISON OFFICER FOR SPECIFIC UNIFORM INSECT REPELLENCY TREATMENT RECOMMENDATIONS. WWW.AFPMB.ORG
5.C.(1)(A) (U) MANUFACTURER PRE-TREATED UNIFORMS (CURRENTLY AVAILABLE ONLY FOR ARMY AND MARINE CORPS UNIFORMS). THESE CANNOT BE RETREATED.
5.C.(1)(B) (U) INSECT REPELLENT, CLOTHING APPLICATION, AEROSOL, PERMETHRIN ARTHROPOD REPELLENT, 6-0Z CANS. SPRAY OUTER SURFACE OF UNIFORMS UNTIL FABRIC APPEARS MOISTENED AND SLIGHT COLOR CHANGE IS NOTED. ALLOW TO FULLY AIR DRY BEFORE WEARING.
5.C.(1)(C) (U) INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT. TREAT UNIFORMS ACCORDING TO MANUFACTURER'S INSTRUCTIONS. ALLOW TO AIR DRY FOR AT LEAST 3 HOURS PRIOR TO WEAR.
5.C.(2) (U) INSECT/ARTHROPOD REPELLENT LOTION CONTAINING DEET. SPREAD SMALL AMOUNT EVENLY ON EXPOSED SKIN. DO NOT USE UNDER CLOTHING. IF INTOLERANT TO DEET, CONSULT ARMED FORCES PEST MANAGEMENT BOARD FOR ACCEPTABLE ALTERNATIVES WHICH MAY INCLUDE PICARDIN AND OTHERS.
5.C.(3) (U) BED NET, POP-UP, SELF-SUPPORTING LOW PROFILE BED NET (SSLPB), TREATED WITH PERMETHRIN REPELLENT, GREEN CAMOUFLAGE OR COYOTE BROWN. IF POP-UP BED NETS ARE NOT READILY AVAILABLE, OBTAIN ANY OTHER MILITARY OR COMMERCIALLY-AVAILABLE BED NET. THESE ARE CRITICAL TO PROTECTING SERVICE MEMBERS.
5.C.(4) (U) PROPER UNIFORM WEAR, INCLUDING PANT LEGS BLOUSED OR TUCKED INTO BOOTS OR SOCKS, UNDERSHIRT TUCKED INTO PANTS, BLOUSE SLEEVES DOWN, WRIST OPENINGS SECURED, AND COLLAR CLOSED.
5.D. (U) SUNSCREEN AND LIP BALM SPF-30 OR GREATER, WITH MULTIPLE APPLICATIONS THROUGHOUT THE DAY.
5.E. (U) SINGLE OR TRIPLE FLANGE EARPLUGS OR COMBAT ARMS EARPLUGS.
5.F. (U) 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. PERSONNEL REQUIRING CORRECTIVE EYEWEAR WILL HAVE IN THEIR POSSESSION TWO PAIRS OF EYEGLASSES, PROTECTIVE MASK EYEGLASS INSERTS, AND BALLISTIC EYEWEAR INSERTS.
5.G. (U) FOLLOW SERVICE COMPONENT GUIDELINES FOR ISSUE OF THE INDIVIDUAL FIRST AID KIT.

5.H. (U) OCCUPATIONAL/OPERATIONAL-SPECIFIC PERSONAL PROTECTIVE EQUIPMENT (PPE). IF ADDITIONAL PPE IS WARRANTED BASED ON OPERATIONAL RISK, THE ON-SITE COMMAND MEDICAL OFFICER AND PACOM SURGEON OR SERVICE COMPONENT SURGEONS WILL PROVIDE RECOMMENDATIONS. ON-SITE COMMANDERS, MEDICAL PERSONNEL, AND FORCE HEALTH PROTECTION OFFICERS SHOULD ALSO EVALUATE THE NEED TO UPDATE PPE, BASED ON THEIR ONGOING EVALUATION OF OPERATIONAL RISKS.
5.I. (U) NO INDICATION OF MEDICAL COUNTER-DEFENSE MEASURES FOR CBRN ARE INDICATED AT THIS TIME.
5.J. (U) IAW REF (J), DEPLOYED SERVICE MEMBERS AND GOVERNMENT CIVILIANS MUST NOT TAKE ASPIRIN UNLESS UNDER PHYSICIAN'S ORDERS AND DOCUMENTED IN MEMBERS' MEDICAL RECORDS. ASPIRIN USE SHOULD BE DISCONTINUED AT LEAST 10 DAYS BEFORE DEPARTURE. CONTINUOUS ASPIRIN USE INTERFERES WITH BLOOD CLOTTING IN THE EVENT OF A SERIOUS WOUND/INJURY. DEPLOYED SERVICE MEMBERS WILL NOT BE ELIGIBLE TO DONATE PLATELETS IN THEATER IF USING ASPIRIN OR ASPIRIN-BASED MEDICATIONS. OVER-THE-COUNTER, NON-ASPIRIN-BASED MEDICATIONS (INCLUDING ACETAMINOPHEN, IBUPROFEN, AND NAPROXEN) ARE SAFER ALTERNATIVES IN DEPLOYED SETTINGS FOR COLDS, FEVER, AND MUSCLE ACHES.
6. (U) DISEASES OF CONCERN.
6.A. (U) ENDEMIC DISEASES.
6.A.(1) (U) VECTOR-BORNE DISEASES.
6.A.(1)(A) (U) 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. VECTOR-BORNE DISEASES CAN SIGNIFICANTLY IMPACT FORCE HEALTH, UNLESS PREVENTIVE MEASURES ARE ENFORCED. AVOIDANCE OF VECTORS (24-HRS/DAY) IS KEY, INCLUDING HABITAT AWARENESS, VECTOR CONTROL, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF PERSONAL PREVENTIVE MEASURES.
6.A.(1)(B) (U) MALARIA, JAPANESE ENCEPHALITIS, AND DENGUE FEVER ARE HIGH THREATS IN THE PACOM AOR. OTHER POTENTIAL MOSQUITO-BORNE THREATS INCLUDE CHIKUNGUNYA FEVER, WEST NILE VIRUS, AND SINDBIS FEVER. PERSONAL PROTECTIVE MEASURES AGAINST INSECT AND ARTHROPOD VECTORS OF DISEASE, INCLUDE USE OF INSECT REPELLENT ON SKIN (DEET) AND CLOTHING (PERMETHRIN), INSECT REPELLENT TREATED BED NETS, AND PROPER WEAR OF THE UNIFORM, ARE REQUIRED THROUGHOUT THE AOR AND MUST BE GIVEN HIGHEST PRIORITY. FOR MALARIA CHEMOPROPHYLAXIS, MALARONE OR DOXYCYLINE ARE THE DRUGS OF CHOICE. MEFLOQUINE SHOULD BE USED ONLY FOR PERSONNEL WITH CONTRAINDICATIONS TO MALARONE AND DOXCYCYLNE AND DO NOT HAVE CONTRAINDICATINS TO MEFLOQUINE. IF MEFLOQUINE IS PRESCRIBED, RISK/BENEFIT DISCUSSION MUST BE DOCUMENTED IN THE SERVICE MEMBER'S RECORD. MEFLOQUINE RESISTANCE IS SIGNIFICANT IN PARTS OF SOUTHEAST ASIA. CONSULT THE CDC WEBSITE (HTTP:(double slash)WWW.CDC.GOV/) AND NCMI MALARIA WEBSITE (https: (double slash) www.in telink.gov/ncmi/document.php?id=99003) FOR THE CURRENT RECOMMENDATIONS FOR THE SPECIFIC COUNTRY/REGION OF INTEREST. TRAVEL MEDICINE PHYSICIAN GUIDANCE SHOULD DETERMINE INDIVIDUAL DRUG SELECTION FOR EACH SERVICE MEMBER (REF N). TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS REQUIRED FOR DEPLOYMENT AND THE USE OF PRIMAQUINE REQUIRES THE DOCUMENTED ABSENCE OF G6PD DEFICIENCY.
6.A.(1)(C) (U) HANTAVIRUS AND RODENT-BORNE PLAGUE MAY EXIST IN THE PACOM AOR. RODENT MANAGEMENT PRACTICES AND/OR AVOIDANCE OF HABITATS ARE RECOMMENDED. IF RODENT FECES OR NESTING MATERIAL ARE ENCOUNTERED, N-95 (OR BETTER) FIT-TESTED RESPIRATORS AND GLOVES MUST BE WORN, IF AVAILABLE, DURING CLEAN-UP OPERATIONS. CLEAN-UP SHOULD BE PERFORMED BY WET MOPPING WITH A DILUTED BLEACH SOLUTION.
6.A.(2) (U) FOOD-BORNE AND WATER-BORNE DISEASES (HIGH RISK): BACTERIAL AND PROTOZOAL DIARRHEA, VIRAL GASTROENTERITIS, HEPATITIS A, TYPHOID/PARATYPHOID FEVER, BRUCELLOSIS, CHOLERA, HEPATITIS E.

6.A.(2)(A) (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST POTENTIAL INFECTIOUS DISEASE THREATS TO DOD MEMBERS DURING DEPLOYMENTS WHERE UNSAFE WATER AND FOOD ARE PRESENT. TO COUNTER THIS THREAT WHEN SUCH CONDITIONS EXIST, NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNLESS FIRST APPROVED BY US MILITARY MEDICAL AUTHORITIES. FIELD SANITATION AND HYGIENE (IAW REF C) WILL BE CONTINUALLY EMPHASIZED AND REQUIREMENTS FOLLOWED. TYPHOID IS A LOW RISK AND IS VACCINE PREVENTABLE.

6.A.(2)(B) (U) LEPTOSPIROSIS. THE RISK OF LEPTOSPIROSIS IS HIGH AND COULD OCCUR AMONG PERSONNEL WADING OR SWIMMING IN BODIES OF FRESH WATER SUCH AS LAKES, STREAMS, OR IRRIGATED FIELDS. LEPTOSPIROSIS CAUSES DEBILITATING FEBRILE ILLNESS TYPICALLY REQUIRING ONE TO SEVEN DAYS OF INPATIENT CARE. SERVICE MEMBERS SHOULD AVOID CONTACT WITH OR IMMERSION IN FRESH SURFACE WATER, INCLUDING RIVERS, LAKES, AND IRRIGATED FIELDS. IF CONTACT WITH POTENTIALLY CONTAMINATED WATER IS UNAVOIDABLE DUE TO TRAINING OR OPERATIONAL REQUIREMENTS, DOXYCYCLINE PROPHYLAXIS MAY BE CONSIDERED PER REF G.

6.A.(2)(C) (U) SCHISTOSOMIASIS (BILHARZIA). SCHISTOSOMIASIS IS ENDEMIC IN MANY REGIONS WITHIN THE PACOM AOR AND IS TRANSMITTED THROUGH CONTAMINATED, FRESH SURFACE WATER. ACUTE EXPOSURE TO SCHISTOSOMES CAN CAUSE A POTENTIALLY LIFE-THREATENING ACUTE FEBRILE ILLNESS. CHRONIC SCHISTOSOMIASIS IS MORE COMMON IN ENDEMIC POPULATIONS AND COULD BE SEEN IN EXPOSED DOD PERSONNEL MONTHS OR YEARS AFTER EXPOSURE. DEPLOYED SERVICE MEMBERS SHOULD AVOID EXPOSURE TO ANY POTENTIALLY CONTAMINATED FRESH WATER SOURCES.

6.A.(3) (U) RABIES. RABIES IS ASSESSED BY NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI), https: (double slash) www.intelink.gov/ncmi/document.php?id=99063 (LINK IS CASE SENSITIVE) (REF L), AS AN INTERMEDIATE RISK IN MOST COUNTRIES WITHIN THE PACOM AOR, BUT RANGES FROM LOW TO HIGH, DEPENDING ON EXACT LOCATION. CONSULT REF L FOR COUNTRY SPECIFIC RISK PRIOR TO DEPLOYMENT. SERVICE MEMBERS BITTEN OR SCRATCHED BY POTENTIALLY INFECTED ANIMALS, INCLUDING DOGS, CATS, BATS, DOMESTIC LIVESTOCK, OR WILD ANIMALS, SHOULD IMMEDIATELY CLEANSE THE WOUND WITH WATER AND SOAP, PREFERABLY POVIDONE-IODINE (BETADINE), AND SEEK MEDICAL ATTENTION FOR BITE-WOUND CARE. FOLLOW STANDARD PROTOCOL FOR RABIES POST-EXPOSURE PROPHYLAXIS. CONSULT EXPERT VETERINARY RESOURCES TO ASSIST WITH ANIMAL TESTING AND RISK MANAGEMENT. REVIEW GUIDANCE FOR RABIES PREVENTION DURING AND AFTER DEPLOYMENT (REF M). MEDICAL ASSETS AT ALL LEVELS SHOULD CONSIDER REQUIREMENTS TO BRING A SUPPLY OF HUMAN RABIES IMMUNE GLOBULIN (HRIG) AND RABIES VACCINE, WITH THE NECESSITY THAT COLD CHAIN STORAGE BE MAINTAINED.

6.A.(4) (U) SEXUALLY TRANSMITTED DISEASES (STD) ARE AN INTERMEDIATE RISK: GONORRHEA, CHLAMYDIA, HIV/AIDS, HEPATITIS B. ABSTINENCE IS THE ONLY WAY TO ENSURE COMPLETE PREVENTION OF AN STI. IT IS OFTEN DIFFICULT TO RELIABLY DETECT A STD IN A POTENTIAL PARTNER. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO SEX, USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE, AND USE OF A NEW CONDOM WITH EACH SEXUAL CONTACT. PERSONNEL SHALL SEEK PROMPT MEDICAL TREATMENT IF STD SYMPTOMS OCCUR. HIV POST-EXPOSURE PROPHYLAXIS AFTER HIGH RISK SEXUAL EXPOSURE MAY BE APPROPRIATE IF WITHIN 72 HOURS OF EXPOSURE. PER REF R, MEMBERS TREATED FOR PRESUMED STI DURING DEPLOYMENT SHALL HAVE AN HIV TEST CONDUCTED WHEN LABORATORY ASSETS BECOME AVAILABLE OR UPON REDPLOYMENT. ADDITIONAL TESTING MAY BE INDICATED BASED ON CLINICAL JUDGMENT. PARTNER INTERVIEWS, DIAGNOSTIC TESTING AND TREATMENT MAY ALSO BE APPROPRIATE.

6.B. (U) ENVIRONMENTAL HEALTH THREATS.

6.B.(1) (U) TOPOGRAPHY AND CLIMATE AS IT RELATES TO HEALTH AND SAFETY.

6.B.(1)(A) (U) WEATHER HAZARDS. TAKE APPROPRIATE PRECAUTIONS WITH REGARD TO LIGHTNING, SUN EXPOSURE, HEAT/HUMIDITY, EXPOSURE TO RAIN, SNOW, WIND, AND COLD TEMPERATURES. EXERCISE CAUTION WHEN CONDUCTING OPERATIONS IN TIMES OF LIMITED VISIBILITY. HAVE AN EVACUATION PLAN IN THE EVENT OF SEVERE WEATHER (TORNADOES, STORM SURGE).

6.B.(1)(B) (U) HEAT STRESS/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 COMMAND EMPHASIS ON HEAT INJURY PREVENTION. ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES AND EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, SUN GOGGLES/GLASSES, AND POTABLE WATER.

6.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, OR RED BLOOD CELL SICKLING IN SERVICE MEMBERS WITH SICKLE CELL TRAIT. ASCEND GRADUALLY, IF POSSIBLE. TRY NOT TO GO DIRECTLY FROM LOW ALTITUDE TO >9,000 FT (2,750 M) IN ONE DAY. USE ACETAZOLAMIDE (DIAMOX) OR DEXAMETHASONE (DECADRON) TO SPEED ACCLIMATIZATION IF ABRUPT ASCENT IS UNAVOIDABLE. TREAT AN ALTITUDE HEADACHE WITH SIMPLE ANALGESICS; MORE SERIOUS COMPLICATIONS REQUIRE OXYGEN AND IMMEDIATE DESCENT.

6.B.(2) (U) TRENCH (IMMERSION) 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 AND 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. IF FEET ARE WOUNDED, SEEK MEDICAL ATTENTION TO PREVENT/TREAT INFECTION.

6.B.(3) (U) CONTAMINATION AND POLLUTION. POTENTIALLY LOCALIZED OR REGIONAL THREATS COULD RESULT FROM CONTAMINATION OF SURFACE AND GROUND WATER WITH RAW SEWAGE AND INDUSTRIAL WASTES, URBAN AIR AND WATER POLLUTION, AND FRUIT AND VEGETABLE CONTAMINATION. IN HEAVILY INDUSTRIALIZED URBAN AREAS, DAMAGE TO INFRASTRUCTURE MAY CAUSE THE RELEASE OF TOXIC INDUSTRIAL CHEMICALS IN THE REGION. CONSULT ENVIRONMENTAL HEALTH PERSONNEL FOR LOCATION-SPECIFIC GUIDANCE.

6.B.(4) (U) DANGEROUS FLORA AND FAUNA.

6.B.(4)(A) (U) AVOID WILD OR DOMESTICATED ANIMALS. DO NOT KEEP MASCOTS. ANIMALS CAN TRANSMIT VARIOUS DISEASES TO PEOPLE, INCLUDING RABIES.

6.B.(4)(B) (U) MANY SPECIES OF VENOMOUS SNAKES, SPIDERS, AND SCORPIONS ARE ENDEMIC IN THE PACOM AOR. AWARENESS AND AVOIDANCE ARE KEY. SHOULD BITES OR ENVENOMATIONS OCCUR, SEEK PROMPT MEDICAL ATTENTION. A VARIETY OF PLANT RESINS MAY CAUSE CONTACT DERMATITIS.

6.B.(4)(C) (U) LEATHER HIDES PRESENT AN ANTHRAX RISK AND MUST BE AVOIDED.

6.C. (U) MENTAL HEALTH INFORMATION TO INCLUDE DEPLOYMENT-RELATED STRESSORS, SUICIDE RISK, AND TRAUMATIC STRESS. ALL PERSONNEL SHOULD BE AWARE OF COMBAT AND DEPLOYMENT-RELATED STRESS, SIGNS/SYMPTOMS, 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. THE POLICIES OF DODI 6490.05 SHALL BE EXECUTED DURING ALL OPERATIONS (REF S).

6.D. (U) 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 ARE ESSENTIAL.

6.E. (U) CRIME AND TERRORISM, INCLUDING CBRNE THREATS.
6.E.(1) (U) RISK OF CRIME AND TERRORISM THREATS IS LOW TO INTERMEDIATE FOR MOST OF THE AOR, BUT PERSONNEL SHOULD BE ALERT TO POTENTIAL CRIMINAL OR VIOLENT SITUATIONS.
7. (U) FIELD HYGIENE AND SANITATION.
7.A. (U) MOST INFECTIONS AND ILLNESSES CAN BE PREVENTED OR MITIGATED THROUGH VACCINATIONS, MEDICATIONS, OR PHYSICAL BARRIERS. THE BEST DEFENSE AGAINST INFECTIOUS DISEASE THREATS IS STRICT DISCIPLINE IN PROPER FIELD HYGIENE AND SANITATION PRACTICES (NOTABLY HAND WASHING) AND SANITARY WASTE DISPOSAL) BY SERVICE MEMBERS, LEADERS, AND UNITS. UNITS ARE RESPONSIBLE FOR ENFORCING FIELD SANITATION REQUIREMENTS UNLESS SUCH SERVICES ARE CONTRACTED. ENVIRONMENTAL HEALTH OVERSIGHT OF FOOD SERVICE CONTRACTORS AND WASTE DISPOSAL CONTRACTORS IS NECESSARY.
7.B. (U) CONTACT WITH LOCAL ANIMALS WILL BE AVOIDED. NO PETS OR MASCOTS WILL BE KEPT.
7.C. (U) FOOD AND WATER SOURCES. CONSUMPTION OR INDIVIDUAL PURCHASE OF UNAPPROVED LOCAL FOOD IS PROHIBITED.
7.D. (U) ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY PROPERLY TRAINED MEDICAL PERSONNEL.
7.E. (U) NO FOOD OR WATER SOURCES WILL BE UTILIZED UNTIL A RISK ASSESSMENT HAS BEEN COMPLETED BY PUBLIC HEALTH OR VETERINARY PERSONNEL AND RISK IS ACCEPTED BY MISSION COMMANDER.
7.F. (U) PERIODIC INSPECTIONS OF FOOD AND WATER STORAGE FACILITIES ARE REQUIRED.
8. (U) HEALTH ASSESSMENTS AND NON-DEPLOYABLE SERVICE MEMBERS.
8.A. (U) PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT (LESS THAN 15 MONTHS SINCE THE LAST EXAM).
8.B. (U) UNRESOLVED HEALTH PROBLEMS MANDATING SIGNIFICANTLY LIMITED DUTY OR REQUIRING A PERMANENT CATEGORY THREE OR FOUR PROFILE DISQUALIFY A MEMBER FOR DEPLOYMENT. OTHER MEDICAL DISQUALIFICATION AND ASSOCIATED GUIDANCE IS IDENTIFIED IN REF F.
8.C. (U) ALL COMMANDERS WILL SUPPORT THEATER INITIATIVES TO IDENTIFY AND MINIMIZE HEALTH RISKS DURING THE DEPLOYMENT.
8.D. (U) IAW REF C, A PRE-DEPLOYMENT HEALTH ASSESSMENT - DD FORM 2795, POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA) - DD FORM 2796, AND POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA) - DD 2900, WILL BE COMPLETED BY ALL PERSONNEL WHO DEPLOY FOR OVER 30 DAYS TO OCONUS AREAS WITHOUT A FIXED US MTF. SHIPBOARD PERSONNEL WHO WILL NOT BE GOING ASHORE TO SUPPORT LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT. COMPLETION OF THE ASSESSMENTS WILL INCLUDE A FACE-TO-FACE INTERVIEW WITH A HEALTH CARE PROVIDER. SERVICE MEMBERS WILL INITIATE THESE ASSESSMENTS VIA SERVICE APPROVED METHODS. HEALTH CARE PROVIDERS WILL COMPLETE THE ASSESSMENTS IAW SERVICE MEDICAL PROCEDURES. A PRINTED COPY OF THE COMPLETED ASSESSMENT FORMS MUST BE PLACED IN THE SERVICE MEMBER'S HEALTH RECORD AND AN ANNOTATION OF COMPLETION NOTED IN THE APPROPRIATE BLOCK OF THE ADULT PREVENTIVE AND CHRONIC CARE FLOW SHEET - DD FORM 2766.
8.D.(1) (U) IAW REF C, THE PRE-DEPLOYMENT HEALTH ASSESSMENT MUST BE COMPLETED WITHIN 60 DAYS PRIOR TO EXPECTED DEPLOYMENT DATE. THE POST DEPLOYMENT ASSESSMENT SHOULD BE COMPLETED AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT MUST BE WITHIN 30 DAYS BEFORE OR 30 DAYS AFTER REDEPLOYMENT. THE POST DEPLOYMENT HEALTH REASSESSMENT (PDHRA) MUST BE COMPLETED 90 TO 180 DAYS AFTER REDEPLOYMENT. SHIPBOARD PERSONNEL WHO WILL NOT BE ASHORE SUPPORTING LAND BASED OPERATIONS MAY BE EXEMPT FROM THIS REQUIREMENT.

8.E. (U) DOD CIVILIANS WHO DEPLOY OCONUS ARE AUTHORIZED MEDEVAC TO THEIR HOME STATION AT USG EXPENSE PER THE JOINT TRAVEL REGULATION C7370 EMPLOYEE'S INCAPACITATING ILLNESS OR INJURY (CHANGE 521 - 3/1/09). HEALTHCARE FOR DOD EMPLOYEES IS AUTHORIZED THROUGH MILITARY TREATMENT FACILITIES BOTH OCONUS AND IN THE UNITED STATES FOR INJURIES AND ILLNESS INCURRED DURING A DECLARED CONTINGENCY OPERATION (DODD 1404.10). HEALTHCARE AT USG EXPENSE DURING ALL OTHER OPERATIONS AND EXERCISES OUTSIDE THE SCOPE OF A NAMED CONTINGENCY OPERATION WILL NOT BE AUTHORIZED FOR DOD CIVILIANS. IT IS INCUMBENT UPON DOD CIVILIANS TRAVELING OCONUS TO HAVE A HEALTH PLAN WHICH WILL PROVIDE ADEQUATE COVERAGE DURING THEIR DEPLOYMENT. THE FEDERAL EMPLOYEES COMPENSATION ACT AND THE OFFICE OF WORKERS' COMPENSATION PROGRAMS PROVIDE A MECHANISM TO RECEIVE REIMBURSEMENT FOR ILLNESS/INJURY SUSTAINED ON THE JOB. HOWEVER, THE EMPLOYEE IS OFTEN REQUIRED TO PAY UP FRONT AND REIMBURSEMENT, IF APPROVED, WILL COME AFT ER THE FACT.
9. (U) POC: JOC MED (808)-477-7885 OR JOC-MED.PACOM@PACOM.MIL, JOC.MED.PACOM@PACOM@SMIL.MIL.
9. (U) EXPIRATION DATE: MISSION DURATION OR UNTIL RESCINDED BY FOLLOW ON ORDER.//
BT

Classified by:
Reason:
Declassify On:

V/R
USPACOM JOC NCO
(808) 477-7217
(808) 477-9461 (STE)
(808) 477-7220 (UNCLASS FAX)
(808) 477-7216 (SECURE FAX)
JOINT OPERATIONS CENTER HOMEPAGE
http://psp.hq.pacom.smil.mil/joc/Pages/default.aspx