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Subject: COMUSNAF/COMUSNAVEUR FORCE HEALTH PROTECTION REQUIREMENTS  
FOR

DEPLOYMENTS/TRAVEL TO AFRICA AND EASTERN EUROPE

Originator: COMUSNAF R 111448Z APR 12

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SUBJ/CORRECTED COPY: COMUSNAF/COMUSNAVEUR FORCE HEALTH PROTECTION  
REQUIREMENTS FOR DEPLOYMENTS/TRAVEL TO AFRICA AND EASTERN EUROPE  
REF/A/MSG/CNA/CNE FORCE HEALTH PROTECTION REQUIREMENTS FOR DEPLOYMENTS  
TO AFRICA AND EASTERN EUROPE/300955Z AUG 11//  
REF/B/MSG/COMUSFLTFORCOM/INTERIM FLEET GUIDANCE FOR DEPLOYMENTS TO  
AFRICA/ 221531Z JUL 11//  
REF/C/DOC/US AFRICA COMMAND MANUAL 4200.03 FORCE HEALTH PROTECTION  
PROCEDURES FOR DEPLOYMENT AND TRAVEL/14APR2010//

REF/D/US STATE DEPARTMENT, TRAVEL WARNINGS & CONSULAR INFORMATION SHEETS  
([HTTP://TRAVEL.STATE.GOV](http://TRAVEL.STATE.GOV)).

REF/E/CENTERS FOR DISEASE CONTROL TRAVELERS' HEALTH INFORMATION  
([HTTP://WWW.CDC.GOV/TRAVEL/DESTINATIONS/LIST.ASPX](http://WWW.CDC.GOV/TRAVEL/DESTINATIONS/LIST.ASPX)).

REF/F/DOC/DOD INSTRUCTION 6490.03/DEPLOYMENT HEALTH/30SEP2011//

REF/G/NCMI/NATIONAL CENTER FOR MEDICAL INTELLIGENCE/SEE MEDICAL INTELLIGENCE BY REGION/COUNTRY [HTTPS://WWW.INTELINK.GOV/NCMI/INDEX.PHP](https://WWW.INTELINK.GOV/NCMI/INDEX.PHP)  
OR [HTTP://WWW.NCMI.DIA.SMIL.MIL/INDEX.PHP](http://WWW.NCMI.DIA.SMIL.MIL/INDEX.PHP)

REF/H/BUMEDINST 6230.15A/IMMUNIZATIONS AND CHEMOPROPHYLAXIS/29SEP2006//

REF/I/DOC/BUMEDINST 6224.8A CH-1/TUBERCULOSIS CONTROL PROGRAM/29OCT2009//

REF/J/CJCS MEMO MCM-0028-07, UPDATED PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE AND READINESS, 02NOV07//

REF/K/COMFLTFORCOM/GENADMIN N02H/211833ZDEC05//

REF/L/BUMEDINST 6220.12B/MEDICAL SURVEILLANCE AND NOTIFIABLE EVENT REPORTING/12FEB2009//

REF/M/DOD DIRECTORIES OF APPROVED FOOD AND WATER SOURCES  
([HTTP://VETCOM.AMEDD.ARMY.MIL/FOOD.HTML](http://VETCOM.AMEDD.ARMY.MIL/FOOD.HTML)).

REF/N/DOC/NEHC-TM PM 6250.1/MALARIA PREVENTION AND CONTROL/2007//

REF/O/MSG/COMUSFLTFORCOM/AMPLIFYING GUIDANCE FOR REPORTING COMPLIANCE WITH FLEET FHP MEASURES FOR INDIVIDUALS DEPLOYING TO AFRICA/231340ZSEP11//

REF/P/DOC/US AFRICA COMMAND NOTICE CHANGE 2 TO ACM 4200.03/20SEP2011//

REF/Q/DOC/NAVSUP 4355.4H/VETERINARY MEDICAL FOOD SAFETY, QUALITY ASSURANCE, AND LABORATORY SERVICE/21JAN2005//

REF/R/DOC/VETERINARY MEDICAL SUPPLEMENT TO TG 248 FOOD AND WATER RISK ASSESSMENT SUPPLEMENT/01SEP2008//

REF/S/DOC/US AFRICA COMMAND REPORTING INSTRUCTIONS/TRAINING REQUIREMENTS/ 01DEC2010//

POC/COMNAVEUR-COMNAVAF-COMSIXTHFLT MEDICAL/LOC: NAPLES IT/EMAIL: CNE-C6F\_HSS@EU.NAVY.MIL/DSN: 314-626-4690/COMM: 39-081-568-4690//

RMKS/THIS MESSAGE PROVIDES UPDATED FORCE HEALTH PROTECTION (FHP) REQUIREMENTS; IT SUPERSEDES AND CANCELS REF A AND PROVIDES CORRECTIONS TO CANCELLED MSG RELEASED 051256Z APR 2012. THIS NAVAF-NAVEUR MESSAGE REQUIRES FHP PLANNING EARLY IN THE OPERATIONAL PLANNING PROCESS, REFLECTS NEW AFRICOM GUIDANCE ON MALARIA PROPHYLAXIS, AND UPDATES FHP MEASURES FOR TRAVEL TO DJIBOUTI. SECTION A OF THIS MSG APPLIES TO ALL NAVAL PERSONNEL IN THE NAVAF/NAVEUR/C6F AOR IN ANY STATUS. IT ALSO APPLIES TO ALL OTHER SERVICE MEMBERS AND DOD CIVILIANS ASSIGNED TO EXECUTE NAVAF/NAVEUR/C6F MISSIONS, UNLESS OTHERWISE STATED. SECTION B GIVES ADDITIONAL REQUIREMENTS FOR THOSE TRAVELING TO AFRICA IAW REF B AND C; SECTION C GIVES ADDITIONAL REQUIREMENTS FOR THOSE TRAVELING TO CERTAIN EUROPEAN COUNTRIES (WESTERN EUROPEAN COUNTRIES ARE CONSIDERED TO HAVE COMPARABLE HEALTH RISKS TO THE UNITED STATES; THEY DO NOT REQUIRE MEASURES BEYOND ROUTINE INDIVIDUAL MEDICAL READINESS AND PREVENTIVE HEALTH ASSESSMENT PROCEDURES UNLESS A TRAVEL ADVISORY IS IN EFFECT. TRAVEL ADVISORIES CAN BE FOUND AT REFS D AND E UNDER SPECIFIC DESTINATIONS). EUROPEAN COUNTRIES THAT DO REQUIRE ADDITIONAL ATTENTION TO FHP ARE: ALBANIA, ARMENIA, AZERBAIJAN, BELARUS, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, ESTONIA, GEORGIA, HUNGARY, KOSOVO, LATVIA, LITHUANIA, MACEDONIA, MOLDOVA, MONTENEGRO, POLAND, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, TURKEY AND UKRAINE. SECTION A, APPLICABLE TO ALL MILITARY AND DOD CIVILIAN TRAVELERS/DEPLOYERS TO AFRICA OR EASTERN EUROPE.

A.1. FHP IS A COMMANDER'S RESPONSIBILITY. COMMANDERS SHALL INSTITUTE FORCE HEALTH PROTECTION MEASURES AND DEPLOY HEALTH SURVEILLANCE

PROCESSES AND REPORTING PROGRAMS TO PREVENT DISEASE AND NON-BATTLE INJURIES (DNBI) AND TAKE ACTION TO REDUCE HEALTH HAZARDS, IAW REF F.

A.2. PREDEPLOYMENT/PRE-TRAVEL FHP REQUIREMENTS.

A.2.1. OPERATIONAL PLANNING SHALL INCLUDE A HEALTH RISK ASSESSMENT OF THE MISSION AND DEPLOYMENT/TRAVEL SITE AND RISK-REDUCTION RECOMMENDATIONS; FOR DEPLOYMENTS LASTING 30 DAYS OR MORE, AN OCCUPATIONAL ENVIRONMENTAL HEALTH SITE ASSESSMENT (OEHS) SHALL BE CONDUCTED IAW REFS C, F AND J. OPLAN/EXORD SHALL SPECIFY PLANNED HEALTH RISK MITIGATIONS IN A FORCE HEALTH PROTECTION PLAN.

A.2.2. PERSONNEL SHALL BE TRAINED REGARDING HEALTH RISK REDUCTION, TRAINING SHALL BE STANDARDIZED AND DOCUMENTED.

A.2.3. PERSONNEL SHALL BE EQUIPPED WITH REQUIRED PERSONAL PROTECTIVE EQUIPMENT AND PROPHYLACTIC MEDICATIONS.

A.2.4. REQUIREMENTS FOR DEPLOYMENT/TRAVEL ARE OUTLINED IN DETAIL ON THE NAVAF/NAVEUR SURGEON'S WEBSITE. ALL UNIT SENIOR MEDICAL DEPARTMENT REPRESENTATIVES SHALL CONTACT THE COMNAVEUR/COMNAF/COMSIXTHFLEET SURGEON'S OFFICE BEFORE THEIR FORCES DEPLOY TO AFRICA OR EASTERN EUROPE AND SHALL SUBMIT A FHP PLAN TO: CNE-C6F\_HSS@EU.NAVY.SMIL.MIL AS EARLY AS POSSIBLE PRIOR TO DEPLOYMENT/TRAVEL.

A.2.5. MEDICAL PERSONNEL RESPONSIBLE FOR DEPLOYING MEMBERS SHALL REVIEW REFS E-G AND CONTACT NAVY ENVIRONMENTAL AND PREVENTIVE MEDICINE UNIT 2 (NEPMU2) AT DSN: 312 377-6600, COMM: 757-953-6600 FOR GUIDANCE ON CURRENT RELEVANT HEALTH THREATS.

A.2.6. FOR MILITARY MEMBERS, MEDICAL PERSONNEL SHALL DOCUMENT COMPLETION OF A THOROUGH REVIEW OF TRAVELERS\* MEDICAL AND DENTAL RECORDS IAW REF F TO ENSURE INDIVIDUAL MEDICAL READINESS (IMR) IS CURRENT AND DOCUMENTED, PER LIST BELOW. FOR INDIVIDUAL UNITS WITHOUT ORGANIC MEDICAL SUPPORT, CONTACT THE COGNIZANT MEDICAL FACILITY FOR TRAVEL/PREVENTIVE MEDICINE SUPPORT.

A.2.6.1. ALL APPROPRIATE DOD AND COUNTRY SPECIFIC REQUIREMENTS FOR IMMUNIZATIONS SHALL BE MET FOR THE ANTICIPATED DEPLOYMENT/TRAVEL IAW REF H. ADDITIONAL INFORMATION CAN BE FOUND ON THE MILVAX WEBSITE [WWW.VACCINES.MIL](http://WWW.VACCINES.MIL).

A.2.6.2. MILITARY DEPLOYERS/TRAVELERS SHALL BE IN DENTAL CLASS I OR II;

A.2.6.3. FOR MILITARY PERSONNEL DEPLOYING ASHORE 30 DAYS OR MORE, DEPLOYABLE MEDICAL RECORDS ARE VERIFIED/UPDATED WITH BLOOD TYPE, MEDICATION/ALLERGIES, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-DEPLOYMENT HEALTH ASSESSMENT FORM DD 2795 AND SUMMARY SHEET OF PAST MEDICAL PROBLEMS.

A.2.6.4. DEPLOYERS/TRAVELERS SHALL NOT HAVE UNRESOLVED HEALTH PROBLEMS (E.G. LIMITED DUTY STATUS).

A.2.6.4.1. WAIVER FOR TRAVEL AND DEPLOYMENT-LIMITING MEDICAL CONDITIONS MAY BE REQUESTED FOR SERVICE MEMBERS AND DOD CIVILIANS IAW DODI 6490.07 FEB 2010 AND REF B. MEDICAL WAIVER REQUEST MAY BE SUBMITTED IF THE SCREENING PHYSICIAN DETERMINES THE CONDITION IS STABLE AND DOES NOT POSE RISK TO SUCCESSFUL COMPLETION OF DEPLOYMENT. SUBMIT WAIVER REQUEST PER GUIDANCE SPECIFIED ON THE NAVAF/NAVEUR SURGEON'S WEBPAGE AT [WWW.NAVEUR-NAF.NAVY.MIL/SURGEON.HTML](http://WWW.NAVEUR-NAF.NAVY.MIL/SURGEON.HTML), AND SEND BY EMAIL TO: CNE-C6F\_HSS@EU.NAVY.MIL.

A.2.6.5. MILITARY TRAVELER/DEPLOYERS SHALL HAVE G6PD TEST RESULT DOCUMENTED IN THE MEDICAL RECORD, A DNA SAMPLE ON FILE, AND A HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST CURRENT WITHIN 24 MONTHS OF TRAVEL/DEPLOYMENT.

A.2.6.6. AN ADEQUATE SUPPLY OF PERSONAL PRESCRIPTION MEDICATIONS, REQUIRED MEDICAL EQUIPMENT (GLASSES, HEARING AIDS, ETC), OCCUPATIONAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (RESPIRATORY AND HEARING PROTECTION, DOSIMETERS, ETC.) SHALL BE AVAILABLE FOR DEPLOYED PERSONNEL.

A.2.6.7. TUBERCULOSIS (TB) SCREENING: IAW REF I, TB SCREENING IS UPDATED AS PART OF THE PHA PROGRAM, AND PERFORMING TB SKIN TESTS BEFORE/AFTER TRAVEL/DEPLOYMENT IS NOT NECESSARY UNLESS THERE IS ASSESSED INCREASED RISK OF INFECTION. FOR PERSONNEL WITH PREVIOUS POSITIVE TB SKIN TEST, ISONIAZID PROPHYLAXIS DOES NOT DISQUALIFY TRAVEL/DEPLOYMENT.

A.2.6.8. OCCUPATIONAL POST EXPOSURE PROPHYLAXIS (PEP) AGAINST HIV. INDIVIDUALS/UNITS PARTICIPATING IN ACTIVITIES THAT PLACE THEM AT HIGH RISK FOR HIV EXPOSURE (E.G. DENTAL/SURGICAL/INTRAVENOUS PROCEDURES INVOLVING LOCAL HOST NATIONALS) MUST DEPLOY/TRAVEL WITH HIV ANTIVIRAL PEP MEDICATION AVAILABLE. IN CASE OF A NEEDLE STICK/RISK EXPOSURE, IMMEDIATELY CONSULT WITH A DOD INFECTIOUS DISEASE SPECIALIST. ANY USE OF PEP WILL BE IAW THE MOST CURRENT CDC GUIDELINES AVAILABLE AT [WWW.CDC.GOV/HIV/RESOURCES/GUIDELINES/](http://WWW.CDC.GOV/HIV/RESOURCES/GUIDELINES/) #OCCUPATIONAL. ANY HIV EXPOSURE INCIDENT AND PEP USE MUST BE REPORTED AND DOCUMENTED IAW SERVICE-SPECIFIC POLICY.

A.3. DURING DEPLOYMENTS GREATER THAN 30 DAYS, UNITS WITH ORGANIC MEDICAL PERSONNEL SHALL CONDUCT ONGOING DNBI SURVEILLANCE. PROVIDE DNBI SUMMARY REPORTS WEEKLY TO HIGHER HQ IAW REFS J-L, WITH COPY SENT TO CNE-C6F\_HSS@EU.NAVY.(SMIL).MIL.

A.3.1. REPORTABLE MEDICAL EVENTS. APPENDIX A TO ENCL (1) OF REF L LISTS URGENT REPORTABLE MEDICAL EVENTS; ANY SUSPECTED OR CONFIRMED CASES OR OUTBREAKS OF THESE DISEASES SHALL BE REPORTED TO CNE/CNA/C6F MEDICAL AS SOON AS POSSIBLE, BY EMAIL OR TELEPHONE. REGULAR NAVY MEDICAL EVENT REPORTING IS ACCOMPLISHED VIA [HTTPS://164.167.138.44/NDRSI/](https://164.167.138.44/NDRSI/)

A.4. FOOD/WATER SAFETY. SERVICE MEMBERS WILL BE EDUCATED ON THE RISKS ASSOCIATED WITH THEIR FOOD/DRINK CHOICES, AS PART OF PREDEPLOYMENT BRIEFINGS AND/OR THROUGH A PRE-TRAVEL CLINIC VISIT, AS APPROPRIATE TO THE SITUATION. THESE BRIEFINGS CAN ALSO BE POSTED ON RELEVANT EXERCISE WEBPAGES, AND WILL INCLUDE DISCUSSION OF HAZARDOUS VERSUS SAFER FOODS AND DRINKS, HYGIENE PRACTICES AND OTHER MITIGATION MEASURES TO PREVENT FOODBORNE ILLNESS. REF E PROVIDES ADDITIONAL INFORMATION.

A.4.1. FOR DEPLOYMENTS IN WHICH FOOD IS PURCHASED/PREPARED BY MILITARY OR CONTRACT MESS PERSONNEL AND SERVED TO SERVICE MEMBERS, COMMANDERS SHALL ENFORCE USE OF APPROVED SOURCES OF FOOD AND WATER IAW REF M, AND PROVISION OF FOOD SERVICE IAW NAVMED P5010 CHAPTER 1.

A.4.2. IF CONTRACTS ARE ESTABLISHED FOR LOCAL FEEDING OF TROOPS AT PARTICULAR RESTAURANTS/FACILITIES, THE CONTRACT SHALL STATE PROHIBITED PRACTICES, MINIMUM HYGIENE/FOOD PREPARATION STANDARDS REQUIRED/EXPECTED, AND REQUIRED INSPECTIONS IAW REFS Q-R AND NAVMED P5010 CHAPTER 1.

A.4.2.1. WHENEVER PRACTICABLE, MEDICAL AND ENGINEERING DEPARTMENT PERSONNEL SHALL CONDUCT VIGILANT MONITORING OF POTABLE WATER TO ENSURE AVAILABILITY OF SAFE WATER IN PORTS/LOCATIONS WHERE WATER SOURCE IS OF UNPROVEN QUALITY. A.4.3. FOR DEPLOYMENTS/TRAVEL WHERE PERSONNEL WILL BE PURCHASING FOOD AND WATER INDIVIDUALLY (I.E. RECEIVING TRAVEL PER DIEM) COMMANDERS SHALL ENSURE PERSONNEL ARE EDUCATED ON THE RISK ASSOCIATED WITH CONSUMPTION OF LOCAL FOOD AND WATER AND HOW TO REDUCE THE RISK OF FOODBORNE ILLNESS:

A.4.3.1. IN GENERAL, OCONUS RESTAURANTS AT 'FIVE-STAR' OR INTERNATIONAL CHAIN HOTELS HAVE SAFER FOOD PRACTICES THAN LOCAL PRIVATELY OWNED AND FAMILY-RUN RESTAURANTS, AND ESTABLISHMENTS RECOMMENDED BY LOCAL U.S. EMBASSY PERSONNEL ARE LIKELY TO BE SAFER. FOOD STALLS AND STREET VENDORS SHALL BE AVOIDED.

A.4.3.2. WASH HANDS OFTEN WITH SOAP AND WATER, ESPECIALLY BEFORE EATING AND AFTER USING THE TOILET. IF SOAP AND WATER ARE NOT AVAILABLE, USE AN ALCOHOL-BASED HAND GEL (CONTAINING AT LEAST 60% ALCOHOL).

A.4.3.3. DRINK BOTTLED WATER ONLY FROM SEALED BOTTLES, OR BOILED WATER, OR CARBONATED DRINKS. USE LOCAL EMBASSY ADVICE/RECOMMENDATIONS ON BRANDS, AND AVOID TAP WATER AND ICE CUBES (FREEZING DOES NOT MAKE WATER SAFE). IF BOTTLED OR BOILED WATER IS NOT AVAILABLE, THERE ARE OTHER WAYS TO MAKE WATER SAFER TO DRINK: SEE [HTTP://WWWNC.CDC.GOV/TRAVEL/PAGE/WATER-TREATMENT.HTM](http://wwwnc.cdc.gov/travel/page/water-treatment.htm).

A.4.3.4. MAKE SURE FOOD IS SERVED STEAMING HOT AND FULLY COOKED. AVOID BUFFETS WHERE FOOD SITS AT ROOM TEMPERATURE FOR PROLONGED PERIODS. DO NOT CONSUME LOCAL MILK AND DAIRY PRODUCTS UNLESS THEY ARE KNOWN TO HAVE BEEN ARE GENERALLY SAFE. CONSULT WITH NEPMU2 FOR ANY QUESTIONS.

A.4.4. PERSONNEL SHOULD BE PREPARED TO FOLLOW TREATMENT GUIDELINES FOR FOODBORNE DIARRHEAL ILLNESS AS PROVIDED IN THEIR PRE-TRAVEL/DEPLOYMENT BRIEFINGS, WITH PARTICULAR ATTENTION TO PREVENTING DEHYDRATION. TRAVELERS TO AFRICA ARE RECOMMENDED TO CARRY ANTI-DIARRHEAL MEDICATION IN CASE OF NEED.

A.5. QUALIFIED MEDICAL PERSONNEL SHALL BRIEF ALL TRAVELERS AS DESCRIBED BELOW ON COUNTRY-SPECIFIC HEALTH THREATS AND RELEVANT COUNTERMEASURES. DETAILED HEALTH RISK INFORMATION IS AVAILABLE AT REF G AND BY CONTACTING NEPMU2 AT NEPMU2NORFOLKTHREATASSESSMENT@MED.NAVY.MIL. A NAVAF FHP POWERPOINT BRIEF IS AVAILABLE AT [WWW.NAVEUR-NAVAF.NAVY.MIL/SURGEON.HTML](http://www.naveur-navaf.navy.mil/surgeon.html)

A.6. ORGANIC MEDICAL CAPABILITY PROVIDES HEALTH SERVICE SUPPORT (HSS) TO DEPLOYED US FORCES. MEDICAL CARE FOR NON-US MILITARY PERSONNEL IS GENERALLY LIMITED TO EMERGENT CARE TO PRESERVE LIFE, LIMB, OR EYESIGHT. ROUTINE CARE FOR NON-US MILITARY PERSONNEL SHALL BE IAW TITLE 10 OF THE USC. ALL NATO AND PARTNERSHIP FOR PEACE (PFP) PERSONNEL SHALL COMPLY WITH NATO MC 326 STANAG REQUIREMENTS FOR DEPLOYING PERSONNEL WHEN EMBARKED ONBOARD SIXTH FLEET SHIPS OR TRAVELING/DEPLOYING IN SUPPORT OF NAVAF/NAVEUR OPERATIONS. FOR NON-NATO/NON-PFP PERSONNEL EMBARKING ON SIXTH FLEET SHIPS OR TRAVELING/DEPLOYING IN SUPPORT OF NAVAF/NAVEUR OPERATIONS, IT IS THE SENDING NATION'S RESPONSIBILITY TO CONDUCT PRE-EMBARKATION MEDICAL AND DENTAL SCREENING, PROVIDE RECOMMENDED IMMUNIZATIONS, AND PROVIDE MALARIA CHEMOPROPHYLAXIS IAW SENDING NATION'S PUBLIC HEALTH POLICIES.//

SECTION B, ADDITIONAL FHP REQUIREMENTS FOR MILITARY AND DOD CIVILIAN TRAVELERS TO AFRICA.

ALL MILITARY AND DOD CIVILIAN PERSONNEL SHALL BE TRAINED REGARDING HEALTH RISK REDUCTION, EQUIPPED WITH PERSONAL PROTECTIVE EQUIPMENT, AND TAKE ANY PRESCRIBED PROPHYLACTIC MEDICATIONS. THESE INTERVENTIONS AS DETAILED BELOW SHALL BE STANDARDIZED, DOCUMENTED AND CERTIFIED TO NAVAF AND USFFC PER REFS B AND O.

B.1. PERSONNEL SHALL COMPLETE AND SUBMIT FOR APPROVAL THE NAVAF INDIVIDUAL FHP PLAN, LINK TO FORM AVAILABLE AT [WWW.NAVEUR-NAVAF.NAVY.MIL/SURGEON.HTML](http://www.naveur-navaf.navy.mil/surgeon.html).

B.2. THE FOLLOWING IMMUNIZATIONS SHALL BE CURRENT FOR ALL PERSONNEL TRAVELING TO AFRICA IAW REFS C AND H. (NOTE: THIS GUIDANCE DOES NOT SUBSTITUTE FOR PROFESSIONAL JUDGMENT OF THE PHYSICIAN RESPONSIBLE FOR THE READINESS OF DEPLOYING PERSONNEL).

B.2.1. HEPATITIS A (SERIES COMPLETE, OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO DEPARTURE);

B.2.2. HEPATITIS B (SERIES COMPLETE, OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO DEPARTURE);

B.2.3. TETANUS-DIPHThERIA (EVERY 10 YEARS);

B.2.4. POLIO (SERIES COMPLETED PLUS ONE-TIME ADULT BOOSTER);

B.2.5. MEASLES (ONE-TIME ADULT BOOSTER IF BORN AFTER 1956);

B.2.6. INFLUENZA (CURRENT VACCINE ADMINISTERED);

B.2.7. TYPHOID (INJECTABLE EVERY 2 YEARS, OR ORAL EVERY 5 YEARS);

B.2.8. VARICELLA (VACCINE OR DOCUMENTED IMMUNITY).

B.2.9. IN ADDITION, THESE IMMUNIZATIONS ARE REQUIRED FOR SELECT PERSONNEL:

B.2.9.1. YELLOW FEVER (EVERY 10 YEARS) FOR OPERATIONAL FORCES OR TRAVELERS TO ENDEMIC COUNTRIES.

B.2.9.2. RABIES VACCINE (PERSONNEL AT OCCUPATIONAL RISK OF EXPOSURE, OR THOSE LIVING/WORKING IN FIELD CONDITIONS IN HIGH RISK AREAS \* CONSULT WITH NAVAF MEDICAL OR NEPMU).

B.2.9.3. PNEUMOCOCCAL VACCINE (FOR ASPLENIC PERSONNEL).

B.2.9.4. MENINGOCOCCAL QUADRIVALENT (EVERY 5 YEARS), FOR TRAVELERS TO BENIN, BURKINA FASO, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, ETHIOPIA, GAMBIA, GHANA, GUINEA, GUINEA-BISSAU, MALI, NIGER, NIGERIA, SENEGAL, AND SUDAN.

B.3. PREVENTION OF VECTOR BORNE DISEASES, INCLUDING MALARIA, IS ACHIEVED THROUGH PERSONAL PROTECTIVE MEASURES, VECTOR CONTROL, AND CHEMOPROPHYLAXIS IAW REF N. NOTE THAT CHEMOPROPHYLAXIS IS ONE PART OF A COMPREHENSIVE ANTIMALARIA PROGRAM - A FINAL BARRIER TO ILLNESS AFTER BARRIERS OF DEET, PERMETHRIN-TREATED CLOTHING AND BEDNETS HAVE BEEN EMPLOYED. IN THE FEW SUB-SAHARAN AREAS WHERE MALARIA IS NOT A HIGH THREAT, USE OF THE PERSONAL PROTECTIVE MEASURES AGAINST INSECT BITES REMAINS NECESSARY TO PROTECT AGAINST THE MANY OTHER INSECT-BORNE DISEASES. LIKE CONDUCT ASHORE, THIS IS A LEADERSHIP ISSUE.

B.3.1. MALARIA CAN BE RAPIDLY FATAL, THEREFORE IT IS NECESSARY TO TAKE ALL AVAILABLE MEASURES TO PREVENT THE DISEASE. TAKING PRESCRIBED MALARIA MEDICATION IS REQUIRED BUT NOT SUFFICIENT. SHIPBOARD PERSONNEL IN PORT AND OUTSIDE THE SKIN OF THE SHIP ARE EQUALLY AT RISK AS THOSE ASHORE.

B.3.1.1 MALARIA PREVENTION PRACTICES SHALL BE FOLLOWED FOR TRAVEL TO ALL COUNTRIES LISTED BY NCMI AS HAVING A POTENTIAL ATTACK RATE GREATER THAN 0.1% PER MONTH (SEE NCMI MALARIA RISK ANALYSIS AT [HTTP://WWW.AFMIC.DIA.SMIL.MIL/](http://www.afmic.dia.smil.mil/) SUBJECT/EPI.PHP). AS OF AUGUST 2011 THESE ARE: ANGOLA, BENIN, BOTSWANA, BURKINA FASO, BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, COMOROS, COTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, EQUATORIAL GUINEA, ETHIOPIA, GABON, GAMBIA, GHANA, GUINEA, GUINEA-BISSAU, KENYA, LIBERIA, MADAGASCAR, MALI, MALAWI, MAURITANIA, MOZAMBIQUE, NAMIBIA, NIGER, NIGERIA, REPUBLIC OF THE CONGO, RWANDA, SENEGAL, SIERRA LEONE, SOMALIA, SUDAN, SOUTH SUDAN, SWAZILAND, TANZANIA, TOGO, UGANDA, ZAMBIA, AND ZIMBABWE.

B.3.2. THE HEALTH RISK ASSESSMENT REQUIRED PER SECTION A.2.1 SHALL ENTAIL CAREFUL ANALYSIS OF DEPLOYMENT LOCATIONS AND PROVIDE APPROPRIATE COUNTERMEASURES. FOR HOUSING/CAMP SITE SELECTION, PRESENCE OF MOSQUITO BREEDING SITES, DIRECTION OF PREVAILING WINDS, PROXIMITY OF SETTLEMENTS WITH MALARIA-INFECTED INHABITANTS, AND LENGTH OF DEPLOYMENT MUST BE CONSIDERED. CONSULT NEPMU2 OR NAVAF MEDICAL FOR MORE DETAILED INFORMATION.

B.3.3. PERSONAL PROTECTIVE MEASURES ARE THE FIRST LINE OF DEFENSE AGAINST MALARIA AND OTHER VECTOR-BORNE DISEASES. SHIPBOARD PERSONNEL IN PORT AND OUTSIDE THE SKIN OF THE SHIP ARE EQUALLY AT RISK OF MOSQUITO BITES AS THOSE ASHORE. COMMANDERS SHALL ENSURE THAT ALL PERSONNEL ARE PREPARED PRIOR TO TRAVEL OR DEPLOYMENT WITH THE FOLLOWING SET OF PERSONAL PROTECTIVE EQUIPMENT (PPE): FOR MILITARY PERSONNEL A MINIMUM OF TWO SETS OF PERMETHRIN TREATED UNIFORMS (EG. NWU, BDU, OR DCU), AND FOR ALL PERSONNEL AT LEAST ONE SET OF PERMETHRIN TREATED CIVILIAN CLOTHES (LONG SLEEVED SHIRTS AND LONG PANTS OF GREATER THAN 50 PERCENT COTTON) FOR TRAVEL AND LIBERTY, A SUPPLY OF DEET FOR THE DURATION OF THE TRAVEL, AND A PERMETHRIN TREATED BEDNET. ANY EXCEPTIONS TO PERSONAL PROTECTIVE MEASURES/UNIFORM/CLOTHING REQUIREMENTS SHOULD BE ADDRESSED

DURING EVENT PLANNING AND SUBMITTED TO NAVAF MEDICAL FOR CONSIDERATION AND INCLUSION IN THE FHP PLAN. AMPLIFICATION OF THESE REQUIREMENTS FOLLOWS:

B.3.3.1. UNIFORMS AND CIVILIAN CLOTHES: UNIFORM (NWU, BDU, OR DCU) AND CIVILIAN CLOTHES OF GREATER THAN 50% COTTON SHALL BE TREATED WITH PERMETHRIN. TREATED UNIFORMS SHALL BE MARKED DOCUMENTING THE TREATMENT AND DATE FOR INSPECTION PURPOSES. PERMETHRIN SHALL BE APPLIED TO CLOTHING BY ONE OF THREE METHODS:

B.3.3.1.1 BULK TREATMENT OF UNIFORMS BY A PREVENTIVE MEDICINE TECHNICIAN CERTIFIED IN PROVIDING PESTICIDE APPLICATION. THIS METHOD LASTS THROUGH 50 LAUNDERINGS AND CAN BE PROVIDED BY LOCAL PREVENTIVE MEDICINE DEPARTMENTS AND NEPMUS.

B.3.3.1.2 USE OF THE PERMETHRIN IDA KIT (NSN 6840-01-345-0237), AN INDIVIDUAL-USE FIELD KIT IN WHICH THE UNIFORM IS TREATED IN PLASTIC BAGS CONTAINING PERMETHRIN SOLUTION, AND LASTS FOR 50 LAUNDERINGS.

B.3.3.1.3. USE OF AEROSOL PERMETHRIN SPRAY (6 OUNCE CANS/NSN 6840-01-278-1336) FOR INDIVIDUAL TREATMENT; THIS METHOD PROVIDES PROTECTION FOR ABOUT 6 LAUNDERINGS. PROVIDE AT LEAST FOUR CANS OF PERMETHRIN SPRAY TO TREAT TWO PAIRS OF UNIFORMS AND TWO SETS OF CIVILIAN CLOTHES PER SERVICE MEMBER. DO NOT TREAT UNDERWEAR/T-SHIRTS, SOCKS OR COVERS WITH PERMETHRIN. PROVIDE ADDITIONAL CANS IF NECESSARY TO RE-TREAT CLOTHING DURING DEPLOYMENT. PER LABEL INSTRUCTIONS (FEDERAL LAW), CANS SHALL NOT BE USED IN ENCLOSED SPACES.

B.3.3.1.4. NOMEX FLIGHT SUITS, SUMMER WHITES, DRESS WHITES/BLUES, AND CIVILIAN CLOTHING NOT CONTAINING AT LEAST 50% COTTON, CANNOT BE EFFECTIVELY TREATED WITH PERMETHRIN. WHEN THESE UNIFORMS/CLOTHING ARE REQUIRED FOR OFFICIAL FUNCTIONS/BUSINESS OR SPECIFIC MISSIONS, EXTRA ATTENTION MUST BE PAID TO PROTECTING EXPOSED SKIN WITH DEET CREAM, AND THE EXCEPTION TO POLICY SHALL BE AUTHORIZED IN THE FHP PLAN COMPLETED AND APPROVED BY NAVAF PRIOR TO DEPLOYMENT/TRAVEL, PER PARA A.2.1.

B.3.3.1.5. DO NOT DRY-CLEAN CLOTHING THAT HAS BEEN TREATED WITH PERMETHRIN \* IT REMOVES THE PERMETHRIN AND RENDERS THE CLOTHING NON-PROTECTIVE.

B.3.3.1.6. PROPER WEAR OF UNIFORM/CIVILIAN CLOTHES AS PPE IS CRITICAL TO THEIR EFFECTIVENESS IN PREVENTING MOSQUITO BITES. COMMANDERS SHALL ENSURE TRAINING FOR ALL PERSONNEL TO WEAR UNIFORM SLEEVES DOWN AND BUTTONED AND HAVE UNIFORM TROUSERS BLOUSED. CIVILIAN CLOTHES FOR LIBERTY SHALL BE LONG SLEEVES AND PANTS. LIGHT-COLORED LONG PANTS AND LOOSE-FITTING LONG SLEEVE SHIRTS PROVIDE THE BEST PROTECTION; MOSQUITOES CAN BITE THROUGH TIGHT-FITTING SHIRTS.

B.3.3.1.7. IN ORDER TO HELP MITIGATE INCREASED RISK OF HEAT INJURY DUE TO PROPER UNIFORM WEAR, COMMANDERS MAY PERMIT PERSONNEL PERFORMING MANUAL LABOR IN HOT WEATHER BETWEEN ONE HOUR AFTER SUNRISE UNTIL ONE HOUR BEFORE SUNSET, TO REMOVE THE UNIFORM BLOUSE AND WORK IN T-SHIRTS, WITH EXPOSED SKIN PROTECTED BY APPLICATION OF DEET INSECT REPELLANT AND SUNSCREEN. PERSONNEL PARTICIPATING IN OFFICIAL \*SPORTS DAY\* EVENTS WITH HOST NATION PERSONNEL, OR PERFORMING PHYSICAL TRAINING BETWEEN ONE HOUR AFTER SUNRISE UNTIL ONE HOUR BEFORE SUNSET, MAY WEAR APPROPRIATE PT CLOTHING AS LONG AS EXPOSED SKIN IS PROTECTED BY APPLICATION OF REPELLANT/SUNSCREEN; PER PARA B.2.3.1.4 THESE ACTIVITIES SHALL BE INCLUDED IN THE FHP PLAN.

B.3.3.2. PERSONAL INSECT REPELLENT: COMMANDERS SHALL PROVIDE ALL TRAVELERS WITH DEET INSECT REPELLENT LOTION, ONE TUBE PER WEEK OF ANTICIPATED EXPOSURE, TO BE APPLIED DIRECTLY TO SKIN NOT COVERED BY PERMETHRIN-TREATED CLOTHING (AVOIDING EYES/LIPS/ANY DAMAGED SKIN). THE MILITARY SKIN REPELLENT OF CHOICE IS ULTRATHON, NSN 6840-01-284-3982, THIS LONGEST-DURATION FORMULA PROTECTS AGAINST BITING INSECTS FOR 6-12

HOURS PER APPLICATION (TOWARDS SHORTER END OF RANGE IN HOT AND DRY ENVIRONMENTS). THE SECOND CHOICE IS SAWYER30, NSN 6840-01-584-8393 THAT LASTS 4-11 HOURS. SUPERVISORS SHALL ENSURE PROPER UTILIZATION OF INSECT REPELLENT AND REAPPLICATION AS NEEDED.

B.3.3.3. BEDNETS: COMMANDERS SHALL PROVIDE BEDNETS TREATED WITH PERMETHRIN TO ALL SAILORS DEPLOYING ASHORE IN MALARIA ENDEMIC REGIONS OF AFRICA REGARDLESS OF PLANNED BILLETING ENVIRONMENT. ALL SAILORS SHALL BE BRIEFED ON THE USE OF THIS PPE COUNTERMEASURE. A GOOD OPTION IS NSN 3740-01-516-4415, A POP-UP BEDNET THAT IS PRE-IMPREGNATED WITH PERMETHRIN.

B.3.4. MALARIA CHEMOPROPHYLAXIS (PREVENTIVE MEDICATION): MALARIA CHEMOPROPHYLAXIS IS REQUIRED FOR TRAVELERS TO ALL COUNTRIES LISTED BY NCMI AS HAVING A POTENTIAL ATTACK RATE GREATER THAN 0.1% PER MONTH (SEE PARA B.3.1.1). SHIPBOARD PERSONNEL IN PORT AND OUTSIDE THE SKIN OF THE SHIP BETWEEN SUNSET AND SUNRISE ARE EQUALLY AT RISK OF MALARIA-INFECTED MOSQUITO BITES AS THOSE ASHORE. WHILE PLASMODIUM FALCIPARUM, VIVAX, OVALE, AND MALARIAE STRAINS MAY ALL BE ENCOUNTERED, IN AFRICA FALCIPARUM IS THE MOST WIDESPREAD, SERIOUS, AND MOST COMMONLY FATAL TYPE OF MALARIA. CHLOROQUINE DRUG RESISTANCE IS PRESENT THROUGHOUT AFRICA AND THIS MEDICATION SHALL NOT BE USED.

B.3.4.1. MEDICAL DEPTS SHALL REVIEW DOD, AFRICOM AND NAVAF POLICY, COUNTRY PROFILES, MEDICAL GUIDANCE AND OPERATIONAL TASKINGS TO SELECT THE BEST CHEMOPROPHYLAXIS REGIMEN FOR THEIR PERSONNEL. RELIABLE PRIMARY SOURCES OF INFORMATION ON MALARIA DRUGS AND RISK AREAS ARE REFS E AND G AND NEPMU2.

B.3.4.2. FOR THE HIGHEST RISK COUNTRIES LISTED BY NCMI AS HAVING A POTENTIAL MALARIA ATTACK RATE GREATER THAN 10% PER MONTH, PER AFRICOM POLICY (REF P) THE DRUG OF CHOICE THAT SHALL BE USED FOR MALARIA PREVENTION IS MALARONE. (AS OF AUG 2011 THESE COUNTRIES ARE BENIN, BURKINA FASO, BURUNDI, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CONGO, COTE D'IVOIRE, DRCONGO, EQUATORIAL GUINEA, GABON, GHANA, GUINEA, GUINEA-BISSAU, LIBERIA, MALAWI, MALI, MOZAMBIQUE, NIGERIA, RWANDA, SIERRA LEONE, SUDAN, SOUTH SUDAN, THE GAMBIA, TOGO, UGANDA). IF MALARONE CANNOT BE USED DUE TO SIDE EFFECTS/ALLERGY, THE SECONDARY CHOICE IS DOXYCYCLINE. LOGISTICAL CHALLENGES ARE NOT A VALID REASON TO NOT USE MALARONE IN THESE HIGH RISK COUNTRIES. PER REF P, MEFLUQUINE SHOULD BE RESERVED FOR INDIVIDUALS UNABLE TO RECEIVE MALARONE OR DOXYCYCLINE.

B.3.4.3. PERSONNEL SHALL BE MEDICALLY SCREENED BEFORE MALARIA CHEMOPROPHYLAXIS IS INITIATED. PERSONNEL WHO HAD PRIOR REACTIONS OR HAVE MEDICAL RISK FACTORS, AND THOSE IN CERTAIN OCCUPATIONS SHALL BE IDENTIFIED AND PROVIDED WITH AN APPROPRIATE REGIMEN.

B.3.4.4. PRIMARY MALARIA CHEMOPROPHYLAXIS (MALARONE, DOXYCYCLINE OR MEFLUQUINE) IS REQUIRED BEFORE, DURING, AND AFTER DEPLOYMENT. BEGIN PRIOR TO TRAVEL TO ENDEMIC AREAS TO ALLOW ADEQUATE BLOOD LEVELS TO DEVELOP, AND CONTINUE FOR THE SPECIFIED PERIOD AFTER LEAVING. IF INDICATED (SEE BELOW), TERMINAL CHEMOPROPHYLAXIS (PRIMAQUINE) IS ADDED TO PRIMARY CHEMOPROPHYLAXIS AFTER LEAVING THE RISK AREA.

B.3.4.5. DIRECTLY OBSERVED THERAPY (DOT). DIRECTLY OBSERVED THERAPY IS MANDATORY FOR ALL ANTI-MALARIA DRUG REGIMENS TO ENSURE COMPLIANCE. CHAIN OF COMMAND SUPPORT IS REQUIRED TO CARRY OUT THIS METHOD, WITH SUPERVISORY PERSONNEL OBSERVING AND RECORDING AS MEMBERS TAKE THEIR MEDICATION. A DOT MEDICATION LOG SHALL BE MAINTAINED BY THE SENIOR MEMBER AND RETAINED BY THE COMMAND FOR 90 DAYS FOLLOWING COMPLETION OF TERMINAL CHEMOPROPHYLAXIS. PERSONNEL ON TAD, LEAVE OR RESERVE STATUS SHALL HAVE SOMEONE WITNESS AND SIGN THEIR DOT MEDICATION LOG, AND PERSONNEL MAY ARRANGE TO USE ELECTRONIC MEANS TO NOTIFY THEIR

SUPERVISOR EACH DAY WHEN MEDICATION HAS BEEN TAKEN. THIS WILL ENSURE PREVENTIVE MEDICATION IS CONTINUED WITHOUT INTERRUPTION; OTHERWISE LIFE-THREATENING MALARIA ILLNESS CAN DEVELOP EVEN AFTER DEPARTURE FROM THE RISK AREA.

B.3.4.6. MEDICAL PERSONNEL SHALL BE KNOWLEDGEABLE OF THE POSSIBLE SIDE EFFECTS OF ALL MALARIA MEDICATIONS, AND EDUCATE TRAVELERS/DEPLOYERS THAT IF THEY EXPERIENCE INTOLERABLE SIDE EFFECTS THEY SHOULD REPORT TO MEDICAL AND BE SWITCHED TO AN ALTERNATE DRUG - THEY SHALL NOT SIMPLY DECIDE TO STOP TAKING THE MEDICATION WITHOUT FIRST CONSULTING THEIR MEDICAL PROVIDER.

B.3.4.6.1. IF CHANGING FROM MALARONE OR DOXYCYCLINE TO MEFLUQUINE, IT IS IMPORTANT WHEN POSSIBLE TO CONTINUE THE FIRST DRUG FOR TWO WEEKS AFTER THE FIRST MEFLUQUINE DOSE, TO ALLOW PROTECTIVE BLOOD LEVELS OF MEFLUQUINE TO DEVELOP. IF SWITCHING FROM DOXY TO MALARONE OR VICE VERSA, ONE DAY OF OVERLAP IS ADEQUATE.

B.3.4.7. CHEMOPROPHYLACTIC DRUG DETAILS. THE CHOICES IN NAVAF AOR:

B.3.4.7.1. MALARONE IS GENERALLY VERY WELL TOLERATED AND EFFECTIVE IN PREVENTION OF MALARIA. PERSONNEL TAKE 1 TABLET OF MALARONE DAILY 1-2 DAYS PRIOR TO ENTERING THE AREA OF CONCERN AND CONTINUE DAILY WHILE IN THE AREA AND FOR SEVEN DAYS AFTER LEAVING. MALARONE HAS THE LOWEST RISK OF SIDE EFFECTS OF THE THREE PREVENTIVE DRUGS, AND IS LESS LIKELY THAN DOXYCYCLINE TO LEAD TO BREAK-THROUGH MALARIA ILLNESS IN THE HIGHEST-RISK AREAS LISTED ABOVE.

B.3.4.7.2. DOXYCYCLINE IS EFFECTIVE AGAINST MALARIA IF TAKEN PROPERLY; DOXYCYCLINE ONE 100 MG TABLET/DAY TAKEN WITH FOOD (NOT WITH DAIRY PRODUCTS, OR ANTACIDS), THE SAME TIME EACH DAY, BEGINNING TWO DAYS BEFORE ENTERING THE ENDEMIC AREA AND CONTINUED DAILY THROUGH FOUR WEEKS AFTER LEAVING. ANY MISSED/DELAYED DOSES OF DOXYCYCLINE INCREASE THE RISK OF BREAKTHROUGH MALARIA ILLNESS.

B.3.4.7.3 MEFLUQUINE IS EFFECTIVE AND USUALLY WELL TOLERATED AT PROPHYLACTIC DOSAGE, BUT MUST NOT BE TAKEN BY PERSONNEL WITH A HISTORY OF PSYCHIATRIC DISORDERS INCLUDING DEPRESSION OR ANXIETY, TRAUMATIC BRAIN INJURY, SEIZURES, OR CARDIAC CONDUCTION ABNORMALITIES. PERSONNEL IN FLIGHT OR DIVE STATUS ARE PROHIBITED FROM USING MEFLUQUINE. MEFLUQUINE ONE 250 MG TABLET WEEKLY IS TAKEN 2-3 WEEKS BEFORE ENTERING ENDEMIC AREAS OF OPERATION, CONTINUED ONCE A WEEK WHILE DEPLOYED AND FOR FOUR WEEKS AFTER LEAVING. PER REF P, MEFLUQUINE SHOULD BE RESERVED FOR INDIVIDUALS UNABLE TO RECEIVE MALARONE OR DOXYCYCLINE.

B.3.4.7.4. TERMINAL PROPHYLAXIS WITH PRIMAQUINE. CURRENTLY PRIMAQUINE IS THE ONLY DRUG USED FOR PREVENTION OF P. VIVAX AND P. OVALE RELAPSE AFTER POSSIBLE EXPOSURE. MOST MALARIA ENDEMIC AREAS OF THE WORLD HAVE AT LEAST ONE OF THESE SPECIES, AND TERMINAL PRIMAQUINE PROPHYLAXIS IS REQUIRED AFTER THREE WEEKS EXPOSURE UNLESS EXCUSED AS FOLLOWS:

B.3.4.7.4.1. IN SITUATIONS OF LOW RISK FOR VIVAX OR OVALE INFECTION (E.G. LESS THAN THREE WEEKS EXPOSURE), CONSULTATION WITH A PREVENTIVE MEDICINE OR INFECTIOUS DISEASE SPECIALIST (NEPMU2, NAVAF SURGEON'S OFFICE, OR US NAVAL HOSPITAL) MAY DETERMINE THAT TERMINAL PRIMAQUINE PROPHYLAXIS IS NOT REQUIRED.

B.3.4.7.4.2. THE G6PD STATUS OF PERSONNEL SHALL BE DOCUMENTED PRIOR TO TRAVEL (USN AND USMC PERSONNEL ARE TESTED UPON SERVICE ENTRY). DO NOT GIVE PRIMAQUINE TO G6PD-DEFICIENT PERSONNEL. IF A MEMBER WITH DEFICIENT G6PD HAS BEEN EXPOSED TO A MALARIOUS AREA, CONSULT WITH AN INFECTIOUS DISEASE SPECIALIST TO DETERMINE BEST TREATMENT COURSE.

B.3.4.7.4.3. WHEN INDICATED, PRIMAQUINE IS INITIATED AFTER PERSONNEL DEPART THE AREA OF EXPOSURE AND GIVEN AT THE FDA-APPROVED DOSE OF ONE 15MG TABLET DAILY FOR 14 CONSECUTIVE DAYS (THOUGH CDC RECOMMENDS TWO TABLETS PER DAILY DOSE). IT IS GIVEN IN ADDITION TO THE MALARONE,

DOXYCYCLINE, OR MEFLOQUINE, THIS ENSURES AN OVERLAP OF MEDICATION TO ERADICATE MALARIA PARASITES OF ANY STAGE THAT MAY BE PRESENT. WITHOUT TERMINAL PROPHYLAXIS, PERSONNEL CAN HARBOR DORMANT OVALE OR VIVAX PARASITES IN THE LIVER LONG AFTER LEAVING THE RISK AREA, AND MANIFEST DELAYED MALARIA ILLNESS.

B.3.4.8. MEDICATIONS SHALL BE PRESCRIBED INDIVIDUALLY AND DOCUMENTED IN EACH MEMBER'S MEDICAL RECORD. AN ADEQUATE SUPPLY OF ANTI-MALARIAL MEDICATION AND DIRECTIONS FOR ADMINISTRATION SHALL BE ISSUED TO PERSONNEL PRIOR TO DEPLOYMENT.

B.3.4.9. PERSONNEL ON PREPARE TO DEPLOY ORDERS (PTDO) SHOULD ONLY START MALARIA CHEMOPROPHYLAXIS WHEN THEY RECEIVE ORDERS TO DEPLOY. THEY WILL BE ADEQUATELY PROTECTED IF THEY START DAILY MALARONE (OR DOXYCYCLINE) BEFORE THEY ARRIVE IN AFRICA AND CONTINUE THROUGH POST-DEPLOYMENT PER USUAL MEDICATION INSTRUCTIONS.

B.3.5. ENGINEERING AND ADMINISTRATIVE CONTROLS.

B.3.5.1. USE BARRIER CONTROLS/APPLY SCREENING MATERIAL TO STRUCTURES THAT HOUSE PERSONNEL TO PREVENT INGRESS OF MOSQUITOES.

B.3.5.2. HAVE PREVENTIVE MEDICINE PERSONNEL EVALUATE POTENTIAL MISSION/CAMP SITES EARLY, MAKE RECOMMENDATIONS AND APPLY INSECTICIDES/LARVICIDES AS APPROPRIATE.

B.3.5.3. EDUCATE PERSONNEL TO REDUCE OUTDOOR ACTIVITY BETWEEN SUNSET AND SUNRISE IF POSSIBLE, WHEN MALARIA TRANSMITTING MOSQUITOES ARE MOST ACTIVELY FEEDING, E.G. RESTRICT SHOWERS TO DAYTIME HOURS, APPROPRIATELY SCHEDULE WORK PARTIES AND UNIT FORMATIONS. PLANNERS SHALL ANTICIPATE SPECIFIC EVENTS THAT REQUIRE UNIFORM EXCEPTIONS, AND LIST THEM IN THE FHP PLAN FOR THE MISSION/EXERCISE.

B.3.6. MALARIA DIAGNOSIS. A MALARIA CASE MAY PRESENT WITH NON-SPECIFIC 'FLU-LIKE' SYMPTOMS, PRIOR TO PROGRESSION TO FEVER AND INCAPACITATION. COMMANDERS AND PROVIDERS SHALL MAINTAIN A HIGH INDEX OF SUSPICION FOR MALARIA, AND ANY MEMBER SUSPECTED OF HAVING MALARIA SHALL BE TESTED IMMEDIATELY BY TRAINED MEDICAL PERSONNEL. IN THE PAST, STANDARD MALARIA TESTING ONLY INVOLVED EXAMINATION OF BLOOD-SAMPLE SLIDES WITH A MICROSCOPE, REQUIRING AN EXPERIENCED MICROSCOPIST TO PROVIDE ACCURATE RESULTS. NOW THERE IS AN FDA-APPROVED MALARIA RAPID DIAGNOSTIC TEST (RDT) AVAILABLE, THE BINAXNOW-MALARIA (NSN 6550081332341, BOX OF 25); A PATIENT BLOOD SPECIMEN IS APPLIED TO A TEST CARD ALONG WITH TEST REAGENTS, AND THE RESULT IS AVAILABLE IN 15 MINUTES. INSTRUCTIONS ENCLOSED IN THE KIT SHALL BE CAREFULLY FOLLOWED. A MEDICAL PROVIDER SHALL BE CONSULTED IN ALL DIAGNOSIS AND TREATMENT DECISIONS.

B.3.6.1. THE MALARIA RDT IS A VALUABLE TOOL AND ALL UNITS WITH MEDICAL PERSONNEL TRAVELING TO COUNTRIES IN SUB-SAHARA AFRICA SHALL HAVE IT AVAILABLE. MEDICAL PERSONNEL SHALL BE TRAINED ON USE OF THE TEST PRIOR TO DEPLOYMENT.

B.3.6.2. A POSITIVE RDT RESULT MAY INDICATE FALCIPARUM MALARIA OR A MIXED INFECTION, AND REQUIRES IMMEDIATE TREATMENT OF THE PATIENT. IN ADDITION, TESTING BY MICROSCOPY IS REQUIRED TO CONFIRM THE SPECIES OF MALARIA, AND THE NUMBER OF BLOOD CELLS INFECTED (AN IMPORTANT PROGNOSTIC INDICATOR).

B.3.6.3. A NEGATIVE RDT RESULT MAY MEAN MALARIA IS ABSENT, OR THAT THE LEVEL OF INFECTION IS NOT YET DETECTABLE BY THE TECHNIQUE, OR IT MAY BE A FALSE NEGATIVE RESULT. NEGATIVE RDT RESULTS SHALL BE CONFIRMED BY MICROSCOPY AS SOON AS POSSIBLE. PROVIDERS SHALL MAINTAIN A HIGH INDEX OF SUSPICION FOR MALARIA IN A FEBRILE PATIENT, AND CONSIDER TREATING THE PATIENT PRESUMPTIVELY AND REPEATING THE RDT IN ABOUT 8-12 HOURS.

B.3.6.4. THE BINAXNOW RDT KIT MUST BE STORED AT TEMPERATURES BETWEEN 2-37 DEGREES CENTIGRADE (36-98 FAHRENHEIT), UNTIL THE IMPRINTED EXPIRATION DATE.

B.3.7. MALARIA TREATMENT. ALL CASES OF SUSPECTED OR CONFIRMED MALARIA SHALL BE REPORTED TO NAVAF MEDICAL AS SOON AS POSSIBLE, BY TELEPHONE OR EMAIL.

B.3.7.1. UNCOMPLICATED MALARIA IN A STABLE PATIENT MAY BE TREATED WITH ORAL MEDICATION. TREATMENT SHOULD BE WITH A DRUG DIFFERENT FROM THAT TAKEN FOR PROPHYLAXIS. FDA-APPROVED TREATMENTS INCLUDE MALARONE 4 TABLETS ONCE DAILY FOR 3 DAYS; OR COARTEM 4 TABLETS TWICE DAILY FOR 3 DAYS. MEDICAL CHAIN OF COMMAND SHALL BE CONSULTED ON ALL MALARIA CASE TREATMENT ISSUES.

B.3.7.2. SEVERE/COMPLICATED MALARIA (SEE REF N) IS A MEDICAL EMERGENCY REQUIRING IV DRUG TREATMENT AND URGENT MEDEVAC TO MEDICAL FACILITIES WITH ICU CAPABILITIES.

B.3.8. TRAVEL/DEPLOYMENT TO DJIBOUTI. CURRENT DATA SHOW THAT THERE IS NEGLIGIBLE RISK OF MALARIA IN CAMP LEMONNIER AND IN DJIBOUTI CITY.

B.3.8.1. PERSONNEL STAYING IN CAMP LEMONNIER AND IN HOTELS IN DJIBOUTI CITY OR ON SHIPS INPORT ARE NOT REQUIRED TO TAKE MALARIA PREVENTIVE MEDICATIONS. PERSONNEL TRAVELING IN DJIBOUTI OUTSIDE OF DJIBOUTI CITY AND CAMP LEMONNIER ARE REQUIRED TO TAKE MALARIA PROPHYLAXIS FROM MARCH TO OCTOBER PER AFRICOM GUIDANCE GENADMIN 051537Z APR 12.

B.3.8.2. PERSONNEL STAYING IN CAMP LEMONNIER AND IN HOTELS IN DJIBOUTI CITY ARE NOT REQUIRED TO SLEEP UNDER BEDNETS.

B.3.8.2.1. PERSONNEL FOR WHOM THERE IS ANY CHANCE OF TRAVEL BEYOND DJIBOUTI CITY OR CAMP LEMONNIER MUST TAKE A BEDNET WITH THEM TO DJIBOUTI FOR CONTINGENCY PURPOSES.

B.3.8.3. THERE ARE MOSQUITOES AND OTHER INSECTS IN DJIBOUTI THAT TRANSMIT DISEASES OTHER THAN MALARIA, THEREFORE THE REQUIREMENTS STILL APPLY FOR PERMETHRIN TREATED UNIFORMS/CLOTHING AND USE OF DEET REPELLANT. IF COMMANDERS CHOOSE TO RELAX UNIFORM REQUIREMENTS ON CAMP LEMONNIER, THEY MUST ENSURE EXPOSED SKIN IS PROTECTED BY APPLICATION OF DEET REPELLANT.

B.4. FHP/THREAT BRIEFS FOR AFRICA WILL INCLUDE THE FOLLOWING FOR EACH COUNTRY:

B.4.1. HIGHEST-RISK ENDEMIC DISEASES

B.4.2. DIARRHEAL DISEASES. ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST IMMEDIATE INFECTIOUS DISEASE THREAT TO THE FORCE, AS THEY CAN RENDER UNITS NON-OPERATIONAL VERY QUICKLY DUE TO EASE OF TRANSMISSION AND RAPID ONSET OF ILLNESS. CHOLERA AND TYPHOID ARE ENDEMIC IN SOME AREAS, AND ARE TRANSMITTED BY INGESTION OF CONTAMINATED FOOD AND WATER. SALMONELLA, SHIGELLA, CAMPYLOBACTER, E. COLI, NOROVIRUS, AND HEPATITIS-A ARE VERY COMMON FOOD AND WATER CONTAMINANTS.

B.4.3. FOOD AND WATER SAFETY (SEE PARA A.4 ABOVE), AND EMPHASIS ON FIELD SANITATION AND HYGIENE.

B.4.4. VECTOR-BORNE DISEASES. VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, SANDFLIES, TICKS, LICE, FLIES AND FLEAS. OVERALL RISK TO US FORCES IS MODERATE TO HIGH FOR MANY VECTOR BORNE DISEASES THAT ARE PRESENT IN AFRICA. IN ADDITION TO MALARIA, THESE INCLUDE YELLOW FEVER, DENGUE, PLAGUE, TICK-BORNE ENCEPHALITIS, TYPHUS, LASSA FEVER, CRIMEAN-CONGO HEMORRHAGIC FEVER, SANDFLY AND WEST NILE FEVERS, RELAPSING FEVER, FILARIASIS, TUNGIASIS, LEISHMANIASIS, LOIASIS, TRYPANOSOMIASIS, AND ONCHOCERCIASIS. THESE DISEASES CAN SIGNIFICANTLY IMPACT FORCE HEALTH UNLESS PREVENTIVE MEASURES ARE ENFORCED. PREVENTION OF INSECT/ARTHROPOD BITES (24 HRS/DAY) IS KEY, ESPECIALLY AS SOME VECTOR-BORNE DISEASES HAVE NO SPECIFIC TREATMENT AVAILABLE. EMPHASIZE THAT SHIPBOARD PERSONNEL IN PORT AND OUTSIDE THE SKIN OF THE SHIP BETWEEN SUNSET AND SUNRISE ARE EQUALLY AT RISK OF MALARIA-INFECTED MOSQUITO BITES AS THOSE ASHORE.

B.4.5. TUBERCULOSIS, INCLUDING MULTI-DRUG RESISTANT STRAINS.

B.4.6. MENINGOCOCCAL MENINGITIS.

B.4.7. RABIES.

B.4.8. SEXUALLY TRANSMITTED INFECTIONS.

B.4.9. WATER-BORNE PARASITES LIKE SCHISTOSOMIASIS AND LEPTOSPIROSIS.

B.4.10. TOPOGRAPHY AND CLIMATE.

B.4.11. COMBAT AND DEPLOYMENT-RELATED STRESS.

B.4.12. INJURIES (WORK AND RECREATIONAL).

B.4.13. FIELD SANITATION AND PERSONAL HYGIENE.

B.4.14. CRIME AND TERRORISM.

B.4.15. ENVIRONMENTAL HEALTH THREATS (PER REF G).

B.4.15.1. HEAT INJURIES CAN BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM CLIMATES. ACCLIMATIZATION MAY TAKE 10 - 14 DAYS. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS ON HEAT INJURY PREVENTION TO INCLUDE:

B.4.15.2. ENSURING THAT PERSONNEL DRINK ADEQUATE WATER TO PREVENT DEHYDRATION (UP TO ONE AND ONE HALF QUARTS PER HOUR UNDER SEVERE HEAT/WORK CONDITIONS, NOT TO EXCEED TWELVE QUARTS PER DAY).

B.4.15.3. WHEN POSSIBLE, SCHEDULE HEAVY WORK DURING THE COOLER TIMES OF DAY, AND ESTABLISH APPROPRIATE WORK-REST CYCLES BASED ON WET-BULB GLOBE TEMPERATURE (WBGT).

B.4.15.4. AWARENESS THAT DIARRHEA, SKIN TRAUMA/SUNBURN, DRINKING ALCOHOL, FEVER, OBESITY, OLDER AGE, POOR PHYSICAL CONDITION, AND USE OF CERTAIN DRUGS (E.G. ANTIHISTAMINES, OR "COLD" MEDICATIONS) INCREASE VULNERABILITY TO HEAT.

B.4.15.5. ENSURING AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES/ EQUIPMENT SUCH AS COVERS, SUN GLASSES, SUNSCREEN, LIP BALM, ETC.

B.4.16 POOR ROAD CONDITIONS COMBINED WITH VARYING DRIVING EXPERIENCE OF LOCALS GREATLY INCREASE THE CHANCE OF MOTOR VEHICLE ACCIDENTS IN AFRICA. DRIVE DEFENSIVELY, ALWAYS WEAR SEAT BELTS AND ENSURE VEHICLES ARE IN GOOD WORKING ORDER. TRAVEL DURING DAYLIGHT HOURS WHENEVER POSSIBLE AND NEVER DRIVE ALONE. CARRY A CELL PHONE OR RADIO FOR COMMUNICATIONS.

B.4.17. DANGEROUS FLORA AND FAUNA, AND ANIMAL AVOIDANCE.

B.4.17.1. POISONOUS SNAKES ARE FOUND THROUGHOUT AFRICA, AND ARE COMMONLY ENCOUNTERED IN RURAL/FIELD SETTINGS. PROCEED WITH CAUTION IN BUSH ENVIRONMENTS, AND MOST SNAKES WILL FLEE FROM HUMANS UNLESS PROVOKED. IT IS VITAL TO EDUCATE PERSONNEL ON SNAKEBITE PREVENTION.

B.4.17.1.1. IN THE EVENT OF A SNAKEBITE, CLEAN THE WOUND, APPLY BASIC FIRST AID AND CALM THE VICTIM TO PREVENT PANIC-MANY BITES ARE 'DRY', I.E. VENOM IS NOT INJECTED. COMMENCE MEDEVAC PROCEDURES, AND CONTACT ISOS (INTERNATIONAL SOS) AND THE LOCAL US EMBASSY FOR FURTHER ADVICE.

B.4.17.1.2. THE LOCAL US EMBASSY MAY ALSO HAVE IMPORTANT INFORMATION REGARDING SUITABILITY AND AVAILABILITY OF ANTIVENIN - CALL THE EMBASSY MEDICAL POC. DUE TO SPECIFICITY OF ANTIVENINS, POOR SHELF LIFE, AND GENERAL LACK OF AVAILABILITY, IT IS NOT USUALLY PRACTICAL FOR UNITS TO DEPLOY WITH ANTIVENIN ONBOARD.

B.4.17.2. HOST NATIONALS IN MANY PORT AREAS MAY OFFER PHOTOS WITH OR ALLOW SERVICE MEMBERS TO PET/FEED MONKEYS OR OTHER EXOTIC LOCAL ANIMALS. THERE IS ALSO A SIGNIFICANT PRESENCE OF FERAL DOGS AND CATS ON THE STREETS OF MANY COUNTRIES IN THE NAVAF AOR. THESE ANIMALS ARE NOT PETS, ARE RARELY DOMESTICATED AND OFTEN CARRY DISEASES SUCH AS RABIES, LEISHMANIASIS, HERPES B VIRUS, AND TICKBORNE ENCEPHALITIS. SERVICE MEMBERS SHALL BE INSTRUCTED TO AVOID ANY CONTACT WITH LOCAL ANIMALS, AND REPORT URGENTLY TO MEDICAL FOR TREATMENT OF ANY BITES OR SCRATCHES. UNIT MEDICAL DEPT SHALL REPORT SUCH INCIDENTS IAW STANDARD MEDICAL EVENT REPORTING, REF L.

B.5. MEDICAL TRAINING PRE-DEPLOYMENT. FOR MEDICAL PERSONNEL DEPLOYING TO AFRICA FOR MORE THAN 30 DAYS, ESPECIALLY THOSE INVOLVED IN PATIENT CARE IN AUSTERE/REMOTE ENVIRONMENTS, ADDITIONAL FOCUSED TRAINING IS REQUIRED PER REF S. THIS REQUIREMENT CAN BE FULFILLED FOR ALL MEDICAL PERSONNEL BY ATTENDING THE 5-DAY \*DEPLOYMENT AND INTERNATIONAL HEALTH SHORT COURSE\*, OFFERED EVERY FEW MONTHS AT THE WALTER REED ARMY INSTITUTE OF RESEARCH IN SILVER SPRING, MARYLAND, SEE [HTTP://WRAIR-WWW.ARMY.MIL/OTHERSERVICES\\_TROPICALMEDICINE.ASPX](http://wrair-www.army.mil/OTHERSERVICES_TROPICALMEDICINE.ASPX). OTHER OPTIONS FOR PHYSICIANS ARE LONGER, MORE DETAILED, AND LESS FREQUENTLY OFFERED: THE ANNUAL AFIOH \*GLOBAL MEDICINE\* COURSE, OR THE SEMI-ANNUAL NAVY \*MILITARY TROPICAL MEDICINE\* COURSE.

B.6. PERSONNEL TRAVELING ON LEAVE TO AFRICAN COUNTRIES LISTED IN (B.2.1.1) SHALL COMPLETE A PRE-TRAVEL APPOINTMENT WITH A MEDICAL PROVIDER TO OBTAIN ANTI-MALARIAL MEDICATION AND HEALTH RISK REDUCTION RECOMMENDATIONS, AND ARE EXPECTED TO USE ALL APPROPRIATE PERSONAL PROTECTIVE MEASURES FOR THEMSELVES AND ACCOMPANYING FAMILY MEMBERS. RELEVANT INFORMATION IS AVAILABLE AT REF E.

SECTION C, ADDITIONAL FHP REQUIREMENTS FOR MILITARY AND DOD CIVILIAN PERSONNEL ON MISSIONS TO EUROPEAN COUNTRIES OF ALBANIA, ARMENIA, AZERBAIJAN, BELARUS, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, ESTONIA, GEORGIA, HUNGARY, KOSOVO, LATVIA, LITHUANIA, MACEDONIA, MOLDOVA, MONTENEGRO, POLAND, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, TURKEY AND UKRAINE.

C.1. IMMUNIZATIONS. PERSONNEL SHALL BE CURRENT ON ALL ROUTINE IMMUNIZATIONS (SEE REF H) INCLUDING SEASONAL INFLUENZA VACCINE, PLUS: C.1.1. HEPATITIS A (SERIES COMPLETE, OR FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPARTURE).

C.1.2. TYPHOID (INJECTABLE ONCE EVERY 2 YEARS OR ORAL ONCE EVERY 5 YEARS).

C.1.3. HEPATITIS B FOR MEDICAL AND OTHER PERSONNEL AT OCCUPATIONAL RISK OF EXPOSURE TO BLOOD AND BODY FLUIDS E.G. MILITARY POLICE, FIREFIGHTERS, AND COMBAT LIFESAVERS.

C.2. MALARIA PREVENTION. IN THE EUCOM AOR THERE ARE ONLY A FEW SMALL AREAS WITH SEASONAL (SUMMER) VERY LOW RISK OF MALARIA INFECTION, IN INFREQUENTLY-VISITED PARTS OF AZERBAIJAN, GEORGIA, AND TURKEY. NCMI ASSESSED RISK LEVELS (REF G) DO NOT REQUIRE MALARIA PREVENTIVE MEDICATIONS. URBAN AREAS ARE RISK-FREE, INCLUDING BAKU (AZERBAIJAN), TBILISI (GEORGIA), ISTANBUL, ANKARA, ANTALYA, AND THE INCIRLIK US AIR FORCE BASE.

C.2.1. PERSONAL PROTECTIVE MEASURES LISTED BELOW UNDER PARA C.3.3 SHALL BE ENFORCED ON ALL TRAVEL/DEPLOYMENTS IN THIS REGION DURING MARCH THROUGH OCTOBER FOR PROTECTION AGAINST MULTIPLE VECTOR-BORNE DISEASES. PERSONNEL SHALL DEPLOY WITH DEET INSECT REPELLENT TO PROTECT EXPOSED SKIN, AND UNIFORMS AND CIVILIAN CLOTHING THAT HAVE BEEN TREATED WITH PERMETHRIN.

C.3. ALL PERSONNEL SHALL RECEIVE A PRE-TRAVEL/DEPLOYMENT HEALTH THREAT AND COUNTERMEASURES BRIEFING. THE LISTED EUROPEAN COUNTRIES PRESENT AN INTERMEDIATE LEVEL OF OVERALL HEALTH RISK. WITHOUT ADEQUATE FORCE HEALTH PROTECTION MEASURES, MISSION EFFECTIVENESS MAY BE JEOPARDIZED. FHP BRIEFS SHALL INCLUDE:

C.3.1 ENDEMIC DISEASES (SEE REFS E AND G).

C.3.2. ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST IMMEDIATE INFECTIOUS DISEASE THREAT TO THE FORCE. HEPATITIS A AND TYPHOID ARE ENDEMIC AND INTERMEDIATE LEVEL RISK, AND ARE PRIMARILY TRANSMITTED BY INGESTION OF CONTAMINATED WATER OR FOOD.

C.3.3. VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, SAND FLIES, TICKS, LICE, AND FLEAS. OVERALL RISK TO US FORCES IS LOW, BUT MANY

VECTOR BORNE DISEASES ARE PRESENT. SEASONAL VARIABILITY SHOULD BE CONSIDERED. DISEASES INCLUDE MALARIA, LEISHMANIASIS, CRIMEAN-CONGO HEMORRHAGIC FEVER, TICK-BORNE ENCEPHALITIS, LYME DISEASE, AND TYPHUS. THEY CAN SIGNIFICANTLY IMPACT FORCE HEALTH UNLESS PREVENTIVE MEASURES ARE ENFORCED. AVOIDANCE OF VECTORS (24 HRS A DAY) IS KEY, INCLUDING HABITAT AWARENESS, PROPER WEAR OF UNIFORM/OTHER CLOTHING, AND USE OF:

C.3.3.1. PERMETHRIN INSECT REPELLENT TREATMENT OF UNIFORMS/CLOTHING. THREE METHODS AVAILABLE:

C.3.3.1.1. PERMETHRIN AEROSOL SPRAY 6 OUNCE CAN NSN 6840-01-278-1336, THIS METHOD PROVIDES PROTECTION FOR ABOUT 6 LAUNDERINGS OF NWU OR BDU, THEN SHALL BE REAPPLIED. TO ENSURE THE AEROSOL SPRAY TREATMENT IS RELIABLE, APPLY EVENLY ACROSS THE TOTAL SURFACE OF THE MATERIAL. PROVIDE AT LEAST 3 CANS OF PERMETHRIN SPRAY TO TREAT 2 PAIRS OF BDU UNIFORMS, BEDNET (IF NOT PRE-TREATED) AND ONE SET OF CIVILIAN CLOTHES PER SERVICE MEMBER. LABEL INSTRUCTIONS ON THE AEROSOL CANS ARE FEDERAL LAW - THE CANS SHALL NOT BE USED IN ENCLOSED SPACES.

C.3.3.1.2. PERMETHRIN IDA-KIT (NSN 6840-01-345-0237), A FIELD KIT TO TREAT INDIVIDUAL UNIFORMS IN PLASTIC BAGS CONTAINING PERMETHRIN SOLUTION, THAT LASTS FOR ABOUT 50 LAUNDERINGS OF NWU OR BDU.

C.3.3.1.3. CATEGORY-8 CERTIFIED PREVENTIVE MEDICINE PERSONNEL CAN PERFORM BULK PERMETHRIN TREATMENT OF UNIFORMS - THIS METHOD LASTS THROUGH 50 LAUNDERINGS OF NWU OR BDU.

C.3.3.2. INSECT REPELLENT LOTION APPLIED DIRECTLY TO EXPOSED SKIN (AREAS NOT COVERED BY PERMETHRIN-TREATED CLOTHING). THE AUTHORIZED FORMULATION IS 30% DEET, NSN 6840-01-284-3982, THIS LONG-DURATION FORMULATION PROTECTS AGAINST BITING INSECTS FOR 6-12 HOURS PER APPLICATION - SHORTER END OF RANGE IN HOT CLIMATES OR HEAVY RAINS. PROVIDE AT LEAST 1 TUBE OF DEET PER SERVICE MEMBER PER TWO WEEKS OF EXPOSURE.

C.3.3.2.1. PICARIDIN 19.2% FORMULATION IS AN ALTERNATIVE TOPICAL INSECT REPELLANT THAT HAS BEEN SHOWN TO BE AS EFFECTIVE AS THE DEET 30% LOTION, BUT IS NOT A MILITARY STOCK ITEM. LOWER CONCENTRATIONS OF PICARIDIN DO NOT PROVIDE SUFFICIENT DURATION OF PROTECTION AND ARE NOT AUTHORIZED.

C.3.3.3. PROPERLY WORN PERMETHRIN-TREATED UNIFORMS (SLEEVES DOWN, TROUSERS BLOUSED), EFFECTIVE USE OF SKIN REPELLENT PLUS INSECT AND VECTOR AVOIDANCE DISCIPLINE AFFORDS THE BEST PROTECTION.

C.3.4. TUBERCULOSIS IS ENDEMIC. THE RISK OF INFECTION IS ELEVATED FOR THOSE PERSONNEL WITH PROLONGED FACE TO FACE CONTACT WITH LOCAL POPULATIONS, FOR EXAMPLE DURING HUMANITARIAN EMERGENCY RELIEF EFFORTS.

C.3.5. AVOID ANIMALS. DO NOT PET STRAYS, DO NOT KEEP MASCOTS. ANIMALS CAN TRANSMIT VARIOUS DISEASES TO PEOPLE, INCLUDING RABIES, WHICH IS ALWAYS FATAL ONCE SYMPTOMS MANIFEST.

C.3.6. SYPHILIS, GONORRHEA, AND OTHER COMMON SEXUALLY TRANSMITTED INFECTIONS (STI) ARE PRESENT AT MODERATE LEVELS. HIV IS ALSO PRESENT AND A GROWING CONCERN IN SOME COUNTRIES. ABSTINENCE IS THE ONLY WAY TO ENSURE PREVENTION OF STI. LATEX CONDOMS SHOULD BE MADE AVAILABLE AND USED BY ALL CHOOSING TO BE SEXUALLY ACTIVE. IT IS ILLEGAL FOR DOD PERSONNEL TO UTILIZE PROSTITUTES.

C.3.7 MENINGOCOCCAL MENINGITIS OCCURS SPORADICALLY; HIGHEST RISK IS TO HUMANITARIAN RELIEF OPERATION PARTICIPANTS.

C.3.8. ALL PERSONNEL SHALL AVOID CONTACT WITH SICK OR DEAD POULTRY AND WILD BIRDS. AVOID POULTRY FARMS AND LIVE MARKETS. PRACTICE SAFE FOOD HANDLING AND ENSURE ALL POULTRY PRODUCTS ARE THOROUGHLY COOKED.

C.3.9. ENVIRONMENTAL HEALTH THREATS.

C.3.9.1. HEAT INJURIES MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO- WARM CLIMATES. ACCLIMATIZATION MAY TAKE 10-14

DAYS. ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION.

C.3.9.2. RISK OF COLD INJURY WILL DEPEND ON THE SPECIFIC REGION. HYPOTHERMIA, A LIFE-THREATENING CONDITION, MOSTLY OCCURS UP TO 55 DEGREES FAHRENHEIT AIR TEMPERATURE. RISK OF COLD INJURY INCREASES FOR PERSONS WHO ARE IN POOR PHYSICAL CONDITION, DEHYDRATED, OR WET. COUNTERMEASURES INCLUDE:

C.3.9.2.1. CLOTHING AND COVER. EXPOSED SKIN IS MORE LIKELY TO DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED AND DRY. COVER THE HEAD TO CONSERVE HEAT.

C.3.9.2.2. HYDRATION AND NUTRITION. PROVIDE WARM FOOD AND BEVERAGES, ESPECIALLY AT NIGHT. INCREASE WATER INTAKE TO 3-6 QUARTS PER DAY (DAILY FLUID INTAKE SHOULD NOT EXCEED 12 QUARTS). AVOID ALCOHOL. INCREASE FOOD INTAKE AS NEEDED.

C.3.9.2.3. PHYSICAL ACTIVITY. PLAN FOR SHORTENED PERIODS OF SENTRY GUARD DUTY. SHIVERING IS A WARNING SIGN OF IMPENDING COLD INJURY; INCREASE ACTIVITY, ADD CLOTHING, OR SEEK WARM SHELTER. USE THE BUDDY SYSTEM; OBSERVE ALL PERSONNEL FOR EARLY WARNING SIGNS AND SYMPTOMS.

C.3.10. VARIOUS SPECIES OF POISONOUS SNAKES ARE PRESENT. AWARENESS AND AVOIDANCE ARE KEY. MOST SNAKES WILL FLEE FROM HUMANS UNLESS PROVOKED. IT IS VITAL TO EDUCATE PERSONNEL ON SNAKEBITE PREVENTION.

C.3.10.1. IN THE EVENT OF A SNAKEBITE, CLEAN THE WOUND, APPLY BASIC FIRST AID AND CALM THE VICTIM TO PREVENT PANIC - MANY BITES ARE 'DRY', I.E. VENOM IS NOT INJECTED. COMMENCE MEDEVAC PROCEDURES, AND CONTACT ISOS (INTERNATIONAL SOS) AND THE LOCAL US EMBASSY FOR FURTHER ADVICE.

C.3.11. ASSUME THAT OCCUPATIONAL HAZARDS WILL NOT SIGNIFICANTLY DIFFER FROM THOSE AT HOME STATION. IF THE JOB AT HOME STATION REQUIRES USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE), SO WILL THE JOB WHILE DEPLOYED.

C.3.12. WORK, AS WELL AS SPORTS AND OTHER RECREATIONAL INJURIES, ARE SIGNIFICANT CONTRIBUTORS TO NON-EFFECTIVENESS. COMMAND EMPHASIS OF SAFETY AWARENESS IS IMPORTANT.

C.3.13. POOR ROAD CONDITIONS COMBINED WITH VARYING DRIVING EXPERIENCE OF LOCALS AND OF MULTINATIONAL FORCES INCREASE THE CHANCE OF MOTOR VEHICLE ACCIDENTS. DRIVE DEFENSIVELY, ALWAYS WEAR SEAT BELTS AND ENSURE GOVERNMENT AND RENTAL VEHICLES ARE IN GOOD WORKING ORDER. TRAVEL DURING DAYLIGHT HOURS WHENEVER POSSIBLE AND NEVER DRIVE ALONE. CARRY A CELL PHONE OR RADIO FOR COMMUNICATIONS WITH HOME BASE.

C.3.14. COMMAND EMPHASIS ON GOOD FIELD SANITATION PRACTICES IS ESSENTIAL TO MAINTAIN FORCE HEALTH, INCLUDING: FREQUENT HANDWASHING; PROPER DENTAL CARE; CLEAN AND DRY CLOTHING (ESPECIALLY SOCKS, UNDERWEAR, AND BOOTS); BATHING WITH WATER FROM A POTABLE SOURCE. CHANGE SOCKS FREQUENTLY, FOOT POWDER HELPS PREVENT FUNGAL INFECTIONS.

C.3.15. COMMANDERS SHALL CONSIDER THE POTENTIAL FOR CONTACT WITH NUCLEAR/RADIOLOGICAL, BIOLOGICAL, OR CHEMICAL WEAPONS AGENTS (INCLUDING TOXIC INDUSTRIAL MATERIALS) IN DEPLOYMENT PLANNING AND PREPARATION. MEDICAL COUNTERMEASURES INCLUDE: IMMUNIZATIONS, PPE/MOPP GEAR, BW/CW ANTIDOTES; AND FOOD, WATER AND ENVIRONMENTAL VULNERABILITY ASSESSMENTS.

C.4. POC FOR THIS MESSAGE IS COMNAVEUR-COMNAVAF-C6F SURGEON'S OFFICE, COMM PHONE +39-081-568-4690, DSN 314-626-4690; EMAIL: CNE-C6F\_HSS(AT)EU.NAVY. MIL//

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