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SUBJECT: USEUCOM GENADMIN FOR DEPLOYMENT FORCE HEALTH PROTECTION GUIDANCE

ORIGINATOR: EUCOM J3 DIRECTORATE//

DTG: 251355z

PRECEDENCE: ROUTINE **DAC:** General

TO: HQ USAFE A3 RAMSTEIN AB GE, COMUSNAVEUR COMUSNAVAF NAPLES IT, CDR USAREUR G357 WIESBADEN GE, COMMARFOREUR, COMSOCEUR J3 OPS DIRECTORATE VAIHINGEN GE, CDR USAFRICOM STUTTGART GE, CDR USAFRICOM STUTTGART GE, CDR USAFRICOM JOC CHIEF STUTTGART GE, CDR USAFRICOM JOC EA STUTTGART GE, CDR USSOCOM MACDILL AFB FL, CDR USSTRATCOM OFFUTT AFB NE, CDR USSTRATCOM OFFUTT AFB NE, CDR USCENTCOM MACDILL AFB FL, CDR USPACOM HONOLULU HI, CDR USSOUTHCOM MIAMI FL, CDR USSOUTHCOM MIAMI FL, DIRECT CJCS USNORTHCOM, MESSAGING NETWORK CONTROL CENTER FT DETRICK MD, CDR USTRANSCOM SCOTT AFB IL, JOINT STAFF WASHINGTON DC//

CC: CDR USEUCOM J1 DIRECTORATE VAIHINGEN GE, CDR USEUCOM J2 DIRECTORATE VAIHINGEN GE, CDR USEUCOM J4 DEPLOYMENT DIST OPS CTR VAIHINGEN GE, CDR USEUCOM J4 DIRECTORATE VAIHINGEN GE, CDR USEUCOM J4 JLOC VAIHINGEN GE, CDR USEUCOM J5 EUROPE DIV VAIHINGEN GE, CDR USEUCOM J5 PLANS DIV VAIHINGEN GE, CDR USEUCOM J5 STRATEGY DIV VAIHINGEN GE, CDR USEUCOM J6 DIRECTORATE VAIHINGEN GE, CDR USEUCOM J7 DIRECTORATE VAIHINGEN GE, CDR USEUCOM J8 RESEARCH AND ANALYSIS DIV VAIHINGEN GE, CDR USEUCOM J9 DIRECTORATE VAIHINGEN GE, CDR USEUCOM PUBLIC AFFAIRS VAIHINGEN GE, USEUCOM POLAD VAIHINGEN GE, HQ USAFE CC RAMSTEIN AB GE, HQ USAFE COMMAND CENTER RAMSTEIN AB GE, CDR USAREUR CG WIESBADEN GE, COMSOCEUR VAIHINGEN GE, CDR USAREUR OCSURG WIESBADEN GE, DIR MEDIA GATEWAY FACILITY LANDSTUHL GE, COMNAVSURFLANT, COMNAVACT ROTA SP, COMUSNAVEUR ETD SIGONELLA IT, COMNAVREG EURAFSWA NAPLES IT, HQ AFRICOM STUTTGART GE, CDR USEUCOM EPOC JOC VAIHINGEN GE//

RAAUZYUW RUIPAAA1988 3291421-UUUU--RUIGAAA RUIPAAA.

ZNR UUUUU ZUI RUEWMCE0835 3291423

R 251355Z NOV 15

FM CDR USEUCOM J3 DIRECTORATE VAIHINGEN GE

TO RUIPAAA/HQ USAFE A3 RAMSTEIN AB GE

RUOIAAAA/COMUSNAVEUR COMUSNAVAF NAPLES IT

RUIAAAA/CDR USAREUR G357 WIESBADEN GE

RUJIAAAA/COMMARFOREUR

RUIPAAA/COMSOCEUR J3 OPS DIRECTORATE VAIHINGEN GE

RUIPAAA/CDR USAFRICOM STUTTGART GE

RUZEFAA/CDR USAFRICOM STUTTGART GE

RUIPAAA/CDR USAFRICOM JOC CHIEF STUTTGART GE

RUIPAAA/CDR USAFRICOM JOC EA STUTTGART GE

RUIEAAA/CDR USSOCOM MACDILL AFB FL

RUIGAAA/CDR USSTRATCOM OFFUTT AFB NE

RUCUSTR/CDR USSTRATCOM OFFUTT AFB NE

RUIPAAA/CDR USCENTCOM MACDILL AFB FL

RUICAAA/CDR USPACOM HONOLULU HI

RUJBAAA/CDR USSOUTHCOM MIAMI FL

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RUYHAAA/DIRECT CJCS USNORTHCOM
RUIMAAA/MESSAGING NETWORK CONTROL CENTER FT DETRICK MD
RUIHAAA/CDR USTRANSCOM SCOTT AFB IL
RUEKJCS/JOINT STAFF WASHINGTON DC
INFO RUIPAAA/CDR USEUCOM J1 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM J2 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM J4 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM J4 DEPLOYMENT DIST OPS CTR VAIHINGEN GE
RUIPAAA/CDR USEUCOM J4 JLOC VAIHINGEN GE
RUIPAAA/CDR USEUCOM J5 PLANS DIV VAIHINGEN GE
RUIPAAA/CDR USEUCOM J5 STRATEGY DIV VAIHINGEN GE
RUIPAAA/CDR USEUCOM J6 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM J7 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM J8 RESEARCH AND ANALYSIS DIV VAIHINGEN GE
RUIPAAA/CDR USEUCOM J9 DIRECTORATE VAIHINGEN GE
RUIPAAA/CDR USEUCOM PUBLIC AFFAIRS VAIHINGEN GE
RUIPAAA/EUCOM POLAD VAIHINGEN GE
RUIPAAA/HQ USAFE CC RAMSTEIN AB GE
RUIPAAA/HQ USAFE COMMAND CENTER RAMSTEIN AB GE
RUIAAAA/CDR USAREUR CG WIESBADEN GE
RUIPAAA/COMSOCEUR VAIHINGEN GE
RUIAAAA/CDR USAREUR OCSURG WIESBADEN GE
RUIAAAA/DIR MEDIA GATEWAY FACILITY LANDSTUHL GE
RUOIAAAA/COMNAVSURFLANT NORFOLK VA
RUOIAAAA/COMNAVACT ROTA SP
RUOIAAAA/COMUSNAVEUR ETD SIGONELLA IT
RUOIAAAA/COMNAVREG EURAFSWA NAPLES IT
RUIPAAA/HQ AFRICOM STUTTGART GE
RUIPAAA/CDR USEUCOM EPOC JOC VAIHINGEN GE
BT
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SUBJ/USEUCOM GENADMIN FOR DEPLOYMENT FORCE HEALTH PROTECTION
GUIDANCE
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MSGID/GENADMIN/CDRUSEUCOM//

REF/A/WEB/NCMI/12 NOV 2014//
REF/B/DOC/DOD/23 APR 2007//
REF/C/MEMO/CJCS/07 DEC 2012//
REF/D/DOC/DOD/08 FEB 2012//
REF/E/DOC/DOD/30 SEP 2011//
REF/F/DOC/DOD/05 FEB 2010//
REF/G/WEB/CDC/12 NOV 2014//
REF/H/WEB/CDC/12 NOV 2014//
REF/I/DOC/DA/22 NOV 2000//
REF/J/WEB/USAPHC/12 NOV 2014//
REF/K/WEB/USDOS/12 NOV 2014//

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REF/L/WEB/CIA/12 NOV 2014//
REF/M/WEB/AFHSC/12 NOV 2014//
REF/N/DOC/AFPMB/15 OCT 2009//
REF/O/WEB/HAD-IHB/12 NOV 2014//
REF/P/DOC/DOD/07 JUN 2013//
REF/Q/DOC/AR/07 JUN 2013//
REF/R/DOC/ASD/04 SEP 2009//
REF/S/WEB/WHO/12 NOV 2014//
REF/T/DOC/DOD/27 JUN 2013//
REF/U/DOC/AR/21 JAN 2005//
REF/V/DOC/USAF/19 MAR 2010//
REF/W/DOC/DOD/28 OCT 2009//
REF/X/DOC/DOD/26 FEB 2013//
REF/Y/DOC/DODI/04 JUN 2013//
REF/Z/MEMO/ASD/20 APR 2012//
REF/AA/MEMO/ASD/14 NOV 2011//
REF/BB/MEMO/ASD/ 14NOV 2011//
REF/CC/MEMO/USD/18 NOV 2011//
REF/DD/DOC/ASD/07 NOV 2006//
REF/EE/DOC/ASD/12 MAR 2009//
REF/FF/WEB/PENTAGON/12 NOV 2014//
REF/GG/MEMO/USD/30 JUL 2013//
REF/HH/MEMO/ASD/15 APR 2013//
REF/II/MEMO/ASD/26 JUL 2012//
REF/JJ/DOC/DOD/11 NOV 2008//
REF/KK/MEMO/ASD/23 AUG 2013//
REF/LL/DOC/USEUCOM/03 SEP 2013//

NARR/(U) REF A IS NATIONAL CENTER FOR MEDICAL INTELLIGENCE
(NCMI)

CLASSIFIED WEBSITE: [HTTPS://WWW/NCMI.DIA.SMIL.MIL](https://www.ncmi.dia.smil.mil). REF B IS
DEPARTMENT OF DEFENSE (DOD) INSTRUCTION 6200.04, FORCE HEALTH
PROTECTION (FHP) POLICY. REF C IS CJCS MEMO ESTABLISHING THE
PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE. REF D IS DOD
INSTRUCTION 6490.02E, POLICY FOR COMPREHENSIVE HEALTH
SURVEILLANCE.

REF E DOD INSTRUCTION 6490.03, THE POLICY FOR DEPLOYMENT HEALTH.
REF

F IS DOD INSTRUCTION 6490.07, THE POLICY FOR DEPLOYMENT-LIMITING
MEDICAL CONDITIONS FOR SERVICE MEMBERS AND DOD CIVILIAN
EMPLOYEES.

REF G IS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC),
TRAVELERS' HEALTH INFORMATION INCLUDING CURRENT VERSION OF THE
"YELLOW BOOK," HEALTH INFORMATION FOR THE INTERNATIONAL TRAVELER
WEBSITE ([HTTP://WWWNC.CDC.GOV/TRAVEL/](http://wwwnc.cdc.gov/travel/)). REF H IS THE CDC RABIES
POST-EXPOSURE PROPHYLAXIS GUIDELINES (AMERICAN COMMITTEE OF

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IMMUNOLOGY PRACTICES/ACIP) WEBSITE ([HTTP://WWW.CDC.GOV/RABIES](http://www.cdc.gov/rabies)).
REF I
IS THE DA FIELD MANUAL (FM) 21-10, FIELD HYGIENE AND SANITATION.
REF
J IS THE WORLDWIDE DIRECTORY OF SANITARILY APPROVED FOOD SOURCES
FOR
ARMED FORCES PROCUREMENT WEBSITE
[HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/FOODWATER/CA/PAGES/DODAPPROVEDEF
OODSO
URCES.ASPX](http://phc.amedd.army.mil/topics/foodwater/ca/pages/dodapprovedfoodsources.aspx)). REF K IS THE U.S. DEPARTMENT OF STATE, TRAVEL
WARNINGS
AND ALERTS AND OTHER CONSULAR INFORMATION WEBSITE
([HTTP://TRAVEL.STATE.GOV](http://travel.state.gov), UNDER ALERTS AND WARNINGS). REF L IS
THE
CENTRAL INTELLIGENCE AGENCY'S (CIA) WORLD FACT BOOK WEBSITE
([HTTPS://WWW.CIA.GOV/LIBRARY/PUBLICATIONS/THE-WORLD-FACTBOOK](https://www.cia.gov/library/publications/the-world-factbook)).
REF M
IS THE ARMED FORCES HEALTH SURVEILLANCE CENTER (AFHSC) WEBSITE
([HTTP://AFHSC.MIL](http://afhsc.mil)). REF N IS THE ARMED FORCES PEST MANAGEMENT
BOARD
(AFPMB)/OCT 2009/AFPMB/TECHNICAL GUIDE #36, PERSONAL PROTECTIVE
MEASURES AGAINST INSECTS AND OTHER ARTHROPODS OF MILITARY
SIGNIFICANCE ([HTTP://WWW.AFPMB.ORG/CONTENT/TECHNICAL-GUIDES](http://www.afpmb.org/content/technical-guides)).
REF O
IS DEFENSE HEALTH AGENCY (DHA)-IMMUNIZATION HEALTHCARE BRANCH
WEBSITE
([HTTP://WWW.VACCINES.MIL](http://www.vaccines.mil)). REF P IS DODI 6485.01, HUMAN
IMMUNODEFICIENCY VIRUS (HIV) IN MILITARY SERVICE MEMBERS. REF Q
IS
TRI-SERVICE INSTRUCTION AR 40-562/BUMEDINST 6230.15B/AFJI
48-110_IP/CG COMDTINST M6230.4G, IMMUNIZATIONS AND
CHEMOPROPHYLAXIS.
REF R IS THE HEALTH AFFAIRS (HA) POLICY MEMORANDUM 09-017 ON THE
USE
OF MEFLUQUINE (LARIAM) IN MALARIA PROPHYLAXIS. REF S IS WORLD
HEALTH
ORGANIZATION (WHO) WEBSITE ([HTTP://WWW.WHO.INT/EN/](http://www.who.int/en/)). REF T IS
DOD
INSTRUCTION 6400.04E, 6400.04E, DOD VETERINARY PUBLIC AND ANIMAL
HEALTH SERVICES. REF U IS AR 40-657/NAVSUP 4355.4H/MCO
P10110.31H,
VETERINARY/MEDICAL FOOD SAFETY, QUALITY ASSURANCE, AND
LABORATORY
SERVICE. REF V IS U.S. AIR FORCE INSTRUCTION (AFI) 48-116, FOOD
SAFETY PROGRAM. REF W IS 2010 NATIONAL DEFENSE AUTHORIZATION
ACT,
SECTION 708, MENTAL HEALTH ASSESSMENTS FOR MEMBERS OF THE ARMED

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FORCES DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION. REF X IS MENTAL HEALTH ASSESSMENTS (MHA) FOR MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION, INCORPORATING CHANGE 1 EFFECTIVE 26 FEB 2013. REF Y IS COMPREHENSIVE POLICY ON NEUROCOGNITIVE ASSESSMENT BY THE MILITARY SERVICES. REF Z IS POLICY MEMORANDUM, GUIDELINE FOR TUBERCULOSIS SCREENING AND TESTING. REF AA IS THE ASSISTANT SECRETARY OF DEFENSE (ASD) HA POLICY MEMORANDUM REGARDING HUMAN RABIES PREVENTION DURING AND AFTER DEPLOYMENT. REF BB IS THE ASD HA POLICY MEMORANDUM REGARDING POST-DEPLOYMENT RABIES RISK EVALUATION. REF CC IS UNDER SECRETARY OF DEFENSE (USD) HA POLICY MEMORANDUM REGARDING ACCESS TO MEDICAL SERVICES FOR INDIVIDUALS WHO WERE EXPOSED TO RABIES WHILE IN A COMBAT THEATER. REF DD IS ASD HA POLICY GUIDANCE FOR DEPLOYMENT-LIMITING PSYCHIATRIC CONDITIONS AND MEDICATIONS. REF EE IS THE ASD HA POLICY FOR DECREASING USE OF ASPIRIN (ACETYLSALICYLIC ACID) IN COMBAT ZONES. REF FF IS THE U.S. FOREIGN CLEARANCE GUIDE, AVAILABLE AT: [HTTPS://WWW.FCG.PENTAGON.MIL](https://www.fcg.pentagon.mil). REF GG IS THE USD READINESS AND PERSONNEL (R AND P) POLICY MEMORANDUM, REQUEST FOR WAIVER OF REQUIREMENTS TO INCLUDE OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARIES IN INDIVIDUAL MEDICAL RECORDS. REF HH IS SECRETARY OF DEFENSE (SD) HA GUIDANCE MEMORANDUM ON MEDICATIONS FOR PROPHYLAXIS OF MALARIA. REF II IS THE ASD HA POLICY FOR IMPLEMENTATION OF REVISED DEPARTMENT OF DEFENSE FORMS 2795, 2796, AND 2900. REF JJ IS DOD INSTRUCTION 6055.5 OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH). REF KK IS ASD WAIVER MEMORANDUM APPROVING USE OF IMPACT NEUROCOGNITIVE ASSESSMENT BY USSOCOM. REF LL IS ECG 5610.01, USEUCOM DIRECTORY OF HQ USEUCOM DELEGATIONS OF AUTHORITY.//

ORDTYP/GENADMIN/CDRUSEUCOM//
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NARR/(U) THIS USEUCOM GENADMIN MESSAGE PROVIDES THE MINIMUM FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR PERSONNEL DEPLOYING IN SUPPORT OF U.S. MILITARY/NATO NAMED OR UNNAMED OPERATIONS IN THE U.S. EUROPEAN COMMAND (USEUCOM) AREA OF RESPONSIBILITY (AOR). THIS MESSAGE DOES NOT APPLY TO PERSONNEL WITH PERMANENT CHANGE OF STATION (PCS) ORDERS TO THE USEUCOM AOR.//

GENTEXT/REMARKS/

1. (U) SITUATION. ALL PERSONNEL, INCLUDING BUT NOT LIMITED TO REGIONALLY ALIGNED FORCES (RAF) AND VISITING MEMBERS OF STATE PARTNERSHIP PROGRAMS (SPP), ENTERING THE USEUCOM AOR MUST FOLLOW USEUCOM FHP REQUIREMENTS ESTABLISHED HEREIN.

1.A. (U) THIS MESSAGE SUPERSEDES HQ USEUCOM MSG DTG 121645ZNOV14.

1.B. (U) SUMMARY OF REVISIONS: UPDATED DATE/TIME GROUP, UPDATED SITUATION STATEMENT (SEC 1.), ADDED INDIVIDUAL MEDICAL READINESS ACTIVITIES CLARIFICATION (SEC 1.E.), INCLUDED CONTRACTORS IN SECTIONS

2.A.1. AND 2.A.3.A., ADDED TIME FRAME FOR COMPLETING MEDICAL WAIVER

PROCESS (SEC 2.A.3.B.), ADDED HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH) GUIDANCE (SEC

2.A.3.B.),

ADDED GUIDANCE AND POINT OF CONTACT (POC) INFORMATION FOR DEPARTMENT

OF DEFENSE (DOD) CIVILIANS AND CONTRACTORS (SEC 2.A.3.B.5.), ADDED

IMMUNIZATION GUIDANCE FOR RAF AND SPP FORCES DEPLOYING TO THE USEUCOM

AOR (SEC 2.A.11.A.7., 2.A.11.B., 2.A.11.C.1.), ADDED USEUCOM FHP POC

REFERENCE INFORMATION (SEC 2.A.3.B.1.), CHANGED WORDING FOR PREGNANCY

AS A NON-WAIVERABLE CONDITION (SEC 2.A.3.C.1.), ADDED GUIDANCE FOR

DEPLOYING CREDENTIALLED PROVIDERS (SEC 1.J.), CORRECTED SPELLING (SEC

2.A.6., SEC 2.A.10.A.), CHANGED "SCREENING" TO "TESTING" (SEC 1.A.10.B.), COMBINED SEC 2.A.10.E.1. AND 2.A.10.E.2., ADDED SEC 2.A.9.A.1. FOR SPECIAL OPERATIONS FORCES (SOF) USE OF IMPACT IN LIEU

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OF AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM), AND ADDED DEFINITIONS SECTION (SEC 7.). LIST OF CHANGES IS EXTENSIVE BUT NOT COMPLETE.

1.C. (U) THIS MESSAGE APPLIES TO ALL TEMPORARY DUTY (TDY) AND DEPLOYMENTS TO THE USEUCOM AOR. SEE PARA. 2.B. FOR MINIMUM REQUIREMENTS FOR TDY.

1.D. (U) IAW REF E, ALL OUTSIDE OF THE CONTINENTAL UNITED STATES (OCONUS) DEPLOYMENTS FOR MORE THAN 30 CONTINUOUS DAYS TO A LOCATION THAT DOES NOT HAVE A PERMANENT MILITARY TREATMENT FACILITY (MTF) (FUNDED BY THE DEFENSE HEALTH PROGRAM) SHALL FOLLOW ALL PRE-DEPLOYMENT HEALTH ACTIVITIES.

1.E. (U) ALL INDIVIDUAL MEDICAL READINESS (IMR) ACTIVITIES LISTED IN DODI 6025.19 ARE REQUIRED FOR ENTRY INTO THE USEUCOM AOR REGARDLESS OF LOCATION AND LENGTH OF TDY OR DEPLOYMENT. ADDITIONAL PRE-DEPLOYMENT HEALTH ACTIVITIES ARE BASED ON THE HEALTH THREATS IDENTIFIED AS PART OF THE HEALTH RISK ASSESSMENTS. ALL IMR ACTIVITIES, TO INCLUDE IMMUNIZATIONS, MUST BE COMPLETED PRIOR TO ARRIVAL IN THE USEUCOM AOR.

1.F. (U) THE FOLLOWING COUNTRIES ARE ASSESSED TO BE AT A HIGHER RISK MEDICALLY AS COMPARED TO THE U.S. AND WESTERN EUROPE (SEE SEC 8.1 FOR COMPLETE LIST OF COUNTRIES CONSIDERED TO BE A PART OF WESTERN EUROPE): ALBANIA, ARMENIA, AZERBAIJAN, BELARUS, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CYPRUS, CZECH REPUBLIC, ESTONIA, GEORGIA, GREECE, HUNGARY, ISRAEL, KOSOVO, LATVIA, LITHUANIA, MACEDONIA, MOLDOVA, MONTENEGRO, POLAND, ROMANIA, RUSSIA, SERBIA, SLOVAKIA, SLOVENIA, TURKEY AND UKRAINE.

1.F.1. (U) INCIRLIK, TURKEY, FOR THE PURPOSES OF THIS GENADMIN MESSAGE, HAS A ROLE 1 FIXED MTF AND DOES NOT REQUIRE A DEPLOYMENT RELATED HEALTH ASSESSMENT OR AN ANAM EXAM.

1.G. (U) PERSONNEL WHO ARE ASSIGNED TO SHIPBOARD OPERATIONS THAT ARE NOT ANTICIPATED TO INVOLVE OPERATIONS ASHORE ARE EXEMPT FROM IMR ACTIVITIES AS LISTED ABOVE. THE EXCEPTION IS WHEN POTENTIAL HEALTH THREATS INDICATE ACTIONS NECESSARY BEYOND THE SCOPE OF SHIPBOARD OCCUPATIONAL HEALTH PROGRAMS OR PER THE DECISION OF THE COMMANDER

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EXERCISING OPERATIONAL CONTROL.

1.H. (U) PERSONNEL DEPLOYING TO USEUCOM AOR WITH THE POTENTIAL TO FORWARD DEPLOY TO EITHER U.S. CENTRAL COMMAND (USCENTCOM) OR U.S.

AFRICA COMMAND (USAFRICOM) MUST COMPLY WITH ALL GUIDANCE OUTLINED IN

THIS DOCUMENT ALONG WITH GUIDANCE FOR THE FOLLOW-ON LOCATION.

1.I. (U) OUTLINE: PARA. 2. PROVIDES THE MINIMUM PRE-DEPLOYMENT FHP

REQUIREMENTS. PARA. 3. OUTLINES THE MINIMUM FHP REQUIREMENTS DURING

THE DEPLOYMENT. PARA. 4. OUTLINES THE MINIMUM POST-DEPLOYMENT FHP

REQUIREMENTS. PARA. 5. PROVIDES DETAILED INFORMATION FOR USE IN HEALTH THREAT AND MEDICAL COUNTERMEASURES BRIEFINGS. PARA. 6.

PROVIDES WEB SITE LINKS FOR ADDITIONAL INFORMATION. PARA. 7. PROVIDES

DEFINITIONS OF TERMS USED WITHIN THIS GENADMIN. PARA. 8.

PROVIDES POC

INFO FOR QUESTIONS REGARDING THIS MESSAGE.

1.J. (U) PRIVILEGED AND/OR CREDENTIALLED PROVIDERS (INCLUDING, BUT NOT

LIMITED TO, PHYSICIANS, NURSE PRACTITIONERS, NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, INDEPENDENT DUTY CORPSMEN (IDC), INDEPENDENT

DUTY MEDICAL TECHNICIANS (IDMT), AND SPECIAL FORCES/SPECIAL OPERATIONS/CIVIL AFFAIRS MEDICS) MUST HAND-CARRY A ONE PAGE INTER-FACILITY CREDENTIALS TRANSFER BRIEF (ICTB) INDICATING THEIR

CLINICAL PRIVILEGES. THE ICTB SHOULD BE OBTAINED THROUGH THE PROVIDER'S CREDENTIALING OFFICE VIA THE CENTRALIZED CREDENTIALS QUALITY ASSURANCE SYSTEM (CCQAS) OR EQUIVALENT REFERENCE.

2. (U) PRE-DEPLOYMENT IMR REQUIREMENTS AND PROCEDURES.

2.A. (U) SERVICE MEMBERS MUST COMPLETE THE REQUIREMENTS LISTED BELOW.

DOD CIVILIAN PERSONNEL AND CONTRACTORS ARE REQUIRED TO MEET THE FOLLOWING AS APPROPRIATE TO THEIR JOB REQUIREMENTS AND/OR CONTRACT.

2.A.1. (U) SERVICE MEMBERS, DOD CIVILIANS AND CONTRACTORS DEPLOYING

30 DAYS OR GREATER MUST BE ASSESSED PRIOR TO DEPARTURE BY A HEALTH-CARE PROVIDER AND DETERMINED TO BE MEDICALLY, DENTALLY, AND

PSYCHOLOGICALLY FIT AND READY FOR WORLDWIDE DEPLOYMENT. FITNESS SPECIFICALLY ENTAILS THE ABILITY TO ACCOMPLISH TASKS AND DUTIES

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UNIQUE TO USEUCOM'S PARTICULAR ENVIRONMENT AND OPERATIONAL CONDITIONS.

2.A.2. (U) CURRENT PHYSICAL EXAMINATION OR PERIODIC MEDICAL ASSESSMENT, IAW SERVICE POLICY.

2.A.3. (U) SERVICE COMPONENT MEDICAL PERSONNEL MUST CONFIRM THERE ARE

NO UNRESOLVED HEALTH PROBLEMS (E.G., NO DEPLOYMENT LIMITING DUTY STATUS) WHICH WERE NOT ADEQUATELY ADDRESSED BY THE SCREENING PHYSICIAN (IAW REF E, DODI 6490.03 AND REF DD).

2.A.3.A. (U) DEPLOYMENT OF SERVICE MEMBERS, DOD CIVILIANS AND CONTRACTORS WITH DEPLOYMENT LIMITING MEDICAL CONDITIONS MUST BE ADDRESSED ON A CASE-BY-CASE BASIS. PER REF E, CDRUSEUCOM IS THE FINAL

APPROVAL AUTHORITY FOR WAIVERS OF MEDICAL STANDARDS. PER REF LL, CDRUSEUCOM DESIGNATES THE USEUCOM COMMAND SURGEON GENERAL (ECSG) AS

THE OFFICE OF PRIMARY RESPONSIBILITY FOR THIS REQUIREMENT.

2.A.3.B. (U) ECSG WILL COORDINATE WITH COMPONENT MEDICAL AUTHORITIES

FOR REVIEW AND ADJUDICATION OF WAIVER REQUESTS. COMPONENT COMMAND

SURGEONS WILL APPOINT A HEALTH CARE PROVIDER AS THE COMPONENT WAIVER

POC. IT IS RECOMMENDED THAT PERSONS REQUESTING WAIVERS ALLOW FOR AMPLE PROCESSING TIME (AT LEAST 30 DAYS) FOR MEDICAL WAIVER ADJUDICATION. ALL MEDICAL WAIVERS MUST BE ENCRYPTED OR PASSWORD PROTECTED AS THEY CONTAIN PROTECTED HEALTH INFORMATION (PHI) AND ARE

SUBJECT TO BOTH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY

ACT (1996) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND

CLINICAL HEALTH ACTS (2009); VIOLATORS ARE SUBJECT TO PENALTIES AS

DETERMINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE

OF CIVIL RIGHTS.

2.A.3.B.1. (U) ECSG AND/OR THE REVIEWING COMPONENT MEDICAL AUTHORITIES MAY CONSULT THE RECEIVING MEDICAL AUTHORITY ON ANY QUESTIONS REGARDING THE DEPLOYABILITY OF THE SERVICE MEMBER, CIVILIAN, OR CONTRACTOR SO THAT ADJUDICATION MAY ACCOUNT FOR SPECIFIC

MEDICAL SUPPORT CAPABILITIES. AFTER REVIEW, THE COMPONENT MEDICAL

AUTHORITIES WILL RETURN THE SIGNED MEDICAL WAIVER FORM WITH ADJUDICATION RECOMMENDATION TO THE USEUCOM FHP OFFICE FOR TRACKING

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AND FINAL APPROVAL DECISION BY ECSG. SEE 2.A.3.B.8 FOR USEUCOM FHP

OFFICE POC INFORMATION.

2.A.3.C. (U) UNITS WITH DEPLOYING PERSONNEL REQUIRING WAIVERS SHOULD

REQUEST A REVIEW BY CONTACTING COMPONENTS LISTED BELOW.

2.A.3.C.1. (U) FOR ARMY PERSONNEL, THE POC RESIDES IN U.S. ARMY EUROPE (USAREUR)/SG; EMAIL:

USARMY.WIESBADEN.USAREUR.MBX.G4-OCSURG-MEDICAL-WAIVERS@MAIL.MIL; DSN:

(314) 337-9304; COMM: +49 611 705 9304; ALT. DSN: (314) 337 9313; ALT

COMM: +49 611 705 9313.

2.A.3.C.2. (U) FOR U.S. NAVY AND U.S. MARINE CORPS PERSONNEL, THE POC

RESIDES WITHIN U.S. NAVY EUROPE (USNAVEUR)/SG; EMAIL:

CNE-C6F_HSS@EU.NAVY.MIL; DSN: (314) 626-4690; COMM: +39 081 568 4690;

AFTER DUTY HOURS COMM: +39 335 238 042.

2.A.3.C.3. (U) FOR U.S. AIR FORCE PERSONNEL, THE POC RESIDES WITHIN

U.S. AIR FORCES IN EUROPE (USAFE)/SG; EMAIL:

USAFESGO.SGO@US.AF.MIL;

DSN: (314) 480-6285; COMM: +49 6371 476285.

2.A.3.C.4. (U) FOR U.S. SPECIAL FORCES PERSONNEL (ANY SERVICE), THE

POC RESIDES WITHIN SPECIAL OPERATIONS COMMAND EUROPE (SOCEUR)/SG;

CONTACT INFORMATION: EMAIL:

EUCOM.STUTTGART.SOC-EUR.LIST.SOCEUR-COMMAND-SURGEON@MAIL.MIL, DSN:

(314) 430-6640/7187; COMM: +49 711 680 6640/7187; ALT DSN: (314) 430-2505; ALT COMM: +49 711 680 2505; AFTER DUTY HOURS DSN:

(314)

430-4341; AFTER DUTY HOURS COMM: +49 711 6804341.

2.A.3.C.5. (U) FOR DOD CIVILIANS AND CONTRACTORS, THE POC RESIDES

WITH THE USEUCOM FHP OFFICE; EMAIL:

EUCOM.STUTTGART.ECJ4.LIST.FORCE-HEALTH-PROTECTION@MAIL.MIL; DSN: (314) 480-5909/4277; COMM: +49 711 680 5909/4277.

2.A.3.C.6. (U) SPECIFIC CONTACT INFORMATION FOR CURRENTLY DELEGATED

WAIVER AUTHORITIES CAN ALSO BE OBTAINED BY CONTACTING USEUCOM MEDICAL

READINESS (EJC4-MR), FHP BRANCH AT DSN: (314) 480-5909/4277 OR EUCOM.STUTTGART.ECJ4.LIST.FORCE-HEALTH-PROTECTION@MAIL.MIL.

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2.A.3.D. (U) IAW DODI 6490.07 (REF F), MEMBERS MAY ONLY BE DEPLOYED TO AN AUSTERE ENVIRONMENT IF THE SCREENING PROVIDER DETERMINES THEIR PRE-EXISTING MEDICAL CONDITION TO BE STABLE, POSING NO FORESEEABLE RISK, OR REQUIRING FREQUENT CLINIC VISITS SUCH AS PERIODIC EVALUATION OR TREATMENT BY MEDICAL SPECIALISTS NOT READILY AVAILABLE IN THEATER, AND DOES NOT SIGNIFICANTLY IMPAIR PERFORMANCE OF DUTIES IN THE DEPLOYED ENVIRONMENT.

2.A.3.D.1. (U) PREGNANCY IS A NON-WAIVABLE CONDITION.

2.A.3.D.2. (U) IAW DODI 6490.07 (REF F), THE USEUCOM/CS WILL BE CONSULTED IN ALL INSTANCES OF HIV SEROPOSITIVITY BEFORE MEDICAL CLEARANCE IS GRANTED. NOTE: WAIVER AUTHORITY FOR THIS CONDITION IS NOT DELEGATED TO COMPONENTS AS LEGAL COMPLIANCE WITH HOST NATION SOFA AGREEMENTS MUST BE ENSURED.

2.A.3.D.3. (U) REF DD 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. SERVICE MEMBERS WHO DEPLOY MUST HAVE THE LENGTH OF DEPLOYMENT PLUS A 30-DAY SUPPLY OF THEIR MEDICATIONS TO ALLOW FOR CONTINUED STABILITY. SERVICE MEMBERS ON PSYCHOTROPIC MEDICATIONS MUST OBTAIN A WEAPONS WAIVER IAW SERVICE COMPONENT POLICY.

2.A.3.D.3.A. (U) REF DD, NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. SERVICE MEMBERS CANNOT DEPLOY ON ANTIPSYCHOTICS, LITHIUM, OR ANTICONVULSANTS.

2.A.3.E. (U) SERVICE MEMBERS ARE REQUIRED TO HAVE A DENTAL EXAMINATION WITHIN THE LAST 12 MONTHS. DENTAL STATUS MUST BE EITHER A CLASS I OR II. NOTE THAT THE ABSENCE OF A DENTAL EXAMINATION WITHIN

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LAST 12 MONTHS OR PRESENCE OF THE LIKELIHOOD THAT DENTAL TREATMENT OR REEVALUATION FOR ORAL CONDITIONS WILL RESULT IN DENTAL EMERGENCIES

WITHIN 12 MONTHS DO NOT MEET CLASS I OR II CRITERIA.

2.A.4. (U) SERVICE MEMBERS MUST HAVE A DNA SAMPLE ON FILE.

2.A.5. (U) SERVICE MEMBERS MUST HAVE A G6PD DEFICIENCY TEST STATUS ON FILE.

2.A.6. (U) SERVICE MEMBERS ARE REQUIRED TO HAVE AN HIV TEST PRIOR TO

DEPLOYMENT. COMPONENTS ARE TO REFER TO SERVICE DIRECTIVES FOR SPECIFIC GUIDANCE. DATE DRAWN AND RESULTS MUST BE DOCUMENTED IN MEMBER'S DEPLOYMENT MEDICAL RECORD ON DD FORM 2766 IN SECTIONS 9F AND

9G, READINESS.

2.A.6.A. (U) HIV SCREENING FOR DOD CIVILIANS WILL BE IAW DOD, SERVICE, SOFA AND HOST NATION REQUIREMENTS (E.G. IAW REF P, DODI 6485.01).

2.A.6.B. (U) HIV SCREENING FOR CONTRACTORS WILL BE IAW WITH THEIR

CONTRACT REQUIREMENTS.

2.A.7. (U) PERSONNEL MUST DEPLOY WITH THE LENGTH OF DEPLOYMENT PLUS A

30-DAY SUPPLY OF ALL PERSONAL PRESCRIPTION MEDICATIONS (EXCLUDING FHP

PRESCRIPTION PRODUCTS/FHPPPS); REQUIRED MEDICAL EQUIPMENT (2 PAIRS OF

GLASSES, HEARING AIDS, ETC.); AND OCCUPATIONAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (RESPIRATORY AND HEARING PROTECTION, DOSIMETERS, ETC.).

2.A.8. (U) PERSONNEL MUST DEPLOY WITH DEPLOYABLE MEDICAL RECORD (AT

MINIMUM WILL INCLUDE, CURRENT DD FORM 2766), UPDATED WITH BLOOD TYPE,

G6PD TEST STATUS, MEDICATIONS AND KNOWN ALLERGIES, SPECIAL DUTY QUALIFICATIONS, IMMUNIZATION RECORD, PRE-DEPLOYMENT HEALTH ASSESSMENT

FORM DD FORM 2795 (ACCOMPLISHED WITHIN 120 DAYS OF DEPLOYMENT) AND

SUMMARY SHEET OF PAST MEDICAL PROBLEMS (DD FORM 2766).

2.A.9. (U) WITHIN 120 DAYS BEFORE ESTIMATED DEPLOYMENT DATE, IAW REFS

W AND X, PERSONNEL MUST ELECTRONICALLY COMPLETE THE MANDATORY OASD

(HA) APPROVED STANDARDIZED PRE-DEPLOYMENT HEALTH RISK ASSESSMENT

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QUESTIONNAIRE (DD FORM 2795) ALONG WITH A PERSON-TO-PERSON MENTAL

HEALTH ASSESSMENT BY A HEALTH CARE PROVIDER.

2.A.9.A. (U) IAW DODI 6490.13 (REF Y), ACCOMPLISH BASELINE PRE-DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT VIA THE ANAM TOOL

WITHIN 12 MONTHS PRIOR TO DEPLOYMENT.

2.A.9.A.1. (U) IAW KK, SOF PERSONNEL MAY CONDUCT IMPACT TESTING IN

LIEU OF THE ANAM.

2.A.9.B. (U) COMMANDERS (E.G. JOINT TASK FORCE/JTF) MAY MANDATE THESE

SAME REQUIREMENTS (SEE SEC 2.A.9) IF DEPLOYMENT IS TO AN AREA (OR

SITUATION) DEEMED TO HAVE A HIGH HEALTH RISK OR AT THE DISCRETION OF

THE COMBATANT COMMANDER, SERVICE COMPONENT COMMANDER OR COMMANDER

EXERCISING OPERATIONAL CONTROL.

2.A.9.C. (U) THE PRINTED ELECTRONICALLY COMPLETED DD FORM 2795 MUST

BE PLACED IN THE INDIVIDUAL'S PERMANENT MEDICAL RECORD IN ADDITION TO

A COPY IN THEIR DEPLOYMENT MEDICAL RECORD (DD FORM 2766).

2.A.9.D. (U) IAW REF E, HEALTH CARE PROVIDERS MUST IMMEDIATELY REVIEW

EACH QUESTIONNAIRE AND ENSURE APPROPRIATE MEDICAL FOLLOW-UP AS REQUIRED VIA REFERRAL TO A TRAINED HEALTH CARE PROVIDER. ENSURE APPROPRIATE MEDICAL PROVIDERS FOLLOW-UP AND ELECTRONICALLY SIGN DD

FORM 2795 AS REQUIRED, THEN TRANSMIT AN ELECTRONIC COPY TO THE DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS).

2.A.10. (U) TUBERCULOSIS (TB) SCREENING. FOR DEPLOYMENT TO COUNTRIES

WITH ELEVATED TB RISK (CURRENT LIST PROVIDED BELOW), ALL PERSONNEL

MUST BE CURRENT ON SCREENING REQUIREMENTS FOR LATENT TB, EITHER BASELINE OR PRE-DEPLOYMENT, AS REQUIRED BY SERVICE SPECIFIC GUIDELINES.

2.A.10.A. (U) BASELINE TEST RESULT MUST BE DOCUMENTED IAW MOST CURRENT SERVICE GUIDELINES AND INCLUDED IN THE SERVICE MEMBER'S DEPLOYMENT MEDICAL RECORD ON DD FORM 2766 IN SECTION 9P, IMMUNIZATIONS.

2.A.10.B. (U) TUBERCULIN SKIN TEST (INTRADERMAL PURIFIED-PROTEIN DERIVATIVE OR IPPD) AND QUANTEFERON GOLD BLOOD TESTS ARE ACCEPTABLE

TEST METHODS FOR LATENT TB.

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2.A.10.C. (U) MEMBERS CURRENTLY COMPLETING PROPHYLAXIS FOR LATENT TB

(ALONE) SHOULD NOT BE DISQUALIFIED FROM DEPLOYING, THOUGH ARRANGEMENTS FOR CONTINUATION WHILE DEPLOYED SHOULD BE COORDINATED

AND ADEQUATE SUPPLIES SENT WITH DEPLOYING MEMBER.

2.A.10.D. (U) CONSULT NCMI (REF A), CDC (REF G) AND WHO (REF S) FOR

LATEST TB RISK ASSESSMENT; CURRENTLY COUNTRIES IN THE USEUCOM AOR

WITH ELEVATED RISK (DEFINED BY NCMI AS GREATER THAN 20 ANNUAL CASES/100,000 POPULATION) ARE: ARMENIA, AZERBAIJAN, BELARUS, BOSNIA-HERZEGOVINA, BULGARIA, ESTONIA, GEORGIA, KOSOVO, LATVIA, LITHUANIA, MOLDOVA, POLAND, PORTUGAL, ROMANIA, RUSSIA, TURKEY AND

UKRAINE. ALL OTHER COUNTRIES ARE ASSESSED TO BE "COMPARABLE TO U.S.

TB RISK."

2.A.10.E. (U) CONSULT NCMI (REF A), CDC (REF H) AND WHO (REF S) FOR

LATEST DRUG RESISTANT-TB (DR-TB) COUNTRY RISK SURVEILLANCE REPORTS.

CURRENTLY COUNTRIES IN THE USEUCOM AOR WITH ELEVATED DR-TB RISK (ASSESSED AS GREATER THAN 5% OF ALL TB CASES (TESTED FOR RESISTANCE))

INCLUDE: ARMENIA, AZERBAIJAN, BELARUS, BULGARIA, ESTONIA, GEORGIA,

LATVIA, LITHUANIA, MOLDOVA, ROMANIA, RUSSIA, TURKEY AND UKRAINE.

2.A.10.E.1. (U) TB GUIDANCE APPLIES TO BOTH TB AND DR-TB AT RISK COUNTRIES. AVOID AREAS WHERE THERE COULD BE HIGH CONCENTRATIONS OF

PEOPLE INFECTED WITH TB (SUCH AS ORPHANAGES, HOMELESS SHELTERS, AND

REFUGEE CAMPS). ENSURE ANY SERVICE MEMBER WHO COMES IN CONTACT WITH

AN INFECTED PERSON SEEKS IMMEDIATE MEDICAL SCREENING FOR TB TO INCLUDE EVALUATION WITH CHEST RADIOGRAPHS.

2.A.11. (U) IMMUNIZATIONS.

2.A.11.A. (U) A SUMMARY CHART OF USEUCOM RECOMMENDED VACCINATIONS IS

AVAILABLE AT [HTTP://WWW.VACCINES.MIL/QUICKREFERENCE](http://www.vaccines.mil/quickreference). CLICK ON VACCINE

RECOMMENDATIONS THEN ON THE USEUCOM TAB. ALL PERSONNEL MUST BE CURRENT ON THE FOLLOWING IMMUNIZATIONS:

2.A.11.A.1. (U) HEPATITIS A: SERIES COMPLETED, OR FIRST DOSE GIVEN AT

LEAST 14 DAYS PRIOR TO DEPARTURE.

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2.A.11.A.2. (U) HEPATITIS B: SERIES COMPLETED, OR FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPARTURE. DOCUMENTATION OF COMPLETION MUST EITHER INCLUDE EVIDENCE OF FULL VACCINE SERIES OR SEROIMMUNITY (REF Q).

2.A.11.A.3. (U) INFLUENZA: ENSURE ANNUAL SEASONAL FLU VACCINATION IS CURRENT.

2.A.11.A.4. (U) MEASLES/MUMPS/RUBELLA (MMR): DEPLOYING PERSONNEL TO THE USEUCOM AOR MUST HAVE DOCUMENTATION OF 2 DOSES OF MMR CONTAINING VACCINE OR SEROLOGIC PROOF OF IMMUNITY; SEE CDC MMWR VOL 62, NO 4, DATED 14 JUN 2013.

2.A.11.A.5. (U) POLIO: COMPLETED PRIMARY SERIES, PLUS ONE SINGLE ("ADULT") BOOSTER OF INACTIVATED POLIOVIRUS VACCINE (IPV) REQUIRED OR PREVIOUSLY ADMINISTERED ORAL VACCINE (OPV) AS AN ADULT. SEE REF Q, PARA 4-13 AND REF G. MUST HAVE DOCUMENTATION OF ADULT BOOSTER. REFER TO CURRENT FOREIGN CLEARANCE GUIDE (REF FF) OR ADDITIONAL USEUCOM GUIDANCE FOR MOST CURRENT INFORMATION ON COUNTRY ENTRY/EXIT REQUIREMENTS.

2.A.11.A.6. (U) TETANUS-DIPHtheria (TD): ADMINISTERED AT LEAST ONCE EVERY 10 YEARS; ONE TIME DOSE OF TD ACELLULAR PERTUSSIS (TDAP) TO BE GIVEN IN PLACE OF TD TO PERSONNEL WHO HAVE NOT PREVIOUSLY RECEIVED TDAP (TDAP, WHEN INDICATED, SHOULD NOT BE DELAYED AND IT SHOULD BE ADMINISTERED REGARDLESS OF INTERVAL SINCE THE LAST TD TOXOID CONTAINING VACCINE).

2.A.11.A.7. (U) TYPHOID: INJECTABLE ONCE EVERY 2 YEARS OR ORAL ONCE EVERY 5 YEARS; TYPHOID VACCINATION IS REQUIRED FOR ALL COUNTRIES WITH ELEVATED (INTERMEDIATE OR HIGHER) ENDEMIC RISK, CURRENTLY ASSESSED TO INCLUDE: ALBANIA, ARMENIA, AZERBAIJAN, GEORGIA, ISRAEL, KOSOVO, MACEDONIA, MOLDOVA, MONTENEGRO, ROMANIA, RUSSIA, SERBIA, TURKEY AND

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UKRAINE. THE MOST CURRENT TYPHOID RISK CAN BE OBTAINED FROM NCMI WEBSITE (REF A). WHERE RISK IS PRESENT, IT TYPICALLY EXISTS YEAR ROUND. SEE PARA. 2.A.11.B. FOR REGIONALLY ALIGNED FORCES AND PARA.

2.A.11.C. FOR STATE PARTNERSHIP PROGRAMS.

2.A.11.A.8. (U) VARICELLA (CHICKENPOX): INDIVIDUALS ARE REQUIRED TO BE NON-SUSCEPTIBLE EITHER VIA VACCINATION OR PRIOR DISEASE. SEE REF

Q, PARA 4-18, FOR SCREENING DETAILS. PERSONNEL MUST HAVE DOCUMENTATION OF VARICELLA VACCINE OR SEROLOGIC PROOF OF IMMUNITY.

2.A.11.B. (U) ALL REGIONALLY ALIGNED FORCES (RAF), THEATER SUPPORT

PACKAGE (TSP) AND/OR STATE PARTNERSHIP PROGRAM PERSONNEL DEPLOYING TO

THE USEUCOM AOR IN SUPPORT OF USEUCOM MISSIONS SHALL BE VACCINATED

AND UP TO DATE WITH VACCINES OR HAVE PROOF OF IMMUNITY AS LISTED IN

PARAS 2.A.11.A.1. THROUGH 2.A.11.A.8. TO INCLUDE TYPHOID VACCINATION

PRIOR TO ARRIVAL IN THE USEUCOM AOR REGARDLESS OF ENTRY POINT.

2.A.11.C. (U) ADDITIONAL IMMUNIZATIONS REQUIRED FOR SELECT PERSONNEL.

2.A.11.C.1. (U) PNEUMOCOCCAL VACCINE: FOR ASPLENIC AND OTHER HIGH

MEDICAL RISK PERSONNEL AS DEFINED IN REFS G AND O; REVACCINATE AT 5

OR MORE YEARS AFTER INITIAL VACCINATION.

2.A.11.C.2. (U) RABIES VACCINE: FOR PERSONNEL AT HIGH RISK OF EXPOSURE IAW REFS Q, AA, AND CC, AND SERVICE-SPECIFIC GUIDELINES.

POST-EXPOSURE PROPHYLAXIS GUIDELINES ARE AVAILABLE AT REFS H AND BB.

NOTE: PERSONNEL ASSIGNED OR ATTACHED TO SPECIAL OPERATIONS COMMAND

(SOCOM) MAY HAVE UNIQUE REQUIREMENTS FOR RABIES VACCINATION.

2.A.11.C.3. (U) YELLOW FEVER: ONLY REQUIRED FOR PERSONNEL TRAVELING

TO ALBANIA WHEN TRAVEL IS FROM OR TRANSITING THROUGH AN ENDEMIC COUNTRY (ADMINISTER ONCE EVERY 10 YEARS). REFER TO CURRENT FOREIGN

CLEARANCE GUIDE (REF FF) OR ADDITIONAL USEUCOM GUIDANCE FOR MOST CURRENT INFORMATION ON COUNTRY ENTRY REQUIREMENTS. YELLOW FEVER ENDEMIC COUNTRIES CAN BE DETERMINED BY REFERRING TO THE CDC (REF G)

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OR NCMI (REF A) WEBSITES.

2.A.11.C.3.A. (U) WHILE THERE IS NO RISK FOR YELLOW FEVER IN ALBANIA, HEALTH AUTHORITIES REQUIRE PROOF OF VACCINATION TO PREVENT IMPORTATION OF THIS DISEASE VIA INFECTED PERSONNEL.

2.A.11.C.3.B. (U) INDIVIDUALS WITHOUT PROOF OF YELLOW FEVER VACCINATION MAY BE QUARANTINED, REFUSED ENTRY OR SUBJECTED TO ONSITE VACCINATION. YELLOW FEVER VACCINE MUST BE DOCUMENTED ON CDC 731 (YELLOW SHOT CARD).

2.A.11.C.3.C. (U) RECOMMEND YELLOW FEVER VACCINATIONS BE ADMINISTERED AT LEAST 10 DAYS PRIOR TO ENTRY TO ENSURE COUNTRY ENTRANCE REQUIREMENTS ARE MET.

2.A.12. (U) FHP PRESCRIPTION PRODUCTS (FHPPP): PRESCRIBE IAW REF E.

2.A.12.A. (U) MALARIA RISK IS CURRENTLY LIMITED TO SPECIFIC AREAS WITHIN AZERBAIJAN, GEORGIA AND TURKEY. IAW REF HH, MALARIA CHEMOPROPHYLAXIS IS NOT REQUIRED FOR PERSONNEL TRAVELING TDY OR DEPLOYING TO THE USEUCOM AOR DUE TO THE LOW MALARIA RISK PER NCMI (LESS THAN 0.1% ANNUAL ATTACK RATE). COUNTERMEASURES TO GUARD AGAINST MOSQUITO (AND OTHER DISEASE VECTOR) BITES SHOULD ALWAYS BE APPLIED.

2.A.12.A.1. (U) IT IS IMPORTANT TO EMPLOY PERSONAL PROTECTIVE COUNTERMEASURES INCLUDING CLOTHING THAT COVERS EXPOSED SKIN, PERMETHRIN-TREATED UNIFORMS, BED NETS, AND DEET APPLICATION TO EXPOSED SKIN TO AVOID MOSQUITO BITES WHEN TRAVELING TO THE REGIONS LISTED ABOVE. (SEE 2.A.13. FOR PERSONAL PROTECTIVE MEASURES). IN THE EVENT THAT COUNTERMEASURES ARE CONSIDERED INADEQUATE OR THE ON-GROUND SITUATION CHANGES, APPROPRIATE PROPHYLAXIS SHOULD BE PRESCRIBED BY THE HEALTHCARE PROVIDER IAW REF HH.

2.A.12.A.2. (U) ALWAYS REVIEW NCMI ASSESSMENTS (REF A) FOR MOST CURRENT MISSION SPECIFIC MALARIA RISK IN THESE COUNTRIES AS RISK LEVELS CAN CHANGE.

2.A.12.B. (U) OTHER FHPPP ARE NOT ROUTINELY ISSUED [FOR EXAMPLE, CIPROFLOXIN, ANTIDOTE TREATMENT NERVE AGENT AUTO INJECTORS (ATNAA), CONVULSANT ANTIDOTE NERVE AGENT (CANA) AUTO INJECTORS, AND PYRIDOSTIGMINE BROMIDE TABLETS (A.K.A. SNAPP OR PB TABS)]. HOWEVER,

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THERE ARE OPERATIONAL LOCATIONS REQUIRING THESE ITEMS, THE SPECIFICS FOR WHICH ARE PROVIDED IN CLASSIFIED SOURCES. THIS INFORMATION CAN BE OBTAINED/ACCESSED FROM OPERATIONAL TASKORDS OR BY CONTACTING ECJ4-MR, FHP AT DSN: 314-430-4277/5909 AND/OR SIPR EMAIL: EUCOM.STUTTGART.ECJ4.LIST.MR-AO-GROUP@MAIL.SMIL.MIL.

2.A.13. (U) PERSONAL PROTECTIVE MEASURES LISTED UNDER PARA 5.A.2 MUST BE MISSION COMMANDER ENFORCED ON ALL DEPLOYMENTS FOR PROTECTION AGAINST VECTOR-BORNE DISEASES, MANY OF WHICH HAVE NO OTHER EFFECTIVE PREVENTIVE MEASURES. PERSONNEL WILL DEPLOY TO THREAT AREAS WITH DEET INSECT REPELLENT AND UNIFORMS THAT HAVE BEEN TREATED WITH PERMETHRIN PRIOR TO DEPLOYMENT [FACTORY TREATED, INDIVIDUAL DYNAMIC ABSORPTION (IDA) KITS (NSN: 6840-01-345-0237) OR PERMETHRIN SPRAY, PER SERVICE GUIDELINES AND AVAILABILITY; FULL SPECTRUM OF PEST MANAGEMENT BOARD RECOMMENDATIONS AND CURRENT PRODUCT OPTIONS ARE AVAILABLE AT REF N].

2.A.13.A. (U) APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IS REQUIRED IF HEAVY SWEATING AND/OR IMMERSION IN WATER. A SECOND OPTION IS 'SUNSECT CREAM' (20% DEET/SPF 15), NSN: 6840-01-288-2188.

2.A.13.B. (U) WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN (SLEEVES DOWN AND PANTS TUCKED INTO BOOTS).

2.A.13.C. (U) USE PERMETHRIN TREATED BEDNETS PROPERLY IN AT RISK AREAS TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS. PERMETHRIN TREATED POP UP BEDNETS ARE AVAILABLE: NSN 3740-01-516-4415.

2.A.14. (U) OVERALL HEALTH RISK ASSESSMENT AND SITE-SPECIFIC OCCUPATIONAL AND ENVIRONMENTAL HEALTH RISK ASSESSMENT.

2.A.14.A. (U) IAW REF E, CONDUCT COMPREHENSIVE OCCUPATIONAL AND ENVIRONMENTAL HEALTH HAZARD SURVEILLANCE. ENSURE A PRELIMINARY OVERALL HEALTH HAZARD ASSESSMENT HAS BEEN CONSIDERED DURING THE BEGINNING OF OPERATIONAL PLANNING AND PREPARATION. COMPLETED SITE-SPECIFIC HEALTH ASSESSMENT REPORTS SHOULD BE ACCOMPLISHED PRIOR TO TROOP DEPLOYMENT TO A SITE AND SHOULD BE PROVIDED TO MISSION

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COMMANDER IMMEDIATELY UPON COMPLETION, IN ADDITION TO AND REGARDLESS OF REQUESTING AGENCY. ENSURE HEALTH RISK COMMUNICATION PLANS ARE DEVELOPED AND IMPLEMENTED, AND THAT DEPLOYMENT HEALTH RISK ASSESSMENTS AND HEALTH RISK COMMUNICATION SUPPORT ARE PROVIDED, WHEN REQUIRED, AND DOCUMENTED.

2.A.14.B. (U) IAW REFS E AND JJ, INITIAL AND PERIODIC REPORTS WILL BE POSTED/ARCHIVED TO THE MILITARY EXPOSURE SURVEILLANCE LIBRARY CURRENTLY AVAILABLE AT THE FOLLOWING LINK:
[HTTPS://MESL.APGEA.ARMY.MIL/MESL/INDEX.JSP](https://MESL.APGEA.ARMY.MIL/MESL/INDEX.JSP) (CASE SENSITIVE; USE ALL

LOWER CASE) AND/OR DOEHRIS-IH AS REQUIRED BY SERVICE POLICY.

2.A.14.C. (U) IAW REFS, T, U, AND V, FOOD AND BOTTLED WATER PROCURED/PURCHASED BY MILITARY OR CONTRACT PERSONNEL (TO INCLUDE PROVISION AGREEMENTS WITH HN MILITARIES) FOR TROOP FEEDING MUST COME FROM DOD-APPROVED SOURCES WHEN AVAILABLE.

2.A.14.C.1. (U) IAW REFS E AND T, FOOD AND WATER RISK ASSESSMENTS (FWRAS) MAY BE CONDUCTED FOR LIMITED DURATION FEEDING OF DEPLOYED MILITARY PERSONNEL FROM NON-APPROVED SOURCES (E.G. HN MILITARY DINING FACILITIES, CATERERS AND RESTAURANTS) UNDER CERTAIN CIRCUMSTANCES SUCH AS INITIAL ENTRY OPERATIONS, SHORT-TERM DEPLOYMENTS OR EXERCISES TRAINED U.S. ARMY VETERINARY CORPS OFFICERS OR FWRA CREDENTIALLED PUBLIC HEALTH PERSONNEL FROM ANY SERVICE-ASSESSED FOOD SERVICE OPERATIONS WILL IDENTIFY AND MITIGATE HEALTH RISKS. FWRA REPORTS WILL BE PRESENTED TO THE OPERATIONAL COMMANDER FOR DECISION MAKING ON UTILIZATION OF THE FOOD FACILITY FOR TROOP FEEDING AND IMPLEMENTATION OF HEALTH RISK MITIGATION ACTIONS. ALL FWRAS WILL BE COMPLETED IAW MIL STD 3041 AND MIL HBK 3041 AND UPLOADED INTO THE DOD FWRA DATABASE WITHIN THE U.S. ARMY VETERINARY SERVICES PORTAL ([HTTPS://VET1.AMEDD.ARMY.MIL/FOOD/INSPECTION/FWRA_REPORTS.NSF/ATMFWRA](https://VET1.AMEDD.ARMY.MIL/FOOD/INSPECTION/FWRA_REPORTS.NSF/ATMFWRA) . XSP) FOR ROUTING AND FINAL APPROVAL. THE CURRENT USEUCOM FWRA POC IS AVAILABLE AT USARMY.APG.MEDCOM-PHC.LIST.VET-EUCOM@MAIL.MIL.

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SERVICE COMPONENTS WILL FORWARD INFORMATIONAL COPIES OF COMPLETED

FWRAS TO THE USEUCOM FHP POC LISTED IN PARA. 7.

2.A.14.C.2. (U) MISSION COMMANDERS ARE RESPONSIBLE FOR ENFORCING THE

REQUIREMENT FOR PROCUREMENT OF CLASS 1 SUPPLIES FROM APPROVED SOURCES

OR IMPLEMENT HEALTH RISK MITIGATION ACTIONS IDENTIFIED IN FWRAS. OPERATIONAL COMMANDERS ACCEPT THE MEDICAL READINESS RISKS AND ASSOCIATED MISSION ASSURANCE CONSEQUENCES IF OTHER OPTIONS ARE SELECTED. MISSION COMMANDERS MAY PROHIBIT INDIVIDUAL CONSUMPTION OR

PURCHASE OF LOCAL UNAPPROVED FOODSTUFFS.

2.A.14.C.3. (U) PERIODIC INSPECTIONS OF FOOD STORAGE, PREPARATION AND

SERVICE CENTERS ALONG WITH WATER STORAGE FACILITIES ARE REQUIRED AND

MUST BE CONDUCTED BY QUALIFIED PERSONNEL.

2.A.14.D. (U) REQUESTS TO TASK ASSETS TO CONDUCT OCCUPATIONAL AND

ENVIRONMENTAL HEALTH SITE ASSESSMENTS AND/OR FOOD AND WATER RISK ASSESSMENTS (E.G., U.S. ARMY VETERINARY SERVICES OR OTHER SERVICE

COMPONENT PREVENTIVE MEDICINE ASSETS) MUST BE COORDINATED WELL IN

ADVANCE AS PLANNING/TASKING/EXECUTION CAN TAKE MONTHS.

2.A.15. (U) ALL DEPLOYING PERSONNEL MUST RECEIVE A PRE-DEPLOYMENT

HEALTH THREAT AND COUNTERMEASURES BRIEFING. WITHOUT ADEQUATE FHP MEASURES, MISSION EFFECTIVENESS MAY BE SERIOUSLY JEOPARDIZED.

QUALIFIED MEDICAL PERSONNEL MUST INFORM ALL DEPLOYING PERSONNEL OF

ANTICIPATED HEALTH THREATS AND RELEVANT PREVENTIVE COUNTERMEASURES,

INCLUDING THE FOLLOWING (SEE PARA. 5 FOR MORE DETAILED INFORMATION):

2.A.15.A. (U) ENDEMIC DISEASES.

2.A.15.A.1. (U) ACUTE DIARRHEAL DISEASES, PRIMARILY BACTERIAL (CHOLERA, TYPHOID AND OTHER FOOD OR WATER-BORNE DISEASES).

2.A.15.A.2. (U) CRIMEAN-CONGO HEMORRHAGIC FEVER (ENDEMIC IN THE BALKANS).

2.A.15.A.3. (U) OTHER VECTOR-BORNE DISEASES SUCH AS LYME DISEASE AND

TICK-BORNE ENCEPHALITIS. SEE SPECIFIC COUNTRY RISKS IN REFS A, G AND

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- 2.A.15.A.4. (U) TB INCLUDING DRUG RESISTANT (DR-TB) STRAINS IN SOME LOCATIONS (BLACK SEA EURASIA).
- 2.A.15.A.5. (U) HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIS).
- 2.A.15.A.6. (U) RABIES.
- 2.A.15.A.7. (U) HANTAVIRUS.
- 2.A.15.A.8. (U) AVIAN INFLUENZA (FLU A:H5N1).
- 2.A.15.B. (U) ENVIRONMENTAL HEALTH THREATS.
 - 2.A.15.B.1. (U) TOPOGRAPHY AND CLIMATE.
 - 2.A.15.B.2. (U) CONTAMINATION AND POLLUTION.
 - 2.A.15.B.3. (U) DANGEROUS FLORA AND FAUNA.
- 2.A.15.C. (U) OCCUPATIONAL HEALTH THREATS.
- 2.A.15.D. (U) COMBAT AND DEPLOYMENT-RELATED STRESS (INCLUDE PTSD).
- 2.A.15.E. (U) INJURIES (WORK, RECREATIONAL, MILD TRAUMATIC BRAIN INJURY).
- 2.A.15.F. (U) GENERAL FOOD AND WATER SAFETY.
- 2.A.15.G. (U) FIELD SANITATION AND PERSONAL HYGIENE.
- 2.A.15.H. (U) CRIME AND TERRORISM, INCLUDING NUCLEAR, BIOLOGICAL AND CHEMICAL THREATS.
- 2.B. (U) ALL PERSONNEL DEPLOYING OR TRAVELING IN TDY STATUS TO USEUCOM COUNTRIES COVERED BY THIS MESSAGE FOR LESS THAN 30 DAYS MUST STILL MEET THE FOLLOWING MINIMUM FHP REQUIREMENTS:
 - 2.B.1. (U) MUST RECEIVE A PRE-DEPLOYMENT HEALTH THREAT AND COUNTERMEASURES BRIEFING FROM QUALIFIED MEDICAL PERSONNEL (SEE 2.A.16.).
 - 2.B.2. (U) MUST BE CURRENT ON TB SCREENING PER SERVICE GUIDANCE (SEE 2.A.11.).
 - 2.B.3. (U) MUST BE CURRENT ON IMMUNIZATIONS AS REQUIRED ABOVE (2.A.12.).
 - 2.B.4. (U) MUST POSSESS APPROPRIATE SUPPLY OF ANY OTHER PERSONAL PRESCRIPTION MEDICATIONS, REQUIRED MEDICAL EQUIPMENT (2 PAIRS GLASSES, HEARING AIDS, ETC.), AND OCCUPATIONAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (RESPIRATORY AND HEARING PROTECTION, DOSIMETERS, ETC.).
 - 2.B.5. (U) PERSONAL PROTECTIVE MEASURES LISTED UNDER PARA 5.A.2 MUST BE ENFORCED ON ALL DEPLOYMENTS IN THIS REGION FOR PROTECTION AGAINST ALL VECTOR-BORNE DISEASES.
 - 2.B.6. (U) IF DEPLOYMENT IS LESS THAN 30 DAYS, BUT TO AN AREA (OR

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SITUATION) DEEMED TO BE OF HIGH HEALTH RISK, USEUCOM, JTF OR COMPONENT COMMANDERS MAY MANDATE ADDITIONAL REQUIREMENTS IN ADDITION TO THOSE FROM 2.A. ABOVE.

3. (U) DEPLOYMENT FHP REQUIREMENTS AND PROCEDURES.

3.A. (U) ENSURE COMPLIANCE WITH ALL DOD AND USEUCOM SPECIFIC FHP AND DEPLOYMENT HEALTH SURVEILLANCE DIRECTIVES, POLICIES AND GUIDANCE.

DISEASE SURVEILLANCE WILL BE CONDUCTED FOR ALL LAND-BASED DEPLOYMENTS

WHERE THERE IS NOT A PRE-EXISTING MEDICAL FACILITY THAT IS COLLECTING

THE DATA (IAW REFS C, D, AND E) TO DETECT ANY TRENDS IN HEALTH OF

DEPLOYED PERSONNEL.

3.A.1. (U) CONDUCT ONGOING HEALTH SURVEILLANCE WITH LOCATION SPECIFIC

OCCUPATIONAL AND ENVIRONMENT HEALTH (OEH) SITE ASSESSMENT AND SYSTEMATIC OEH HEALTH HAZARD SURVEILLANCE.

3.A.1.A. (U) IAW REFS E AND JJ, INITIAL AND PERIODIC REPORTS SHOULD

BE POSTED/ARCHIVED TO THE MILITARY EXPOSURE SURVEILLANCE LIBRARY (MESL) CURRENTLY AVAILABLE AT THE FOLLOWING LINK:

[HTTPS://MESL.APGEA.ARMY.MIL/MESL/INDEX.JSP](https://mesl.apgea.army.mil/mesl/index.jsp) (CASE SENSITIVE; USE ALL

LOWER CASE) AND/OR DOEHRs-IH AS REQUIRED BY SERVICE POLICY.

3.A.1.B. (U) VALIDATE AND UPDATE PRELIMINARY HEALTH RISK ASSESSMENT.

3.A.1.C. (U) IF SPECIALTY TRAINED PERSONNEL ARE DEPLOYED, ENSURE ENVIRONMENTAL MONITORING OF AIR, WATER, SOIL, DISEASE VECTORS, AND

RADIATION BASED ON ASSESSMENT OF ACTUAL AND/OR POTENTIAL MEDICAL THREATS IN DEPLOYED LOCATIONS.

3.A.1.D. (U) IAW REF E, SUBMIT ALL OEH EXPOSURE AND INCIDENT INVESTIGATION RECORDS VIA DOD OR SERVICE SPECIFIC SYSTEMS (HARD COPY

OR ELECTRONIC) FOR FURTHER DISPOSITION AND ARCHIVING.

3.A.1.E. (U) INVESTIGATE, REPORT AND DOCUMENT ALL OEH AND CBRN EXPOSURE INCIDENTS. ALL NEWLY IDENTIFIED HEALTH THREATS SHOULD ADDITIONALLY BE COMMUNICATED TO BOTH NCMI AND USEUCOM/SG VIA ECJ42

(MEDICAL READINESS), FHP. SEE SECTION 2.A.3.B.5. FOR USEUCOM POC INFORMATION.

3.A.1.F. (U) IAW WITH REF GG, OEH MONITORING DATA SUMMARIES ARE NO

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LONGER REQUIRED TO BE FILED IN THE INDIVIDUAL MEDICAL RECORDS.

3.A.2. (U) DEPLOYED MEDICAL PERSONNEL AT EACH DEPLOYMENT LOCATION MUST CONDUCT ONGOING DISEASE AND INJURY (D AND I) SURVEILLANCE AND PROVIDE D AND I SUMMARY REPORTS AND REPORTABLE MEDICAL EVENT DATA WEEKLY TO HIGHER HEADQUARTERS IAW SERVICE GUIDELINES AND THROUGH DOD AND SERVICE SPECIFIC AUTOMATED SYSTEMS THAT FEED INTO THE JOINT MEDICAL WORKSTATION (JMEWS).

3.A.2.A. (U) WHEN SERVICE SPECIFIC AUTOMATED SYSTEMS ARE NOT AVAILABLE, THE DATA AND REPORTS SHOULD BE SUBMITTED BY ELECTRONIC SPREADSHEET OR HARDCOPY (REF C, APPENDIX B TO ENCLOSURE C).

3.A.2.B. (U) D AND I SURVEILLANCE AND REPORTING SHOULD BEGIN WITH THE START OF HEALTH CARE DELIVERY AND FORWARDED THROUGH LEAD COMPONENT TO USEUCOM.

3.A.3. (U) IN ADDITION TO U.S. MILITARY DISEASE REPORTING REQUIREMENTS, NATO DEPLOYMENTS ALSO REQUIRE REDUNDANT D AND I REPORTING VIA EPINATO IAW NATO GUIDANCE, AMEDP-21

3.A.4. (U) DOCUMENT ALL PATIENT ENCOUNTERS.

3.A.4.A. (U) IT IS MANDATORY FOR COPIES OF ALL INPATIENT AND OUTPATIENT MEDICAL ENCOUNTER DOCUMENTATION, TO INCLUDE DOCUMENTATION BY NON-DOD MEDICAL FACILITIES, TO BE INCORPORATED INTO THE DEPLOYMENT HEALTH RECORD (AUTOMATED OR HARDCOPY DD FORM 2766 OR EQUIVALENT).

3.A.4.B. (U) ENSURE SERVICE-SPECIFIC PROCEDURES ARE MAINTAINED FOR APPROPRIATE ARCHIVING OF HEALTH DOCUMENTS AND RECORDS.

3.A.5. (U) COMMANDERS MUST ENSURE PERSONNEL COMPLY WITH ANY AND ALL REQUIRED MEDICAL FOLLOW-UP.

3.A.6. (U) ENSURE APPROPRIATE STORAGE, USE AND DISPOSAL OF HAZARDOUS MATERIALS INCLUDING APPROPRIATE BIOHAZARD DISPOSAL.

3.A.7. (U) ENSURE THE INTEGRITY OF FIELD HYGIENE AND SANITATION, AND OCCUPATIONAL HEALTH AND SAFETY PROGRAMS.

3.A.8. (U) PROCURE AND CONSUME ONLY FOOD AND BOTTLED WATER (INCLUDING ICE) FROM DOD MEDICALLY-APPROVED SOURCES (REFS J, T, U AND V).

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3.A.8.A. (U) ENSURE U.S. ARMY VETERINARY PERSONNEL CONDUCT FOOD AND BOTTLED WATER (INCLUDING ICE) SANITATION AUDITS WHEN ESTABLISHING NEW DOD-APPROVED SOURCES IN THESE COUNTRIES; COORDINATION SHOULD OCCUR AT THE EARLIEST PLANNING STAGES AS COORDINATION FOR REQUESTING AND EXECUTING INITIAL SANITARY AUDITS FOR NEW APPROVED SOURCES TYPICALLY REQUIRES SEVERAL MONTHS.

3.A.8.B. (U) IF TROOP FEEDING FROM APPROVED SOURCES IS NOT FEASIBLE, CONDUCT FWRAS FOR LIMITED DURATION OPERATIONS AND EXERCISES.

3.B. (U) FOR TDY LESS THAN 30 DAYS TO A LAND-BASED LOCATION WHICH DOES NOT HAVE A PERMANENT U.S. MILITARY MTF, COMMANDERS AND OR MEDICAL PERSONNEL MUST:

3.B.1. (U) DOCUMENT ALL PATIENT ENCOUNTERS (SEE PARA 3.A.4.).

3.B.2. (U) CONDUCT LOCATION-SPECIFIC OEH SITE ASSESSMENTS (SEE PARA

2.A.14.A.).

3.B.3. (U) CONDUCT FWRAS AS REQUIRED (SEE PARA 2.14.C.1.).

4. (U) REDEPLOYMENT AND POST-DEPLOYMENT FHP REQUIREMENTS AND PROCEDURES.

4.A. (U) THE FOLLOWING MUST BE ACCOMPLISHED FOR PERSONNEL THAT WERE DEPLOYED FOR 30 OR MORE DAYS AT A LAND-BASED LOCATION THAT DOES NOT HAVE A PERMANENT U.S. MTF.

4.A.1. (U) RECEIVE A MEDICAL THREAT DEBRIEF AND COMPLETE THE OASD/HA-APPROVED POST-DEPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRE (DD

FORM 2796) WITHIN 30 DAYS EITHER SIDE OF REDEPLOYMENT, IAW REF E.

RESERVE COMPONENT MEMBERS, IAW WITH REFS W, X, AND Y, MUST COMPLETE

THE REQUIRED POST-DEPLOYMENT HEALTH REASSESSMENTS (PDHRA) 90-180 DAYS, 7-12 MONTHS/210-365 DAYS, AND 16-24 MONTHS/480-720 DAYS AFTER

REDEPLOYMENT USING MOST CURRENT DD FORM 2900 IN ELECTRONIC OR WEB-ENABLED FORM.

4.A.1.A. (U) IAW REF E, HEALTH CARE PROVIDERS (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT

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DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES

MEDICAL SERGEANT) MUST REVIEW EACH QUESTIONNAIRE IN CONJUNCTION WITH

A FACE-TO-FACE HEALTH ASSESSMENT AND ENSURE APPROPRIATE MEDICAL FOLLOW-UP (E.G., FOR RESPONSES DENOTED BY AN ASTERISK). THE ASSESSMENT WILL INCLUDE PATIENT'S ANSWERS ON THE QUESTIONNAIRE, MENTAL HEALTH OR PSYCHOSOCIAL ISSUES COMMONLY ASSOCIATED WITH DEPLOYMENTS, FHPPPS TAKEN DURING DEPLOYMENT AND CONCERNS ABOUT POSSIBLE ENVIRONMENTAL OR OCCUPATIONAL EXPOSURES. THE PROVIDER SHOULD

UTILIZE THE POST-DEPLOYMENT HEALTH CLINICAL PRACTICE GUIDELINE (PDG-CPG) AVAILABLE AT

[HTTP://WWW.PDHEALTH.MIL/GUIDELINES/DEFAULT.ASP](http://www.pdhealth.mil/guidelines/default.asp).

4.A.1.B. (U) PLACE THE ORIGINAL DD 2796 AND PDHRA (DD 2900) FORMS IN

THE INDIVIDUAL'S PERMANENT MEDICAL RECORD AS REQUIRED.

4.A.1.C. (U) ENSURE ELECTRONIC COPIES OF EACH ARE TRANSMITTED TO THE

DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMED FORCES

HEALTH SURVEILLANCE CENTER (REF M).

4.A.1.D. (U) ENSURE APPROPRIATE MEDICAL FOLLOW-UP AS REQUIRED.

4.A.2. (U) BASED ON POST-DEPLOYMENT RISK ASSESSMENT, CONDUCT TB SCREENING AT HOME STATION IAW SERVICE GUIDANCE.

4.A.3. (U) DRAW POST-DEPLOYMENT SERUM SAMPLES AT HOME STATION FOR

STORAGE IN THE SERUM REPOSITORY (SEE REF E). THIS SHOULD BE DONE IAW

CURRENT DOD AND SERVICE POLICY AND IS REQUIRED IF PRE-DEPLOYMENT SERUM SAMPLE WAS REQUIRED OR OTHERWISE COMMAND-DIRECTED TO FOLLOW AN

UNANTICIPATED THREAT.

4.A.4. (U) CONDUCT ADDITIONAL HEALTH ASSESSMENTS AND/OR HEALTH DE-BRIEFS IF INDICATED BY HEALTH THREATS OR EVENTS OCCURRING IN THEATER (FOR EXAMPLE, POST-TRAUMATIC STRESS DISORDER AND MILD TRAUMATIC BRAIN INJURY BRIEFINGS AS APPROPRIATE).

4.A.5. (U) INTEGRATE ALL DEPLOYED MEDICAL ENCOUNTER DOCUMENTATION

INTO THE MEMBER'S PERMANENT MEDICAL RECORD.

4.A.6. (U) IAW REFS E AND JJ, INITIAL AND PERIODIC REPORTS WILL BE

POSTED/ARCHIVED TO THE MILITARY EXPOSURE SURVEILLANCE LIBRARY CURRENTLY AVAILABLE AT THE FOLLOWING LINK:

[HTTPS://MESL.APGEA.ARMY.MIL/MESL/INDEX.JSP](https://mesl.apgea.army.mil/mesl/index.jsp) (CASE SENSITIVE; USE ALL

LOWER CASE) AND/OR DOEHRS-IH AS REQUIRED BY SERVICE POLICY.

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4.A.7. (U) MEDICAL PERSONNEL SHOULD SUBMIT ALL LESSONS LEARNED AND AFTER ACTION REPORTS IAW SERVICE POLICY. SERVICE COMPONENTS SEND TO USEUCOM FHP AT EUCOM.STUTTGART.ECJ4.LIST.FORCE-HEALTH-PROTECTION@MAIL.MIL. CONTACT ECJ4-MR IF LESSONS LEARNED ARE CLASSIFIED AND CANNOT BE SENT VIA UNCLASSIFIED EMAIL.

4.B. (U) THE FOLLOWING MUST BE ACCOMPLISHED FOR PERSONNEL DEPLOYED LESS THAN 30 DAYS AT A LAND-BASED LOCATION WITHOUT A PERMANENT U.S. MTF.

4.B.1. (U) INTEGRATE ALL DEPLOYED MEDICAL ENCOUNTER DOCUMENTATION INTO THE MEDICAL RECORD.

4.B.2. (U) IF DEPLOYMENT IS LESS THAN 30 DAYS BUT TO AN AREA (OR SITUATION) DEEMED TO BE A HIGH HEALTH RISK (BASED ON MEDICAL INPUT), USEUCOM, JTF OR COMPONENT COMMANDERS MAY MANDATE ADDITIONAL REDEPLOYMENT AND POST-DEPLOYMENT REQUIREMENTS LISTED AT (4.A.) ABOVE.

5. (U) DETAILED INFORMATION FOR USE IN HEALTH THREAT AND COUNTERMEASURES BRIEFINGS.

5.A. (U) ENDEMIC DISEASES (IAW REF A).

5.A.1. (U) ACUTE DIARRHEAL DISEASES CONSTITUTE THE GREATEST IMMEDIATE INFECTIOUS DISEASE THREAT TO THE FORCE. HEPATITIS A, CHOLERA AND TYPHOID ARE ENDEMIC, POSE INTERMEDIATE TO HIGH LEVEL RISK IN MANY LOCATIONS, AND ARE PRIMARILY TRANSMITTED BY INGESTION OF CONTAMINATED WATER OR CROSS-CONTAMINATION OF FOODSTUFFS. TO COUNTER THESE THREATS: NO FOOD OR WATER (INCLUDING ICE) SHOULD BE CONSUMED UNLESS FIRST APPROVED BY U.S. MILITARY MEDICAL AUTHORITIES (SEE REF J); HOWEVER, DEPLOYING PERSONNEL MUST BE EDUCATED THAT IF THEY DO CONSUME LOCAL FARE, RISK IS MITIGATED BY EATING ONLY (PIPING) HOT, FULLY-COOKED FOODS, AVOIDING WARM/COOL/COLD/PARTIALLY OR UNCOOKED ITEMS. PEELED FRUITS AND VEGETABLES ARE GENERALLY CONSIDERED SAFE, BUT ARE SAFEST

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WHEN FIRST EXTERNALLY SANITIZED. EMPHASIZE FIELD SANITATION AND HYGIENE (IAW REF I).

5.A.2. (U) VECTOR-BORNE DISEASES ARE TRANSMITTED BY MOSQUITOES, SAND

FLIES, TICKS, LICE, AND FLEAS. OVERALL RISK TO U.S. FORCES IS LOW;

HOWEVER, MANY VECTOR BORNE DISEASES ARE PRESENT. SEASONAL VARIABILITY

SHOULD BE CONSIDERED. DISEASES INCLUDE TICK-BORNE ENCEPHALITIS, LYME

DISEASE, TYPHUS, CRIMEAN-CONGO HEMORRHAGIC FEVER, SANDFLY AND WEST

NILE FEVERS, MALARIA, AND LEISHMANIASIS WHICH 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 PERSONAL

PROTECTIVE MEASURES OUTLINED IN PARAGRAPHS BELOW.

5.A.2.A. (U) INSECT REPELLENT, CLOTHING TREATMENT (PERMETHRIN); AEROSOL SPRAY CAN (NSN 6840-01-278-1336) OR IDA-KITS (NSN

6840-01-345-0237). A CAN OF SPRAY WILL TREAT A SET OF ACU OR ABU UNIFORMS AND A MOSQUITO NET (READ AND FOLLOW LABEL CAREFULLY).

AEROSOL SPRAY TREATMENT MUST BE REAPPLIED AFTER (MAXIMUM) 5 WEEKS OR

5 LAUNDERINGS. UNIFORMS TREATED WITH THE IDA-KIT ARE TYPICALLY PROTECTIVE FOR UP TO 50 LAUNDERINGS. BULK SPRAYING AND MANUFACTURER

FACTORY PRE-TREATED UNIFORMS (CURRENTLY AVAILABLE ONLY FOR U.S. ARMY

AND MARINE CORPS UNIFORMS) ARE ALTERNATIVE OPTIONS. DO NOT RE-TREAT

THESE UNIFORMS. DETAILS ARE AVAILABLE IN REF N.

5.A.2.B. (U) PROPER WEAR OF PERMETHRIN TREATED UNIFORMS, EFFECTIVE

USE OF DEET SKIN REPELLENT (3M PRODUCTS WITH 33% DEET ARE RECOMMENDED

BY THE ARMED FORCES PEST MANAGEMENT BOARD) PLUS INSECT AND VECTOR

AVOIDANCE DISCIPLINE CAN PROVIDE NEARLY COMPLETE PROTECTION.

5.A.2.C. (U) INSECT REPELLENT, PERSONAL APPLICATION (DEET), NSN 6840-01-284-3982. LOTION SHOULD BE APPLIED DIRECTLY TO EXPOSED

SKIN

(AREAS NOT COVERED BY PERMETHRIN-TREATED CLOTHING) TO PROTECT AGAINST

BITING ARTHROPODS FOR UP TO 12 HOURS PER APPLICATION. MORE FREQUENT

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APPLICATION MAY BE REQUIRED IN HOT CLIMATES, IN HEAVY RAINS OR AFTER

PROFUSE SWEATING. OTHER ALTERNATIVE FORMS ARE LISTED IN REF N. 5.A.2.D. (U) HANTAVIRUS EXISTS IN THE USEUCOM AOR. RODENT MANAGEMENT

PRACTICES AND/OR AVOIDANCE OF HABITATS ARE RECOMMENDED. IF RODENT

FECES OR NESTING MATERIAL MUST BE HANDLED, N-95 (OR HIGHER LEVELS OF

RESPIRATORY PROTECTION) AND GLOVES WILL BE UTILIZED DURING CLEAN-UP

OPERATIONS. CLEAN-UP SHOULD BE PERFORMED BY WET-MOPPING WITH A 10%

BLEACH SOLUTION, WHICH IS OBTAINED BY MIXING 1.5 CUPS OF BLEACH WITH

1 GALLON OF WATER.

5.A.2.E. (U) CRIMEAN-CONGO HEMORRHAGIC FEVER EXISTS IN THE USEUCOM

AOR IN ADDITION TO TRANSMISSION BY INFECTED TICKS (PREVENTION OUTLINED ABOVE).

5.A.3. (U) TB IS ENDEMIC AT LOW LEVELS. THE RISK MAY BE ELEVATED IN

THOSE PERSONNEL WITH CLOSE CONTACT IN ENCLOSED SPACES WITH LOCAL POPULATIONS OR MEDICAL PERSONNEL DEALING WITH PATIENTS. AS WITH MANY

REGIONS OF THE WORLD, RESISTANCE TO SOME OR ALL OF THE CURRENT THERAPEUTIC REGIMENS HAS BEEN REPORTED, INCLUDING AREAS IN THE USEUCOM AOR WITH DR-TB STRAINS.

5.A.4. (U) RABIES.

5.A.4.A. (U) RABIES IS ASSESSED BY NCM I (REF A) TO BE AN ELEVATED

RISK (AS COMPARED TO U.S. AND WESTERN EUROPE) IN MANY OF THE USEUCOM

COUNTRIES, ALTHOUGH RISK RANGES FROM LOW TO HIGH DEPENDING ON SPECIFIC LOCATION.

5.A.4.B. (U) ANIMALS CAN TRANSMIT VARIOUS DISEASES TO PEOPLE INCLUDING RABIES, WHICH IS TRANSMITTED VIA SALIVA FROM INFECTED MAMMALS IN BITE/SCRATCH WOUNDS OR THROUGH MUCOUS MEMBRANES. RABIES IS

RABIES IS

ESSENTIALLY A 100% FATAL DISEASE IF NOT TREATED IMMEDIATELY. ALL PERSONNEL WHO HAVE BEEN EXPOSED SHOULD SEEK TREATMENT BY A QUALIFIED

PROVIDER AS SOON AS POSSIBLE AFTER THOROUGHLY CLEANING THE EXPOSED

AREA.

5.A.4.C. (U) DEPLOYED PERSONNEL BITTEN, SCRATCHED OR OTHERWISE EXPOSED BY POTENTIALLY INFECTED ANIMALS (ANY MAMMAL, BUT MOST

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COMMONLY DOGS, CATS, BATS, WILD ANIMALS AND EVEN DOMESTIC LIVESTOCK), SHOULD IMMEDIATELY CLEANSE THE WOUND WITH LARGE AMOUNTS OF SOAP (IDEALLY POVIDONE-IODINE/BETADINE) AND WATER (PREFERABLY WARM), THEN IMMEDIATELY SEEK MEDICAL ATTENTION FOR APPROPRIATE BITE-WOUND CARE.

5.A.4.D. (U) AVOID CONTACT WITH ANIMALS. THIS INCLUDES FEEDING, HANDLING, HOUSING AND CREATING HARBORAGES ATTRACTIVE TO ANIMALS. MASCOTS MUST BE STRICTLY PROHIBITED BY COMMANDERS AT ALL LEVELS. INDIGENOUS ANIMALS WILL NOT BE TRANSPORTED OUT OF THE HN BY MILITARY PERSONNEL.

5.A.4.E. (U) PERSONNEL SHOULD BE AWARE THAT FAILURE (OR POSTPONING) TO SEEK MEDICAL CARE FOLLOWING AN ANIMAL BITE/SCRATCH CAN BE LIFE THREATENING. CONCERNS OVER DISCIPLINE RELATED TO ANIMAL CONTACT SHOULD NOT PRECLUDE MEMBERS FROM SEEKING CARE IMMEDIATELY IN THEATER.

5.A.4.F. (U) EXAMINATION OF BRAIN TISSUE IS THE ONLY METHOD TO SPECIFICALLY ASSESS RABIES INFECTION IN A GIVEN ANIMAL. ANIMALS INVOLVED IN BITES OR ATTACKS AGAINST HUMANS SHOULD BE DETAINED IF POSSIBLE WITHOUT FURTHER ENDANGERING PERSONNEL. HEALTHCARE PROVIDERS WILL CONSULT WITH THE SUPPORTING DOD VETERINARIAN TO ASSESS RISK OF RABIES EXPOSURE AND DETERMINE ACTIONS TO BE TAKEN INVOLVING THE BITING ANIMAL. IF THE ANIMAL MUST BE EUTHANIZED, AVOID DAMAGING THE HEAD WHICH IS REQUIRED FOR SUBMISSION FOR RABIES TESTING.

5.A.4.G. (U) ALL SITUATIONS THAT ARE MEDICALLY ASSESSED TO BE POTENTIAL RABIES EXPOSURES MUST BE MEDICALLY MANAGED PROPERLY IAW REFS AA, BB, AND CC, ENSURING THAT APPROPRIATE BITE-WOUND MANAGEMENT AND RISK ASSESSMENT ARE ACCOMPLISHED. EXPERT MILITARY VETERINARY RESOURCES SHOULD BE CONSULTED TO ENSURE ANIMAL QUARANTINE (IF APPLICABLE AND SAFELY POSSIBLE) AND/OR RABIES TESTING IS COORDINATED.

A DD FORM 2341, REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE, MUST BE COMPLETED BY MEDICAL PERSONNEL FOR EVERY ANIMAL BITE PATIENT.

5.A.4.H. (U) MEDICAL PROVIDERS AT ALL LEVELS OF CARE SHOULD BE

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FAMILIAR WITH RABIES POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOLS (REFS H, AA, BB, AND CC). FORWARD DEPLOYED MTFS SHOULD DEPLOY WITH HUMAN RABIES IMMUNOGLOBULIN (HRIG) AND RABIES VACCINE (REQUIRES COLD CHAIN). IF NOT FEASIBLE TO STOCK RABIES PEP, A MEDICAL EVACUATION PLAN MUST BE IN PLACE TO EVACUATE THE PATIENT TO THE APPROPRIATE LEVEL OF CARE TO RENDER RABIES PEP TREATMENT WITHIN 72 HOURS POST EXPOSURE.

5.A.5. (U) SYPHILIS, GONORRHEA (TO INCLUDE ANTIBIOTIC RESISTANT GONORRHEA), CHLAMYDIA AND OTHER COMMON STIS ARE PRESENT AT LOW TO INTERMEDIATE LEVELS DEPENDING ON THE STI AND LOCATION. HIV IS ALSO PRESENT AND A GROWING CONCERN IN SOME COUNTRIES. ABSTINENCE IS THE ONLY WAY TO ENSURE PREVENTION OF STIS. EDUCATE PERSONNEL ON APPROPRIATE PROPHYLAXIS AND ENCOURAGE THEM TO SEEK PROMPT MEDICAL TREATMENT FOR STI SYMPTOMS.

5.A.6. (U) MENINGOCOCCAL MENINGITIS OCCURS AT LOW LEVELS SPORADICALLY THROUGHOUT THE USEUCOM AOR; HIGHEST RISK IS POTENTIALLY TO HUMANITARIAN RELIEF OPERATION PARTICIPANTS IN CLOSE CONTACT WITH LARGE, MASSED LOCAL POPULATIONS. THE AVAILABLE VACCINE PROVIDES PROTECTION AGAINST SOME STRAINS, BUT NOT ALL, THOUGH IT IS NOT REQUIRED FOR USEUCOM AOR LOCATIONS AS RISK IS COMPARABLE TO THE USA (LOW). HOWEVER, SPECIFIC SITUATIONS (E.G. MEDICS DEALING WITH LARGE REFUGEE POPULATIONS), AS ASSESSED BY PREVENTIVE MEDICINE PERSONNEL, COULD WARRANT DECISION TO VACCINATE SPECIFIC DEPLOYING MEMBERS.

5.A.7. (U) AVIAN INFLUENZA (FLU SUBTYPES: H5N1, H7N9) IS A HIGHLY PATHOGENIC VIRUS WITH PANDEMIC POTENTIAL. H5N1 IS DEADLY TO DOMESTIC FOWL, CAN BE TRANSMITTED FROM BIRDS TO HUMANS, AND CAN BE DEADLY TO HUMANS. MOST CASES OF AVIAN INFLUENZA INFECTION IN HUMANS HAVE RESULTED FROM DIRECT OR CLOSE CONTACT WITH INFECTED BIRDS OR SURFACES CONTAMINATED WITH SECRETIONS AND EXCRETIONS FROM INFECTED BIRDS. THE

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ANNUAL INFLUENZA VACCINE PROVIDES PROTECTION AGAINST SOME STRAINS, BUT NOT ALL. WAYS TO PREVENT CATCHING AND SPREADING THE FLU INCLUDE:
CLEAN YOUR HANDS OFTEN WITH SOAP AND WARM WATER OR ALCOHOL-BASED HAND CLEANERS; AVOID TOUCHING YOUR EYES, NOSE OR MOUTH; USE A TISSUE TO COVER YOUR MOUTH AND NOSE WHEN YOU SNEEZE OR COUGH THEN PUT USED TISSUE IN THE WASTE BASKET; IF A TISSUE IS NOT AVAILABLE, THEN SNEEZE OR COUGH INTO THE INSIDE OF YOUR ELBOW, NOT YOUR HAND; AVOID CLOSE CONTACT WITH PEOPLE WHO ARE SICK; AND KEEP YOUR DISTANCE OR STAY HOME IF YOU ARE SICK.

5.B. (U) ENVIRONMENTAL HEALTH THREATS (IAW REF A).

5.B.1. (U) TOPOGRAPHY, TEMPERATURE, WIND, SUN, HUMIDITY, PRECIPITATION, AND ALTITUDE IMPACT FORCE HEALTH AND CAN SIGNIFICANTLY

AFFECT MILITARY OPERATIONS ACROSS THE USEUCOM AOR. DUE TO THE VARIED

TERRAIN AND CLIMATE WITHIN THE AOR, REFER TO NCMI (REF A) AND THE

S/G/J2 FOR THE LATEST TOPOGRAPHIC AND CLIMATE INFORMATION FOR DEPLOYED LOCATION.

5.B.2. (U) HEAT INJURIES CAN PRESENT SIGNIFICANT CHALLENGES TO THE

MISSION IN WARMER CLIMATES SUCH AS TURKEY AND ISRAEL.

ACCLIMATIZATION

MAY TAKE UP TO SEVERAL WEEKS OF EXPOSURE TO ACTIVITY IN THE HEAT (VS.

BEING IN THE LOCATION, BUT IN A CLIMATE CONTROLLED ENVIRONMENT).

ENSURE PROPER WORK-REST CYCLES, ADEQUATE HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION TO INCLUDE:

5.B.2.A. (U) EMPHASIZING THAT PERSONNEL DRINK ADEQUATE WATER TO PREVENT DEHYDRATION.

5.B.2.B. (U) SCHEDULING WORK DURING THE COOLEST TIMES OF THE DAY, AND

ESTABLISHING APPROPRIATE WORK-REST CYCLES BASED ON WET-BULB GLOBE

TEMPERATURE (WBGT).

5.B.2.C. (U) AWARENESS THAT DIARRHEA, OVER EXPOSURE TO THE SUN WITHOUT APPROPRIATE PROTECTION, DRINKING ALCOHOL, FEVER,

OBESITY,

OLDER AGE, POOR PHYSICAL CONDITION, AND USE OF CERTAIN DRUGS (E.G.,

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ATROPINE, ANTIHISTAMINES, OR "COLD MEDICATIONS") INCREASE VULNERABILITY TO HEAT.

5.B.2.D. (U) ENSURE AVAILABILITY AND USE OF INDIVIDUAL PROTECTION

SUPPLIES/EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, SUN GOGGLES, ETC.

5.B.2.E. (U) RISK OF COLD INJURY WILL DEPEND ON THE SPECIFIC REGION,

BUT CAN OCCUR IN ANY ENVIRONMENT. HYPOTHERMIA, A LIFE-THREATENING

CONDITION, CAN OCCUR UP TO 55 DEGREES FAHRENHEIT (AIR TEMPERATURE).

RISK OF COLD INJURY INCREASES FOR INDIVIDUALS THAT ARE IN POOR PHYSICAL CONDITION, DEHYDRATED, OR WET. COUNTERMEASURES INCLUDE:

5.B.2.E.1. (U) CLOTHING AND COVER. EXPOSED SKIN IS MORE LIKELY TO

DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED AND DRY.

COVER THE HEAD TO CONSERVE BODY HEAT.

5.B.2.E.2. (U) HYDRATION AND NUTRITION: PROVIDE WARM FOOD AND BEVERAGES, ESPECIALLY AT NIGHT. MAINTAIN HYDRATION AND AVOID ALCOHOL.

INCREASE FOOD INTAKE AS NEEDED.

5.B.2.E.3. (U) 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.

5.C. (U) OTHER ENVIRONMENTAL THREATS ARE FROM THE CONTAMINATION OF

SURFACE AND GROUND WATER WITH RAW SEWAGE AND INDUSTRIAL WASTES, URBAN

AIR POLLUTION AND LOCALLY GROWN VEGETABLES CONTAMINATED WITH PESTICIDES OR FERTILIZED WITH MANURE.

5.D. (U) VARIOUS SPECIES OF POISONOUS SNAKES ARE PRESENT THROUGHOUT

THE USEUCOM AOR. AWARENESS AND AVOIDANCE ARE KEY.

5.E. (U) OCCUPATIONAL HEALTH THREATS. OCCUPATIONAL HEALTH THREATS ARE

SITE AND COUNTRY SPECIFIC AND BRIEFING INFORMATION MAY BE OBTAINED

FROM BASE CAMP ASSESSMENTS (BCA), OCCUPATIONAL AND ENVIRONMENTAL HEALTH SITE ASSESSMENTS (OEHS), FOOD AND WATER RISK ASSESSMENTS (FWRA), PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SURVEYS

(POEMS) AND NCMI. OCCUPATIONAL HEALTH INFORMATION SHOULD INCLUDE KNOWN PHYSICAL, MECHANICAL, BIOLOGICAL, CHEMICAL AND PSYCHOSOCIAL

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HAZARDS WHICH MAY AFFECT THE FORCE. EXAMPLES OF OCCUPATIONAL HEALTH

HAZARDS ARE EXCESSIVE NOISE LEVELS, CHEMICALS/PESTICIDES, AND MILITARILY UNIQUE (DEPLETED URANIUM, IONIZING/NON-IONIZING RADIATION)

OR ELECTRICAL HAZARDS.

5.F. (U) ASPIRIN USE IN COMBAT AREAS. IAW REF FF, DEPLOYED SERVICE

MEMBERS AND CIVILIANS SHOULD NOT TAKE ASPIRIN (ACETYLSALICYLIC ACID)

WHILE IN A COMBAT ZONE AS ITS USE MAY INCREASE BLOOD LOSS IMMEDIATELY

AFTER INJURY. MEMBERS SHOULD BE ADVISED DURING THE PRE-DEPLOYMENT

PROCESS TO STOP TAKING ASPIRIN, ALONE OR IN DRUG COMBINATIONS, AT

LEAST 10 DAYS PRIOR TO DEPARTURE, UNLESS ADVISED BY THEIR HEALTH CARE

PROVIDER TO CONTINUE USE. THE DANGERS OF UNNECESSARY ASPIRIN USE SHOULD BE EXPLAINED, AND IF CONTINUED USE IS NECESSARY FOR

MEDICAL

REASONS, IT SHOULD BE DOCUMENTED IN THE MEMBER'S MEDICAL RECORD.

OVER-THE-COUNTER NON-ASPIRIN BASED MEDICATIONS (E.G.

ACETAMINOPHEN,

IBUPROFEN, AND NAPROXEN) ARE SAFER ALTERNATIVES IN DEPLOYED SETTINGS

FOR COLDS, FEVER, MUSCLE ACHES, AND GENERAL PAIN RELIEF.

5.G. (U) COMMANDERS AND ALL PERSONNEL SHOULD BE AWARE OF COMBAT AND

DEPLOYMENT-RELATED STRESS AND INJURIES (I.E. POST-TRAUMATIC STRESS

DISORDER AND MILD TRAUMATIC BRAIN INJURIES), THEIR

SIGNS/SYMPTOMS,

AND HOW TO SEEK HELP FOR THEMSELVES, THEIR PEERS, OR THEIR TROOPS.

PERSONNEL SHOULD BE COGNIZANT OF SLEEP DISCIPLINE AND THE IMPACT OF

ALCOHOL MISUSE.

5.H. (U) WORK-RELATED, SPORTS, AND OTHER RECREATIONAL INJURIES ARE

SIGNIFICANT CONTRIBUTORS TO NON-EFFECTIVENESS. COMMAND EMPHASIS OF

SAFETY AWARENESS IS IMPORTANT.

5.I. (U) POOR ROAD CONDITIONS COMBINED WITH VARYING DRIVING EXPERIENCE OF LOCALS AND OF MULTI-NATIONAL FORCES INCREASE THE CHANCE

OF MOTOR VEHICLE ACCIDENTS. DRIVE DEFENSIVELY, ALWAYS WEAR SEAT

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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 AND/OR RADIO FOR COMMUNICATIONS WITH HOME BASE IN CASE OF EMERGENCY.

5.J. (U) COMMANDER EMPHASIS ON GOOD FIELD SANITATION PRACTICES ARE ESSENTIAL FOR MAINTAINING FORCE HEALTH, INCLUDING: FREQUENT HAND-WASHING, PROPER DENTAL CARE, CLEAN AND DRY CLOTHING (ESPECIALLY SOCKS, UNDERWEAR, AND BOOTS), AND BATHING WITH POTABLE WATER. IF A SHOWER IS NOT AVAILABLE, WASH SITES OF PERSPIRATION WITH A WASHCLOTH DAILY; BABY WIPES ARE USEFUL ALTERNATIVES. CHANGE SOCKS FREQUENTLY. CONSISTENT FOOT POWDER USE HELPS PREVENT FUNGAL INFECTIONS.

5.J.1. (U) WASHING CLEAN OF DIRT, THEN SANITIZING BOOTS AND OTHER PERSONAL ITEMS, AS WELL AS UNIT EQUIPMENT ITEMS, IS ESSENTIAL IN PREVENTING THE IMPORTATION OF AGRICULTURALLY IMPORTANT DISEASES (E.G. FOOT AND MOUTH DISEASE) DURING REDEPLOYMENT OPERATIONS.

5.K. (U) IN DEPLOYMENT PLANNING AND PREPARATION COMMANDERS MUST CONSIDER THE POTENTIAL FOR DELIBERATE USE BY AN ENEMY OF NUCLEAR/RADIOLOGICAL, BIOLOGICAL, OR CHEMICAL AGENTS (INCLUDING TOXIC INDUSTRIAL MATERIALS). MEDICAL COUNTERMEASURES INCLUDE IMMUNIZATIONS, PPE/MOPP GEAR, BW/CW ANTIDOTES, AND FOOD, WATER, AND ENVIRONMENTAL VULNERABILITY ASSESSMENTS. IF INDICATED BY INTELLIGENCE REPORTS, ENVIRONMENTAL AND/OR DISEASE AND INJURY SURVEILLANCE MAY BE INCREASED. INCREASED DISEASE RATE(S) MAY BE THE FIRST INDICATION OF A TERRORIST-MEDIATED BIOTERRORISM EVENT.

5.L. (U) CRIME AND TERRORISM. INFORMATION REGARDING CRIME AND TERRORISM AT THE DEPLOYED LOCATION MAY BE OBTAINED FROM THE UNIT S2/R2/G2/J2 SECTION.

5.L.1. (U) CRIME AND TERROR INFORMATION ON THE DEPLOYED SITE SHOULD AT A MINIMUM INCLUDE CURRENT FORCE PROTECTION POSTURE, RECENT TERRORIST ACTIVITIES OR THREATS, CRIME STATISTICS, AND RECOMMENDED COUNTERMEASURES. PERSONNEL SHOULD ALWAYS BE ALERT TO POTENTIAL

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CRIMINAL OR VIOLENT SITUATIONS.

6. (U) LINKS AND WEBSITES. WHEN PREPARING TO DEPLOY, GO TDY, OR OTHERWISE TRAVEL IN THE USEUCOM AOR, CHECK THE FOLLOWING LINKS FOR

THE LATEST UPDATED INFORMATION:

6.A. (U) [HTTP://WWW.WHO.INT](http://www.who.int).

6.B. (U) [HTTP://WWW.CDC.GOV/TRAVEL](http://www.cdc.gov/travel).

6.C. (U)

[HTTP://TRAVEL.STATE.GOV/CONTENT/PASSPORTS/EN/GO/CHECKLIST.HTML](http://travel.state.gov/content/passports/en/go/checklist.html)
(CASE

SENSITIVE; USE ALL LOWER CASE).

6.D. (U) [HTTP://WWW.PANDEMICFLU.GOV](http://www.pandemicflu.gov).

6.E. (U)

[HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/DISEASES/PAGES/PANDEMIC](http://phc.amedd.army.mil/topics/discond/diseases/pages/pandemicflu.a)
[FLU.A](http://phc.amedd.army.mil/topics/discond/diseases/pages/pandemicflu.a)

SPX.

6.F. (U) [HTTP://FHPR.DHHQ.HEALTH.MIL/HOME.ASPX](http://fhpr.dhhq.health.mil/home.aspx).

7. (U) DEFINITIONS.

7.A. (U) WESTERN EUROPE: FOR THE PURPOSES OF THIS GENADMIN,
WESTERN

EUROPE INCLUDES THE COUNTRIES OF: ANDORRA, AUSTRIA, BELGIUM,
DENMARK,

FINLAND, FRANCE, GERMANY, HOLY SEE (VATICAN CITY), ICELAND,
IRELAND,

ITALY, LIECHTENSTEIN, LUXEMBOURG, MALTA, MONACO, NETHERLANDS,
NORWAY,

PORTUGAL, SAN MARINO, SPAIN, SWEDEN, SWITZERLAND, AND THE UNITED
KINGDOM.

7.B. (U) DEPLOYMENT: FOR THE PURPOSES OF THIS GENADMIN,
DEPLOYMENT IS

TRAVEL TO OR THROUGH THE USEUCOM AOR, WITH EXPECTED OR ACTUAL
TIME IN

COUNTRY (AKA "BOOTS ON GROUND") FOR A PERIOD OF GREATER THAN 30
DAYS,

EXCLUDING SHIPBOARD OPERATIONS.

7.C. (U) TEMPORARY DUTY (TDY): FOR THE PURPOSES OF THIS
GENADMIN,

MISSIONS WITH TIME IN COUNTRY (BOOTS ON GROUND) OF 30 DAYS OR
LESS.

8. (U) USEUCOM POINTS OF CONTACT.

8.A. (U) HQ USEUCOM/ECJ42 (MEDICAL READINESS), FHP BRANCH,
EMAIL:

EUCOM.STUTTGART.ECJ4.LIST.FORCE-HEALTH-PROTECTION@MAIL.MIL, DSN
(314)

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430-4277/5909, COMMERCIAL +49 (0)711-680-4277/5909, FAX 314-430-6410.

8.B. (U) USEUCOM JOINT OPERATIONS CENTER 24/7: JOC TEAM CHIEF,
EUCOM.STUTTGART.ECJ3.MBX.JOC-TEAM-CHIEF@MAIL.SMIL.MIL, DSN
314-430-5075, COMMERCIAL 011-49-711-680-5075.//

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