



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO

BUMEDINST 3500.5A
BUMED-M4
15 Sep 2021

BUMED INSTRUCTION 3500.5A

From: Chief, Bureau of Medicine and Surgery

Subj: PANDEMIC INFECTIOUS DISEASE POLICY

Ref: (a) DoD GCP PI&ID-3551-13, DoD Global Campaign Plan for Pandemic Influenza and Infectious Disease (PI&ID) of 15 October 2013 (NOTAL)
(b) OPNAVINST 3500.41B
(c) BUMEDINST 3301.3B
(d) BUMEDINST 3440.10B
(e) OPNAVINST 3030.5C
(f) DoD Instruction 6200.02 of 27 February 2008
(g) DoD Directive 6490.02E of 8 February 2012
(h) BUMEDINST 3500.3A
(i) BUMEDINST 6200.17A
(j) DoD Instruction 6200.03 of 28 March 2019
(k) BUMEDINST 3030.4A
(l) BUMEDINST 6220.12C

1. Purpose. The purpose of this instruction is to issue policy and identify roles and responsibilities to support preparedness, response, and recovery from outbreaks of pandemic infectious disease. References (a) and (b) provide the latest Department of Defense (DoD) and Navy guidance to assist in pandemic planning. This instruction is a complete revision and should be reviewed in its entirety.
2. Cancellation. BUMEDINST 3500.5.
3. Scope and Applicability. This instruction applies to Bureau of Medicine and Surgery (BUMED) and Navy Medicine echelon 3 commands and their subordinate activities. This instruction does not apply to mobile, expeditionary, afloat, or other deployable medical forces or personnel when in a deployed status.
4. Background. The recent Coronavirus Disease 2019 pandemic demonstrated the significant impact of a pandemic on military operations. Three influenza pandemics occurred in the 20th century, most notable of which was the 1918 pandemic, which killed up to 50 million people and significantly compromised the U.S. military's ability to perform its mission. Leaders at all levels must be prepared to respond to disease outbreaks which can quickly degrade mission readiness, and have second or third order effects impacting critical infrastructure.

5. Policy

a. To remain operational during a pandemic, Navy Medicine must ensure the effective implementation of infection control and prevention practices, and maintain the readiness of the workforce. All Navy Medicine activities, including those not providing direct patient care, must take appropriate countermeasures and plan to execute the elements of their continuity of operations (COOP) plan, as needed, during a pandemic.

b. Incident Management

(1) The Navy Medicine Operations Center (NMOC) will serve as the headquarters (HQ) command, control, and communications (C3) element, and will execute its C3 functions in support of any “all hazards” event affecting the enterprise. Reference (c) outlines operations of the NMOC.

(2) As described in reference (d), Navy Medicine Readiness and Training Commands (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Units (NAVMED-READTRNUNIT) should be familiar with the Incident Command System and the Hospital Incident Command System Incident Planning and Response Guide available at <https://asprtracie.hhs.gov/technical-resources/resource/2735/hospital-incident-command-system-hics-guidebook-fifth-edition-may-2014>.

6. Responsibilities

a. BUMED Chief of Staff will provide for and oversee COOP in a pandemic environment per reference (e), including provisions for augmentation of staff and dissemination of public health mitigation measures.

b. BUMED Medical Operations (BUMED-M3) will:

(1) In coordination with BUMED Fleet Support and Logistics (BUMED-M4), provide operational medical surge support through deployable medical platforms and operational medical units. Ensure medical surge support is based on population at risk, severity of risk, and projected affected population factors. Ensure after action reports, lessons learned, applicable operational experience, and joint medical planning tool estimates are coordinated with naval component commands across respective areas of responsibility for surge planning and execution.

(2) Coordinate with Defense Health Agency (DHA) for clinical diagnostic testing for emerging pathogens, per reference (f), and medical surveillance per reference (g) for naval assets. Coordinate for surge lab capacity as needed with Research and Development (BUMED-M2), Navy and Marine Corps Public Health Center (NAVMCPUBHLTHCEN), DHA, the other Services, and with Federal, State, and civilian laboratories with specialized capability to type or subtype pathogens, and identify other pandemic infectious disease agents.

c. BUMED-M4 will provide for and oversee:

(1) Planning. Provide medical subject matter expert (SME) support to facilitate installation and operational naval command pandemic response planning. Per reference (h), ensure after action reports, lessons learned, and applicable operational experience are recorded and coordinated with applicable Office of the Chief of Naval Operations (OPNAV) and the DHA staff.

(2) Exercises and Training. In coordination with Education and Training (BUMED-M7), establish minimum training requirements for designated Navy Medicine personnel with respect to pandemic and related infectious disease emergency preparedness and response. Support participation of Navy Medicine personnel in DHA, installation, and operational unit exercises, as much as possible.

(3) Public Health Emergency Officers (PHEO). Ensure a supervisory PHEO is appointed, per references (i) and (j). Advocate for training of a sufficient number of Navy PHEOs to support Navy pandemic response plans, and to provide public health SME support to Navy and Marine Corps installation and regional commanders, per references (c) and (j).

(4) C3. In coordination with the BUMED Deputy Chief of Staff, ensure the NMOC and HQ crisis action team are continuously prepared for activation and ready to support BUMED leadership with continuous situational awareness during a public health emergency or pandemic, per reference (c).

(5) Resources and Logistics

(a) Develop and implement BUMED policy for the management of medical materiel required for pandemic response. Coordinate with Fleet Readiness and Logistics (OPNAV N4) to ensure the supply and sourcing of medical materiel meets Navy Medicine pandemic response requirements.

(b) In conjunction with OPNAV N4, identify critical medical supplies, goods, or services that require priority delivery from industry and suppliers to ensure COOP, and the sustainment of key populations.

(c) Provide consultation for environmentally compliant regulated medical and pharmaceutical waste management and disposal.

(6) Medical Surveillance. In coordination with NAVMCPUBHLHCEN, provide guidance, as needed, on medical surveillance and reporting. Coordinate with the Armed Forces Health Surveillance Division of DHA, as needed.

(7) Immunizations and Other Medical Countermeasures. Provide guidance regarding prioritization of personnel for vaccination, antiviral, or other pharmaceutical administration. Provide supplemental guidance, as needed, regarding tracking and reporting of adverse events.

d. Commanders, Naval Medical Forces Atlantic and Naval Medical Forces Pacific will provide for and oversee:

(1) Planning. Provide public health and medical SME support to facilitate supported installation operational command pandemic response planning. Per reference (h), ensure after action reports, lessons learned, and applicable operational experience, are recorded and coordinated with supported commands.

(2) Exercises and Training. Provide public health and medical SME support to installations and naval component commands to facilitate pandemic response exercises and training. Ensure NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs provide public health and medical SME support, as needed, to facilitate the training and exercising of host installation pandemic, closed point of dispensing, and disease containment plans.

(3) PHEOs. Train and qualify a sufficient number of PHEOs to support Navy and Marine Corps pandemic response plans, and to provide public health SME support to installation and regional commanders, per references (c) and (j).

(4) C3. Ensure NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs have access to sufficient command and control capabilities and related equipment to effectively respond to public health emergencies and disease outbreaks in support of host installation pandemic response. Ensure effective communications are maintained with BUMED, via the NMOC, to provide Chief, BUMED with continuous situational awareness during a pandemic.

(5) COOP. Maintain COOP per references (e) and (k), including provisions for augmenting staff, expanding the scope of PHEO support, and addressing second or third order effects. Plan for and implement social distancing measures such as teleworking, as needed. Ensure information technology infrastructure can support telework. Keep BUMED apprised of staffing levels and changes in operating status.

(6) Surge Capacity. Provide operational medical surge support through deployable medical platforms and operational medical units. Ensure medical surge support is based on population at risk, severity of risk, and projected affected population factors. Ensure the assignment of NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT personnel to operational medical surge support missions is coordinated with the DHA, to minimize the impact on military treatment facility capabilities.

(7) Resources and Logistics. Manage medical materiel required for pandemic response. Coordinate with BUMED, and promptly report the results to the host installation PHEO and appropriate commanders.

(a) Collect data at each point of care and document significant medical events, as directed, per reference (g). Points of care include established NAVMEDREADTRNCMDs, NAVMEDREADTRNUNITS, operational units with organic medical capability, and any non-medical facility designated or re-missioned for use as an alternate care treatment facility. Data collection and reporting processes and requirements will surge during a pandemic.

(b) Ensure appropriately trained public health and preventive medicine professionals conduct medical surveillance activities to include syndromic surveillance using Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) or other approved system, per references (c) and (l).

(8) Laboratory Support. Ensure laboratories within the command conduct clinical diagnostic testing for emerging pathogens per reference (f) and medical surveillance per reference (l) for naval assets in the area of responsibility. Ensure positive findings are reported to Navy public health authorities per reference (l). Seasonal influenza sentinel testing in fleet concentration areas is recommended. Laboratories may include those within the Laboratory Response Network.

(9) Immunizations and Other Medical Countermeasures. Prioritize mission essential personnel for vaccination and other medical countermeasures, as appropriate. In coordination with host installation, prepare to provide mass dispensing, immunization, and care. Ensure any adverse events are tracked and reported following vaccine and antiviral administration, as directed, within current policies and guidelines.

e. Commander, Navy and Marine Corps Public Health Center will:

(1) Provide public health (e.g., preventive medicine, occupational health, industrial hygiene, risk communication) technical expertise and reach-back support to Navy Medicine.

(2) Track reported cases and illness trends in a timely manner to support early detection of disease threats, situational awareness, and timely response. Analyze weekly disease and injury data from operational units and enable early detection of outbreaks.

(3) Maintain medical event reporting and disease and injury data collection and reporting processes and requirements, including the timely receipt of disease and injury data from operational units. Facilitate collection and collation of information as reporting requirements surge. This includes developing standardized data collection forms and synchronizing with the Armed Forces Health Surveillance Division at the DHA, per reference (l).

(4) Evaluate the effectiveness of Navy Medicine pandemic medical surveillance and reporting activities to inform policy or program improvements.

(5) Provide subject matter expertise on enhanced medical surveillance activities (e.g., healthcare worker surveillance or exposure surveillance) in alignment with current scientific and public health knowledge. Be prepared to facilitate implementation of enhanced medical surveillance activities.

(6) Be prepared to assist in on-going pandemic preventive medicine operations.

f. Commanding Officers and Officers in Charge of Navy Medicine activities not providing direct patient care will:

(1) COOP. Maintain COOP, per references (e) and (k), in a pandemic environment, including considerations for augmenting staff, if needed. Plan for and implement social distancing measures such as teleworking, as needed. Keep higher HQ apprised of staffing levels and changes in operating status.

(2) Immunizations and Other Medical Countermeasures. Prioritize mission essential personnel for vaccination and other medical countermeasures, as appropriate.

7. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-M4 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

9. Information Management Control

a. Medical event report collection directed in subparagraphs 6d(8) and 6e(3) was assigned report control symbol NAVMED 6220-3 by reference (1).

b. The reports required in paragraphs 6b(1), 6c(1), 6c(6), 6c(7), 6d(1), 6d(7)(a), 6d(8), 6d(9), 6e(2) through 6e(4) of this instruction, are exempt from reports control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7h.


G. D. SHAFFER
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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at, <https://www.med.navy.mil/Directives>