



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

BUMEDINST 3500.5B
BUMED-N4
13 May 2026

BUMED INSTRUCTION 3500.5B

From: Chief, Bureau of Medicine and Surgery

Subj: PANDEMIC AND INFECTIOUS DISEASE POLICY

Ref: (a) 10 U.S.C.
(b) DoD Functional Campaign Plan for Pandemics and Infectious Diseases,
4 October 2021 (NOTAL)
(c) OPNAVINST 3500.41B
(d) BUMEDINST 3090.1
(e) BUMEDINST 3440.10B
(f) OPNAVINST 3030.5C
(g) DoD Instruction 6200.02 of 27 February 2008
(h) DoD Directive 6490.02E of 8 February 2012
(i) BUMEDINST 3500.3B
(j) BUMEDINST 6200.17B
(k) DoD Instruction 6200.03 of 28 March 2019
(l) BUMEDINST 3030.4A
(m) 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) through (m) provide the latest Department of War (DOW) and Navy guidance to assist in pandemic and infectious disease response planning. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 3500.5A.

3. Scope and Applicability. This instruction applies to Navy Medicine commands and Navy Medical Department representatives (e.g., Navy and Marine Corps health care personnel.) It is issued under the authority granted to the Bureau of Medicine and Surgery (BUMED) via reference (a), sections 8071, 8072, and 8077 to make health care policy for the Department of the Navy.

4. Background. The nature of a pandemic is that it moves quickly, can overwhelm medical capabilities, and potentially result in excess hospitalizations, death, and substantial impact to the Navy mission. There have been numerous pandemics in the last century, including novel influenza strains (the 1918 pandemic generated more military fatalities than the total number of combat-related fatalities from World War I), Severe Acute Respiratory Syndrome (SARS), H5N1 Avian Influenza, and most recently Coronavirus Disease 2019 (COVID-19). Regionally

localized, pre-pandemic emerging disease threats, such as Ebola virus and Zika virus, have threatened the health of personnel and the Navy's ability to operate in the affected regions. The likelihood of an infectious disease significantly impacting the ability of the Navy to maintain mission assurance is increasing.

5. Policy. Navy Medicine must diligently prepare to remain operational against infectious disease threats to minimize risk to force and risk to mission.

a. As a pandemic emerges, localized disease outbreaks may reach the Fleet before higher-level policy and capabilities are in place. Naval Medical Department representatives must be prepared to quickly respond to prevent mission degradation.

b. Naval Medical Department representatives must rapidly develop timely, evidence-based response actions for use by installations and operational units. Naval Medical Department representatives must provide comprehensive force health protection strategies and ensure the effective implementation of infection control and prevention practices in support of their Commander's responsibility to maintain the readiness and functional capability of the workforce.

c. 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 (d) outlines operations of the NMOC.

(2) As described in reference (e), Navy Medicine activities will incorporate the principles of the Incident Command System (ICS) into their emergency response and pandemic plans.

(3) Public Health Expertise. During a pandemic or large-scale outbreak, public health response support should be provided by organic preventive medicine assets and, for installations, designated Public Health Emergency Officers (PHEO), per reference (j). Subject matter experts (SME) at the Navy and Marine Corps Force Health Protection Command and Navy Environmental and Preventive Medicine Unit should provide consultative support to operational units. To the maximum extent possible, commanders should not request Preventive Medicine augmentation, as this limits Navy Medicine's ability to direct public health emergency responses across multiple commands, and enterprise wide.

6. Responsibilities

a. Director, Headquarters Operations (BUMED-N02B):

(1) Continuity of Operations (COOP). Provide for and oversee COOP in a pandemic environment per reference (f), including provisions for redistribution of staff and dissemination of public health mitigation measures.

(2) Planning. Ensure the NMOC and HQ crisis action team are continuously prepared for activation and ready to respond during a public health emergency or pandemic, per reference (d).

b. Director, Operations, Plans, and Policy (BUMED-N3N5):

(1) Surge Capacity. In coordination with Director, Logistics, Supply, and Support (BUMED-N4), provide operational medical surge and preventive medicine support through deployable medical platforms and operational medical units. Ensure medical surge support is based on Navy mission assurance and may be geared toward strategic Navy platforms while considering population at risk, and severity of risk. Recognize that Defense Support of Civil Authorities (DSCA) missions may also need to be supported, diverting assets from direct mission and beneficiary support. Ensure consideration of previous after-action reports, lessons learned, applicable operational experience, and joint medical planning tool estimates, and coordinate with naval component commands across respective areas of responsibility for surge planning and execution.

(2) Resources and Logistics. Coordinate with DHA and other Services for clinical diagnostic testing, laboratory support, and laboratory surveillance for emerging pathogens, per references (g) and (h). Laboratories may include those within the Laboratory Response Network. Research laboratories and Navy Medicine Readiness and Training Command (NAVMEDREADTRNCMD) and Navy Medicine Readiness and Training Unit (NAVMEDREADTRNUNIT) personnel may be used to augment existing capabilities. Emphasize provision of laboratory capabilities for Navy and Marine Corps operational forces either through pushing equipment and personnel out to the Fleet and operational units or through collecting samples from the Fleet and operational units for processing in established labs. Ensure findings are reported to Navy and DOW public health authorities, per reference (m).

(a) Coordinate for surge lab capacity as needed with Director, Medical Information and Research and Development (BUMED-N2), Navy and Marine Corps Force Health Protection Command, Naval Medical Research Command, DHA, the other Services, and with Federal, State, and civilian, international and host nation laboratories with specialized capability to type or subtype pathogens, and identify other pandemic infectious disease agents.

(b) Coordinate the distribution and implementation of available rapid diagnostic testing across the enterprise to include aboard ships and other Navy and Marine Corps operational settings.

c. Public Affairs and Outreach (BUMED-N00Z1):

(1) Coordinate with Supervisory PHEO to ensure messaging content reflects accurate public health information and appropriate force health protection measures currently in place.

(2) Coordinate with supported command public affairs officers, Navy Chief Information Officer, and DHA public health communications to ensure public messaging is accurate, timely, and follows the principles of effective risk communication.

d. BUMED-N4:

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

(2) Exercises and Training. In coordination with Director, Education and Training (BUMED-N7), 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 practicable.

(3) PHEO. Ensure a supervisory PHEO is appointed at BUMED. The Supervisory PHEO will manage the PHEO program per references (j) and (k) to include coordination with Naval Medical Forces Atlantic and Naval Medical Forces Pacific PHEOs, other Service and DHA PHEOs and Navy and Marine Corps Force Health Protection Command, per references (j) and (k). 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 (j) and (k).

(4) C3. In coordination with the BUMED-N02B, assist the NMOC and HQ crisis action team to readily support BUMED leadership with subject matter expertise and continuous situational awareness during a public health emergency or pandemic, per reference (d). Coordinate with BUMED-N00Z1 to ensure public messaging is accurate, timely, and follows the principles of effective risk communication.

(5) Resources and Logistics

(a) Develop and implement BUMED policy for the management of medical material 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, anticipating that national supply shortages are likely.

(b) In conjunction with OPNAV N4, identify critical medical and safety supplies, goods, or services that require priority delivery from industry and suppliers to ensure COOP, and the sustainment of key populations. Coordinate with Chemical, Biological, Radiological, and Nuclear Medical Defense (BUMED N53) to access the operational stockpile options and determine optimal distribution.

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

(6) Medical Surveillance. In coordination with Navy and Marine Corps Force Health Protection Command, develop enhanced medical surveillance and reporting policy and guidance when routine activities may be insufficient to preserve force readiness. Enhanced measures may include: active case finding, additional reporting requirements such as severity measures or need for higher echelon care, or medical symptom screening. Synchronize efforts with the Armed Forces Health Surveillance Division (AFHSD) as appropriate per reference (h).

(7) Preventive Medicine Policy. Develop implementing guidance and policy, ensuring alignment with current scientific and public health knowledge. Iteratively revise policy and guidance when necessary to keep pace with the rapidly evolving knowledge situation. Response should meet the demands of the Navy, especially ships or deployed units, and may be required ahead of DOW or DHA policy.

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

(9) Lessons Learned Program. Coordinate with OPNAV and DHA to ensure collection and analysis of observations through the Joint Lessons Learned Information System (JLLIS) program. Ensure recording of after action reports and operational experiences.

e. Commanders, Naval Medical Forces Atlantic and Commander, Naval Medical Forces Pacific:

(1) Planning. Develop regional pandemic and infectious disease plans per references (c) and (k). Plans must be coordinated with local DHA commands as necessary. Provide public health and medical personnel with subject matter expertise to facilitate supported Navy and Marine Corps installation and operational command pandemic response planning. Per reference (i), ensure after action reports, lessons learned, and applicable operational experience, are utilized in pandemic planning and are recorded for future events.

(2) Exercises and Training. Ensure the conduct annual exercise of pandemic and infectious disease response plans. These may be executed in conjunction with periodic Navy and Marine Corps regional or Fleet exercises. Provide public health and medical SME support to Fleet and Navy and Marine Corps regional commands to support pandemic response exercises and training.

(3) PHEOs. Train and qualify PHEOs to support Navy and Marine Corps pandemic response plans, and to provide public health SME support to installation and regional

commanders, per references (j) and (k). Ensure adequate PHEOs are available for coverage of and appointment to all supported installations. These PHEOs will:

(a) Coordinate with emergency managers at supported commands to facilitate their development and execution of response plans in coordination with state and local public health authorities and area healthcare assets per the principles and activities of Hospital Incident Command System (HICS) and ICS.

(b) Coordinate with supported commanders and PAOs to ensure public messaging is accurate, timely, and follows the principles of effective risk communication.

(4) C3. Ensure effective communications are maintained with BUMED, via the NMOC, to provide Surgeon General of the Navy (who also performs the duties of Chief, BUMED) with continuous situational awareness during a pandemic. Ensure NAVMEDREADTRNCMDs and NAVMED-READTRNUNITs have access to sufficient command and control (C2) capabilities, related equipment, and training to effectively respond to public health emergencies and disease outbreaks in supported installation pandemic response.

(5) Incident Management. Provide pandemic response advice and guidance to Fleet and Marine Corps commands. Coordinate with Navy and Marine Corps Force Health Protection Command as necessary. Guidance must be timely and tailored to operational assets. Guidance may need to be pushed in advance of higher DOW guidance.

(6) COOP. Maintain COOP per references (f) and (l), including provisions for redistributing staff, expanding the scope of PHEO, Fleet, and Marine Corps 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.

(7) Surge Capacity. Provide operational medical surge support through deployable medical platforms and operational medical units. Ensure medical surge support is based on Navy mission assurance and may be geared toward strategic Navy platforms while considering population at risk, and severity of risk. Ensure the assignment of NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT personnel to operational medical surge support missions is appropriately resourced and coordinated in advance with the DHA, to minimize the impact on medical treatment facility (MTF) capabilities.

(8) Medical Surveillance and Response. Ensure NAVMEDREADTRNCMDs and NAVMEDREADTRNUNITs perform routine and enhanced medical surveillance, reporting, and response activities for acute public health threats as outlined in reference (m). Provide support to Fleet and Marine Corps commands with medical department personnel responsible for following reference (m) as needed.

(9) Laboratory Services. Implement BUMED direction to provide a coordinated laboratory response that provides for clinical diagnostic testing, laboratory support, and laboratory surveillance for emerging pathogens, per references (g) and (h). Laboratories may include those within the Laboratory Response Network. Research laboratories and NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT personnel may be used to augment existing capabilities. Emphasize provision of laboratory capabilities for operational forces either through pushing equipment and personnel out to the Fleet and Marine Corps or through collecting samples from the Fleet and Marine Corps for processing in established labs. Ensure findings are reported to Navy and DOW public health authorities per reference (m).

(10) Immunizations and Other Medical Countermeasures. Coordinate with DHA networks and Fleet and Marine Corps assets to ensure availability of immunization and chemoprophylactic measures to prevent and respond to pandemic and infectious disease events. Prioritize mission essential personnel for vaccination and other medical countermeasures, as appropriate. Coordinate with DHA networks for provision of mass dispensing, immunization, and care to all beneficiaries.

(11) Lessons Learned Program. Conduct collection and analysis of observations through the JLLIS program. Ensure after-action reports are submitted and include operational insights.

f. Commanders and Commanding Officers, NAVMEDREADTRNCMDs and Commanding Officers and Officers in Charge, NAVMEDREADTRNUNITs:

(1) Planning. Develop pandemic and infectious disease plans per references (c) and (k). Provide public health and medical personnel with subject matter expertise to facilitate supported installation and operational naval command pandemic response planning. Per reference (i), ensure after action reports, lessons learned, and applicable operational experience, are utilized in pandemic planning and are recorded for future events.

(2) Exercises and Training. Conduct annual exercise of pandemic and infectious disease plans. These may be conducted in conjunction with periodic unit or installation exercises. Provide public health and medical personnel with subject matter expertise to support operational units and installations to facilitate pandemic response exercises and training to include closed point of dispensing, and disease containment plans.

(3) PHEOs. Adhere to references (j) and (k) to ensure compliance with the Navy PHEO program and DOW public health emergency management. PHEOs will:

(a) Coordinate with emergency managers at supported commands to facilitate their development and execution of response plans in coordination with State and local public health authorities and area healthcare assets per the principles and activities of HICS and ICS.

(b) Coordinate with supported commanders and PAOs to ensure public health messaging is accurate, timely, and follows the principles of effective risk communication.

(c) Liaise between the installation and the local DHA medical facility and State, local, tribal, and territorial public health entities as appropriate to ensure rapid and ongoing information sharing during a pandemic or operationally significant disease epidemic. Comprehensively participate in Navy and Marine Corps region and installation pandemic and infectious disease exercises through design, identifying training audiences, and documenting the exercise outcomes.

(4) C3. Maintain access to sufficient command and control capabilities, related equipment, and training to effectively respond to public health emergencies and disease outbreaks in supported installation pandemic response. Ensure effective communications are maintained with cognizant Navy Medicine region to provide the Surgeon General of the Navy\Chief, BUMED with continuous situational awareness during a pandemic.

(5) Incident Management. NAVMEDREADTRNCMDs and NAVMEDREADTRN-UNITs must coordinate with DHA to incorporate the principles of the HICS into emergency and pandemic planning. The HICS Incident Planning Guidebook is available at <https://asprtracie.hhs.gov/technical-resources/resource/2735/hospital-incident-command-system-hics-guidebook-fifth-edition-may-2014>

(6) COOP. Maintain COOP per references (f) and (l), including provisions for redistributing 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 cognizant Navy Medicine region appraised of staffing levels and changes in operating status.

(7) Surge Capacity. Implement BUMED's pandemic response contingencies of medical surge support through deployment of personnel identified for operational medical surge support as part of deployable medical platforms and operational medical units. Ensure the assignment of NAVMEDREADTRNCMD and NAVMEDREADTRNUNIT personnel to operational medical surge support missions is appropriately communicated and coordinated in advance with DHA, to minimize the impact on MTF capabilities.

(8) 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.

(9) Medical Surveillance and Response. Perform routine medical surveillance, reporting, and response activities for acute public health threats as outlined in reference (m). During a pandemic, enhanced requirements may be issued to prevent introduction of the disease into a unit, identify infections as early as possible, and control outbreaks to minimize mission degradation. A sustained, long-term pandemic response posture is expected to be resource intensive and exacerbated by personnel shortages. Be prepared to meet the demand of increased

public health requirements, including mass vaccinations, contact tracing and data management. Temporary reassignment of personnel (both medical and non-medical) to augment public health staff should be considered.

(10) Immunizations and Other Medical Countermeasures. Coordinate with DHA MTFs and Fleet and Marine Corps assets to ensure availability and dispensing of immunizations and chemoprophylactic measures to prevent and respond to pandemic and infectious disease events. Prioritize mission essential personnel for vaccination and other medical countermeasures, as appropriate. Coordinate with DHA MTFs and installation commanders for provision of mass dispensing, immunization, and care to all beneficiaries. Exercise of this capability is encouraged through the annual influenza vaccination program. Ensure any adverse events are tracked and reported following vaccine and antiviral administration, as directed, within current policies and guidelines.

(11) Lessons Learned Program. Conduct collection and analysis of observations through the JLLIS program. Ensure after-action reports are submitted and include operational insights.

g. Commander, Navy and Marine Corps Force Health Protection Command:

(1) Medical Surveillance and Response.

(a) Maintain and provide public health (e.g., preventive medicine, occupational health, industrial hygiene, risk communication) technical expertise and reach-back support to Navy Medicine activities and operational commands both directly and via Navy Environmental and Preventive Medicine Unit and their Forward Deployable Preventive Medicine Units.

(b) Develop and maintain educational resources for Navy Medicine, Fleet, and Marine Corps activities and personnel. Topics include at a minimum outbreak investigation and response, contact tracing, and shipboard disease containment.

(c) Perform surveillance activities as outlined in reference (m) and in support of enhanced surveillance efforts. Contribute to a common operating picture by synthesizing disease surveillance, science-based public health recommendations, and risk modelling to inform operational forces, Navy Medical personnel, and Department of Navy policy makers.

(d) Provide advice to BUMED for coordination of pandemic and infectious disease response efforts with DOW stakeholders.

(e) Be prepared to assist in providing on-going public health support for pandemic and infectious disease response efforts.

(2) Lessons Learned Program. Conduct collection and analysis of observations through the JLLIS program. Ensure after-action reports are submitted and include operational insights.

h. Commanding Officers and Officers in Charge of Navy Medicine Activities Not Providing Direct Patient Care:

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

(2) Force Health Protection. Ensure implementation of Force Health Protection measures to include those set by combatant command policy to preserve people and mission.

(3) 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 found on 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 OPNAV Records Management Program (DNS-16).

8. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N4 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DOW, 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.

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9. Information Management Control. The reports required in this instruction are exempt from reports control per Secretary of the Navy manual 5214.1 of December 2005, part IV, subparagraph 7h.

A handwritten signature in black ink, appearing to read "R. Freedman", with a long horizontal stroke extending to the right.

R. FREEDMAN
Acting

Releasability and distribution:

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