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SUBJECT: USEUCOM GENADMIN FOR DEPLOYMENT FORCE HEALTH PROTECTION GUIDANCE//

ORIGINATOR: CDR USEUCOM J3 DIRECTORATE VAIHINGEN GE//

DTG: 121645Z Nov 14//

PRECEDENCE: ROUTINE//

TO: HQ USAFE A3 RAMSTEIN AB GE, COMUSNAVEUR COMUSNAVAF NAPLES IT, CDR USAREUR G3 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, EUCOM 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, COMNAVACT ROTA SP, COMUSNAVEUR ETD SIGONELLA IT, COMNAVREG EURAFSWA NAPLES IT, HQ AFRICOM STUTTGART GE, CDR USEUCOM EPOC JOC VAIHINGEN GE//

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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//

REF/L/WEB/CIA/12 NOV 2014//

REF/M/WEB/AFHSC/12 NOV 2014//

REF/N/DOC/AFPMB/15 OCT 2009//

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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//

NARR/(UNCLASSIFIED) 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 DOD INSTRUCTION 6200.04, FORCE HEALTH PROTECTION 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 G IS THE CDC RABIES POST-EXPOSURE PROPHYLAXIS GUIDELINES (AMERICAN COMMITTEE OF 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/DODAPPROVEDFOODSOURCES.ASPX](http://phc.amedd.army.mil/topics/foodwater/ca/pages/dodapprovedfoodsources.aspx)). REF K IS THE U.S. DEPARTMENT OF STATE, TRAVEL WARNINGS & ALERTS AND OTHER CONSULAR INFORMATION WEBSITE ([HTTP://TRAVEL.STATE.GOV](http://travel.state.gov), UNDER ALERTS & WARNINGS). REF L IS THE

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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 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 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 HA POLICY MEMORANDUM 09-017 ON THE USE OF MEFLOQUINE (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, 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 FORCES DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION. REF X IS MENTAL HEALTH ASSESSMENTS FOR MEMBERS DEPLOYED IN CONNECTION WITH A CONTINGENCY OPERATION, INCORPORATING CHANGE 1 EFFECTIVE. 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 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 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 R&P POLICY MEMORANDUM, REQUEST FOR WAIVER OF REQUIREMENTS TO INCLUDE OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARIES IN INDIVIDUAL MEDICAL RECORDS. REF HH IS 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 6200.04 POLICY OCCUPATIONAL AND ENVIRONMENTAL HEALTH (OEH).//

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TIMEZONE/Z//

NARR/ THIS USEUCOM GENADMIN PROVIDES THE MINIMUM FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR PERSONNEL DEPLOYING IN SUPPORT OF U.S. MILITARY OPERATIONS IN THE USEUCOM AOR.//

GENTEXT/SITUATION/

1. SITUATION. ALL PERSONNEL ENTERING THE USEUCOM AOR MUST FOLLOW USEUCOM FHP REQUIREMENTS ESTABLISHED HEREIN.
- 1.A. THIS MESSAGE SUPERSEDES HQ USEUCOM MSG DTG 061534ZAUG12.
- 1.B. SUMMARY OF REVISIONS: UPDATED REFERENCES AND ASSOCIATED PROCESS CHANGES, WEB LINKS, POC INFORMATION, AND CURRENCY OF DISEASE AND VACCINATION INFORMATION.
- 1.C. 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. IAW REF E, ALL OCONUS DEPLOYMENTS OVER 30 DAYS WITH NON-FIXED MILITARY MEDICAL TREATMENT FACILITIES (MTFS) SHALL FOLLOW ALL PRE-DEPLOYMENT HEALTH ACTIVITIES.
- 1.E. 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.
- 1.F. THE FOLLOWING COUNTRIES ARE ASSESSED TO BE AT A HIGHER RISK MEDICALLY AS COMPARED TO THE U.S. AND WESTERN EUROPE AND, AS SUCH, REQUIRE COMPLETION OF ALL PRE-DEPLOYMENT HEALTH ACTIVITIES OUTLINED IN PARA 1.D OR PARA 1.E PRIOR TO ENTRY INTO THE FOLLOWING COUNTRIES: 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.G. PERSONNEL WHO ARE ASSIGNED TO SHIPBOARD OPERATIONS THAT ARE NOT ANTICIPATED TO INVOLVE OPERATIONS ASHORE ARE EXEMPT. 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 EXERCISING OPERATIONAL CONTROL.
- 1.H. PERSONNEL DEPLOYING TO USEUCOM AOR WITH THE POTENTIAL TO FORWARD DEPLOY TO EITHER USCENTCOM OR USAFRICOM MUST COMPLY WITH ALL GUIDANCE OUTLINED IN THIS DOCUMENT ALONG WITH GUIDANCE FOR THE FOLLOW-ON LOCATION.
- 1.I. OUTLINE: PARA 2 PROVIDES THE MINIMUM PRE-DEPLOYMENT FHP REQUIREMENTS. PARA 3 OUTLINES THE MINIMUM FHP REQUIREMENTS DURING THE

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DEPLOYMENT. PARA 4 OUTLINES THE MINIMUM POST-DEPLOYMENT FHP REQUIREMENTS, AND PARA 5 PROVIDES DETAILED INFORMATION FOR USE IN HEALTH THREAT AND MEDICAL COUNTERMEASURES BRIEFINGS. PARA 6 PROVIDES POC INFO FOR ISSUES AND UPDATES REGARDING THIS MESSAGE.

2. PRE-DEPLOYMENT FHP REQUIREMENTS AND PROCEDURES.

2.A. 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. SERVICE MEMBERS AND DOD CIVILIANS DEPLOYING 30 DAYS OR MORE TO HIGHER RISK COUNTRIES IDENTIFIED IN 1.F OF THIS MESSAGE, 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 UNIQUE TO A PARTICULAR ENVIRONMENT AND OPERATIONAL CONDITIONS.

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

2.A.3. CONFIRMATION THAT NO UNRESOLVED HEALTH PROBLEMS EXISTS WHICH WERE (E.G., NO DEPLOYMENT LIMITING DUTY STATUS) NOT ADEQUATELY ADDRESSED BY SCREENING PHYSICIAN (IAW REF E, DODI 6490.03 AND REF DD).

2.A.3.A. DEPLOYMENT OF SERVICE MEMBERS AND DOD CIVILIANS WITH PRE-EXISTING MEDICAL CONDITIONS MUST BE ADDRESSED ON A CASE BY CASE BASIS BY THE USEUCOM COMMANDER AS THE ULTIMATE WAIVER AUTHORITY. THE USEUCOM COMMANDER DESIGNATES THE COMMAND SURGEON AS THE OFFICE OF PRIMARY RESPONSIBILITY FOR THIS REQUIREMENT.

2.A.3.B. THE USEUCOM COMMAND SURGEON DELEGATES WAIVER REVIEW/APPROVAL ACTIONS TO COMPONENT MEDICAL AUTHORITIES. COMPONENT COMMAND SURGEONS WILL APPOINT A HEALTH CARE PROVIDER AS THE COMPONENT WAIVER POC. UNITS WITH DEPLOYING PERSONNEL REQUIRING WAIVERS SHOULD REQUEST A REVIEW BY CONTACTING COMPONENTS LISTED BELOW.

2.A.3.B.1. FOR ARMY PERSONNEL, THE POC RESIDES IN U.S. ARMY EUROPE (USAREUR)/SG; CONTACT INFORMATION: DSN: (314) 337-9304 OR COMM: 49+ 611 705 9304 AND ALTERNATE DSN: (314) 337 9313 OR ALT COMM: 49+ 611 705 9313.

2.A.3.B.2. FOR U.S. NAVY AND U.S. MARINE CORPS PERSONNEL, THE POC RESIDES WITHIN U.S. NAVY EUROPE (USNAVEUR)/SG; CONTACT INFORMATION: EMAIL: CNE-C6F_HSS@EU.NAVY.MIL, DSN: (314) 626-4690, COMM: 39+ 081 568 4690 AND AFTER DUTY HOURS COMM: 39+ 335 238 042.

2.A.3.B.3. FOR U.S. AIR FORCE PERSONNEL, THE POC RESIDES WITHIN U.S. AIR FORCES IN EUROPE (USAFE)/SG; CONTACT INFORMATION: EMAIL: USAFESGO.SGO@US.AF.MIL AND DSN: (314) 480-6285 OR COMM: 49+ 6371 476285.

2.A.3.B.4. 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 AND AFTER DUTY HOURS COMM: 49+ 711 6804341.

2.A.3.B.5. SPECIFIC CONTACT INFORMATION FOR CURRENTLY DELEGATED WAIVER AUTHORITIES CAN ALSO BE OBTAINED BY CONTACTING USEUCOM MEDICAL READINESS (EJC4-MR), FORCE HEALTH PROTECTION BRANCH AT DSN: (314) 430-7829 OR EMAILING: ECJ4.LIST.ECJ4-MR-GROUP@MAIL.MIL.

2.A.3.C. 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.C.1. PREGNANCY IS NOT GROUNDS TO REQUEST A WAIVER.

2.A.3.C.2. IAW DODI 6485.01 (REF P), THE USEUCOM/SG 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.C.3. 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 (THIS REQUIREMENT IS NOT WAIVERABLE). SERVICE MEMBERS WHO DEPLOY MUST HAVE THE LENGTH OF DEPLOYMENT PLUS 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.C.3.A. IAW REF DD, NO WAIVERS WILL BE GRANTED FOR PSYCHOTIC AND BIPOLAR DISORDERS. SERVICE MEMBERS CANNOT DEPLOY ON ANTIPSYCHOTICS, LITHIUM, OR ANTICONVULSANTS.

2.A.3.D. 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 DENTAL EXAMINATION WITHIN 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.

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- 2.A.4. SERVICE MEMBERS MUST HAVE A DNA SAMPLE ON FILE.
- 2.A.5. G6PD DEFICIENCY TEST STATUS ON FILE (MUST BE DOCUMENTED IN MEMBER'S DEPLOYMENT MEDICAL RECORD ON DD FORM 2766 IN SECTION 9B, READINESS).
- 2.A.6. SERVICE MEMBERS ARE REQUIRED TO HAVE HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST PRIOR TO DEPLOYMENT. COMPONENTS ARE TO REFER TO SERVICE DIRECTIVITIES FOR SPECIFIC GUIDANCE. DATE DRAWN AND RESULTS MUST BE DOCUMENTED IN MEMBER'S DEPLOYMENT MEDICAL RECORD ON DD FORM 2766 IN SECTIONS 9F&G, READINESS.
- 2.A.6.A. 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. HIV SCREENING FOR CONTRACTORS WILL BE IAW WITH THEIR CONTRACT REQUIREMENTS.
- 2.A.7. PERSONNEL MUST DEPLOY WITH THE LENGTH OF DEPLOYMENT PLUS 30-DAY SUPPLY OF ALL PERSONAL PRESCRIPTION MEDICATIONS (EXCLUDING FORCE HEALTH PROTECTION PRESCRIPTION PRODUCTS/FHPPPS); REQUIRED MEDICAL EQUIPMENT (2 PAIRS OF GLASSES, HEARING AIDS, ETC); OCCUPATIONAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (RESPIRATORY AND HEARING PROTECTION, DOSIMETERS, ETC).
- 2.A.8. 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. WITHIN 120 DAYS BEFORE ESTIMATED DEPLOYMENT DATE, IAW REFS W & X, PERSONNEL MUST ELECTRONICALLY COMPLETE THE MANDATORY OASD (HA) APPROVED STANDARDIZED PRE-DEPLOYMENT HEALTH RISK ASSESSMENT QUESTIONNAIRE (DD FORM 2795) ALONG WITH A PERSON-TO-PERSON MENTAL HEALTH ASSESSMENT.
- 2.A.9.A. DOD POLICY (DODI 6490.13) WITHIN 12 MONTHS PRIOR TO DEPLOYMENT, IAW REF Y, ACCOMPLISH BASELINE PRE-DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT VIA THE AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM) TOOL.
- 2.A.9.B. COMMANDERS (E.G. JOINT TASK FORCE/JTF) MAY MANDATE THESE SAME REQUIREMENTS IF DEPLOYMENT IS LESS THAN 30 DAYS BUT TO AN AREA (OR SITUATION) DEEMED TO HAVE A HIGH HEALTH RISK.
- 2.A.9.C. 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. 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-OFF

UNCLASSIFIED

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

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

2.A.10.B. TUBERCULIN SKIN TEST (INTRADERMAL PURIFIED-PROTEIN DERIVATIVE OR IPPD) AND QUANTEFERON GOLD BLOOD TEST ARE BOTH ACCEPTABLE METHODS OF SCREENING FOR LATENT TB.

2.A.10.C. 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. CONSULT NCMI (REF A), CDC (REF G) AND WHO (REF S) FOR LATEST TB RISK ASSESSMENT; CURRENTLY COUNTRIES IN USEUCOM WITH

ELEVATED RISK (DEFINED BY NCMI AS GREATER THAN 20 ANNUAL CASES/100,000 POPULATION) ARE: ARMENIA, AZERBAIJAN, BELARUS, BOSNIA-HERZEGOVINA, BULGARIA, ESTONIA, GEORGIA, GREENLAND, 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. CONSULT NCMI (REF A), CDC (REF H) AND WHO (REF S) FOR LATEST DR-TB (DRUG RESISTANT-TB) COUNTRY RISK SURVEILLANCE REPORTS. CURRENTLY COUNTRIES IN USEUCOM 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. AVOID AREAS WHERE THERE COULD BE HIGH CONCENTRATIONS OF PEOPLE INFECTED WITH TB (SUCH AS ORPHANAGES, HOMELESS SHELTERS, REFUGEE CAMPS).

2.A.10.E.2. ENSURE THAT THE CONTRACT REQUIRES MEDICAL SCREENING FOR TB TO INCLUDE EVALUATION WITH CHEST.

2.A.11. IMMUNIZATIONS.

2.A.11.A. A SUMMARY CHART OF USEUCOM RECOMMENDED VACCINATIONS IS AVAILABLE AT [HTTP://WWW.VACCINES.MIL/](http://www.vaccines.mil/) QUICK REFERENCES /VACCINE RECOMMENDATIONS UNDER EUCOM TAB. ALL PERSONNEL MUST BE CURRENT ON THE FOLLOWING IMMUNIZATIONS:

2.A.11.A.1. HEPATITIS A (SERIES COMPLETED, OR FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPARTURE).

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

2.A.11.A.4. MEASLES/MUMPS/RUBELLA (MMR); COMPLETED CHILDHOOD VACCINATION PLUS ONE DOSE AS AN ADULT (UNLESS SEROLOGICAL PROOF OF IMMUNITY; SEE REF Q, PARA 4-9, FOR SCREENING DETAILS). ALL DEPLOYING PERSONNEL MUST HAVE DOCUMENTATION OF 2 DOSES OF MMR VACCINE OR SEROLOGIC PROOF OF IMMUNITY; SEE CDC MMWR VOL 62,NO 4, DATED 14 JUN 2013.

2.A.11.A.5. POLIO: COMPLETED PRIMARY SERIES, PLUS ONE SINGLE ("ADULT") BOOSTER OF INACTIVATED POLIOVIRUS VACCINE (IPV) REQUIRED (OR PREVIOUSLY ADMINISTERED (AS ADULT) ORAL VACCINE (OPV). 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 COCOM GUIDANCE FOR MOST CURRENT INFORMATION ON COUNTRY ENTRY/EXIT REQUIREMENTS.

2.A.11.A.6. TETANUS-DIPHTHERIA (TD) SHOULD BE ADMINISTERED (AT LEAST ONCE EVERY 10 YEARS; ONE TIME DOSE OF TETANUS-DIPHTHERIA 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. 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, BELARUS, GEORGIA, ISRAEL, KOSOVO, MACEDONIA, MOLDOVA, MONTENEGRO, ROMANIA, RUSSIA, SERBIA, TURKEY AND UKRAINE. THE MOST CURRENT TYPHOID RISK CAN BE OBTAINED FROM NCMI WEBSITE (REF A). WHERE RISK IS PRESENT, IT TYPICALLY EXISTS YEAR ROUND.

2.A.11.A.8. 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. ALL REGIONALLY ALIGNED FORCES (RAF) DEPLOYING TO THE USEUCOM THEATER OF OPERATION IN SUPPORT OF USEUCOM MISSIONS SHALL BE VACCINATED AND UP TO DATE WITH VACCINES OR HAVE PROOF OF IMMUNITY AS LISTED IN PARAGRAPHS 2.A.11.A.1 THROUGH 2.A.11.A.8 PRIOR TO ARRIVAL IN THE USEUCOM AOR.

2.A.11.C. ALL VISITING MEMBERS OF STATE PARTNERSHIP PROGRAMS DEPLOYING TO THE USEUCOM THEATER OF OPERATION IN SUPPORT OF USEUCOM

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AND STATE PARTNERSHIP MISSIONS SHALL BE VACCINATED AND UP TO DATE WITH VACCINES OR HAVE PROOF OF IMMUNITY AS LISTED IN PARAGRAPHS 2.A.11.A.1 THROUGH 2.A.11.B.8 PRIOR TO ARRIVAL IN THE USEUCOM AOR.

2.A.11.D. ADDITIONAL IMMUNIZATIONS REQUIRED FOR SELECT PERSONNEL:

2.A.11.D.1. 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.D.2. RABIES VACCINE (FOR PERSONNEL AT HIGH RISK OF EXPOSURE IAW REF Q, AA, CC, AND SERVICE-SPECIFIC GUIDELINES; POST-EXPOSURE PROPHYLAXIS GUIDELINES ARE AVAILABLE AT REF BB AND H). NOTE: PERSONNEL ASSIGNED OR ATTACHED TO SPECIAL OPERATIONS COMMAND (SOCOM) MAY HAVE UNIQUE REQUIREMENTS FOR RABIES VACCINATION.

2.A.11.D.3. 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 COCOM GUIDANCE FOR MOST CURRENT INFORMATION ON COUNTRY ENTRY REQUIREMENTS. YELLOW FEVER ENDEMIC COUNTRIES CAN BE DETERMINED BY REFERRING TO THE CDC (REF G) OR NCM (REF A) WEBSITES

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

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

2.A.12.A. IAW REF HH, MALARIA CHEMOPROPHYLAXIS IS NOT REQUIRED FOR PERSONNEL TRAVELING TDY OR DEPLOYING TO THE EUCOM AOR. COUNTERMEASURES TO GUARD AGAINST MOSQUITO (AND OTHER DISEASE VECTOR) BITES SHOULD ALWAYS BE APPLIED.

2.A.12.B. THE ADMINISTRATION OF MALARIA CHEMOPROPHYLAXIS IS THE DECISION OF THE HEALTHCARE PROVIDER FOR AN INDIVIDUAL PATIENT BASED ON SPECIFIC INFORMATION PROVIDED. IN THE EVENT THAT COUNTERMEASURES ARE CONSIDERED INADEQUATE OR THE ON-GROUND SITUATION CHANGES, APPROPRIATE PROPHYLAXIS SHOULD BE PRESCRIBED IAW REF HH.

2.A.12.B.1. MALARIA RISK IS LOW (LESS THAN 0.1% ANNUAL ATTACK RATE PER NCM) AND CURRENTLY LIMITED TO SPECIFIC AREAS WITHIN AZERBAIJAN, GEORGIA AND TURKEY. HOWEVER, IT IS IMPORTANT TO EMPLOY PERSONAL PROTECTIVE COUNTERMEASURES INCLUDING CLOTHING THAT COVERS EXPOSED SKIN, PERMETHRIN-TREATED UNIFORMS, AND DEET APPLICATION TO EXPOSED

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SKIN TO AVOID MOSQUITO BITES WHEN TRAVELING TO THE REGIONS LISTED IN PARA. (SEE 2.A.13 FOR PERSONAL PROTECTIVE MEASURES).

2.A.12.B.1.A. MALARIA RISK IN AZERBAIJAN OCCURS IN RURAL OR AGRICULTURAL AREAS BELOW 1500 METERS (4,921 FT) WHICH PROVIDE SUITABLE MOSQUITO BREEDING HABITAT, TYPICALLY FROM MAY-OCT DUE TO EXPOSURE TO P. VIVAX, (100%), BUT NO P. FALCIPARUM. HIGHLY URBAN AREAS, INCLUDING THE CAPITAL, BAKU, ARE ESSENTIALLY RISK FREE AND OVERALL COUNTRY RISK IS ASSESSED BY NCMI TO BE LOW.

2.A.12.B.1.B. MALARIA RISK IN GEORGIA TYPICALLY OCCURS FROM JUN-OCT DUE TO EXPOSURE IS TO P. VIVAX (100%) WITH NO P. FALCIPARUM PRESENT. MOST OF GEORGIA, INCLUDING THE CAPITAL, TBILISI, IS RISK FREE. RISK VARIES BY LOCATION, BUT WHERE PRESENT, IS LOW WITH COUNTRY RISK OVERALL ASSESSED AS LOW.

2.A.12.B.1.C. MALARIA RISK IN TURKEY OCCURS BELOW 1500 METERS (4,921 FT), TYPICALLY FROM APR-OCT, DUE TO EXPOSURE PREDOMINATELY TO P. VIVAX WITH RARE LOCALLY TRANSMITTED P. FALCIPARUM (NCMI ASSESSES OVER 95% INDIGENOUS CASES ARE DUE TO P. VIVAX). MOST OF TURKEY IS RISK FREE; BUT RISK VARIES BY LOCATION AND IS PRESENT IN THE SOUTHEASTERN PART OF THE COUNTRY: TRANSMISSION MAY OCCUR IN RURAL OR SMALL URBAN AREAS IN THE RISK ZONE. OVERALL COUNTRY RISK IS VERY LOW. THERE IS ASSESSED TO BE NO RISK ON INCIRLIK (U.S.) AIR BASE.

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

2.A.12.C. 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, 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, FORCE HEALTH PROTECTION, AT DSN: 314-430-4277/5909 AND/OR SIPR EMAIL: EUCOM.STUTTGART.ECJ4.LIST.MR-AO-GROUP@MAIL.SMIL.MIL.

2.A.13. 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 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.14. OVERALL HEALTH RISK ASSESSMENT AND SITE-SPECIFIC OCCUPATIONAL AND ENVIRONMENTAL HEALTH RISK ASSESSMENT.

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2.A.14.A. 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 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 IS PROVIDED, WHEN REQUIRED, AND DOCUMENTED.

2.A.14.B. IAW REFS E & 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.

2.A.14.C. IAW REFS, T, U, & 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.

2.A.14.C.1. IAW REFS E & 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 US ARMY VETERINARY CORPS OFFICERS OR FWRA CREDENTIALLED PUBLIC HEALTH PERSONNEL FROM ANY SERVICE ASSESS 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 & 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.XSP](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. SERVICE COMPONENTS WILL FORWARD INFORMATIONAL COPIES OF COMPLETED FWRAS TO THE USEUCOM FHP POC LISTED IN PARAGRAPH 7.

2.A.14.C.2. MISSION COMMANDERS ARE RESPONSIBLE TO ENFORCE THE REQUIREMENT FOR PROCUREMENT OF CLASS 1 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

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SELECTED. MISSION COMMANDERS MAY PROHIBIT INDIVIDUAL CONSUMPTION OR PURCHASE OF LOCAL UNAPPROVED FOODSTUFFS.

2.A.14.C.3. 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. 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. ALL DEPLOYING PERSONNEL MUST RECEIVE A PRE-DEPLOYMENT HEALTH THREAT AND COUNTERMEASURES BRIEFING. COUNTRIES LISTED IN PARAGRAPH 1.F. GENERALLY PRESENT AN INTERMEDIATE LEVEL OVERALL HEALTH RISK. WITHOUT ADEQUATE FORCE HEALTH PROTECTION 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:

2.A.15.A. ENDEMIC DISEASES.

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

2.A.15.A.2. CRIMEAN-CONGO HEMORRHAGIC FEVER (ENDEMIC IN AFRICA, THE BALKANS, THE MIDDLE EAST AND ASIA, IN COUNTRIES SOUTH OF THE 50TH PARALLEL NORTH).

2.A.15.A.3. OTHER VECTOR-BORNE DISEASES SUCH AS LYME DISEASE AND TICK-BORNE ENCEPHALITIS. SEE SPECIFIC COUNTRY RISKS IN REFS A, G & S.

2.A.15.A.4. TUBERCULOSIS (TB) INCLUDING DRUG RESISTANT (DR-TB) STRAINS IN SOME LOCATIONS (BLACK SEA EURASIA). SEE 2.A.11.D AND 2.A.11.E

2.A.15.A.5. HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIS).

2.A.15.A.6. RABIES.

2.A.15.A.7. HANTAVIRUS.

2.A.15.A.8. AVIAN INFLUENZA (FLU A:H5N1).

2.A.15.B. ENVIRONMENTAL HEALTH THREATS.

2.A.15.B.1. TOPOGRAPHY AND CLIMATE.

2.A.15.B.2. CONTAMINATION AND POLLUTION.

2.A.15.B.3. DANGEROUS FLORA AND FAUNA.

2.A.15.C. OCCUPATIONAL HEALTH THREATS.

2.A.15.D. COMBAT AND DEPLOYMENT-RELATED STRESS (INCLUDE PTSD).

2.A.15.E. INJURIES (WORK, RECREATIONAL, MILD TRAUMATIC BRAIN INJURY).

2.A.15.F. GENERAL FOOD AND WATER SAFETY.

2.A.15.G. FIELD SANITATION AND PERSONAL HYGIENE.

2.A.15.H. CRIME AND TERRORISM, INCLUDING NUCLEAR, BIOLOGICAL AND

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CHEMICAL THREATS.

2.B. ALL PERSONNEL DEPLOYING OR TRAVELING IN TDY STATUS TO COUNTRIES COVERED BY THIS MESSAGE FOR LESS THAN 30 DAYS MUST STILL MEET THE FOLLOWING MINIMUM FHP REQUIREMENTS:

2.B.1. MUST RECEIVE A PRE-DEPLOYMENT HEALTH THREAT AND COUNTERMEASURES BRIEFING FROM QUALIFIED MEDICAL PERSONNEL (SEE 2.A.16.).

2.B.2. MUST BE CURRENT ON TB SCREENING PER SERVICE GUIDANCE (SEE 2.A.11.).

2.B.3. MUST BE CURRENT ON IMMUNIZATIONS AS REQUIRED ABOVE (2.A.12.).

2.B.4. MUST POSSESS APPROPRIATE SUPPLY OF ANY OTHER PERSONAL PRESCRIPTION MEDICATIONS; REQUIRED MEDICAL EQUIPMENT (2 PAIRS GLASSES, HEARING AIDS, ETC); OCCUPATIONAL HEALTH PERSONAL PROTECTIVE EQUIPMENT (RESPIRATORY AND HEARING PROTECTION, DOSIMETERS, ETC).

2.B.5. 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. IF DEPLOYMENT IS LESS THAN 30 DAYS, BUT TO AN AREA (OR 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. DEPLOYMENT FHP REQUIREMENTS AND PROCEDURES. ENSURE COMPLIANCE WITH ALL DOD AND USEUCOM SPECIFIC FHP AND DEPLOYMENT HEALTH SURVEILLANCE DIRECTIVES, POLICIES AND GUIDANCE.

3.A. 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, & E) TO DETECT ANY TRENDS IN HEALTH OF DEPLOYED PERSONNEL.

3.A.1. CONDUCT ONGOING HEALTH SURVEILLANCE WITH LOCATION SPECIFIC OCCUPATIONAL AND ENVIRONMENT HEALTH (OEH) SITE ASSESSMENT AND SYSTEMATIC OEH HEALTH HAZARD SURVEILLANCE.

3.A.1.A. IAW REFS E & 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. VALIDATE AND UPDATE PRELIMINARY HEALTH RISK ASSESSMENT.

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

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OR ELECTRONIC) FOR FURTHER DISPOSITION AND ARCHIVING.

3.A.1.E. 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), FORCE HEALTH PROTECTION.

3.A.1.F. IAW WITH REF GG, OEH MONITORING DATA SUMMARIES ARE NO LONGER REQUIRED TO BE FILED IN THE INDIVIDUAL MEDICAL RECORDS.

3.A.2. DEPLOYED MEDICAL PERSONNEL AT EACH DEPLOYMENT LOCATION MUST CONDUCT ONGOING DISEASE AND INJURY (D&I) SURVEILLANCE AND PROVIDE D&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. 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. D&I SURVEILLANCE AND REPORTING SHOULD BEGIN WITH THE START OF HEALTH CARE DELIVERY AND FORWARDED THROUGH LEAD COMPONENT TO USEUCOM.

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

3.A.4. DOCUMENT ALL PATIENT ENCOUNTERS.

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

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

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

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

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

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

3.A.8.A. ENSURE US 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 EARLIEST PLANNING STAGES AS COORDINATION FOR REQUESTING AND EXECUTING INITIAL SANITARY AUDITS FOR NEW APPROVED SOURCES TYPICALLY REQUIRES SEVERAL MONTHS.

3.A.8.B. IF TROOP FEEDING FROM APPROVED SOURCES IS NOT FEASIBLE,

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CONDUCT FWRAS FOR LIMITED DURATION OPERATIONS AND EXERCISES. (SEE PARA 2.A.15.C.1.)

3.B. REQUIREMENTS FOR DEPLOYMENTS FOR LESS THAN 30 DAYS TO A LAND-BASED LOCATION THAT DOES NOT HAVE A PERMANENT US MILITARY MEDICAL TREATMENT FACILITY (MTF), COMMANDERS AND OR MEDICAL PERSONNEL MUST:

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

3.B.2. CONDUCT LOCATION-SPECIFIC OEH SITE ASSESSMENTS.

3.B.3. CONDUCT FWRAS AS REQUIRED (SEE PARA 2.A.15.C.1.)

4. REDEPLOYMENT AND POST-DEPLOYMENT FHP REQUIREMENTS AND PROCEDURES.

4.A. 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 US MILITARY MTF.

4.A.1. RECEIVE A MEDICAL THREAT DEBRIEF AND, IAW REF E, COMPLETE THE OASD/HA-APPROVED POST-DEPLOYMENT HEALTH ASSESSMENT QUESTIONNAIRE (DD FORM 2796) WITHIN 30 DAYS EITHER SIDE OF REDEPLOYMENT, AND FOR RESERVE COMPONENT MEMBERS, BEFORE RELEASE FROM ACTIVE DUTY, IAW WITH REFS W, X, & Y, 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. IAW REF E, HEALTH CARE PROVIDERS (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT) MUST REVIEW EACH QUESTIONNAIRE IN CONTEXT OF 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. PLACE THE ORIGINAL DD 2796 AND PDHRA (DD 2900) FORMS IN THE INDIVIDUAL'S PERMANENT MEDICAL RECORD AS REQUIRED.

4.A.1.C. 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. ENSURE APPROPRIATE MEDICAL FOLLOW-UP AS REQUIRED.

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

4.A.3. DRAW POST-DEPLOYMENT SERUM SAMPLES AT HOME STATION FOR STORAGE

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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 UNANTICIPATED THREAT.

4.A.4. 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. INTEGRATE ALL DEPLOYED MEDICAL ENCOUNTER DOCUMENTATION INTO THE MEMBER'S PERMANENT MEDICAL RECORD.

4.A.6. IAW REFS E & 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.

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

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

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

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

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

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

5.A.1. 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. 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. 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. 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. 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 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. 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. CRIMEAN-CONGO HEMORRHAGIC FEVER EXISTS IN THE USEUCOM AOR IN ADDITION TO TRANSMISSION BY INFECTED TICKS (PREVENTION OUTLINED ABOVE).

5.A.3. TUBERCULOSIS IS ENDEMIC AT LOW LEVELS. THE RISK MAY BE ELEVATED IN THOSE PERSONNEL WITH CLOSE CONTACT IN ENCLOSED SPACES

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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 DRUG RESISTANT (DR-TB) STRAINS.

5.A.4. RABIES.

5.A.4.A. RABIES IS ASSESSED BY NCMI (REF A) TO BE AN ELEVATED RISK (AS COMPARED TO U.S. AND WESTERN EUROPE) IN MANY OF THE HIGH RISK COUNTRIES, ALTHOUGH RISK RANGES FROM LOW TO HIGH DEPENDING ON SPECIFIC LOCATION.

5.A.4.B. 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 ESSENTIALLY A 100% FATAL DISEASE. ALL PERSONNEL WHO HAVE BEEN EXPOSED SHOULD BE MEDICALLY CLEARED BY A QUALIFIED PROVIDER AS SOON AS POSSIBLE AFTER THOROUGHLY CLEANING THE EXPOSED AREA.

5.A.4.C. DEPLOYED PERSONNEL BITTEN, SCRATCHED OR OTHERWISE EXPOSED BY POTENTIALLY INFECTED ANIMALS (ANY MAMMAL, BUT MOST 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. 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. 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. 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. ALL SITUATIONS THAT ARE MEDICALLY ASSESSED TO BE POTENTIAL RABIES EXPOSURES MUST BE MEDICALLY MANAGED PROPERLY IAW REFS AA, BB, & CC, ENSURING THAT APPROPRIATE BITE-WOUND MANAGEMENT & 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

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COMPLETED BY MEDICAL PERSONNEL FOR EVERY ANIMAL BITE PATIENT.

5.A.4.H. MEDICAL PROVIDERS AT ALL LEVELS OF CARE SHOULD BE FAMILIAR WITH RABIES POST-EXPOSURE PROPHYLAXIS (PEP) PROTOCOLS (REFS H, AA, BB, & CC). FORWARD DEPLOYED MEDICAL TREATMENT FACILITIES 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. SYPHILIS, GONORRHEA (TO INCLUDE ANTIBIOTIC RESISTANT GONORRHEA), CHLAMYDIA AND OTHER COMMON SEXUALLY TRANSMITTED INFECTIONS (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 TO SEEK PROMPT MEDICAL TREATMENT FOR STI SYMPTOMS.

5.A.6. 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. IT IS NOT REQUIRED FOR 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.B. ENVIRONMENTAL HEALTH THREATS (IAW REF A).

5.B.1. HEAT INJURIES CAN PRESENT SIGNIFICANT CHALLENGES TO THE MISSION IN WARMER CLIMATES SUCH AS TURKEY, ISRAEL, AND JORDON. 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.1.A. EMPHASIZING THAT PERSONNEL DRINK ADEQUATE WATER TO PREVENT DEHYDRATION.

5.B.1.B. SCHEDULING WORK DURING THE COOLEST TIMES OF THE DAY, AND ESTABLISHING APPROPRIATE WORK-REST CYCLES BASED ON WET-BULB GLOBE TEMPERATURE (WBGT).

5.B.1.C. 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., ATROPINE, ANTIHISTAMINES, OR "COLD MEDICATIONS") INCREASE VULNERABILITY TO HEAT.

5.B.1.D. ENSURING AVAILABILITY AND USE OF INDIVIDUAL PROTECTION SUPPLIES/EQUIPMENT SUCH AS SUNSCREEN, LIP BALM, SUN GOGGLES, ETC.

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5.B.2. 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.A. 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.B. HYDRATION AND NUTRITION: PROVIDE WARM FOOD AND BEVERAGES, ESPECIALLY AT NIGHT. MAINTAIN HYDRATION AND AVOID ALCOHOL. INCREASE FOOD INTAKE AS NEEDED.

5.B.2.C. 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. 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. VARIOUS SPECIES OF POISONOUS SNAKES ARE PRESENT THROUGHOUT THE USEUCOM AOR. AWARENESS AND AVOIDANCE ARE KEY.

5.E. 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.F. 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.G. WORK-RELATED, SPORTS, AND OTHER RECREATIONAL INJURIES ARE SIGNIFICANT CONTRIBUTORS TO NON-EFFECTIVENESS. COMMAND EMPHASIS OF SAFETY AWARENESS IS IMPORTANT.

5.H. 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 BELTS, AND

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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.I. 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.I.1. 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.J. 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 A BIOTERRORISM EVENT.

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

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

6.C. [HTTP://TRAVEL.STATE.GOV/TRAVEL/TIPS/HEALTH/HEALTH_4971.HTML](http://travel.state.gov/travel/tips/health/health_4971.html)

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

6.E.

[HTTP://PHC.AMEDD.ARMY.MIL/TOPICS/DISCOND/INF/PAGES/PANDEMICFLU.ASPX](http://phc.amedd.army.mil/topics/discond/inf/pages/pandemicflu.aspx)

6.F. [HTTP://FHP.OSD.MIL](http://fhp.osd.mil)

7. POC FOR THIS MESSAGE IS HQ USEUCOM/ECJ42 (MEDICAL READINESS), FORCE HEALTH PROTECTION BRANCH, COMM PHONE +49 (0)711-680-4277/5909, DSN (314) 430-4277/5909, FAX 314-430-6410, OR EMAIL:EUCOM.STUTTGART.ECJ4.LIST.FORCE-HEALTH-PROTECTION@MAIL.MIL//