

1 UNCLAS
2 SUBJECT: ANNEX E (MEDICAL AND DENTAL), PPG ISO ONE - OEF
3 1. REFERENCES:
4 A. DODD 1400.31, 28 APR 95, DOD CIVILIAN WORK FORCE
5 CONTINGENCY AND EMERGENCY PLANNING AND EXECUTION
6 B. DODI 1400.32, 24 APR 95, DOD CIVILIAN WORK FORCE
7 CONTINGENCY AND EMERGENCY PLANNING GUIDELINES AND PROCEDURES
8 C. DODI 6205.4, 14 APR 00, IMMUNIZATION OF OTHER THAN U.S.
9 FORCES (OTUSF) FOR BIOLOGICAL WARFARE DEFENSE
10 D. JCS MEMORANDUM MCM-0006-02, 1 FEB 02, UPDATED PROCEDURES
11 FOR DEPLOYMENT HEALTH
12 E. ASD (HA) MEMORANDUM, 25 OCT 01, UPDATED POLICY FOR PRE AND
13 POST-DEPLOYMENT HEALTH ASSESSMENTS AND BLOOD SAMPLES
14 F. AR 40-562, 1 NOV 95, IMMUNIZATIONS AND CHEMOPROPHYLAXIS
15 G. AR 600-8-101, PERSONNEL PROCESSING (IN- AND OUT- AND
16 MOBILIZATION PROCESSING)
17 H. AR 600-60, 25 JUN02, PHYSICAL PERFORMANCE EVALUATION SYSTEM
18 I. AR 600-110, 1 JUN 96, IDENTIFICATION, SURVEILLANCE, AND
19 ADMINISTRATION OF PERSONNEL INFECTED WITH HUMAN IMMUNODEFICIENCY
20 VIRUS (HIV)
21 J. AR 690-11, 14 SEP 90, MOBILIZATION PLANNING AND MANAGEMENT
22 K. AR 715-9, 29 OCT 99, CONTRACTORS ACCOMPANYING THE FORCE
23 L. DA PAM 690-47, 1 NOV 95, DA CIVILIAN EMPLOYEE DEPLOYMENT
24 GUIDE
25 M. DA PAM 715-16, 27 FEB 98, CONTRACTOR DEPLOYMENT GUIDE
26 N. NGR 600-100, COMMISSIONED OFFICERS-FEDERAL RECOGNITION AND
27 RELATED PERSONNEL ACTIONS
28 O. HQDA POLICY LETTER 40-01-1, 26 MAR 01, THE USE OF DD FORM
29 2766 AND DD FORM 2766C
30 P. DASG-PPM-NC MEMORANDUM. 9 JUL 02, POST-DEPLOYMENT SCREENING
31 FOR LATENT TUBERCULOSIS INFECTION
32 Q. MCPO-NCR MEMORANDUM, 12 JAN 02, PRE- AND POST-DEPLOYMENT
33 HEALTH ASSESSMENTS
34 R. MCPO-NCR MEMORANDUM, 4 FEB 02, SCREENING OF FEMALES OF
35 CHILDBEARING AGE BEFORE IMMUNIZATION
36 S. ALARACT MESSAGE, 260031Z NOV 02, SUBJ: USE OF THE MEDPROS
37 AND THE MOBLAS
38 T. VCSA MEMORANDUM, 24 SEP 02, ARMY ANTHRAX VACCINE
39 IMMUNIZATION PROGRAM RESUMPTION EXECUTION PLAN
40 U. ALARACT MESSAGE, 02 OCT 02, UNCLASS, SUBJ: ARMY RESUMES
41 ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)
42 V. DEPSECDEF MEMORANDUM (S), 12 DEC 02, STAGE 2 SMALLPOX
43 VACCINATION IMPLEMENTATION
44 W. CLASSIFIED ALARACT MESSAGE, 041438Z DEC 02, SUBJ: (U) ARMY
45 TO BEGIN IMMEDIATE PRIORITY 3 ANTHRAX VACCINATIONS
46 X. USD(P&R) MEMO, 13 DEC 02, POLICY ON ADMINISTRATIVE ISSUES
47 RELATED TO SMALLPOX VACCINATION PROGRAM (SVP)

48 Y. VCSA MEMORANDUM, 10 JAN 03, ARMY SMALLPOX VACCINATION
49 PROGRAM IMPLEMENTATION

50 Z. CLASSIFIED ALARACT MESSAGE, 14 FEB 03, SUBJ: (U) REVISION
51 OF PRIORITY 3 ANTHRAX AND STAGE 2 SMALLPOX VACCINATIONS FOR
52 FOLLOW-ON FORCES

53 2. GENERAL

54 A. APPLICABILITY. THIS MESSAGE PROVIDES MEDICAL AND DENTAL
55 GUIDANCE FOR MILITARY AND CIVILIAN (DA/DOD, CONTRACTOR, RED
56 CROSS, AND AAFES) PERSONNEL WHO MOBILIZE AND/OR DEPLOY IN
57 SUPPORT OF OPERATION NOBLE EAGLE (ONE), OPERATION ENDURING
58 FREEDOM (OEF), AND OPERATION IRAQI FREEDOM (OIF).

59 (1) THIS GUIDANCE DOES NOT APPLY TO PERSONNEL WHO ARE SIMPLY
60 PERFORMING FORCE PROTECTION ACTIVITIES AT THEIR HOME STATION
61 WITH THE FOLLOWING EXCEPTION: SEE PARAGRAPH 9 OF THIS ANNEX FOR
62 MEDICAL AND DENTAL REQUIREMENTS FOR RELEASE FROM ACTIVE DUTY
63 (REFRAD)/DEMobilIZATION.

64 (2) PERSONNEL TRANSITING A COMBATANT COMMAND AOR WHO ARE NOT
65 SPECIFICALLY INCLUDED UNDER THE APPLICABILITY PARAGRAPH ABOVE,
66 SUCH AS SENIOR OFFICIALS OR VISITORS CONDUCTING BRIEF OVERSIGHT
67 OR INFORMATIONAL VISITS, SHOULD SEEK SPECIFIC MEDICAL ADVICE
68 THAT IS TAILORED TO THEIR INDIVIDUAL NEEDS AND TRAVEL ITINERARY
69 FROM THEIR SUPPORTING MTF.

70 B. OVERVIEW. THE FOLLOWING PARAGRAPHS PROVIDE GUIDANCE ON:

71 (1) PARAGRAPH 3. MEDICAL GUIDANCE FOR ALL OPERATIONS

72 (2) PARAGRAPH 4. SUPPLEMENTARY MEDICAL GUIDANCE - OEF
73 (CENTCOM AOR)

74 (3) PARAGRAPH 5. SUPPLEMENTARY MEDICAL GUIDANCE - OEF (EUCOM
75 AOR)

76 (4) PARAGRAPH 6. SUPPLEMENTARY MEDICAL GUIDANCE - OEF (PACOM
77 AOR)

78 (5) PARAGRAPH 7. DENTAL GUIDANCE.

79 (6) PARAGRAPH 8. MEDICAL/DENTAL REQUIREMENTS FOR
80 REFRAD/DEMobilIZATION.

81 (7) PARAGRAPH 9. VETERINARY GUIDANCE.

82 (8) PARAGRAPH 10. CONCEPT OF SUPPORT.

83 (9) PARAGRAPH 11. POINTS OF CONTACT.

84 3. MEDICAL GUIDANCE FOR ALL OPERATIONS

85 A. DOCUMENTATION.

86 (1) ALL UNITS/INDIVIDUAL PERSONNEL MUST REPORT TO
87 MOBILIZATION STATIONS WITH THE FOLLOWING DOCUMENTS:

88 (A) HEALTH AND DENTAL RECORDS.

89 (B) PROOF OF IMMUNIZATION (EG, SF 601 [HEALTH RECORD-
90 IMMUNIZATION RECORD, PHS 731 [INTERNATIONAL CERTIFICATE OF
91 VACCINATION, DD FORM 2766 [ADULT PREVENTIVE AND CHRONIC CARE
92 FLOWSHEET], DOCUMENTATION FROM MEDPROS)

93 (C) COPY OF COMPLETED PRE-DEPLOYMENT HEALTH ASSESSMENT (DD
94 FORM 2795).

95 (D) DOCUMENTATION OF CURRENT MEDICATIONS AND ALLERGIES.
96 (2) UNITS PARTICIPATING IN SUPPORT OF OPERATIONS WITHIN
97 CONUS AT OR NEAR MILITARY INSTALLATIONS WITH MTF/DTF WILL TRAVEL
98 WITH INDIVIDUAL HEALTH AND DENTAL RECORDS AND COORDINATE FOR
99 STORAGE WITH SUPPORTING MTF/DTF UPON ARRIVAL AT THE DUTY
100 LOCATION. THE INDIVIDUAL SOLDIER WILL NOT HANDCARRY INDIVIDUAL
101 HEALTH AND DENTAL RECORDS, BUT RATHER THIS WILL BE ARRANGED BY
102 AN APPROPRIATE PERSON WITHIN THE ORGANIZATION (AR-PERSCOM WILL
103 COORDINATE SHIPMENT OF RECORDS FOR IRR, IMA AND RETIREES, AS
104 AVAILABLE). UPON ARRIVAL AT THE DUTY LOCATION, HEALTH AND DENTAL
105 RECORDS WILL BE TURNED IN TO THE SUPPORTING MTF/DTF FOR
106 MAINTENANCE AND ACCOUNTABILITY. UNITS WILL COORDINATE RETURN OF
107 HEALTH AND DENTAL RECORDS TO HOME STATIONS. IN ALL CASES, THE
108 UNIT COMMANDER IS RESPONSIBLE FOR ENSURING HEALTH AND DENTAL
109 RECORDS ARE SAFELY ROUTED TO THE APPROPRIATE DESTINATION. UNITS
110 WILL RETAIN CONTROL OF HEALTH AND DENTAL RECORDS IF CARE IS
111 BEING PROVIDED BY NON-MILITARY SOURCES.

112 (3) SOLDIERS DEPLOYING TO OVERSEAS LOCATIONS WILL DEPLOY
113 WITH THE ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET (DD FORM
114 2766). THE DD FORM 2766 WILL BE USED AS THE DEPLOYMENT HEALTH
115 RECORD. UNITS/SOLDIERS WILL NOT DEPLOY OCONUS WITH HEALTH AND
116 DENTAL RECORDS. HEALTH AND DENTAL RECORDS WILL BE RETURNED TO
117 HOME STATION FOLLOWING MOBILIZATION/DEPLOYMENT PROCESSING.
118 RECORDS WILL BE RETURNED TO THE DEMOBILIZATION STATION FOR
119 REVIEW DURING MEDICAL OUT PROCESSING.

120 (4) HEALTH CARE. ALL EPISODES OF CARE WILL BE DOCUMENTED IN
121 THE SOLDIER'S PERMANENT OR DEPLOYMENT HEALTH RECORD WHILE
122 PARTICIPATING IN MILITARY OPERATIONS.

123 (5) LINE OF DUTY INVESTIGATIONS (DA FORM 2173) WILL BE
124 INITIATED ON SOLDIERS, AS APPROPRIATE. SEE MOST RECENT GUIDANCE
125 FROM PERSCOM AT THE FOLLOWING WEBSITE:
126 [HTTPS://WWW.2XCITIZEN.USAR.ARMY.MIL/SOLDIERSERVICES/MEDICAL/LODI](https://www.2xcitizen.usar.army.mil/soldierservices/medical/loinvestigations.asp)
127 [NVESTIGATIONS.ASP](https://www.2xcitizen.usar.army.mil/soldierservices/medical/loinvestigations.asp)

128 (6) INDIVIDUAL MEDICAL READINESS. THE MEDICAL PROTECTION
129 SYSTEM (MEDPROS) INDIVIDUAL MEDICAL READINESS (IMR) MODULE IS
130 THE HQDA DESIGNATED SYSTEM FOR DOCUMENTING ALL ASPECTS OF
131 SOLDIER MEDICAL READINESS (SEE REF T). UNITS WILL MAKE EVERY
132 ATTEMPT POSSIBLE TO ENTER ALL APPROPRIATE DATA INTO MEDPROS
133 PRIOR TO ARRIVING AT THE MOBILIZATION STATION. MOBILIZATION
134 STATION MEDICAL STATIONS AND SOLDIER READINESS PROGRAM (SRP)
135 MEDICAL STATIONS WILL EMPLOY MEDPROS IMR TO VALIDATE AND
136 DOCUMENT ALL APPROPRIATE MEDICAL FIELDS. UNITS UNABLE TO ACCESS
137 MEDPROS [WWW.MODS.ARMY.MIL](http://www.mods.army.mil) SHOULD CALL LTC EUHUS DSN 471-7124,
138 COMMERCIAL (210) 221-7124 OR THE MODS HELP DESK AT DSN 761-4976,
139 COMMERCIAL (703) 681-4976.

140 (7) IMMUNIZATION DOCUMENTATION. THE HQDA STANDARD FOR
141 ENTERING AND TRACKING IMMUNIZATIONS IS THE MEDICAL PROTECTION

142 SYSTEM (MEDPROS) (SEE REF T). ALL VACCINES ADMINISTERED TO
143 PERSONNEL PARTICIPATING IN THESE OPERATIONS WILL BE DOCUMENTED
144 IN MEDPROS. SUPERVISORS AND COMMANDERS CAN OBTAIN READ/WRITE
145 ACCESS AT WWW.MODS.ARMY.MIL MEDPROS TRAINING SUPPORT MAY BE
146 REQUESTED FROM LTC EUHUS AT DSN 471-7124, COMMERCIAL (210) 221-
147 7124. DATA ENTRY SUPPORT MAY BE OBTAINED FROM THE MODS HELP DESK
148 AT DSN 761-4976, COMMERCIAL (703) 681-4976.

149 B. HIV TESTING. HIV TESTING WILL BE PERFORMED IAW AR 600-110
150 DATED 22 APR 94 AND CHANGE 1, EFFECTIVE 01 JUL 96, TO INCLUDE
151 CIRCUMSTANCES DESCRIBED IN PARA1-14F UNDER CONDITIONS OF
152 NATIONAL EMERGENCY.

153 (1) MILITARY PERSONNEL SCHEDULED FOR OVERSEAS DEPLOYMENT OR
154 TDY THAT WILL EXCEED 179 DAYS MUST HAVE TESTED NEGATIVE FOR HIV
155 INFECTION WITHIN THE 6 MONTHS PRIOR TO DEPLOYMENT. ALL OTHER
156 MILITARY PERSONNEL SCHEDULED FOR OVERSEAS DEPLOYMENT MUST TEST
157 NEGATIVE FOR HIV INFECTION WITHIN THE PREVIOUS 12 MONTHS PRIOR
158 TO DEPLOYMENT.

159 (2) RC SOLDIERS ORDERED TO ACTIVE DUTY MORE THAN 30 DAYS AND
160 WHO ARE NOT SCHEDULED FOR OVERSEAS DEPLOYMENT MUST TEST NEGATIVE
161 FOR HIV INFECTION WITHIN 24 MONTHS PRIOR TO MOBILIZATION. RC
162 SOLDIERS ORDERED TO ACTIVE DUTY FOR 30 DAYS OR LESS MUST TEST
163 NEGATIVE FOR HIV INFECTION WITHIN 5 YEARS PRIOR TO MOBILIZATION.

164 (3) HIV TESTING IS NOT REQUIRED FOR CIVILIAN (DA/DOD,
165 CONTRACTOR, RED CROSS, AND AAFES) PERSONNEL. HIV SCREENING OF DA
166 CIVILIANS WILL BE PERFORMED IAW THE REQUIREMENTS OF AR 600-110.
167 GENERALLY, CIVILIANS MAY DECLINE HIV SCREENING, HOWEVER, CERTAIN
168 HOST COUNTRIES REQUIRE MANDATORY HIV SCREENING PRIOR TO ALLOWING
169 ENTRY. A CIVILIAN WHO TESTS POSITIVE MAY BE DEPLOYED AS LONG AS
170 THE HOST COUNTRY IS NOTIFIED AND THE INDIVIDUAL IS ABLE TO
171 PERFORM ASSIGNED DUTIES. CIVILIANS WILL BE COUNSELED THAT EVEN
172 WHEN THEY HAVE THE RIGHT TO DECLINE HIV SCREENING, IF INJURED
173 THEY MAY NOT BE TREATED BY THE HOST COUNTRY MEDICAL FACILITIES
174 IF DETERMINED TO BE HIV POSITIVE.

175 (4) VERIFICATION OF HIV TESTING CAN BE MADE USING MEDPROS AT
176 WWW.MODS.ARMY.MIL .

177 C. TUBERCULOSIS SKIN TESTING (TST).

178 (1) PERSONNEL DEPLOYING WITHIN OR TO THE FOLLOWING LOCATIONS
179 (CONSIDERED LOW THREAT FOR TUBERCULOSIS) DO NOT REQUIRE TST:
180 CONUS, CANADA, GREENLAND, ICELAND, CUBA, CHILE, COSTA RICA,
181 FRENCH GUIANA, BRITISH ISLES, NORWAY, SWEDEN, FINLAND, DENMARK,
182 FRANCE, BELGIUM, NETHERLANDS, LUXEMBOURG, MONACO, SWITZERLAND,
183 AUSTRIA, GERMANY, CZECH REPUBLIC, ITALY, GREECE, CYPRUS,
184 AUSTRALIA, NEW ZEALAND, LEBANON, LIBYA, JORDAN, UNITED ARAB
185 EMIRATES, OMAN, QATAR, LIBYA.

186 (2) PERSONNEL DEPLOYING TO ALL OTHER LOCATIONS (CONSIDERED
187 HIGH THREAT FOR TUBERCULOSIS) REQUIRE TST WITHIN TWELVE MONTHS
188 PRIOR TO DEPLOYMENT, AT THE TIME OF REDEPLOYMENT, AND AGAIN AT

189 THREE TO SIX MONTHS AFTER REDEPLOYMENT. INDIVIDUALS WITH
190 PREVIOUS POSITIVE TSTS DO NOT REQUIRE TESTING. MANAGE IAW
191 GUIDANCE IN REF 1.N.

192 D. DEOXYRIBONUCLEIC ACID (DNA) SPECIMEN. IF NOT ALREADY ON
193 FILE, A DNA SPECIMEN WILL BE OBTAINED FROM ALL DEPLOYING
194 PERSONNEL (MILITARY AND CIVILIAN) AND FORWARDED TO THE ARMED
195 FORCES REPOSITORY OF SPECIMEN SAMPLES FOR IDENTIFICATION OF
196 REMAINS (AFRSSIR) PRIOR TO DEPLOYMENT. SPECIMENS WILL BE
197 FORWARDED BY REGISTERED MAIL TO THE DNA REGISTRY WITH RETURN
198 RECEIPT TO THE GAINING MEDICAL UNIT. VERIFICATION OF THE DNA
199 RECORD CAN BE MADE USING THE DEERS/RAPIDS OR MEDPROS WEB-BASED
200 TRACKING SYSTEM AT [HTTP://WWW.MODS.ARMY.MIL/](http://www.mods.army.mil/). THE DNA DRAW DATE
201 WILL BE ANNOTATED IN BLOCK 10A OF DD FORM 2766 (ADULT PREVENTIVE
202 AND CHRONIC CARE FLOWSHEET). FOR GUIDANCE ON THE USE OF DD FORM
203 2766, SEE REF M, WHICH CAN BE DOWNLOADED FROM
204 [HTTP://WWW.ARMY.MIL/USAPA/EPUBS/HQDA LETTERS 1.HTML](http://www.army.mil/usapa/epubs/hqda_letters_1.html). CIVILIAN
205 PERSONNEL DEPLOYING OUTSIDE THE CONTINENTAL UNITED STATES AND
206 ITS TERRITORIES ARE REQUIRED TO PROVIDE A DNA SPECIMEN, OR
207 DENTAL PANAREX IF THE ABILITY TO TAKE DNA SAMPLES IS NOT
208 AVAILABLE, IAW DODI 1400.32, 6.1.10.

209 E. PREGNANCY TESTING.

210 (1) ALL FEMALE SOLDIERS DEPLOYING OVERSEAS WILL BE
211 ADMINISTERED A PREGNANCY TEST AS PART OF THEIR PREDEPLOYMENT
212 MEDICAL SCREENING.

213 (2) THE PREGNANCY TEST WILL BE DONE WITHIN ONE MONTH PRIOR
214 TO ACTUAL MOVEMENT OVERSEAS.

215 (3) THE URINE PREGNANCY TEST IS SUFFICIENT FOR VERIFICATION.

216 (4) FEMALE SOLDIERS WHO HAVE UNDERGONE HYSTERECTOMY OR
217 BILATERAL TUBAL LIGATION ARE EXEMPT.

218 (5) IF THE PREGNANCY TEST YIELDS POSITIVE RESULTS, THE
219 SOLDIER IS NON-DEPLOYABLE. HOWEVER, THE SOLDIER MAY VOLUNTEER
220 FOR SUPPORT OF OPERATION NOBLE EAGLE IAW 10 U.S.C. 12301(D) IN A
221 NON-DEPLOYABLE STATUS BASED UPON THE NEEDS OF THE ARMY AND IF
222 MEDICAL CLEARANCE IS GRANTED.

223 (6) IF PREGNANCY IS DETERMINED AFTER DEPLOYMENT, THE SOLDIER
224 WILL BE RETURNED TO CONUS AND MAY VOLUNTEER AS STATED IN
225 PREVIOUS PARAGRAPH.

226 F. MEDICAL RETENTION STANDARDS. SOLDIERS WHO DO NOT MEET THE
227 MEDICAL RETENTION STANDARDS OF CHAPTER 3, AR 40-501 ARE REQUIRED
228 TO UNDERGO AN MEB/PEB.

229 G. IMMUNIZATIONS.

230 (1) ALL PERSONNEL MUST HAVE REQUIRED THEATER-SPECIFIC
231 IMMUNIZATIONS PRIOR TO DEPLOYMENT. SUPERVISORS AND COMMANDERS
232 MUST ENSURE IMMUNIZATIONS INCLUDED ON THE FOLLOWING TABLE ARE
233 CURRENT PRIOR TO DEPLOYING TO THE SPECIFIED AOR. FOR SOME
234 VACCINES, NOT ALL PERSONNEL DEPLOYING TO A SPECIFIED AOR REQUIRE
235 THE VACCINE. SEE INFORMATION IN INDICATED PARAGRAPHS FOR

236 DETAILS. PARAGRAPHS FOLLOWING THE TABLE PROVIDE GENERAL MEDICAL
 237 GUIDANCE FOR EACH VACCINE.
 238

VACCINE	ONE	OEF CENTCOM CENTRAL ASIA	OEF/OIF CENTCOM ARABIAN PENINSULA	OEF CENTCOM HORN OF AFRICA	OEF EUCOM AOR	OEF PACOM AOR
INFLUENZA	ALL	ALL	ALL	ALL	ALL	ALL
TETANUS-DIPHThERIA	ALL	ALL	ALL	ALL	ALL	ALL
HEPATITIS A		ALL	ALL	ALL	ALL	ALL
MEASLES/RUBELLA		ALL	ALL	ALL	ALL	ALL
INACTIVATED POLIOVIRUS		ALL	ALL	ALL	ALL	ALL
TYPHOID		ALL	ALL	ALL	ALL	ALL
HEPATITIS B (MEDICAL ONLY)	PARA 3G (3)	PARA 3G (3)	PARA 3G (3)	PARA 3G (3)	PARA 3G (3)	PARA 3G (3)
MENINGOCOCCAL (COUNTRY-SPECIFIC)				ALL	PARA 6A (2)	
YELLOW FEVER (COUNTRY-SPECIFIC)				ALL EXC EGYPT	PARA 6A (3)	
JAPANESE ENCEPHALITIS (COUNTRY-SPECIFIC)					PARA 6A (4)	PARA 7A (2)
PNEUMOCOCCAL (ASPLENIC PERSONS ONLY)		PARA 3G (12)	PARA 3G (12)	PARA 3G (12)	PARA 3G (12)	PARA 3G (12)
ANTHRAX (COUNTRY-SPECIFIC)		PARA 3G (13)	PARA 3G (13)	PARA 3G (13)	PARA 3G (13)	
SMALLPOX (COUNTRY-SPECIFIC)		PARA 3G (14)	PARA 3G (14)	PARA 3G (14)	PARA 3G (14)	

239
 240 (2) INFLUENZA (CURRENT ANNUAL VACCINE THROUGH 30 JUNE EACH
 241 YEAR) .
 242 (3) TETANUS-DIPHThERIA (WITHIN 10 YEARS) .
 243 (4) HEPATITIS A VACCINE SERIES IAW FOOD AND DRUG
 244 ADMINISTRATION (FDA) PRODUCT INFORMATION.
 245 (5) MEASLES/RUBELLA VACCINE: INDIVIDUAL MUST HAVE SEROLOGIC
 246 EVIDENCE OF IMMUNITY OR AT LEAST ONE DOSE AS AN ADULT. NOT
 247 REQUIRED FOR PERSONS BORN IN 1956 OR EARLIER.
 248 (6) INACTIVATED POLIOVIRUS VACCINE (IPV): PRIMARY SERIES
 249 PLUS ONE BOOSTER DOSE AS AN ADULT. IPV IS INDICATED WHEN
 250 ADMINISTERING A PRIMARY SERIES TO AN ADULT. IPV WILL BE USED FOR
 251 THE BOOSTER DOSE REGARDLESS OF WHETHER ORAL OR INACTIVATED
 252 POLIOVIRUS WAS USED IN THE PRIMARY SERIES. INDIVIDUALS WHO HAVE
 253 PREVIOUSLY COMPLETED A PRIMARY SERIES OR ADULT BOOSTER DOSE WITH
 254 OPV ARE NOT REQUIRED TO RECEIVE A PRIMARY SERIES OR AN ADULT
 255 BOOSTER DOSE WITH IPV, RESPECTIVELY.
 256 (7) TYPHOID (INJECTABLE OR ORAL), CURRENT PER FDA PRODUCT
 257 INFORMATION.
 258 (8) HEPATITIS B VACCINE. ALL MEDICAL PERSONNEL AND THOSE AT
 259 HIGH RISK FOR CONTACT WITH BLOOD AND BODY FLUIDS WILL RECEIVE A

260 THREE-SHOT SERIES: 1 ML IM (DELTOID) AT MONTHS 0, 1, 6; GIVE
261 COMPLETE SERIES BEFORE DEPLOYMENT, IF POSSIBLE; OTHERWISE,
262 REMAINING DOSES AT THE DEPLOYMENT LOCATION.

263 (9) MENINGOCOCCAL (QUADRIVALENT) VACCINE (WITHIN FIVE
264 YEARS) IS REQUIRED FOR PERSONNEL DEPLOYING TO COUNTRIES WHERE
265 THE RISK OF MENINGOCOCCAL DISEASE IS SIGNIFICANTLY ELEVATED
266 ABOVE THE US BASELINE.

267 (10) YELLOW FEVER VACCINE (LAST DOSE WITHIN 10 YEARS) IS
268 REQUIRED FOR PERSONNEL DEPLOYING TO COUNTRIES WHERE THE DISEASE
269 IS PRESENT.

270 (11) JAPANESE ENCEPHALITIS - THREE DOSE PRIMARY SERIES ON
271 DAYS 0, 7, AND 30 AND BOOSTER AT 24 MONTHS, IF REQUIRED, PER FDA
272 PRODUCT INFORMATION.

273 (12) PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC (WITH NO SPLEEN)
274 PERSONNEL -- 0.5 ML IM OR SUBCUTANEOUS EVERY SIX YEARS.

275 (13) ANTHRAX VACCINE. VACCINATE THE FOLLOWING PERSONNEL WITH
276 ANTHRAX VACCINE IAW FDA-APPROVED SCHEDULE AND REFERENCE T:
277 PRIORITY 1 DESIGNATED SPECIAL MISSION UNITS (REF U); PRIORITY 2
278 FORCES ASSIGNED OR DEPLOYED TO THE DESIGNATED HIGHER THREAT
279 AREAS (HTA) (IDENTIFICATION OF HTA COUNTRIES NOT FOR PUBLIC
280 RELEASE. REFER TO MESSAGE AT REF U AVAILABLE THROUGH COMMAND
281 CHANNELS) FOR GREATER THAN 15 CONSECUTIVE DAYS; AND PRIORITY 3
282 FORCES (CLASSIFIED REFS W AND Z).

283 (14) SMALLPOX. VACCINATE WITH FDA-APPROVED SMALLPOX VACCINE
284 IAW FDA, DOD, AND ARMY GUIDANCE. VACCINATE PERSONNEL DEPLOYING
285 TO SPECIFIC COUNTRIES WITHIN THE CENTCOM AOR AND EUCOM AOR PER
286 REFS V, X, Y, AND Z.

287 H. PERSONAL PROTECTIVE EQUIPMENT (PPE) AND MEDICATIONS.

288 (1) ALL DEPLOYING PERSONNEL WILL HAVE THE FOLLOWING PPE AND
289 /OR CTA 8-100 ITEMS:

290 (A) 90-DAY SUPPLY OF MAINTENANCE MEDICATIONS, IF
291 APPLICABLE.

292 (B) SINGLE OR TRIPLE FLANGE EARPLUGS (IAW DA PAM 40-501)
293 OR COMBAT ARMS EARPLUGS, NSN 6515-01-466-2710.

294 (C) SUNSCREEN (SPF 15 OR BETTER) AND LIP BALM, 6508-01-
295 265-0079.

296 (D) DRESSING FIRST AID FIELD WHITE, 1 PACKAGE, 6510-00-
297 083-5573

298 (E) WATER PURIFICATION TABLET IODINE 1 BOTTLE-8 MG, 6850-
299 00-985-7166

300 (F) CAMOUFLAGE STICK, LIGHT GREEN AND SAND, 1 EACH, 6850-
301 00-161-6262

302 (G) CAMOUFLAGE STICK, WHITE AND LOAM, 1 EACH, 6850-00-161-
303 6203

304 (H) WATERLESS HAND SANITIZING GEL

305 (2) ALL PERSONNEL DEPLOYING TO MALARIA-ENDEMIC AREAS (PER
306 COMBATANT COMMAND SPECIFIC GUIDANCE BELOW) WILL RECEIVE THE
307 FOLLOWING ITEMS:

308 (A) 100 DAY SUPPLY OF MEFLUQUINE 250 MG (15 TABLETS) OR
309 DOXYCYCLINE 100 MG (100 TABLETS), IF INDICATED, FOR MALARIA
310 PREVENTION (PER COMBATANT COMMAND AOR GUIDANCE BELOW) IN WATER
311 PROOF CONTAINER.

312 (B) DEET (3 TUBES)

313 (C) MOSQUITO NETTING AND POLES

314 (D) UNIFORMS AND BED NETTING PRE-TREATED WITH PERMETHRIN

315 (3) SOLDIERS ASSIGNED TO DUTIES IN DEVASTATED URBAN AREAS
316 WHERE DEBRIS FROM DAMAGED BUILDINGS IS PRESENT AND ACCOMPANIED
317 BY BLOWING DUST OR FUEL VAPORS WILL ALSO HAVE A SPECIAL ISSUE OF
318 THE FOLLOWING ITEM: RESPIRATOR (EITHER FILTERING FACE-PIECE
319 RESPIRATORS OR HALF-FACE AIR-PURIFYING RESPIRATORY). ALL ISSUED
320 RESPIRATORS WILL BE EQUIPPED WITH CLASS 100/HIGH EFFICIENCY
321 PARTICULATE AIR (HEPA) FILTERS AND ORGANIC VAPOR CARTRIDGES.

322 (4) PERSONNEL ASSIGNED TO MORTUARY OR REMAINS RECOVERY
323 DUTIES WILL ALSO HAVE A SPECIAL ISSUE OF THE FOLLOWING ITEMS:

324 (A) FULL-BODY PROTECTIVE SUITS, DISPOSABLE COVERALLS WITH
325 SHOE COVERS (TYVEX OR EQUIVALENT PROTECTIVE GARMENT).

326 (B) HEAVY-DUTY GLOVES WITH LEATHER PALMS.

327 (C) SPLASH GOGGLES (DUST GOGGLES).

328 I. DEPLOYMENT AND MOBILIZATION HEALTH INFORMATION. INFORMATION
329 ABOUT STAYING HEALTHY DURING MOBILIZATION AND/OR DEPLOYMENT WILL
330 BE PROVIDED TO ALL DEPLOYING AND MOBILIZING PERSONNEL.

331 (1) MEDICAL THREAT BRIEFING. ALL PERSONNEL WILL BE BRIEFED
332 ON THE MEDICAL THREAT, INCLUDING ENDEMIC DISEASES, ENVIRONMENTAL
333 HAZARDS, PROPER SANITATION AND HYGIENE, PERSONAL RESPONSIBILITY
334 AND PREVENTIVE MEASURES TO MAINTAIN HEALTH. MEDICAL THREAT AND
335 PREVENTION INFORMATION IS AVAILABLE FROM THE US ARMY CENTER FOR
336 HEALTH PROMOTION AND PREVENTIVE MEDICINE (USACHPPM). SAMPLES OF
337 UNCLASSIFIED MEDICAL BRIEFINGS CAN BE OBTAINED FROM THE USACHPPM
338 WEB SITE AT [HTTP://CHPPM-WWW.APGEA.ARMY.MIL/MTB/](http://CHPPM-WWW.APGEA.ARMY.MIL/MTB/).

339 (2) HEALTH INFORMATION GRAPHICAL TRAINING AIDS (GTAS). IN
340 ADDITION TO BRIEFINGS, EACH PERSON DEPLOYING OR MOBILIZING WILL
341 BE ISSUED INDIVIDUAL HEALTH INFORMATION ON THE HEALTH THREAT AND
342 PERSONAL PROCEDURES TO PROTECT HEALTH. AT A MINIMUM, EACH PERSON
343 WILL BE ISSUED A COPY OF GTA 08-05-062, "GUIDE TO STAYING
344 HEALTHY". ADDITIONAL INFORMATION WILL BE TAILORED TO THE
345 GEOGRAPHICAL REGION AND CIRCUMSTANCES OF THE DEPLOYMENT OR
346 MOBILIZATION. ALL GTAS IN THE "STAYING HEALTHY" SERIES ARE
347 AVAILABLE FROM THE USACHPPM. SAMPLES ARE AVAILABLE ON THE
348 USACHPPM WEB SITE AT [HTTP://CHPPM-
349 WWW.APGEA.ARMY.MIL/DEPLOYMENT/SHG.ASP](http://CHPPM-WWW.APGEA.ARMY.MIL/DEPLOYMENT/SHG.ASP).

350 (3) POINT OF CONTACT FOR ARMY HEALTH INFORMATION PRODUCTS IS
351 MR. KEVIN DELANEY AT USACHPPM (410) 436-5217, DSN 584-5217.

352 J. DEPLOYMENT HEALTH (MEDICAL AND ENVIRONMENTAL) SURVEILLANCE.
353 ALL COMMANDERS WILL SUPPORT THEATER INITIATIVES TO IDENTIFY
354 HEALTH RISKS DURING THE DEPLOYMENT TO INCLUDE CONUS-BASED
355 OPERATIONS.

356 (1) DD FORM 2795 (PRE-DEPLOYMENT HEALTH ASSESSMENT) AND DD
357 FORM 2796 (POST-DEPLOYMENT HEALTH ASSESSMENT) WILL BE COMPLETED
358 BY ALL PERSONNEL DEPLOYING FROM HOME STATION TO ANY AOR IN
359 DIRECT SUPPORT OF THESE OPERATIONS.

360 (2) DD FORM 2795 (PRE-DEPLOYMENT HEALTH ASSESSMENT) AND DD
361 FORM 2796 (POST-DEPLOYMENT HEALTH ASSESSMENT) WILL BE COMPLETED
362 BY ALL RC PERSONNEL ACTIVATED TO ACTIVE DUTY STATUS GREATER THAN
363 30 DAYS IN SUPPORT OF ANY CONTINGENCY OPERATION.

364 (3) PRE-DEPLOYMENT HEALTH ASSESSMENTS WILL BE UPDATED OR
365 COMPLETED WITHIN 30 DAYS PRIOR TO DEPLOYMENT.

366 (4) UNITS WILL COMPLETE THE PRE-DEPLOYMENT HEALTH
367 ASSESSMENTS AT THEIR MOBILIZATION STATIONS AS A PART OF THE SRP
368 PROCESS.

369 (5) THE ORIGINAL COPY OF THE ASSESSMENT WILL BE PLACED IN
370 THE SOLDIER'S HEALTH RECORD. SEND A COPY TO THE ARMY MEDICAL
371 SURVEILLANCE ACTIVITY (AMSA) (SEE PARAGRAPH (8) BELOW). A SECOND
372 COPY OF THE DD FORM 2795 WILL BE PLACED IN THE SOLDIER'S
373 DEPLOYMENT HEALTH RECORD (DD FORM 2766).

374 (6) POST-DEPLOYMENT HEALTH ASSESSMENTS WILL BE COMPLETED
375 WITHIN 5 DAYS PRIOR TO REDEPLOYMENT TO EITHER DESIGNATED HOME
376 STATION OR MOBILIZATION PROCESSING STATION. SEND A COPY TO THE
377 ARMY MEDICAL SURVEILLANCE ACTIVITY (SEE PARAGRAPH 3H(8)). RC
378 PERSONNEL WHO HAVE SERVED ONLY WITHIN CONUS WILL COMPLETE THE DD
379 FORM 2796 WITHIN FIVE (5) DAYS PRIOR TO DEMOBILIZATION.

380 (7) FACILITIES ARE REMINDED THAT THE MOST IMPORTANT PART OF
381 THE ASSESSMENT IS THE OPPORTUNITY AFFORDED FOR SOLDIER CONTACT
382 WITH A HEALTH CARE PROVIDER. THE FORM MUST BE ADMINISTERED,
383 IMMEDIATELY REVIEWED, AND THEN SIGNED BY A HEALTH CARE PROVIDER.
384 THE REVIEWER CAN BE A MEDIC OR CORPSMAN. HOWEVER, POSITIVE
385 SURVEY RESPONSES CHECKED BY THE SOLDIERS MUST BE REFERRED TO A
386 PROVIDER FOR FURTHER EVALUATION. A PROVIDER (PHYSICIAN,
387 PHYSICIAN ASSISTANT, ADVANCED PRACTICE NURSE, NURSE
388 PRACTITIONER, OR INDEPENDENT DUTY MEDICAL TECHNICIAN) MUST SIGN
389 ALL FORMS.

390 (8) COPIES OF PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS
391 WILL BE SENT TO: ARMY MEDICAL SURVEILLANCE ACTIVITY, BUILDING T-
392 20, ROOM 213 (ATTN: DEPLOYMENT SURVEILLANCE), 6900 GEORGIA
393 AVENUE, N.W., WASHINGTON, D.C. 20307-5001. TO AVOID POSSIBLE
394 DELAYS OR INTERRUPTIONS IN DOMESTIC MAIL SERVICE, SEND ALL FORMS
395 VIA OVERNIGHT DELIVERY SERVICE.

396 (9) ADDITIONAL INSTRUCTIONS AND INFORMATION ARE AVAILABLE AT
397 THE ARMY MEDICAL SURVEILLANCE ACTIVITY (AMSA) WEBSITE

398 ([HTTP://AMSA.ARMY.MIL/](http://amsa.army.mil/)) UNDER THE "DEPLOYMENTS" SECTION OR BY
399 CALLING AMSA AT (202) 782-0471 (DSN: 662).

400 (10) AN ON-LINE VERSION OF THE DD FORM 2795 (PRE-DEPLOYMENT
401 HEALTH ASSESSMENT) WILL BE AVAILABLE SOON. WHEN AVAILABLE, OTSG
402 WILL ISSUE FURTHER GUIDANCE. COMPLETION OF THE FORM ON-LINE
403 ELIMINATES THE REQUIREMENT TO MAIL A PAPER COPY OF DD FORM 2795
404 TO THE AMSA AND ALLOWS FOR IMMEDIATE ACCOUNTABILITY OF PROCESSED
405 PERSONNEL. A PRINTED COPY OF THE FORM MUST BE PLACED IN THE
406 SOLDIER'S HEALTH RECORD AND ANOTHER MUST BE PLACED INSIDE DD
407 FORM 2766 (ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET).

408 (11) SUPPORTING MEDICAL UNITS WILL COLLECT, ANALYZE, AND
409 REPORT DISEASE AND NON-BATTLE INJURY (DNBI) RATES AMONG SOLDIERS
410 AND CIVILIANS PARTICIPATING IN THESE OPERATIONS.

411 (12) ENVIRONMENTAL MONITORING/ENVIRONMENTAL HEALTH.
412 COMMANDERS WILL ENSURE THAT ENVIRONMENTAL THREATS TO INCLUDE
413 THOSE FROM STORAGE, USE, AND DISPOSAL OF HAZARDOUS MATERIALS ARE
414 IDENTIFIED AND PROPER PRECAUTIONS IMPLEMENTED. OCCUPATIONAL AND
415 ENVIRONMENTAL MONITORING OF AIR, WATER, SOIL AND RADIATION WILL
416 BE CONDUCTED BASED ON ASSESSMENT BY MEDICAL AUTHORITIES OF
417 ACTUAL OR POTENTIAL MEDICAL THREATS.

418 K. MEDICAL CARE FOR DA CIVILIANS AND DOD CONTRACTORS.

419 (1) DA CIVILIANS AND DOD CONTRACTORS ARE ENTITLED TO IN-
420 THEATER FULL MEDICAL CARE, INCLUDING PHARMACY SUPPORT,
421 EQUIVALENT TO THAT GIVEN TO ACTIVE DUTY MILITARY. MEDICAL CARE
422 WILL BE PROVIDED AT NO COST TO THE EMPLOYEE.

423 (2) IF MEDICAL EVACUATION IS REQUIRED FROM THE CONTINGENCY
424 AREA OF OPERATIONS, USE OF THE MEDICAL EVACUATION SYSTEM IS
425 AUTHORIZED AT NO COST TO THE EMPLOYEE.

426 (3) IN CASES WHERE EMPLOYEES ARE EVACUATED FOR MEDICAL
427 REASONS FROM THE CONTINGENCY AREA OF OPERATIONS TO A MEDICAL
428 TREATMENT FACILITY (MTF) FUNDED BY THE DEFENSE HEALTH PROGRAM,
429 NORMAL REIMBURSEMENT POLICIES WILL APPLY FOR SERVICES RENDERED
430 BY THE FACILITY. THIS INCLUDES INSTANCES WHERE THE MTF IS OUT OF
431 THE AREA OF OPERATIONS BUT STILL IN THE THEATER. IF THE EMPLOYEE
432 REQUIRES MEDICAL EVACUATION TO CONUS, THE SENDING MTF WILL
433 ASSIST THE EMPLOYEE IN MAKING ARRANGEMENTS FOR TRANSFER TO A
434 CIVILIAN FACILITY OF THEIR CHOICE. ALL COSTS ASSOCIATED WITH
435 TREATMENT AND TRANSPORTATION OF THE DOD CONTRACTOR OR DA
436 CIVILIAN TO THE SELECTED CIVILIAN FACILITY WILL BE THE
437 RESPONSIBILITY OF THE EMPLOYEE.

438 L. REDEPLOYMENT MEDICAL PROCESSING. UPON REDEPLOYMENT FROM
439 OVERSEAS LOCATIONS, ALL PERSONNEL WILL UNDERGO MEDICAL
440 PROCESSING AT CONUS REPLACEMENT CENTERS OR HOME STATIONS, TO
441 INCLUDE THE FOLLOWING:

442 (1) COMPLETE THE POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM
443 2796) IAW PARAGRAPH 3.H.(6).

444 (2) COMPLETE TUBERCULIN SKIN TESTING IF RETURNING FROM A
445 HIGH THREAT TUBERCULOSIS INCIDENCE AREA IAW PARAGRAPH 3.C.

446 (3) COLLECT AND SUBMIT A BLOOD SPECIMEN FOR HIV TESTING.
447 THIS SPECIMEN WILL SERVE AS THE POST-DEPLOYMENT BLOOD SPECIMEN
448 AND WILL BE ARCHIVED AT THE DOD SERUM REPOSITORY. PER PARAGRAPH
449 3B(3), HIV TESTING IS OPTIONAL FOR CIVILIAN PERSONNEL.

450 (4) ASSURE THAT PERSONNEL REQUIRING TERMINAL MALARIA
451 CHEMOPROPHYLAXIS HAVE RECEIVED APPROPRIATE MEDICATIONS AND ARE
452 COUNSELED ON THE IMPORTANCE TO COMPLETE THIS COURSE OF
453 PREVENTIVE THERAPY.

454 (5) INTEGRATE THE DEPLOYMENT HEALTH RECORD (DD FORM 2766),
455 INCLUDING THE ORIGINAL, COMPLETED POST-DEPLOYMENT HEALTH
456 ASSESSMENT (DD FORM 2796), INTO THE PERMANENT HEALTH RECORD.

457 (6) EVALUATE ANY DEPLOYMENT-RELATED HEALTH PROBLEMS IAW THE
458 POST-DEPLOYMENT CLINICAL PRACTICE GUIDELINE
459 ([HTTP://WWW.PDHEALTH.MIL/](http://www.pdhealth.mil/)).

460 (6) CONSIDER VOLUNTARY ACTIVE DUTY MEDICAL EXTENSION (ADME)
461 FOR RC PERSONNEL, AS APPROPRIATE, TO EVALUATE MEDICAL PROBLEMS
462 RELATED TO SERVICE IN THIS OPERATION.

463 M. REQUIREMENTS TO DETERMINE SPECIAL PAY ELIGIBILITY AND RATES
464 FOR MOBILIZED USAR AND ARNG HEALTH PROFESSIONALS:

465 (1) RC OFFICERS ORDERED OR CALLED TO ACTIVE DUTY FOR MORE
466 THAN 30 CONSECUTIVE DAYS ARE ELIGIBLE FOR SPECIAL PAYS. ELIGIBLE
467 OFFICERS INCLUDE ALL PHYSICIANS, DENTISTS, VETERINARIANS, CRNAS
468 (66F) AND BOARD CERTIFIED MASTER LEVEL SPECIALTIES: ADULT/FAMILY
469 (66H-8E), PEDIATRIC (66H8L-8E), OB/GYN (66H8G-8E), NURSE MIDWIFE
470 (66H8G-8D), OCCUPATIONAL THERAPY (65A), PHYSICAL THERAPY (65B),
471 DIETITIAN (65C), PHYSICIAN ASSISTANT (65D), PHARMACY (67E),
472 OPTOMETRY (67F), PODIATRY (67G), NUCLEAR MEDICINE SCIENCE
473 OFFICERS (72A), SOCIAL WORK (73A), PSYCHOLOGY (73B), AND
474 AUDIOLOGY/SPEECH PATHOLOGY (72C).

475 (2) REQUIRED DOCUMENTS: COPY OF MOBILIZATION/ACTIVE DUTY
476 ORDERS; INTER-FACILITY CREDENTIALS TRANSFER AND PRIVILEGING
477 (ICTP) BRIEF; IF AVAILABLE, DOCUMENTS OF PREVIOUS EXTENDED
478 ACTIVE DUTY PERIOD (DD214S), AND CHRONOLOGICAL STATEMENT OF
479 RETIREMENT POINTS (ARPC 249-2-E).

480 (3) CONSOLIDATE DOCUMENTATION AT UNIT AND FORWARD TO: AMEDD
481 SPECIAL PAY BRANCH, OFFICE OF THE SURGEON GENERAL, ATTN: DASG-
482 PTP, 200 STOVALL STREET, ALEXANDRIA, VA 22332-0417, OR FAX DSN
483 221-2326 OR COM (703) 325-2326. DOCUMENTS MUST BE RECEIVED 30
484 DAYS PRIOR TO ARRIVING AT THE CRC.

485 (4) AMEDD SPECIAL PAY BRANCH DETERMINES ELIGIBILITY, SENDS
486 INDIVIDUALS RATES AUTHORIZED TO RC DFAS-INDIANAPOLIS CENTER FOR
487 PAYMENT. DFAS EXECUTES PAYS ON PRORATED BASIS STARTING AFTER
488 FIRST 30-DAYS, RETROACTIVE TO ENTRY DATE.

489 (5) IF THE INDIVIDUAL ORDERS ARE AMENDED, A COPY OF THE
490 AMENDED ORDERS MUST BE SENT IMMEDIATELY TO ADDRESS INDICATED IN
491 PARAGRAPH (3) ABOVE.

492 4. SUPPLEMENTARY MEDICAL GUIDANCE - OEF (CENTCOM AOR)

493 A. IMMUNIZATIONS. SEE PARAGRAPH 3G.

494 B. MALARIA CHEMOPROPHYLAXIS. MALARIA DISEASE RISK VARIES BY
495 LOCATION WITHIN THE CENTCOM AOR, AS FOLLOWS.

496 (1) CENTRAL ASIA. MALARIA IS ENDEMIC IN THE FOLLOWING
497 COUNTRIES: AFGHANISTAN (MARCH THROUGH NOVEMBER), IRAN (MARCH
498 THROUGH NOVEMBER), KRYGZYSTAN (JUNE THROUGH SEPTEMBER), PAKISTAN
499 (YEAR-ROUND), TAJIKISTAN (MAY THROUGH OCTOBER), TURKMENISTAN
500 (MAY THROUGH OCTOBER), AND UZBEKISTAN (MAY THROUGH OCTOBER).
501 CHLOROQUINE-RESISTANT MALARIA IS PRESENT IN CERTAIN LOCATIONS IN
502 THE AOR, PRIMARILY IN IRAN, SOUTHERN AFGHANISTAN, AND PAKISTAN.
503 DURING PERIODS OF RISK (AS DESCRIBED ABOVE) PERSONNEL DEPLOYING
504 TO THESE AREAS WILL TAKE MEFLOQUINE (ONE 250 MILLIGRAM TABLET)
505 WEEKLY, BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING
506 FOR FOUR WEEKS AFTER RETURN. FOR PERSONNEL WHO ARE ALLERGIC TO
507 MEFLOQUINE AND PERSONNEL ON FLIGHT STATUS, DOXYCYCLINE 100
508 MILLIGRAMS WILL BE TAKEN ONCE DAILY BEGINNING 2 DAYS PRIOR TO
509 DEPARTURE AND CONTINUING FOR 28 DAYS AFTER RETURN.

510 (2) ARABIAN PENINSULA. MALARIA RISK ON THE ARABIAN PENINSULA
511 VARIES BY LOCATION AS FOLLOWS: IRAQ (MAY THROUGH NOVEMBER),
512 SAUDI ARABIA (YEAR-ROUND, BUT IN WESTERN REGIONS ONLY) AND YEMEN
513 (YEAR-ROUND). CHLOROQUINE RESISTANT FALCIPARUM MALARIA IS HIGHLY
514 ENDEMIC IN YEMEN AND WESTERN SAUDI ARABIA. WHILE THE MAJORITY OF
515 MALARIA WITHIN IRAQ IS ATTRIBUTABLE TO P. VIVAX, SOME RISK OF P.
516 FALCIPARUM EXISTS. VERY LIMITED RISK OF MALARIA EXISTS IN OMAN
517 AND THE UNITED ARAB EMIRATES, AND IS RESTRICTED TO THE BORDER
518 AREAS ADJACENT TO THE MUSANDAM PENINSULA. DURING PERIODS OF
519 RISK, PERSONNEL DEPLOYING TO IRAQ, SAUDI ARABIA (WESTERN REGION
520 ONLY), AND YEMEN WILL TAKE DOXYCYCLINE (100 MILLIGRAMS) DAILY,
521 BEGINNING 2 DAYS PRIOR TO DEPARTURE AND CONINUING FOR 28 DAYS
522 AFTER RETURN. PERSONNEL WHO ARE ALLERGIC OR INTOLERANT OF
523 DOXYCYCLINE WILL TAKE MEFLOQUINE (ONE 250 MILLIGRAM TABLET)
524 WEEKLY, BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING
525 FOR FOUR WEEKS AFTER RETURN. PERSONNEL ON FLIGHT STATUS SHOULD
526 NOT TAKE MEFLOQUINE.

527 (3) HORN OF AFRICA. MALARIA IS ENDEMIC YEAR-ROUND IN ALL
528 COUNTRIES OF THIS REGION INCLUDING DJIBOUTI, ERITREA, ETHIOPIA,
529 KENYA, SOMALIA, AND SUDAN. A SIGNIFICANT PROPORTION OF MALARIA
530 DISEASE IN ALL COUNTRIES IS DUE TO CHLOROQUINE RESISTANT
531 PLASMODIUM FALCIPARUM. PERSONNEL DEPLOYING TO THESE AREAS WILL
532 TAKE MEFLOQUINE (ONE 250 MILLIGRAM TABLET) WEEKLY, BEGINNING TWO
533 WEEKS PRIOR TO DEPARTURE AND CONTINUING FOR FOUR WEEKS AFTER
534 RETURN. FOR PERSONNEL WHO ARE ALLERGIC TO MEFLOQUINE AND
535 PERSONNEL ON FLIGHT STATUS, DOXYCYCLINE 100 MILLIGRAMS WILL BE

536 TAKEN ONCE DAILY BEGINNING 2 DAYS PRIOR TO DEPARTURE AND
537 CONTINUING FOR 28 DAYS AFTER RETURN.

538 (4) PERSONNEL SHOULD BE INFORMED THAT MISSING ONE DAY OF
539 MEDICATION WILL PLACE THEM AT RISK FOR MALARIA.

540 (5) TERMINAL PROPHYLAXIS WITH PRIMAQUINE WILL CONSIST OF 15
541 MILLIGRAMS OF BASE (26.3 MILLIGRAMS SALT) TAKEN ONCE A DAY FOR
542 FOURTEEN DAYS BEGINNING AFTER REDEPLOYMENT. PRIMAQUINE
543 MEDICATION MAY BE DISPENSED IN THEATER IMMEDIATELY PRIOR TO
544 REDEPLOYMENT OR UPON RETURN TO HOME STATION.

545 C. MEDICAL NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE MATERIEL
546 (MNBCDM) :

547 (1) PROVIDE THE FOLLOWING ITEMS TO EACH INDIVIDUAL:

548 (A) NERVE AGENT ANTIDOTE KITS (NAAK), MK 1 6505-01-174-
549 9919, QTY: 3 PER PAX

550 (B) CONVULSANT ANTIDOTE FOR NERVE AGENT (CANA) 6505-01-
551 274-0951, QTY: 1 PER PAX

552 (C) DOXYCYCLINE 100 MG, 30 TABLETS PER BOTTLE 6505-01-491-
553 5506, QTY: 1 BOTTLE PER PAX. IF DOXY IS NOT AVAILABLE OR IS
554 PRECLUDED FOR OTHER REASONS, THEN CIPROFLOXACIN, 500MG, 30
555 TABLETS PER BOTTLE, 6505-01-491-2834 CAN BE RELEASED.

556 (D) SOLDIER'S GUIDE TO MBCDM 7610-01-492-7703 QTY: 1 PER
557 PAX

558 (2) WHEN POSSIBLE, INDIVIDUALS WILL ENSURE THAT ALL MNBCDM
559 MATERIEL ISSUED IS STORED AT ROOM TEMPERATURE BETWEEN 59 AND 86
560 DEGREES FAHRENHEIT. ESPECIALLY IMPORTANT IS TO PREVENT FREEZING.

561 (3) RELEASE OF MATERIEL TO INDIVIDUALS:

562 (A) THE CRC, MOBILIZATION STATION, OR INSTALLATION MEDICAL
563 SUPPLY ACTIVITY (IMSA) WILL ENSURE THAT A ROSTER (MANUAL OR
564 AUTOMATED) IS MAINTAINED FOR ALL MNBCDM ISSUED TO INDIVIDUALS.
565 THE ROSTER WILL CONTAIN THE INDIVIDUAL'S NAME, SSN, RANK, NAME
566 OF DRUG, QUANTITY ISSUED AND THE TIME AND DATE OF THE ISSUE.

567 (B) BASED ON UNIT/COMMAND SOP/POLICY, INDIVIDUALS WILL
568 TURN-IN CANA AND ANTIBIOTICS WHEN THEY ARRIVE AT THEIR ASSIGNED
569 UNIT/COMMAND. ALL CANA AND ANTIBIOTICS WILL BE CONTROLLED AND
570 STORED UNTIL THE COMBATANT COMMANDER/SURGEON DIRECTS
571 DISTRIBUTION.

572 5. MEDICAL GUIDANCE - OEF (EUCOM AOR)

573 A. IMMUNIZATIONS.

574 (1) SEE PARAGRAPH 3G. COUNTRY-SPECIFIC GUIDANCE FOR
575 MENINGOCOCCAL, YELLOW FEVER, AND JAPANESE ENCEPHALITIS VACCINES
576 FOLLOWS.

577 (2) MENINGOCOCCAL VACCINE IS REQUIRED FOR PERSONNEL
578 DEPLOYING TO COUNTRIES WITHIN THE EUCOM AOR WHERE THE RISK OF
579 MENINGOCOCCAL DISEASE IS SIGNIFICANTLY ELEVATED ABOVE THE US
580 BASELINE, INCLUDING ALL OF AFRICA EXCEPT BOTSWANA, LESOTHO,
581 SOUTH AFRICA, SWAZILAND, AND ZIMBABWE. MENINGOCOCCAL VACCINE IS

582 NOT REQUIRED FOR PERSONNEL DEPLOYING ONLY TO OTHER COUNTRIES IN
583 THE EUCOM AOR.

584 (3) YELLOW FEVER VACCINE IS REQUIRED FOR PERSONNEL DEPLOYING
585 TO COUNTRIES WHERE THE DISEASE IS PRESENT, INCLUDING ANGOLA,
586 BENIN, BURKINA FASO, BURUNDI, CAMEROON, CENTRAL AFRICAN
587 REPUBLIC, CHAD, DEMOCRATIC REPUBLIC OF CONGO (FORMER ZAIRE),
588 EQUATORIAL GUINEA, GABON, GAMBIA, GHANA, GUINEA, GUINEA-BASSAU,
589 IVORY COAST, LIBERIA, MALI, MAURITANIA, NIGER, NIGERIA, REPUBLIC
590 OF CONGO, RWANDA, SAO TOME AND PRINCIPE, SENEGAL, SIERRA LEONE,
591 TANZANIA, TOGO, UGANDA, AND ZAMBIA. YELLOW FEVER VACCINE IS NOT
592 REQUIRED FOR PERSONNEL DEPLOYING ONLY TO OTHER COUNTRIES IN THE
593 EUCOM AOR.

594 (4) JAPANESE ENCEPHALITIS VACCINE. CONSIDER FOR DEPLOYMENTS
595 TO FAR EASTERN MARITIME PACIFIC REGION OF EASTERN RUSSIA, SOUTH
596 OF KHABAROUSK, WHERE SEASONAL TRANSMISSION (MAY THROUGH
597 SEPTEMBER) OF JAPANESE ENCEPHALITIS IS KNOWN TO OCCUR.

598 B. MALARIA CHEMOPROPHYLAXIS. MALARIA DISEASE RISK VARIES BY
599 LOCATION WITHIN THE EUCOM AOR. MALARIA CHEMOPROPHYLAXIS IS
600 REQUIRED FOR DEPLOYMENTS TO MALARIA-ENDEMIC AREAS, AS FOLLOWS.

601 (1) NORTHERN AFRICA, CONSISTING OF THE COUNTRIES OF ALGERIA,
602 LIBYA, MOROCCO, TUNISIA, AND WESTERN SAHARA. MALARIA IS ENDEMIC
603 IN SW LIBYA AND NEIGHBORING SE ALGERIA (FEZZAN AND ILLIZI
604 PROVINCES, RESPECTIVELY), RURAL AREAS OF NORTHERN AND CENTRAL
605 MOROCCO BETWEEN TANGIER AND EL KELAA PROVINCE (URBAN AREAS
606 CONSIDERED RISK-FREE), AND WESTERN SAHARA (STATUS UNCERTAIN,
607 ASSUME WORST CASE). TUNISIA IS MALARIA-FREE. SOME P. FALCIPARUM
608 MAY OCCUR IN WESTERN SAHARA; ELSEWHERE ONLY P. VIVAX IS REPORTED.
609

610 (2) SUB-SAHARAN AFRICA, CONSISTING OF THE COUNTRIES OF
611 ANGOLA, BENIN, BURKIN FASO, BURUNDI, CAMEROON, CAPE VERDE
612 ISLANDS, CENTRAL AFRICAN REPUBLIC, CHAD, CONGO, DEMOCRATIC
613 REPUBLIC OF CONGO, EQUATORIAL GUINEA, GABON, GAMBIA, GHANA,
614 GUINEA, GUINEA-BISAU, LIBERIA, IVORY COAST, MALAWI, MALI,
615 MAURITANIA, NIGER, NIGERIA, RWANDA, SAO TOME & PRINCIPE, SENEGAL,
616 SIERRA LEONE, TANZANIA, TOGO, UGANDA, AND ZAMBIA ARE ALL HIGHLY
617 ENDEMIC FOR MALARIA YEAR-ROUND. WHILE PLASMODIUM VIVAX, OVALE,
618 MALARIAE, AND FALCIPARUM MAY ALL BE ENCOUNTERED, THE GREATEST
619 RISK IS FROM FACILPARUM. CHLOROQUINE RESISTANT STRAINS HAVE BEEN
620 REPORTED FROM EVERY LISTED COUNTRY. ADDITIONALLY, SOME MEFLOQUINE
621 RESISTANCE HAS OCCASIONALLY BEEN REPORTED FROM SEVERAL OF THE
622 COUNTRIES IN THIS REGION. HOWEVER, MEFLOQUINE REMAINS THE
623 CHEMOPROPHYLACTIC AGENT OF CHOICE AT THIS TIME.

624 (3) SOUTHERN AFRICA, CONSISTING OF THE COUNTRIES OF BOTSWANA,
625 LESOTHO, MOZAMBIQUE, NAMIBIA, SOUTH AFRICA, SWAZILAND, AND
626 ZIMBABWE. MALARIA IS ENDEMIC THROUGHOUT MOST OF SOUTHERN AFRICA,
627 ESPECIALLY THE NORTHERN PART OF BOTSWANA, THE NORTHERN RIVER
628 VALLEYS OF NAMIBIA, KWAZULU-NATAL NORTH OF THE TUGELA RIVER,

629 MPUMALANGA, AND NORTHERN PROVINCES IN SOUTH AFRICA, ALL
630 NONMOUNTAINOUS AREAS OF SWAZILAND, AND ALL AREAS OF ZIMBABWE
631 EXCEPT THE CITIES OF HARARE AND BULAWAYO. LESOTHO IS MALARIA-
632 FREE. MALARIA CHEMOPROPHYLAXIS IS NOT REQUIRED FOR TRAVEL THAT
633 WILL BE RESTRICTED TO MAJOR URBAN AREAS IN SOUTH AFRICA.
634 P.FALCIPARUM REPORTEDLY ACCOUNTS FOR 90-99% OF MALARIA CASES;
635 P.OVALE, P.VIVAX, AND P. MALARIAE OCCUR. FALCIPARUM MALARIA
636 STRAINS ARE RESISTANT TO THE STANDARD THERAPEUTIC AGENT
637 CHLOROQUINE.

638 (4) NEAR EASTERN COUNTRIES, CONSISTING ARMENIA, AZERBAIJAN,
639 GEORGIA, ISRAEL, LEBANON, SYRIA, AND TURKEY. MALARIA IN THE NEAR
640 EAST OCCURS ONLY IN CERTAIN AREAS AND IS SEASONAL, CONCURRENT
641 WITH THE PRESENCE OF MOSQUITOS IN THE WARMER SEASONS
642 (APPROXIMATELY MARCH-JUNE THROUGH OCTOBER) - THUS
643 CHEMOPROPHYLAXIS IS NOT INDICATED IN THE WINTER MONTHS. IN THE
644 WARMER MONTHS, IT IS REQUIRED ONLY FOR DEPLOYMENTS TO THE
645 FOLLOWING LOCALITIES: NORTHERN SYRIA (MAY THROUGH OCTOBER) IN
646 AREAS BORDERING ON TURKEY; ARARAT VALLEY OF ARMENIA AND SW AREAS
647 OF ARMENIA (JUNE THROUGH OCTOBER) BORDERING IRAN AND AZERBAIJAN;
648 AREAS OF AZERBAIJAN (JUNE THROUGH OCTOBER) BORDERING IRAN AND THE
649 CASPIAN SEA; SE GEORGIA (JUNE THROUGH OCTOBER) BORDERING
650 AZERBAIJAN AND IN COASTAL AREAS OF GEORGIA BORDERING ON THE BLACK
651 SEA; AND SE TURKEY (MARCH THROUGH OCTOBER) FROM ADANA VICINITY
652 (AMIKOVA AND CUKUROVA PLAINS) EAST TO THE IRAQI BORDER (NOT
653 REPEAT NOT REQUIRED FOR DEPLOYMENTS TO INCIRLIK AIR BASE).
654 PRIMARILY P. VIVAX IS REPORTED IN TURKEY, SYRIA, ARMENIA,
655 AZERBAIJAN, AND GEORGIA, BUT OTHER SPECIES MAY OCCUR. ISRAEL AND
656 LEBANON ARE MALARIA-FREE.

657 (5) RUSSIA: VIVAX MALARIA OCCURS SPORADICALLY IN LIMITED
658 FOCAL AREAS IN EUROPEAN RUSSIA, RESTRICTED TO FOCAL AREAS IN THE
659 SOUTHWEST, PARTICULARLY AREAS BORDERING GEORGIA, AZERBAIJAN, AND
660 THE COASTAL AREAS OF THE BLACK AND CASPIAN SEAS. VERY LOW RISK OF
661 TRANSMISSION. NO CHEMOPROPHYLAXIS IS RECOMMENDED.

662 (6) THE REMAINDER OF EUROPE IS MALARIA-FREE.

663 (7) PERSONNEL DEPLOYING TO MALARIA-ENDEMIC AREAS WILL REQUIRE
664 CHEMOPROPHYLAXIS. IN COUNTRIES WHERE PLASMODIA FALCIPARUM STRAINS
665 ARE CHLOROQUINE-SENSITIVE (ALGERIA, ARMENIA, AZERBAIJAN, GEORGIA,
666 MOROCCO, SYRIA, AND TURKEY), PERSONNEL SHOULD TAKE CHLOROQUINE
667 (ONE 500 MILLIGRAM TABLET) WEEKLY, BEGINNING TWO WEEKS PRIOR TO
668 DEPARTURE AND CONTINUING FOR EIGHT WEEKS AFTER LEAVING THE
669 ENDEMIC AREA. THIS REGIMEN IS APPROVED FOR AIRCREW MEMBERS. IN
670 AREAS OF CHLOROQUINE RESISTANCE, PERSONNEL SHOULD TAKE MEFLOQUINE
671 (ONE 250 MILLIGRAM TABLET) WEEKLY, BEGINNING TWO WEEKS PRIOR TO
672 DEPARTURE AND CONTINUING FOR FOUR WEEKS AFTER RETURN. THIS
673 REGIMEN IS NOT APPROVED FOR AIRCREW MEMBERS. FOR PERSONNEL WHO
674 ARE ALLERGIC TO CHLOROQUINE OR TO MEFLOQUINE AND FOR PERSONNEL ON
675 FLIGHT STATUS, DOXYCYCLINE 100 MILLIGRAMS SHOULD BE TAKEN ONCE

676 DAILY BEGINNING 2 DAYS PRIOR TO DEPARTURE AND CONTINUING FOR 28
677 DAYS AFTER RETURN.

678 (8) PERSONNEL SHOULD BE INFORMED THAT MISSING ONE DAY OF
679 MEDICATION WILL PLACE THEM AT RISK FOR MALARIA.

680 (9) TERMINAL PROPHYLAXIS WITH PRIMAQUINE WILL CONSIST OF 15
681 MILLIGRAMS OF BASE (26.3 MILLIGRAMS SALT) TAKEN ONCE A DAY FOR
682 FOURTEEN DAYS BEGINNING AFTER REDEPLOYMENT. PRIMAQUINE
683 MEDICATION MAY BE DISPENSED IN THEATER IMMEDIATELY PRIOR TO
684 REDEPLOYMENT OR UPON RETURN TO HOME STATION.

685 (10) PERSONAL PROTECTIVE MEASURES MUST BE ENFORCED ON ALL
686 DEPLOYMENTS FOR MALARIA PROTECTION AS WELL AS PROTECTION AGAINST
687 OTHER VECTOR-BORNE DISEASES. AVOIDANCE OF VECTORS (24 HRS/DAY) IS
688 KEY, INCLUDING HABITAT AWARENESS, PROPER WEAR OF UNIFORM/OTHER
689 CLOTHING (SLEEVES DOWN, BOOTS BLOUSED), USE OF 33% DEET INSECT
690 REPELLENT FOR SKIN (NSN 6840-01-284-3982), PERMETHRIN INSECT
691 REPELLENT FOR CLOTHING AND BED NETS (SPRAY, NSN 6840-01-278-1336,
692 OR IDA-KITS, NSN 6840-01-345-0237), AND MOSQUITO BED NETS (NSN
693 7210-00-266-9736) AND POLES (NSN 7210-00-267-5641).

694 C. MEDICAL NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE MATERIEL
695 (MNBCDM).

696 (1) THE FOLLOWING LIST OF ITEMS MAY BE PROVIDED TO
697 INDIVIDUALS WHO DEPLOY INTO SPECIFIC AREAS OF THE EUCOM AOR, AS
698 DETERMINED BY THE EUCOM SURGEON:

699 (A) NERVE AGENT ANTIDOTE KITS (NAAK), MK 1 6505-01-174-
700 9919, QTY: 3 PER PAX

701 (B) CONVULSANT ANTIDOTE FOR NERVE AGENT (CANA) 6505-01-
702 274-0951, QTY: 1 PER PAX

703 (C) DOXYCYCLINE 100 MG, 30 TABLETS PER BOTTLE 6505-01-491-
704 5506, QTY: 1 BOTTLE PER PAX. IF DOXY IS NOT AVAILABLE OR IS
705 PRECLUDED FOR OTHER REASONS, THEN CIPROFLOXACIN, 500MG, 30
706 TABLETS PER BOTTLE, 6505-01-491-2834 CAN BE RELEASED.

707 (D) SOLDIER'S GUIDE TO MBCDM 7610-01-492-7703 QTY: 1 PER
708 PAX

709 (2) WHEN POSSIBLE, INDIVIDUALS WILL ENSURE THAT ALL MNBCDM
710 MATERIEL ISSUED IS STORED AT ROOM TEMPERATURE BETWEEN 59 AND 86
711 DEGREES FAHRENHEIT. ESPECIALLY IMPORTANT IS TO PREVENT FREEZING.

712 (3) RELEASE OF MATERIEL TO INDIVIDUALS:

713 (A) THE CRC, MOBILIZATION STATION, OR INSTALLATION MEDICAL
714 SUPPLY ACTIVITY (IMSA) WILL ENSURE THAT A ROSTER (MANUAL OR
715 AUTOMATED) IS MAINTAINED FOR ALL MNBCDM ISSUED TO INDIVIDUALS.
716 THE ROSTER WILL CONTAIN THE INDIVIDUAL'S NAME, SSN, RANK, NAME
717 OF DRUG, QUANTITY ISSUED AND THE TIME AND DATE OF THE ISSUE.

718 (B) BASED ON UNIT/COMMAND SOP/POLICY, INDIVIDUALS WILL
719 TURN-IN CANA AND ANTIBIOTICS WHEN THEY ARRIVE AT THEIR ASSIGNED
720 UNIT/COMMAND. ALL CANA AND ANTIBIOTICS WILL BE CONTROLLED AND
721 STORED UNTIL THE COMBATANT COMMANDER/SURGEON DIRECTS
722 DISTRIBUTION.

723 6. SUPPLEMENTARY MEDICAL GUIDANCE - OEF (PACOM AOR)

724 A. IMMUNIZATIONS.

725 (1) SEE PARAGRAPH 3G. COUNTRY-SPECIFIC GUIDANCE FOR JAPANESE
726 ENCEPHALITIS VACCINE FOLLOWS.

727 (2) JAPANESE ENCEPHALITIS VACCINE. FOR COUNTRY SPECIFIC
728 RISK ASSESSMENTS CONSULT CURRENT ARMED FORCES MEDICAL
729 INTELLIGENCE CENTER (AFMIC) INFECTIOUS DISEASE RISK ASSESSMENTS
730 THAT CLASSIFY EACH COUNTRY AS HIGH, INTERMEDIATE, OR LOW RISK
731 AND INCLUDE INFORMATION ON SPECIFIC RISK AREAS AND SEASONALITY.
732 IN HIGH RISK COUNTRIES, VACCINE IS REQUIRED FOR ANY FIELD
733 OPERATIONS OR RURAL EXPOSURES IN RISK AREAS DURING THE
734 TRANSMISSION SEASON. IN INTERMEDIATE RISK COUNTRIES, VACCINE IS
735 REQUIRED FOR FIELD OPERATIONS OR RURAL EXPOSURES OF 2 WEEKS OR
736 GREATER DURATION IN RISK AREAS DURING THE TRANSMISSION SEASON.
737 IN LOW RISK COUNTRIES, VACCINE IS NOT REQUIRED.

738 B. MALARIA CHEMOPROPHYLAXIS. CHLOROQUINE-RESISTANT. MALARIA IS
739 ENDEMIC THROUGHOUT THE PACOM AOR.

740 (1) PERSONNEL TRAVELING TO AREAS WHERE MALARIA IS PRESENT
741 WILL TAKE MEFLOQUINE (ONE 250 MILLIGRAM TABLET) WEEKLY,
742 BEGINNING TWO WEEKS PRIOR TO DEPARTURE AND CONTINUING FOR FOUR
743 WEEKS AFTER RETURN). PERSONNEL WHO ARE ALLERGIC TO MEFLOQUINE,
744 PERSONNEL ON FLIGHT STATUS, AND PERSONNEL TRAVELING TO AREAS OF
745 THAILAND WHERE MALARIA IS PRESENT WILL TAKE DOXYCYCLINE (ONE 100
746 MILLIGRAM TABLET DAILY BEGINNING TWO DAYS PRIOR TO DEPARTURE AND
747 CONTINUING FOR 28 DAYS AFTER RETURN). SUSPECTED CASES OF MALARIA
748 MUST BE REPORTED IMMEDIATELY TO COMMAND MEDICAL ELEMENTS.
749 PERSONNEL SHOULD BE INFORMED THAT MISSING ONE DAY OF MEDICATION
750 WILL PLACE THEM AT RISK FOR MALARIA.

751 (2) TERMINAL PROPHYLAXIS WITH PRIMAQUINE WILL CONSIST OF 15
752 MILLIGRAMS OF BASE (26.3 MILLIGRAMS SALT) TAKEN ONCE A DAY FOR
753 FOURTEEN DAYS BEGINNING AFTER REDEPLOYMENT. PRIMAQUINE
754 MEDICATION MAY BE DISPENSED IN THEATER IMMEDIATELY PRIOR TO
755 REDEPLOYMENT OR UPON RETURN TO HOME STATION.

756 7. DENTAL GUIDANCE.

757 A. ALL SOLDIERS MUST HAVE A DENTAL PANOGRAPH ON FILE IN THEIR
758 DENTAL RECORD IAW AR 600-8-101 AND DA PAM 690-47 (APPENDIX A),
759 RESPECTIVELY. IAW DODI 1400.32, 6.1.10, CIVILIAN EMPLOYEES
760 DEPLOYING OUTSIDE CONUS AND US TERRITORIES ARE REQUIRED TO
761 PROVIDE A DNA SAMPLE OR A DENTAL PANOGRAPH, BUT NOT BOTH.
762 BECAUSE DEPLOYING CIVILIAN EMPLOYEES ARE NORMALLY REQUIRED TO
763 SUBMIT A DNA SPECIMEN, A PANOGRAPH IS USUALLY NOT REQUIRED.
764 HOWEVER, A DENTAL PANOGRAPH IS REQUIRED IF THE ABILITY TO TAKE
765 DNA SAMPLES IS NOT AVAILABLE.

766 B. SOLDIERS IN DENTAL CLASS III ARE ELIGIBLE FOR DEPLOYMENT
767 WITHIN CONUS IN SUPPORT OF OPERATION NOBLE EAGLE. PROFESSIONAL
768 FILLERS SYSTEM (PROFIS) PERSONNEL WILL BE SCREENED AT HOME
769 STATION PRIOR TO JOINING THEIR UNITS. SOLDIERS IN DENTAL CLASS

770 III OR IV, AND REQUIRING TREATMENT FOR PAIN, TRAUMA, ORAL
771 INFECTIONS, OR FOLLOW-UP CARE ARE NOT ELIGIBLE FOR OVERSEAS
772 DEPLOYMENT UNTIL CORRECTIVE ACTION IS COMPLETED.

773 C. IAW AR 614-30, ORTHODONTIC APPLIANCES DO NOT PRECLUDE
774 DEPLOYMENT ELIGIBILITY PROVIDED THEY ARE EVALUATED FOR STABILITY
775 AND INACTIVATED THROUGH THE USE OF PASSIVE HOLDING ARCHES AND
776 SECURED WITH STAINLESS STEEL TIES, OR OTHER MEANS PRIOR TO
777 DEPLOYMENT.

778 8. MEDICAL/DENTAL REQUIREMENTS FOR REFRAD/DEMOBILIZATION.

779 A. EACH SOLDIER WILL RECEIVE A MEDICAL BENEFITS AND
780 ENTITLEMENTS BRIEFING. BRIEFING INFORMATION SHOULD INCLUDE, BUT
781 IS NOT LIMITED TO, THE FOLLOWING TOPICS:

782 (1) THE RIGHT TO REQUEST A REFRAD PHYSICAL.

783 (2) ADME.

784 (3) TRICARE BENEFITS FOLLOWING REFRAD.

785 (4) POINTS OF CONTACT (POCS) FOR TRICARE CLAIM ISSUES.

786 (5) DEPARTMENT OF VETERANS AFFAIRS (VA) ACCESS.

787 B. TWO FORMS MUST BE COMPLETED: DEPARTMENT OF DEFENSE (DD)
788 FORM 2796, POST-DEPLOYMENT HEALTH ASSESSMENT TO BE COMPLETED
789 WITHIN 5 DAYS OF REDEPLOYMENT OR DEMOBILIZATION, AND DD FORM
790 2697, REPORT OF MEDICAL ASSESSMENT.

791 C. A HEALTH CARE PROVIDER (PHYSICIAN, PHYSICIAN ASSISTANT, OR
792 NURSE PRACTITIONER) WILL CONDUCT A COMPLETE MEDICAL RECORD
793 REVIEW INCLUDING DD FORMS 2796, 2697, AND 2795 (PRE-DEPLOYMENT
794 HEALTH ASSESSMENT) AND ALL MEDICAL RECORDS TO DETERMINE IF A
795 CONSULTATION, PHYSICAL EXAMINATION, OR FURTHER MEDICAL CARE IS
796 REQUIRED. (NOTE: REVIEW OF DD FORMS 2795 AND 2796 MAY BE
797 COMPLETED IAW PARAGRAPH 3.H.(7). HOWEVER FOR PERSONNEL
798 UNDERGOING REFRAD, REVIEW OF THE DD FORM 2697 AND MEDICAL
799 RECORDS MUST BE ACCOMPLISHED BY A PHYSICIAN, PHYSICIAN
800 ASSISTANT, OR NURSE PRACTITIONER). IF THE SOLDIER HAS NOT
801 REQUESTED A SEPARATION PHYSICAL AND THE MEDICAL REVIEW OF THE
802 SOLDIER'S DOCUMENTATION DOES NOT INDICATE A NEED FOR A PHYSICAL
803 EXAM, THEN A PHYSICAL EXAM IS NOT REQUIRED.

804 D. THE HEALTH CARE PROVIDER WILL ENSURE PART I OF DEPARTMENT
805 OF ARMY (DA) FORM 2173, STATEMENT OF MEDICAL EXAMINATION AND
806 DUTY STATUS, WAS INITIATED AT THE TIME OF TREATMENT FOR EACH
807 INJURY AND/OR DISEASE (TO INCLUDE THOSE RELATED TO DENTAL CARE).
808 THIS FORM IS UTILIZED TO DOCUMENT LINE OF DUTY DETERMINATION.

809 E. IF A DA FORM 2173 IS REQUIRED AND NONE IS PRESENT, THE
810 HEALTH CARE PROVIDER WILL INITIATE ONE AT THE TIME OF THE
811 MEDICAL/DENTAL OUT-PROCESSING. THE DA FORM 2173 WILL THEN BE
812 FORWARDED TO THE RC SOLDIER'S UNIT FOR COMPLETION. AR 600-8-4,
813 LINE OF DUTY POLICY, [PROCEDURE, AND INVESTIGATION IS IN DRAFT.
814 INTERIM OFFICIAL GUIDANCE CAN BE FOUND AT WEBSITE:
815 [HTTPS://WWW.2XCITIZEN.USAR.ARMY.MIL/SOLDIERSERVICES/MEDICAL/LODI](https://www.2xcitizen.usar.army.mil/soldierservices/medical/loinvestigations.asp)
816 [NVESTIGATIONS.ASP.](https://www.2xcitizen.usar.army.mil/soldierservices/medical/loinvestigations.asp)]

817 F. IF APPLICABLE, A COMPLETED DD FORM 261, REPORT OF
818 INVESTIGATION - LINE OF DUTY AND MISCONDUCT STATUS, MUST ALSO BE
819 INCLUDED.

820 G. THE HEALTH CARE PROVIDER AT THE DEMOBILIZATION SITE WILL
821 DETERMINE IF FOLLOW-ON MEDICAL CARE IS REQUIRED AND INITIATE THE
822 APPROPRIATE REFERRAL.

823 H. SOLDIERS WHO CANNOT PERFORM THEIR NORMAL MILITARY DUTY AND
824 WHOSE CARE WILL REQUIRE MORE THAN 30 DAYS AFTER HIS/HER ORDERS
825 EXPIRE, MAY REQUEST ADME STATUS. IF THE SOLDIER CHOOSES TO APPLY
826 FOR THIS BENEFIT, FOLLOW GUIDANCE IN REFERENCE E. SEE ALSO
827 DEPUTY CHIEF OF STAFF, G-1, PROCEDURAL GUIDANCE FOR RESERVE
828 COMPONENT (RC) SOLDIERS ON ACTIVE DUTY MEDICAL EXTENSION (ADME),
829 30 MAY 01, [HTTP://WWW.ODCSPER.ARMY.MIL](http://www.odcspcr.army.mil) (MILITARY PERSONNEL
830 MANAGEMENT).

831 I. THE ORIGINAL DD FORMS 2795, 2796 AND 2697, AS WELL AS ANY
832 COMPLETED DA FORM 2173 WILL BE PLACED IN THE SOLDIER'S HEALTH
833 RECORD. ALL DOCUMENTATION RELATED TO MEDICAL TREATMENT RECEIVED
834 DURING THE PERIOD OF ACTIVE DUTY (AD) WILL BE INCLUDED IN THE
835 HEALTH RECORD WHICH WILL BE FORWARDED BACK TO THE APPROPRIATE
836 RECORDS CUSTODIAN AT THE SERVICE MEMBER'S UNIT.

837 J. A COPY OF ALL DA FORM 2173S AND DD FORM 261S WILL BE GIVEN
838 TO THE SOLDIER FOR HIS/HER PERSONAL RECORDS.

839 K. A COPY OF DD FORM 2796 WILL BE SENT TO THE ARMY MEDICAL
840 SURVEILLANCE ACTIVITY PER PARAGRAPH 3.H.(8).

841 L. MEDICAL PERSONNEL AT THE DEMOBILIZATION SITE WILL ENTER THE
842 COMPLETION DATES OF THE DD FORM 2795 AND 2796 INTO THE MEDICAL
843 PROTECTION SYSTEM (MEDPROS) INDIVIDUAL READINESS MODULE (IMR).

844 M. A COPY OF DD FORM 2697 WILL BE SENT TO THE DEPARTMENT OF
845 VETERANS ADMINISTRATION, VA RECORDS MANAGEMENT CENTER, P.O. BOX
846 50200, ST. LOUIS, MO 63115-8959.

847 N. ALL RC SOLDIERS WHO DO NOT MEET THE MEDICAL RETENTION
848 STANDARDS OF AR 40-501, CHAPTER 3, MUST BE REFERRED TO A MEDICAL
849 EVALUATION BOARD/PHYSICAL EVALUATION BOARD (MEB/PEB). IF IT IS
850 DETERMINED THAT THE CONDITION IS PRE-EXISTING WITHOUT PERMANENT
851 SERVICE AGGRAVATION, THE SERVICE MEMBER MAY STILL BE COVERED FOR
852 DISABILITY SEVERANCE OR RETIRED PAY IF THE SOLDIER HAS
853 ACCUMULATED 8 YEARS OF AD. TO BE ELIGIBLE FOR THIS BENEFIT, THE
854 SOLDIER MUST HAVE HIS PEB COMPLETED PRIOR TO RELEASE FROM AD.

855 O. ALL SOLDIERS REQUIRING FOLLOW-ON DENTAL TREATMENT MUST HAVE
856 REQUIRED TREATMENT NEEDS DOCUMENTED ON STANDARD FORM (SF) 603,
857 HEALTH RECORD-DENTAL, OR SF 603A, HEALTH RECORD-DENTAL
858 CONTINUATION.

859 (1) SOLDIERS ON AD FOR GREATER THAN 179 CONSECUTIVE DAYS ARE
860 ELIGIBLE FOR DENTAL CARE THROUGH THE VA HEALTHCARE SYSTEM
861 PROVIDED THE NEED FOR DENTAL CARE IS DOCUMENTED ON THEIR DD FORM
862 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY; SEE

863 REFERENCE 1L. THE SOLDIER HAS 90 DAYS FROM REFRAD TO CONTACT THE
864 VA TO COORDINATE DENTAL TREATMENT.

865 (2) SOLDIERS WHO ARE ON AD FOR GREATER THAN 30, BUT LESS
866 THAN 180 DAYS, MUST HAVE A COMPLETED DA FORM 2173, WHICH
867 DOCUMENTS THAT THE DISEASE/INJURY REQUIRING DENTAL CARE OCCURRED
868 WHILE THE SOLDIER WAS ON AD. THE SOLDIER WILL COORDINATE THEIR
869 CARE WITH THEIR UNIT. THE UNIT WILL COORDINATE WITH THE MILITARY
870 MEDICAL SUPPORT OFFICE (MMSO). THE MMSO CAN BE CONTACTED THROUGH
871 THEIR WEBSITE [HTTP://MMSO.MED.NAVY.MIL](http://MMSO.MED.NAVY.MIL) OR BY CALLING 1-888-647-
872 6676.

873 P. DEMOBILIZING RC SOLDIERS ARE REQUIRED TO COMPLY WITH POLICY
874 GUIDANCE IN THE REFERENCE 1N ON POST-DEPLOYMENT SCREENING FOR
875 LATENT TUBERCULOSIS INFECTION TO ASSURE PERSONNEL WHO HAVE BEEN
876 DEPLOYED TO HIGH-RISK AREAS ARE SCREENED.

877 (1) ALL RC SOLDIERS WILL HAVE A TUBERCULIN SKIN TEST (TST)
878 PERFORMED AT THE TIME OF DEMOBILIZATION AND AGAIN BETWEEN 3 AND
879 6 MONTHS AFTER DEMOBILIZATION.

880 (2) ARMY RESERVE COMMAND SURGEONS AND ARMY NATIONAL GUARD
881 STATE SURGEONS ARE RESPONSIBLE FOR ENSURING THAT TST AND
882 DEMOBILIZATION RELATED DATA ARE ENTERED INTO MEDPROS IMR FOR ALL
883 PERSONNEL.

884 Q. RESERVE COMPONENT COMMANDS REQUIRING ASSISTANCE TO
885 COORDINATE SOLDIERS' FOLLOW-ON MEDICAL CARE SHOULD CONTACT THE
886 REGIONAL MEDICAL COMMAND (RMC) RC NONCOMMISSIONED OFFICER FOR
887 THEIR AREA. THESE INDIVIDUALS ARE:

- 888 (1) NORTH ATLANTIC RMC - (202) 782-3441
- 889 (2) SOUTHEAST RMC - (706) 787-2485
- 890 (3) GREAT PLAINS RMC - (210) 295-2365
- 891 (4) WESTERN RMC - (253) 968-4590

892 9. VETERINARY GUIDANCE.

893 A. FOOD AND WATER SOURCES. PERSONNEL PARTICIPATING IN CONUS
894 OPERATIONS WILL LARGELY BE USING DOMESTIC SOURCES OF FOOD AND
895 WATER.

896 B. IN THE EVENT THAT FOOD OR WATER ARE PROCURED BY MILITARY
897 UNITS, COMMANDERS WILL ENSURE THAT ALL SUCH SOURCES ARE
898 REQUESTED THROUGH APPROPRIATE CHANNELS AND APPROVED BY MILITARY
899 VETERINARY PERSONNEL.

900 C. CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION
901 OF STORAGE FACILITIES FOR FOOD AND WATER ARE REQUIRED.

902 D. ALL DEPLOYING MILITARY WORKING DOGS WILL BE PROCESSED IAW
903 AR 40-905 AND VETCOM GUIDANCE.

904 E. VETCOM UNITS WILL BE PREPARED TO PROVIDE ADVICE AND
905 GUIDANCE REGARDING PRIVATELY OWNED PET CARE FOR DEPLOYED
906 SOLDIERS.

907 10. CONCEPT OF SUPPORT. MEDICAL LOGISTICS SUPPORT WILL BE
908 PROVIDED TO ESTABLISHED CUSTOMERS OF INSTALLATION MEDICAL SUPPLY
909 ACCOUNTS AND WILL INCLUDE OTHER GOVERNMENTAL AGENCIES AS

910 DIRECTED. ALL TRANSACTIONS FOR SUPPLIES, EQUIPMENT, AND SERVICES
911 WILL INCLUDE THE PROJECT CODE NR1 AND MAY ALSO BE SUB-ACCOUNTED
912 BY SPECIFIED ACCOUNT PROCESSING CODES ASSIGNED FROM RESOURCE
913 MANAGERS. ALL MATERIEL AND SERVICES ORDERED IN SUPPORT OF THIS
914 OPERATION WILL BE PROCESSED THROUGH ESTABLISHED LOGISTICS
915 AUTOMATED INFORMATION SYSTEMS (DMLS OR TAMMIS), TO INCLUDE ALL
916 IMPAC CREDIT CARD TRANSACTIONS. THE MANDATORY SOURCE FOR MEDICAL
917 MATERIEL IS ONE OF THE DEFENSE SUPPLY CENTER PHILADELPHIA
918 (DSCP), PROVIDED METHODOLOGIES (I.E. DISTRIBUTION AND PRICING
919 AGREEMENT (DAPA) OR ELECTRONIC CATALOG (E CAT)). ESTABLISHED DOD
920 REGIONAL PRIME VENDOR DISTRIBUTORS WILL BE UTILIZED TO THE
921 GREATEST EXTENT POSSIBLE, WHICH INCLUDES THE USE OF STANDARDIZED
922 PRODUCTS. MEDICAL MATERIEL NOT AVAILABLE THROUGH THE DOD
923 REGIONAL PRIME VENDOR MAY BE LOCALLY PROCURED WITH EITHER THE
924 IMPAC CREDIT CARD OR THE PURCHASE REQUEST-WEB (PR-WEB). THE
925 PREFERRED LOCAL PURCHASE METHOD IS PR-WEB AVAILABLE AT EACH
926 MEDICAL TREATMENT FACILITY'S LOGISTICS DIVISION. PR-WEB (LOCAL
927 PURCHASE REQUESTS) SHOULD BE SENT AS NECESSARY TO THE
928 APPROPRIATE MEDCOM CONTRACTING OFFICE.

929 11. POINTS OF CONTACT.

930 A. PREVENTIVE MEDICINE AND MEDICAL THREAT INFORMATION AT
931 OTSG/POPM IS COL JEFFREY GUNZENHAUSER, DSN 761-3160, COMM (703)
932 681-3160, OR EMAIL JEFFREY.GUNZENHAUSER@OTSG.AMEDD.ARMY.MIL.

933 B. POC FOR DEPLOYMENT ENVIRONMENTAL SURVEILLANCE AT USACHPPM
934 IS MR. JOHN RESTA. INFORMATION MAY BE OBTAINED BY CALLING (800)
935 222-9698 OR AT THE DEPLOYMENT ENVIRONMENTAL SURVEILLANCE PROGRAM
936 WEBSITE AT [HTTP://CHPPM-WWW.APGEA.ARMY.MIL/DESP/DEFAULT.HTM](http://CHPPM-WWW.APGEA.ARMY.MIL/DESP/DEFAULT.HTM).