Headquarters
United States Forces Korea
Unit #15237
APO AP 96205-5237

United States Forces Korea
Regulation 40-9

8 February 2018

Medical Services

FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR THE KOREAN THEATER

***This regulation supersedes USFK Regulation 40-9, dated 5 May 2015.**

FOR THE COMMANDER:

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Summary. This regulation establishes policies, procedures and assigns responsibilities for Force Health Protection (FHP) within the Korean Theater. This regulation is the minimum FHP requirement for all personnel. Component Commanders may require additional FHP measures in order to meet specific medical threats and challenges as necessary.

Summary of Change. Summary of major changes are as follows:

This major revision to more than 80% of the regulation, full review required, dated 8 February 2018.

- Changes the regulation title to "FORCE HEALTH PROTECTION (FHP) REQUIREMENTS FOR THE KOREAN THEATER. *This regulation supersedes USFK Regulation 40-9, dated 5 May 2015". (cover).

- Adds non-deployment steady-state versus deployment theater requirements. First addition of this regulation applied to FHP requirements and deployment health activities

during steady-state activities.

- Clarifies Medical Chemical, Biological, Radiological, and Nuclear (CBRN) Defense Materiel (MCDM) and immunization requirements.

- Details deployment theater requirements and updates theater FHP and disease risk information.

- Updates references and appendices.

Applicability. This United States Forces Korea (USFK) FHP Guidance applies to U.S. military personnel, to include activated Reserve and National Guard personnel, DoD civilians, DoD contractors, DoD sub-contractors, and volunteers, traveling or deploying to the Korean Theater and working under the auspices of the DoD. The Korean theater is a unique theater WRT the applicability FHP requirements and guidelines which may modify depending on the operational environment (non-deployment steady-state versus deployment).

Supplementation. Issue of further supplements to this regulation by subordinate commands is prohibited unless prior approval is obtained from Headquarters (HQ) USFK Surgeon (FKSG), Unit #15237, APO AP 96205-5237.

Forms. USFK forms are available at http://www.usfk.mil.

Records Management. Records created as a result of process prescribed by this regulation must be identified, maintained, and disposed of according to AR 25-400-2 and USFK Regulation 923.1. Record titles and descriptions are available on the Army Records Information Management System (ARIMS) website at https://www.arims.army.mil and under USFK Regulation 923.1, Appendix H~K.

Suggested Improvements. The proponent of this regulation is Office of the Command Surgeon, HQ USFK Surgeon (FKSG). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQ USFK Surgeon (FKSG), Unit #15237, APO AP 96205-5237.

Distribution. Electronic Media Only (EMO).

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Chapter 1
Introduction

1-1. Purpose
To establish a FHP program and set requirements to effectively anticipate, recognize, evaluate, control and mitigate health threats to personnel operating in the Korean Theater.

1-2. References
Required and related publications are listed in appendix A.

1-3. Explanation of Abbreviations and Terms
Abbreviations and terms used in this regulation are explained in the glossary.

1-4. Overview
This regulation provides FHP requirements and guidance for individuals entering the Korean Theater for any purpose to include deployment, Temporary Additional Duty (TAD)/Temporary Duty (TDY), Permanent Change of Station (PCS), Temporary Change of Station (TCS) or leave.

1-5. Force Health Protection
FHP guidance is provided and designed to protect units and personnel from disease and non-battle injuries. The USFK FHP program is a comprehensive framework of programs and processes that:

a. Promote and sustain a healthy fit force,

b. Prevent casualties resulting from disease and injuries (DI),

c. Identifies and prevents exposures to occupational and environmental health (OEH) threats,

d. Implements an inclusive health surveillance system for early identification of health threats within the Korean Theater to prevent, neutralize, minimize or altogether eliminate the hazard.

1-6. Responsibilities

a. Commanders. Responsible for implementing effective FHP programs and should utilize preventive medicine personnel in pre-deployment planning and briefings. Commanders and supervisors must ensure all personnel obtain Korean Theater-specific immunizations prior to arrival.

b. Unit medical personnel. Responsible for identifying health threats and appropriate countermeasures to commanders.

c. Individuals/units. Required to adhere to requirements specific to the Korean Theater.

d. USFK Surgeon (FKSG). Has overall staff responsibility for ensuring FHP requirements of this regulation are synchronized in all OPLANS and among the Service component health service support plans. Further, FKSG will ensure that the policies of this regulation are executed throughout all operations and exercises.

e. For detailed information concerning specific operations/exercises, refer to USFK Surgeon's Office, FHP Officer, Annex Qs and higher echelon command directives.

Chapter 2
Medical Deployability, Readiness and Fitness for Korea

2-1. Medical Deployability
Deployed health service support infrastructure is designed and prioritized to provide acute and emergency support to the expeditionary mission.

a. All personnel (uniformed service members, government civilian employees, DoD contract employees, and volunteers) traveling to the Korean Theater must be medically, dentally and psychologically fit for deployment and posses a current PHA or physical. Individuals deemed unable to comply with USFK deployment requirements are disqualified for deployment IAW service policy and USFK FHP Guidance.

b. Personnel found to be medically non-deployable prior to travel to the Korean Theater for any length of time will not enter the theater until the non-deployable condition is completely resolved or an approved waiver from a USFK waiver authority is granted. See ref B, C, D, E and F for guidance on individual service requirements, ref A, G and I for DoD civilian employees, ref H for contractors ref J for volunteers.

2-2. Medical Readiness Processing and Fitness for Assignment or Deployment to Korea
Personnel deploying or on assignment to the Korean Theater must be medically screened to determine if they meet standards of medical fitness for the Korean Theater and, if required, obtain an approved waiver for any disqualifying medical condition(s) from the USFK Service component surgeon or USFK Command Surgeon prior to deploying.

a. Fitness includes, but is not limited to, the ability to accomplish all required tasks and duties by service requirements or duty position and considering the environmental and operational conditions of their assigned location.

b. Individuals with any of the following conditions are ineligible for PCS assignment or forward-stationing to the Korean Theater:

(1) Medical and physical limiting conditions (e.g., physical profile, or limited duty status (LIMDU)) restricting wear of full combat gear (Advanced Combat Helmet (ACH), Individual Body Armor (IBA) or Fighting Load Carrier (FLC), protective mask in carrier. Individuals must be able to wear 'full' gear for sustained periods of time without worsening condition and be able to use required prophylactic medications.

(2) Requires complex medical care not routinely available via direct care from BAACH.

(3) In post-surgical recovery; recovery period must be completed prior to arrival.

(4) Any medical condition requiring use of injectable medication, such as diabetes mellitus requiring insulin.

(5) Receiving anti-coagulation therapy.

c. Conditions Requiring Waiver submission. All individuals with any of the following conditions require submission of a waiver request:

(1) Assigned a physical profile, LIMDU or equivalent status restricting any of these capabilities.

(2) Physically and mentally able to carry and fire individual assigned weapon.

(3) Ride in a military vehicle wearing usual protective gear without worsening condition.

(4) Wear helmet, body armor, and load-bearing equipment (LBE) without worsening condition.

(5) Wear protective mask and mission-oriented protective posture (MOPP) 4 for at least 2 continuous hours per day.

(6) Move greater than 40 lbs. (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards.

(7) Live and function, without restrictions, in any geographic or climatic area without worsening condition.

(8) Have contraindications to Korean Theater required vaccinations. (A non-exhaustive list of contraindications includes: psoriasis, atopic dermatitis, chronic eczema, steroid therapy, immunodeficiency, immunosuppressive therapy, and pregnancy).

(9) Has not completed post-surgical recovery period with clearance for full-duty to include service specific Physical Fitness Testing (PFT).

d. Diagnosed with a chronic medical condition with any of the following features:

(1) Requires provider intervention more than every 90 days.

(2) Lack of consistently demonstrated stability of medical condition for a minimum of the 6-months prior to arrival in the Korean Theater.

(3) Non-compliant with recommended treatment plan and/or outside normal therapeutic range(s) for condition.

(4) Requires an implanted medical device requiring ongoing maintenance or medical supervision. Examples include: cardiac loop recorder, cardiac pacemaker, gastric stimulator, insulin pump, or spinal cord stimulator.

(5) Has a requirement for ongoing sourcing of disposable medical equipment. Examples include: individuals requiring self-catheterization; individuals with an ostomy, stoma, or pouch for management of continence of urine and/or feces.

(6) Requires Continuous Positive Airway Pressure (CPAP) unit for a diagnosis of Obstructive Sleep Apnea (OSA) UNLESS one of the following criteria is met:

(a) Apnea-Hypopnea Index (AHI) less than 30 in the absence of treatment.

(b) CPAP compliance maintained for more than four hours on more than 80% of nights based on a compliance download in Health Artifact and Image Management (HAIMS) within 6 months of date of deployment/PCS.

(7) Frequent use of any narcotic medications, to include tramadol and nalbuphine hydrochloride.

e. Diagnosed with a behavioral health condition with any of the following features:

(1) A history of psychosis (hallucinations or delusions), psychotic disorders or bipolar disorders (the latter is automatically medically disqualifying, IAW ref G and FF.

(2) Chronic medical conditions that require any treatment with antipsychotic or mood stabilizing medications (other than low-dose use of antipsychotic medications for insomnia).

(3) Admission to any inpatient, residential, or intensive outpatient behavioral health facility within the 12 months prior to arrival in the Korean Theater. Any history of multiple (2 or more) psychiatric hospitalizations is disqualifying, and no waiver submission would be indicated.

(4) Psychiatric disorders under treatment for fewer than 3 months with demonstrated stability from the last change in treatment regimen (i.e., medication, either new or discontinued, or dose change), IAW ref G.

(5) Clinical psychiatric disorders with residual symptoms that impair or are likely to impair duty performance.

(6) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the Korean Theater.

(7) SMs with a history of alcohol or substance abuse with any of the following features will not be granted waivers.

(a) A history of any treatment failure (e.g., Substance Use Disorder Clinical Care (SUDCC), Army Substance Abuse Program (ASAP) treatment, Navy and Marine Corps Substance Abuse Rehabilitation Program (SARP) or Air Force Alcohol and Drug Abuse Prevention and Treatment Program (ADAPT).

(b) Requires use of medications for treatment of substance abuse disorder (e.g., oral or injectable naltrexone, disulfiram, buprenorphine, methadone).

(c) In some cases (e.g. SMs that have completed American Society of Addiction Medicine Program (ASAM) Level 1 (SUDCC), with at least 6 months of demonstrated stability -OR- that have completed ASAM Level 2 or higher (Addictions Medicine Intensive Outpatient Program (AMIOP)/Residential Treatment Facility (RTF) with at least 12 months of demonstrated stability), a waiver for substance abuse use disorders will be considered if made prior to arrival to the Korean Theater.

f. Medically Disqualified Personnel. Cases of in-theater personnel identified as medically unfit, IAW this USFK FHP Guidance, due to new conditions or conditions that existed prior to deployment will be forwarded to the appropriate component surgeon for determination regarding potential medical waiver versus redeployment. Findings/actions will be forwarded to the USFK Command Surgeon at pacom.yongsan.USFK.list.j47-hssd@mail.mil.

Chapter 3
Medical Waivers

3-1. Approval Authority

Medical waiver approval authority rests at the USFK Command Surgeon level IAW ref G, L, and M, and is delegated to the Service component surgeons for all deploying personnel within their respective component for all health conditions, excluding behavioral health conditions. Behavioral health waivers will initially be evaluated by the respective Service component, but the final determination for approval resides with the USFK Command Surgeon. Sending unit commanders are not authorized to override a medical deployability determination.

a. Contractors' and sub contractors' respective service affiliation is determined by the 'Contractor Issuing Agency' block on their 'Letter of Authorization', and waivers should be sent to the appropriate Service component waiver authority. See section 3-3 (Contacts for Waivers). The USFK Command Surgeon is the waiver authority for DoD civilians, contractors, and organizations (e.g., Defense Intelligence Agency, National Security Agency) who are not directly associated with a particular USFK component.

b. Except in the case of DoD civilian employees who are covered by the Rehabilitation Act of 1973, an individual may be denied deployment by the local medical authority or chain of command due to medical non-deployability. An individualized assessment is still required for DoD, see section 2-1 (Medical Deployability) and ref G. Authority to approve deployment of any person (uniformed or civilian) with disqualifying medical conditions lies solely with the USFK Command Surgeon and the Service component surgeons who have been delegated this authority by the USFK Command Surgeon.

c. All adjudicating surgeons will maintain a waiver database and record all waiver requests.

d. Adjudication should account for specific medical support capabilities in the local region of the Korean Theater. The component surgeon will return the signed waiver form to the request originator for inclusion in the patient's deployment medical record and the electronic medical record (EMR).

e. Waivers may be approved, at the waiver authority's sole discretion, for periods of time (e.g., 90 days) shorter than the scheduled deployment duration in order to require reassessment of a medical condition. Such waivers will include resubmission instructions. All labs, assessments, etc. required for resubmission are the responsibility of the employee to obtain and submit.

3-2. Waiver process

If a medical waiver is desired, local medical personnel will inform the non-deployable individual and the unit command/supervisor about the waiver process as follows.

a. Authorized agents (local medical provider, commander/supervisor, representative, or individual member) will forward a completed medical waiver request form (See Appendix G) to be adjudicated by the appropriate surgeon IAW section 3-3 (Contact for Waivers). Waiver submission by or through a medical authority is strongly encouraged to avoid unnecessary adjudication delays due to incomplete information. Uniformed personnel must obtain command endorsement of the waiver prior to submission. The case summary portion of the waiver should include a synopsis of the concerning condition(s) and all supporting documentation to include the provider's assessment of ability to deploy.

b. Disapprovals must be documented and should not be given telephonically.

c. A USFK waiver does not preclude the need for service-specific medical waivers (e.g., small arms waivers) or occupational medical waivers (e.g., aviators, commercial truck drivers, etc.) if required.

d. Appeal process. If the sending unit disagrees with the component surgeon's decision, an appeal may be submitted to the USFK Command Surgeon. If the disagreement is with the USFK Command surgeon's decision, an appeal may be submitted through the chain of command to the USFK Chief of Staff (CoS).

e. Sending unit commanders are not authorized to override a medical deployability determination.

f. Waiver coverage begins on the date of the initial deployment and remains in effect for either the time period specified on the waiver or a maximum time of 12 months.

3-3. Contacts for Waivers

a. **USFK Command Surgeon**. pacom.yongsan.USFK.list.j47-hssd@mail.mil; DSN: 315-755-8450.

b. **AF Surgeon**. DSN: 315-784-2002.

c. **8A Surgeon**. usarmy.yongsan.8-Army.list.8a-surgeon@mail.mil; DSN: 315-755-2726.

d. **MARFORK POC**. DSN: 315-737-1424.

e. **CNFK POC**. DSN: 315-763-8314.

f. **SOKOR Surgeon**. DSN: 315-723-8231.

Chapter 4
Pharmacy, Equipment and Eye Wear

4-1. Pharmacy

a. Supply. Personnel who are deploying will deploy with no less than a 180 day supply (or appropriate amount for shorter deployments) of their maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. Tricare eligible personnel will obtain follow-on refill prescriptions from the Tricare Mail Order Pharmacy (TMOP) Deployed Prescription Program (DPP) or express scripts. Information on this program may be found at: https://www.express-scripts.com/index.html.

b. Exceptions. Exceptions to the 180 day prescription quantity requirement include:

(1) Personnel being assigned to the Korean Theater in a non-deployment status for a stable condition that does not make the patient non-deployable will be prescribed at least a 90 day supply prior to arrival in the Korean Theater.

(2) Psychotropic medication may be dispensed for up to a 180 day supply with no refill. Psychotropic medications include, but are not limited to; anti-depressants, anti-anxiety (non-

controlled substances), non-class 2 (CII) stimulants, and anti-seizure medications used for mood disorders. This term also encompasses the generic equivalents of the above medication categories when used for non-psychotropic indications.

(3) All FDA controlled substances (schedule I-V) are limited to a 90 day supply with no refills. An approved waiver must be obtained from the USFK waiver authority prior to deployment, and must remain valid for all renewals. Clinical follow-up in theater should be sought at the earliest opportunity to obtain medication renewals.

4-2. Prescription Medication Analysis and Reporting Tool (PMART)

Soldier readiness processing (SRP) and other deployment platform provider/pharmacy and unit medical officer personnel will maximize the use of the PMART to screen deploying personnel for high-risk medications, as well as to identify medications which are temperature-sensitive, over the counter (for situational awareness regarding medication interaction), or not available on the Korean Theater formulary and/or through the TMOP/DPP. Contact the Defense Health Agency (DHA) Pharmacy Analytics Support section at 1-866-275-4732 or usArmy.jbsa.medcom-ameddcs.mbx.pharmacoeconomic-center@mail.mil for information on how to obtain a PMART report. Information regarding PMART can be found at the health.mil website at: www.health.mil/PMART.

4-3. Tricare Mail Order Pharmacy (TMOP)

Personnel requiring ongoing pharmacotherapy will maximize use of the TMOP/DPP system when possible. Those eligible for TMOP will complete on-line enrollment and registration prior to deployment if possible. Instructions can be found at https://www.express-scripts.com/Tricare/tools/deployedrx.html.

4-4. Medical Equipment

a. Permitted Equipment. Personnel who require medical equipment (e.g., corrective eyewear, hearing aids) must deploy with all required items in their possession to include two pairs of eyeglasses, protective mask eyeglass inserts, ballistic eyewear inserts, and hearing aid batteries (see ref B).

b. Non-Permitted Equipment. Personal durable medical equipment (nebulizers, scooters, wheelchairs, catheters, dialysis machines, insulin pumps, implanted defibrillators, spinal cord stimulators, cerebral implants, etc.) that is medically compulsory to maintain health is not permitted, see section 2-2). A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment. Waivers should compellingly argue for continued readiness despite presumed failure of the equipment. Maintenance and resupply of non-permitted equipment is the responsibility of the individual.

4-5. Eye Wear

a. Army, Navy, and Marine Corps personnel will not deploy with contact lenses except IAW service policy. Rotational forces may deploy with contacts for use when not in field conditions. However, service members must also deploy with two pairs of eyeglasses and an adequate supply of contact lens maintenance items (e.g., cleansing solution).

b. Air Force personnel (non-aircrew) will not deploy with contact lenses unless written authorization is provided by the deploying unit commander. Contact lenses are life support equipment for USAF aircrews and therefore are exempt IAW service guidelines. Air Force

personnel deploying with contact lenses must receive pre-deployment education in the safe wear and maintenance of contact lenses in the deployed environment. They must also deploy with two pairs of eyeglasses and an adequate supply of contact lens maintenance items (e.g., cleansing solution).

4-6. Medical CBRN Defense Materiel (MCDM)

Rotational and deployed forces and individuals traveling or deploying to the Korean Theater for 30 days or greater are required to bring and maintain appropriate medical countermeasures such as chemical warfare antidotes and antimicrobial chemoprophylaxis/post-exposure medicines. To protect against CBRN threats within the Korean Theater, deploying units will ensure the availability of the following types and quantities of MCDM for each Service member (contractors will receive these items per their contract):

a. Antidote treatment nerve agent autoinjector (ATNAA); three each per individual.

b. Diazepam injection (convulsant antidote nerve agent - CANA); one each per individual.

c. Reactive Skin Decontamination Lotion (RSDL); one pouch containing 3 packets of RSDL per individual (replaced M291 A skin decontamination kit).

d. Ciprofloxacin 500mg tabs or doxycycline 100mg tabs; per individual of either medication to cover initial dosage and support chemoprophylaxis and/or treatment for three days per individual. Availability of complete 30-day course of medication (60 tablets) should be considered given mission requirements.

e. Soldiers Individual Guide to MCDM; one per individual, and

f. Individual deployers receiving MCDM items during pre-deployment processing will turn-in these items to their unit upon arrival in the Korean Theater during non-deployment/steady state conditions for proper storage.

4-7. Medical Warning Tags

Deploying and PCS personnel requiring medical warning tags (medication allergies, glucose-6-phosphate dehydrogenase (G6PD) deficiency, etc.) will deploy with red medical warning tags worn in conjunction with their personal identification tags.

Chapter 5
Immunizations

5-1. Required Immunizations

a. Administration. All immunizations will be administered IAW ref JJ, refer to the DHA-Immunization Healthcare Branch (DHA-IHB) website: http://www.health.mil/military-health-topics/health-readiness/immunization-healthcare/vaccine-recommendations/vaccine-recommendations-by-aor or contact the USFK DHA-IHB analyst George. A.Franklin.civ@mail.mil for questions and clarifications.

b. Requirements. All personnel (to include PCS, TCS,TAD/TDY and shipboard personnel) traveling for any period of time to the theater will be current with Advisory Committee on Immunization Practices (ACIP) immunization guidelines and service individual medical readiness (IMR) requirements IAW ref A. In addition, all TAD/TDY personnel must comply with foreign

clearance guidelines for the countries through which they are traveling. Current DoD immunizations requirements and recommendations can be found at the DHA website, on the USFK tab, at: http://www.health.mil/military-health-topics/health-readiness/immunization-healthcare/vaccine-recommendations/vaccine-recommendations-by-aor.

c. Mandatory vaccines for DoD personnel (military, civilian & contractors) traveling for any period of time in theater are:

(1) **Tetanus/Diphtheria**. Receive a one-time dose of TDAP if no previous dose(s) recorded. Receive tetanus (TD) if ≥ 10 years since last TDAP or TD booster.

(2) **Varicella**. Required documentation of one of the following: born before 1980 (health care workers may not use this exemption), documented previous infection (confirmed by either epidemiologic link or laboratory result), sufficient varicella titer, or documented administration of vaccine (2 doses).

(3) **Measles/Mumps/Rubella**. Required documentation of one of the following: born before 1957, documentation of effective immunity by titer, or documented administration of 2 lifetime doses of MMR.

(4) **Seasonal Influenza** (including event-specific influenza, e.g., H1N1).

(5) **Hepatitis A**. At least one dose prior to deployment with subsequent completion of series in theater.

(6) **Hepatitis B**. At least one dose prior to deployment with subsequent completion of series in theater.

(7) **Typhoid**. Booster dose of Typhim VI vaccine if greater than two years since last vaccination with inactivated/injectable vaccine or greater than five years since receipt of live/oral vaccine. Oral vaccine is an acceptable option only if time allows for receipt and completion of all four doses prior to deployment.

(8) **Japanese Encephalitis Virus**. The JE vaccination is required for all military personnel assigned/attached/deployed or PCS status. Additionally, it is required for those TAD/TDY who will be on the Korean peninsula for 30 days or more during the high transmission season (1 April through 31 October). This also applies to members living in urban areas. JE vaccination is a two shot (IXARIO) vaccine series and is administered at 0 and 28 days and is recommended to begin 6 weeks before arrival to ensure immunity. In addition, annual boosters are required. JE vaccination is highly recommended for family members and other Tricare beneficiaries who are living in or PCS'ing to the ROK, in accordance with current ACIP recommendations.

(9) **Anthrax and Smallpox.** Uniformed personnel, emergency essential (DoD and Contractors) traveling to or permanently assigned to USFK or its Service component, for greater than 15 consecutive days are required to be immunized against anthrax and smallpox. Required immunizations will be administered prior to deployment, with the following possible exceptions:

(a) The first immunization in a required series must be administered prior to deployment with arrangements made for subsequent immunizations to be given in theater.

(b) Anthrax may be administered up to 120 days prior to deployment/assignment. It is highly advisable for those never previously immunized to receive the first two anthrax immunizations

prior to deployment. For those who have previously begun the anthrax immunization series, they will receive their subsequent dose/booster prior to deployment. These actions will reduce the time needed for personnel to achieve protection against anthrax and to avoid unnecessary strain on the deployed healthcare system.

(c) Smallpox vaccinations may be administered up to 120 days prior to deployment.

(10) **Rabies**. Pre-exposure vaccination should be accomplished as below, or otherwise considered for personnel who are not reasonably expected to receive prompt medical evaluation and risk-based rabies post-exposure chemoprophylaxis within 72 hours of exposure to a potentially rabid animal. For vaccinated personnel, booster doses are required every two years or when titers indicate. Exceptions may be identified by unit surgeons.

(a) High risk personnel: Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, civil engineers at risk of exposure to rabid animals, and laboratory personnel who work with rabies suspect samples.

(b) Special Operations Forces (SOF)/SOF enablers: All personnel deploying in support of SOF will be administered the pre-exposure rabies vaccine per USSOCOM service-specific policies. Contact USSOCOM SG at DSN (813) 827-9870/72 for more information.

Table 5-1
Summary of Immunization Requirements

Mandatory (M), Recommended (R), High Risk (HR), Available (A)

Immunization	*Active Duty*	*EEC (DoD and Contractors)*	*DoD Civilians*
Anthrax	M	M	A
Smallpox	M	M	A
Hepatitis A	M	M	A
Hepatitis B	M	HR	HR
Influenza	M	R	R
Measles	M	R	R
Mumps	M	R	R
Rubella	M	R	R
Polio	M	R	R
Tetanus	M	M	R
Diphtheria	M	M	R
Typhoid	M	R	A
JEV	M	M	HR
Varicella*	M	M	R
Pneumococcal	HR	HR	HR
Rabies	HR	HR	HR

*Required for personnel without documented evidence of immunity.

5-2. Adverse Events

Adverse medical events related to immunizations should be reported as a reportable medical event (RME) if case definitions are met (see appendix I, Reportable Medical Events). All immunization related unexpected adverse events are to be reported through the vaccine adverse events reporting system (VAERS) at http://www.vaers.hhs.gov.

5-3. Immunization Compliance
Units and individuals are responsible for maintaining their immunization readiness. Screening and vaccine administration will be complete prior to arrival. Efforts should be made to complete all series of immunizations prior to travel to Korean Theater to mitigate possible shortfalls of vaccines in theater, expedite movement and ensure maximum force health protection.

Chapter 6
Medical/Laboratory Testing and Health Assessments

6-1. Medical/Laboratory Testing

a. Human Immunodeficiency Virus (HIV) test within 24 months of deployment or PCS. Civilian screening will be conducted IAW Service-specific policy.

b. Serum Sample. A sample will be taken within 365 days of deploying (including rotational forces) to the Korean Theater. If the individual's health status has recently changed or has had an alteration in occupational exposures that increases health risks, a health care provider may choose to have a specimen drawn closer to the actual date of deployment (see ref R).

c. Post-deployment samples will be collected NLT 30 days after arrival at the demobilization site, home stations, or in-patient MTF.

d. G6PD Testing. Documentation of one-time G6PD deficiency testing is required IAW ref S. If an individual is found to be G6PD-deficient, they should be issued medical warning tags (see section 4-7, Medical Tags) that states "G6PD Deficient: No Primaquine". If primaquine is going to be issued to a DoD civilian or DoD contractor, complete the testing at government expense.

e. Human Chorionic Gonadotrophin (HCG). Required within 30 days of deployment for all women, as well those female to male transgendered individuals who have retained female anatomy. Above individuals with a documented history of a hysterectomy are exempt. Pregnancy will be ruled out prior to any immunization (except influenza) and medical clearance for deployment.

f. DNA sample. A one-time sample is required for all DoD personnel, including civilians and contractors. Obtain sample or confirm sample is on file by contacting the DoD DNA specimen repository (COMM: 301.319.0366, DSN: 285; FAX 301.319.0369); http://www.afmes.mil (see ref A, B, and T).

g. Tuberculosis (TB) Testing (see ref U).

(1) Tuberculosis testing for service members will be performed and documented IAW service IAW service policy. Current policy has replaced universal testing with targeted testing using risk assessment tools (RAT) (see Appendix H). Deployment to TB endemic countries, even for periods in excess of a year, has not been shown to be a risk factor for TB for most average-risk service members. TB testing for DoD civilians, contractors, volunteers, and other personnel should be similarly targeted IAW Centers for Disease Control and prevention (CDC) guidelines, with testing for TB to be accomplished within 90 days of deployment if indicated. If testing is performed, tuberculin skin test (TST) or an interferon-gamma release assay may be used unless otherwise indicated.

(2) Positive TB tests will be handled IAW service policy and CDC guidelines.

(3) Latent tuberculosis infection (LTBI), is characterized by individuals who are infected with TB causing agent *Mycobacterium tuberculosis*, but do not have TB disease, are not infectious and cannot spread the disease to others. The decision to treat LTBI in U.S. forces and civilians during deployment (instead of after redeployment) should include consideration of the risks and benefits of treatment during deployment, including:

(a) Risk of TB activation.

(b) Risk of adverse events from LTBI treatment.

(c) Time remaining in deployment.

(d) Availability of medical personnel trained in LTBI treatment.

(e) Availability of follow-up during treatment.

(f) Availability of medication.

Lack of treatment for LTBI is not a contraindication for deployment to the Korean Theater and no waivers are required for a diagnosis of LTBI if appropriate evaluation and counseling is completed.

h. Other Laboratory Testing. Other testing may be performed at the clinician's discretion commensurate with ruling out or monitoring non-deployable conditions and ensuring personnel meet standards of fitness IAW para 2-2, Medical Readiness Processing and Fitness for Assignment or Deployment to the Korean Theater.

6-2. Health Assessments

a. U.S. Service members in a deployment status traveling to the Korean Theater are required to complete Pre-deployment Health Assessments (DD Form 2795), Post Deployment Health Assessments (PDHA/DD Form 2796), Post Deployment Health Re-Assessments (PDHRA/DD Form 2900) or neurocognitive assessments such as the Automated Neuropsychological Assessment Metrics (ANAM), in accordance with Ref A and W.

b. U.S. Service members on Permanent Change of Station (PCS), Temporary Change of Station (TCS), Temporary Additional Duty (TAD) or Temporary Duty (TDY) orders during non-deployment conditions are not required to complete DD Form 2795, PDHA or PDHRA unless required by home station medical authorities.

c. Service members with non-deployment duty in the Korean Theater exceeding 180 days will be enrolled into TRICARE-Pacific upon arrival.

d. Periodic health assessments must be current IAW service policy at time of deployment and special duty exams must be current for the duration of travel or deployment period (see ref B and H).

6-3. Mental Health Assessment

a. All service members deployed in connection with a contingency operation will undergo a person-to-person mental health assessment with a licensed mental health professional or trained and certified health care personnel IAW ref X. Assessments will be accomplished within 120 days prior to deployment, and after redeployment within 3 timeframes (3-6, 7-18, and 18-30 months after

redeployment), or as required by service policy. Assessments will be administered at least 90 days apart.

b. Service members may be assessed on an as needed basis or at the request of the commander for a command directed evaluation while deployed, or in a PCS or TAD/TDY status (ref OO).

c. Mental health assessment guidance does not directly apply to DoD contractors unless specified in the contract or there is a concern for a mental health issue. All related mental health evaluations will be at the contractor's expense.

6-4. Medical Record (see ref A)

a. **Deployed Medical Record**. The DD Form 2766, adult preventive and chronic care flowsheet, or equivalent, is required and will be used instead of deploying an individual's entire medical record. The deployed DD Form 2766 should be re-integrated into the main medical record as part of the redeployment process. Those under PCS to the Korean Theater will follow service specific guidelines for medical record management.

b. **Medical Information**. The following health information must be part of an accessible EMR for all personnel (service members, civilians and contractors), or be hand-carried as part of a deployed medical record:

(1) Annotation of blood type and RH factor, G6PD, HIV, and DNA.

(2) Current medications and allergies. Include any force health protection prescription product (FHPPP) prescribed and dispensed to an individual.

(3) Special duty qualifications.

(4) Annotation of corrective lens prescription.

(5) Summary sheet of current and past medical and surgical conditions.

(6) Most recent DD Form 2795, pre-deployment health assessment.

(7) Documentation of dental status classes I or class II.

(8) Immunization record. Medical deployment processing centers will enter immunization data into service electronic tracking systems.

(9) All approved medical waivers.

Chapter 7
Theater Force Health Protection and Disease Risk Assessment

7-1. Pre-Deployment Threat Assessment Training

a. Scope. General issues to be addressed: Information regarding known and suspected health risks and exposures, health risk countermeasures and their proper employment, planned environmental and occupational surveillance monitoring, and the overall operational risk

management program.

b. Content. Should include, but not be limited to, the following areas: Combat/operational stress control and resilience; post-traumatic stress and suicide prevention; mild traumatic brain injury risk, identification and tracking; nuclear, biological, chemical threats; endemic plant, animal, reptile and insect hazards and infections; communicable diseases; vector-borne diseases; environmental conditions; safety; occupational health.

7-2. Personal Protective Measures (PPM)

a. A significant risk of disease vectors exist year-round in the Korean Theater (see appendix B, Vector-Borne Diseases in the Korean Theater). The threat of disease will be significantly minimized by using the DoD Insect Repellant System, bed nets and appropriate chemoprophylaxis medications as required (see appendix C and ref BB).

b. Permethrin treatment of uniforms. Proper wear of permethrin-treated uniforms is a key component of the DoD Insect Repellent System. Factory treated uniforms are available. Uniforms which are not factory treated should be treated with the individual dynamic absorption (IDA) kit or 2 gallon sprayer permethrin treatment. Both are effective for approximately 50 washings. A matrix of which uniforms may be effectively treated is also available on the Armed Forces Pest Management Board (AFPMB) website at DoD Insect Repellent System: https://phc.amedd.Army.mil/topics/envirohealth/epm/pages/dodinsectrepellentsystem.aspx

c. Use approved military insect repellants such as DEET cream to exposed skin. One application of 20%-40% DEET lasts 6-12 hours; more frequent application is required if heavy sweating and/or immersion in water. Additional options include Picaridin. Products that combine sunscreen and repellent are not recommended as the repellent can interfere with the performance of the sunscreen. See AFPMB website for more approved options.

d. Wear treated uniform properly to minimize exposed skin (sleeves down and pants tucked into boots). Do not wear PT uniform (unless conducting PT) from dusk to dawn during mosquito season.

e. Use permethrin treated bed nets properly in at risk areas to minimize exposure during rest/sleep periods. Permethrin treated pop up bed nets are available. Commanders will ensure personnel deploy with bed nets.

7-3. Unit Mascots and Unauthorized Pets

a. Deployed personnel will avoid contact with local animals (e.g., livestock, cats, dogs, birds, reptiles, arachnids, and insects) in the deployed setting and will not feed, adopt, or interact with them in any way.

b. Mascots are strictly prohibited. Indigenous animals will not be transported out of the ROK by military personnel.

c. Any bite, scratch or potential exposure to any animal's body fluids (saliva, venom etc.) will be immediately reported through the chain of command and local medical personnel for evaluation, initiation of rabies prevention measures IAW ref DD and follow-up, as required.

7-4. Authorized Pets

SOFA status personnel authorized domesticated privately owned pets in a non-deployment status

are required to comply with all policies and guidelines (ref HH), which outlines responsibilities and procedures governing the possession, registration, immunization, accountability, and control of domesticated pets and implements measures necessary to protect the health and safety of personnel, and privately owned animals.

7-5. Food and Water Sources

a. Commanders will ensure the safety and security of food and water supplies. Commanders should take actions deemed prudent to minimize risk. Medical personnel will provide continual verification of quality and periodic inspection of storage and preparation facilities.

(1) No food sources will be utilized unless inspected and approved by Veterinary personnel.

(2) During contingency operations, all water (including commercial sources and ice) is considered non-potable until tested and approved by the appropriate authority.

(3) Policies and procedures for source selection, treatment, surveillance and distribution of tactical water supplies are detailed in Tri-Service Technical Bulletin (ref UU), and must be strictly followed to guarantee the safety of troop water supplies while operating in field conditions.

b. During steady-state conditions, the most significant risk of food and waterborne diseases are associated with consuming food from street vendors. Caution must be taken before eating street-vended foods. Consumption of contaminated, tainted of adulterated food or beverages can cause a variety of illnesses, from mild gastrointestinal upset, to debilitating multi-organ infections, to occasionally death. Eat only hot fully-cooked foods and avoid partially cooked or uncooked items. Street-vended water or other beverages should only be consumed if they come from a sealed container.

c. Municipal drinking water in urban areas throughout the country, including Seoul, Pyeontaek, Daegu, and Busan is potable. Joint civil and government organizations are responsible for water quality sampling in Seoul and other cities. Treated water in urban areas is considered safe by the U.S. Environmental Protection Agency (EPA) drinking water standards. Consuming water from non-municipal/unregulated water sources may expose personnel to microbial or chemical contaminants.

7-6. Diarrheal Diseases

Diarrheal diseases constitute a common infectious disease threat to the force. Hepatitis A, cholera and typhoid are no longer endemic diseases to the ROK and pose low risk during non-deployment conditions. During deployment operations, personnel that potentially interact with ill populations should avoid close contact, implement proper preventive medicine hygiene and sanitation procedures.

7-7. Respiratory Diseases

Personnel may be exposed to wide variety of common respiratory infections in the Korean Theater population including influenza, pertussis, viral and bacterial upper respiratory infections and pneumonia. Personnel in close-quarter conditions for prolonged periods of time are at higher risk for substantial person-to-person spread of respiratory pathogens. Influenza is of particular concern because of its ability to debilitate large numbers of unvaccinated personnel for several days. The ROK is a low risk country for TB. During deployment operations, personnel that potentially interact with ill populations should avoid close contact, implement proper preventive medicine hygiene and sanitation procedures.

7-8. Sexually Transmitted Infections

Sexually transmitted infections (STI) are an *intermediate risk* (gonorrhea, chlamydia, HIV/AIDS, Hepatitis B). Abstinence is the only way to ensure complete prevention of an STI. Condoms should be used by all choosing to be sexually active and be made available as a force health protection measure. Personnel shall seek prompt medical treatment if STI symptoms occur or after high-risk exposure.

Chapter 8
Environmental Exposures of Concern

a. Heath and Cold injuries are a seasonal risk in the Korean Theater. Acclimatization to high or low temperatures and humidity may take 10 to 14 days.

b. Air Quality. Poor air quality in the Korean Theater can vary seasonally and geographically. Hazardous air pollutants due to heavy vehicular traffic, industrial emissions, and from the seasonal dust storm particles (known as “Yellow Sand/Asian Dust”) can impact FHP and readiness. Monitor ambient air pollution forecasts and local air quality index (AQI), see Appendix F. Take appropriate measures to protect personnel from poor air quality levels per ref MM.

c. Surface Water. Bodies of surface water are also likely to be contaminated with human and animal waste. Activities such as wading or swimming may result in exposures to enteric diseases such as diarrhea and hepatitis via incidental ingestion of water. It can also expose personnel to urine of infected rodents, livestock and other animals that can lead to serious diseases such as Leptospirosis. Prolonged water contact also may lead to the development of a variety of potentially debilitating skin conditions such as bacterial or fungal dermatitis.

d. Field Hygiene and Sanitation. Unit field sanitation teams (per service requirements) will be used to aid unit commanders with protecting the health of the force. Most infections and illnesses can be prevented or mitigated through vaccinations, medications, and/or physical barriers. However, the best defense against infectious disease threats is strict discipline in proper field hygiene and sanitation practices (notably hand washing and sanitary waste disposal). Units are responsible for providing field sanitation requirements unless such services are contracted. Recommend deployers carry and use hand sanitizer. Environmental health oversight of food service contractors and waste disposal contractors is required.

e. The USFK POC for PM/FHP is FKSG DSN 315-724-3079; pacom.yongsan.usfk.list.j47-hssd@mail.mil.

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Appendix B
Vector-borne Diseases in the Korean Theater

Vector-borne Diseases. Vivax malaria, scrub typhus, spotted fever group rickettsiae, Lyme disease, Japanese Encephalitis (JE), severe fever with thrombocytopenia syndrome (SFTS), tick-borne encephalitis and others are important vector-borne pathogens that pose medical threats to U.S. forces in the ROK. Annually, populations of arthropod vectors, including mosquitoes, rodents, ticks, mites, and fleas are moderated by climatic factors and ecological conditions in both urban and rural areas thereby influencing rates of disease transmission. Avoidance of vectors is key, including habitat awareness, proper wear of uniform/other clothing and use of preventive measures. Vector-borne disease is assessed by NCMI as an overall *Intermediate Risk* to forces in the Korean Theater (see ref Y).

B-1. Malaria (Mosquito)

Plasmodium vivax (P. Vivax) is the only endemic, naturally occurring, human malaria in the ROK. The peak malaria season is from 1 April through 31 October. Malaria rates have been steadily declining over the years and consequently overall malaria infection rates remain low (<1%). The areas for highest risk of malaria transmission are in Area 1 (near the Military Demarcation Line (MDL)/Demilitarized Zone (DMZ)) but still remain below the ≤1% threshold (Per ref Z) and therefore, malaria chemoprophylaxis is no longer indicated for deployments or field operations in the Korean Theater. Although the risk of malaria is low, it still exists and risk can increase based on changing environmental factors.

a. Malaria chemoprophylaxis is no longer indicated for deployments or field operations in the Korean Theater.

b. Commanders will enforce the DoD Insect Repellant System during seasonal threats (see Table B-1).

c. Recommendations for modifications to the malaria chemoprophylaxis policy may be changed based on NCMI and the Korean Theater Office of FHP&PM's assessments of malaria risk. Periodic entomological and epidemiological surveillance are conducted at fixed bases and training areas where significant numbers of personnel are assigned for prolonged periods.

d. Malaria chemoprophylaxis utilization (when indicated based on increased risk):

(1) If conditions warrant malaria chemoprophylaxis, Chloroquine is the primary agent of choice for Vivax malaria. Doxycycline or atovaquone/proguanil (Malarone®) will be the preferred second-line therapy for individuals unable to receive chloroquine due to intolerance. Primaquine will be used for terminal prophylaxis.

(2) Personnel should deploy with either their entire primary chemoprophylaxis course in hand (excluding terminal chemoprophylaxis, primaquine) or with enough medication to cover half of the deployment with plans to receive the remainder of their medication in theater based on unit preference (see para 4-1, Pharmacy). Terminal chemoprophylaxis (primaquine) should be distributed upon redeployment (or disease transmission season ends) and only after verifying G6PD status (see para 6-1d, G6PD Testing). A complete course of chloroquine (primary chemoprophylaxis) to begin 7 days prior to entering the risk area for chloroquine, and completes after 4 weeks after leaving the risk area. Doxycycline and atovaquone/proguanil (Malarone®) begin 1 day prior to entry and end after leaving the risk area for doxycycline (and 1 week of Malarone®).

(3) Terminal chemoprophylaxis is required and consists of taking primaquine for 14 days

after leaving the risk area. Individuals who are noted to be G6PD-deficient, IAW para 6-1d, will not be prescribed primaquine.

(4) Chloroquine should be administered under direct supervision at a pre-established time and should be taken with food.

(5) Missing one dose of medication or non-compliance with the DoD Insect Repellant System will place personnel at increased risk for malaria.

(6) Commanders and supervisors at all levels will ensure that all individuals for whom they are responsible have terminal chemoprophylaxis issued to them immediately upon redeployment from the at risk malaria area(s).

B-2. Japanese Encephalitis Virus (JEV) (Mosquito)

JEV is endemic throughout the ROK. The highest risk period is between April through October. The main vector is *Culex tritaeniorhynchus*, usually appearing in late spring with populations building over the mosquito season. Since 2001, outbreaks resulting in death occurred in 10 of the last 15 years. Although the ROK instituted an extensive childhood vaccination program reducing the prevalence of JE in the ROK population by over 99%, 96 cases of JE were reported in the ROK from 2014-2017, including one pediatric case in a U.S. family member. Unvaccinated personnel remain at risk every year. For immunization requirements and beneficiary recommendations (see para 5-1c(8), Immunizations).

B-3. Hantavirus Hemorrhagic Fever with Renal Syndrome (HFRS) (Rodent)

a. Hantavirus poses serious health threats to military and civilian personnel residing, working, or conducting routine military operations in rodent-infested environments. HFRS is characterized by severe medical manifestations and high mortality rate (9.46%) among U.S. military personnel in the Korean Theater (ref QQ). HFRS is assessed by NCMI as a moderate to high risk to forces who are exposed through the inhalation of dust or aerosols containing hantavirus-infected rodent excreta in infested areas. The Korea Centers for Control and Prevention (KCDC) reports approximately 400-500 cases of HFRS annually (ref QQ). Cases occur year round.

b. In Korea, human infections of hantavirus among military members are usually associated with high rodent populations in field environments or mice-infested vacant buildings in combination with “dust-creating” activities (e.g., back-blast from artillery, convoy operations, and track and wheeled vehicle maneuvers/operations in field environments). Infections associated with urban environments activities are primarily due to dry sweeping or vacuuming rodent infested buildings.

c. Every reasonable effort should be made to minimize exposure to the virus in the environment. Any activity that puts a person in contact with rodent droppings, urine or their nesting materials increases risk. Minimize inhalation of dust during high risk activities by donning masks or applying a damp cloth over the nose and mouth, and wearing gloves. Compliance with rodent management practices (see Appendix D) and/or avoidance of habitats is strongly recommended. This includes such activities as opening up, using or cleaning buildings or vehicles that have been closed/stored for an extended time. Clean-up should be conducted using a wet mop/cloth method with a diluted bleach solution.

B-4. Leptospirosis (Rodent and other animals)

Leptospirosis occurs country-wide and risk varies by location with increased transmission during flooding. NCMI assesses an *intermediate risk* to forces; specifically among personnel exposed (wading or swimming) to bodies of water contaminated with the agent responsible for the disease.

This agent is shed in the urine of infected rodents, livestock and other animals and can cause serious illness or death. The likelihood of disease depends on amount of exposure to the agent in surface water.

B-5. Tick-, Mite- and Flea-borne Diseases (see Table B-1)
A rapid increase in the number of scrub typhus cases in Korea (caused by chigger mites), exceeding 10,000 cases per year (ref SS), remains a serious health threat as it can rapidly incapacitate large numbers of persons and degrade military operations. The presence of Lyme disease (2-3 *Borrelia* spp.) in Korea is increasing although the prevalence in ticks is low.

B-6. Severe Fever with Thrombocytopenia Syndrome (SFTS)

a. SFTS is an endemic emerging infectious disease caused by a Bunyavirus and has recently identified throughout the ROK. The number of SFTS cases has quadrupled from 2013-2016 with case-fatality rates ranging from 27 to 47 percent (ref TT).

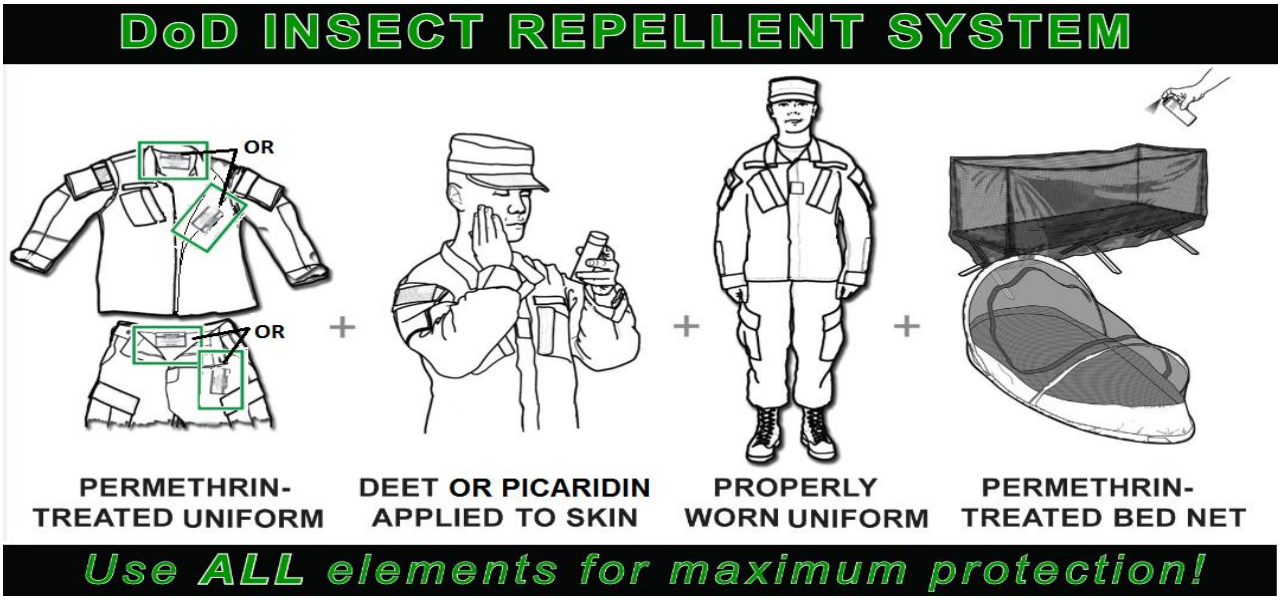
b. The virus is transmitted to humans through tick bites, the main vector. The epidemic season is summer which coincides with increased rates of outdoor activity. However, the peak transmission for a secondary vector, chiggers and mites, is in autumn. SFTS is not limited to field environments as several SFTS patients were also found to be infected in urban areas.

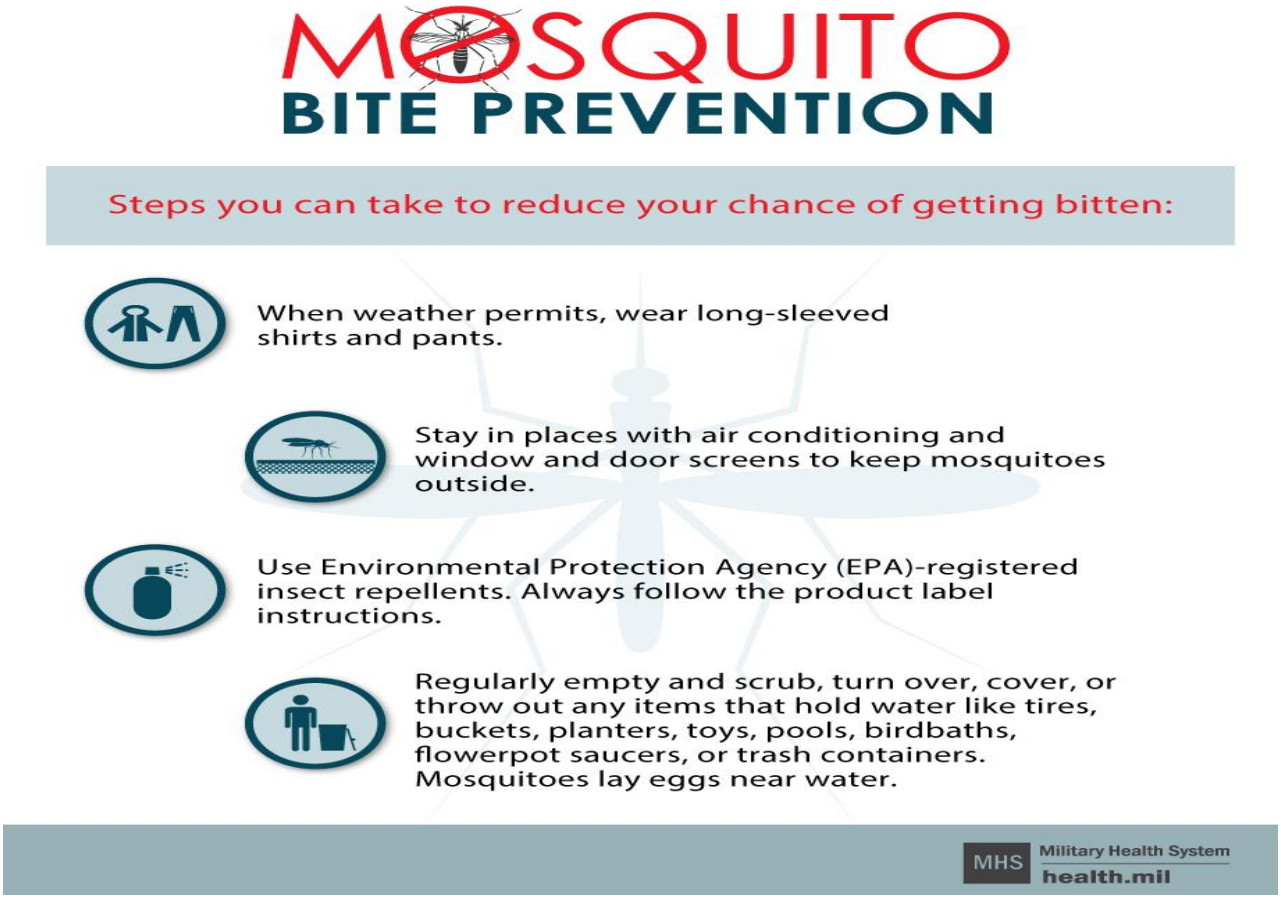
Table B-1
List of Tick-, Mite- and Flea borne Pathogens in the ROK

Diseases	Risk	Typical Risk Period*	Typical Severity	Mode of Transmission
Murine Typhus (flea-borne)	Low	Year-round	Mild to Severe	Infected flea feces that enter the wound
Ehrlichiosis/Anaplasmosis	Intermediate	Seasonal*	Very Severe	Tick bite
Scrub Typhus (mite-borne)	Intermediate	Seasonal	Moderate	Larval chigger mite bite
Lyme Disease	Intermediate	Seasonal*	Moderate	Tick bite
Rickettsioses, (tick-borne) Spotted Fever Group and others	Intermediate	Seasonal*	Moderate	Flea, Mite, Tick bite
Tick-borne Encephalitis (TBE)	Intermediate	Seasonal*	Moderate to Very Severe	Tick bite
Severe Fever with Thrombocytopenia Syndrome (SFTS)	Intermediate	Seasonal*	Moderate	Tick bite, contact with blood of infected patients

* Seasonal is defined as April-October. (Ref QQ)

Appendix C
DoD Insect Repellant System





Appendix D
Rodent Management Practices (Risk Reduction Exposure Prevention Procedures)

D-1. Purpose
To describe procedures to prevent exposure to rodent-borne disease causing agents such as Hantavirus, leptospirosis, murine and scrub typhus.

D-2. Applicability
These procedures are applicable to all USFK military personnel residing and/or conducting operations in the ROK.

D-3. Responsibilities
Unit Commanders and individual SMs are responsible for implementing measures to reduce human exposure to rodents (who carry fleas, ticks, mites) and their excreta (urine, feces, and saliva).

D-4. Procedures Applicable To Exposure Prevention

a. Compliance with the DoD Insect Repellant System (Appendix C).

b. Advance parties should have technical expertise available to identify signs of rodent infestation, such as burrows, droppings, and sightings, as well as the presence of natural grain/food sources (rice fields, granaries, and refuse points), when selecting bivouac sites and staging or training areas as outlined in ref RR. Bivouac sites should be located to avoid areas with heavy field rodent infestations.

c. Individuals required to clean up areas of heavy rodent infestation will wear protective gear, coveralls (disposable if possible), rubber boots or disposable shoe covers, rubber or plastic gloves, protective goggles, and an appropriate respiratory protection device.

d. Persons involved in the cleanup of rodents or their excreta will follow the procedures outlined in ref NN. Spray dead rodents, rodent nests, droppings, foods or other items that have been contaminated by rodents with a general-purpose household disinfectant. Wet the contaminated material thoroughly, and place in a plastic bag. When cleanup is complete (or when the bag is full), seal the bag, then place it into a second plastic bag and seal. Sealed bags can be placed in standard refuse containers for disposal.

e. To avoid generating potentially infectious aerosols, do not dry vacuum or sweep surfaces before mopping. Mop floors with a solution of water, detergent, household disinfectant or 1% bleach solution. Spray dirt floors with a disinfectant solution. A second mopping or spraying of floors with a general-purpose household disinfectant is optional. Carpets, rugs and upholstery can be effectively disinfected with household disinfectants or by commercial-grade steam cleaning or shampooing.

f. Disinfect countertops, cabinets, drawers and other durable surfaces by washing them with a solution of detergent, water, and disinfectant, followed by wiping-down with a general-purpose household disinfectant.

g. Remove rodent infested furniture and nests not accessible for decontamination.

h. Launder potentially contaminated bedding and clothing with hot water and detergent. (Use rubber or plastic gloves when handling the dirty laundry; then wash and disinfect gloves) Machine-dry clothing/bedding on a high setting or hang it to air-dry in the sun.

i. Individuals will use personal hygiene measures such as hand washing prior to eating and showering after exposure to dusts and soil.

j. Discourage the use of natural vegetation, such as rice straw or pine straw, for camouflage or bedding. This vegetation provides harborage for rodents and may increase exposure to material that is potentially contaminated with feces, urine, or saliva containing Hantaviruses.

Appendix E
Biting and Stinging Vector Management Practices (Risk Reduction Exposure Prevention Procedures)

E-1. Purpose
This Appendix describes procedures to prevent exposure to biting and stinging vectors such as ticks, fleas, chiggers, spiders and snakes.

E-2. Applicability
These procedures are for the use of all USFK military personnel residing and/or conducting operations in the ROK.

E-3. Responsibilities
Unit Commanders and individual SMs are responsible for implementing measures to reduce human exposure to biting and stinging vectors.

E-4. Procedures Applicable to Exposure Prevention

a. Tick-borne parasites, the causative agents for human ehrlichiosis, encephalitis, Lyme disease, and rickettsial diseases are transmitted through the bites of infected ticks. The vectors of ehrlichiosis in the ROK have not been identified. Also several rodent species have been confirmed positive for species of ticks, fleas and chiggers.

b. Advance parties should have technical expertise available to identify infestations, as well as their potential habitat (open grassy areas and grassy/scrub areas bordering forested areas).

c. Personnel should avoid infested areas, not rest or lay on the ground in grassy areas, and use the DoD Insect Repellant System (Appendix D) to reduce the potential for bites and stings.

d. Transmission can be influenced by the length of time a vector is attached. Therefore, regular body checks and prompt vector removal following exposure to infested areas will reduce the risk of acquiring the infection. Vectors should be removed by medical personnel when possible to:

(1) Avoid “injecting” body fluid from the tick into the bite wound.

(2) Avoid improper removal that may damage the tissue.

(3) Ensure that ticks are processed for analysis to determine if they are positive for parasites.

e. Large area control is generally not practical. However, when vector populations are deemed an immediate health threat, area control with insecticides can be implemented to reduce their populations. Commanders should coordinate with appropriate authority for application when required. **Control should only be instituted subsequent surveillance and risk assessment.**

f. Soldiers should be informed of the potential for acquiring vector-borne diseases and discouraged from using natural vegetation, such as rice or pine straw, for camouflage or bedding. This vegetation provides an excellent habitat and may increase the SM’s exposure to biting and stinging arthropod, and rodent-borne diseases.

Appendix F
USFK Air Quality Index Guide

South Korea Air Quality Index	US Air Quality Index	Behavioral Guidelines and Health Precautions Air Pollution		
		Military Conducting Non-Critical Ops & General Public	Guidance for School Outdoor Activity	Sensitive Individuals*
Good (0-50)	Good (0-50)	Normal daily activity	Great day to be active outside!	
Moderate (51-100)	Moderate (51-100)	Normal daily activity	Good day to be active outside! Students who are usually sensitive to air pollution could have symptoms.* Ensure that sensitive individuals are medically managing their conditions.	Consider reducing prolonged or heavy exertion. Symptoms like coughing or shortness of breath are a sign to take it easier.
Unhealthy (101-250)	Unhealthy for Sensitive Groups (101-150)	Normal daily activity	It's OK to be active outside especially for short activities such as recess and physical education(PE). For longer activities such as athletic practice, take more breaks and do less intense activities. Watch for symptoms and take action as needed.*	Reduce prolonged or heavy exertion. It's OK to be active outside, but take breaks and do less intense activities. Watch for coughing or shortness of breath.
	Unhealthy (151-200)	Reduce prolonged or heavy exertion. Take more breaks during all outdoor activities.	For all outdoor activities, take more breaks and do less intense activities. Consider moving longer or more intense activities indoors or rescheduling them to another day or time. Watch for symptoms and take action as needed. **	Avoid prolonged or heavy exertion. Consider moving activities indoors or rescheduling.
Very Unhealthy (251-500)	Very Unhealthy (201-300)	Avoid all physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better.	Move all activities indoors or reschedule them to another day. **	Avoid all physical activity outdoors. Move activities indoors or reschedule to a time when air quality is better.
	Hazardous (301-500)	Avoid all physical activity outdoors.	No outdoor activity	Remain indoors and keep activity levels low. Follow tips for keeping particle levels low indoors.

* Sensitive individuals are people with asthma, heart, or lung disease, children, teenagers and older adults.
** Students with asthma should follow their asthma action plans and keep quick-relief medicine handy.

Prolonged exertion: This means any outdoor activity that you will be doing off and on for several hours and that makes you breathe slightly harder than normal. A good example of this is working in the yard for part of a day.

Heavy exertion: This means intense outdoor activities that cause you to breathe hard. Be sure to reduce your activity level if you experience any unusual coughing, chest discomfort, wheezing, breathing difficulty, or unusual fatigue.

Appendix G
USFK Form 722-E, UNITE STATES FORCES KOREA MEDICAL WAIVER REQUEST

To download this form,
http://8tharmy.korea.army.mil/g1_AG/Programs_Policy/Publication_Records_Forms.htm

UNITED STATES FORCES KOREA MEDICAL WAIVER REQUEST

For use this form, see USFK Reg 40-9 and the proponent agency is USFK Surgeon.

Email this form and all scanned documentation to USFK Command Surgeon at pacom.yongsan.USFK.list.j47-hssd@mail.mil.
Do not send encrypted emails to this address. Use AMRDEC or contact DSN: 315-755-8450 for assistance.
DSN Contact Phone Numbers: 7AF Surgeon: 315-784-2002; 8A Surgeon: 315-755-2726/ usArmy.yongsan.8-Army.list.8a-surgeon@mail.mil;
MARFORK POC: 315-737-1424; CNFK POC: 315-762-5415; SOKOR Surgeon: 315-723-8231

Patient Name (Last, First): **DOB:** **SSN (last 4):**

Age: **Sex:** Female **Rank/ Grade:** **Service:**

Deployment/Travel Date: **Travel Duration (days):** **Destination (country):**

MOS/AFSC/Skill Identifier/Job Description: **Home Station/Unit:**

Active/Reserve/Civilian/Contractor: Active Duty

Requester POC(Medical Personnel)Name/E-mail/Phone:

Summary of medical condition(s):

I understand the potential risks associated with this deployment limiting condition. For this individual, I am requesting a waiver of the health requirement for travel to the Korean Theater.

Commander or Designee Signature: **Date:** STAMP / PRINTED NAME AND TITLE

Required documentation for waiver evaluation in addition to this form:
DD Form 2766, Adult Preventive and Chronic Care Flow sheet, or OF Form 178, OPM Certificate of Medical Examination (Civilians), with full medical history including all medical conditions, surgeries, medications, and medical summary of Deployment Limiting Condition(s).

Case Summary (To be completed by healthcare provider): Include all clinically relevant information necessary to make a disposition including, but not limited to: Diagnosis (ICD10), history of the condition, date of onset, prior treatments, current treatments, limitations imposed by the condition and/or medications, prognosis, and required follow-up. *(Use additional sheets, if needed. The more clinical information provided, the better.)*

Supplemental documentation (include information relevant for deployability determination):

a. Specialty consults results establishing diagnosis, treatment, monitoring plan and prognosis.
b. Recent and relevant surgery, laboratory, pathology and tissue examination reports.
c. Reports of studies (radiographs, pictures, films or procedures).
d. Summaries and past medical documents (e.g. hospital summary).
e. Reports of proceedings (e.g. Tumor Board, Medical Evaluation Boards, etc.)
f. Job requirements (physical condition, exertion level, etc.)

I have reviewed the case summary and hereby submit this request.

Provider's Signature: **Date:** STAMP / PRINTED NAME AND TITLE

---------- **FOR SURGEON'S OFFICE USE ONLY** ----------

Waiver Approved: **YES** ◯ **NO** ◯

Waiver Authority Signature: **Date:** STAMP / PRINTED NAME AND TITLE

Comments:

Appendix H
Tuberculosis Risk Assessment Tool

INITIAL ENTRY TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

INITIAL ENTRY Tuberculosis (TB) Risk Assessment Tool		REVIEWER INSTRUCTION
1. Have you ever had face-to-face contact with someone who was sick with tuberculosis (TB)?	☐ Yes ☐ No	
2. Were you born outside the United States? If yes, list country: _____	☐ Yes ☐ No	
3. Did you ever live with a family member that was born outside the United States? If yes, list country: _____	☐ Yes ☐ No	
4. Have you ever had a positive TB test, prior diagnosis of TB, or prior treatment for TB?	☐ Yes ☐ No	
If "NO" answers = low risk ⟶ STOP. **Any "YES" answers = increase risk ⟶ Go to question #5**		**If all "NO" responses, Then do not test**
5. Do you have any of the following symptoms of tuberculosis? Cough > 2 weeks, fever > 2 weeks, drenching night sweats, or unplanned weight loss?	☐ Yes ☐ No	
If "YES" ⟶ STOP. **Any "NO" ⟶ Go to question #6**		**If "YES" then refer immediately to provider for evaluation of TB disease.**
6. Do you have documentation of previous TB treatment with you today?	☐ Yes ☐ No **STOP.**	
Reviewer comments		**If "YES" ⟶ Do NOT test.** Document exemption in Service-specific Medical Readiness Reporting System **If "NO" ⟶ Test for TB.** Note: If "Yes" response only to Question 2 or 3 above, testing is only required if the country is Listed on the reverse side.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last-first-middle; DOB; SSN; date; hospital or medical facility)	REVIEWER NAME	REVIEWER SIGNATURE

NOV 2017

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The following countries/territories, if documented on the TB Risk Assessment Tool, indicate need for patient to be tested:

Afghanistan	Egypt	Malaysia	Senegal
Algeria	El Salvador	Maldives	Serbia
Angola	Equatorial Guinea	Mali	Serbia & Montenegro
Anguilla	Eritrea	Marshall Islands	Seychelles
Argentina	Estonia	Mauritania	Sierra Leone
Armenia	Ethiopia	Mauritius	Singapore
Azerbaijan	Fiji	Micronesia – Fed States	Solomon Islands
Bahrain	French Polynesia	Moldova	Somalia
Bangladesh	Gabon	Mongolia	South Africa
Belarus	Gambia	Montenegro	Sri Lanka
Belize	Georgia	Montserrat	Sudan
Benin	Ghana	Morocco	Suriname
Bhutan	Guam	Mozambique	Swaziland
Bolivia	Guatemala	Myanmar	Syrian Arab Republic
Bosnia & Herzegovina	Guinea	N. Mariana Islands	Tajikistan
Botswana	Guinea – Bissau	Namibia	Tanzania-UR
Brazil	Guyana	Nauru	Thailand
British Virgin Islands	Haiti	Nepal	Timor-Leste
Brunei Darussalam	Honduras	New Caledonia	Togo
Bulgaria	India	Nicaragua	Tonga
Burkina Faso	Indonesia	Niger	Trinidad & Tobago
Burundi	Iran	Nigeria	Tunisia
Cambodia	Iraq	Pakistan	Turkey
Cameroon	Japan	Palau	Turkmenistan
Cape Verde	Kazakhstan	Panama	Turks & Caicos Islands
Central African Republic	Kenya	Papua New Guinea	Tuvalu
Chad	Kiribati	Paraguay	Uganda
China	Korea – DR	Peru	Ukraine
China, Hong Kong SAR	Korea – Rep of	Philippines	Uruguay
China, Macao SAR	Kuwait	Poland	Uzbekistan
Colombia	Kyrgyzstan	Portugal	Vanuatu
Comoros	Lao PDR	Qatar	Venezuela
Congo	Latvia	Romania	Viet Nam
Congo – DR	Lesotho	Russian Federation	Wallis & Futuna Islands
Cook Islands	Liberia	Rwanda	West Bank & Gaza Strip
Cote d'Ivoire	Libya	St. Vincent & Grenadines	Yemen
Croatia	Lithuania	Samoa	Zambia
Djibouti	Macedonia	Sao Tome & Principe	Zimbabwe
Dominican Republic	Madagascar	Saudi Arabia	
Ecuador	Malawi		

Appendix I
Health Surveillance (Ref A and CC)
Health surveillance is a critical component of the USFK FHP program. It includes occupational and environmental health (OEH) surveillance and medical surveillance subcomponents. Specifically, through health surveillance activities, disease, OEH hazards are quickly identified, assessed and documented to include CBRN risks and exposures. Data will be captured and managed by the Defense Occupational and Environmental Health Readiness System (DOEHRS). U.S. Army Public Health Command (USAPHC) is the repository for operational and deployment health surveillance and reports for the Korean Theater.

I-1. Reporting

a. DI surveillance, (see ref KK). Disease and injury event trends, whether counts or rates, must be monitored and evaluated during deployment. Abnormal patterns or trends may indicate a problem that could negatively impact mission accomplishment.

b. Deployed units will use service-specific reporting, as the primary data entry point for DI reporting.

(1) The list of DI reporting categories, their definitions, and the essential elements of the standard DI report can be found ref CC. Medical personnel at all levels will analyze the DI data and recommendations as required to reduce DI and mitigate the effects of DI upon operational readiness.

(2) Component and TF Surgeons are responsible for ensuring units within the Korean Theater are collecting the prescribed DI data and reporting that data weekly.

I-2. Occupational and Environmental Health Surveillance Assessment (OEHSA)

a. An OEHSA is a joint approved product used to provide a comprehensive assessment of both occupational and environmental health. Hazards associated with deployment locations, activities and missions that occur there established ref B and CC.

b. An OEHSA is initiated within 30 days of date of establishment and completed within three months to document the OEH conditions found at a site (base camp, bivouac site or outpost, or other permanent or semi-permanent basing location) beginning at or near the time it is first occupied. The assessment, should be initiated by Service component preventive medicine personnel and includes site history; environmental health survey results for air, water, soil, and noise; entomological surveys; occupational and industrial hygiene surveys; and ionizing and non-ionizing radiation hazard surveys, if indicated.

c. OEHSAs will be sent by the completing unit through designated Service component or through the Korean Theater Office of FHP&PM for review and submitted directly to the Defense Occupational and Environmental Readiness System (DOEHRS) at https://doehrs-ih.csd.disa.mil/Doehrs/. See ref LL for DOEHRS requirements.

d. An exhaustive outline, process and methodology for conducting OEHSA is not addressed in this regulation, see Tri-Service OEHSA Publication (ref VV).

I-3. Periodic Occupational and Environmental Monitoring Summary (POEMS)

a. POEMS is a joint approved product used to address environmental exposure documentation

requirements established by ref B and CC for each permanent or semi-permanent basing locations in support of the full range of USFK mission to include; combat operations, peacekeeping, deterrence operations, and disaster relief.

b. POEMS will be created and validated for every major deployment site as soon as sufficient data is available.

c. Information will be provided by field personnel at the site being evaluated, however the POEMS will generally be created by specialized technical support units (e.g., specialized deployable teams/units, USAPHC, Navy and Marine Corp Public Health Center (NMCPHC), U.S. Air Force School of Aerospace Medicine (USAFSAM)) especially for the description of long-term health risks and the assessment of laboratory data that requires a level of technical expertise and resources not always available in the field.

d. POEMS' are unclassified posted on DOEHRS data portal at: https://aphc-mesl.amedd.army.mil/mesl/ where joint OEH surveillance data and reports are stored. The POEMS template can be found at http://phc.amedd.army.mil.

I-4. Reportable Medical Event (RME) Surveillance (See ref L)

a. The list of diseases and conditions that must be reported can be found in the Tri-Service Reportable Events Guidelines and Case Definitions at www.health.mil/afhsb or ref DD.

b. Component and TF/BDE surgeons are responsible for ensuring units within the Korean Theater are collecting the appropriate RME data and reporting that data through their service specific reporting mechanisms.

c. Report the following RME's to FKSG (pacom.yongsan.usfk.list.j47-hssd@mail.mil) for the following: anthrax, botulism, CBRN and toxic industrial chemical/material (TIC/TIM) exposure, severe cold weather/heat injuries; dengue fever; hantavirus disease; hemorrhagic fever; hepatitis B or C, acute; HIV; malaria; measles; meningococcal disease; middle eastern respiratory syndrome coronavirus (MERS-COV); norovirus; outbreak or disease cluster; plague; pneumonia, eosinophilic; Q-fever; rabies, human; severe acute respiratory infections (SARI); streptococcus, invasive group a; tetanus; tuberculosis, active; tularemia; typhoid fever; and varicella.

d. RME reporting should occur as soon as reasonably possible. Events with bioterrorism potential or rapid outbreak potential are considered urgent RME and immediate reporting is required (within four hours).

I-5. Health Risk Communication (See ref A)

a. During all phases of deployment, health information will be provided to educate, maintain fit forces, and change health related behaviors for the prevention of disease and injury due to risky practices and unprotected exposures.

b. Continual health risk assessments are essential elements of the health risk communication process. Medical personnel at all levels will provide written and oral risk communication products, DI, RME and OEH risk assessments to commanders and deployed personnel on a regular basis for situational awareness of medical threats, countermeasures to those threats, and the need for any medical follow-up.

Glossary

Section I. Abbreviations

7th AF	Seventh Air Force
AAR	After Action Report
AFMC	Armed Forces Medical Command
AFHSC	Armed Forces Health Surveillance Center
AFPMB	Armed Forces Pest Management Board
BOS	Base Operating Support
BPT	Be prepared to
CBRN	Chemical, Biological, Radiological, Nuclear
CNFK	Commander, Naval Forces Korea
DESP	Deployment Environmental Surveillance Program
DI	Disease and Injury
DNA	Deoxyribonucleic Acid
DOEHRS	Defense Occupational and Environmental Health Readiness System
DoD	Department of Defense
DMSS	Defense Medical Surveillance System
EEC	Emergency Essential Civilian
EPA	Environmental Protection Agency
FHP	Force Health Protection
FHPPP	Force Health Protection Prescribed Products
FKSG	Office of the Command Surgeon, USFK
G6PD	Glucose-6-Phosphate Dehydrogenase
GCC	Ground Component Command
HIV	Human Immunodeficiency Virus
HFRS	Hantavirus Hemorrhagic Fever with Renal Syndrome

HSS	Health Services Support
IMR	Individual Medical Readiness
IPV	Inactivated Polio Vaccine
JEV	Japanese Encephalitis Virus
JUPITR	Joint USFK Portal and Integrated Threat Recognition
JPRC	Joint Personal Reception Center
LTBI	Latent Tuberculosis Infection
MARFOR-K	US Marine Forces Korea
MCDM	Medical Chemical, Biological, Radiological, and Nuclear (CBRN) Defense Materiel
MMR	Measles, Mumps and Rubella
MTF	Military Treatment Facility
NMCPHC	Navy and Marine Corps Public Health Center
NCMI	National Center for Medical Intelligence
OEH	Occupational Environmental Health
OEHS	Occupational Environmental Health Surveillance
OEHSA	Occupational Environmental Health Site Assessment
PCS	Permanent Change of Station
PHA	Periodic Health Assessment
RSOI	Reception Staging Onward Integration
SC	Service Component
SOF	Special Operating Forces
STI	Sexually Transmitted Infections
TAD	Temporary Assigned Duty
TB	Tuberculosis
Td/Tdap	Tetanus, Diphtheria, and Acellular Pertussis
TDY	Temporary Duty

TST	Tuberculin Skin Test
U.S.	United States
USFK	United States Forces Korea
USAFSAM	United States Air Force School of Aerospace Medicine
USAMMC-K	United States Army Medical Materiel Center - Korea
USAPHC	United States Army Public Health Command

Section II. Terms

Armistice. The Korean Armistice Agreement established the Korean demilitarized zone (DMZ) separating north and South Korea and put into force a cease-fire and cessation of hostilities on 27 July 1953.

Chemical, Biological, Radiological, and Nuclear (CBRN). For the purposes of this regulation, specific warfare agents that pose health threats such as a) toxic chemicals intended for use in military operations, b) microorganisms that cause disease in personnel, plants, or animals or causes the deterioration of material, c) toxins or d) agents that emit radiation, generally alpha or beta particles and often accompanied by gamma rays from the nuclei of an unstable isotope.

Chemoprophylaxis. The administration of a chemical agent to prevent the development of diseases.

Chloroquine. Medication used to prevent and to treat malaria.

Contingency Operations. An operation in which member of the armed forces are or may become involved military actions, operations, or hostilities against an enemy of the U.S. or against an opposing military force

Contingency Deployment. A deployment that is limited to outside the continental United States, over 30 days in duration, and in a location usually with medical support from only non-fixed (temporary) military medical treatment facilities. It is a deployment in which the relocation of forces and materiel is to an operational area in which a contingency is or may be occurring.

Deployment. The relocation of forces and materiel to desired operational areas. Deployment encompasses all activities from origin or home station through destination, specifically including intra-continental United States, inter-theater, and intra-theater movement legs, staging, and holding areas.

Deployment Health Activities. The regular collection, analysis, archiving, interpretation, and distribution of health-related data used for monitoring the health of individuals or a deployed population, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury. It includes OEH and medical surveillance subcomponents.

Exposure. Human contact due to a completed exposure pathway with a hazardous or potentially hazardous chemical, physical, or biological agent

Food and Water Vulnerability Assessments. Assessments of the susceptibility of food and water (from the point of manufacture/packaging, through distribution, storage, preparation, and serving), including ice and bottled water supplies, to natural or intentional contamination or destruction including terrorist attacks.

Force Health Protection (FHP). For purposes of this regulation, it includes all measures taken by commanders, supervisors, individual service members, and the military health system to promote, protect, improve, conserve, and restore the mental and physical well-being of service members across the full range of military activities and operations. These measures enable the fielding of a healthy and fit force, the prevention of injuries and illness, and protection of the force from health threats; and the provision of highly effective medical and rehabilitative care to those who become sick or injured.

Glucose-6-Phosphate Dehydrogenase (G6PD). An X-linked (related to the chromosomal gender of the individual) recessive hereditary disease featuring abnormally low levels of the G6PD enzyme, which plays an important role in red blood cell function. Individuals with the disease may exhibit non-immune hemolytic anemia (break down of red blood cells) in response to a number of causes including certain malaria prophylactic medications.

Health Surveillance. The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential health risks, thereby enabling timely interventions to prevent, treat, reduce, or control disease and injury. It includes occupational and environmental health surveillance and medical surveillance subcomponents.

Latent Tuberculosis Infection (LTBI). A condition in which a person is infected with *Mycobacterium tuberculosis*, but does not currently have active tuberculosis disease.

Occupational and Environmental Health Site Assessment. Documents the OEH conditions found at a site (base camp, bivouac site or outpost, or other permanent or semi-permanent basing location) beginning at or near the time it is first occupied. The assessment, done by Service preventive medicine personnel, includes site history; environmental health survey results for air, water, soil, and noise; entomological surveys; occupational and industrial hygiene surveys; and ionizing and non-ionizing radiation hazard surveys, if indicated. Its purpose is to identify hazardous exposure agents with complete or potentially complete exposure pathways that may affect the health of deployed personnel.

Occupational and Environmental Health Activities. The regular collection, analysis, archiving, interpretation, and dissemination of OEH-related data for the purposes of monitoring the health of or potential health hazard impact on a population or an individual, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury, and to assess the effectiveness of controls.

Occupational and Environmental Health Surveillance. The regular or repeated collection, analysis, archiving, interpretation, and dissemination of occupational and environmental health-related data for monitoring the health of, or potential health hazard impact on, a population and individual personnel, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury when determined necessary.

Immunization. The process of rendering an individual immune to specific disease-causing agents. Immunization most frequently refers to the administration of a vaccine to stimulate the immune

system to produce an immune response.

Individual Medical Readiness (IMR). The extent to which a service member is medically ready to participate in the full range of military activities and operations—to include operational deployments, as measured by six key elements: a current periodic health assessment; the absence of deployment-limiting health conditions; a favorable dental readiness classification; currency in required immunizations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

Permanent Change of Station (PCS). The official relocation of an active duty military service member to a different duty location.

Periodic Health Assessment (PHA). An annual assessment for changes in health status, especially those that could impact a member's ability to perform military duties.

Primaquine. A drug taken after leaving a malaria zone IOT eliminating the liver stages of vivax malaria.

Temporary Additional Duty (TAD)/Temporary Duty (TDY). TAD/TDY missions are those on temporary missions in country typically for periods 30 days or less.

Temporary Change of Station (TCS). TCS the relocation to a new official station for a temporary period while performing a long-term assignment, and subsequent return to the previous official station upon completion of that assignment.

Vaccination. The administration of a vaccine to an individual for inducing immunity.

Vaccine. For the purposes of this Instruction, it is a preparation that contains one or more components that when administered, induces a protective immune response against a pathogen (infectious agent).