

UNCLAS

III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS 2019

REF/A/WEB/WWW.NCMI.DETRICK.ARMY.MIL//
REF/B/WEB/WWW.CDC.GOV/TRAVEL/YELLOWBOOK/2016/TABLE-OF-CONTENTS//
REF/C/DOC/TECHNICAL MANUAL NMCPhC-TM-PM 6220.12// REF/D/DOC/DODINST
6200.05//
REF/E/DOC/DODINST 6490.05//
REF/F/DOC/USPACOM FY 2019 FORCE HEALTH PROTECTION GUIDANCE FOR
USPACOM AOR DTG 1120353Z OCT 18//
REF/G/DOC/BUMEDINST 6230.15B//
REF/H/DOC/NAVMED P-5010 MANUAL OF NAVAL PREVENTIVE MEDICINE//
REF/I/WEB/WWW.MED.NAVY.MIL/SITES/NMCPhC/PAGES/HOME.ASPX//
REF/J/WEB/WWW.WHO.INT/EN//
REF/K/DOC/BUMEDINST 6224.8B CH-1/04 NOV 2014// REF/L/DOC/MCBJO/III
MEFO 6200.1B// REF/M/DOC/OPNAVINST 6100.3//
REF/N/DOC/DODINT 6490.13//
REF/O/DOC/BUMEDINST
6310.13//REF/P/WEB/WWW.ACQ.OSD.MIL/EIE/AFPMB/LIVINGHAZARDS.HTML
NARR/REF A IS THE UNCLASSIFIED WEBSITE UP TO DATE
HEALTH/ENVIRONMENTAL ADVISORIES AND COUNTERMEASURES INFORMATION FOR
THE III MEF AREA OF OPERATIONS (AO).
REF B IS THE CDC WEBSITE FOR THE YELLOW BOOK ON HEALTH INFORMATION
FOR INTERNATIONAL TRAVEL, 2018.
REF C IS THE NAVY AND MARINE CORPS PUBLIC HEALTH CENTER TECH MANUAL
FOR MEDICAL SURVEILLANCE AND MEDICAL EVENT REPORTING. REF D IS THE
DEPARTMENT OF DEFENSE (DOD) INSTRUCTION FOR FORCE HEALTH PROTECTION
QUALITY ASSURANCE PROGRAM.
REF E IS THE DOD INSTRUCTION FOR MAINTENANCE OF PSYCHOLOGICAL HEALTH
IN MILITARY OPERATIONS.
REF F IS THE USPACOM FY 19 FORCE HEALTH PROTECTION GUIDANCE.
REF G PROVIDES GUIDANCE ON IMMUNIZATION AND PROPHYLAXIS FOR PREVENTION
OF INFECTIOUS DISEASES.
REF H AND I PROVIDE DETAILED GUIDANCE ON NAVAL PREVENTIVE MEDICINE
SERVICES.
REF J IS THE WORLD HEALTH ORGANIZATION WEBSITE WITH COUNTRY SPECIFIC
DISEASE THREAT INFORMATION.
REF K IS THE BUMED INSTRUCTION FOR TUBERCULOSIS CONTROL PROGRAM AND
NAVMED 6224/8 RISK ASSESSMENT FORM.
REF L IS MCBJ AND III MEF ORDER ON EXERTIONAL HEAT INJURY (EHI)
PREVENTION AND MANAGEMENT.
REF M IS THE OPNAV INSTRUCTION ON THE DEPLOYMENT HEALTH
ASSESSMENT (DHA) PROCESS.
REF N IS THE DOD INSTRUCTION ON TRAUMATIC BRAIN INJURY-RELATED
NEUROCOGNITIVE ASSESSMENTS BY THE MILITARY SERVICES.
REF O IS THE BUMED INSTRUCTION ON CONDUCTING BASELINE PRE- DEPLOYMENT
NEUROCOGNITIVE FUNCTIONAL ASSESSMENTS.
REF P IS A LIVING HAZARDS DATABASE OF MORE THAN 500 SPECIES

WORLDWIDE, WHICH ARE REPORTED TO CAUSE SERIOUS INJURY OR DEATH TO HUMANS.

[REDACTED]

GENTEXT/REMARKS//

1. THIS MESSAGE PROVIDES III MEF FHP GUIDANCE TO ALL PERSONNEL ATTACHED, ASSIGNED, OR REPORTING TO III MEF UNITS. MEDICAL PERSONNEL SHALL BECOME FAMILIAR WITH REQUIREMENTS OF THIS MESSAGE AND OBTAIN OR DOWNLOAD REFERENCES A THROUGH P PRIOR TO DEPLOYMENT TO III MEF WITHIN THE USPACOM AREA OF OPERATIONS (AO).
2. LINE COMMANDERS ARE RESPONSIBLE FOR IMPLEMENTING EFFECTIVE FHP PROGRAMS AND SHOULD UTILIZE PREVENTIVE MEDICINE PERSONNEL IN PRE-DEPLOYMENT PLANNING AND BRIEFINGS. UNIT MEDICAL PERSONNEL ARE RESPONSIBLE FOR IDENTIFYING HEALTH THREATS AND APPROPRIATE COUNTERMEASURES TO LINE COMMANDERS. FHP GUIDANCE IS PROVIDED AND DESIGNED TO PROTECT UNITS AND PERSONNEL FROM DISEASE AND NON- BATTLE INJURY. FOR DETAILED INFORMATION CONCERNING SPECIFIC OPERATIONS/EXERCISES, REFER TO THE MOST CURRENT COUNTRY OR EXERCISE FHP MESSAGES, ANNEX QS, AND HIGHER ECHELON COMMAND DIRECTIVES.
3. ADJOINING THEATER REQUIREMENTS. INDIVIDUALS/UNITS ARE REQUIRED TO ADHERE TO REQUIREMENTS SPECIFIC TO CENTCOM OR KOREA THEATER. WITHIN 120 DAYS PRIOR TO DEPLOYMENT, FORWARD NOTIFICATION OF COMPLIANCE TO III MEF SURGEONS OFFICE BY AMHS MESSAGE.
4. MANDATORY VACCINATIONS.
 - 4.A. ENSURE ALL PERSONNEL ARE CURRENT FOR ROUTINE ADULT AND OPERATIONAL IMMUNIZATIONS. DOCUMENTATION IS REQUIRED. ADMINISTERING VACCINATIONS EARLIER THAN THE PRESCRIBED VACCINATION SCHEDULE IS NOT AUTHORIZED.
 - 4.A.1. HEPATITIS A VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED (SERIES COMPLETE) PRIOR TO DEPLOYMENT).
 - 4.A.2. HEPATITIS B VACCINE. DOCUMENTATION OF IMMUNITY OR IMMUNIZATOIN REQUIRED (SERIES COMPLETE) PRIOR TO DEPLOYMENT).
 - 4.A.3. POLIO VACCINE COMPLETED PRIOR TO DEPLOYMENT.
 - 4.A.4 MEASLES/MUMPS/RUBELLA (MMR) VACCINE. DOCUMENTATION OF IMMUNITY OF ALL THREE OR IMMUNIZATION REQUIRED (SERIES COMPLETE)PRIOR TO DEPLOYMENT .
 - 4.A.5. VARICELLA. REQUIRED FOR PERSONNEL WITHOUT EVIDENCE OF IMMUNITY TO VARICELLA. EVIDENCE OF IMMUNITY IN ADULTS INCLUDES ANY OF THE FOLLOWING: DOCUMENTATION OF TWO DOSES OF VARICELLA VACCINE FOUR WEEKS APART; U.S. CITIZENS BORN BEFORE 1980 (NOT FOR HEALTHCARE PERSONNEL); POSITIVE ANTIBODY TITER; HISTORY OF VARICELLA BASED ON DIAGNOSIS OR VERIFICATION BY HEALTHCARE PROVIDER.
 - 4.A.6. TETANUS-DIPHThERIA(TD) OR TETANUS-DIPHThERIA-ACELLULAR PERTUSSIS(TDAP) VACCINE. TETANUS-DIPHThERIA IS REQUIRED EVERY 10 YEARS. FOR ADULTS WHO HAVE NOT PREVIOUSLY RECEIVED A DOSE OF TDAP, ONE DOSE OF TDAP SHOULD BE GIVEN REGARDLESS OF INTERVAL SINCE LAST TETANUS VACCINE.
 - 4.A.7. INFLUENZA VACCINE. CURRENT SEASONAL VACCINE.
 - 4.B. IMMUNIZATION REQUIREMENTS SPECIFIC TO III MEF AO.
 - 4.B.1. ANTHRAX. A THREE DOSE PRIMARY SERIES AT (0, 1 AND 6 MONTHS). BOOSTER SERIES ARE REQUIRED AT 6 AND 12 MONTHS AFTER COMPLETION OF PRIMARY SERIES AND AT 12 MONTH INTERVALS THEREAFTER. ANTHRAX VACCINE IS REQUIRED FOR ALL III MEF PERSONNEL ATTACHED/ASSIGNED TO INCLUDE PERMANLTLY ASSIGNED RESERVE FORCES. IN ADDITION FORWARD DEPLOYED NAVAL FORCES ASSIGNED OR ATTACHED TO III MEF WILL RECEIVE ANTHRAX VACCINE IAW SCHEDULE WHILE IN THE PACOM AO, INCLUDING HAWAII. RESERVE FORCES NOT PERMANENTLY ASSIGNED/ATTACHED TO III MEF WILL ONLY REQUIRE ANTHRAX IF TAD OR DEPLOYED TO THE KOREAN PENINSULA 15 OR MORE CONSECUTIVE DAYS.
 - 4.B.2. JAPANESE ENCEPHALITIS VACCINE (JE-VC). TWO SHOT VACCINE SERIES

COMPLETED PRIOR TO ARRIVING IN THE III MEF AO (BOTH VACCINATIONS MUST BE IXIARO BRAND AND THIS 2-SHOT SERIES IS ADMINISTERED AT 0 AND 28 DAYS). AN ACCELERATED SCHEDULE HAS BEEN RECENTLY APPROVED BY THE FDA AT 0 AND 7 DAYS. IN ADDITION, A ONE TIME ONLY BOOSTER DOSE SHOULD BE ADMINISTERED AT LEAST 11 MONTHS AFTER COMPLETION OF THE PRIMARY VACCINATION SERIES IF ONGOING EXPOSURE TO JE IS EXPECTED. JE-VC IS REQUIRED FOR ALL III MEF PERSONNEL ATTACHED/ASSIGNED TO INCLUDE PERMANENTLY ASSIGNED RESERVE FORCES. IN ADDITION FORWARD DEPLOYED NAVAL FORCES ASSIGNED OR ATTACHED TO III MEF WILL RECEIVE JE-VC IAW SCHEDULE WHILE IN THE PACOM AO, INCLUDING HAWAII. RESERVE FORCES NOT PERMANENTLY ASSIGNED/ATTACHED TO III MEF WILL ONLY REQUIRE JE-VC IF TAD OR DEPLOYED FOR 30 DAYS OR MORE. IN ADDITION, A ONE TIME ONLY BOOSTER DOSE AT ONE YEAR IS REQUIRED. PERSONNEL WHO HAVE COMPLETED THE JEV SERIES PRIOR TO 2011 MUST RESTART AND COMPLETE A NEW 2-SHOT SERIES USING THE IXIARO BRAND VACCINE, NO EXCEPTIONS.

4.B.3. SMALLPOX. REQUIRED FOR ALL FORCES ATTACHED/ASSIGNED FOR ALL III MEF PERSONNEL ATTACHED/ASSIGNED TO INCLUDE PERMANENTLY ASSIGNED RESERVE FORCES. IN ADDITION FORWARD DEPLOYED NAVAL FORCES ASSIGNED OR ATTACHED TO III MEF WILL RECEIVE SMALLPOX VACCINE WHILE IN THE PACOM AO, INCLUDING HAWAII. RESERVE FORCES NOT PERMANENTLY ASSIGNED/ATTACHED TO III MEF WILL ONLY REQUIRE SMALLPOX IF TAD OR DEPLOYED TO THE KOREAN PENINSULA 15 OR MORE CONSECUTIVE DAYS. FORCES ARE ALSO REQUIRED TO RECEIVE A SMALLPOX BOOSTER EVERY 10 YEARS AND PERSONNEL WITH A PREVIOUS PERMANENT EXEMPTION MUST UPDATE THEIR SMALLPOX SCREENING FORM, VALIDATED BY A PHYSICIAN AND PLACED IN THEIR PERMANENT MEDICAL RECORD.

4.B.4. TYPHOID. (INJECTABLE OR ORAL). CURRENT PER PACKAGE INSERT, WITHIN TWO YEARS FOR INJECTABLE AND FIVE YEARS FOR ORAL.

4.C. REQUIRED IMMUNIZATIONS WILL NOT BE DEFERRED UNTIL ARRIVAL IN THE AO. UPON NOTIFICATION OF BEING ASSIGNED OR ATTACHED TO A III MEF UNIT, PERSONNEL WILL PROCEED TO THEIR NEAREST MILITARY TREATMENT FACILITY TO RECEIVE ALL APPROPRIATE IMMUNIZATIONS.

4.C.1. III MEF MAJOR SUBORDINATE COMMAND (MSC) SURGEONS OFFICE (3DMARDIV, 1ST MAW AND 31ST MEU) WILL CONDUCT IN PROGRESS REVIEWS (IPR'S) WITH UNIT DEPLOYMENT PROGRAM (UDP) UNITS MEDICAL PERSONNEL 90-120 DAYS OUT, 60 DAYS OUT AND 30 DAYS OUT FROM DEPLOYMENT (WHICH INCLUDES III MEF UNITS FROM HAWAII) TO DISCUSS MEDICAL READINESS ISSUES. UDP UNITS WILL SUBMIT A FORCASTED UNIT SCHEDULING REPORT OF III MEF MEDICAL REQUIREMENTS IN MRRS 30 DAYS IN ADVANCE OF THEIR REPORT DATE AND ANOTHER UNIT SCHEDULING REPORT THROUGH THEIR DEPLOYMENT DATE TO IDENTIFY REQUIREMENTS AND HELP DETERMINE SUPPORT REQUIREMENTS. THIS REPORT WILL BE SUBMITTED TO THEIR HIGHER III MEF MSC SURGEON OFFICE AS WELL AS TO THE III MEF PREVENTIVE MEDICINE OFFICER/FORCE HEALTH PROTECTION OFFICER. UDP'S WILL BE REQUIRED TO ROUTE A DD FORM 1149 REQUISITION AND INVOICE/SHIPPING DOCUMENT TO THEIR SUPPORTING MSC CLINIC IF IT IS DETERMINED PERSONNEL DEPLOYED WITHOUT RECEIVING THE APPROPRIATE DOSING SCHEDULE OF THE FOLLOWING VACCINES (JAPANESE ENCEPHALITIS, TYPHOID AND TETANUS/DIPHTHERIA/PERTUSSIS. USNH OKINAWA MAY SUBMIT THROUGH THEIR COMPTROLLER IN ORDER TO RECOUP ANY COSTS INCURRED. ANTHRAX AND SMALLPOX VACCINE IS CENTRALLY FUNDED AND WILL NOT REQUIRE COMPLETION OF A DD FORM 1149.

4.D.

4.E. IMMUNIZATION RECORD. IMMUNIZATION DATA WILL BE ENTERED THROUGH SERVICE IMMUNIZATION TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-ASIMS, COAST GUARD-MRRS, NAVY- MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS). III MEF AND SUBORDINATE COMMANDS WILL MONITOR MEDICAL READINESS AND IMMUNIZATION COMPLIANCE VIA MRRS UNIT IMR, IMR PROJECTION EXCEL (DETAILS) AND IMMUNIZATION SCHEDULING REPORTS.

4.E.1. IN ADDITION TO SERVICE DIRECTED VACCINATIONS BEING COMPLETED

PER REF G, ALL III MEF ASSIGNED OR ATTACHED REGARDLESS OF PHYSICAL LOCATION WILL HAVE THE FOLLOWING IMMUNIZATIONS CHECKED MARKED AS REQUIRED IN MRRS: ANTHRAX; POLIO; HEPATITIS A/B OR SUBSTITUTE TWINRIX; INFLUENZA; JAPANESE ENCEPHALITIS; SMALLPOX, TYPHOID; MMR; TETANUS; AND VARICELLA. MEDICAL STAFF WILL ROUTINELY CHECK COMPLIANCE IN MRRS AT LEAST MONTHLY.

4.E.2. ALL III MEF UNITS ARE PROHIBITED FROM USING DEFERRAL CODES UNLESS SPECIFICALLY JUSTIFIED PER REF G TABLE C-1 AND C-2.

4.E.3. MEDICAL STAFF MUST DOCUMENT DEFERRALS IN AHLTA AND SEROLOGICAL TESTING RESULTS IN MRRS UNDER THE COMPREHENSIVE MEDICAL ENTRY "TESTS" MODULE TO DOCUMENT THE TITER DATE FOR HEP A; HEB B; VARICELLA; MEASLES, MUMPS, AND RUBELLA. RESULTS OR DEFERRALS WILL NOT BE ACCEPTED IF NOT DOCUMENTED PROPERLY.

5. MALARIA CHEMOPROPHYLAXIS MEDICATIONS.

5.A. THERE IS NO MALARIA RISK IN JAPAN/HAWAII.

5.B. FOR III MEF FORCES DEPLOYING WITHIN THE AO, MALARIA RISK VARIES SIGNIFICANTLY BY LOCATION AND SEASON. RECOMMENDATIONS FOR CHEMOPROPHYLAXIS ARE BASED UPON THREAT ASSESSMENTS PROVIDED BY NCMI. CURRENT ASSESSMENTS OF MALARIA RISK WILL BE REVIEWED BY ALL DEPLOYING UNITS. THE III MEF SURGEON'S OFFICE WILL DETERMINE LEVELS OF RISK FOR THE VARIOUS COUNTRIES WITHIN THE AO AND WILL MAKE THE INFORMATION AVAILABLE THROUGH EXERCISE MESSAGES AND DEPLOYMENT BRIEFS. COMPONENT SURGEONS SHOULD SEEK APPROVAL FOR MALARIA CHEMOPROPHYLAXIS FOR THEIR UNITS FROM THE III MEF PREVENTIVE MEDICINE OFFICER BASED ON THE LATEST INTELLIGENCE, GROUND TRUTH, AND CURRENT THREAT RISK ASSESSMENT. REFERENCES A, B, AND J ARE AVAILABLE RESOURCES TO ASSIST THREAT RISK ASSESSMENTS. REQUESTS FOR REVIEW OF CHEMOPROPHYLAXIS PLAN SHOULD INCLUDE THE SPECIFIC CHARACTERISTICS OF THE DEPLOYMENT, INCLUDING THE DURATION OF DEPLOYMENT, LOCATION OF DEPLOYMENT, ANTICIPATED EXPOSURE TO NIGHTBITING MOSQUITOES, BILLETING, TYPE OF ACTIVITIES AND OTHER FACTORS.

5.B.1. IF MALARIA CHEMOPROPHYLAXIS IS REQUIRED, DOXYCYCLINE IS THE MEDICATION OF CHOICE. MALARONE MAY BE ACCEPTABLE AS WELL. DIRECTLY OBSERVED CHEMOPROPHYLAXIS IS HIGHLY RECOMMENDED.

5.B.2. DOSING PER MOST CURRENT GUIDANCE.

5.B.3. FORCES DEPLOYING FOR GREATER THAN 2 MONTHS TO AREAS WITH >30% OF MALARIA DUE TO P.VIVAX AND P.OVALE (INCLUDING SOUTH KOREA, THAILAND, MALAYSIA, NEPAL, VIETNAM, AND INDONESIA) REQUIRE PRESUMPTIVE ANTIRELAPSE THERAPY (PART) WITH PRIMAQUINE. BEFORE PRESCRIBING PRIMAQUINE, ALL PERSONNEL MUST BE TESTED FOR G6PD, IN ACCORDANCE WITH SERVICE POLICY. PRIMAQUINE WILL NOT BE GIVEN TO THOSE WHO ARE G6PD DEFICIENT. THOSE PERSONNEL WILL INSTEAD BE RETESTED TO CONFIRM THEIR STATUS. IF INDEED THEY ARE G6PD DEFICIENT THEN THE INDIVIDUAL WILL BE COUNSELED AND CLOSELY MONITORED. THE CDC RECOMMENDS PRIMAQUINE BE DOSED AT 30MG BASE DAILY FOR 14 DAYS FOR MAXIMUM EFFECTIVENESS, STARTING THE DAY OF DEPARTURE FROM MALARIOUS AREA. FOR DEPLOYMENTS AND EXERCISES THAT DO NOT MEET THIS RISK THRESHOLD, CONTACT III MEF FORCE HEALTH PROTECTION SECTION FOR ADDITIONAL GUIDANCE.

6. LABORATORY TESTS. HIV TESTING/SERUM SAMPLE. SCREENING WILL BE WITHIN THE PREVIOUS 12 MONTHS PRIOR TO DEPLOYMENT. CIVILIAN SCREENING WILL BE IN ACCORDANCE WITH DOD, SERVICE, SOFA, AND HOST NATION REQUIREMENTS. ONCE IN THE III MEF AO, REQUIRED EVERY TWO YEARS, OR BY EXCEPTION IF FURTHER DEPLOYED TO CENTCOM AO.

7. TUBERCULIN SKIN TESTING (PPD) SCREENING. TB RISK ASSESSMENT SHALL BE CONDUCTED IAW REF K WHILE ASSIGNED IN THE III MEF AO. IF REQUIRED, A PPD OR QFT SHOULD BE RECORDED IN MRRS.

8. ZIKA VIRUS IS A UNIQUE VECTOR-BORNE DISEASE THAT CAUSES BIRTH DEFECTS IN UNBORN CHILDREN. DISEASE PREVENTION INCLUDES COMPLIANCE WITH PERSONAL PROTECTIVE MEASURES AND SAFE SEXUAL PRACTICES. WOMEN

WHO ARE PREGNANT OR INTEND TO BECOME PREGNANT MAY WANT TO POSTPONE NONESSENTIAL TRAVEL TO ZIKA-AFFECTED AREAS PER CDC GUIDANCE (WWW.CDC.GOV/ZIKA/GEO/INDEX.HTML).

8.A. RISK MITIGATION: THERE IS NO VACCINE OR MEDICATION AVAILABLE TO PREVENT OR TREAT ZIKA INFECTION. THE MOST EFFECTIVE WAY TO PREVENT INFECTION IS TO PRACTICE STRICT MOSQUITO BITE PREVENTIVE MEASURES. THESE INCLUDE SELECTING LODGING WITH AIR CONDITIONING OR WITH SCREENS ON DOORS AND WINDOWS; SLEEP UNDER A MOSQUITO BED NET IF YOU ARE OUTSIDE OR IN A ROOM THAT IS NOT WELL SCREENED; COVER EXPOSED SKIN BY WEARING LONG-SLEEVED SHIRTS AND LONG PANTS THAT HAVE BEEN TREATED WITH PERMETHRIN; USE EPA-REGISTERED INSECT REPELLENTS CONTAINING DEET, PICARIDIN, OR IR3535.

8.B. ADDITIONAL PACOM ZIKA GUIDANCE CAN BE FOUND AT WWW.PACOM.MIL/CONTACT/DIRECTORY/J0/SURGEONS-OFFICE.

9. FITNESS FOR DEPLOYMENT.

9.A. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND CONTRACTOR EMPLOYEES) DEPLOYING TO THE III MEF AO MUST BE MEDICALLY (INCLUDING DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT PER DOD AND SERVICE POLICY.

9.B. PERIODIC HEALTH ASSESSMENTS (PHA) AND SPECIAL DUTY EXAMS MUST BE CURRENT PRIOR TO DEPLOYMENT.

9.C. ALL PERSONNEL REQUIRING LONG-TERM USE OF PRESCRIPTION MEDICATIONS WILL DEPLOY WITH A MINIMUM 90 DAY SUPPLY OF ALL MEDICATIONS, IDEALLY WITH ENOUGH TO COVER THE ENTIRE DEPLOYMENT TO THE GREATEST EXTENT POSSIBLE.

10. CONDUCT FHP/PM BRIEFING.

10.A. THE FOLLOWING TOPICS SHOULD BE COVERED: USE OF PERSONAL PROTECTIVE SUPPLIES, STD AVOIDANCE, INFECTIOUS DISEASE RISKS, ENVIRONMENTAL RISKS, SURFACE WATER AVOIDANCE, HEAT/WATER DISCIPLINE, INJURY AVOIDANCE (E.G., MOTOR VEHICLES, SPORTS ACTIVITIES), COMBAT AND OPERATIONAL STRESS CONTROL AND LEADERSHIP RESPONSIBILITIES TO ENFORCE PREVENTIVE MEASURES.

10.B. DEPLOYMENT HEALTH SURVEILLANCE. CONDUCT DISEASE AND NON- BATTLE INJURY (DNBI) SURVEILLANCE. ALL TRI-SERVICE REPORTABLE EVENTS SHOULD BE TO THE III MEF FORCE HEALTH PROTECTION SECTION VIA THEIR RESPECTIVE MSC SURGEON.

11. DEPLOYMENT HEALTH ASSESSMENTS

11.A. PRE-DEPLOYMENT HEALTH ASSESSMENT IS NOT REQUIRED FOR DEPLOYMENT TO JAPAN/HAWAII, BUT MAY BE REQUIRED FOR DEPLOYMENTS WITHIN THE AO.

11.B. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRICS (ANAM) IS A COMPUTERIZED BATTERY THAT MEASURES COGNITIVE PERFORMANCE RELATED TO ATTENTION, MEMORY, AND PROCESSING OF INFORMATION. A BASELINE TEST WITHIN 12 MONTHS OF DEPLOYMENT IS REQUIRED OF ANY III MEF MEMBER PRIOR TO BEING DEPLOYED IN AN AREA WHERE A TRAUMATIC BRAIN INJURY MIGHT OCCUR. 31ST MEU AND 3D MEB, AS THE ALERT CONTINGENCY MAGTF (ACM), WILL MAINTAIN CURRENT ANAM TESTING IN ORDER TO FACILITATE RAPID DEPLOYMENT CAPABILITY. UNIT DEPLOYMENT PROGRAM (UDP) PERSONNEL WILL HAVE BASELINE ANAM SCREENING PERFORMED PRIOR TO DEPLOYMENT.

12. CONTACT LENSES. SERVICE MEMBERS WHO MUST WEAR CONTACT LENSES TO ACHIEVE VISION STANDARDS, WHO CANNOT SATISFACTORILY PERFORM THEIR MOS WITH THEIR BEST SPECTACLE CORRECTION, OR FALL BELOW VISION RETENTION STANDARDS WITH THEIR BEST SPECTACLE PRESCRIPTION SHOULD NOT DEPLOY. CONTACT LENS WEAR IS NOT AUTHORIZED IN FIELD ENVIRONMENTS OR WHILE DEPLOYED WITH THE EXCEPTION OF AVIATORS/AIR CREW. ALL PERSONNEL WILL DEPLOY WITH 2 PAIRS OF EYEGLASSES AS REQUIRED.

13. FOR ADDITIONAL ADVICE OR GUIDANCE REGARDING III MEF FORCE HEALTH PROTECTION (FHP) REQUIREMENTS, CONTACT THE III MEF SURGEON'S OFFICE.



