

PM Guide for Southern Africa 4/99

To: USAF SG; USAF DS
> Subject: [S] USEUCOM PREVENTIVE MEDICINE GUIDANCE FOR SOUTHERN AFRICA
>
>
> PRIORITY ROUTINE
>
> P R 070743Z APR 99
>
> FM USCINCEUR VAIHINGEN GE//ECMD//
>
> TO 352SOG RAF MILDENHALL UK//SG//
> CDR FORSCOM FT MCPHERSON GA
> CDR USASETAF VICENZA IT//AESE-GO//
> CDR USASOC FT BRAGG NC
> CDR10THSFGA FT CARSON CO
> CDR 1ST BN 10THSFGA VAIHINGEN GE
> CINCLANTFLT NORFOLK VA//NO1/N3/N4E1//
> USCINCSOC MACDILL AFB FL//SG//
> CINCUSACOM NORFOLK VA
> CINCUSAREUR HEIDELBERG GE//AEAGC-O-CAT/AEAMD//
> CINCUSAREUR HEIDELBERG GE//AEAGX/AEAGC/AEAGC-P//
> CINCUSAVEUR LONDON UK//OO/O1/N3/N4/NO22//
> CIA WASHINGTON DC
> CJCS WASHINGTON DC//DJS/J3/J3-JOD/J4-LRC/J5/J4-MRD//
> COMDT COGARD WASHINGTON DC
> COMJSOC FT BRAGG NC
> COMNAVSPECWARCOM CORONADO CA//SG//
> COMSOCEUR VAIHINGEN GE//CG/J3/J4/J5//
> PAGE 2 RUFGNOA0847 UNCLAS
> COMUSAFE RAMSTEIN AB GE//AOS-DO/AOS-AOX/AOS-AOR/SG//
> COMUSAFE RAMSTEIN AB GE//SGPM/SGPB//
> COMUSKOREA SEOUL KOR//FKCC//
> CSA WASHINGTON DC
> HQ AFSOC HURLBURT FLD FL//SGX/SGP//
> HQ MARFOREUR BOEBLINGEN GE//CG/G3/G4/G5//
> HQ USEUCOM LO WASHINGTON DC
> JSOTF2 SAN VITO DEI NORMANNI AS IT//SG//
> HQ USEUCOM LO WASHINGTON DC
> USCINCCENT MACDILL AFB FL
> USCINCEUR ALT SHAPE BE//SPASAC//
> USCINCEUR VAIHINGEN GE//ECCS/ECJ1/ECJ2/ECJ3/ECJ4//
> USCINCEUR VAIHINGEN GE//ECCS-P/ECIG/ECJ35/ECJ5/ECMD//
> USCINCEUR VAIHINGEN GE//ECJ6/ETCC/ECPLAD/ECPA/ECCM//
> USCINCEUR VAIHINGEN GE//ECSM/ECLA/ECCH/ECRA/ECCS-AS//
> USCINCPAC HONOLULU HI
> USCINCSO MIAMI FL
> USCINCSpace PETERSON AFB CO
> USCINSTRAT OFFUTT AFB NE
> USCINTRANS SCOTT AFB IL

> PAGE 3 RUGNOA0847 UNCLAS
> USSOCOM MACDILL AFB FL
>
> INFO CIA WASHINGTON DC
> CMC WASHINGTON DC
> CNO WASHINGTON DC
> DFAS HQ WASHINGTON DC//M//
> DIA WASHINGTON DC
> DIRNSA FT GEORGE G MEADE MD
> DISA WASHINGTON DC
> DLA FT BELVOIR VA
> DMASC WASHINGTON DC
> JOINT STAFF ICP MANAGER MACDILL AFB FL
> SECDEF WASHINGTON DC
> RUEHC/SECSTATE WASHINGTON DC
> USCINCEUR VAHINGEN GE//ETCC/ECJ1/ECJ2/ECJ3/ECJ4/ECJ5//
> USCINCEUR VAHINGEN GE//ECJ31/ECJ33/ECMD//
>
> ***THIS IS A 3 SECTIONED MSG COLLATED BY MDS***
> UNCLAS
>
> SUBJ:USEUCOM PREVENTIVE MEDICINE GUIDANCE FOR SOUTHERN AFRICA
>
> REF/A/ A/AFMIC CDROM, MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE AND
> PAGE 4 RUGNOA0847 UNCLAS
> COUNTERMEASURES/MAR 1998.
>
> REF/B/ARTICLE, BOUDREAU, E. ET AL, TOLERABILITY OFPROPHYLACTIC
> LARIAM REGIMENS, TROPICAL MEDICINE AND PARASITOLOGYPG 257-265 1:44
> SEP 1993
>
> REF/C/PUBLICATION, CENTERS FOR DISEASE CONTROL AND PREVENTION,
> HEALTH INFORMATION FOR INTERNATIONAL TRAVEL 1996-7, DEC 1996.
>
> REF/D/NEHC TECHINCAL MANUAL NEHC-TM92-1 (CHANGE 1) AUGUST 1995, NAVY
> MEDICAL DEPARTMENT GUIDE TO MALARIA PREVENTION AND CONTROL ("MALARIA
> BLUE BOOK").
>
> REF/E/USARIEM TECHNICAL NOTE 93-6 JUN 93.
>
> REF/F/ASD (HA) MEMO, 9 MAR 94, DNA TESTING REQUIREMENTS FOR
> MOBILIZATION
>
> RMKS/
> PASS FOLLOWING TO ALL MEDICAL REPRESENTATIVES/PLANNERS
>
> RMKS/1. THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR PERSONNEL
> DEPLOYING TO SOUTHERN AFRICA: (COUNTRIES SOUTH OF A LINE ACROSS
> AFRICA FROM ANGOLA TO MOZAMBIQUE)
>
> A. HEPATITIS A VACCINE 1.0 ML IM (DELTOID) TWO SHOT SERIES, WITH
> FIRST DOSE GIVEN AT LEAST 14 DAYS PRIOR TO DEPLOYMENT. SECOND DOSE
> WILL BE GIVEN BETWEEN 6-12 MONTHS LATER.
> PAGE 5 RUGNOA0847 UNCLAS
> B. HEPATITIS B - ALL MEDICAL PERSONNEL AND OTHERS AT OCCUPATIONAL
> RISK OF EXPOSURE TO BODILY FLUIDS ARE REQUIRED TO HAVE DOCUMENTATION

- > OF HEPATITIS B VACCINE SERIES. ADULTS WITHOUT SIGNIFICANT MEDICAL
- > CONDITIONS REQUIRE A THREE DOSE SERIES. 1.0 ML (20 MCG ENGERIX-B, 10
- > MCG RECOMBIVAX HB-COLOR CODE GREEN) (DELTOID) DAY 0, 1 MONTH, AND
- > SIX MONTHS. THE NEED FOR BOOSTERS IS NOT YET DEFINED. THERE ARE
- > VARIOUS AGE AND MEDICAL CONDITIONS THAT AFFECT THE
- > RECOMMENDATIONS FOR THE PRIMARY SERIES AND BOOSTER REQUIREMENTS.
- > REFER TO THE PACKAGE INSERT, THE CURRENT PHYSICIAN'S DESK REFERENCE
- > OR OTHER REFERENCES FOR FURTHER INFORMATION.
- > C. INFLUENZA - CURRENT VACCINE ADMINISTERED.
- > D. MEASLES VACCINE. ADULTS BORN AFTER 1956 MUST HAVE A SINGLE DOSE
- > OF MEASLES VACCINE (MMR, MR, OR MEASLES ONLY). DOSE AND ROUTE MAY
- > VARY. WHEN ADMINISTERED WITH OTHER LIVE VIRUSES, GIVE ALL ON THE
- > SAME DAY, OR SEPARATE THE DOSES BY AT LEAST 1 MONTH.
- > E. MENINGOCOCCAL VACCINE. QUADRIVALENT (A, C, Y, W-135); SINGLE DOSE
- > VACCINE 0.5ML SC. BOOSTER EVERY 5 YEARS. THIS VACCINE IS
- > RECOMMENDED FOR PERSONNEL INVOLVED IN HUMANITARIAN MISSIONS OR OTHER
- > MISSIONS/EXERCISES THAT INVOLVE CONTACT WITH INDIGENIOUS PERSONNEL.
- > F. ORAL POLIO - THREE DOSE PRIMARY SERIES PLUS ONE ADDITIONAL DOSE
- > PAGE 6 RUGNOA0847 UNCLAS
- > AS AN ADULT.
- > G. PNEUMOCOCCAL VACCINE: FOR ALL ASPLENIC PERSONNEL 0.5ML IM OR SC
- > EVERY SIX YEARS.
- > H. RABIES VACCINE: PREEXPOSURE PROPHYLAXIS IS REQUIRED FOR PERSONNEL
- > WITH OCCUPATIONAL EXPOSURE IAW SERVICE SPECIFIC GUIDELINES. THREE
- > DOSE PRIMARY SERIES. 1.0 ML IM (DELTOID) FOR IMOVAX RABIES VACCINE
- > AND RABIES VACCINE ADSORBED OR 0.1 ML INTRADERMAL (DELTOID AREA) FOR
- > RABIES VACCINE, IMOVAX RABIES ID ON DAY 0, 7, AND (21 OR 28).
- > BOOSTER DOSES ARE THE SAME AS FOR THE PRIMARY SERIES. BOOSTER
- > REQUIREMENTS VARY WITH EXPOSURE CATEGORY. INDIVIDUALS AT CONTINUOUS
- > RISK SHOULD HAVE SEROLOGY EVERY 6 MONTHS WITH BOOSTER WHEN ANTIBODY
- > TITERS FALL BELOW 1:5. INDIVIDUALS WITH FREQUENT RISK SHOULD HAVE
- > BOOSTER OR SEROLOGY EVERY TWO YEARS. INDIVIDUALS WITH INFREQUENT
- > RISK (GREATER THAN THE GENERAL POPULATION) SHOULD COMPLETE THE
- > PRIMARY SERIES, BUT THERE IS NO REQUIREMENT FOR BOOSTER OR SEROLOGY.
- > PREEXPOSURE PROPHYLAXIS DOES NOT ELIMINATE THE NEED FOR PROMPT
- > POSTEXPOSURE PROPHYLAXIS. IT ONLY ELIMINATES THE NEED FOR RABIES
- > IMMUNE
- > GLOBULIN AND REDUCES THE NUMBER OF INJECTIONS OF RABIES VACCINE
- > NEEDED FOR POSTEXPOSURE PROPHYLAXIS.
- > PAGE 7 RUGNOA0847 UNCLAS
- > I. TETANUS/DIPHThERIA - THREE DOSE PRIMARY SERIES. BOOSTER SHOTS
- > REQUIRED EVERY 10 YEARS; 0.5ML, IM (DELTOID).
- > J. TYPHOID - ONE OF THE FOLLOWING COURSES REQUIRED: (1) INJECTABLE
- > (WYETH-AYERST TYPHOID VACCINE, USP) 2 DOSE PRIMARY SERIES, 0.5ML SC
- > ON WEEK 0 AND 4; BOOSTER EVERY THREE YEARS, 0.5ML SC OR 0.1ML ID.
- > (2) ORAL TYPHOID. 4 DOSE ORAL SERIES, TAKEN ON DAYS 0, 2, 4, AND 6.
- > BOOSTER EVERY FIVE YEARS. (3) INJECTABLE (TYPHIM VI, LICENSED 1995).
- > ONE DOSE PRIMARY SERIES, 0.5ML IM. BOOSTER REQUIRED EVERY 2 YEARS.
- > UPON COMPLETION OF INITIAL SERIES, ANY PRODUCT MAY BE USED FOR
- > BOOSTER DOSES.
- > K. YELLOW FEVER VACCINE. SINGLE DOSE VACCINE EVERY TEN YEARS, 0.5ML
- > SC. IAW SERVICE GUIDANCE
- > L. ANTHRAX VACCINE. INITIAL SIX DOSE SERIES WITH ANNUAL BOOSTERS.
- > THE EUCOM AOR IN AFRICA IS IN THE PHASE II IMPLEMENTATION AREA.
- > PERSONNEL DEPLOYING INTO THIS AREA ARE NOT CURRENTLY AUTHORIZED TO
- > INITIATE THE ANTHRAX VACCINE SERIES. DEPLOYING PERSONNEL ALREADY

> RECEIVING THE ANTHRAX SERIES SHOULD BE CURRENT. PERSONNEL DEPLOYING
> INTO SOUTHWEST ASIA ARE REQUIRED TO INITIATE THE ANTHRAX VACCINE
> SERIES.

>

> 2. PREVENTIVE MEDICINE BRIEFING. ALL DEPLOYING PERSONNEL WILL BE

> PAGE 8 RUGNOA0847 UNCLAS

> BRIEFED BY PREVENTIVE MEDICINE OR OTHER MEDICAL PERSONNEL ON THE
> FOLLOWING ISSUES:

> A. ENDEMIC DISEASES; SPECIFICALLY THE INFECTIOUS DISEASE RISK AS

> OUTLINED IN THE ARMED FORCES MEDICAL INTELLIGENCE CENTER'S (AFMIC)

> MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE AND COUNTERMEASURES
> (MEDIC).

> SPECIAL ATTENTION SHOULD BE GIVEN TO INFORMATION REGARDING MALARIA
> AND MALARIA PREVENTION.

> B. WATER AND FOOD CONSUMPTION; NO FOOD OR WATER IS TO BE CONSUMED
> UNLESS FIRST APPROVED BY U.S. MILITARY MEDICAL AUTHORITIES.

> C. FIELD SANITATION.

> D. PERSONAL PROTECTIVE MEASURES; USE OF PERMETHRIN CLOTHING

> TREATMENT, USE OF DEET LOTION, PROPER WEARING OF BDU'S, ETC.

> E. PERSONAL HYGIENE. GOOD HYGIENE INCLUDES FREQUENT HANDWASHING,

> PROPER DENTAL CARE, MAINTENANCE OF CLEAN, DRY CLOTHING (ESPECIALLY

> SOCKS, UNDERWEAR, AND BOOTS), AND BATHING WITH WATER FROM AN

> APPROVED SOURCE. IF A SHOWER IS NOT AVAILABLE, WASH SITES OF

> PERSPIRATION WITH A WASHCLOTH DAILY. BABY WIPES ARE USEFUL

> ALTERNATIVES. CHANGE SOCKS AS FREQUENTLY AS PRACTICAL. FOOT POWDER
> WILL HELP PREVENT FUNGAL INFECTIONS.

> F. PREVENTION OF ENVIRONMENTAL (HEAT/COLD) INJURIES.

> PAGE 4 RUGNOA0848 UNCLAS

> G. SNAKE BITES. THERE ARE NUMEROUS SPECIES OF VENOMOUS SNAKES IN

> THIS AREA. SPECIFIC INFORMATION IS AVAILABLE IN THE ENVIRONMENTAL

> HEALTH COMPONENT OF THE DISEASE AND ENVIRONMENTAL ALERT REPORTS

> (DEARS)

>

> 3. MALARIA - HIGH RISK - MALARIA IS HIGHLY ENDEMIC IN ALL AREAS,

> INCLUDING MOST URBAN AREAS. THE PERIOD OF TRANSMISSION IS NOVEMBER

> THROUGH MARCH IN THE MOST SOUTHERN AREAS. THE PREDOMINANT SPECIES IS

> PLASMODIUM FALCIPARUM (80-90%). P. MALARIAE, P. OVALE, AND P. VIVAX

> ARE PRESENT BUT LESS PREVALENT. CHLOROQUINE-RESISTANCE IS CONFIRMED

> IN UP TO 80% OF FALCIPARUM MALARIA. FALCIPARUM MALARIA RESISTANCE TO

> QUININE IS REPORTED AND RESISTANCE TO MEFLOQUINE AND

> SULFADOXINE/PYRIMETHAMINE (FANSIDAR) MAY OCCUR. SUSPECTED CASES OF

> MALARIA WILL BE IMMEDIATELY REPORTED TO COMMAND MEDICAL ELEMENTS.

> A. MALARIA PREVENTION - OPERATIONS IN THESE COUNTRIES REQUIRE A

> COMPLETE COMMAND MALARIA PREVENTION PROGRAM INVOLVING PROCUREMENT
> OF

> APPROPRIATE SUPPLIES, TRAINING, SUPERVISION, AND COMMAND SUPPORT.

> COMMAND SHOULD INSURE THE FOLLOWING:

> (1) PERSONAL PROTECTIVE MEASURES - AVOIDANCE OF MOSQUITO BITES IS

> THE CORNERSTONE OF PREVENTION. (A) DEET INSECT REPELLENT (NSN

> 6840-01-284-3982) ON ALL EXPOSED SKIN. (B) PROPER WEAR OF THE

> PAGE 5 RUGNOA0848 UNCLAS

> UNIFORM WITH SLEEVES ROLLED DOWN.

> (C) CAMOUFLAGE UNIFORMS AND BEDNETS SHOULD BE TREATED WITH

> PERMETHRIN.

> (2) MALARIA CHEMOPROPHYLAXIS - CHLOROQUINE-RESISTANT AND RELAPSING

> MALARIA. MEFLOQUINE 250 MG/WEEK BEGUN 2 WEEKS BEFORE ENTERING

> COUNTRY AND CONTINUED WEEKLY UNTIL 4 WEEKS AFTER DEPARTURE. THE
> PRIMARY REGIMEN FOR RAPID DEPLOYMENTS AND AVIATION PERSONNEL IS
> DOXYCYCLINE 100 MG/DAY. BEGIN 2 DAYS BEFORE ENTERING RISK AREA AND
> CONTINUE DAILY WHILE IN COUNTRY AND FOR 28 DAYS AFTER DEPARTURE.
> PERSONNEL ON FLIGHT STATUS MUST USE DOXYCYCLINE INSTEAD OF
> MEFLOQUINE. DOXYCYCLINE IS AN ACCEPTED ALTERNATE CHEMOPROPHYLAXIS
> REGIMEN FOR CHLOROQUINE-RESISTANT MALARIA EXPOSURE. PERSONNEL ON
> DOXYCYCLINE CHEMOPROPHYLAXIS SHOULD BE INFORMED THAT MISSING ONE DAY
> OF MEDICATION WILL PLACE THEM AT RISK OF MALARIA. MEDICAL STUDY HAS
> SHOWN GOOD TOLERANCE OF A MEFLOQUINE LOADING REGIMEN WHERE
PERSONNEL
> TAKE ONE 250 MG TAB ON DAYS 1, 2, 3, AND 7. THE PERSONNEL WOULD THEN
> BEGIN WEEKLY MEFLOQUINE 250 MG. FOR BOTH REGIMENS, ADD PRIMAQUINE 15
> MG/DAY AS TERMINAL PROPHYLAXIS FOR 14 DAYS. G-6-PD DEFICIENT
> PERSONNEL SHOULD NOT BE GIVEN PRIMAQUINE AND SHOULD BE WARNED ABOUT
> POSSIBLE DELAYED P. OVALE AND P. VIVAX INFECTION UP TO 1 YEAR AFTER
> PAGE 6 RUGNOA0848 UNCLAS
> EXPOSURE. PHYSICIANS MAY ELECT TO USE PRIMAQUINE TO TREAT KNOWN
> VIVAX INFECTIONS IN G-6-PD DEFICIENT PERSONS, UNDER CLOSE
> MONITORING. MEDICAL DEPARTMENTS WITH FORCES AFLOAT SHOULD CONSIDER
> THE EXPOSURE POTENTIAL OF MEMBERS WITH PRIMARY SHIPBOARD DUTIES WHEN
> CONSIDERING MALARIA CHEMOPROPHYLAXIS.
> B. MALARIA DIAGNOSIS - SIGNIFICANT FEVER IN ANY PERSON WITH POSSIBLE
> EXPOSURE TO MALARIA (REGARDLESS OF OTHER SYMPTOMS) SHOULD BE
> EVALUATED BY MALARIA SMEAR. REPEAT SMEARS EVERY 6-8 HOURS UNTIL
> SATISFIED THAT THE DIAGNOSIS IS RULED IN OR OUT. SEND SLIDES TO
> NEPMU-7 FOR CONFIRMATION.
> C. MALARIA TREATMENT - IF MALARIA IS SUSPECTED, TREATMENT SHOULD NOT
> BE DELAYED UNTIL CONFIRMATION OF MALARIA SLIDES. TREAT FOR
> FALCIPARUM IF UNCERTAIN OF SPECIES. TREATMENT SHOULD NOT BE DELAYED
> BECAUSE OF MEDICAL EVACUATION PLANS.
> (1). CURRENT RECOMMENDATIONS FOR TREATMENT OF UNCOMPLICATED MALARIA
> IN AFRICA ARE MEFLOQUINE 1250MG, SINGLE DOSE, FOLLOWED BY DOXYCYCLINE
> AND PRIMAQUINE (DOXYCYCLINE 100MG BID FOR SEVEN DAYS AND PRIMAQUINE
> 15MG QD FOR 14 DAYS).
> (2). COMPLICATED MALARIA IS A MEDICAL EMERGENCY ASSOCIATED WITH
> 15-25 PERCENT MORTALITY, EVEN WITH APPROPRIATE TREATMENT.
> PAGE 7 RUGNOA0848 UNCLAS
> COMPLICATED MALARIA IS DEFINED BY THE PRESENCE OF ONE OR MORE OF THE
> FOLLOWING: MENTAL STATUS CHANGES, PARASITEMIA GREATER THAN THREE
> PERCENT, PROLONGED HYPERTHERMIA, HIGH OUTPUT DIARRHEA AND/OR
> VOMITING, PREGNANCY, HYPOGLYCEMIA-BLOOD SUGAR LESS THAN 60 MG/DL,
> SEVERE ANEMIA- HEMOCRIT LESS THAN 21 PERCENT, HYPONATREMIA- SERUM
> SODIUM LESS THAN 125 MG/DL, RENAL FAILURE- DAILY URINE VOLUME LESS
> THAN 400 ML OR BLOOD UREA NITROGEN (BUN) GREATER THAN 40 MG/DL OR
> SERUM CREATININE GREATER THAN 4 MG/DL, ANY SIGNIFICANT IMPAIRMENT OF
> CARDIAC- RENAL- OR PULMONARY FUNCTION. RECOMMENDATIONS FOR TREATMENT
> OF COMPLICATED MALARIA INVOLVE USE OF INTRAVENOUS QUININE OR
> QUINIDINE. THE SPECIFICS OF THIS TREATMENT ARE BEYOND THE SCOPE OF
> THIS MESSAGE. PLEASE REFER TO REFERENCE (D).
>
> 4. ACUTE DIARRHEAL DISEASE. ACUTE DIARRHEAL DISEASE CONSTITUTES THE
> GREATEST IMMEDIATE INFECTIOUS DISEASE THREAT TO THE HEALTH OF THE
> FORCE. EMPHASIS MUST BE PLACED ON THE PRINCIPLES OF FIELD SANITATION
> AND HYGIENE IF DNBI RATES ARE TO BE KEPT TO A MINIMUM. NO FOOD OR
> WATER IS TO BE CONSUMED UNLESS FIRST APPROVED BY U.S. MILITARY

> AUTHORITIES.

>

> 5. CHOLERA. CHOLERA IS PRIMARILY TRANSMITTED BY INGESTION OF WATER
> CONTAMINATED WITH FECES OR VOMITUS FROM INFECTED HUMANS. THIS
> PAGE 8 RUGNOA0848 UNCLAS
> DISEASE IS BEST PREVENTED BY STRICT COMPLIANCE WITH FOOD AND WATER
> GUIDELINES. NO FOOD OR WATER IS TO BE CONSUMED UNLESS FIRST APPROVED
> BY U.S. MILITARY AUTHORITIES.

>

> 6. MENINGOCOCCAL MENINGITIS. THIS FORM OF BACTERIAL MENINGITIS IS
> ENDEMIC IN BURUNDI. RECENTLY THERE ARE REPORTS OF EPIDEMIC LEVELS IN
> SEVERAL AREAS OF THIS COUNTRY. TRANSMISSION IS THROUGH DIRECT
> CONTACT, INCLUDING DROPLETS AND DISCHARGES FROM NOSES AND THROATS OF
> INFECTED PERSONS. ALL PERSONNEL SHOULD BE IMMUNIZED AND LIMIT
> POTENTIAL EXPOSURE WITH ADHERENCE TO GOOD PERSONAL HYGIENE
> PRACTICES.

>

> 7. INSECT/ARTHROPOD VECTORS. DISEASES TRANSMITTED BY INSECT OR
> ARTHROPOD VECTORS (MOSQUITOES, TSETSE FLIES, SAND FLIES, TICKS,
> LICE, FLEAS) ARE NUMEROUS (YELLOW FEVER, DENGUE, CHIKUNGUNYA,
> TRYPANOSOMIASIS, LEISHMANIASIS, AND OTHERS) AND WILL HAVE A
> SIGNIFICANT EFFECT ON THE HEALTH OF THE FORCE UNLESS PREVENTIVE
> MEASURES ARE ENFORCED. THE USE OF THE FOLLOWING MEASURES ARE
> REQUIRED OF ALL PERSONNEL 24 HOURS A DAY:

> A. INSECT REPELLENT, CLOTHING TREATMENT (PERMETHRIN); NSN
> 6840-01-278-1336, AEROSOL SPRAY OR IDA-KITS (NSN 6840-01-345-0237).
> ONE CAN IS SUFFICIENT TO TREAT ONE BDU UNIFORM. AEROSOL SPRAY
> TREATMENT MUST BE REAPPLIED AFTER A MAXIMUM OF 5 WEEKS OR 5
> PAGE 4 RUGNOA0849 UNCLAS

> LAUNDERINGS, OR MORE FREQUENTLY IF PROTECTION IS INADEQUATE.
> UNIFORMS TREATED WITH THE IDA-KIT ARE PROTECTIVE FOR UP TO 6
> MONTHS.

> B. INSECT REPELLENT. PERSONAL APPLICATION (DEET), NSN
> 6840-01-284-3982. THIS LOTION APPLIED DIRECTLY TO THE SKIN PROTECTS
> AGAINST BITING INSECTS FOR UP TO 12 HOURS PER APPLICATION. MORE
> FREQUENT APPLICATION MAY BE REQUIRED IN HOT CLIMATES OR HEAVY RAINS.
> C. TREATED BDUS AND SKIN REPELLENT AFFORD NEARLY COMPLETE
> PROTECTION.

>

> 8. OTHER INFECTIOUS DISEASES.

> A. EBOLA AND MARBURG VIRUS ENDEMIC STATUS IS UNCLEAR. CASES HAVE
> OCCURRED IN THE REGION. AN IMPORTED HUMAN CASE OF EBOLA HAS BEEN
> REPORTED IN SOUTH AFRICA. BE AWARE THAT TODAY'S RAPID MODES OF
> TRAVEL FACILITATE TRANSPORTATION OF DISEASE TRANSMISSION VIA
> PERSON-TO-PERSON BY DIRECT CONTACT WITH INFECTED BLOOD, SECRETIONS,
> ORGANS, SEMEN, OR POSSIBLY
> THE AEROSOL ROUTE. NOTIFY PUBLIC HEALTH AUTHORITIES AND COMMAND
> MEDICAL ELEMENTS OF SUSPECTED CASES IMMEDIATELY.

> B. RABIES IS ENDEMIC IN MODERATE TO HIGH LEVELS. STRAY DOGS ARE A
> PRIMARY RESERVOIR.

> PAGE 5 RUGNOA0849 UNCLAS

> C. LASSA FEVER IS ENDEMIC IN SIERRA LEONE, LIBERIA, GUINEA AND
> REGIONS OF NIGERIA. SEROLOGICALLY RELATED, LESS VIRULENT VIRUSES ARE
> IN CENTRAL AFRICAN REPUBLIC, MOZAMBIQUE, AND ZIMBABWE. TRANSMISSION
> IS PRIMARILY THROUGH AEROSOL OR DIRECT CONTACT WITH EXCRETA OF
> INFECTED RODENTS. PERSON-TO-PERSON AND LABORATORY INFECTIONS OCCUR.

- > SPECIFIC TREATMENT WITH INTRAVENOUS RIBAVIRIN IS MOST EFFECTIVE
- > WITHIN THE FIRST 6 DAYS OF ILLNESS. INTRAVENOUS RIBAVIRIN IS AN
- > INVESTIGATIONAL NEW DRUG FOR THE TREATMENT OF LASSA FEVER. MEDICAL
- > PROVIDERS MUST BECOME ASSOCIATE INVESTIGATORS ON THE USAMRIID
- > PROTOCOL BEFORE ADMINISTERING THIS MEDICATION TO U.S. MILITARY
- > PATIENTS.
- >
- > 9. SEXUALLY TRANSMITTED DISEASES (STD'S) - ABSTINENCE IS THE ONLY
- > WAY TO ENSURE PREVENTION OF STD'S. IN MOST CASES, IT IS IMPOSSIBLE
- > TO DETECT A SEXUALLY TRANSMITTED DISEASE IN A POTENTIAL SEXUAL
- > PARTNER. LATEX CONDOMS SHOULD BE MADE AVAILABLE FOR ALL WHO CHOOSE
- > TO BE SEXUALLY ACTIVE. PROPER USE INCLUDES PLACEMENT PRIOR TO
- > FOREPLAY, USE OF NON-PETROLEUM LUBRICANT TO DECREASE BREAKAGE, AND
- > USE A NEW LATEX CONDOM WITH EACH SEXUAL CONTACT. ENCOURAGE
- PERSONNEL
- > TO PROMPTLY SEEK EVALUATION FOR SYMPTOMS OF ANY SEXUALLY TRANSMITTED
- > DISEASE. SYPHILIS, GONORRHEA, AND OTHER COMMON STD'S ARE ENDEMIC AT
- > PAGE 6 RUGNOA0849 UNCLAS
- > MODERATE TO HIGH LEVELS. HIV INFECTION IS COMMON.
- >
- > 10. HEAT INJURIES - THIS MAY BE THE GREATEST ENVIRONMENTAL THREAT TO
- > MILITARY PERSONNEL DEPLOYED TO TROPICAL CLIMATES. ACCLIMATIZATION
- > MAY TAKE 10-14 DAYS. INSURE PROPER WORK-REST CYCLES, ADEQUATE
- > HYDRATION, AND COMMAND EMPHASIS OF HEAT INJURY PREVENTION TO
- > INCLUDE: (1) COMMANDERS INSIST THAT PERSONNEL DRINK ADEQUATE WATER
- > TO PREVENT DEHYDRATION (UP TO TWO QUARTS PER HOUR UNDER SEVERE
- > HEAT/WORK CONDITIONS). (2) SCHEDULE WORK DURING THE COOLEST TIMES OF
- > THE DAY. ESTABLISH APPROPRIATE WORK-REST CYCLES BASED ON WBGT. (3)
- > CONDITIONS THAT INCREASE VULNERABILITY TO HEAT INCLUDE DIARRHEA,
- > SKIN TRAUMA, DRINKING ALCOHOL, FEVER, OBESITY, OLDER
- > AGE, POOR PHYSICAL CONDITION, AND THE USE OF DRUGS (ATROPINE,
- > ANTIHISTAMINES, OR "COLD" MEDICATIONS).
- >
- > 11. TUBERCULOSIS SCREENING: TUBERCULIN SKIN TEST (MANTOUX) OR
- > CLINICAL EVALUATION FOR PPD REACTORS - ALL INDIVIDUALS WILL PRESENT
- > DOCUMENTATION OF TUBERCULOSIS SCREENING WITHIN 12 MONTHS OF
- > DEPLOYMENT. INH PROPHYLAXIS SHOULD NOT DISQUALIFY MEMBERS FROM
- > DEPLOYMENT. DO NOT RECOMMEND ROUTINE DEPLOYMENT OF MEMBERS ON
- > MULTIPLE DRUG REGIMENTS FOR MYCOBACTERIAL INFECTIONS. MEMBERS WITH
- > SPECIAL NEEDS SHOULD BE EVALUATED BY A HEALTH CARE PROVIDER.
- > PAGE 7 RUGNOA0849 UNCLAS
- >
- > 12. PETS. DOMESTIC (DOGS, CATS, MONKEYS, SHEEP, GOATS, RODENTS) OR
- > WILD ANIMALS ARE NOT TO BE KEPT AS PETS OR MASCOTS. THESE ANIMALS
- > ARE INFECTED WITH A VARIETY OF ZONOTIC DISEASES THAT CAN BE
- > TRANSMITTED TO HUMANS, AND CAN HARBOR VECTORS CAPABLE OF
- > TRANSMITTING DISEASES TO HUMANS (INCLUDING RABIES, AFRICAN TICK
- > TYPHUS, LEISHMANIASIS) THAT HAVE A HIGH POTENTIAL FOR ADVERSELY
- > AFFECTING THE HEALTH OF THE COMMAND.
- >
- > 13. DISEASE SURVEILLANCE PROGRAM. AT A MINIMUM EACH INDIVIDUAL WILL
- > RECEIVE A REDEPLOYMENT/DEMOBILIZATION MEDICAL EVALUATION AND
- > COUNSELING PRIOR TO DEPARTURE FROM THE TAOR. MORE EXTENSIVE
- > REDEPLOYMENT SCREENING GUIDANCE MAY BE REQUIRED IF PERSONNEL ARE
- > DEPLOYED FOR 30 DAYS OR MORE. FURTHER DISEASE SURVEILLANCE
- > GUIDELINES AND REDEPLOYMENT MEDICAL SCREENING GUIDANCE WILL BE

> PROVIDED SEPARATELY.
>
> 14. UNITS SUPPORTING THIS OPERATION WILL ENSURE THAT OVERSEAS
> PROCESSING, TO INCLUDE DNA COLLECTION AND HIV SCREENING ARE
> ACCOMPLISHED PRIOR TO DEPLOYMENT OF PERSONNEL FROM HOME STATION IAW
> WITH SERVICE GUIDELINES.
>
> 15. OTHER USEUCOM PREV MED GUIDANCE CAN BE FOUND AT OUR WEB SITE:
> WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM
> PAGE 8 RUFGNOA0849 UNCLAS
>
> 16. POC IS CDR HENDRICK COMMERCIAL PHONE 00-39-95-56-3980/3781,
> DSN624-3980/3781, UNCLAS FAX -4100, E-MAIL
> <SIG1BBH@SIG10.MED.NAVY.MIL> (ALL LOWER CASE) OR LCDR WELCH
> COMMERCIAL PHONE 00-49-711-680-5907/7166, DSN 430-5907/7166, FAX
> 430-6410, E-MAIL <WELCHR@HQ.EUCOM.MIL> <WELCHR@HQ.EUCOM.SMIL.MIL>
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