

Subject: [S] PREV MED GUIDANCE FOR KOSOVO AND SOUTH CENTRAL
EUROPE

ROUTINE

R 230143Z FEB 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
CDR1STBN10THSFGA 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//
CIO 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//
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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//
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
USCINCSTRAT OFFUTT AFB NE
USCINCTRANS SCOTT AFB IL
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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
DMA WASHINGTON DC
JOINT STAFF ICP MANAGER MACDILL AFB FL
SECDEF WASHINGTON DC
RUEHC/SECSTATE WASHINGTON DC

THIS IS A 3 SECTIONED MSG COLLATED BY MDS
UNCLAS

SUBJ:PREV MED GUIDANCE FOR KOSOVO AND SOUTH CENTRAL EUROPE

REF/A/AFMIC CDROM, MEDICAL ENVIRONMENTAL DISEASE INTELLIGENCE
AND
COUNTERMEASURES/MAR 1998.

REF/B/PUBLICATION, CENTERS FOR DISEASE CONTROL AND PREVENTION,
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HEALTH INFORMATION FOR INTERNATIONAL TRAVEL 1996-7, DEC 1996.

REF/C/CJS MEMO, 4 DEC 98, DEPLOYMENT HEALTH SURVEILLANCE AND
READINESS

REF/D/ASD (HA) MEMO, 9 MAR 94, DNA TESTING REQUIREMENTS FOR
MOBILIZATION
PASS FOLLOWING TO ALL MEDICAL PLANNERS/REPRESENTATIVES

RMKS/1. FOR PURPOSES OF THIS MSG, SOUTH CENTRAL EUROPE
INCLUDES
KOSOVO, FRY, MACEDONIA, NORTHERN GREECE, ALBANIA, AND SERBIA,
BULGARIA. THE FOLLOWING IMMUNIZATIONS ARE REQUIRED FOR ALL
PERSONNEL
DEPLOYING TO SOUTH CENTRAL EUROPE:

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.

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

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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 . THIS VACCINE IS RECOMMENDED FOR PERSONNEL INVOLVED IN HUMANITARIAN MISSIONS OR OTHER MISSIONS/EXERCISES THAT INVOLVE CONTACT WITH INDIGENOUS PERSONNEL, .0.5ML SC. BOOSTER EVERY 5 YEARS

F. ORAL POLIO - THREE DOSE PRIMARY SERIES PLUS ONE ADDITIONAL DOSE 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

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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.

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.

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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 EUROM AOR IN SOUTH CENTRAL EUROPE 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 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)

B. WATER AND FOOD CONSUMPTION; NO FOOD OR WATER IS TO BE CONSUMED

UNLESS FIRST APPROVED BY U.S. MILITARY MEDICAL AUTHORITIES.

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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.

G. SNAKES 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 - NO RISK.

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
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CONTAMINATED WITH FECES OR VOMITUS FROM INFECTED HUMANS. THIS DISEASE IS BEST PREVENTED BY STRICT COMPLIANCE WITH FOOD AND WATER GUIDELINES.

6. INSECT/ARTHROPOD VECTORS. DISEASE TRANSMITTED BY INSECT OR ARTHROPOD VECTORS (MOSQUITOES, SAND FLIES, TICKS, LICE, FLEAS) ARE NUMEROUS (TICK-BORNE ENCEPHALITIS, SANDFLY FEVER, WEST NILE FEVER, SINDBIS, 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 6840-01345-0237). ONE CAN IS SUFFICIENT TO TREAT ONE BDU UNIFORM. AEROSOL SPRAY TREATMENT MUST BE REAPPLIED AFTER A MAXIMUM OF 5 WEEKS OR 5 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.

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C. TREATED BDUS AND SKIN REPELLENT AFFORD NEARLY COMPLETE PROTECTION.

7. OTHER INFECTIOUS DISEASES.

A. RABIES - LOW RISK - ENZOOTIC TO MOST AREAS. WILD ANIMALS PROVIDE THE MAIN RESERVOIR. PERSONNEL SHOULD AVOID ALL ANIMALS

B. HEMORRHAGIC FEVERS. HANTAVIRUS, THE VIRUS RESPONSIBLE FOR HEMORRHAGIC FEVER WITH RENAL SYNDROME IS TRANSMITTED THROUGH THE

URINE OF INFECTED RODENTS. THE BALKAN FORM OF HANTAVIRUS IS A MORE

SEVERE FORM THAN ELSEWHERE IN EUROPE. CONTACT OF SOLDIERS WITH

RODENTS WILL BE MINIMIZED AND FOOD SOURCES WITHIN THE WORK OR SLEEPING AREAS WILL BE PROPERLY STORED OR ELIMINATED. CRIMEAN-CONGO

HEMORRHAGIC FEVER, TRANSMITTED BY TICKS, HAS ALSO BEEN REPORTED IN THESE AREAS.

8. 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 PARTNERS. 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

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TO PROMPTLY SEEK EVALUATION FOR SYMPTOMS OF ANY SEXUALLY TRANSMITTED

DISEASE. SYPHILIS, GONORRHEA, AND OTHER COMMON STD'S ARE ENDEMIC AT

MODERATE TO HIGH LEVELS. HIV INFECTION IS PRESENT.

9. HEAT INJURIES - THIS MAY BE THE GREATEST OVERALL THREAT TO MILITARY PERSONNEL DEPLOYED TO WARM 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)

10. COLD INJURIES - RISK WILL DEPEND ON SPECIFIC REGION. LOSS OF BODY HEAT TO THE ENVIRONMENT CAUSES COLD INJURY. COLD INJURIES CAN

OCCUR IN ANY ENVIRONMENT. AIR TEMPERATURES BETWEEN 32-55 DEGREES F

CAN LEAD TO A GENERAL LOWERING OF BODY TEMPERATURE (HYPOTHERMIA, A

LIFE-THREATENING

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CONDITION) AND LOCAL NON-FREEZING INJURIES (CHILBLAIN AND

TRENCHFOOT). AIR TEMPERATURES BELOW FREEZING CAN RESULT IN

HYPOTHERMIA AND LOCAL FREEZING OF BODY TISSUES (FROSTBITE). RISK OF

COLD INJURIES IS INCREASED FOR PERSONS WHO ARE IN POOR PHYSICAL

CONDITION, DEHYDRATED, OR WET. COUNTERMEASURES INCLUDE: (1) CLOTHING AND COVER: EXPOSED SKIN IS MORE LIKELY TO DEVELOP FROSTBITE. ENSURE CLOTHING IS CLEAN, LOOSE, LAYERED AND DRY. REMOVE LAYERS OF CLOTHING, AS NEEDED TO AVOID SWEATING. CHANGE SOCKS 2-3 TIMES PER DAY, IF WET. COVER THE HEAD TO CONSERVE HEAT. METAL FOIL SURVIVAL BLANKET (NSN 7210-00-935-6667) IS VERY USEFUL AND LIGHT. (ENSURE THAT HEATED QUARTERS ARE WELL VENTILATED TO PREVENT CARBON MONOXIDE POISONING.) (2) HYDRATION AND NUTRITION: PROVIDE WARM FOOD AND BEVERAGES, ESPECIALLY AT NIGHT. INCREASE WATER INTAKE TO 3-6 QUARTS PER DAY. AVOID ALCOHOL. INCREASE FOOD INTAKE TO 4 MRES (OR EQUIVALENT) PER DAY.(3) PHYSICAL ACTIVITY: PLAN FOR SHORTENED PERIODS OF SENTRY/GUARD DUTY. SHIVERING IS A WARNING SIGN OF IMPENDING COLD INJURY; INCREASE ACTIVITY, ADD CLOTHING, OR SEEK WARM SHELTER. USE THE BUDDY SYSTEM; OBSERVE ALL PERSONNEL FOR EARLY WARNING SIGNS/SYMPTOMS.

11. TUBERCULOSIS SCREENING: TUBERCULIN SKIN TEST (MANTOUX) OR PAGE 8 RUFGNOA3287 UNCLAS 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.

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 ZOO NOTIC DISEASES THAT CAN BE TRANSMITTED TO HUMANS, AND CAN HARBOR VECTORS CAPABLE OF TRANSMITTING DISEASES TO HUMANS (INCLUDING RABIES AND 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 DEBRIEFING / EVALUATION AND COUNSELING PRIOR TO DEPARTURE FROM THE TAOR. MORE EXTENSIVE DEPLOYMENT SCREENING IS REQUIRED IF PERSONNEL ARE DEPLOYED FOR 30 DAYS OR MORE AS PER REFERENCE (C).

14. UNITS SUPPORTING OPERATIONS IN THIS REGION WILL ENSURE THAT

OVERSEAS PROCESSING, TO INCLUDE DNA COLLECTION AND HIV
SCREENING ARE
ACCOMPLISHED PRIOR TO DEPLOYMENT OF PERSONNEL FROM HOME
STATION IAW
SERVICE GUIDELINES.

15. OTHER USEUCOM PREV MED GUIDANCE CAN BE FOUND AT OUR WEB
SITE:

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WWW.EUCOM.MIL/HQ/ECMD/PREVMED/INDEX.HTM

16. POC IS CDR HENDRICK COMMERCIAL PHONE 00-39-95-56-3980/3781, DSN
624-3980/3781, 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>