



UNITED STATES FORCES KOREA INSTRUCTION

FKSG

DISTRIBUTION: A, B, C

USFKI 4200.02

20 August 2024

FORCE HEALTH PROTECTION (FHP)

Reference(s): See Enclosure I.

1. Purpose. To establish policies and procedures to cover minimum force health protection (FHP) requirements by assigning responsibilities and establishing reporting procedures to set FHP requirements identified in this instruction and pursuant to references listed in Enclosure I.
2. Superseded/Canceled. This instruction supersedes USFK Regulation 40-2, dated 9 December 2009, and USFK Regulation 40-9, dated 20 October 2021.
3. Applicability. This instruction applies to the United States Forces Korea (USFK), component commands, major subordinate commands and all U.S. military organizations attached or assigned to USFK.
4. Vision. To establish an FHP program and set requirements to effectively anticipate, recognize, evaluate, control and mitigate health threats to personnel operating on the Korean peninsula.
5. Responsibilities.
 - a. **Commanders**. Responsible for implementing effective FHP programs and utilizing preventive medicine personnel in pre-deployment planning and briefings. Commanders and supervisors must ensure personnel obtain Korean Peninsula-specific vaccinations before arrival.
 - b. **Unit Medical Personnel**. Responsible for identifying health threats and appropriate countermeasures.
 - c. **Individuals/Units**. Required to adhere to requirements specific to the Korean peninsula.

20 August 2024

d. USFK Surgeon (FKSG). Overall staff responsibility for ensuring FHP requirements are synchronized in Operation Plans (OPLANs) and among the Service Components' health service support plans.

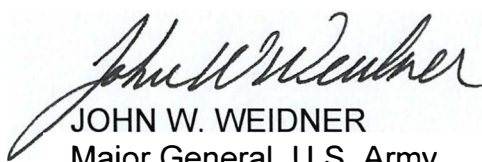
e. For detailed information concerning specific operations/exercises, refer to FKSG FHP Officer, Annex Qs, and higher echelon command directives.

6. Records Management. Records must be dispositioned in accordance with the CJCSM 5760.01B Volume II, Joint Staff and Combatant Commands Records Management Manual-Disposition Schedule.

7. Summary of Changes. Conversion of USFK Regulation 40-9 to USFKI format. Removal of COVID-19 vaccine mandate per Secretary of Defense Memo Subject: "Recession of August 24, 2021 and November 30, 2021 Coronavirus Disease 2019 Vaccination Requirements for Members of the Armed Forces" dated 10 Jan 2023.

8. Releasability. This instruction is approved for public release, distribution is unlimited. DOD components other federal agencies, and the public may obtain copies of this instruction through the internet from the USFK home page <https://www.usfk.mil/Resources/Publications/> or at [https://armyeitaas.sharepoint-mil.us/sites/USFK-RM/Document Library/Forms/Default.aspx](https://armyeitaas.sharepoint-mil.us/sites/USFK-RM/Document%20Library/Forms/Default.aspx).

9. Effective Date. This instruction is effective upon receipt.



JOHN W. WEIDNER
Major General, U.S. Army
Chief of Staff

Enclosures:

- A – Medical Deployability and Waivers
- B – Prescriptions, Medical Countermeasures, and Equipment
- C – Vaccinations
- D – Testing and Health Assessment
- E – Environmental Health Threats
- F – Deployment Health Surveillance
- G – USFK Air Quality Index Guide to Outdoor Activities
- H – USFK Form 722-E, USFK Medical Waiver Request
- I – References
- GL – Glossary

TABLE OF CONTENTS

ENCLOSURE	Page
A MEDICAL DEPLOYABILITY AND WAIVERS	A-1
Medical Readiness, Deployability, and Fitness for Korea	A-1
Medical Conditions Requiring a Waiver	A-1
Waiver Request Process and Approval	A-2
Contacts for Waivers	A-3
B PRESCRIPTIONS, MEDICAL COUNTERMEASURE, AND EQUIPMENT	B-1
Prescription Medication	B-1
Medical Chemical Defense Materiel	B-1
Malaria Chemoprophylaxis	B-2
Medical Equipment	B-3
Medical Warning Tags	B-3
C...VACCINATIONS	C-1
Required Vaccinations	C-1
Adverse Events	C-2
Vaccination Compliance	C-2
D...TESTING AND HEALTH ASSESSMENT	D-1
Medical/Laboratory Testing	D-1
Health Assessments	D-2
Mental Health Assessment	D-2
Medical Record	D-3
E...TESTING AND HEALTH ASSESSMENT	E-1
Pre-Deployment Health Threat Briefing	E-1
Unit Mascots and Pets	E-1
Food and Water Safety and Security	E-1
Diarrheal Diseases	E-2
Respiratory Diseases	E-2
Vector-borne Diseases	E-3
Sexually Transmitted Infections	E-3
Environmental Exposures	E-4
Appendix A...Vector-Borne Diseases in the Korean Peninsula	E-A-1
Appendix B...Department of Defense Insect Repellant System	E-B-1
Appendix C...Rodent Management Practices	E-C-1
Appendix D...Biting and Stinging Vector Management Practices	E-D-1

F....DEPLOYMENT HEALTH SURVEILANCE..... F-1

 Reporting F-1

 Occupational and Environmental Health Surveillance Assessment F-1

 Periodic Occupational and Environmental Monitoring Summary F-2

 Reportable Medical Event Surveillance F-2

 Health Risk Communication F-3

G USFK QUALITY INDEX GUIDE TO OUTDOOR ACTIVITIES G-1

H USFK FORM 722-E, USFK MEDICAL WAIVER REQUEST H-1

I REFERENCES I-1

GL GLOSSARY GL-1

 Abbreviations GL-1

 Terms..... GL-4

TABLE

1. Summary of Vaccination Requirements C-3

2. List of Tick, Mite- and Flea borne Pathogens in the ROK E-A-3

ENCLOSURE A
MEDICAL DEPLOYABILITY AND WAIVERS

1. Medical Readiness, Deployability and Fitness for Korea

Department of Defense (DoD) personnel must be screened and meet medical readiness standards IAW reference i, u, v, w, and x (Service Members), reference i, j, l, and x (DoD Civilians), and reference c (contractors). Fitness includes the ability to accomplish all required tasks and duties, while considering the environmental and operational conditions of their assigned location. Periodic Health Assessments and specialized duty exams must be current before deployment or assignment to the Korean peninsula.

2. Medical Conditions Requiring a Waiver

Unresolved health problems that cause significant duty or mobility limitations are disqualifying for deployment or assignment to Korean peninsula. The following conditions require an approved waiver prior to deployment or assignment (see references j and r for additional requirements):

- a. Conditions that prevent the wear of required Personal Protective Equipment (PPE).
- b. Conditions that prohibit vaccinations or use of Medical Chemical Defense Materiel (MCDMs).
- c. Chronic conditions that require frequent (more than twice/year) clinical visits or ancillary tests; that require evaluation/treatment by medical specialists not readily available on peninsula; that fail to respond to adequate conservative treatment; that require implanted medical device requiring ongoing maintenance or medical supervision; that require significant limitation to physical activity or that constitute increased risk of illness, injury, or infection.
- d. Any unresolved acute illness or injury that would impair duty performance during the duration of the assignment. If surgery has been performed, the post-surgical recovery period must be completed with clearance for full-duty to include service-specific Physical Fitness Test (PFT).
- e. Any medical condition that requires durable medical equipment (e.g. Continuous Positive Airway Pressure (CPAP) machine, Transcutaneous Electrical Nerve Stimulation (TENS) machine, nebulizers, wheelchairs, catheters, dialysis machines, insulin pumps, implanted defibrillators, spinal cord stimulators, cerebral implants, etc.), repeated/scheduled medical management, logistical support, and/or infection control protocols for personal medical equipment that are not available at the deployment location. Shipboard personnel not in support of land based operations may be exempt from this requirement per U.S. Navy/Pacific Fleet policy.

Enclosure A

20 August 2024

- f. Deploying personnel with moderate to severe Obstructive Sleep Apnea (OSA) (diagnostic Apnea-Hypopnea Index (AHI) and Respiratory Disturbance Index (RDI) $\geq 15/\text{hr}$) and symptomatic OSA.
- g. Any medical condition that could result in sudden incapacitation including history of stroke within the last 24 months, seizure disorders, and diabetes mellitus type I or II treated with insulin.
- h. Service Members with a history of alcohol or substance abuse treatment failure, require use of medications for treatment of a substance abuse disorder, or who have attended a substance abuse program within 12 months of deployment.
- i. Any physical or mental condition restricting the ability to carry or fire an assigned weapon.
- j. Any medical condition requiring anti-coagulation therapy.
- k. Operational dental readiness Class 3 or 4.
- l. Use of any narcotic and benzodiazepine medications on a regular basis.
- m. Behavioral health condition with any of the following features (see reference r):
 - (1) Admission to any inpatient, residential, or intensive outpatient behavioral health facility within the 12 months before arrival to the peninsula. Any history of multiple (2 or more) psychiatric hospitalizations is disqualifying, and no waiver submission would be indicated.
 - (2) Psychiatric disorders under prescription 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 r.
 - (3) Clinical psychiatric disorders with residual symptoms that impair or are likely to impair duty performance.
 - (4) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the Korean peninsula.
 - (5) No waivers will be granted for psychotic or bipolar disorders.

3. Waiver Request Process and Approval

Medical waiver requests are submitted to the respective Service Components IAW reference j. Sending unit commanders are not authorized to override a medical deployability determination.

Enclosure A

20 August 2024

a. Authorized agents (local medical provider, commander/supervisor, representative, or individual member) will forward a completed medical waiver request form (See Enclosure H) to be adjudicated by the appropriate surgeon listed below in Encl A, paragraph 4. The case summary portion of the waiver should include a synopsis of the condition(s) and supporting documentation to include the provider's assessment of ability to deploy. Medical waivers should be sent to the approval authority NLT 45 days before deployment and can take up to 30 days for processing.

b. Component surgeons must track and archive all approved or denied waivers.

c. 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).

d. Personnel found to not meet USFK fitness standards after arrival in Korea will require either waiver approval or redeployment. This situation may arise either due to a pre-existing condition that was not detected or adjudicated prior to arrival or a newly diagnosed condition.

4. Contacts for Waivers (recommend to keep contacts up to date)

a. USFK Surgeon. USFK_SG@army.mil DSN: 315-755-8445.

b. 7AF Surgeon. 7af.sgworkflow@us.af.mil. DSN: 315-784-8080.

c. 8A Surgeon. usarmy.humphreys.8-army.list.surgeon-deployment-waiver@army.mil. DSN: 315-755-2716.

d. MARFORK. DSN: 315-755-8356

e. CNFK. DSN: cnfk-medical@us.navy.mil 315-763-8793

f. SOCKOR Surgeon. SOCKOR_CMD_Surgeon_Cell@socom.mil. DSN: 315-757-3536.

Enclosure A

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Enclosure A

ENCLOSURE B

PRESCRIPTIONS, MEDICAL COUNTERMEASURE, AND EQUIPMENT

1. Prescription Medication

a. Supply. Deploying personnel will deploy with a minimum 180-day supply of prescribed medications with arrangements to obtain resupply using a follow-on refill prescription. Tricare eligible personnel will obtain refill prescriptions from the Tricare Mail Order Pharmacy (TMOP) Deployed Prescription Program.

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

(1) Personnel assigned to the Korean peninsula 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 before arrival on the Korean peninsula.

(2) Psychotropic medication may be dispensed for up to a 180-day supply with no refill. Psychotropic medications include anti-depressants, anti-anxiety (non-controlled substances), non-class 2 (CII) stimulants, and anti-seizure medications used for mood disorders.

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

c. Prescription Medication Analysis and Reporting Tool (PMART). Screening personnel will maximize the use of the PMART to identify those medications which are high-risk, temperature-sensitive, have interactions with over the counter medicine, or not available in South Korea and/or through the TMOP/DPP. Contact the Defense Health Agency (DHA) Pharmacy Analytics Support section at 1-866-275-4732 or dha.jbsa.pharmacy-ops.mbx.pass-dmt@health.mil for information on how to obtain a PMART report. (www.health.mil/PMART)

2. Medical Chemical Defense Materiel (MCDM)

Rotational and deployed forces and individuals traveling or deploying the Korean peninsula for 30 days or greater are required to bring and/or be issued (per component SOP) appropriate medical countermeasures to protect against Chemical, Biological, Radiological, and Nuclear (CBRN) threats. Deploying units will ensure availability of the following types and quantities of MCDM for each Service Member (contractors will receive these items per their contract):

Enclosure B

20 August 2024

- a. Antidote treatment nerve agent auto-injector (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. Individual deployers receiving MCDM items during pre-deployment processing will turn-in these items to their unit upon arrival to the Korean peninsula for proper storage during armistice.

3. Malaria Chemoprophylaxis

In general, malaria chemoprophylaxis is not required for deployments or field operations due to attack rates being less than 0.1% in South Korea (reference q). The only important malaria species in Korea is *P. Vivax*. However, FKSG and/or Component surgeons may recommend chemoprophylaxis when an increased malaria risk exists, particularly operations near or above the Military Line of Demarcation (MDL). When indicated by medical authorities, the following guidance regarding chemoprophylaxis will be followed:

- a. Chloroquine is the primary agent of choice for *Vivax* malaria. Doxycycline or Malarone are preferred second-line therapy for individuals unable to receive Chloroquine due to intolerance. Tafenoquine may also be considered for individuals who have contraindications or intolerance o Doxycycline or Malarone. Malarone may be considered for short-term or frequent deployment.
- b. When required, personnel should deploy with entire primary chemoprophylaxis course in hand or with enough medication to cover up to 180 days of the deployment with plans to receive the remainder of their medication in theater based on unit preference. Chloroquine should be taken 7 days before entering the risk area and continue through 4 weeks after leaving. Doxycycline and Malarone begin 1 day before entry and continue for 4 weeks after leaving for Doxycycline and 1 week after leaving for Malarone.
- c. Terminal chemoprophylaxis (Primaquine) should be distributed after leaving the risk area or end of disease transmission season for 14 days. The recommended dose is 28 mg/base using the CDC's recommendation of a weight-based regimen vice the FDA indication. Individuals must have their G6PD status prior to prescription of Primaquine. Individuals who are noted to be G6PD-deficient will not be prescribed

Enclosure B

Primaquine. When indicated, commanders and supervisors will ensure that individuals on primary malaria prophylaxis are issued terminal chemoprophylaxis immediately upon redeployment from the at risk malaria area(s).

d. Chemoprophylaxis should be administered under direct supervision at a pre-established time and taken with food. Missing one dose of medication or non-compliance with the DoD Insect Repellent System will place personnel at increased risk of malaria.

4. Medical Equipment

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

b. Contact Lenses. Personnel will not deploy with contact lenses except when authorized by service specific policy. Contact lenses should not be worn in field conditions. For example, contact lenses are life support equipment for certain Air Force aircrew personnel and therefore exempt IAW service guidelines. 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.

5. Medical Warning Tags

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

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Enclosure B

20 August 2024

ENCLOSURE C
VACCINATIONS

1. Required Vaccinations

a. Administration. Vaccinations will be administered IAW reference t. Additional DHA guidance can be found at the following website: <http://www.health.mil/military-health-topics/health-readiness/immunization-healthcare/vaccine-recommendations/vaccine-recommendations-by-aor>.

b. Requirements. Personnel (to include PCS, TCS, TAD/TDY and shipboard personnel) traveling to the Korean peninsula for greater than 30 days will be current with Advisory Committee on Immunization Practices (ACIP) immunization guidelines and service individual medical readiness (IMR) requirements IAW reference a. In addition, TAD/TDY personnel must comply with foreign clearance guidelines for the countries through which they are traveling. Current DoD vaccination requirements and recommendations can be found at the DHA website at: <http://www.health.mil/military-health-topics/health-readiness/immunization-healthcare/vaccine-recommendations/vaccine-recommendations-by-aor>.

c. Vaccines required for DoD personnel traveling to the peninsula for greater than 30 days:

(1) Anthrax. Series complete, or at least one dose prior to arriving on peninsula. The anthrax vaccine is available to all other uniformed and civilian DoD personnel not covered by mandatory requirements and for any accompanied family members. (reference n)

(2) Hepatitis A. Series complete or at least one dose prior to arriving on peninsula.

(3) Hepatitis B. Series complete or documented immunity prior to arriving on peninsula.

(4) Influenza. Current seasonal vaccine.

(5) Japanese Encephalitis Virus (JEV). Series complete 7 days prior to arriving on peninsula. A booster dose (3rd dose) should be given after 1 year if personnel will remain in theater. JEV vaccine is highly recommended for family members and other Tricare beneficiaries who are living in on PCS'ing to theater, and traveling to JEV-endemic areas.

(6) Measles/Mumps/Rubella (MMR). Series complete or documented immunity prior to arriving on peninsula.

Enclosure C

20 August 2024

(7) Polio. One dose as an adult is required. Service Members likely received this booster upon accession to the military.

(8) Rabies. Series recommended for personnel who may be unable to receive prompt medical evaluation and rabies post-exposure chemoprophylaxis within 72 hours of exposure to a potentially rabid animal. Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, and civil engineers at risk of exposure to rabid animals, laboratory personnel who work with rabies suspect samples, and Special Operations Forces (SOF) per USSOCOM and Service specific policies.

(9) Smallpox. Series complete prior to arriving on peninsula (Ref n). The smallpox vaccine is available to all other uniformed and civilian DoD personnel not covered by mandatory requirements and for any accompanied family members.

(10) Tetanus/Diphtheria. Single dose required every 10 years.

(11) Typhoid. Required every two years (injectable) or every five years (oral).

(12) Varicella. Series complete, documented infection, sufficient titer, or U.S. citizen born before 1980 (healthcare workers excluded).

(13) Other Vaccines. Other vaccines as directed by USFK Surgeon with full licensure from Food and Drug Administration and/or mandated by Department of Defense or USINDOPACOM.

2. Adverse Events

Adverse medical events related to vaccinations should be reported as a reportable medical event (RME) if case definitions are met (see glossary, Reportable Medical Events). Report vaccination related unexpected adverse events through the vaccine adverse events reporting system (VAERS) at <https://www.vaers.hhs.gov>.

3. Vaccination Compliance

Units and individuals are responsible for maintaining their vaccination readiness. Screening and vaccine administration will be complete before arrival. Efforts should be made to complete all series of vaccinations before travelling to the Korean peninsula.

Enclosure C

Table 1
Summary of Vaccination Requirements

Mandatory (M), Available (A)

<i>Vaccination</i>	<i>Active Duty</i>	<i>Emergency Essential DoD and Contractors</i>	<i>DoD Civilians</i>
Anthrax	M	M	M
Hepatitis A	M	M	M
Hepatitis B*	M	M	M
Influenza	M	M	M
JEV	M	M	M
MMR*	M	M	M
Polio	M	M	M
Rabies	A	A	A
Smallpox	M	M	M
Tdap	M	M	M
Typhoid	M	M	M
Varicella*	M	M	M

*Required for personnel without documented evidence of immunity.

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Enclosure C

ENCLOSURE D
TESTING AND HEALTH ASSESSMENT

1. Medical/Laboratory Testing

The following laboratory tests / screenings are required before deployment or assignment to Korea:

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

b. Serum Sample. A sample will be taken within 365 days of deploying (including rotational forces) to the Korean peninsula (reference o). The most recent serum sample, including serum collected for HIV testing may serve as the pre-deployment serum sample.

c. G6PD Testing. Documentation of one-time G6PD deficiency testing is required IAW reference f. G6PD-deficient individuals will be issued medical warning tags (see Encl B, paragraph 5, Medical Warning Tags) that states "G6PD Deficient: No Primaquine". If Primaquine is going to be issued to a DoD civilian or DoD contractor, testing may be conducted at government expense.

d. Human Chorionic Gonadotrophin (HCG). Required within 30 days of deployment for women, as well those females 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 vaccination (except influenza) and medical clearance for deployment.

e. DNA sample. A one-time sample is required for DoD personnel, including civilians and contractors.

f. Tuberculosis (TB) Screening. TB screening will be conducted IAW CDC guidelines, MEDCOM Form 829, or service-specific policy. Routine testing of personnel is not recommended and should only be targeted IAW CDC guidelines. Testing for TB will be accomplished within 90 days of deployment if indicated. If testing is performed, tuberculin skin test (TST) or an IGRA may be used.

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

(2) Latent tuberculosis infection (LTBI). The decision to treat LTBI during deployment should consider risks and benefits of treatment to include: risk of TB activation, risk of adverse events from LTBI treatment, time remaining in deployment, availability of medical personnel trained in LTBI treatment, availability of follow-up

Enclosure D

20 August 2024

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

g. 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 Encl A, paragraph 2.

2. Health Assessments

a. Service Members in a deployment status over 30 days or Contingency Deployment status to the Korean peninsula 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 DoDD 6200.04.

b. Service members on PCS, TCS, TAD or 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 on PCS, TSC, TAD, TDY, or deployed to South Korea for more than 90 days will transfer TRICARE enrollment to 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.

3. Mental Health Assessment

a. 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 DoDI 6490.07. Assessments will be accomplished within 120 days before deployment, and 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.

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. Related mental health evaluations will be at the contractor's expense.

Enclosure D

4. Medical Record

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.

b. Medical Information. The following health information must be part of an electronic medical record for DoD personnel or be hand-carried as part of a deployed medical record:

- (1) Annotation of blood type and Rhesus (Rh) factor, G6PD, HIV, and DNA.
- (2) Current medications and allergies (including any FHPPPs).
- (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 class 1 or class 2.
- (8) Vaccination record.
- (9) Approved medical waivers.

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Enclosure D

ENCLOSURE E

ENVIRONMENTAL HEALTH THREATS

1. Pre-Deployment Health Threat Briefing

a. Scope. Pre-deployment health treat briefing should include the following general issues: 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.

2. Unit Mascots and Pets

a. Mascots are strictly prohibited. Indigenous animals (other than domesticated dogs and cats) will not be transported out of the ROK by military personnel.

b. Deployed personnel will avoid contact with local wild and feral 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.

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 reference bb.

d. SOFA status personnel authorized domesticated privately owned pets in a non-deployment status are required to comply with reference z, which outlines responsibilities and procedures governing the possession, registration, vaccination, accountability, and control of domesticated pets.

3. Food and Water Safety and Security

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 IAW reference dd.

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

Enclosure E

(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 (reference cc), 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 or adulterated food or beverages can cause mild, moderate or severe illness or 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, Pyeongtaek, 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 drinking water standards. Consuming water from unregulated water sources may expose personnel to microbial or chemical contaminants.

4. 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 contingency operations, personnel that interact with ill populations should avoid close contact and implement proper preventive medicine hygiene and sanitation procedures.

5. Respiratory Diseases

Personnel may be exposed to wide variety of common respiratory infections in the Korean peninsula population including influenza, pertussis, viral and bacterial upper respiratory infections and pneumonia. Personnel in close-quarter conditions for prolonged periods are at higher risk for substantial person-to-person spread of respiratory pathogens. Influenza and COVID-19 are of particular concern because these infections can debilitate large numbers of unvaccinated personnel for several days. The ROK is an intermediate risk country for TB. During contingency operations, personnel that potentially interact with ill populations should avoid close contact and implement proper preventive medicine hygiene and sanitation procedures.

6. Vector-borne Diseases

Vector-borne diseases caused by pathogens such as vivax malaria, scrub typhus, spotted fever group rickettsioses, Lyme disease, Japanese Encephalitis (JE), severe fever with thrombocytopenia syndrome (SFTS), tick-borne encephalitis and others pose an intermediate risk 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 such as the DoD Insect Repellent System (Appendix B to this Enclosure), bed nets and appropriate chemoprophylaxis medications as required (reference q). Specific vector-borne threats are listed in Appendix A to this Enclosure with general PPM guidelines listed below. See reference hh for additional information on vector-borne diseases specific to Korean peninsula.

a. 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/DoD-Insect-Repellent-System.aspx>.

b. 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. Another option is Picaridin containing products. Products that combine sunscreen and repellent are not recommended as the repellent can interfere with the performance of the sunscreen. Instead, apply DEET insect repellent 30 minutes after applying sunscreen.

c. 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.

d. 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. Sexually Transmitted Infections

Sexually transmitted infections (STI) (e.g., gonorrhea, chlamydia, HIV/AIDS, Hepatitis B) are an intermediate risk. Abstinence is the only way to ensure complete prevention of a STI. Condoms should be used by all choosing to be sexually active and made available

as a force health protection measure. Personnel shall seek prompt medical treatment if STI symptoms occur or after high-risk exposure.

8. Environmental Exposures

a. Heat and Cold injuries are a seasonal risk in the Korean peninsula. Acclimatization to high or low temperatures and humidity may take 10 to 14 days. Unit leadership should fully implement heat illness and cold injury risk management. Unit leadership is responsible for tracking individuals with previous heat and cold injuries. These individuals are at an increased for subsequent heat and cold injuries and should be identified with a tag when conducting field exercises. Heat and cold injury risk assessments should also be completed by unit commander during exercise planning phase.

b. Sun Safety. Sunburn is the most common UV-related injury from sunlight exposure. In snow-covered areas, soldiers' risk both sunburn and snow blindness, a brief painful swelling of the eye. High lifetime sun exposure increases the risk for skin cancer and cataract blindness. Wear sunscreen with SPF 30 or higher, applied 30 minutes before sun exposure and reapply every 2 hours throughout the day. Work and rest in the shade whenever possible; construct shades if necessary.

c. Air Quality. Poor air quality in South Korea 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 local air quality index (AQI) at www.aqicn.org and limit outdoor activities as necessary IAW Enclosure G. Further measures to protect personnel from poor air quality levels to include limits on physical fitness tests can be found in reference aa.

d. 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.

e. 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 deployed personnel carry and use hand sanitizer. Environmental health oversight of food service contractors and waste disposal contractors is required. Any further questions or concerns regarding environmental health threats can be directed towards FKSG FHP Officer at DSN 315-755-8450 or USFK_SG@army.mil.

Enclosure E

APPENDIX A TO ENCLOSURE E

VECTOR-BORNE DISEASES IN THE KOREAN PENINSULA

Vector-borne Diseases in the Korean Peninsula Vector-borne disease threats in the Korean peninsula are identified through National Center for Medical Intelligence (NCMI), surveillance carried out by the 65th Medical Brigade (reference hh), and also by monitoring KDCA weekly report of infectious diseases. Contact FKSG FHP Officer at 315-755-8450 or USFK_SG@army.mil for information on emerging threats or visit KDCA Infectious Disease Portal (<http://www.kdca.go.kr/npt/biz/npp/ist/simple/simplePdStatsMain.do>)

1. Malaria (Mosquito-borne)

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 (<0.1%) IN MOST OF South Korea. The areas for highest risk of malaria transmission are in Area 1 (near the MDL) but still remain less than 1%. Although the risk of malaria is low, it still exists and risk can increase based on changing environmental factors. See Encl B, paragraph 3 for information on malaria chemoprophylaxis. Regulation 40-2 contains additional information on prevention, surveillance, diagnosis and treatment of malaria in Korean peninsula.

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

JEV is endemic throughout the ROK. The highest risk period is 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%, 51 cases of JE were reported in the ROK from 2018- 2019. Unvaccinated personnel remain at risk every year. For vaccination requirements and beneficiary recommendations see chapter 4.

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

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 South Korea (reference gg). 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. KDCA reports approximately 400-500 cases of HFRS annually. 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 C to Enclosure E) 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.

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.

5. Severe Fever with Thrombocytopenia Syndrome (SFTS)

a. SFTS is an endemic emerging infectious disease first reported in 2009 in rural areas of China caused by the tick-borne Bunyavirus and has been identified in the ROK. The number of SFTS cases has quadrupled from 2013-2016 with case-fatality rates ranging from 27 to 47 percent.

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.

6. Other Tick-, Mite- and Flea-borne Diseases

A rapid increase in the number of scrub typhus cases in Korea (caused by chigger mites) remains a serious health threat as it can rapidly incapacitate large numbers of persons and degrade military operations. The presence of Lyme disease in Korea is increasing although the prevalence in ticks is low.

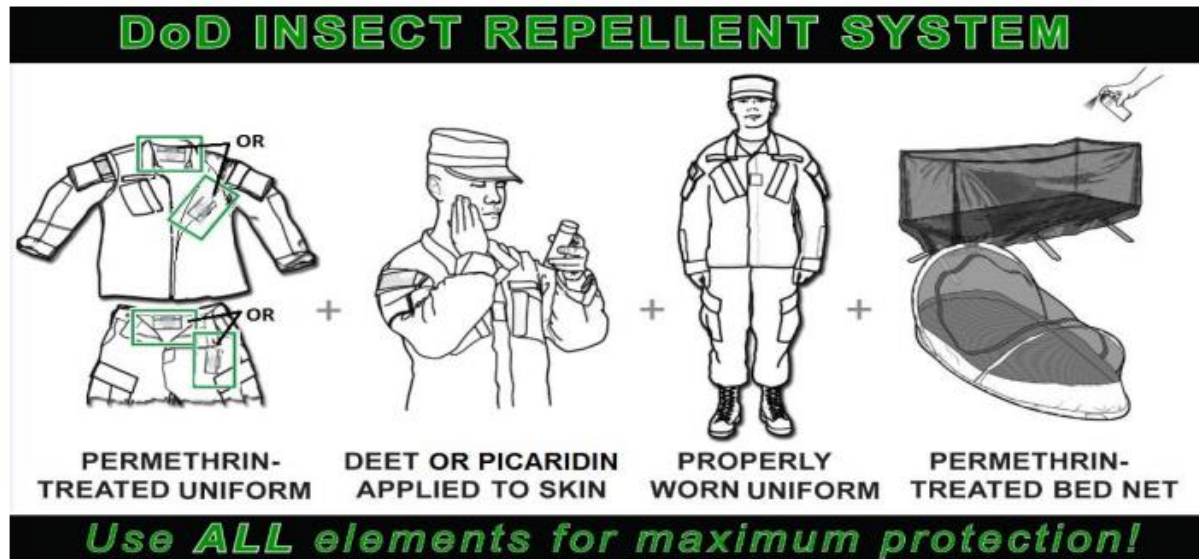
Table 2
List of Tick, Mite- and Flea borne Pathogens in the ROK

<u>Disease</u>	<u>Risk</u>	<u>Typical Risk Period</u>	<u>Typical Severity</u>	<u>Mode of Transmission</u>
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.

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APPENDIX B TO ENCLOSURE E
DEPARTMENT OF DEFENSE INSECT REPELLANT SYSTEM



MOSQUITO BITE PREVENTION

Steps you can take to reduce your chance of getting bitten:



When weather permits, wear long-sleeved shirts and pants.



Stay in places with air conditioning and window and door screens to keep mosquitoes outside.



Use Environmental Protection Agency (EPA)-registered insect repellents. Always follow the product label instructions.



Regularly empty and scrub, turn over, cover, or throw out any items that hold water like tires, buckets, planters, toys, pools, birdbaths, flowerpot saucers, or trash containers. Mosquitoes lay eggs near water.

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APPENDIX C TO ENCLOSURE E
RODENT MANAGEMENT PRACTICES
(RISK REDUCTION EXPOSURE PREVENTION PROCEDURES)

1. Purpose

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

2. Applicability

These procedures are applicable to USFK military personnel residing and/or conducting operations in the ROK.

3. Responsibilities

Unit Commanders and individual service members are responsible for implementing measures to reduce exposure to rodents (who carry fleas, ticks, mites) and their excreta (urine, feces, and saliva).

4. Procedures Applicable To Exposure Prevention

a. Compliance with the DoD Insect Repellent System (Appendix B to Enclosure E) and reference ee.

b. Advance parties should have technical expertise 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 reference ee. 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 reference ee. 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 before 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 D TO ENCLOSURE E
BITING AND STINGING VECTOR MANAGEMENT PRACTICES
(RISK REDUCTION EXPOSURE PREVENTION PROCEDURES)

1. Purpose

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

2. Applicability

These procedures are for the use of USFK military personnel residing and/or conducting operations in the ROK.

3. Responsibilities

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

4. Exposure Prevention

a. The most effective prevention for biting and stinging vectors is to avoid these vectors' most likely habitats (i.e., open grassy areas and grassy/scrub areas bordering forested areas). Advance parties should have technical expertise available to identify infestations as well as their potential habitat. Personnel should avoid infested areas, not rest or lay on the ground in grassy areas, and use the DoD Insect Repellent System (Appendix B to Enclosure E) to reduce the potential for bites and stings.

b. Tick-, Mite, and Flea-borne parasites, the causative agents for human ehrlichiosis, encephalitis, Lyme disease, scrub typhus, SFTS, and rickettsia diseases are transmitted through the bites of infected ticks, mites and fleas. Also, several rodent species have been confirmed positive for species of ticks, fleas and chiggers.

c. 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.

d. 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.**

e. Service Members 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 for pests and may increase the SM's exposure to biting and stinging arthropod, and rodent-borne diseases.

ENCLOSURE F

DEPLOYMENT HEALTH SURVEILLANCE

Health surveillance is a critical component of the USFK FHP program. It includes occupational and environmental health (OEH) surveillance and medical surveillance subcomponents. Disease and OEH hazards are quickly identified through health surveillance. 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 South Korea. Joint, standardized procedures for conducting health surveillance can be found in reference s.

1. Reporting

a. Disease and Injury (DI) surveillance (see reference h and s). 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 reference e. 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 Task Force (TF) Surgeons are responsible for ensuring units within South Korea are collecting the prescribed DI data and reporting that data weekly.

2. Occupational and Environmental Health Surveillance Assessment (OEHSA)

a. The OEHSA is a comprehensive, all-hazards assessment used to identify occupational and environmental health threats at a deployment site. The purpose of the OEHSA is to identify and evaluate potential environmental exposures that may impact the health of deployed personnel.

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 nonionizing radiation hazard surveys, if indicated.

Enclosure F

c. OEHSAs will be sent by the completing unit through designated Service Component for review and submitted directly to the Defense Occupational and Environmental Readiness System (DOEHRS) at <https://doehrs-ih.csd.disa.mil/Doehrs/>. See reference e for DOEHRS requirements.

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

3. Periodic Occupational and Environmental Monitoring Summary (POEMS)

a. POEMS is a joint approved product used to address environmental exposure documentation requirements established by reference e and i 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://doehrsih.csd.disa.mil/Doehrs/> where joint OEH surveillance data and reports are stored. The POEMS template can be found at <http://phc.amedd.army.mil>.

4. Reportable Medical Event Surveillance (See reference bb)

a. The list of diseases and conditions that must be reported can be found in the Armed Forces Reportable Medical Events Guidelines and Case Definitions found at www.health.mil/afhsb.

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

c. Report the following RME's to FKSG (USFK_SG@army.mil): 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);

Enclosure F

streptococcus, multidrug resistant bacteria including the ESKAPE (Enterococcus faecium, Staphylococcus aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, Enterobacter) organisms, 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).

5. Health Risk Communication

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, and the need for any medical follow-up.

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Enclosure F

ENCLOSURE G

USFK AIR QUALITY INDEX GUIDE TO OUTDOOR ACTIVITIES

Korea CAI	US EPA AQI	Recommended Behavioral Guidelines and Activity Modifications					
		General Public and Military Non-Mission Critical Activities	Sensitive Groups***	Schools, Child Development Centers, and Child and Youth Services			
				Recess and Other Outdoor Activities (typically <30 minutes)	Physical Education (P.E.) Class (typically <1 hour)	Athletic Practice and Training (typically <4 hours)	Scheduled Athletic Event (typically <4 hours)
Good (0-50)	Good (0-50)	No limitations to outdoor activities. It's a great day to be active outside!					
Moderate (51-100)	Moderate (51-100)	No limitations	Unusually Sensitive Individuals: Consider reducing prolonged or heavy exertion. Watch for symptoms such as coughing or shortness of breath.	No limitations	Monitor sensitive individuals and limit their vigorous activities.	Monitor sensitive individuals and limit their vigorous activities.	Monitor sensitive individuals and limit their vigorous activities.
Unhealthy (101-250)	Unhealthy for Sensitive Groups (101-150)	No limitations	Reduce prolonged or heavy exertion. Take more breaks and reduce intensity of activities. Watch for symptoms such as coughing, chest pain, or difficulty breathing. Follow individual treatment care plan.	It's OK to be active outside for short periods. Watch for symptoms such as coughing, chest pain, or difficulty breathing. Monitor students with chronic medical conditions and follow treatment care plans.	It's OK to be active outside for short periods. Watch for symptoms such as coughing, chest pain, or difficulty breathing. Monitor students with chronic medical conditions and follow treatment care plans.	Take more breaks and reduce intensity of activities. Watch for symptoms such as coughing, chest pain, or difficulty breathing. Monitor individuals with chronic medical conditions and follow treatment care plans.	Increase rest periods and substitutions for all participants to lower breathing rates. Watch for symptoms such as coughing, chest pain, or difficulty breathing. Monitor individuals with chronic medical conditions & follow treatment care plans.
	Unhealthy (151-200)	Reduce prolonged or heavy exertion. Take more breaks and reduce intensity of outdoor activities.	Avoid prolonged or heavy exertion. Consider moving activities indoors or rescheduling.	Keep all students indoors.	Conduct P.E. indoors in an environment with good air quality.	Conduct practice and training indoors in an environment with good air quality.	Consider rescheduling event. If outdoor event is held, have emergency medical support immediately available. Increase rest periods and substitutions for all participants to lower breathing rates. Monitor individuals with chronic medical conditions and follow treatment care plans.
	Very Unhealthy (201-300)	Avoid prolonged or heavy exertion. Consider moving activities indoors or rescheduling.	Avoid all physical activity outdoors. Move activities indoors or reschedule.	Keep all students indoors.	Conduct P.E. indoors in an environment with good air quality.	Conduct practice and training indoors in an environment with good air quality.	Reschedule event.
	Very Unhealthy (251-500)	Hazardous (301-500)	Avoid all physical activity outdoors. Move activities indoors or reschedule.	Avoid all physical activity outdoors.	Keep all students indoors.	Conduct P.E. indoors in an environment with good air quality.	Conduct practice and training indoors in an environment with good air quality.

***Sensitive Groups include people with heart or lung disease, older adults (who may have undiagnosed heart or lung disease), and children.

Enclosure G

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Enclosure G

20 August 2024

ENCLOSURE H

USFK FORM 722-E, USFK MEDICAL WAIVER REQUEST

UNITED STATES FORCES KOREA MEDICAL WAIVER REQUEST <small>For use of this form, see USFKI 4200.02 and the proponent agency is USFK Surgeon.</small>			
<small>Email this form and all scanned documentation 30 days prior to deployment to the appropriate component Surgeon distribution box: 8A: usarmy.humphreys.8-army.list.surgeon-deployment-waiver@army.mil / 315-755-2716. 7AF: 7af.sgworkflow@us.af.mil / 315-784-8080 SOCKOR: SOCKOR_CMD_Surgeon_Cell@socom.mil / 315-757-3536. MARFORK: 315-477-8667. CNFK: 315-763-8314. USFK: 315-755-8450 Do not send encrypted emails to these distribution lists. Use DoD SAFE Transfer or contact component Surgeon DSN for assistance.</small>			
Patient Name (Last, First):		DOB:	
Age:		DODID:	
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: _____	
Required documentation for waiver evaluation in addition to this form: <small>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).</small>			
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. <i>(Use additional sheets, if needed. The more clinical information provided, the better.)</i>			
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: _____	
FOR SURGEON'S OFFICE USE ONLY			
Waiver Approved: YES <input type="radio"/> NO <input type="radio"/>			
Waiver Authority Signature: _____		Date: _____	
Comments:			
<small>For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 (Public Law 99-570, 5 USC 552(B)). This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191) and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.</small>			

USFK Form 722, 5 MAR 2024

PREVIOUS EDITIONS ARE OBSOLETE.

This form can be downloaded from <https://armyetaas.sharepoint-mil.us/sites/USFK-RM/SitePages/USFK-Publications-&-Forms.aspx>

Enclosure H

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Enclosure H

ENCLOSURE I

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- b. DoDI 1100.21, Voluntary Services in the Department of Defense.
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- d. DoDI 6025.19, Individual Medical Readiness (IMR) Program.
- e. DoDI 6055.05; Occupational and Environmental Health.
- f. DoDI 6465.01, Erythrocyte Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) and Sickle Cell Trait Screening Programs.
- g. DoDI 6485.01, Human Immunodeficiency Virus (HIV) in Military Service Members.
- h. DoDD 6490.02E, Comprehensive Health Surveillance.
- i. DoDI 6490.03 Deployment Health.
- j. DoDI 6490.07, Deployment-Limiting Medical Conditions for Service Members and DoD Civilian Employees.
- k. Directive-MEMO 17-004, DoD Civilian Expeditionary Workforce, 25 Jan 2017 (Incorporating Change 2, Effective 2 Jan 2019).
- l. Secretary of Defense Memo, Military Service Pre-Deployment Medical Preparations in Support of Geographic Combatant Commanders, 29 Apr 2020.
- m. Deputy Secretary of Defense Memo, Clarifying Guidance for Smallpox and Anthrax Vaccine Immunization Programs, 12 Nov 2015.
- n. Assistant Secretary of Defense Memo, Policy for Pre and Post Deployment Serum Collection, 14 Mar 2006.

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Enclosure I

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Enclosure I

GLOSSARY

1. Abbreviations

7AF	7th Air Force
8A	Eighth Army
ACIP	Advisory Committee on Immunization Practices
AFPMB	Armed Forces Pest Management Board
AHI	Apnea-Hypopnea Index
ANAM	Automated Neuropsychological Assessment Metrics
ATNAA	Antidote Treatment Nerve Agent Auto-injector
CANA	Convulsant Antidote Nerve Agent
CBRN	Chemical, Biological, Radiological, and Nuclear
CDC	Center for Disease Control
CNFK	Commander, Naval Forces Korea
CoS	Chief of Staff
CPAP	Continuous Positive Airway Pressure
DoD	Department of Defense
DHA	Defense Health Agency
DI	Disease and Injury
DOEHRS	Defense Occupational and Environmental Health Readiness System
DNA	Deoxyribonucleic Acid
DPP	Deployed Prescription Program
EMO	Electronic Media Only

ESKAPE	Enterococcus faecium, Staphylococcus aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, Enterobacterium
FDA	Food and Drug Administration
FHP	Force Health Protection
FHPPP	Force Health Protection Prescription Products
FKSG	United States Forces Korea Surgeon
G6PD	Glucose-6-phosphate dehydrogenase
HCG	Human Chorionic Gnadotrophin
HIV	Human Immunodeficiency Virus
IMR	Individual Medical Readiness
JEV	Japanese Encephalitis Virus
KDCA	Korean Disease Control and Prevention Agency
LTBI	Latent Tuberculosis Infection
MARFOR-K	US Marine Forces Korea
MCDM	Medical Chemical Defense Materiel
MERS-COV	Middle Eastern Respiratory Syndrome Coronavirus
MDL	Military Line of Demarcation
MHS	Military Health System
MMR	Measles/Mumps/Rubella
NCMI	National Center for Medical Intelligence
NMCPHC	Navy and Marine Corps Public Health Center
OEH	Occupational and Environmental Health
OEHSA	Occupational and Environmental Health Surveillance Assessment

OPLANS	Operational Plans
OSA	Obstructive Sleep Apnea
PCS	Permanent Change of Station
PDHA	Post Deployment Health Assessment
PDHRA	Post Deployment Health Re-Assessment
PFT	Physical Fitness Test
PMART	Prescription Medication Analysis and Reporting Tool
POEMS	Periodic Occupational and Environmental Monitoring Summary
Polio-IPV	Inactivated Poliovirus
RAT	Risk Assessment Tools
RDI	Respiratory Disturbance Index
RH	Rhesus
RME	Reportable Medical Event
ROK	Republic of Korea
RSDL	Reactive Skin Decontamination Lotion
SARI	Severe Acute Respiratory Infections
SFTS	Severe Fever with Thrombocytopenia Syndrome
SOF	Special Operations Forces
STI	Sexual Transmitted Infections
TAD	Temporary Additional Duty
TB	Tuberculosis
TBE	Tick-borne Encephalitis
TCS	Temporary Change of Station

TD	Tetanus/Diphtheria
TDAP	Tetanus, Diphtheria, and Pertussis
TDY	Temporary Duty
TENS	Transcutaneous Electrical Nerve Stimulation
TIC/TIM	Toxic Industrial Chemical/Material
TF	Task Force
TMOP	Tricare Mail Order Pharmacy
TST	Tuberculin Skin Test
USAF	United States Air Force
USAFSAM	United States Air Force School of Aerospace Medicine
USAPHC	United States Army Public Health Command
USFK	United States Forces Korea
USINDOPACOM	United States Indo-Pacific Command
VAERS	Vaccine Adverse Events Reporting System

2. Terms

Armistice. The Korean Armistice Agreement established the Korean MDL 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.

Deployment. The movement of forces into and out of an operational area.

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.

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 vaccinations; the completion of readiness-related laboratory studies; and the availability of individual medical equipment.

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, 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.

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.

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

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