

JTF: GRISWOLD

SOUTH PACIFIC ★ Fiji ★ New Caledonia ★ Papua New Guinea ★ Samoa ★ Tasmania ★ Tonga

CAPT Micheal Allen CAPT Jonathan Beatty MAJ David Boyd

CAPT Alex Kats CPT Jeramy Mahoney CPT Jeff Negard

OUTLINE

- Purpose
- Background
- Service Member Resources
- Deployment Requirements
- Common Health Problems
- Medical Threats
- Environmental Threats
- Re-Deployment
- Command Responsibilities
- Service Member Responsibilities

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PURPOSE

To develop a Medical Threat evaluation for the South Pacific, Oceania Region, designed to help reduce the risk of disease and non-battle injury as well as the risks associated with infectious and environmental hazards while deployed

BLUF

 Individual Readiness and knowledge of possible regional threats for Oceania must be ensured in the predeployment, deployment, and redeployment phases in order to maintain overall task force readiness and to protect the health of multifactorial US Forces comprised of Army, Navy, Marine, and Air Force assets

BACKGROUND

Oceania

Australia	Melanesia	Micronesia	Polynesia
Australia, Norfolk Island	Timor, New Guinea, New Caledonia, Papua New Guinea, Solomon Islands, Vanuatu	Guam, Kiribati, Marshall Islands, Mariana Islands, Federated States of Micronesia, Naura, Palau, Wake	Samoa, Cook Islands, French Polynesia, New Zealand, Niue Pitcairn Islands Tokelau, Tonga

Medical capabilities

- Hospitals, Universities, Clinics
- Blood Supply
 - Country Dependent



CLOSEST MILITARY BASES

<u>Hawaii</u>

- Pearl Harbor
- Hickam Air Force Base
- Tripler Army Medical Center
- Schofield Barracks
- Kaneohe Marine Corp Base
- Barking Sands Naval Base

<u>Australia</u>

- Robertson Barracks, Darwin
- Bradshaw Field, North Cape
- Royal Darwin Hospital, Darwin

<u>Guam</u>

- Andersen Air Force Base in Yigo, Guam
- Naval Base Guam Navy Base in Apra Harbor, Guam.
- US Naval Hospital Guam.
- Naval Force Marianas Navy Base in Maria NAS, Guam

<u>Korea</u>

- Osan Air base
- Chinhae Navy Base in Busan
- Brain Allgood Army Hospital, Seoul

SERVICE MEMBER RESOURCES

- Deployment Health Guide: Army Guide to Staying Healthy
 - GTA 08-05-062
- A Soldier's Guide To Staying Healthy: Oceania
 - SHG 030-0304
- Family Support
 - Military Onesource
- Military Assets
 - Fleet & Family Readiness Centers (Navy)
 - Airmen & Family Readiness Centers (Air Force)
 - Family Readiness Group (Army) (Department of Defense [DoD], 2014)



DEPLOYMENT REQUIREMENTS

- Deployments > 30 days
- Required DoDI 6025.19:
 - PHA
 - Deployment-limiting medical and dental conditions
 - Dental assessment Class 1 & 2
 - Immunization status
 - Medical readiness and laboratory studies
 - Individual medical equipment and prescription meds
- Pre-deployment Health Risk Assessment (DD 2795)
 - Mental Health Assessment
 - Baseline Neurologic Testing
 - Pregnancy Testing

IMMUNIZATIONS

- Deployment requirements
 - Hepatitis A & B series
 - Tetanus-Diphtheria
 - Polio
 - Measles/Mumps/Rubella
 - Typhoid*
 - Varicella
 - Influenza
 - Yellow Fever*
 - Rabies*
 - Meningococcal
- Immunization tracking
 - ASIMS (USAF)
 - MEDPROS (ARMY)
 - MRRS (NAVY & Marines)



DISEASE NON-BATTLE INJURY

- Disease Non-Battle Injury (DNBI) comprises 75% more injuries than actual battlefield casualties
 - Musculoskeletal Injuries
 - Sprains / Fractures
 - Reinforce PT, stretching, hydration, education
 - Psychological
 - Combat Stress / Family
 - Battle buddy, CSO, education

Medical Threats

VECTOR

DISEASE	INCIDENCE / RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTER- MEASURES
Malaria	1-10% / High	Mosquito bites (Plasmodium vivax, P. falci., P. malariae, P. ovale.)	DEET, Permethrin treated uniforms, bed nets, long sleeves & long pants, Primaquine, Doxycycline, or Malarone	Headache, chest pain, arthralgia, nausea, vomiting, diarrhea, myalgia, fever, chills, sweating	Primaquine, Doxycycline, or Malarone	Mosquito control, chemo prophylaxis, education, preventative med visits, sx screening
Dengue Fever	1-10% / Intermediate	Mosquito bites	Same as above	Fever, chills, headache, eye pain, musculoskeletal pain, rash, can develop into shock and frank bleeding	Fluid replacement, monitor for shock, (avoid salicylates)	Mosquito control, education, preventative med visits
Ross River Virus	1-10% / Intermediate	Same as above	Same as above	Nonspecific fever & headache, myalgia, polyarthritis, maculopapular rash	Supportive care	Same as above
Typhus	Less than 1% / Intermediate	Same as above	Same as above	Abrupt fever, headache, myalgia, cough, increased respiratory rate, difficulty breathing, possible hearing loss, lymphadenopathy	Doxycycline	Same as above
Chikungunya	Unknown / Intermediate	Same as above	Same as above	Myalgia, headache, nausea, vomiting, joint pain, rash	Supportive care	Same as above
Japanese Encephalitis	Rare / Low	Same as above	Same as above + Japanese Encephalitis vaccination	Fever, chills, malaise, headache, confusion, nausea, vomiting, seizures	Supportive care	Same as above



FOOD AND WATERBORNE

DISEASE	INCIDENCE/RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTER-MEASURES
Bacterial Diarrhea	11-50% / High	Poor sanitation, improperly cooked food, contaminated water	Field sanitation, hand hygiene, eating/drinking from approved sources, brushing teeth with approved water	Dehydration, loose watery stools, +/- fever	Oral rehydration, antibiotics, anti- diarrheal	Hand hygiene, treat water, thoroughly cook food, isolate infected individuals and wastes per protocol
Protozoal Diarrhea	Less than 1% / Intermediate	Same as above	Same as above	Dehydration, loose watery stools, +/- fever	Oral rehydration, anti-protozoals, anti-diarrheal	Hand hygiene, treat water, thoroughly cook food, isolate infected individuals and wastes per protocol
Hepatitis A	Less than 0.1% / Intermediate	Same as above	Same as above, Hepatitis A vaccine	Nausea, fever, jaundice, loss of appetite, abdominal pain, dark colored urine	Supportive care, prophylactic vitamin A, IVIG	Hepatitis A vaccine, hand hygiene, proper sanitation
Typhoid	Less than 0.1% / Intermediate	Same as above	Same as above, prophylactic typhoid vaccine	Abdominal pain, nausea, diarrhea, constipation, sore throat, cough, maculopapular lesions	Antibiotics, supportive care, cholecystectomy, possible evacuation	Protect food & water sources from being exposed to waste. Isolate affected stool & urine.
Hepatitis E	Less than 0.01% / Low	Same as above, contamination through infected feces, direct contact with infected person	Same as above, Hepatitis B vaccine	Fever, weakness, dark colored urine, clay colored stools, rashes, hepatomegaly, nausea, jaundice	Supportive care, prophylactic Hepatitis B vaccine	Prophylactic Hepatitis B vaccine



FOOD AND WATERBORNE II

DISEASE	INCIDENCE/ /RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTER-MEASURES
Leptospirosis	Unknown / Intermediate	Open skin contact with contaminated water by rodents, cattle & pigs.	Doxycycline prophylaxis, avoid local fresh water contact	Rash, nausea, vomiting, sore throat, red eyes, myalgia, fever, cardiac changes on EKG	Antibiotics, supportive care	Doxycycline PO
Cholera	Less than 0.1% / Low	Poor sanitation, improperly cooked food, contaminated water	Field sanitation, hand washing, eating/drinking/ brushing teeth from approved sources	Watery / grayish turbid stools, vomiting, dehydrated appearance, low temperature, muscle cramps	IV and oral rehydration, antibiotics	Boiling water, sterilizing utensils, thoroughly cooking food, field sanitation
Brucellosis	Less than 0.01% / Low	Poor sanitation, improperly cooked food, contaminated water, contact with infected dairy products	Same as above	Fever, chills, sweating, fatigue, headache, lymphadenopathy	Antibiotics, acetaminophen, corticosteroids, supportive care	Field sanitation, hand washing, eating/drinking from approved sources, wear gloves when working with livestock, cook meat thoroughly, secretion precautions



DISEASE	INCIDENCE / RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTER-MEASURES
Q Fever	Less than 0.1% / Intermediate	Respiratory, contact with infected animals or barnyard materials	Avoid contact with local livestock and their containment areas	Fever, pneumonia, cough, chills, night sweats, photophobia, severe headaches, lymphadenopathy, hepatitis, cardiac issues	Antibiotics, possible heart valve replacement	Hand hygiene, avoid exposure to livestock.
Rabies	Rare / Low	CNS infection caused by contaminated animal bites	Avoid interaction with local animals to prevent bites/scratches	Pruritus, fever, malaise, nervousness, photophobia, excessive salivation, paralysis, shallow respirations, hydrophobia, flaccid paralysis that could develop into quad paralysis	Rabies immune globulin, rabies vaccine, wounds care, tetanus	Avoid contact with animals

SEXUALLY TRANSMITTED DISEASE

DISEASE	INCIDENCE/ RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTER-MEASURES
Hepatitis B	Less than 1% / High	Unprotected sex, contaminate d blood products & body secretions	Education, abstinence, condom use, Hepatitis B vaccine	Loss of appetite, nausea, abdominal pain, jaundice, dark urine, clay colored stools	Supportive care, alpha-2B interferon, lamivudine, antivirals	Education, proper PPE, General Order #1
Gonorrhea/Chla mydia	1-50% / Intermediate	Same as above	Education, abstinence, condom use	Painful urination, greenish purulent urethral excretion	Antibiotics	Same as above, follow-up with test-for-cure
HIV/AIDS	Less than 0.1% / Intermediate	Same as above	Same as above	Fever, sore throat, non- pruritic skin rash, malaise, headache, lymphadenopathy, pharyngitis, mucotaneous ulcerations	Treatment per symptomology, evacuation	Education, condom use, screening blood products
Syphillis	Less than 0.1% / Intermediate	Same as above	Same as above	Papular chancres, rash, malaise	Antibiotics	Same as above

RESPIRATORY

DISEASE	INCIDENCE / RISK	CAUSES	PREVENTION	SYMPTOMS	TREATMENT	COUNTERMEASURES
Tuberculosis	Rare / Intermediate	Infected aerosal droplet exposure	Screening PPD, chest x-ray	Cough, fever, weight loss, bloody sputum	Multi-antibiotic combo	Antibiotic prophylaxis for high- risk exposure
Pertussis	Rare / Intermediate	Same as above	Tdap	whoop-like cough, fever, rhinitis	Antibiotics, supportive care	Limit contact with infected individuals, proper hygiene

ENVIRONMENTAL THREATS

- Cold / Heat Stress Casualties
 - Acclimatization
 - Proper Clothing/Uniform
 - Work/Rest Cycles (Temperature Monitoring WGBT)
 - Hydration Tables
 - Treatment / MEDEVAC Plan
- Natural Disasters
 - Typhoon
 - Tsunami
 - Earthquakes / Volcanoes
- Pollution
 - Soil / Water
- Altitude
- UXO

ANIMAL THREATS

Snakes

•Five poisonous species

Jellyfish

•Box Jellyfish - most venomous and dangerous sea creature in the world

Spiders

•Tarantulas

Bats

Rabies

• Dogs

•Feral

Insects

• Jack Jumper ants kill more people than all other Tasmanian wildlife combined - avoid and report all sightings

Rodents

•Can spread Hantavirus Hemorrhagic Fever

• Birds

•May be a source of rare infections called psittacosis (Parrot fever)





MEDEVAC CRITERIA

Very Severe

 Requires Role 4 or tertiary care with significant mortality or morbidity involved

• Severe

 Hospitalization or requires convalescence greater than 7 days and requires evacuation

Moderate

•Will return to duty but requires up to 7 days of inpatient and/or supportive care

• Mild

•Will return to duty but requires less than 72 hours of restricted or no duty. No inpatient care is required

RE-DEPLOY REQUIREMENTS

- DD2796
 - Completed within 30 days before or after re-deployment
 - Face to Face interview with a trained provider
- DD2900
 - Completed within 90-180 days before or after re-deployment
- Tuberculosis screening
 - PPD test
- HIV screening
 - Within 30 days of re-deployment
- Medical Threat debriefing
 - Within 5 days pre or post deployment
- Continue malaria prophylaxis (Terminal Prophylaxis)
 - As previously prescribed
- Anticipatory Guidance for Homecoming
 - Stress, Reunion/Reintegration Issues

DoD Deployment Health Clinical Center. (2014). Enhanced Post-Deployment Health Assessment (PDHA) Process (DD Form 2796). Retrieved from http://www.pdhealth.mil/dcs/DD_form_2796.asp

STAFF RESPONSIBILITIES

- Command responsibilities
 - Review and disseminate all current deployment and redeployment guidelines
 - Use appropriate resources for guideline information
 - NCMI
 - CDC
 - WHO
- Medical staff
 - Provide weekly reports to Command
 - Pre-deployment
 - During deployment
 - Post deployment
- Documentation
 - Insure proper documentation
 - Maintain proper documentation

Department of Defense Deployment Health Clinical Center. (2014). Pre-Deployment. Retrieved from http://www.pdhealth.mil/dcs/pre_deploy.asp

SOLDIERS RESPONSIBILITIES

- Compliance with all:
 - Medical examinations
 - Dental examinations
 - All screenings
 - Immunizations
 - Waivers
 - Attendance at Medical briefings
 - Usage of PPE
 - Health and Welfare policy
 - Chemoprophylaxis
- Service Members must report:
 - Injuries
 - Illnesses
 - Exposures



SUMMARY

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QUESTIONS

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