

-----OFFICIAL INFORMATION DISPATCH FOLLOWS----- RTTUZYUW RHHMHAA0071

3152140-UUUU--RHMCSUU.

ZNR UUUUU

R 102140Z NOV 16 ZYB

FM COMPACFLT PEARL HARBOR HI

TO COMTHIRDFLT

COMSEVENTHFLT

COMNAVSURFPAC SAN DIEGO CA

COMNAVAIRPAC SAN DIEGO CA

COMSUBPAC PEARL HARBOR HI

COMNECCPAC PEARL HARBOR HI

INFO NAVMED WEST SAN DIEGO CA

CNO WASHINGTON DC

BUMED FALLS CHURCH VA

COMUSFLTFORCOM NORFOLK VA

COMPACFLT PEARL HARBOR HI

HQ USPACOM HONOLULU HI

BT

UNCLAS

PASS TO OFFICE CODES:

FM COMPACFLT PEARL HARBOR HI//N01H//

INFO CNO WASHINGTON DC//N0931

BUMED FALLS CHURCH VA//M3//M5//CD&I//

Subj: Guidance on the Japanese Encephalitis Vaccine for U.S. Navy Personnel and TRICARE beneficiaries in the Pacific Fleet Area of Responsibility

1. Purpose. To establish U.S. Pacific Fleet policy for vaccination against Japanese Encephalitis (JE).
2. Background. Japanese encephalitis is an arboviral disease transmitted by Culex mosquitoes. It is endemic throughout the U.S. Pacific Fleet AOR with varying risk by country and between rural and urban areas. Most persons infected with JE are symptomatic or experience mild symptoms. A small percentage (<1%) of those infected develop clinically significant encephalitis with a high risk of short- and long-term neurologic morbidity and mortality. There is no specific treatment for infected patients. The only FDA-approved vaccine for JE prevention is IXIARO. It is given in a two-dose series and a one-year booster dose is recommended for those with continued risk.

3. Current vaccination policies.

3.A. U.S. Pacific Fleet currently recommends a risk-based JE vaccination policy within its AOR in accordance with CDC guidelines. This policy has allowed medical providers and preventive medicine officers to assess the current risk level of individual units or personnel before recommending or requiring vaccination against JE. This approach has been used to minimize unnecessary financial and logistic strains on Navy and Marine Corps medical departments.

3.B. Within PACOM AOR, current U.S. Air Force, Marine Corps and Army policy REQUIRES vaccination against JE for all active duty personnel assigned to either the Korean peninsula or Japan for greater than 30 days. All other TRICARE beneficiaries are RECOMMENDED to receive vaccination. A risk-based JE

vaccination policy is used for all other PACOM AORs.

4. Policy. Effective 10-NOV-2016, Japanese Encephalitis vaccination will be required for all Navy personnel and DoD employees assigned to Japan or Korean peninsula for greater than 30 days in either a TAD, deployed, or PCS status. This change aligns PACFLT policy for JE vaccination with those of the other services within PACOM AOR.

4.A. Alignment of U.S. Pacific Fleet JE vaccination policy with that of the other services within PACOM AOR will increase the interoperability of naval forces and increase the readiness of naval forces in Japan and the Korean peninsula to operate in JE-endemic regions.

4.B. Continue risk-based policy in accordance with CDC for all other PACFLT operational regions. Regional MTF Preventive Medicine and Public Health assets determine their disease prevalence and create local assessment to reflect seasonal trends, geographical patterns, or operational exposure.

4.C. Regional MTF Preventive Medicine and Public Health assets are also responsible for developing a risk-based assessment for units assigned to Japan or Republic of Korea for less than 30 days.

4.D. Family members and other Tricare beneficiaries who are living in or executing PCS moves to Japan and ROK are encouraged to receive JE vaccine in accordance with current ACIP recommendations.

4.E. All Sailors, family members, DoD beneficiaries, and DoD civilians assigned, deployed, or TAD for greater than 30 days to these areas should be counseled on the benefits of JE vaccination, potential seasonal exposure mitigation, and risk of disease transmission prior to departing CONUS. If requested and no medical contraindication is identified, the MTF will provide vaccination prior to departure to ensure greatest protection.

4.F. If unavoidable circumstances prevent administration of the complete vaccination series, the first dose in the series must be given prior to TAD, deployment, or permanent change of station, with arrangements coordinated for the subsequent doses to be given upon arrival.

4.G. In addition, persons taking leave to JE-endemic areas should seek travel medicine consultation through MTF Preventive Medicine or Infectious Disease clinics to assess the health risk associated with their itinerary and appropriate mitigation strategies, including vaccinations.

5. Every effort should be made to complete the two-dose primary JE vaccine series before departing home station. Individuals deploying to areas in Pacific Command (PACOM) will continue to be administered JE vaccine in accordance with ACIP recommendations and PACOM Force Health Protection guidance.

6. JE-endemic countries often have other mosquito-borne diseases present, most of which do not have a vaccine available for prevention. Travelers should be reminded to use permethrin-treated clothing, DEET or picaridin on exposed skin, and permethrin-treated bed nets as appropriate when outdoors in areas where mosquitos and other biting insects are present.

7. Current information of Japanese Encephalitis, prevention and mitigation strategies and the JE Vaccine is available at <http://www.cdc.gov/japaneseencephalitis/>

8. POINT OF CONTACTS:

8.A. CPF PRIMARY POC IS CDR MICHAEL TERMINI, COM(808)471-0199; NIPR: MICHAEL.S.TERMINI.MIL(AT)MAIL.MIL//

8.B. SECONDARY POC IS CDR GEORGE COAN, COM: (808)471-9373; NIPR: GEORGE.COAN(AT)NAVY.MIL//
BT #0071

NNNN<DmdsReleaser>ALT.COMPACFLT.JMHS.OIXRELEASER.0202561361</DmdsReleaser>
<DmdsSecurity>UNCLASSIFIED</DmdsSecurity>
UNCLASSIFIED