DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON TX 78234-6000

REPLY TO
ATTENTION OF

OTSG/MEDCOM Policy Memo 15-059

MCZX

01 DEC 2015

Expires 1 December 2017

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Guidance on the Japanese Encephalitis Vaccine for US Army Personnel in the Pacific Area of Responsibility

1. References:

a. Memorandum, Health Affairs, 7 May 2013, subject: Guidance on the Use of Japanese Encephalitis Vaccine. (Enclosure 1)

b. United States Forces Korea, Regulation 40-9: Force Health Protection (FHP) Requirements for Deployments and Travel to the Korean Theater of Operation During Armistice, 5 May 2015. (Enclosure 2)

c. Army Regulation 40–562. Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 October 2013, http://www.apd.army.mil/pdffiles/r40_562.pdf.

d. CDC Morbidity and Mortality Weekly Report (MMWR): Japanese Encephalitis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP); March 12, 2010, http://www.cdc.gov/mmwr/pdf/rr/rr5901.pdf.

e. Use of Japanese Encephalitis Vaccine in Children: Recommendations of the Advisory Committee on Immunization Practices, 2013, November 15, 2013 / 62(45); 898-900: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6245a3.htm.

2. Purpose: To provide guidance to Military Treatment Facility (MTF) commanders, immunization clinics, primary care clinics that administer immunizations, public Health offices, pharmacy services, medical logistics/supply sections, and primary care managers on the use of the Japanese Encephalitis vaccine (JE-VC). Implementation of this plan will be carried out in accordance with Office of the Secretary of Defense/Health Affairs and relevant PACOM policy.

3. Background:

a. Japanese encephalitis (JE) is a mosquito-borne virus endemic to much of the Pacific region, including the Republic of Korea (ROK) and Japan. It usually is found in rural or agricultural areas, often associated with rice farming. In temperate areas of Asia, transmission is seasonal and human disease usually peaks in the summer and fall. In the subtropics and tropics, transmission can occur year-round, often with a peak during the rainy season. Symptoms generally develop 5 to 15 days after the bite of an infected mosquito. Most people who are infected develop mild symptoms or no symptoms at all. In people with severe disease, initial symptoms include fever, chills, headache, fatigue, nausea, and vomiting. The disease can progress to inflammation of the brain (encephalitis) and it is often accompanied by seizures. Coma and paralysis occur in some cases. Of infected individuals, <1% develop clinical disease. Among clinically ill patients, the case-fatality rate is 20-30%. Among survivors, 30-50% have serious long-term neurologic, cognitive, or psychiatric sequelae.

b. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control has recommended vaccination against JE for all American who spend a month or more in endemic areas, including the ROK and Japan, during the viral transmission season. The National Center for Medical Intelligence assessment of baseline risk to US personnel in the ROK and Japan is an intermediate risk with a potential attack rate of <1/1,000 per month. The year-to-year risk of JE to unvaccinated personnel the in the ROK is unpredictable and depends on mosquito activity. Extensive childhood vaccination has greatly reduced the incidence of JE in the South Korean population; however, this immunization program does not lower the risk for non-immunized US personnel. The absence of reported cases in US personnel does not imply lack of risk; unvaccinated personnel remain at risk every year.

c. JE-VC (Ixario) is approved for people 2 months of age and older. The primary series for JE-VC is 2 intramuscular doses administered 28 days apart. For children aged 2 months through 2 years, each dose is 0.25 mL, and for adults and children aged ≥3 years, each dose is 0.5 mL. For persons aged ≥17 years, ACIP recommends that if the primary series of JE-VC was administered >1 year previously, a booster dose may be given before potential JE virus exposure.

d. United States Forces Korea, Regulation 40-9: Force Health Protection (FHP) Requirements for Deployments and Travel to the Korean Theater of Operation During Armistice was published on 5 May 2015 and requires all military personnel, Department of Defense (DoD) and Contractor Emergency Essential Civilians (EEC) assigned/ attached/ deployed or TDY/TAD on the Korean Peninsula 30 days or more during high

transmission season (April-September) complete the JE-VC series. In addition, a booster dose at one year is required.

4. Policy:

a. All MTF commanders, immunization clinics, primary care clinics that administer immunizations, public health offices, pharmacy services, medical logistics/supply sections, and primary care managers will ensure all military personnel, DoD and Contractor EEC who are deploying (>30 days) or PCSing to the Korean Peninsula meet the FHP immunization requirements, including JE-VC prior to departure from the continental United States (CONUS). These personnel will be identified during completion of the DD 2795 Pre-deployment Screening, while preparing for Overseas Assignment (Levy Brief), CONUS Replacement Center, or at the request of the Soldier.

b. All Command-sponsored dependents and other eligible beneficiaries spending 30 or more consecutive days in the ROK are encouraged to receive the vaccination. The MTF will provide vaccination prior to departure to ensure greatest protection.

c. DoD civilian employees who have not been identified as EEC but will be assigned, deployed, or TDY for greater than 30 days or more to the ROK are also encouraged to receive the vaccine from their primary health care provider.

d. If unavoidable circumstances preclude administering the complete series, the first dose in the series must be given prior to deployment or Permanent Change of Station, with arrangements coordinated for the subsequent doses to be given upon arrival/at the Reception, Staging, Onward movement, and Integration site.

e. JE is also present in many other countries within the Pacific AOR (see enclosure 3 for the geographic distribution). All Soldiers, Family Members, DoD beneficiaries and DoD civilians assigned, deployed, or TDY 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.

f. 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 risks associated with their itinerary and appropriate mitigation strategies, including vaccinations.

g. 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.

h. Current information on Japanese Encephalitis, prevention and mitigation strategies and the JE Vaccine is available at http://www.cdc.gov/japaneseencephalitis/vaccine/index.html and http://www.vaccines.mil/Japanese_encephalitis.

FOR THE COMMANDER:

ULDRIC L. FIORE, JR.
Chief of Staff