



DEPARTMENT OF THE NAVY
NAVY ENVIRONMENTAL HEALTH CENTER
2510 WALMER AVENUE
NORFOLK, VIRGINIA 23513-2617

NAVENVIRHLTHCENINST 6200.2

PM

16 NOV 1998

NAVENVIRHLTHCEN INSTRUCTION 6200.2

From: Commanding Officer, Navy Environmental Health Center

Subj: NAVY MEDICAL ENTOMOLOGY INFORMATION SYSTEM (NMEIS)

Ref: (a) DoD Directive 6420.1
(b) SECNAVINST 3800.9
(c) BUMEDINST 5450.157

Encl: (1) Format for Disease Vector Risk Assessment Profile (VECTRAP)

1. Purpose. To describe policies and procedures for the systematic collection, analysis, and dissemination of information concerning the arthropod vectors of infectious diseases Worldwide.

2. Cancellation. NAVENVIRHLTHCENINST 6200.3B.

3. Background

a. Timely collection, assessment, and dissemination of vector-borne disease information is critical to the support of the Navy and Marine Corps. Disease vector threat assessments should be developed from a wide variety of information sources, and include pertinent recommendations to protect and maintain the health and integrity of the operational forces.

b. Per reference (a), the Armed Forces Medical Intelligence Center (AFMIC), Fort Detrick, MD 21701-5004, is responsible within the Department of Defense (DoD) for producing scientific, technical, and general medical intelligence. Reference (b) defines Navy and Marine Corps procedures for obtaining AFMIC assistance.

c. Reference (c) assigns the functions of collecting and interpreting vector-borne disease information to the Navy Disease Vector Ecology and Control Centers (NAVDISVECTECOLCONCENS).

4. Responsibilities

a. Commanding Officer, NAVENVIRHLTHCEN:

(1) Appoint, in writing, an entomologist from the Preventive Medicine Directorate as coordinator of the Navy Medical Entomology Information System (NMEIS).

16 NOV 1998

(2) Approve the inclusion or deletion of countries and port locations in the NMEIS directory.

(3) Identify and summarize NMEIS resources and requirements to the Chief, Bureau of Medicine and Surgery (CHBUMED).

(4) Notify CHBUMED (MED-24) and AFMIC immediately of any unusual or previously undetected vector-borne disease threats to the operating forces.

b. NMEIS Coordinator:

(1) Act as NAVENVIRHLTHCEN's point of contact for all inquiries and actions related to NMEIS.

(2) Ensure necessary NMEIS functions are completed correctly and in a timely manner.

(3) Provide professional advice to NAVENVIRHLTHCEN's comptroller regarding NMEIS requirements and program priorities.

(4) Notify the appropriate Navy Disease Vector Ecology and Control Center (NAVDISVECTECOLCONCEN) of time-sensitive information which should be incorporated immediately into Disease Vector Risk Assessment Profiles (VECTRAPS) and disseminated to the operating forces.

(5) Collect, collate, and store on computer disk the VECTRAPS received from the NAVDISVECTECOLCONCENS.

(6) Receive the information annually by 31 August, and forward the information to Defense Pest Management Information Analysis Center (DPMIAC) by 15 October, for review and inclusion in the CD-ROM, Medical Environmental Disease Intelligence and Countermeasures (MEDIC), which is produced by AFMIC.

(7) Periodically review the quality of completed VECTRAPS to ensure they are correct and current.

(8) Maintain the NMEIS Directory and review NMEIS-related travel for the NAVDISVECTECOLCONCENS.

(9) Act as liaison between AFMIC, DPMIAC, and NAVDISVECTECOLCONCENS.

c. Officer in Charge, NAVDISVECTECOLCONCENS:

(1) Ensure collection of information regarding the identification, surveillance, biology, and control of disease vectors that may impact forces visiting or deployed in-country

16 NOV 1998

in their respective areas of responsibility (AOR). Sources should include in-country and port visits, open literature and internet searches, pre/post deployment briefings, after action reports, unclassified AFMIC medical intelligence data, and information gathered from other medical or government agencies. Provide copies of all NMEIS trip reports to NAVENVIRHLTHCEN (Preventive Medicine Directorate).

(2) Develop comprehensive VECTRAPS for countries within their AOR using the format outlined in enclosure (1).

(3) Provide current information when requested to DoD or U.S. Coast Guard activities. NAVDISVECTECOLCONCENs should respond promptly to the requesting activity by providing readily available profiles.

(4) Notify NAVENVIRHLTHCEN by message, electronic mail, or telephone of any unusual or significant disease vector occurrence that may have a potentially adverse effect on operating forces or may represent a sensitive political or public relations issue.

(5) Prepare VECTRAPS on IBM PC compatible computers and MS Word for Windows™ software.

(6) Submit VECTRAPS to NAVENVIRHLTHCEN annually by 31 August.

(7) Utilize country names as listed in Health Information for International Travel (most current version).

(8) By 15 September, submit to NAVENVIRHLTHCEN a summary proposal of projected in-country visits (including tentative schedules and dates of visits) and VECTRAP developments planned for the next fiscal year. The plan should include projected manpower, costs, and trip priorities based on an assessment of Navy and Marine Corps operational requirements.

5. Action. All personnel assigned to NAVENVIRHLTHCEN and NAVDISVECTECOLCONCENs will comply with this instruction.

6. Review. This instruction will be reviewed as required, and at least annually, to keep it current and to ensure that it meets the intent of NMEIS program requirements.


R. L. BUCK

Distribution: (NAVENVIRHLTHCENINST 5215.2P)

List I (Directors and Deputies)

VII (Staff Officer Personnel)

16 NOV 1998

FORMAT FOR DISEASE VECTOR RISK ASSESSMENT PROFILE
(VECTRAP)

1. Procedures. The VECTRAP will contain a standardized heading consisting of the title VECTRAP, the name of the country, the originating activity (NAVDISVECTECOLCONCEN) name, address, telephone numbers (DSN and commercial), Navy Plad (NAVPLAD) address, and the date of the last review or revision. File extensions are designated .VE*, where the VE indicates a VECTRAP and the asterisk identifies the originating NAVDISVECTECOLCONCEN; B for Bangor and J for Jacksonville. For example, the profile name VENEZUEL.VEJ is a VECTRAP on Venezuela prepared by NAVDISVECTECOLCONCEN Jacksonville. Each VECTRAP must be marked "FOR OFFICIAL USE ONLY" at the top left and bottom right of each page. Each page will be in double columns, newspaper fashion, using gothic scalable 11 point font size.

2. The VECTRAP is divided into four sections:

a. Vector-borne diseases. This section should describe the expected vector-borne diseases to be encountered. Diseases should be categorized by the perceived risk to operating forces or persons visiting the country, not the indigenous population. The originator of the VECTRAP should define the level of potential for "disease vector risk," i.e., whether risk of acquisition, risk of morbidity/mortality, or the risk of mission compromising conditions are present. Target personnel should be categorized as being at high, moderate, low, or no risk depending on the suspected level of exposure to the vector. To ensure uniformity, these categories are defined as follows:

(1) High - Greater than two percent of the target population is likely to become infected with the disease, even under the most ideal circumstances. The disease could produce a considerable number of cases.

(2) Moderate - Less than two percent of the target population is likely to become infected with the disease. The number of actual cases depends on the number of personnel exposed to the disease vector (large units may have a few cases, small units may have none).

(3) Low - It is unlikely any personnel will become infected, even though the disease is endemic in-country.

(4) None - The disease is not endemic in-country. This category should be used only if it is a "pertinent negative." In general, do not mention unless the observation is surprising (e.g., no malaria endemic in-country but endemic in surrounding countries).

b. Disease Vector Information. This section should include pertinent information necessary for educating potentially exposed personnel about the vectors that may be present.

16 NOV 1998

c. Disease and Vector Control Programs. This section should contain detailed personal protection measures and specific control actions necessary to prevent or reduce the risk of exposure to vector-borne disease agents. Recommendations for drug chemoprophylaxis and immunizations may vary and will be included in the VECTRAP only after consultation with the epidemiologist located at Navy Environmental and Preventive Medicine Units (NAVENPVNTMEDUs) having cognizance for the country. Items of particular interest in this section should address current and past use of pesticides, including those commonly used pesticides which are acceptable to the country's government; medications; vector control equipment and dispersal methods; current stocks of insecticides and sources of resupply. Also include item names and Federal Stock Numbers, when available.

d. References. This section lists available, readily useable taxonomic keys, appropriate vector biology information, surveillance procedures, and control procedures for important species present in the country.