

NORTH KOREA

1. Per USCINCPACINST 6200.2, Commanders are responsible for an effective Force Health Protection Plan for personnel deploying to locations within the USCP AOR, ensuring implementation of the Plan, and for appointing a FHP Officer and assistant who will serve as the Commander's focal point for the planning, coordination, and execution of "real world" force health protection planning for a specific deployment. This is applicable to all assigned and attached personnel, all Department of Defense personnel performing official duties within locations in the AOR, and all US contractor personnel employed directly by the DOD in locations in the AOR.

2. FHP Planning must include the following elements:

a. Health Threat Assessment. This assessment must evaluate known and anticipated health threat/hazards and the appropriate countermeasures to be taken for each.

b. Health Record and Readiness Screening. Predeployment health screening should be completed prior to deployment. Post-deployment should be completed on redeployment or within 30 days of return.

c. Health Threat Briefing. Must be performed prior to deployment. Attendance must be documented. Minimum contents of a Health Threat Briefing for North Korea include the following material:

(1) Immunizations.

(a) Personnel must be up to date on all routine immunizations for personnel on deployable status (tetanus booster, hepatitis A, MMR typhoid, influenza).

(b) Japanese encephalitis vaccine is generally recommended. Distribution is countrywide in areas where extensive mosquito-breeding sites and pig-rearing areas co-exist. Risk period is associated with mosquito vector activity, usually May through late September.

(c) A Yellow Fever vaccination certificate is required if coming from Yellow Fever infected area.

(2) Malaria Chemoprophylaxis.

(a) Malaria is endemic, but data on endemic levels and geographic distribution are not available. What is known is that along the DMZ, risk of malaria is elevated from June through October, with a peak in August. Chloroquine-sensitive falciparum malaria is reported. *P. vivax* is also present.

(b) Regimen: Chloroquine 500mg once a week starting 2 weeks before possible exposure to 4 weeks after leaving exposure area. If exposed to *P. vivax*, patients who are G6PD negative and not pregnant should start primaquine 26.3mg daily for 14 days after departing North Korea, in addition to chloroquine.

d. Personal Protective Measures.

(1) Safe food and water.

(a) Drink only sealed bottled or canned water or beverages without ice. Drinking water must be boiled or, alternatively, be adequately treated with iodine or chlorine, and be allowed to sit for 30 minutes.

(b) If available, consume only approved food and water. Otherwise, eat piping hot, freshly cooked food from reputable sources. Do not eat salads or fresh fruit/vegetables. An exception is intact fruit which you wash and peel yourself, in order to avoid cross contamination between the peel and fruit.

(c) Wash hands before eating and after using the

latrine.

(2) Vector Borne Diseases.

(a) Treat uniforms and bed nets before departure. Permethrin spray lasts 5-6 washings, or 4-6 weeks, or until dry cleaned. Alternatively, uniforms treated with permethrin concentrate (compressed air sprayer technique) lasts the lifetime of the uniform.

(b) DEET cream. Apply to exposed skin and spread out into a thin layer, being careful to avoid the eyes and mouth. Apply twice a day to minimize risk of malaria, Japanese encephalitis, and dengue fever.

(c) Sleep under a permethrin-treated bed net with the edges tucked in under the bedding all around.

(3) Sexually transmitted diseases. STDs are highly endemic. Reportedly, STD rates are increasing, paralleling increases in prostitution due to the current economic situation. HIV, gonorrhea, chlamydia and ureaplasma are present. Abstinence is the most effective preventive measure. Latex condoms should be used if sexually active, but may not prevent transmission of all STDs, even if used correctly.

(4) Endemic diseases.

(a) Diarrheal diseases are highly endemic. Recent natural disasters, including flooding and drought, and near economic collapse have severely degraded water and sewage treatment systems.

(b) Typhoid and paratyphoid, hepatitis A, and tuberculosis are all highly endemic.

(5) Environmental Factors.

(a) Environmental health factors posing the greatest risk to forces deployed to North Korea include water contaminated with raw sewage and untreated industrial discharge, as well as air pollution from industrial sources and motor vehicles.

(b) North Korea's continental climate produces long, cold, dry winters and wet summers, with short transitional periods between seasons. The monsoon season occurs in summer; approximately two-thirds of the total annual rainfall (annual average 1,000 mm; 40 in) occurs during July and August. Severe flooding frequently is present.

(c) Although the climate is not excessively hot, risk of heat stroke during operational deployment is still present. Necessary precautions include drinking water frequently, adhering to safe work-rest cycles during extreme conditions; and careful observation of teammates to detect warning signs of heat injury such as mental status changes and cessation of sweating.

(6) Hazardous animals. Animal rabies presents a limited risk. Pre-exposure vaccination against rabies (3 doses) should be considered before long term travel to this country, especially for individuals going to remote areas where they may be no post-exposure rabies prophylaxis available.

(7) Motor Vehicle and General Safety.

(a) One of the greatest risks when traveling overseas is motor vehicle accidents. Seat belts and extreme caution in and around vehicles must be practiced. Foreigners generally are not allowed to drive in North Korea. Private vehicles are not generally available. Urban and rural road conditions are poor.

(b) General safety. Exercise caution in all activities to avoid injury of any type. If you are seriously injured, there may be no option other than medical care in a facility where sterility of equipment and safety of blood products are far below those

in the US.

(8) Personal Health and Fitness. Try as much as possible to maintain a healthy regimen of hygiene and fitness. Regular bathing and frequent changes of undergarments, including socks, are important. When exercising outdoors, be aware that shorts and tank tops will make you more susceptible to disease carried by mosquitoes and other insects. Apply DEET repellent to exposed skin prior to exercising outdoors.

3. Assistance with Health Threat assessments, briefings, and countermeasures planning, as well as for the most up to date information, can be obtained from the following sources:

a. Air Force: Pacific Air Force Public Health Officer, Hickam Air Force Base, phone (DSN or 808) 449-2332, x269.

b. Army: Health Promotion and Preventive Medicine Department, Tripler Army Medical Center, phone (DSN or 808) 433-6693.

c. Navy: Epidemiology Department, Navy Environmental and Preventive Medicine Unit 6, phone (DSN or 808) 473-0555.

d. Up to date State Department advisory and Consular Information Sheet can be obtained at <http://travel.state.gov>.