



UNITED STATES TRANSPORTATION COMMAND
SCOTT AIR FORCE BASE, ILLINOIS 62225-5357

28 SEP 2009

MEMORANDUM FOR SEE DISTRIBUTION

FROM: USTRANSCOM/SG
508 SCOTT DRIVE
SCOTT AFB IL 62225

SUBJECT: H1N1 Patient Movement Policy

1. Purpose: To clarify USTRANSCOM guidance found in the *Policy for Patient Movement of Contaminated Contagious or Potentially Exposed Casualties* dated 14 March 2008 as it relates to the 2009 novel H1N1 virus.
2. Background: In mid-April, 2009 a novel strain of the H1N1 virus, also referred to as "Swine Flu" by the media was identified. This "quadruple reassortant" virus was found to contain a combination of genes from influenza viruses normally occurring in pigs, birds and humans and is spread person-to-person similar to seasonal influenza viruses. In June 2009, the World Health Organization (WHO) declared a pandemic as the virus rapidly spread across the globe. However, due to the large number of people who travel around the world for business and pleasure, the WHO is not recommending travel restrictions related to this outbreak.
3. Current USTRANSCOM guidance requires that patients with a known or suspected highly communicable disease be treated in-place. This guidance was designed to assist in the control of the spread of disease to unaffected areas, as these types of diseases may pose a potential threat to national security, require special public health actions, and/or have the potential to cause public panic and social disruption.
 - a. Due to the fact that we are now past the containment phase for H1N1, and that most cases of H1N1 cause mild to moderate illness, patient movement for suspected, probable, or confirmed H1N1 does not fall under the *Policy for Patient Movement of Contaminated Contagious or Potentially Exposed Casualties* and does not require Sec Def approval.
 - b. In most cases, confirmed or suspected H1N1 patients should be treated in place and not evacuated. However, some patients may have a medical requirement to be moved to a higher level of medical care. These patients should be validated for movement by the appropriate Theater Patient Movement Requirements Center (TPMRC) on a case by case basis and the confirmed or suspected diagnosis must be clearly documented in the Patient Movement Request (PMR) within TRANSCOM's Regulating And Command & Control Evacuation System (TRAC2ES). These patients can be moved in the DOD patient movement system using influenza precautions outlined in AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*.
 - c. For reporting requirements, we request that the Global Patient Movement Requirements Center (GPMRC) be notified for all confirmed or suspected H1N1 patient movements to include patient movement where H1N1 is a confirmed or suspected secondary diagnosis, and that the sending and receiving TPMRCs notify their chains of command.
4. My point of contact for this issue is Col Nick Lezama at DSN 779-7208 or commercial at 618-229-7208.

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Command Surgeon

Enclosures:

1. Distribution List
2. References

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References:

1. Assistant Secretary of Defense Memorandum for Commander, U.S. TRANSPORTATION COMMAND, USTRANSCOM Interim Policy on the Movement Regulation of Aeromedical Evacuation of Bioterrorism and Centers for Disease Control Critical List Agent Casualties, 25 March 2003
2. JP 4-02, *Health Service Support*, 31 Oct 2006
3. USTRANSCOM Memorandum for Commander, Air Mobility Command, Policy for Patient Movement of Contaminated Contagious or Potentially Exposed Casualties, 14 March 2008
4. AFI 41-307, IC-1, 10 August 2007
5. Center for Disease Control and Prevention, 2009 H1N1 Flu, <http://www.cdc.gov/h1n1flu/>
6. World Health Organization, Pandemic (H1N1) 2009, <http://www.who.int/csr/disease/swineflu/en/>