OPNAVINST 3500.41A
N3N5
19 Nov 2018

OPNAV INSTRUCTION 3500.41A

From: Chief of Naval Operations

Subj: PANDEMIC INFLUENZA AND INFECTIOUS DISEASE POLICY

Ref: (a) DoD GCP PI&ID-3551-13, DoD Global Campaign Plan for Pandemic Influenza and Infectious Disease (PI&ID) of 15 October 2013 (NOTAL)
(b) DoD Instruction 6200.03 of 5 March 2010
(c) DoD Directive 6200.04 of 9 October 2004
(d) CNO WASHINGTON DC 071719Z JUL 16 (NAVADMIN 158/16)
(e) BUMEDINST 3500.6A
(f) BUMEDINST 6220.12C
(g) OPNAVINST F3100.6J (NOTAL)
(h) SECNAVINST 3030.4D
(i) OPNAVINST 3030.5B

1. Purpose

   a. To issue policy, identify responsibilities, and set forth standards for pandemic influenza and infectious disease (PI&ID) planning within the Navy as required by reference (a).

   b. This revision expands Navy policy to include infectious diseases other than influenza in alignment with the Department of Defense (DoD) Global Campaign Plan; adds the requirement for Navy component commands (NCC) to ensure all operational units with organic medical departments report weekly disease and injury surveillance data to Navy Bureau of Medicine and Surgery (BUMED) and comply with the BUMED disease surveillance and medical event reporting; and eliminates verbiage that creates redundancy in BUMED responsibilities. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 3500.41.

3. Scope and Applicability. The provisions of this instruction apply to all members of the U.S. Navy, and other U.S. Government personnel assigned or attached to U.S. Navy organizations or units.

4. Discussion. The Office of the Chief of Naval Operations (OPNAV) PI&ID policy implements guidance in order to integrate DoD planning for regional execution to contain and mitigate the effects of a PI&ID outbreak. This instruction provides the minimum requirements for the development of installation-level plans that ensure force health protection (FHP) and continuity of operations (COOP) per references (b) and (c).

5. Situation. The outbreak of novel or emerging infectious diseases may present a variety of challenges to the Navy and the nation and will have the potential to significantly impact military operations. Disease outbreaks may be naturally occurring, the result of intentional introduction, or accidental release of harmful pathogens. No one scenario or set of planning assumptions can fully capture the range of these potential challenges. Outbreak of disease anywhere in the world can quickly become operationally significant. Leaders at all levels will need to remain situationally aware, flexible, and capable of adapting operations, and updating guidance. FHP remains a prime consideration during an emerging infectious disease outbreak or pandemic, but downstream second or third order effects of a disease outbreak may result in more serious degradation of capability, logistics, and supply, and critical infrastructures above and beyond that resultant from warfighter illness. Some factors to consider in evaluating operational significance of a disease outbreak are included below in subparagraphs 5a through 5i.

   a. Novel nature of a disease or other factor yielding increased susceptibility in the DoD population.

   b. Animal to human transmission of disease of interest.

   c. Abnormal presentation of common disease; i.e., changes in target age or case fatality rate.

   d. Established efficient sustained person-to-person transmission of disease of interest.

   e. High case fatality rate or increased mortality or morbidity.

   f. Existence or availability of medical countermeasures or personal protective measures.

   g. Low or decreased effectiveness of medical countermeasures, vaccines, or personal protective measures.

   h. Increased absenteeism or attrition rates.

   i. Attributes of disease or of protective measures hinder operations or increase required manpower.

6. Responsibilities

   a. Director, Operations and Plans (OPNAV N31)

      (1) Assist NCCs in synchronizing support plans with geographic combatant commands (GCC) within their area of responsibility (AOR).

(2) In conjunction with Chief of Information (OPNAV N09C), disseminate common public affairs, themes, and messages consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national, and DoD policy and guidance.

(3) Review NCC plans per reference (a), with an emphasis on refinements necessary due to significant changes in strategy, risk and tolerance of risk, assumptions, U.S. capabilities, enemy and adversary intent, capabilities, or resources.

(4) Provide situation reports as directed by the Joint Staff, establish reporting procedures for NCCs, and ensure Navy compliance with reference (a).

(5) Serve as the OPNAV COOP PI&ID manager.

(6) Develop, coordinate, and disseminate the OPNAV Pandemic Plan.

(7) Prioritize mission essential forces for vaccinations and chemoprophylaxis.

   b. Director, Shore Readiness (OPNAV N46)

(1) Coordinate directly with Commander, Navy Installations Command (CNIC) to ensure that guidance and installation plans are developed, synchronized, and updated per reference (a).

(2) In conjunction with GCCs and the Defense Logistics Agency (DLA), identify critical supplies, goods, or services that require priority delivery from industry suppliers to ensure COOP and sustainment of key population.

(3) Assist OPNAV N31 in the development of common public affairs, themes, and messages consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national, and DoD policy and guidance.

   c. Director, Global Integration and Engagement (OPNAV N5I). Coordinate engagement and security cooperation activities with combatant commanders (CCDR) and global synchronizers to reflect these activities in their plans. Facilitate OPNAV-wide access to Global-Theater Security Cooperation Management Information System (G-TSCMIS) to enable any commander to enter all contemplated security cooperation and engagement activities.

   d. Surgeon General of the Navy (CNO N093)

(1) Provide medical subject matter expert support to OPNAV N31 to assist in developing, coordinating, and disseminating future revisions to this instruction.

(2) Maintain situational awareness of medical references included in this instruction and advise OPNAV N31 of changes that warrant updates to this instruction.

(3) Assist OPNAV N31 in the development of common public affairs, themes, and messages consistent with Assistant Secretary of Defense for Health Affairs, Assistant Secretary of Defense for Homeland Defense and Americas' Security Affairs, national, and DoD policy and guidance.

(4) Identify potential second and third order effects of an extended PI&ID environment on their ability to sustain operations, provide FHP to key population, and maintain installation support requirements.

(5) Provide medical subject matter expert support to OPNAV N46 to assist in developing service-level PI&ID policy documents (e.g., instructions, directives) to support DoD efforts to contain and mitigate the effects of PI&ID on military operations.

(6) Assist OPNAV N31 in developing, coordinating, and disseminating the OPNAV Pandemic Plan.

(7) Assist OPNAV N31 in coordinating and synchronizing Navy PI&ID plans and policy.

(8) Assist OPNAV N31 in in reviewing plans per reference (a).

e. Chief of Navy Reserve (CNO N095)

(1) In conjunction with the Director, Plans and Global Force Management (OPNAV N312) and Assistant Secretary of the Navy (Manpower and Reserve Affairs), establish guidelines for the recall of Navy Reserve personnel regarding call-up of reserves for emergency response during a PI&ID event.

(2) Monitor Reserve Component readiness and training policies for domestic and overseas PI&ID preparedness.

(3) Assist the Office of the Secretary of Defense (OSD) to determine the impact on the civilian community of pandemic-related mobilizations, by, within 48 hours of a request from higher authority (U.S. Northern Command (USNORTHCOM), OSD, etc.), querying the Navy Reserve personnel data systems to produce a report listing any reserve Sailors in civilian occupations (e.g., first responders, health and medical professionals) identified by the Joint Staff, OSD, and Commander, USNORTHCOM. This report should include: military specialty, pay grade, civilian occupation, civilian employer, state, zip code, and whether each Sailor identifies as a first responder.

(4) In coordination with the BUMED, prioritize mission essential forces for vaccinations and chemoprophylaxis.

f. <u>CNIC</u>

(1) Plan, coordinate, and synchronize all Navy PI&ID installation planning efforts. PI&ID plan execution and response will be conducted at the regional and installation level under the operational direction of the respective NCCs.

(2) Installation-level plans must, at a minimum, contain these nine sections: references, tasked organizations, situation, threat, key assumptions, mission, execution, administration and logistics, and command and control.

(3) Ensure installation plans are shared among and across NCCs as necessary to ensure a coordinated and synchronized effort in their respective AORs.

(4) Provide training and equipping resources for Navy regions on protective measures in response to emerging infectious diseases.

(5) Maintain COOP in a pandemic environment, including provisions for increased staff, emergency training of volunteer staff, and second or third order effects.

(6) Ensure installation plans include potential second and third order effects of a pandemic, incorporate FHP measures by phase, include personal protective measures, and are shared across Service components, as necessary.

(7) Submit resource requirements, as directed, within 180 days of changes to reference (a) considering the following common framework: biennial installation planning conferences, biennial installation table top planning exercises, and biennial installation coordination visits.

(8) Exercise plans biennially in coordination with the NCC to include other DoD Components, interagency partners, and State and local organizations.

(9) Report costs during all phases of a PI&ID event for the ultimate reimbursement from the primary agency.

(10) Identify resource shortfalls as directed in reference (a).

(11) Develop religious support plans as specified in reference (a).

(12) Per reference (d), ensure Navy regional commanders monitor and coordinate arrangements for visits to the United States by foreign sovereign immune vessels to ensure

respect for the sovereign immune status of those vessels. Official U.S. policy for foreign sovereign immune vessels visiting the U.S. is to accord these vessels the same sovereign immunity that the U.S. claims for its sovereign immune vessels. This privilege includes, in relevant part, not requiring these vessels to provide either a crew list or any form of liberty log for those persons debarking the sovereign immune vessel in U.S. ports.

g. BUMED. Provide for and oversee each of the following tasks in subparagraphs 6g(1) through 6g(10).

(1) Planning. Ensure all medical treatment facilities (MTF) develop PI&ID plans, and further ensure the plans are coordinated and synchronized with host installations' PI&ID plans.

(2) Exercises and Training. Exercise PI&ID plans biennially in coordination with GCC, CNIC, U.S. Fleet Forces Command (USFLTFORCOM), Pacific Fleet (PACFLT), other DoD Components, State, local, and interagency partners, as appropriate. Ensure MTF-level PI&ID plans are exercised in coordination with supported installation PI&ID plans, closed point of dispensing plans, and disease containment plans.

(3) Public Health Emergency Officers (PHEO). Through PHEOs, advise Navy installation and regional commanders, per reference (b), and coordinate the FHP portion of PI&ID preparation and response efforts with GCC PHEOs.

(4) Command, Control, and Communications. Ensure that public health and disease outbreak emergency response policies, plans, procedures, and guidelines are supported by sufficient command and control capabilities and other equipment to respond properly to disasters, public health emergencies, and disease outbreaks.

(5) COOP. Maintain COOP in a pandemic environment including provisions for increased staff, emergency training of volunteer staff, and second or third order effects.

(6) Surge Capacity. Meet the hospital bed and other medical requirements based on population at risk, severity of risk, and projected affected population factors. Use the documented after action reports, lessons learned, applicable operational experience, and the joint medical planning tool to calculate medical requirements. Ensure awareness of bed capacity across respective AORs. Prepare to augment staff as needed.

(7) Resources and Logistics

(a) Develop and implement policy guidance for the Navy pandemic influenza response stockpile program per reference (e). Oversee all aspects of this program, to include identification of items to be centrally stored at a designated facility and locally stored at MTFs.

Coordinate with the Office of the Assistant Secretary of Defense for Health Affairs to develop the Navy program objective memorandum financials for all Navy pandemic influenza response stockpile program requirements.

(b) Ensure adequate supply and sourcing of medical materiel and pharmaceuticals used during a PI&ID event.

(c) Identify MTFs receiving antivirals and vaccines; require activities to account for antivirals and vaccines with service specified inventory system.

(d) In conjunction with DLA, identify critical medical supplies, goods or services that require priority delivery from industry and suppliers to ensure COOP and sustainment of key population.

(8) Medical Surveillance

(a) Coordinate medical surveillance activities with Navy and Marine Corps Public Health Center, per reference (f), for afloat and ashore medical departments.

(b) Monitor for evidence of an emerging disease threat by ensuring all MTFs perform phase-appropriate disease surveillance and trend analysis as directed by DoD policy, and promptly report the results to the PHEO and appropriate commanders.

1. Collect data at each point of care and document significant medical events, as directed per reference (f). Points of care include established MTFs, operational units with organic medical capability, and any non-medical facility designated or re-missioned for use as an alternate care treatment facility. Data collection and reporting processes and requirements will surge during a pandemic.

2. Ensure appropriately trained public health and preventive medicine professionals conduct medical surveillance activities to include syndromic surveillance using Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE), per references (b) and (f).

3. Receive weekly disease and injury data from operational units and enable early detection of outbreaks.

(9) Laboratory Support. Ensure laboratories conduct medical and laboratory surveillance as well as diagnostic testing including rule in and rule out testing for emerging pathogens. Laboratories may include those within the Laboratory Response Network.

(10) <u>Immunization</u>. Prioritize mission essential personnel for vaccination. In coordination with CNIC, prepare to provide mass immunization and care. Ensure any adverse events are tracked and reported following vaccine and antiviral administration as directed within current policies and guidelines.

h. <u>NCCs</u>

(1) Develop FHP program elements consistent with the FHP measures aligned by phase and any supplemental CCDR FHP guidelines.

(2) Maintain COOP in a PI&ID environment.

(3) Ensure all operational units with organic medical departments:

(a) routinely report weekly disease and injury surveillance data to BUMED using reference (f) as a guide, and

(b) comply with reference (f) for disease surveillance and medical event reporting.

(4) Re-deploy and reconstitute the PI&ID response forces between PI&ID waves.

(5) In conjunction with DLA, identify critical supplies, goods, or services that require priority delivery from industry suppliers to ensure COOP and sustainment of key personnel.

(6) Exercise plans biennially in coordination with appropriate CCDR.

(7) Conduct exercises and rehearsals with other DoD Components, State, local, and interagency partners.

(8) Capture costs during all phases for the ultimate reimbursement from the primary agency.

(9) Identify resource shortfalls to the Director, Antiterrorism Force Protection (OPNAV N314), as applicable, to ensure execution per reference (a). Keep USFLTFORCOM and PACFLT informed.

(10) Properly position forces with the required numbers, skills, and materiel support to respond and meet the projection of forces in the changing PI&ID environment.

(11) Develop and evaluate existing PI&ID plans, guidance, and programs to include personal protective measures, identification of personal protective equipment (PPE) requirements, targeted layered containment, and community mitigation strategies.

(12) Ensure that public health and disease outbreak emergency response policies, plans, procedures, and guidelines are supported by sufficient command and control capabilities and other equipment to respond properly to disasters, public health emergencies, and disease outbreaks.

(13) Coordinate religious support plans as specified in reference (a).

(14) Ensure compliance with U.S. sovereign immunity and related policies regarding provision of crew lists and other information of military and non-military personnel on board U.S. sovereign immune vessels to foreign governments as outlined in reference (d). Early engagement with the U.S. Embassy country team for the host nation is essential to resolving potential difficulties in a timely manner.

(15) Prioritize mission essential forces for vaccinations.

   i.   Naval Facilities Engineering Command

(1) Maintain COOP in a PI&ID environment.

(2) In coordination with CNIC and BUMED, maintain essential utilities and facility services, and provide contingency engineering support as tasked.

(3) Prioritize mission essential forces for vaccinations.

   j.   Naval Supply Systems Command

(1) Maintain COOP in a PI&ID environment.

(2) In coordination with CNIC and DLA, and within the confines of existing policy and law, develop and execute regional sustainment plans with the installations to begin identifying sufficient quantities of critical PPE to ensure mission assurance during a PI&ID response. These plans should include the purchase, storage, management, and distribution of identified PPE.

(3) Prioritize mission essential forces for vaccinations.

7. Action

   a. All OPNAV personnel must familiarize themselves with reference (a), its organization and contents.

   b. Organizations and N-codes assigned responsibility in this instruction will review their respective paragraphs at least annually for accuracy and relevance.

8. Administration and Logistics

a. Concept of Logistics Support. PI&ID operations, to include deployment, sustainment, and combat service support efforts, will be flexible and tailored to support the mission requirements.

b. Logistics. The CCDR's NCCs are responsible for administrative, logistical, medical, and communication support for forces employed in PI&ID operations. Component commanders will comply with respective Service instructions, existing plans, agreements, and legal authorities. DLA, Defense Contract Management Agency, U.S. Transportation Command, and other U.S. Government and Defense Agencies will continue to provide the logistics backbone in the Joint operating agreements to include: supply, maintenance, transportation, civil engineering, health services, and other combat service support to DoD forces. Efforts must be directed at leveraging the existing infrastructure, contracts, and support relationships with civilian services through innovative information coordination and management, business practices, contracting, and operating procedures. A coordinated effort to match prioritization of effort and resources with each operational phase is essential to the success of providing PI&ID support.

c. Environmental Responsibilities. The DoD will be in support of a primary agency. Environmental responsibilities remain with the primary agency. However, this does not release the DoD from responsibility to plan and conduct operations in a manner responsive to environmental considerations. Timely response in crisis circumstances may make it necessary to take immediate action without preparing the normal environmental planning documents. Close coordination with local, State, Federal agencies, and host nations during operations is needed to avoid negative environmental consequences. DoD's goal is compliance with all applicable laws.

d. Environmental Conditions and Transfer to Civil Authorities. Documenting conditions and actions as soon as possible before, during, and after operations will facilitate resolution and closure of environmental issues. An active environmental review of Navy operations should be accomplished to identify possible environmental issues before a negative impact occurs. Environmental impacts will be addressed as soon as possible once operations have stabilized. Navy forces should direct efforts to properly identify, contain, document, and transfer environmental issues to civil authorities as soon as possible.

e. Personnel. Upon Secretary of Defense direction, Commander, USNORTHCOM will source Joint Staff validated requirements and notify the CCDRs of augmentee information and arrival dates. The designated command and control headquarters will be responsible for coordinating the joint reception center, maintaining accountability of deployed DoD personnel, and reporting personnel information.

f. Public Affairs. Proactive communication efforts are essential prior to and during a pandemic. Early dissemination of information and aggressive public affairs (educational) programs support the U.S. Government's effort to prevent, inhibit, or mitigate the spread of the

virus, and instill confidence in the key population. Successful communications will lead to reduced fear and panic at the onset of a pandemic. It is imperative that the Navy speaks with one voice and ensures the themes and messages from Department of Health and Human Services are nested in subordinate plans. The Office of the Assistant Secretary of Defense for Health Affairs is overall responsible for coordinating the DoD public affairs response by providing public affairs guidance to CCDRs, Services, and DoD agencies. Delegation of release authority to the CCDR, Services, and DoD agency public affairs office and, in turn, the appropriate command and control headquarters is allowed in support of this plan. Installation level plans should utilize reference (a) for specific guidance.

g. <u>Medical Services</u>. During PI&ID operations, maintenance of the medical and public health infrastructure will be a significant challenge. DoD has a critical role at the national level in fulfilling its National Response Plan responsibilities and an equally critical role at the installation level. Commanders, working through their respective PHEOs, should consider using the full spectrum of their resources to assist local governments in providing essential services to their citizens. DoD medical capabilities should be requested if it is determined necessary to augment or sustain the local response in order to save lives and minimize human suffering. The time-sensitive nature of the requirements necessitates early and rapid inter-agency coordination to be effective. Restrictions on the use of military medical stockpiles and provisions of direct military care to civilians by military personnel may need to be addressed in mission planning.

9. <u>Command and Control</u>. Commander, USNORTHCOM is the lead CCDR for planning and synchronizing reference (a), until directed otherwise. GCCs will have command for execution within respective AORs.

a. <u>Command Relationships</u>

(1) Commander, USNORTHCOM is the supported commander for the synchronization of global PI&ID planning. CCDRs, Services, and Defense Agencies are supporting commands, departments, and agencies for coordination and synchronization of Global PI&ID planning.

(2) GCCs are the supported commanders within their respective AORs. All other component commanders are supporting commanders for PI&ID response operations.

(3) The DON is a supporting organization, and its PI&ID plans will conform to GCC plans in case of conflict.

(4) OPNAV N31 will coordinate and synchronize the Navy's PI&ID plans and policy.

(5) All NCCs supporting GCCs are responsible for PI&ID planning and execution in their GCC's AOR. NCCs are responsible to inform USFLTFORCOM and PACFLT on all man, train, and equip issues. All echelon 2 commanders are supporting commanders to the NCC where the PI&ID event is located.

(6) USFLTFORCOM and PACFLT retain responsibility to train and equip the force on protective measures during PI&ID events. USFLTFORCOM is the supported commander, and PACFLT is the supporting commander for all units under the administrative control of PACFLT and operating in the USNORTHCOM AOR, with respect to addressing training and equipping shortfalls. PACFLT will keep USFLTFORCOM informed of uncorrected deficiencies.

b. Reporting Requirements

(1) CCDR's reporting guidance will apply within respective AORs.

(2) The Deputy Chief of Naval Operations for Operations, Plans and Strategy (CNO N3N5) guidelines on classification pertaining to operational readiness information will not change due to the onset of a PI&ID event.

(3) Echelon 2 commanders must use reference (a) to ensure an effective communication strategy has been developed and is ready to be exercised during a PI&ID event.

(4) Submit Operational Report 3 Navy Blue to chain of command, per reference (g), to OPNAV, USFLTFORCOM, PACFLT, BUMED, and Navy and Marine Corps Public Health Center if an outbreak will significantly impact the command's operational ability to perform its mission. Commanders will report degradations in unit operational readiness and adverse impacts to mission accomplishment caused by a disease outbreak via the Defense Reporting Requirement System and the Status of Resources and Training System.

(5) In a PI&ID environment BUMED will set the medical reporting requirements including designating the central point of contact for the receipt of data per reference (f). All MTFs, operational units with organic medical capability, and laboratory response network laboratories will report per reference (f) and conduct additional surveillance and reporting activities as indicated by BUMED including disease and injury surveillance.

Note: It is not required nor desired that commanders report each case of suspected or confirmed viral strain infection via situational report or operational report.

c. COOP

(1) As directed by references (h) and (i), all Secretary of the Navy (SECNAV) offices, OPNAV, and echelon 2 organizations are required to have a COOP program and supporting plan. Continuity planning facilitates the performance of mission essential functions during all-hazards emergencies or other situations that may disrupt normal operations. Traditional COOP planning efforts focuses on a component's ability to accomplish their mission essential functions while deferring remaining functions for up to 30 days.

(2) During COOP execution, key personnel are relocated away from the impacted area to an emergency relocation site in order to continue the component's mission essential functions, utilizing either prepositioned records or remote access capabilities to vital systems. PI&ID presents a different environment in which Navy components may be forced to operate. The traditional concept of COOP, relocating to a readied alternate site, may no longer be a viable option. In addition, the estimated duration of the pandemic dictates that Navy components will be required to perform more than just mission essential functions during this period. Previously deferred functions may have to be prioritized and performed by significantly diminished staffs. Existing COOP programs have to be expanded to incorporate this prioritization of effort, hence changing work procedures in a PI&ID environment. Approaches such as alternate work schedules and alternate locations, telework, cross training of employees, job sharing, social distancing, PPE, delegations of authority, orders of succession, and devolution all need to be considered and adopted, as appropriate, to the component's situation and functional responsibilities.

(3) In anticipation of a potential occurrence of a PI&ID outbreak, components should review and modify current COOP plans to ensure their ability to continue operations during a PI&ID event is not compromised.

(4) Due to the unique USFLTFORCOM responsibilities delineated in SECNAVINST S3030.5A, USFLTFORCOM should be copied on all PI&ID reports made to the Chief of Naval Operations.

10. Records Management

    a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

    b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

11. Review and Effective Date. Per OPNAVINST 5215.17A, CNO N3N5 will review this instruction annually on the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 5 years, unless revised or cancelled in the interim, and will be reissued by the 5-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9.

Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

12. Information Management Control. Reporting requirements contained within subparagraph 9b are exempt from information management control per SECNAV M-5214.1 of December 2005, part IV, subparagraph 7h.

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Releasability and distribution:
This instruction is cleared for public release and is available electronically only via Department of the Navy Issuances Web site, http://doni.documentservices.dla.mil