FOREWORD

This publication has been prepared under our direction for use by our respective commands and other commands as appropriate.

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PREFACE

1. Scope

This multiservice operations publication provides tactics, techniques, and procedures (TTP) for planning and conducting biological-surveillance operations to monitor, detect, sample, identify, report, and evacuate samples of biological-warfare (BW) agents used against United States (US) forces. The term “biological surveillance”, as used in this publication, refers to the actions taken to detect that a BW attack has occurred and identify the suspected BW agent involved. Users of this manual are nuclear, biological, and chemical (NBC) or chemical, biological, and radiological (CBR) staff and medical officers, unit commanders, NBC noncommissioned officers (NCOs), and others involved in planning and conducting biological-surveillance operations.

NOTE: The United States Marine Corps (USMC) uses the acronym METT-T (mission, enemy, terrain and weather, troops available, and time). Civilian considerations are inherently measured within the context of this acronym.

2. Purpose

a. The purpose of this publication is to provide commanders, staffs, and unit leaders with a reference for the planning and conduct of biological-surveillance operations. It serves as a key source document for the development of other multiservice manuals and the refinement of existing training support packages, training center exercises, and service school curriculum.

b. This manual provides the commander and his staff with tools to support:

- Countering a biological threat.
- Providing input to support force protection (FP).
- Supporting medical requirements.
- Supporting the decision making process.

3. Application

This publication is designed for use at the operational and tactical level. The publication will support command staff planning in preparing for and conducting biological-surveillance operations. This publication also provides guidance to biological-detection unit leaders and personnel for conducting biological surveillance.

4. Implementation Plan

Participating service command offices of primary responsibility (OPRs) will review this publication, validate the information, and reference and incorporate it in service and command manuals, regulations, and curricula as follows:
Army. The United States Army (USA) will incorporate this publication in training and doctrinal publications as directed by the commander, USA Training and Doctrine Command (TRADOC). Distribution is according to Department of the Army (DA) Form 12-99-R (Initial Distribution [ID] Requirements for Publications).

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Air Force. The United States Air Force (USAF) will validate and incorporate appropriate procedures in accordance with the applicable governing directives. It will develop and implement this and other NBC multiservice tactics, techniques, and procedures (MTTPs) through a series of USAF manuals providing service-specific TTPs. Distribution is according to the USAF publication distribution system.

5. User Information

a. The USA Chemical School (USACMLS) developed this publication with the joint participation of the approving service commands.

b. We encourage recommended changes for improving this publication. Key your comments to the specific page and paragraph and provide a rationale for each recommendation. Send comments and recommendations directly to—
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Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.
MULTISERVICE TACTICS, TECHNIQUES, AND PROCEDURES FOR BIOLOGICAL SURVEILLANCE

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EXECUTIVE SUMMARY

Multiservice Tactics, Techniques, and Procedures for Biological Surveillance

Biological-Surveillance Principles, Concepts, and Threats

Chapter I provides the principles and concepts of biological and medical surveillance. It discusses the execution of biological and medical surveillance and provides information on assessing the BW threat.

Biological-Surveillance Functions, Responsibilities, and Capabilities

Chapter II provides an overview of the functions of biological surveillance. It continues to define responsibilities of the staff in conducting biological-surveillance operations. It also provides the capabilities required to execute biological-surveillance operations.

Biological-Surveillance Planning

Chapter III discusses the planning of biological-surveillance operations. It discusses integrated biological-surveillance operations. It provides guidance for planning biological surveillance at the tactical, operational, and strategic levels. The chapter culminates with a discussion on the biological-surveillance process and the integration of biological-surveillance assets. The chapter provides a discussion on the biological-surveillance annex to an operation order (OPORD).

Biological-Sample Evacuation

Chapter IV provides guidelines for conducting biological-sampling operations. It discusses sample evacuation requirements, coordination, planning, and execution. It provides guidance on maintaining the sample chain of custody and conducting sample transfers. It also discusses the sample evacuation plan and subsequent sample analysis.

Information Management

Chapter V provides an overview of biological-detection information management. It discusses the elements of BW attack determination and decision making to include priority information requirements, reports, communications, operational-level assessments, and decisions.
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Chapter I

BIOLOGICAL-SURVEILLANCE PRINCIPLES, CONCEPTS, AND THREATS

1. Background

Biological- and medical-surveillance operations are mutually supportive and critical in support of FP. Biological detection and medical surveillance could be the first line of defense against a biological attack. These operations can support identifying whether or not a BW attack occurred prior to the onset of symptoms among the force.

a. Biological Surveillance. Surveillance is the systematic observation of aerospace, surface, or subsurface areas, places, persons, or things by visual, aural, electronic, or other means. Specifically, biological surveillance is the observation of specific areas of an area of operations (AO) for biological hazards. This includes the use of biological-detection or -collection assets (such as conducting background monitoring and biological-detection operations) and all source intelligences capable of providing information that a biological attack has occurred. It “paints the picture” of the status of the biological threat for the commander. It also includes the analysis and dissemination of the data collected.

b. Medical Surveillance.

(1) Medical surveillance is the ongoing, systematic collection of health data essential to the evaluation, planning, and implementation of public health practice. It is closely integrated with timely dissemination of data as required by a higher authority. A medical-surveillance system includes a functional capacity for the collection, analysis, and dissemination of data linked to public health programs. The foundation of a medical-surveillance program is the determination of unit-specific rates of illness and injuries of public health significance (see Appendix A). Medical surveillance is closely integrated with the timely dissemination of this data to those responsible for the prevention and control of disease and nonbattle injuries (DNBIs) and biological-defense planning. The establishment of uniform, standardized health surveillance and readiness procedures for all deployments is listed in Chairman of the Joint Chiefs of Staff (CJCS) Memorandum Military Classification Manual (MCM)-0006-02, Department of Defense Directive (DODD) 6490.2, and Department of Defense Instruction (DODI) 6490.3.

(2) Medical surveillance may provide the first indicator that a biological attack has occurred. If an attack is not detected directly, the first indication may be an increase of illness among the affected population. Most BW agents induce symptoms after an incubation period. An influx of patients reporting similar symptoms may indicate that an attack has occurred. Although it may be too late for medical countermeasures to help individuals who already show symptoms (see Appendix A), the trend can alert the medical system to initiate protective measures such as vaccines or antibiotics for those who have been exposed but are not yet sick.