UNCLASSIFIED

UNITED STATES AFRICA COMMAND INSTRUCTION

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FORCE HEALTH PROTECTION REQUIREMENTS AND MEDICAL GUIDANCE FOR ENTRY INTO THE U.S. AFRICA COMMAND THEATER

References: See Enclosure I.

1. Purpose. This instruction establishes Force Health Protection (FHP) requirements, provides medical guidance, and delineates responsibilities for all travel to the U.S. Africa Command (USAFRICOM) area of responsibility (AOR). It describes applicability, medical standards of fitness, medical waiver policy, medication and equipment requirements, immunizations, laboratory testing, deployment-related health assessment requirements, medical record requirements, and pre-travel medical training requirements.

2. Superseded. United States Africa Command Instruction 4200.09, 27 January 2017.

3. Applicability. This instruction applies to Headquarters USAFRICOM and joint activities assigned to or reporting through Headquarters USAFRICOM including Offices of Security Cooperation, Security Assistance Offices, Special Operations Command Africa (SOCAFRICA), Joint/Combined Task Forces and Service Components assigned to USAFRICOM. This instruction applies to military personnel on official or leisure travel, and Department of Defense (DoD) civilians, DoD contractors, DoD sub-contractors, and volunteers on official travel to the USAFRICOM AOR or who are currently in the USAFRICOM AOR under the auspices of the DoD. Medical requirements for Local Nationals (LN) or Third Country Nationals (TCN) and DoD contractor personnel are included to the extent provided in the applicable contracts (Reference a).

4. Policy. The National Center for Medical Intelligence designates the USAFRICOM AOR as very high risk for infectious diseases, which will adversely impact mission effectiveness unless appropriate FHP measures are implemented. Additionally, the majority of countries in Africa have underdeveloped healthcare infrastructure, making medical care generally limited.

a. Pre-Travel Training Requirements: Individuals or units traveling to the USAFRICOM AOR must understand the health threats they will encounter,

including those presented by infectious diseases (specifically those with person-to-person, point source, or arthropod-borne transmission), flora and fauna, climatic extremes, environmental contamination and pollution, physical hazards such as motor vehicle accidents, and other forms of injury. Specific medical and training requirements are found in Enclosure H.

b. Exceptions to this policy will be submitted to the USAFRICOM Command Surgeon using the waiver process identified in Enclosure D.

5. Responsibilities.

a. The USAFRICOM Command Surgeon will implement a health program, which effectively anticipates, recognizes, evaluates, controls, and mitigates health threats encountered during activities in Africa (Reference a).

b. Component and subordinate activity commanders, in coordination with their Surgeons' offices, shall:

(1) Enforce FHP measures during the entire travel or deployment timeframe.

(2) Ensure subordinate units and activities establish processes to ensure personnel traveling to the USAFRICOM AOR are medically screened and provided health threat briefs, vaccinations, prophylactic medications, and other countermeasures, as appropriate.

c. All travelers carry the responsibility of understanding the threat and risks of disease and injury and will:

(1) Complete AC Form 42, USAFRICOM Travel Medical Screening Checklist (Enclosure C).

(2) Comply with FHP requirements throughout their travel.

(3) Complete required training.

6. Summary of Changes. This ACI has been revised extensively and must be read in its entirety. This version defines "deployment" as periods of more than 30 days; modifies pre-travel screening requirements for physical examination, laboratory, and dental; and modifies specific medical standards for diabetes, cardiac risk stratification, lipid screening, and others. It also adjusts yellow fever vaccination requirement to lifetime; updates malaria chemoprophylaxis guidance to emphasize use of atovaquone-proguanil; updates the Travel Medical Screening Checklist and Medical Waiver Request form; prescribes direct routing of medical waiver requests from requestor to waiver adjudicator; and adjusts training requirements for medical personnel.

7. Releasability. UNCLASSIFIED UNLIMITED. This directive is approved for public release; distribution is unlimited. Users may obtain copies on the USAFRICOM network portal.

8. Effective Date. This instruction is effective upon signature.

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Enclosures:
A. Acronyms, Abbreviations, and Terms
B. Medical Clearance
C. Medical Screening Checklist
D. Medical Waiver Process and Authorities
E. Waiver Adjudication Authority Re-Delegation
F. Medical Waiver Request
G. Theater Force Health Protection
H. Pre-Travel Training Requirements
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ENCLOSURE A

ACRONYMS, ABBREVIATIONS, AND TERMS

1. ACRONYMS/ABBREVIATIONS

ACI – Africa Command Instruction
ACIP – American Committee on Immunization Practices
ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
AFCITA – Air Force Complete Immunization Tracking Application
AFI – Air Force Instruction
AMEDD – Army Medical Department
AOR – Area of Responsibility
APEX – Adaptive Planning and Execution (system)
AR – Army Regulation
ASCVD – Atherosclerotic Cardiovascular Disease
BMI – Body Mass Index
BUMEDINST – (US Navy) Bureau of Medicine and Surgery Instruction
CJTF – Combined Joint Task Force
CPAP – Continuous Positive Airway Pressure
DEET – N,N-Diethyl-meta-toluamide
DNA – Deoxyribonucleic Acid
DoD – Department of Defense
DoDD – Department of Defense Directive
DoDI – Department of Defense Instruction
DRHA – Deployment-Related Health Assessments
DSM-5 – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DSN – Defense Switched Network
FCG – Foreign Clearance Guide
FDA – Food and Drug Administration
FHP – Force Health Protection
G6PD – Glucose-6-phosphate dehydrogenase
GDV – Gastric Dilatation Volvulus
HGB – Hemoglobin
HIV – Human Immunodeficiency Virus
HOA – Horn of Africa
HTLV – Human T-Cell Lymphotrophic Virus
IAW – In Accordance With
IDA – Individual Dynamic Absorption
IDC – Independent Duty Corpsman
IDMT – Independent Duty Medical Technician
IPV – Inactivated Polio Virus
ISOS – International SOS (Medical & Travel Security Assistance Company)
LDL – Low Density Lipoprotein
LN – Local National

LTBI – Latent Tuberculosis Infection
MEDCOM – United States Army Medical Command
MTF – Medical Treatment Facility
NIPR – Non-classified Internet Protocol Router
NSN – National Stock Number
OSA – Obstructive Sleep Apnea
PHA – Periodic Health Assessment
PCS – Permanent Change of Station
SAMFE – Sexual Assault Medical Forensic Examiner
SIPR – Secure Internet Protocol Router
SPECT – Single-Photon Emission Computed Tomography
TAD – Temporary Assigned Duty
TB – Tuberculosis
TCCC - Tactical Combat Casualty Care
TCN – Third-Country National
TDY – Temporary Duty
TRAC²ES – U.S. Transportation Command Regulating and Command & Control Evacuation System
USAFRICOM – U.S. Africa Command
USPHS – U.S. Public Health Service
XR – Extended Release

2. TERMS

Deployment – Any use of the word “deployment” is intended to designate any assignment greater than 30 days to support operational requirements, regardless of order type.

Travel – For the purposes of this document “travel” or “traveler” includes entry into the USAFRICOM AOR for any reason or duration (Permanent Change of Station (PCS), or individual or unit Temporary Duty (TDY)/Temporary Assigned Duty (TAD), leave, and Shipboard Personnel conducting ashore activities of any duration).

NOTE: Specific requirements exist which only apply to those traveling for 30 days or more, regardless of the use of “travel” or “deploy.”

ENCLOSURE B

MEDICAL CLEARANCE

1. All personnel (uniformed service members, government civilian employees, volunteers, DoD contractor employees) entering the theater must be medically, dentally, and psychologically fit, and possess a current Periodic Health Assessment (PHA) or physical (See paragraph 1.e. (3) of this enclosure) (Reference b). Individuals unable to comply with entry requirements will not enter or re-enter the USAFRICOM AOR, (e.g., any person who becomes medically disqualified while in leave status will not re-enter the theater) until the disqualifying condition is cleared or a waiver is approved by the appropriate USAFRICOM waiver authority. Any person who is medically evacuated from the AOR for any condition requires a medical waiver for theater re-entry.

a. Healthcare providers evaluating personnel for travel must bear in mind that in addition to the individual's duties, the environmental conditions that may affect health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates). In addition, the operating conditions may impose extremes of diet (to include fat, salt, and caloric levels) and sleep deprivation. These conditions often result in emotional stress and sleep disturbances. If managing an individual's health condition requires avoidance of these extremes or conditions, the individual should not travel.

b. Evaluation of functional capacity in conditions of physiologic demand is encouraged to determine fitness. This assessment should include such things as a complete cardiac evaluation to include stress imaging when there is coronary artery disease or significant risk thereof, or an official functional capacity exam as determined by the initial evaluating provider. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the USAFRICOM AOR. Also, the type and amount of medications prescribed and their suitability and availability in the environment must also be considered as potential limitations. AC Form 42, USAFRICOM Travel Medical Screening Checklist, is to be used for medical clearance requirements (Enclosure C).

c. Fitness includes the ability to accomplish the tasks and duties unique to a particular operation/activity and the ability to tolerate the environmental and operational conditions of the duty location. Minimum standards of fitness include but are not limited to the ability to wear ballistic, respiratory, chemical and biological personal protective equipment (PPE), as required; the use of required prophylactic medications; and the ability to ingress/egress in emergency situations with minimal risk to themselves or others (Reference c).

Any condition that markedly impairs an individual's daily function is grounds for disapproval of travel.

d. The following criteria should be utilized to evaluate each medical condition prior to travel (Reference c):

(1) The condition is stable and reasonably anticipated not to worsen during travel in the light of physical, physiological, psychological and nutritional effects of the duties and location.

(2) The condition is not of such a nature or duration that an unexpected worsening or physical trauma is likely to have a grave medical outcome or negative impact on mission execution.

(3) Ongoing healthcare or medication needed for the duration of travel is available in theater and accessible via the individual's health plan.

(4) Medications required for the condition have no special handling, storage or other requirements (e.g., refrigeration, cold chain, or electrical power requirements).

(5) Medications are well tolerated without significant side effects.

(6) There is no requirement for evacuation out of country or theater for continued diagnostics or other evaluations.

e. Medical Fitness, Initial, and Annual Screening.

(1) DoD civilian employees are covered by the Rehabilitation Act of 1973. It must be determined, before travel and based upon an individualized assessment, that the employee can perform the essential functions of the position in the USAFRICOM AOR, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the extremely limited availability of care in the USAFRICOM AOR must be considered. Further, the employee's medical condition must not pose a substantial risk of significant harm to the employee or others when taking into account the conditions of the USAFRICOM AOR (Reference c).

(2) Specialized government employees who must meet specific physical standards (e.g., firefighters, security guards and police, aviators, aviation crew members and air traffic controllers, divers, marine craft operators, and commercial drivers) must meet those standards without exception, in addition to being found fit for the specific deployment by a medical and dental evaluation prior to travel. Certifications must remain valid throughout the duration of travel. If certifications expire while assigned within the

USAFRICOM AOR, it is up to the individual to plan for and recertify their respective requirements (i.e., mid-tour leave, etc.).

(3) Examination Intervals. An examination with all medical issues and requirements addressed will remain valid for the duration specified in DoDI 6025.19 for military members, or 12 months for all other travelers (Reference b).

(a) Individuals, whose examinations reveal changes in their medical condition, which make them ineligible to remain in theater, must submit a medical waiver request to, and receive approval from, the appropriate waiver approving authority in order to remain in theater. If further diagnostics tests or procedures are required for medical waiver adjudication and are not available locally, individuals must be redeployed to accomplish this requirement.

(b) Periodic health surveillance requirements and prescription needs assessments should be recent enough so as to remain current through the duration of assignment or travel.

(c) Government civilian employees, whose travel exceeds 12 months, must be re-evaluated annually for fitness in order to remain in a deployed status. Annual in-theater rescreening may be focused on health changes, vaccination currency and monitoring of existing conditions, but should continue to meet all medical guidance as prescribed in this document. If government civilian employees are unable to adequately complete their medical screening evaluation in the theater, they should be redeployed to accomplish this annual requirement.

(4) Dental. All travelers to the USAFRICOM AOR must be Dental Class I or II per current annual exam, which will remain current for the anticipated duration of assignment, deployment or travel. Individuals being evaluated by a non-DoD civilian dentist should use DD Form 2813, or equivalent, as proof of dental examination.

(5) DoD civilian and contractor personnel who are 40 years of age or older must have a 10-year atherosclerotic cardiovascular disease (ASCVD) risk percentage calculated. The American College of Cardiology Risk Estimator Plus calculator is available at http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/. If the calculated 10-year risk is 15% or greater, further evaluation is required prior to medical waiver submission (see paragraph 1.e.(16(g)).

(6) DoD contractor employees must meet similar standards of fitness as other military and DoD civilian personnel, to include the ability to tolerate the environmental and operational conditions of the duty location. DoD

contractors must undergo a medical and dental evaluation, which documents their fitness for duty without limitations prior to travel (Reference d).

(a) Medical requirements and evaluations must be completed prior to arrival in the USAFRICOM AOR. Travel medicine services for contractor employees, including immunizations, evaluation of fitness, and annual re-screening are the responsibility of the contracting agency per the contractual requirements. Questions should be submitted to the supported command's contracting and medical authority.

(b) All contracting companies are responsible for providing the appropriate level of medical screening for their employees, including Local National (LN) and Third-Country National (TCN) employees, based on the jobs the employees are hired to perform. The screening must be completed by a licensed medical provider (licensed in a country with oversight and accountability of the medical profession) and an English language copy of the completed medical screening documentation must be maintained by the contractor. Such documentation may be requested by base operations center personnel prior to issuance of access badges as well as by medical personnel for compliance reviews. Installation commanders, in concert with their local medical assets and contracting representatives, may conduct quality assurance audits to verify the validity of medical screenings.

(c) Contractors will provide the pre-deployment medical and dental evaluations, and annual in-theater rescreening at contractor expense. Redeployment is not implied in this document unless otherwise specified in the contract. These evaluations for DoD contractors shall occur prior to arrival at the deployment center/platform. All required immunizations outlined in the DoD Foreign Clearance Guide (https://www.fcg.pentagon.mil) for the countries to be visited, as well as those outlined in paragraph 1.g. of this Enclosure, will be administered at contractor expense. A new disqualifying medical condition, as determined by an in-theater competent medical authority, will be immediately reported to the appropriate contracting officer representative with a recommendation that the contractor be immediately redeployed and replaced at contractor expense. All the above expenses will be covered by the contractor unless otherwise specified in the contract (Reference d).

(d) The guidance in this document should not be construed as authorizing use of Defense Health Program or Military Health System resources for such evaluations unless previously authorized. Generally, Defense Health Program and Military Health System resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees (Reference d). Local command, legal, contracting, and resource management authorities should be consulted for questions on this matter.

(7) LN and TCN employees. Minimum screening requirements for LN and TCN employees are as follows (Reference d):

(a) Pre-employment and annual medical screening of LN and TCN employees will not be performed in military treatment facilities or by U.S. military medical personnel. Local contracting agencies must keep documentation and ensure screenings are conducted by licensed medical providers.

(b) All LN and TCN employees whose jobs require close or frequent contact with non-LN/TCN personnel (e.g., dining facility workers, security personnel, interpreters, etc.) must be screened for tuberculosis (TB) using a chest x-ray and an annual symptom screen. Tuberculin Skin Tests and Interferon Gamma Release Assays are unreliable as stand-alone screening tests for TB in populations with high TB prevalence, and should not be used.

(c) LN and TCN employees involved in food service, including water and ice production, must be screened annually for signs and symptoms of infectious diseases. Contractors must ensure employees receive Typhoid Fever and Hepatitis A vaccinations, and this information must be documented in the employees' medical records/screening documentation.

f. Travel-limiting conditions. The lack of DoD and host nation medical care in the USAFRICOM AOR make it likely that a member with chronic illness or medical condition will require aeromedical evacuation from the theater to receive care. As a result, medical assessment of potentially disqualifying conditions should receive additional scrutiny to mitigate the risk to the traveler as well as companion travelers. Unless otherwise noted, conditions apply to travel of any duration. Where noted, some conditions do not require waiver for TDY travel less than 30 days.

(1) This list of travel-limiting conditions is not intended to be comprehensive; there are many other conditions that may result in denial of medical clearance for travel. Possession of one or more of the conditions listed in this tab does not automatically imply that the individual may not enter the USAFRICOM AOR. Personnel with potentially disqualifying medical conditions must meet the following two criteria in order to be cleared for travel: 1) Receive an evaluation by a medical provider to determine if the member can safely travel and 2) Receive a medical waiver approved by the USAFRICOM Command Surgeon or the delegated component surgeon for the potentially disqualifying medical condition(s). "Medical conditions" as used in this context include those health conditions usually referred to as dental or psychological.

(2) Shipboard operations that are not anticipated to involve operations ashore or port calls in the USAFRICOM AOR are exempt from immunizations

requirements and the deployment-limiting medical conditions listed below and will follow service-specific guidance (Reference c).

(3) Respiratory. Asthma or other respiratory conditions with a Forced Expiratory Volume-1 (FEV-1) of less than 60% of predicted despite appropriate therapy, which have required hospitalization in the past 12 months, or which require daily systemic steroids, will not be considered for medical waiver. Respiratory conditions with FEV-1 over 60% that have been well controlled for six months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for medical waiver.

(4) Seizure disorder with active seizure activity within the last year will not be considered for medical waiver. Seizure disorder patients on a stable anticonvulsant regimen, who have been seizure-free for one year, may be considered for medical waiver.

(5) Diabetes Mellitus:

(a) Medical waiver for Diabetes Mellitus type 1 or Diabetes Mellitus type 2 requiring insulin or other injectable medications will only be considered for TDY/TAD less than 30 days. Waiver consideration will require a documented Hemoglobin A1C below 7% within 90 days of deployment and no episodes of hypoglycemia.

(b) Diabetes Mellitus type 2 either on oral medications or with lifestyle changes, requires 90 days of stability and a documented Hemoglobin A1C below 7% within 90 days of deployment, before a medical waiver will be considered. Newly diagnosed Diabetes Mellitus type 2 must have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

(c) Individuals with Diabetes Mellitus must have a 10-year ASCVD risk percentage calculated (http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/). If the calculated 10-year risk is 15% or greater, further evaluation is required prior to medical waiver submission (see paragraph 1.e.(16)(g)).

(6) History of heat stroke will be considered for a medical waiver, provided there have been no episodes within the last 12 months. A patient with multiple episodes of heat stroke, persistent sequelae, or organ damage will not be considered for medical waiver.

(7) Individuals with Meniere's disease or other vertiginous/motion sickness disorders may be considered for medical waiver. A medical waiver will be granted only if the condition is well controlled with medications available in the USAFRICOM AOR and without any degradation in duty performance.

(8) Recurrent syncope (greater than one episode in three years) for any reason may be considered for a medical waiver. This medical waiver request must include the etiology and diagnosis of the condition.

(9) Any musculoskeletal condition that significantly impairs activities of daily living or performance of duties in a deployed environment requires a medical waiver accompanied by an official functional capacity exam.

(10) Currently symptomatic nephrolithiasis will not be considered for a medical waiver. Recurrent (two or more lifetime episodes) nephrolithiasis requires submission for a medical waiver.

(11) Pregnancy will not be considered for a medical waiver for deployment, but may be considered for medical waiver for TDY/TAD less than 30 days or leave. Pregnancy in the third trimester will not be considered for a medical waiver. See 1.l.(4), below.

(12) Obstructive sleep apnea (OSA). The following guidelines are designed to ensure that persons with OSA are adequately treated and that their condition is not of the severity that would pose a health risk should they be required to go without their Continuous Positive Airway Pressure (CPAP) for a significant length of time. While snoring is the most common complaint, the predominant symptom of concern for most individuals in the average active duty age group is excessive daytime sleepiness. Older individuals with other co-morbid severe or uncontrolled cardiovascular conditions may also have increased risk for cardiovascular events, such as myocardial infarction, symptomatic atrial fibrillation, and/or stroke.

(a) In-laboratory polysomnography is required for all personnel with the diagnosis of OSA. Home testing with portable monitors is not accepted. For individuals previously diagnosed with OSA, updated or repeat polysomnography is not required unless clinically indicated (i.e., significant change in body habitus, corrective surgery, or return of OSA symptoms). The USAFRICOM waiver authority may request repeat polysomnography to further evaluate a specific waiver request.

(b) Asymptomatic mild OSA (with or without CPAP) does not require a medical waiver. Mild OSA is defined as the frequency of obstructive polysomnography events, apnea-hypopnea index, respiratory event index, or respiratory disturbance index of less than 15 episodes per hour.

(c) Asymptomatic, treated moderate (apnea-hypopnea index 15-30/hr) or severe (apnea-hypopnea index >30/hr) OSA requires a medical waiver for travel of greater than 30 days. Medical waivers will be reviewed dependent on travel location, comorbidities, proposed position assignment, reliability of electricity, and adherence to therapy. The submitting healthcare provider must document CPAP compliance/adherence in the Case Summary section of the

USAFRICOM Medical Waiver Request Form or provide documentation. Adherence is defined as CPAP machine data download (i.e., compliance report) that reveals the machine is being used for at least 4 hours per night, at least five nights per week (70% of the nights) over the previous 30 day period.

(d) Personnel with OSA of any severity who have symptoms despite treatment are not eligible for a medical waiver.

(e) The traveler must know if his/her device is equipped with wireless or cellular communication capabilities and be able to disable the communication capabilities prior to departure from home station for the duration of travel to a contingency location, if so directed.

(f) Regardless of whether travel requires a waiver based on (12)(c) above, individuals using CPAP therapy must travel with sufficient supplies (air filters, tubing, interfaces/masks) and should have a device that can utilize back-up power (vendor-certified rechargeable battery system) for the duration of the travel. There is no guarantee of resupply or repair if there is a malfunction.

(g) In the case of individuals with apnea-hypopnea index greater than 60/hr, or co-morbid severe cardiovascular or neurologic (e.g., epilepsy) conditions, then a sleep specialist, pulmonologist, or neurologist (in this preferred order) should be consulted prior to the waiver submission.

(13) Traumatic Brain Injury. Individuals who have a history of a single mild traumatic brain injury/concussion may travel if they have been evaluated by a medical provider at least 24 hours after symptoms cease. Travelers who with history of potentially concussive events who have not been clinically evaluated and completed required rest periods will not be granted theater clearance; no waivers will be granted (References e and f). See also Enclosure G, 2.e.

(14) Body-Mass Index (BMI) restrictions. Service members must be in compliance with service-specific standards. Civilians and contractors with a BMI greater than 35 kg/m^2 require a medical waiver for travel over 30 days, or travel less than 30 days to a forward-deployed location. In general, TDY travel less than 30 days does not require a BMI waiver. Deployers with BMI 35-39 kg/m^2 without serious comorbidities (e.g., uncontrolled hypertension, diabetes mellitus, OSA, atherosclerotic cardiovascular disease, severe joint disease, etc.) may be considered for a medical waiver. Any deployer with BMI greater than 40 kg/m^2 will not be considered for a medical waiver.

(15) Any medical conditions (except OSA) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that require periodic evaluation/treatment by medical

specialists not readily available in theater will not be considered for medical waiver.

(16) Cardiovascular conditions:

(a) Symptomatic coronary artery disease will not be considered for medical waiver.

(b) Myocardial infarction within one year of travel will not be considered for a medical waiver.

(c) Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of travel will not be considered for a medical waiver. Once the condition has been stable for one year all waivers must include written support from the cardiovascular specialist.

(d) Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or implantable cardiac devices will not be considered for medical waiver.

(e) Hypertension that has not been controlled with medication or lifestyle changes for at least 90 days (i.e., on the same medication with good blood pressure control) requires a medical waiver. Controlled hypertension for over 90 days does not require a medical waiver. Single episode of elevated blood pressure during a travel clearance/health assessment/physical must be evaluated by a 3-day blood pressure check to ensure hypertension is not present.

(f) Heart failure or history of heart failure will not be considered for a medical waiver.

(g) Cardiac Risk Stratification. DoD civilian and contractor personnel who are 40 years of age or older must have a 10-year ASCVD risk percentage calculated (http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/). If the individual's calculated 10-year coronary heart disease risk is 15% or greater, the individual should be referred for further cardiac work-up and evaluation, to include at least one of the following: Graded exercise stress test with or without a Myocardial Perfusion Scintigraphy or Stress Echocardiography, as determined by the evaluating cardiologist. Results of the evaluation (physical exam, laboratory data, cardiac risk score, etc.) and testing, along with the evaluating physician's recommendation regarding suitability for travel, must be included in a medical waiver request to enter the USAFRICOM AOR.

(h) Hyperlipidemia. Lipid screening must be accomplished in accordance with (IAW) Service-specific guidelines. For deployments over 30

days, all others (i.e., civilians and contractors) over 40 years of age will have a lipid screening profile performed within one year prior to travel in order to calculate the required ASCVD 10-year risk. Hyperlipidemia should be addressed in accordance with clinical treatment guidelines. Untreated values that are outside any of the following parameters require a medical waiver: Total Cholesterol > 260 mg/dL, LDL > 190 mg/dL, Triglycerides > 500 mg/dL. Treated hyperlipidemia with 90 days of stability and documented clinical response does not require a medical waiver. Treatment with fewer than 90 days' stability requires a medical waiver.

(17) Infectious diseases:

(a) Blood-borne diseases (Hepatitis B, Hepatitis C, Human T-Cell Lymphotrophic Virus (HTLV)) that may be transmitted to others. Medical waiver requests for individuals testing positive for a blood-borne disease must include a full test panel for the disease, including all antigens, antibodies and viral load. Medical waiver requests for personnel with Hepatitis B or C must include a subspecialty (Gastroenterology or Infectious Disease) evaluation. Hepatitis C patients should have been treated with direct acting antivirals with sustained virologic response in order to be eligible for waiver.

(b) Confirmed Human Immunodeficiency Virus (HIV) infection (Reference g). Medical waivers, if allowed by Service policy, will only be considered for TDY travel less than 30 days and medical waiver authority is retained by the USAFRICOM Command Surgeon.

(c) Active TB. Waivers will not be granted.

(d) U.S. Forces and DoD civilians with active TB disease will be evacuated from theater for definitive treatment. Evaluation and treatment of TB among DoD contractors, LN and TCN employees will be at contractor expense. Employees with suspected or confirmed pulmonary TB disease will be excluded from work until cleared by the USAFRICOM designated physician for return to work.

(e) Latent Tuberculosis Infection (LTBI). Individuals who are newly diagnosed with LTBI by either Tuberculin Skin Test or Interferon-Gamma Release Assays testing will be evaluated for active TB disease with at least a symptom screen and a chest x-ray, and must have documented LTBI evaluation and counseling for consideration of treatment. Active duty members who have documented completion of LTBI evaluation and counseling for consideration of treatment and whose providers did not recommend LTBI treatment may travel without a medical waiver as long as all service-specific requirements are met (References h, i, and j).

(f) A medical waiver is required for individuals at any stage of treatment or with incomplete treatment of LTBI. Those with untreated or

incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during travel.

(g) History of prior treated Active TB. Waiver is required. Must have documented completion of full treatment course prior to travel.

(18) Eye, ear, nose, throat, dental conditions:

(a) Vision Loss. Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider will not be considered for a medical waiver.

(b) Refractive Eye Surgery. Personnel having undergone refractive eye surgery are not cleared to travel to the USAFRICOM AOR during a satisfactory post-surgical recovery period (no waivers granted). Personnel are not cleared to travel to the USAFRICOM AOR for three months following uncomplicated Photorefractive Keratectomy, Laser Epithelial Keratomileusis and epithelial Laser Assisted in situ Keratomileusis, and one month following uncomplicated Laser in-situ Keratomileusis. Additionally, personnel are not cleared to travel while using ophthalmic steroid drops post-procedure. There is a large degree of patient variability which prevents establishing a set timeframe for full recovery. After the initial non-deployable surgery recovery period, individuals will require a medical waiver to travel to the USAFRICOM AOR for a period of one year post-procedure. A note from an attending Ophthalmologist or Optometrist must be included with the medical waiver submission. After one year post refractive eye surgery, individuals will not require a medical waiver.

(c) Hearing Loss. Travelers must have sufficient unaided hearing to perform duties safely, and medical waiver requests must reflect this. Those traveling to combat areas should have an occupationally-focused assessment of ability to wake up to emergency alarms unaided and hear instructions in the absence of visual cues such as lip reading. If there are any safety questions regarding the individual's hearing ability, speech recognition in noise test or equivalent is a recommended adjunct (Reference c).

(d) Open Tracheostomy or Aphonia will not be considered for a medical waiver. Healed prior tracheostomies do not require a waiver if they no longer require follow-up.

(19) Dental:

(a) Absence of a dental exam within the last 12 months, or likelihood that dental treatment or reevaluation for oral conditions will result in dental

emergencies within 12 months, will not be considered for medical waiver (Reference c).

(b) Individuals with orthodontic equipment require a medical waiver to travel. Medical waiver requests to travel must include a current evaluation by the treating orthodontic provider and include a statement that wires with neutral force are in place.

(20) Cancer. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the travel will not be considered for medical waiver (Reference c).

(a) Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment will not be considered for a medical waiver.

(b) Non-melanoma skin cancers that have been surgically removed with clear borders demonstrated on pathological report, and with no required follow-up during the period of travel, do not require a medical waiver.

(c) All other cancers require a medical waiver.

(21) Surgery or surgical conditions:

(a) Any medical condition that requires surgery or for which surgery has been performed and the patient requires ongoing treatment, rehabilitation or additional surgery to remove devices (e.g., external fixator placement) will not be considered for a medical waiver.

(b) Individuals who have had surgery requiring follow up during the travel period or who have not been cleared/released by their surgeon will not be considered for a medical waiver.

(c) Individuals who have had abdominal or pelvic surgery (open or laparoscopic) within 6 weeks of travel require a medical waiver.

(d) Unrepaired hernias require evaluation by a surgeon and documentation indicating the hernia will not require surgery or evacuation from the deployed setting in order to be considered for a waiver.

(22) Psychiatric Conditions: Medical waiver submission is required for all mental health DSM-5 diagnoses or medication use within the past seven years. Remote history of mental health diagnosis (e.g., adjustment disorder) over seven years ago and with no treatment or medication use within the past seven years does not require medical waiver.

(a) Any current diagnosis or history of a diagnosis of a psychotic or bipolar disorder, or other disorder with associated psychotic symptoms, is considered disqualifying for deployment and will not be considered for a medical waiver (Reference r).

(b) Individuals diagnosed with mental disorders must demonstrate a pattern of stability without significant symptoms or impairment for at least 90 days prior to travel in order to be considered for a medical waiver (Reference r). Psychiatric disorders with fewer than 90 days of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change) will not be considered for medical waiver.

(c) DSM-5 diagnosed psychiatric disorders with residual symptoms, or medication side effects which impair social and/or occupational performance will not be considered for medical waiver.

(d) Use of Lithium, antipsychotics, or anticonvulsants for stabilization of DSM-5 diagnosis will not be considered for medical waiver.

(e) Mental health conditions that pose a substantial risk for deterioration and/or recurrence of impairing symptoms in the deployed environment will not be considered for medical waiver.

(f) Chronic insomnia that requires the daily use of sedative hypnotics/amnestics, benzodiazepines, and antipsychotics for greater than three months will not be considered for medical waiver.

(g) Psychiatric hospitalization within the last 12 months requires a medical waiver submission package with a specialty evaluation prior to travel.

(h) Suicide ideation or attempt within the last 12 months will not be considered for medical waiver.

(i) Psychiatric disorders newly diagnosed during deployment do not immediately require a medical waiver or redeployment. Disorders that are deemed treatable, stable, and having no impairment of performance or safety by a credentialed mental health provider do not require a medical waiver to remain in theater.

(j) Substance abuse. Personnel who have a history of substance abuse disorders, or have been enrolled in a substance abuse program (inpatient or outpatient, to include self-referral), within the last 12 months require a medical waiver.

1 Substance abuse disorders (not in remission), actively enrolled in Service-specific substance abuse programs will not be considered for medical waiver.

2 After successful completion of a substance abuse program personnel are eligible for a waiver after 90 days of demonstrated medical stability.

3 Participation in Voluntary Alcohol-Related Behavioral Health Care that does not result in enrollment in a substance abuse program does not require medical waiver.

(23) Medications: Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for travel, unless a medical waiver is granted:

(a) Blood Modifiers:

1 Therapeutic anticoagulants (e.g., Warfarin, direct thrombin inhibitors).

2 Platelet aggregation inhibitors or reducing agents (e.g., Clopidogrel, Anagrelide, Aspirine-Dipyridamole, Ticlopidine, Prasugrel, Pentoxifylline, Cilostazol). Note: Aspirin use in theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

3 Hematopoietics: e.g., Filgrastim, Sargramostim, Erythropoietin.

4 Antihemophilics: Factor VIII, Factor IX.

(b) Antineoplastics (Oncologic or non-oncologic use): e.g., Antimetabolites (Methotrexate, Hydroxyurea, Mercaptopurine, etc.), Alkylators (Cyclophosphamide, Melphalan, Chlorambucil, etc.), Antiestrogens (Tamoxifen, etc.), Aromatase Inhibitors, Medroxyprogesterone (except use for contraception), Interferons, Etoposide, Bicalutamide, Bexarotene, Oral Tretinoin.

(c) Immunosuppressants: e.g., chronic systemic steroids.

(d) Biologic Response Modifiers (Immunomodulators): e.g., Abatacept, Adalimumab, Anakinra, Etanercept, Infliximab, Leflunomide, etc.

(e) Benzodiazepines: e.g., Lorazepam, Alprazolam, Diazepam, Clonazepam, etc.

(f) Schedule II stimulants taken for treatment of Attention Deficit-Hyperactivity Disorder or Attention Deficit Disorder.

(g) Antipsychotics. Including atypical antipsychotic medication.

(h) Anticonvulsants, used for seizure control.

1 Anticonvulsants (except those listed below) which are used for non-psychiatric diagnoses, such as migraine, chronic pain, neuropathic pain, and post-herpetic neuralgia, are not travel-limiting as long as those conditions meet the criteria set forth in this document. No medical waiver is required.

2 Valproic Acid, Carbamazepine, etc.

(i) Varenicline.

(j) Opioids, Opioid combination drugs, or Tramadol.

(k) Weight-loss medications.

(l) Stimulants used to treat narcolepsy or other sleep disorders, such as Modafinil or Armodafinil, unless prescribed solely for operational use by aircrew.

(m) Injectable medications of any type (e.g., Insulin, Exenatide, Liraglutide).

g. Pharmacy.

(1) Supply. Personnel who require medication(s) and who are traveling to the USAFRICOM AOR will travel with no less than a 180 day supply (or appropriate amount for shorter deployments or travel) of their maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. Tricare-eligible personnel will have a follow-on refill prescription entered into the Tricare Mail Order Pharmacy system per the Deployment Prescription Program.

(2) Exceptions. Exceptions to the 180 day prescription quantity requirement include:

(a) Personnel requiring malaria chemoprophylactic medications (e.g. Atovaquone/Proguanil, Doxycycline, etc.) will travel with enough medication for their entire travel period in the USAFRICOM AOR. The travel period will include an additional seven days after leaving the malaria risk area for Atovaquone/Proguanil or 28 days for Doxycycline to account for required primary prophylaxis.

(b) Psychotropic medication may be dispensed for up to a 180 day supply with no refills.

(c) Tricare Pharmacy Home Delivery. Eligible DoD beneficiaries requiring ongoing pharmacotherapy will maximize use of the local medical facility Pharmacy for refills. If the required medication is not available in the USAFRICOM AOR, personnel will use the Tricare Pharmacy home delivery

system when possible for delivery to their temporary duty/deployed location. Those eligible for Tricare Pharmacy home delivery will complete online enrollment and registration prior to deployment to the maximum extent possible. Instructions and registration can be found at http://tricare.mil/dpp.

h. Medical Equipment.

(1) Permitted Equipment. Personnel who require medical equipment (e.g., corrective eyewear, hearing aids, etc.) must travel with all required items in their possession to include two pairs of eyeglasses, protective mask eyeglass inserts, ballistic eyewear inserts, and hearing aid batteries, as applicable (Reference c).

(2) Non-permitted Equipment. Personal durable medical equipment is not permitted (e.g., nebulizers, scooters, wheelchairs, catheters, dialysis machines, etc). Medical maintenance, logistical support and infection control protocols for personal medical equipment are not available and electricity is often unreliable. A waiver for a medical condition requiring personal durable medical equipment will also be considered applicable to the equipment. For example, if an individual is medically waived for obstructive sleep apnea requiring the use of a CPAP machine, the CPAP machine is also considered waived; a separate waiver is not required. Durable medical equipment that is not medically compulsory, but used for relief or maintenance of a medical condition will require a waiver. Maintenance and resupply of non-permitted/non-waived equipment is the responsibility of the individual.

i. Contact Lenses. Personnel requiring corrected vision will travel with two pairs of eyeglasses and a supply of contact lens maintenance items (e.g., cleansing solution) adequate for the duration of the travel (Reference b).

(1) Army, Navy, and Marine personnel will not travel to operational locations with contact lenses except IAW Service policy.

(2) Air Force personnel (non-aircrew) will not travel to operational locations with contact lenses unless written authorization is provided by the deploying unit commander. Contact lenses are life support equipment for U.S. Air Force aircrews and are therefore exempt. Air Force aircrew personnel deploying with contact lenses must comply with the U.S. Air Force aircrew contact lens policy (Reference k).

j. Medical Alert Tags. Deploying personnel requiring medical alert tags (e.g., medication allergies, Glucose-6-phosphate Dehydrogenase (G6PD) deficiency) will travel with red medical alert tags worn in conjunction with their personal identification tags.

k. Immunizations.

(1) Administration. All immunizations will be administered IAW Reference l. Refer to the Military Health System Immunization Healthcare website at https://health.mil/vaccines. Alternatively, personnel may contact the USAFRICOM J0043 Current Operations office at USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(2) Requirements. All personnel traveling for any period of time to the AOR will be current with Advisory Committee on Immunization Practices (ACIP), immunization guidelines, and Service individual medical readiness requirements. In addition, all personnel must comply with the DoD Foreign Clearance Guide (FCG) for the countries to which they are traveling. The FCG can be found at: https://www.fcg.pentagon.mil. The following are mandatory vaccines for DoD personnel (military, civilian, and contractors) traveling for any period of time in the AOR:

(a) Yellow Fever. Single lifetime dose is required; dose must be at least 10 days prior to arrival to Africa. Additional "booster" doses are only required if so recommended by Advisory Committee on Immunization Practices (ACIP) guidelines (Reference s). A Centers for Disease Control and Prevention Form 731 (CDC 731), International Certificate of Vaccination or Prophylaxis, (Yellow Shot Record, formerly PHS-731) that contains an official Yellow Fever certificate stamp is required for all personnel traveling or deploying on official business to the African continent. While the DD Form 2766C, vaccine administration record, is accepted by the World Health Organization, many African countries do not recognize the DD Form 2766C and may require re-vaccination or deny entry without CDC 731 containing an official Yellow Fever certificate stamp. Exception: Yellow Fever vaccination is not required for travel solely to Ascension Island (if coming directly from CONUS), Comoros, Morocco, or Tunisia.

(b) Tetanus/Diphtheria/Acellular Pertussis. Receive a one-time adult dose of Tetanus/Diphtheria/Acellular Pertussis. Receive tetanus if over 10 years since last Tetanus/Diphtheria/Acellular Pertussis or Tetanus booster.

(c) Varicella. Required documentation of one of the following: Born before 1980 (assumed immunity except for healthcare workers), documented history of disease by the provider who treated the member at that time (either by an epidemiologic link or laboratory confirmation), sufficient Varicella titer, or administration of vaccine (two lifetime doses).

(d) Measles/Mumps/Rubella. All individuals born before 1957 are considered immune and do not require the Measles/Mump/Rubella immunizations. For all personnel born in 1957 or after, documentation of

immunity by titer for each (Measles/Mumps/Rubella) or immunization records of two lifetime doses is required.

(e) Inactivated Poliovirus (Polio-IPV). Single adult booster is required for all personnel. Service members likely received this booster upon accession to the military. Polio-IPV documentation must be on the CDC 731.

1 Long-term travelers (greater than four weeks) to countries identified by the World Health Organization (WHO) as infected with wild or vaccine-derived poliovirus shall receive a dose of Polio-IPV between four weeks and 12 months prior to departing the endemic country. At the present time, this requirement applies to Nigeria and Somalia.

2 Updated guidance regarding poliovirus vaccination will be published via the Automated Message Handling System and posted on the FCG website based on the WHO Emergency Committee recommendations, available at: http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/

(f) Seasonal influenza. Must be current; including event-specific vaccine (e.g., H1N1). If annual vaccine has expired but new season has not yet been released, travel is permitted but member should be immunized as soon as vaccine is available.

(g) Hepatitis A. Completed series or documentation of immunity through a titer is mandatory for all military personnel. Completed series, documentation of immunity through a titer, or first dose at least 14 days prior to travel is mandatory for all DoD civilians, contractors, volunteers, interagency, TCN, and LN personnel.

(h) Hepatitis B. Completed series or documentation of immunity through a titer is mandatory for all personnel prior to travel (Reference l). Accelerated series is acceptable. See para. (n) below for possible exceptions.

(i) Anthrax and Smallpox. Not required for the USAFRICOM AOR.

(j) Rabies. For planning purposes only (except as noted below), Rabies pre-exposure vaccination series may be considered for personnel who are not expected to receive prompt medical evaluation and risk-based Rabies post-exposure prophylaxis within 72 hours of exposure to a potentially rabid animal.

1 Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, and civil engineers occupationally at risk of exposure to feral animals, bats, or bat colonies. Additionally, all forces, to include enablers

deployed to Africa in support of SOCAFRICA, and laboratory personnel who work with Rabies-suspect samples, require pre-exposure vaccination.

2 Personnel previously immunized against Rabies will receive a booster every two years or have titers drawn to determine continued protective immunity (every two years) following the most recent immunization and provided booster immunizations when titers indicate.

(k) Pneumococcal Conjugate Vaccine is required for personnel in a high risk category per ACIP recommendations.

(l) Meningococcal vaccine is required every five years.

(m) Typhoid vaccine is required every two years for injectable or every five years for oral.

(n) Exceptions. All immunizations must be administered prior to travel, with the following possible exceptions: The first vaccine in a series must be administered prior to departure with arrangements made for subsequent immunizations to be given in theater based on dosing schedule and vaccine availability. Personnel traveling without a completed hepatitis B series must receive documented counseling on the risks of the disease, mode of transmission, signs and symptoms, prevention and possible long-term effects.

l. Medical / Laboratory Testing.

(1) HIV Testing. Required within 365 days prior to deployment over 30 days or current for duration of travel to include en-route training to the deployment location (Reference g).

(2) Serum Sample. Required for deployment over 30 days. Sample will be taken within the previous 365 days. If the individual's health status has recently changed or has had an alteration in occupational exposures that increases health risks, a healthcare provider may choose to have a specimen drawn closer to the actual date of deployment.

(3) G6PD testing. Required for all travel. Documentation of one-time G6PD deficiency testing. Ensure result is recorded in the medical record or draw the sample prior to departure. Pre-deployment medical screeners will record the result of this test in the member's permanent medical record, deployment medical record (DD form 2766) and Service-specific electronic medical record. If an individual is found to be G6PD-deficient, they will be issued medical alert tags (red dog tags) that state "G6PD deficient: no Primaquine". If Primaquine is going to be issued to a DoD civilian, complete the testing at government expense (Reference m).

(4) Pregnancy. A medically-performed pregnancy test is required within 30 days of travel for all active duty or Guard/Reserve personnel with a uterus seeking entry to the USAFRICOM AOR for more than 30 days. Female personnel with a documented history of a hysterectomy are exempt from the pregnancy test. Pregnant personnel will not deploy or PCS to the USAFRICOM AOR; this will not be waived. Pregnant personnel requesting temporary duty or leave of any duration must request a medical waiver. Active duty or Guard/Reserve females who become pregnant during their duty will follow parent service requirements for disposition. (Advisory Note: Atovaquone/Proguanil is listed as a Food and Drug Administration Pregnancy Category C medication and Doxycycline as a Food and Drug Administration (FDA) pregnancy Category D medication.)

(5) DNA Sample. Required for all DoD personnel, including civilians and contractors, for deployment over 30 days. Obtain sample or confirm sample is on file by contacting the DOD DNA specimen repository (Comm: 301.319.0366, DSN: 285; Fax 301.319.0369); http://www.afmes.mil.

(6) Blood type and Rh factor. Required for deployment over 30 days.

(7) Other Laboratory Testing. Other testing may be performed at the medical provider's discretion commensurate with ruling out disqualifying conditions and ensuring personnel meet standards of fitness.

m. Health Assessments.

(1) Health Assessments and Exams. Periodic health assessments must be current at time of deployment and special duty exams must be current for the duration of the travel period.

(2) Deployment-Related Health Assessments (DRHAs). All DoD personnel (military, civilian, and contractor) deploying to the theater for more than 30 consecutive days will complete DRHAs as required in Reference a. This does not apply to PCS personnel or shipboard personnel.

(a) See http://www.pdhealth.mil/clinical-guidance/deployment-health for additional information on deployment-related health assessments.

(b) Contract personnel are not required to electronically submit the DRHA#1 form; a paper version in their medical records will suffice. DRHA#2, DRHA#3, DRHA#4 and DRHA#5 requirements do not directly apply to DoD contractors unless specified in the contract.

(3) Automated Neuropsychological Assessment Metric. All service members deploying to USAFRICOM AOR for more than 30 days will receive pre-deployment baseline neurocognitive assessment within the 12 months before deployment. Neurocognitive assessment testing will be recorded in the

appropriate Service database and electronic medical record. Contractors, PCS, and shipboard personnel are not required to undergo Automated Neuropsychological Assessment Metric testing (Reference e).

n. Medical Record.

(1) Deployed Medical Record. The DD Form 2766, adult preventive and chronic care flowsheet, or equivalent, will be used instead of an individual's entire medical record.

(a) Travelers (more than 30 days): DD Form 2766 is required.

(b) Travelers (15-30 days): DD Form 2766 is highly encouraged, especially for those who travel frequently to theater, to document theater-specific vaccines and chemoprophylaxis, as required.

(c) Travelers (less than 15 days): DD Form 2766 is not required.

(d) PCS personnel: follow Service guidelines for medical record management.

(2) Medical Information. The following health information must be part of an accessible electronic medical record for all personnel (Service members, civilians, and contractors authorized primary care) deploying for over 30 days, or be hand-carried as part of a deployed medical record:

(a) Annotation of blood type and Rh factor, G6PD, HIV, and DNA.

(b) Current medications and allergies. Include any Force Health Protection product (e.g., malaria prophylaxis) prescribed and dispensed to an individual.

(c) Special duty qualifications (e.g., DD Form 2992).

(d) Annotation of corrective lens prescription.

(e) Summary sheet of current and past medical and surgical conditions.

(f) Most recent DD form 2795, Pre-deployment Health Assessment.

(g) Documentation of dental status class I or class II.

(h) Immunization Record. Medical deployment sites/sections will enter immunization data into Service Electronic Tracking Systems, (Army-Medical Protection System, Air Force-AFCITA, Coast Guard- Medical Readiness Reporting System, Navy- Medical Readiness Reporting System (ashore) or Snap Automated Medical System (afloat) and Marine Corps- Medical Readiness

Reporting System). Deployment sites/sections will not enter DOD contractor immunization data into the medical health system resource unless they are authorized DoD members (i.e., Retired, Dependents, Guard, or Reserve).

(i) ASCVD 10-year risk, if required.

(j) All approved medical waivers.

ENCLOSURE C

MEDICAL SCREENING CHECKLIST

USAFRICOM TRAVEL MEDICAL SCREENING CHECKLIST

TRAVELER WILL RETAIN AND PROVIDE THIS COMPLETED FORM WHENEVER SEEKING TRAVEL CLEARANCE TO THE AFRICOM AOR. SCREENING IS VALID FOR 120 DAYS FROM PROVIDER SIGNATURE DATE IN PART II*.

PART I: TRAVELER'S DATA & PERSONAL HEALTH TRAVEL REQUIREMENTS *(COMPLETED BY TRAVELER)*

NAME: LAST, FIRST, MI	GRADE	DIVISION / DUTY PHONE	TRAVEL DESTINATION(S) & DATES:

PRIOR TO ENTRY INTO THE AFRICOM AOR (TRAVELER READ & INITIAL EACH BOX)

I WILL NOTIFY MY PROVIDER OF MY TRAVEL DESTINATION(S); I WILL OBTAIN SUFFICIENT QUANTITIES OF PRESCRIBED ANTI-MALARIAL MEDICATION; AND I WILL TAKE AS DIRECTED.		IF I BECOME ILL WITHIN A YEAR AFTER TRAVELING TO THE USAFRICOM AOR, I UNDERSTAND I AM TO SEEK MEDICAL ATTENTION AND INFORM MEDICAL PERSONNEL THAT I HAVE TRAVELED TO AFRICA.	
I HAVE ON-HAND SUFFICIENT QUANTITIES OF MY OTHER CURRENTLY PRESCRIBED MEDICATION(S) AND/OR MEDICAL EQUIPMENT.		I UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.	
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET, PICARIDIN, OR IR3535 AND WILL USE TO PREVENT INSECT BITES.		I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD) STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE.	
I HAVE OBTAINED A PRE-TREATED BEDNET AND WILL USE TO PREVENT INSECT BITES.		I UNDERSTAND I MUST PROVIDE THIS COMPLETED FORM, AS DIRECTED, TO SUPPORT THEATER CLEARANCE TO THE AFRICOM AOR.	
I UNDERSTAND I AM NOT TO SWIM IN BODIES OF FRESH WATER OR SEA WATER UNLESS APPROVED BY APPROPRIATE AUTHORITIES, AND IF EXPOSED TO FRESH WATER, I WILL DRY OFF IMMEDIATELY.		I HAVE REVIEWED THE FOOD SAFETY BRIEF AT: HTTPS://PHC.AMEDD.ARMY.MIL/PHC%20RESOURCE%20LIBRARY/DEPLOYMENT_FOOD_RISK_BRIEFING.PDF	
I HAVE SUFFICIENT CLOTHING/UNIFORMS TREATED WITH PERMETHRIN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL.		I HAVE REVIEWED THE GENERAL HEALTH COUNSELING BRIEFING AT: HTTP://WWW.AFRICOM.MIL/MEDIA-ROOM/DOCUMENT/30179/GENERAL-HEALTH-COUNSELING	
CIVILIANS/CONTRACTORS (including retired military): I UNDERSTAND THAT I MAY NOT BE SYSTEMATICALLY COVERED BY ANY FORM OF MEDICAL EVACUATION PLAN. I UNDERSTAND MY OPTIONS FOR MEDICAL EVACUATION OUT OF THE AFRICOM AOR.		I HAVE REVIEWED THE FOREIGN CLEARANCE GUIDE (FCG), **SECTION VII.E. HEALTH PRECAUTIONS** FOR EACH COUNTRY TO BE VISITED: **HTTPS://WWW.FCG.PENTAGON.MIL**	
FEMALE ONLY: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.		* Screening validity may be modified per local SOP for unique mission requirements.	

I ACKNOWLEDGE AND HAVE MET PERSONAL MEDICAL REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR.

TRAVELER'S SIGNATURE: **DATE:** _____

PART II: MEDICAL SCREENING REQUIREMENTS *(COMPLETED BY MEDICAL SCREENER)*

- **MEDICALLY READY IAW SERVICE OR AGENCY GUIDELINES (CONTRACTORS IAW DODI 3020.41)**
- **"NO" ANSWER(S) *MUST* BE COMPLETED OR EXEMPTED OR WAIVED (VACCINES NOT WAIVERABLE)**
- **FOR WAIVER REQUIREMENT INFORMATION, CONTACT:** africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil

VACCINATIONS CURRENT:	YES	NO	IF NO, DATE COMPLETED
- - HEPATITIS A (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)	☐	☐	
- - HEPATITIS B (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)	☐	☐	
- - TETANUS-DIPHTHERIA (EVERY 10 YRS; ONE TIME ADULT BOOSTER OF TDAP IF NOT PREVIOUSLY RECEIVED)	☐	☐	
- - MEASLES, MUMPS, RUBELLA (Serologic immunity or TWO LIFETIME DOSES ARE REQUIRED if born after 1957)	☐	☐	
- - POLIOVIRUS (SERIES COMPLETE PLUS SINGLE ADULT BOOSTER AND COUNTRY-SPECIFIC REQUIREMENTS)	☐	☐	
- - SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)	☐	☐	
- - VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)	☐	☐	
- - TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5 YRS)	☐	☐	
- - MENINGOCOCCAL (EVERY 5 YRS)	☐	☐	
- - YELLOW FEVER (DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA; SEE ACI 4200.09A)	☐	☐	
- - RABIES (AS NEEDED FOR OCCUPATIONAL EXPOSURE, OTHER EXPOSURE RISK, OR HRIG UNAVAILABLE)	☐	☐	
CURRENT PHA / Physical (Military / Civilian) LAB WORK CURRENT IAW SERVICE GUIDELINES	☐	☐	
DENTAL CLASS 1/2 STATUS (MILITARY ONLY) / Current dental screening IAW ACI 4200.09A (Civilian)	☐	☐	
DOES NOT POSSESS A DUTY/DEPLOYMENT-LIMITING MEDICAL CONDITION IAW ACI 4200.09A IF NEEDED, USE AC FORM 43, MEDICAL WAIVER REQUEST: HTTPS://WWW.AFRICOM.MIL/STAFF-RESOURCES/MEDICAL-WAIVER-PROCESS	☐	☐	
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT	☐	☐	
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES	☐	☐	
TRAVELER PRESCRIBED MALARIA CHEMOPROPHYLAXIS PER NCMI OR TRAVAX ASSESSMENT OF TRANSMISSION RISK: HTTPS://WWW.NCMI.DETRICK.ARMY.MIL OR HTTPS://WWW.TRAVAX.COM **(Note: No Chloroquine)**	☐	☐	
FEMALE ONLY: PREGNANCY TEST NEGATIVE (WITHIN 30 DAYS OF TRAVEL) FOR TRAVEL OF 30 DAYS OR MORE	☐	☐	

THE TRAVELER MEETS MEDICAL SCREENING REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR PER ACI 4200.09A

Provider SIGNATURE: _____ DATE: _____

AC FORM 42, 15 January 2019 For use of this form, see U.S. Africa Command Instruction 4200.09A

ENCLOSURE D

MEDICAL WAIVER PROCESS AND AUTHORITIES

1. Medical Waiver Authorities.

a. As delegated by the USAFRICOM Commander, the USAFRICOM Command Surgeon has the final approval authority for medical waivers for travelers to the USAFRICOM AOR. Commanders of the traveling member, unlike the military profile system, are not authorized to override the travel determination of the medical waiver authority.

b. The USAFRICOM Command Surgeon retains medical waiver authority for:

(1) Any personnel assigned to USAFRICOM Headquarters, regardless of parent agency.

(2) Any personnel who will enter the USAFRICOM AOR on DoD PCS orders.

(3) Any DoD support agency personnel unaffiliated with a specific Service, (e.g., Defense Intelligence Agency, Defense Threat Reduction Agency, Office of the Secretary of Defense, etc.).

(4) Any non-DoD personnel (e.g., U.S. Coast Guard, Interagency, etc.) on specific DoD mission under DoD responsibility.

(5) Contractor personnel. Waivers are extremely unlikely for contractor personnel and an explanation should be given as to why other persons who meet the medical standards could not be identified to fulfill the deployed duties (Reference d). The contractor may request a waiver for an individual member through the contracting officer or designee (Reference d). Waiver authority is retained by the USAFRICOM Command Surgeon and not delegated.

(6) Medical waiver requests must be transmitted by encrypted email or other secure file transfer that is authorized for protected health information. Authorized agents (local medical provider, commander, representative, or member) for the personnel outlined above shall submit medical waiver requests directly to the USAFRICOM Command Surgeon at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil; DSN 314-421-2263; Comm +49(0)711-729-2263.

c. Delegation to component/Joint Task Force Surgeons. Waiver authority is delegated to the USAFRICOM component/Joint Task Force Surgeons by the USAFRICOM Command Surgeon for all traveling personnel

within their respective component/Joint Task Force for all health conditions unless otherwise specified in this instruction. Authorized agents will forward medical waiver requests for any personnel not listed in paragraph 1.b directly to the adjudicating waiver authority. Medical waiver requests must be transmitted by encrypted email or other secure file transfer that is authorized for protected health information.

(1) Special Operations Command Africa (SOCAFRICA): The SOCAFRICA Command Surgeon has medical waiver authority for any Special Operations Forces and all personnel (uniformed or civilian) deploying in support of SOCAFRICA, regardless of location. Contact africom.stuttgart.socafrica-sg.MBX.Surgeon@mail.mil; DSN 314-421-3474 or Comm +49(0)711-729-3474.

(2) Combined Joint Task Force-Horn of Africa (CJTF-HOA): Excluding personnel covered in paragraph 1.b and 1.c (1), the CJTF-HOA Command Surgeon has medical waiver authority for any personnel (uniformed or civilian) entering CJTF-HOA on DoD orders, regardless of Service. The CJTF-HOA AOR includes: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Seychelles, Somalia, South Sudan, Sudan, Tanzania, and Uganda. Contact africom.lemonnier.hoa-surgeon.mbx.surgeon-cell@mail.mil; DSN 311-824-4282; Comm +253-21-358-993.

(3) Excluding personnel covered in paragraph 1.b and 1.c.(1), and 1.c.(2) Service Component Surgeons have medical waiver authority for their respective Service personnel (uniformed or civilian). However, component surgeons also have medical waiver authority for personnel traveling in support of their respective component activities (regardless of service affiliation). Service waiver authorities and contact information are as follows:

(a) Air Forces Africa: usafesgo.sgo@us.af.mil; DSN 314-480-4698; Comm +49(0)6371-47-4698.

(b) U.S. Army Africa: usarmy.usag-italy.usaraf.mbx.medical@mail.mil; DSN 314-637-8371; Comm +39(0)444-61-8371.

(c) Naval Forces Africa: cne-c6f_hss1@eu.navy.mil; DSN 314-626-6298; Comm +39(0)81-568-6298.

(d) Marine Forces Africa: hss.mfe@usmc.mil; DSN 314-431-3565.

(4) Sub-delegation. Waiver authority sub-delegated to a component/ Joint Task Force Surgeon representative is subject to approval by the USAFRICOM Command Surgeon. A letter of designation should be forwarded to the USAFRICOM Command Surgeon via email at

USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil (See Enclosure E for a template).

d. A USAFRICOM waiver request does not preclude the need for a Service-specific psychotropic medication small arms waiver (e.g., U.S. Navy Small Arms Waiver).

e. A USAFRICOM medical waiver cannot override host or transit nation infectious disease or immunization restrictions.

2. Medical Waiver Submission Process.

a. The parent (home station) command must support the travel of a person with an apparently disqualifying condition. The medical waiver must be endorsed by the traveler's chain of command. This endorsement indicates the individual's Command has identified them as mission critical and accepts the risk of deploying medically unfit personnel to a theater with limited medical capabilities.

b. The USAFRICOM medical waiver form (See Enclosure F) is located at http://www.africom.mil/staff-resources/theater-medical-clearance.

c. The case summary portion of the medical waiver request form must include a synopsis of the concerning condition(s) and all supporting documentation to include the provider's assessment of ability to travel. The healthcare provider evaluating personnel for travel must endorse the waiver form indicating the medical assessment was performed IAW criteria detailed in Enclosure B of this document.

d. Authorized agents will forward the medical waiver request form to the adjudicating waiver authority based on paragraph 1. above. Medical waiver requests must be transmitted by encrypted email or other secure file transfer that is authorized for protected health information.

e. It is recommended that authorized agents allow for ample processing time (at least 30 days) for medical waiver adjudication. Except in the case of DoD civilian employees who are covered by the Rehabilitation Act of 1973, an individual may be denied deployment by the local unit medical authority or chain of command. For civilian employees, an individualized assessment must be conducted to determine if they can perform the essential functions of a DoD civilian expeditionary workforce position with or without reasonable accommodations. (References a and e).

3. Adjudicating Surgeon Actions.

a. The adjudicating Surgeon will grant, deny or request further information, if needed, within five working days of receiving the waiver.

(1) The adjudicating surgeon may consider consulting the receiving medical authority with any questions regarding the deployability of the service member, civilian or contractor. Adjudication may account for specific medical support capabilities in the local region of the AOR.

(2) Additional USAFRICOM medical evaluation guidance and considerations for medical waiver submission:

(a) The condition does not require frequent clinical visits (more than quarterly) or ancillary tests (more than twice/year), does not necessitate significant limitations of physical activity, or does not constitute increased risk of illness, injury, or infection.

(b) It must be determined, based upon an individualized assessment, that the member can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the theater.

(c) The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet and/or body armor, if required.

(d) The medical condition does not prohibit required theater immunizations or medications (such as antimalarials, other chemoprophylactic antibiotics or Yellow Fever vaccination).

(e) Any unresolved acute illness or injury must not impair the individual's duty performance during the duration of the deployment.

(f) Once approved, medical waivers are only for the specified location(s), for the timeframe specified on the waiver (generally, this should be a maximum of 12 months). Waiver coverage begins on the date of the initial travel, and remains valid for the time period specified on the waiver.

b. The adjudicating surgeon will return the adjudicated/signed medical waiver form to the request originator for dissemination and inclusion in the patient's deployment medical record and/or the electronic medical record, as applicable. Documented adjudications are required and should not be given telephonically.

c. In cases of in-theater/deployed personnel identified as unfit IAW this document due to conditions that existed prior to deployment, a waiver will

be forwarded to the appropriate medical waiver authority (i.e., the Surgeon who would have received the waiver request had one been submitted) for investigation and potential redeployment determination. Findings/actions will be forwarded after completion to the USAFRICOM Command Surgeon's office at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

d. All adjudicating surgeons shall maintain a waiver database and record/archive of all medical waiver requests and status. On a weekly basis on Fridays, adjudicating surgeons shall send a copy of the database to the USAFRICOM Command Surgeon's office at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

ENCLOSURE E

WAIVER ADJUDICATION AUTHORITY RE-DELEGATION

(Agency Letterhead)

(Office Symbol) DD MM YYYY

SUBJECT: Request delegation of medical adjudication authority

Per Africa Command Instruction 4200.09a - Force Health Protection Requirements and Medical Guidance for Entry into the U.S. Africa Command Theater DD MM YYYY, I request re-delegation of my medical waiver adjudication authority to the following individuals: (limit of two)

Rank, Name (Unit) Title/position

Surgeon Signature
Surgeon Signature Block

ENCLOSURE F

AC FORM 43, USAFRICOM MEDICAL WAIVER REQUEST

USAFRICOM Medical Waiver Request

Using encrypted email, send this form and all scanned documentation to email address identified in ACI 4200.09A, Enclosure D.
For assistance DSN Contact Phone Numbers: AFAFRICA: 314-480-4698; CJTF HOA: 311-824-4282; MARFORAF: 314-431-3565; NAVAF: 314-626-4690; SOCAFRICA: 314-421-3474; USARAF: 314-637-8371; USAFRICOM HQ: 314-421-2263.

Patient Name (Last, First):		**DOB:**	**SSN (last 4):**
Age:	**Sex:** Male	**Rank/ Grade:**	**Service:**
Deployment/Travel Date:	**Travel Duration (days):**	**Destination (country):**	
MOS/AFSC/Skill Identifier/Job Description:		**Home Station/Unit:**	
Active/Reserve/Civilian/Contractor: Active Duty			
Requester POC(Medical Personnel)Name/E-mail/Phone:			
Summary of medical condition(s):			

I understand the potential risks associated with this deployment limiting condition. For this individual, I am requesting a waiver of the health requirement for travel to the USAFRICOM Area of Operation.

Commander or Designee Signature: **Date:** STAMP / PRINTED NAME AND TITLE

Required documentation for waiver evaluation in addition to this form:
DD Form 2766, Adult Preventive and Chronic Care Flow sheet, with full medical history including all medical conditions, surgeries, medications, and summary of Deployment Limiting Condition(s). DoD Civilians/Contractors who are age 40 and older must have a 10-year atherosclerotic cardiovascular disease (ASCVD) risk percentage calculated. (http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/)

Case Summary (To be completed by healthcare provider): Include all clinically relevant information necessary to make a disposition including, but not limited to: Diagnosis (ICD-10), history of the condition, date of onset, prior treatments, current treatments, limitations imposed by the condition and/or medications, prognosis, and required follow-up. *(Use additional sheets, if needed. The more clinical information provided, the better.)*

Supplemental documentation (include information relevant for deployability determination):

a. Specialty consults results establishing diagnosis, treatment, monitoring plan and prognosis.
b. Recent and relevant surgery, laboratory, pathology and tissue examination reports.
c. Reports of studies (radiographs, pictures, films or procedures).
d. Summaries and past medical documents (e.g. hospital summary).
e. Reports of proceedings (e.g. Tumor Board, Medical Evaluation Boards, etc.)
f. Job requirements (physical condition, exertion level, etc.)

I have reviewed the case summary and hereby submit this request

Provider's Signature: **Date:** STAMP / PRINTED NAME AND TITLE

---------- **FOR SURGEON'S OFFICE USE ONLY** ----------

Waiver Approved: YES ◯ NO ◯

Waiver Authority Signature: **Date:** STAMP / PRINTED NAME AND TITLE

Comments:

AC FORM 43, 15 January 2019

ENCLOSURE G

THEATER FORCE HEALTH PROTECTION

1. Disease risk assessment. The high threat of disease and injury, coupled with the limited availability of responsive host nation healthcare infrastructure and limited medical evacuation assets requires comprehensive Force Health Protection (FHP) and medical guidance for those deploying to the USAFRICOM AOR to ensure mission effectiveness and protect personal health. Balanced with mission requirements, prevention of disease and injury must receive the highest priority by all commanders, supervisors, and individuals alike.

a. Malaria Risk Assessment and Guidelines. All personnel entering the USAFRICOM AOR, except into countries categorized as no-risk for malaria by the National Center for Medical Intelligence (NCMI), will travel or deploy with malaria prophylaxis year round.

b. Refer to the NCMI website on NIPR: https://www.ncmi.detrick.army.mil or SIPR: https://www.ncmi.dia.smil.mil/index.php for the most current medical threat assessment for each country in the USAFRICOM AOR.

c. Malaria Chemoprophylaxis.

(1) All therapeutic or chemoprophylactic medications, including antimalarials, will be prescribed IAW FDA guidelines.

(2) In areas of high malaria transmission per NCMI assessment, use of Atovaquone-Proguanil as primary malaria chemoprophylaxis is directed, unless contraindicated.

(a) As the time of this writing, within the USAFRICOM AOR, Atovaquone-Proguanil is directed as primary chemoprophylaxis in malaria-endemic areas of the following countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Republic of the Congo, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Tanzania, The Gambia, Togo, Uganda, Zambia, Zimbabwe.

(b) For individuals unable to receive Atovaquone-Proguanil due to intolerance or contraindication, Doxycycline is the preferred second-line therapy. Tafenoquine, a Primaquine analogue, is a new option for primary chemoprophylaxis that may be appropriate for certain travelers.

(c) Use of Mefloquine prophylaxis should be reserved for individuals with intolerance or contraindications to both Atovaquone-Proguanil and Doxycycline.

1 Mefloquine should be used with caution in persons with a history of traumatic brain injury or post-traumatic stress disorder, and should not be prescribed for prophylaxis in patients with major psychiatric disorders. It is contraindicated in personnel with a psychiatric diagnosis of depression, schizophrenia, or anxiety disorders.

2 Each Mefloquine prescription will be issued with a wallet card and current FDA safety information indicating the possibility that neurologic side effects may persist or become permanent. This information can be found at:
https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/076392s008lbl.pdf.

(d) Other FDA-approved agents may be used to meet specific situational requirements. Chloroquine will not be used as a malaria chemoprophylaxis medication for any country in the USAFRICOM AOR due to widespread resistance.

(3) Personnel shall be prescribed and travel with enough medication for doses prior to, during, and following deployment from the USAFRICOM AOR. Travelers are expected to follow all prescription guidance issued with their chemoprophylaxis medication.

(4) Presumptive anti-relapse therapy (PART), or terminal chemoprophylaxis, for malaria with Primaquine is generally not recommended for individuals prescribed primary malaria chemoprophylaxis unless prolonged exposure to relapsing forms of malaria (*Plasmodium vivax* or *Plasmodium ovale*) are likely to occur. Generally, PART should be considered for individuals traveling for more than 30 days to a malaria-endemic area where greater than 10% of malaria cases are due to *P. vivax* or *P. ovale*. At this time, those areas within USAFRICOM include but are not limited to the countries of Djibouti, Ethiopia, Eritrea, and Somalia.

(a) If prescribed, PART should begin once the potential for disease transmission ends (departure from the risk area), and should overlap with the primary malaria prophylaxis medication.

(b) If PART is not prescribed, individuals shall be counseled on the potential risk for relapsing malaria and the need to seek medical care immediately should they develop a fever after return from Africa, and inform health care providers of their travel history and potential for relapsing malaria.

(c) Individuals who are G6PD-deficient will not be prescribed Primaquine or Tafenoquine.

(5) When prescribed, commanders and supervisors at all levels will ensure that all individuals for whom they are responsible are issued terminal prophylaxis immediately upon redeployment.

2. Personal Protective Measures.

a. A significant risk of disease caused by insects and ticks exists year-round in the USAFRICOM AOR. The threat of disease will be minimized by using the DoD Insect Repellent System (Permethrin-treated uniform, N,N-Diethyl-meta-toluamide (DEET), Picaridin, or IR3535 on exposed skin, properly-worn uniform, Permethrin-treated bed nets) and appropriate chemoprophylaxis medications. Additional information can be obtained at the Armed Forces Pest Management Board website https://www.acq.osd.mil/eie/afpmb/dodrepellents.html.

(1) Commanders/supervisors at all levels will inform personnel that missing one dose of medication or not using the DoD Insect Repellent System will increase the risk for contracting malaria. Additionally, not using the DoD Insect Repellent System increases the risk of contracting other vector-borne diseases, for which chemoprophylaxis or vaccines may not be available.

(2) Permethrin treatment of uniforms and clothing. Uniforms are available for issue/purchase that are factory-treated with Permethrin. The uniform label indicates whether it is factory-treated and for how many washings the treatment is effective. Uniforms that are not factory-treated should be treated with the Individual Dynamic Absorption (IDA) kit (NSN: 6840-01-345-0237) or other approved method. Information on treating uniforms is available in Armed Forces Pest Management Board Technical Guide 36 available at http://www.acq.osd.mil/eie/afpmb/docs/techguides/tg36.pdf (Reference n).

(3) Apply approved insect repellant (containing at least 25% DEET or 20% Picaridin) to exposed skin. One application of DEET lasts 6-12 hours and one application of Picaridin lasts 8 hours. More frequent application is required for heavy sweating and/or immersion in water. Refer to DoD Repellent System website (as in 2.a. above) for NSN and additional information.

(4) Wear treated uniform properly to minimize exposed skin (cover, sleeves rolled down, pants tucked into boots, and undershirt tucked into pants).

(5) Use Permethrin or other approved treated bed nets properly in at risk areas to minimize exposure during rest/sleep periods, to include when

staying in a fixed facility or hotel. Permethrin-treated pop up bed nets are available: NSN: 3740-01-516-4415 or 3740-01-518-7310.

b. Animal Contact.

(1) Personnel will avoid contact with local animals and will not feed, adopt or interact with them in any way. This restriction includes contact at animal parks and during safari trips. Local animals (e.g., livestock, monkeys, cats, dogs, birds, reptiles, arachnids, insects, and other wildlife) are carriers and reservoirs for multiple diseases, including Leishmaniasis, Rabies, Q-Fever, Leptospirosis, Avian Influenza, and diarrheal disease.

(2) Per USAFRICOM General Order 1 (Reference o), unit mascot and pet adoption is strictly prohibited.

(3) Any bite, scratch or potential exposure to any animal's bodily fluids (saliva, venom, etc.), will be immediately reported to the chain of Command and local medical personnel for evaluation, initiation of Rabies prevention measures and follow-up, as determined by the exposure risk documented on a DD Form 2341.

c. Food and Water Sources.

(1) Food and water-borne illness is the most common medical threat to DoD personnel in the USAFRICOM AOR. Consumption of contaminated, tainted, or adulterated food and beverages can cause a variety of illnesses, from mild gastrointestinal upset, to debilitating multi-organ infections, to occasionally death. Food and water-borne illnesses can have a significant impact on mission success.

(2) All personnel who will consume food or beverages in the USAFRICOM AOR will receive training on safe dining practices as part of pre-travel/deployment FHP training. Individuals maintain personal responsibility to follow all orders and instructions from their Command regarding the consumption of food and beverages. Information can be obtained at: http://phc.amedd.army.mil/phc%20resource%20library/deployment_food_risk_briefing.pdf.

(a) All water (including ice) is considered non-potable until tested and approved by preventive medical personnel. When used, commercial sources of drinking water must also be DoD-approved.

(b) Individuals will consume only food from sources approved IAW DoDD 6400.04E. When this is inconsistent with mission accomplishment, individuals will only use establishments on which a Food and Water Risk Assessment IAW MIL-STD-3041 has been completed.

(c) If neither procurement from an approved source or food and water risk assessment completion are consistent with mission accomplishment, commanders will take whatever action deemed prudent to minimize the risk of food and water-borne illness. The best mitigation of food and water-borne risk is to utilize operational rations.

d. HIV Post Exposure Prophylaxis. In many parts of Africa, HIV prevalence is extremely high. Individuals and units participating in activities that place them at high-risk for HIV exposure (e.g., dental/surgical/intravenous procedures with the local population) must deploy or travel with antiretroviral post exposure prophylaxis medications in accordance with USPHS guidelines (Reference p). Use of occupational post exposure prophylaxis will be prescribed by healthcare provider reported and documented

e. Potentially Concussive Event (PCE) Reporting.

(1) IAW DoDI 6490.11, DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting, line commanders must ensure that all PCEs are reported to the Joint Trauma Analysis & Prevention of Injury in Combat (JTAPIC) Program, located at: http://jtapic.amedd.army.mil.

(2) Submit PCE reports through Component Surgeons' Offices to the JTAPIC Concussive Exposure Reporting System (JCERS): https://intelshare.intelink.gov/sites/jtapic/_layouts/15/start.aspx. This site can also be accessed from the JTAPIC site, above. Component/subordinate commands submit reports directly to the system.

3. Point of Contact. The USAFRICOM point of contact for FHP is the USAFRICOM office of the Command Surgeon, J0043 Current Operations, at DSN 314-421-4741; Comm: +49 (0) 711 729 4741; SIPR: africom.stuttgart.acsg.mbx.acsg-j004@mail.smil.mil or NIPR: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

ENCLOSURE H

PRE-TRAVEL TRAINING REQUIREMENTS

1. Remarks.

a. This enclosure addresses general issues to prepare individual travelers and medical personnel for travel to Africa. The information provided here is with regards to known and suspected health risks and exposures, and the proper employment of health risk counter measures.

b. This enclosure also provides amplification of the minimal training requirements for medical personnel entering the USAFRICOM AOR. It is DoD policy that appropriate training of medical personnel is the foundation for effective FHP (Reference q). Training must be current throughout the duration of the travel or deployment.

2. General Medical Training. All DoD personnel (military or civilian), regardless of medical or non-medical job series, are required to have training in personal protective measures prior to travel or deployment (of any duration) to the USAFRICOM AOR.

a. Tactical Combat Casualty Care (TCCC) is required for all deploying Service members and Expeditionary Civilians IAW DoDI 1322.24 (Reference u).

b. The content of a pre-travel risk briefing should include the following areas: Combat/operational stress control and resilience; post-traumatic stress and suicide prevention; mild traumatic brain injury risk, endemic plant, animal, reptile and insect hazards and infections; communicable diseases; vector-borne diseases; environmental conditions; and occupational health.

c. Training on cardiopulmonary resuscitation and familiarization with public access automated external defibrillation devices is highly recommended.

3. Medical Personnel Training. Medical personnel deploying over 30 days in support of any mission in the USAFRICOM AOR must meet minimum pre-deployment medical readiness training in this document. The inclusion of any courses listed below should not construed as justification for absence from the deployed location to attend training.

a. Medical Readiness Training. The military Services will ensure medical personnel assigned to mobility positions or identified to travel to a military operation are trained prior to deployment. When possible, training should be conducted in the environment and with the type of equipment the Service member will use while deployed and with the unit or a similar unit with which the Service member is scheduled to deploy or backfill.

b. General Training Requirements for Medical Personnel. Medical personnel (uniformed members of the U.S. Air Force Medical Services, U.S. Army Medical Department and U.S. Navy Bureau of Medicine and Surgery, holding any medical job series) deploying to the USAFRICOM AOR will be qualified in their occupational skill IAW applicable service guidance and be familiar with the topics below, in order to be fully qualified.

(1) Threats and potential battlefield environments.

(2) Operational concepts of operation.

(3) Operational command, control, and communications.

(4) Preventive medicine, including field sanitation, hygiene, disease prevention, and vector control.

(5) Occupational and environmental hazard recognition, assessment, mitigation, and reporting.

(6) Combat stress control.

(7) Casualty evacuation procedures including aeromedical evacuation, patient and patient movement item staging, and patient movement request generation.

(8) Medical support of stability operations, humanitarian assistance activities, and defense support of civil authorities.

(9) Recognition and medical management of chemical, biological, radiological, nuclear, and explosive injuries.

(10) Disease and Injury and Armed Forces Reportable Medical Events reporting.

(11) Language and culture training is highly recommended.

(12) Operational virtual health.

c. Clinical staff training requirements. All credentialed providers and registered nurses will be trained and current in:

(1) Basic Life Support.

(2) Advanced Cardiac Life Support.

(3) Advanced Trauma Life Support (required for those serving in sole provider positions; highly recommended for all others).

(4) Tropical Medicine.

(a) Required: The ability to diagnose and treat malaria and other tropical diseases. Training should include disease prevention and education as well as rapid malaria testing and familiarization with microscopic diagnosis.

1 Recommended courses are the Walter Reed Army Institute of Research & DoD Global Emerging Infections Surveillance and Response System "Operational Clinical Infectious Disease (OCID)" Course, the U.S. Air Force School of Aerospace Medicine "Global Medicine" Course, or the USU "Military Tropical Medicine" Course. Alternate courses may be available.

2 Deploying commanders must make every effort to ensure clinical staff attend recommended tropical medicine training. If attending one of these courses is not possible, at a minimum, clinical staff must complete the tropical medicine topics reading list located at http://www.africom.mil/staff-resources/medical-personnel-training/and the online training courses listed below.

(b) Required: Complete the Rabies post-exposure prophylaxis basics training located at http://www.cdc.gov/rabies/resources/training/index.html. Training certificate must be forwarded to the Service Component Surgeon along with credentialing paperwork.

(c) Required: Complete Malaria 101 for the health care provider training located at http://www.cdc.gov/parasites/cme/malaria/course.html. Training certificate must be forwarded to the Service Component Surgeon along with credentialing paperwork.

(d) Required: Competence in managing occupational exposure to HIV (Reference p).

(5) Credentialed providers should make every effort to attend Sexual Assault Medical Forensic Examiners/Sexual Assault Nurse Examiner training prior to deployment. The Camp Lemonnier Expeditionary Medical Facility must have the capability to provide experienced and trained Sexual Assault Response Coordinator and Sexual Assault Prevention and Response Victim Advocate services and Sexual Assault Forensic Exam providers.

(6) Familiarity with management and treatment of bites by local snake species. If antivenin is available and stocked locally, the provider must comply with and understand the USAFRICOM antivenin guidelines (Reference v).

(7) Credentialed providers must hand-carry an inter-facility transfer brief indicating their clinical privileges, submitted to the AOR host Medical Treatment Facility (MTF) or theater/Joint Task Force Surgeon to validate the privileges prior to providing clinical care in the MTF or remote sites/locations.

Similarly, non-licensed independent practitioners (e.g., Independent Duty Medical Technician (IDMT), 18D, Independent Duty Corpsman (IDC)) must submit appropriate training qualifications prior to providing care in the deployed location. The inter-facility transfer brief should be obtained through the provider's credentialing office via the Centralized Credentials Quality Assurance System or equivalent reference. It is the Service Component Surgeon's responsibility to ensure providers are adequately credentialed prior to travel or deployment to the USAFRICOM AOR.

(8) Non-credentialed Medical Personnel. Enlisted medical staff will be current in their Pre-Deployment Trauma Training or Service-equivalent Training. Complete Tactical Combat Casualty Care Courses within three years. Basic Life Support must be current.

d. Medical Operations and Plans Personnel. To be fully qualified, medical planners should have a basic understanding of the military decision-making process and operational and tactical level planning for full spectrum operations in a joint environment. Typically these experiences are achieved through each respective Service's military education system. Additionally, at a minimum, medical planners should have completed the Service's medical planning course. For U.S. Army personnel this can be achieved by successfully completing the AMEDD 70H – Health Services Plans, Operations, Intelligence, Security and Training Course; for the U.S. Navy, this can be achieved by attending the U.S Navy Medical Plans, Operations & Medical Intelligence Course. Both courses will provide additional emphasis on operational planning for full spectrum operations as well as provide exposure to Joint Operations. Lastly, for O-4 level planners, completion of a Joint Professional Military Education level one course is highly preferred.

e. All medical planners should have a basic understanding of and be able to execute and articulate the following subjects (additionally, medical regulating officers, aeromedical evacuation officers and emergency medical technicians (or equivalent) should have a full understanding of items 3-5 below):

(1) Military decision-making process.

(2) Joint Operation Planning and Execution System/Joint Operational Planning Process/Global Force Management/Joint Capabilities Requirements Management.

(3) Medical/casualty evacuations procedures and familiarization with International SOS (ISOS) in Africa.

(4) U.S. Transportation Command Regulating and Command and Control Evacuation System (TRAC^{2}ES).

(5) Theater Medical Data Store Systems.

(6) Joint Planning and Execution System /Adaptive Planning, to include development of Annex Q, Medical Services.

(7) Medical Intelligence/Medical Intelligence Preparation of the Operational Environment.

(8) Service, Joint, and Combined Operations.

(9) Joint Health Service Doctrine.

(10) Medical Support to Detainee Operations.

(11) Military medical support to stability operations and humanitarian relief.

(12) Medical Common Operating Picture development.

(13) After-Action Reports.

(14) Medical Situation Reports format and reporting.

f. Patient Movement Personnel. Medical regulating officers, Aeromedical Evacuation Officer, and all Enlisted Medical Technicians will be trained in:

(1) Medical/casualty procedures and familiarization with ISOS in Africa.

(2) TRAC^{2}ES.

(3) Theater Medical Data Systems.

g. Preventive Medicine Services Personnel. In order to be fully qualified, Navy Environmental Health Officers and Navy Preventive Medicine Technicians, Preventive Medicine or Air Force Public Health Officers/Enlisted Technicians, Army Environmental Science and Engineering Officers and Preventive Medicine Specialists, Army Special Forces Medical Sergeants (18D), Air Force Bioenvironmental Engineers/Enlisted Technicians, IDC and IDMT who deploy to forward operating locations should be trained in:

(1) Deployment Health Surveillance requirements to include occupational and environmental health site assessments, environmental (air, water, soil) sampling and operational reporting.

(2) Field sanitation and hygiene, disease prevention, and vector surveillance and control.

(3) Disease and injury and Armed Forces Reportable Medical Events reporting.

(4) Food facility inspections.

(5) Food and Water Risk Assessments.

(6) Food defense and food vulnerability assessments.

(7) Integrated pest management program.

(8) Industrial hygiene and radiation safety.

(9) Disease outbreak investigation techniques.

(10) Supervise field sanitation training and assess field sanitation compliance.

(11) Familiarization with the most current version of the U.S. Transportation Command policy on movement of infectious patients.

(12) Defense Occupational and Environmental Health Readiness System.

h. Veterinary services personnel. Veterinary services personnel will be trained and fully credentialed in the following as appropriate for their assigned position:

(1) Veterinary preventive medicine and public health.

(2) Sanitary audits and sampling of local food and water sources.

(3) Food and Water Risk Assessments.

(4) Food Facility Inspections

(5) Veterinary Global Health Engagement programs.

(6) Diagnosis and prevention of zoonotic as well as transboundary (foreign animal) diseases prevalent in the USAFRICOM AOR.

(7) Animal Care Specialist (68T) assigned as a sole technician for Veterinary Care or as the sole technician on a veterinary team should possess a clinical competency or complete advance training prior to deployment. This requirement can be met through completion of one or both of the following:

(a) Completion of Animal Care Clinical Proficiency course offered by the U.S. Army Medical Department Center and School.

(b) Credentialing at a U.S. Army Public Health Command Facility and served in a clinical care position. This credentialing should have included exposure to or direct care involving Military Working Dogs surgery techniques,

gastric dilatation volvulus (GDV), trauma management and emergency care, heat injuries, and rabies management. The Animal Care Specialist should also be able to independently conduct intravenous infusions and wound management (suture, bandage, and transport).

i. Subordinate command medical staff personnel. In order to be fully qualified, medical personnel assigned as Joint Task Force and Joint Force Commander, Service Component, or Special Operations Forces Headquarters Surgeon staff should be trained in:

(1) Command relationships.

(2) Command, control, and communication processes.

(3) Joint Planning and Execution System/Adaptive Planning and Execution (system), to include development of Annex Q, Medical Services.

(4) Medical Intelligence/ Medical Intelligence Preparation of the Operational Environment.

(5) Service, Joint, and Combined Operations.

(6) Joint Health Service Doctrine.

(7) Medical Support to Detainee Operations.

(8) Military Medical Support to Stability Operations and Humanitarian Relief.

(9) Role specific subject matter expertise skills (i.e., blood management, medical logistics, medical regulating, and public health emergency management).

(10) Medical Common Operating Picture development.

(11) After Action Review and Joint Lessons Learned Information System.

(12) Medical Situation Report format and reporting.

ENCLOSURE I

REFERENCES (order of first use)

a. DoDI 6490.03, “Deployment Health”

b. DoDI 6025.19, “Individual Medical Readiness”

c. DoDI 6490.07, “Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees”

d. DoDI 3020.41, “Operational Contract Support”

e. DoDI 6490.13. “Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services”

f. DoDI 6490.11. “DOD Policy Guidance for Management of Mild Traumatic Brain Injury/concussion in the Deployed Setting”

g. DoDI 6485.01. “Human Immunodeficiency Virus (HIV) in Military Service Members”

h. Air Force Instruction 48-105, “Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance”

i. BUMEDINST 6224.8A CH-2. “Tuberculosis Control Program”

j. MEDCOM Regulation 40-64, “The Tuberculosis Surveillance and Control Program”

k. AFI 48-123, “Medical Examinations and Standards, Volume 4 - Special Standards and Requirements”

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