



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 requirements, provides medical guidance, and delineates responsibilities for all travel to the U.S. Africa Command (USAFRICOM) area of operations (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 Theater Force Health Protection.
2. Superseded. None
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, Joint/Combined Task Forces and Service Components assigned to USAFRICOM. This instruction applies to military personnel, Department of Defense (DoD) civilians, DoD contractors, DoD sub-contractors, and volunteers traveling 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 Force Health Protection (FHP) measures are implemented. Additionally, the majority of countries in Africa have underdeveloped healthcare infrastructure, making medical care generally unavailable.
 - a. Medical Clearance: Information regarding the medical clearance requirements can be found in Enclosure B of this document.

b. Information regarding the medical waiver process and authorities can be found in Enclosure D of this document.

c. Theater FHP: FHP measures can be found in Enclosure G of this document.

d. Pre-deployment Training Requirements: Individuals or units conducting travel to the African continent must understand the “all hazards” threat they will encounter in the USAFRICOM AOR, including those presented by 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.

e. Exceptions to this policy will be submitted to the USAFRICOM Command Surgeon using the waiver process identified in Enclosure D and will only be considered for travelers on leave status.

5. Responsibilities.

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

b. Component and subordinate activities Commanders, in coordination with their Surgeon’s office, shall:

(1) Enforce vigilant 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 prophylactic medications, other countermeasures, and health threat briefs.

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

(1) Comply with FHP requirements throughout their travel.

(2) Complete required training.

6. Summary of Changes. None

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
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ENCLOSURE A

ACRONYMS, ABBREVIATIONS, AND TERMS

1. ACRONYMS/ABBREVIATIONS

ACI – Africa Command Instruction
ADD – Attention Deficit Disorder
ADHD – Attention Deficit Hyperactivity Disorder
AFCITA – Air Force Complete Immunization Tracker
AFI – Air Force Instruction
AMEDD – Army Medical Department
AOR – Area of Responsibility
APEX – Adaptive Planning and Execution (system)
AR – Army Regulation
BMI – Body Mass Index
BUMEDINST – (US Navy) Bureau of Medicine and Surgery Instruction
CJTF – Combined Joint Task Force
CPAP – Continuous Positive Airway Pressure
DEET – Diethyltoluamide
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 version 5
DSN – Defense Switched Network
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-Lymphocytic 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 Nationals**
LTBI – Latent Tuberculosis Infection
MEDCOM – **United States Army Medical Command**
NIPR – Non-classified Internet Protocol Router

NSN – National Stock Number
OSA – Obstructive sleep apnea
PCS – Primary Change of Station
PHS – Public Health Service
SAFME – Sexual Assault Medical Forensic Examiners
SIPR – Secure Internet Protocol Router
SPECT – Single Photon Emission Computed Tomography
TB – Tuberculosis
TCN – Third Country Nationals
USAFRICOM – U.S. Africa Command
XR – Extended Release

2. TERMS

Deploy – Any use of the word “deploy” is intended to designate any assignment to support operational requirements, regardless of order type.

Travel – For the purposes of this document “Travel” includes entry into the USAFRICOM AOR of Operation for any reason or duration (primary change of station (PCS) or individual or unit Temporary Duty/temporary assigned duty, 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 or physical (See paragraph 1.e. (3) of this enclosure) (Reference b). Individuals deemed 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.

a. The healthcare provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates). In addition, the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep deprivation, emotional stress, and sleep disturbance. 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 deployed setting. Also, the type and amount of medications being taken and their suitability and availability in the environment must also be considered as potential limitations. A travel medical screening checklist is available to assist with 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, 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 light of physical, physiological, psychological and nutritional effects of the duties and location.

(2) The condition is not expected to worsen, 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 within the military health system.

(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 evacuation out-of-theater requirement 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. As such, an apparently disqualifying medical condition nevertheless requires that an individualized assessment be made to determine whether the employee can perform the essential functions of their 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 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 relevant deployed environment (Reference c).

(2) Specialized government civilian 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 will 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 a maximum of 12 months from the date of the physical examination (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 need a dental examination within 120 days of the start of travel or be current for duration of travel. Individuals being evaluated by a non-DoD civilian dentist should use a 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 Framingham 10-year coronary heart disease risk percentage calculated. An online calculator is available at http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

(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 at the deployment platform, and comply with immunization, DNA, and panograph requirements. 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 agencies are responsible for providing the appropriate level of medical screening for their employees including LN and TCN employees based on the job 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 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, and will be done at contractor expense. A new disqualifying medical condition, as determined by an in-theater competent medical authority, will be immediately reported to the contractor employee's contracting officer 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 (REF d). Local command, legal, contracting, and resource management authorities should be consulted for questions on this matter.

(7) Local National (LN) and TCN employees. Minimum screening requirements for LN and TCN employees are as follows (REF 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 a licensed medical provider.

(b) All LN and TCN employees whose job requires 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. A Tuberculin Skin Test is unreliable as a stand-alone screening test for Tuberculosis in LN/TCN personnel 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 and Hepatitis A vaccinations and this information must be documented in the employees' medical record/screening documentation.

f. Deployment-limiting conditions. The lack of DoD and host nation medical care in the USAFRICOM AOR make it more 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.

(1) This list of deployment-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 an approved medical waiver 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 are exempt from the deployment-limiting medical conditions listed below and will follow service-specific guidance (Reference c).

(3) Respiratory. Asthma or other respiratory conditions that have a forced expiratory volume-1 of < 60% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids will not be considered for medical waiver. Respiratory conditions that have been well controlled for 6 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for waiver.Item3

(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) Type-1 Diabetes Mellitus (Insulin-Dependent) or Insulin-requiring type-2 diabetes will not be considered for medical waiver

(b) Diabetes type-2 will require 90 days of stability, either on oral medications or with lifestyle changes, before a medical waiver will be considered and require a documented Hemoglobin A1-C below 7.0 with or without comorbidities (hypertension, hypercholesterolemia) or additional cardiac disease risk factors (smoking, family history of heart disease) may be considered for a medical waiver.

(c) Individuals with comorbidities must have a Framingham coronary heart disease risk percentage calculated. If the calculated 10-year Framingham coronary heart disease risk percentage 10-year risk is 15% or greater, and if requesting a medical waiver, further evaluation is required prior to medical waiver submission (see paragraph 1.e.(16)(g).

(d) Newly diagnosed Diabetes type-2 must also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.) in addition to the requirements in (5) (b) above.

(6) History of heat stroke will be considered for a medical waiver on a case-by-case basis, provided there have been no episodes within the last 12 months. A patient with multiple episodes of heat stroke or 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 waiver accompanied by an official functional capacity exam.

(10) Recurrent or currently symptomatic nephrolithiasis will not be considered for a medical waiver.

(11) Pregnancy will not be considered for a medical waiver.

(12) Obstructive sleep apnea (OSA). OSA is a common chronic disorder that often requires lifelong care. Patients with a diagnosis of moderate or severe OSA are at increased risk for poor neurocognitive performance and multiple adverse medical outcomes. 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 safety 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 predominate symptom of concern for most individuals in the average active duty age group and health status is excessive daytime sleepiness. Older individuals with other co-morbid severe or uncontrolled cardiovascular conditions may also have increased risk for a cardiovascular event such as myocardial infarction, symptomatic atrial fibrillation, and/or stroke.

(a) In-laboratory polysomnography, with a minimum of two hours of total sleep time, is required objective testing 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-hypoapnea index, respiratory event index, or respiratory disturbance index of less than 15 episodes per hour.

(c) Asymptomatic moderate (apnea-hypoapnea index 15-30/hr) or severe (apnea-hypoapnea index >30/hr) OSA with treatment requires a medical waiver. Medical waivers will be reviewed on a case by case basis dependent on deployed location, comorbidities, proposed position assignment, reliability of electricity, and adherence to therapy. The submitting physician must note in comment section of waiver a review of adherence report or provide documentation. An adherence report within the past 90 days must document adherent use defined as > four hours nightly, at least five nights per week (70%) over at least a 30 day period.

(d) Personnel with OSA who have symptoms despite treatment are non-deployable. No waiver will be granted.

(e) The traveler must know if their device is equipped with a wireless or cellular communication capabilities and disable the communication

capability prior to departure from home station for the duration of the deployment.

(f) 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 deployment. There is no guarantee of resupply or repair if there is a malfunction.

(g) If there are concerns about individuals with an extremely high frequency of events (apnea-hypopnea index > 60/hr), the significance of comorbid severe cardiovascular or neurologic (i.e., epilepsy) conditions, then a sleep specialist, pulmonologist, internist, or neurologist (in this preferred order) should be consulted prior to the waiver submission.

(13) Traumatic Brain Injury. Service members who have responded affirmatively to the traumatic brain injury risk assessment question on the post deployment health assessment will have received further clinical evaluation (may include the administration of a neurocognitive assessment). Travelers that have received concussive events or a potentially concussive event which have not been clinically evaluated and completed required rest periods will not be granted theater clearance: No waivers will be granted (Reference e and f).

(14) Body Mass Index (BMI) restrictions. Service members must be in compliance with service-specific standards. Civilians and contractors with a BMI > 35 with serious comorbidities (e.g., diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.), will not be considered for a medical waiver. Civilians and contractors with a BMI of 35 to 39 without serious comorbidities may be considered for a medical waiver. A body fat worksheet must accompany the medical waiver request for these individuals. Morbid obesity (BMI > 40) will not be considered for medical waiver. A BMI calculator is located at http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm.

(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 clearance from the cardiovascular specialist.

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

(e) Hypertension that is controlled with a medication or lifestyle regimen that has been stable for 90 days, and that requires no changes does not require a medical waiver. Single episode hypertension found on predeployment physical must be accompanied by serial blood pressure checks (3 day blood pressure checks) to ensure hypertension is not persistent.

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

(g) Cardiac Risk Stratification. Civilian personnel who are 40 years of age or older must have a Framingham 10-year coronary heart disease risk percentage calculated (online calculator is available at http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm). If the individual's calculated 10-year coronary heart disease risk is 15% or greater, and the individual is requesting a medical waiver, the individual should be referred for further cardiology work-up and evaluation, to include at least one of the following: Graded exercise stress test with a Myocardial Perfusion Scintigraphy (SPECT scan), or a Stress Echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, 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 for lipid assessment within one year prior to travel. While hyperlipidemia should be addressed in accordance with (IAW) clinical treatment guidelines, hyperlipidemia values that are outside any of the following parameters: Total Cholesterol > 260, LDL > 190, Triglycerides > 500, either treated or untreated, requires a medical waiver to be submitted.

(17) Infectious diseases:

(a) Blood-borne diseases (Hepatitis B, Hepatitis C, 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 Hepatitidies must include a subspecialty (gastrointestinal) evaluation.

(b) Confirmed HIV infection (Reference g). Waivers will not be granted.

(c) Active Tuberculosis. 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 infectious disease physician for return to work.

(e) Latent Tuberculosis Infection (LTBI). Individuals who are newly diagnosed with LTBI by either Tuberculosis Skin Test or Interferon-Gamma Release Assays testing will be evaluated for 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 Tuberculosis Skin Test convertors 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 (Reference 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 Active TB. 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 hear and 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 individuals 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 which do not require follow-up, do not require a waiver.

(19) Dental:

(a) Patients without a dental exam within 120 days or current for the duration of travel, or those who are likely to require evaluation or treatment during the period of travel for oral conditions that are likely to result in a dental emergency, 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) All cancers require a waiver if the condition has not been in complete remission for at least one year.

(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 (excludes minor procedures) will not be considered for a medical waiver.

(c) Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment will not be considered for a medical waiver.

(d) Unrepaired hernias requires an evaluation by a surgeon and documentation indicating the hernia will not be of clinical significance in a deployed setting that does not have surgical capabilities and may have evacuation delays of several days.

(22) Psychiatric Conditions: All mental or behavioral health related diagnosis require a medical waiver submission package for consideration.

(a) Psychotic and bipolar disorders will not be considered for a medical waiver.

(b) Psychiatric disorders with fewer than three months 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 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 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 require a medical waiver submission package with a specialty evaluation prior to travel.

(h) Suicide 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 been enrolled in a substance abuse program (inpatient, Service-specific substance abuse program 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.

(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: Warfarin (Coumadin®), Rivaroxaban (Xarelto®).

2 Platelet aggregation inhibitors or reducing agents: Clopidogrel (Plavix®), Anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®). 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: Filgrastim (Neupogen®), Sargramostim (Leukine®), Erythropoietin (Epogen®, Procrit®).

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 (Anastrozole, Examestane, etc.),

Medroxyprogesterone (except use for contraception), Interferons, Etoposide, Bicalutamide, Bexarotene, Oral Tretinoin (Vesanoid®).

(c) Immunosuppressants: e.g., Chronic Systemic Steroids.

(d) Biologic Response Modifiers (Immunomodulators) e.g., Abatacept (Orencia®), Adalimumab (Humira®), Anakinra (Kineret®), Etanercept (Enbrel®), Infliximab (Remicade®), Leflunomide (Arava®), etc.

(e) Benzodiazepines: Lorazepam (Ativan®), Alprazolam (Xanax®), Diazepam (Valium®), Clonazepam (Klonopin®), etc.

(f) Schedule II stimulants taken for treatment of ADHD/ADD: Ritalin®, Concerta®, Adderall®, Dexedrine®, Focalin XR®, Vyvanse®, etc.

(g) Sedative Hypnotics/Amnestics: Taken for greater than three months for treatment of chronic insomnia: Zolpidem (Ambien®, Ambien CR®), Eszopiclone (Lunesta®), Zaleplon (Sonata®), Estazolam (Prosom®), Triazolam (Halcion®), Temazepam (Restoril®), Flurazepam (Dalmane®), etc.

(h) Antipsychotics. Including atypical antipsychotic medication.

(i) Antimanic (bipolar) Agents: e.g., Lithium.

(j) Anticonvulsants, used for seizure control or psychiatric diagnoses.

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 deployment limiting as long as those conditions meet the criteria set forth in this document. No medical waiver required.

2 Valproic Acid (Depakote®, Depakote ER®, Depacon®, etc.). Carbamazepine (Tegretol®, Tegretol XR®, etc.).

(k) Varenicline (Chantix®).

(l) Opioids, Opioid combination drugs, or Tramadol (Ultram®).

(m) Insulin and Exenatide (Byetta®).

(n) Injectable medications of any type.

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 Pharmacy home delivery 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., Doxycycline, Atovaquone/Proguanil (Malarone), etc.) will travel with enough medication for their entire travel period in the theater. The deployment or travel period will be considered to include an additional 28 days after leaving the malaria risk area for Doxycycline, or seven days for Malarone 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. Personnel 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 individual's temporary duty/deployed location. Those eligible for Tricare Pharmacy home delivery will complete on-line enrollment and registration prior to deployment to the maximum extent possible. Instructions and registration can be found at <http://www.Tricare.mil/Pharmacy.aspx>.

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 United States Air Force aircrews and are therefore exempt. Air force (aircrew) personnel deploying with contact lenses must comply with the United States 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 1. Refer to the Defense Health Agency, Immunization Healthcare Branch website <http://www.vaccines.mil>. Alternatively, personnel may contact the USAFRICOM FHP 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 the advisory committee on immunization practices, immunization guidelines, and service individual medical readiness requirements. In addition, all personnel must comply with the Foreign Clearance Guide for the countries to which they are traveling. The Foreign Clearance Guide can be found at: <https://www.fcg.pentagon.smil.mil/fcg.cfm>. The following are mandatory vaccines for DoD personnel (military, civilian, and contractors) traveling for any period of time in theater:

(a) Yellow Fever. (Every 10 yrs; last dose must be at least 10 days prior to arrival to Africa). A Center for Disease Control 731, international certificate for 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 a Center for Disease Control 731 containing an official Yellow Fever certificate stamp.

(b) Tetanus/Diphtheria/Acellular Pertussis. Receive a one-time adult dose of Tetanus/Diphtheria/Acellular Pertussis. Receive tetanus if ≥ 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/Mump/Rubella. It is to be assumed that 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 or immunization records of two lifetime doses is required.

(e) 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 Center for Disease Control 731, international certificate for vaccination or prophylaxis, (yellow shot record, formerly PHS-731).

(f) Seasonal influenza. Must be current; including event-specific vaccine (e.g., H1N1).

(g) Hepatitis A. Completed series or documentation of immunity through a titer is mandatory for all DoD military personnel. Completed series is highly recommended for civilians (DoD civilians, contractors, volunteers, interagency personnel, etc.) IAW Advisory Committee on Immunization Practices guidelines. Alternatively, documentation of immunity through a titer is recommended. Required for TCN and LN personnel.

(h) Hepatitis B. Completed series or documentation of immunity through a titer is mandatory for all DoD military personnel prior to travel (Reference 1). Completed series is mandatory for civilians (DoD civilians, contractors, volunteers, interagency personnel, etc.). Alternatively, documentation of immunity through a titer 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, and certain security personnel, and civil engineers occupationally at risk of exposure to rabid animals, bats, or bat colonies. Additionally, laboratory personnel who work with Rabies suspect samples and all forces to include enablers deployed to Africa in support of Special Operations Command Africa 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 vaccine is required for personnel in a high risk category per advisory Committee on immunization practice 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.

1. Medical / Laboratory Testing.

(1) HIV Testing. Required within 120 days prior to deployment or current for duration of travel to include in-route training to the deployment location (Reference g).

(2) Serum Sample. 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. 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 or DoD contractor, complete the testing at government expense (Reference m).

(4) Pregnancy. A medically performed pregnancy test is required within 15 days of travel for all active duty and Guard/Reserve female personnel seeking entry 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 travel or make a PCS to the USAFRICOM AOR, and 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: Malarone 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 Department of Defense (DoD) personnel, including civilians and contractors. 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, Sickledex screening (Hgb-s) (Reference m).

(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) traveling to the theater for more than 30 consecutive days will complete DRHAs as follows (Reference a): (This does not apply to PCS personnel or shipboard personnel.)

(a) DRHA#1. Within 120 days of the expected deployment date. DRHA#1 will be completed on a DD form 2795.

(b) See www.pdhealth.mil for additional information on deployment-related Health Assessments.

(c) Contract personnel are not required to electronically submit the DRHA#1, forms; 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 or there is a concern for a mental health issue.

(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): a DD2766 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): a DD2766 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), or be hand-carried as part of a deployed medical record:

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

(b) Current medications and allergies. Include any Force Health Protection Prescription Product prescribed and dispensed to an individual.

(c) Special duty qualifications.

(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) Framingham 10-year coronary heart disease risk percentage calculation, if required.
- (j) Body Mass index (BMI) score.
- (k) All approved medical waivers.

ENCLOSURE C
MEDICAL SCREENING CHECKLIST

AFRICOM AOR TRAVEL MEDICAL SCREENING CHECKLIST

***THIS MEDICAL SCREENING IS VALID FOR 30 DAYS FROM DATE ANNOTATED IN PART II
TRAVELER WILL RETAIN AND PROVIDE THIS COMPLETED FORM WHENEVER SEEKING TRAVEL CLEARANCE TO THE AFRICOM AOR***

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

NAME: LAST, FIRST, MI,	GRADE	DIVISION / DUTY PHONE	TRAVEL DESTINATION(S):
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PRIOR TO ENTRY INTO THE AFRICOM AOR (TRAVELER READ & INITIAL EACH BOX)

I HAVE NOTIFIED MY PROVIDER OF MY TRAVEL DESTINATION(S) AND I HAVE OBTAINED SUFFICIENT QUANTITIES OF PRESCRIBED ANTI-MALARIAL MEDICATION (No Chloroquine), 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 MUST PROVIDE THIS COMPLETED FORM, AS DIRECTED, TO SUPPORT THEATER CLEARANCE TO THE AFRICOM AOR.
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET 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 (WITHIN LAST 10 YEARS).
I HAVE OBTAINED A PRE-TREATED BEDNET (IF REQUIRED) AND WILL USE AS NEEDED TO PREVENT INSECT BITES.	I UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN 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: http://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/staff-resources/travel-to-africa/general%20health%20counseling
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 VI.E. HEALTH PRECAUTIONS FOR EACH COUNTRY(IES) TO BE VISITED AT: HTTPS://WWW.FCG.PENTAGON.MIL
FEMALE ONLY: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER	

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

TRAVELER'S SIGNATURE: _____ DATE: _____

PART II: MEDICAL SCREENING REQUIREMENTS (Checklist is used to guide screener with AFRICOM requirements)

- MEDICALLY READY IAW SERVICE OR AGENCY GUIDELINES (CONTRACTORS IAW DODI 3020.41)
- "NO" ANSWERS) MUST BE COMPLETED OR EXEMPTED OR WAIVED (WAIVERS ONLY VIA THE AFRICOM COMMAND SURGEON)
- *FOR WAIVER REQUIREMENT INFORMATION, CONTACT: africom.stuttgart.acsg.mbx.i004-force-health-protection@mail.mil

MEDICAL REQUIREMENTS:	YES	NO	IF NO, DATE COMPLETED, EXEMPTED, WAIVED
VACCINATIONS CURRENT:			
-- 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 IS REQUIRED)			
-- SEASONAL INFLUENZA (CURRENT ANNUAL VACCINE)			
-- VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)			
-- TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5YS)			
-- MENINGOCOCCAL (EVERY 5 YRS)			
-- YELLOW FEVER (EVERY 10 YRS; LAST DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA)			
-- RABIES / PNEUMOCOCCAL (IF HIGH RISK AND AS NEEDED FOR OCCUPATIONAL EXPOSURE)			
DOES NOT POSSESS A DUTY/DEPLOYMENT LIMITING MEDICAL CONDITION (MEDGUIDE can be found at http://www.africom.mil/newsroom/document/23653/africom-fhp-requirements-medical-guidance)			
PHA CURRENT (MILITARY ONLY) / LAB WORK CURRENT IAW SERVICE GUIDELINES -- HIV, G6PD, TB, DNA			
DENTAL CLASS 1/2 STATUS (MILITARY ONLY)			
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT			
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES			
TRAVELER PRESCRIBED ANTI-MALARIAL MEDICATION PER NCMIA ASSESSMENT OF TRANSMISSION RISK			
CAC-ENABLED WEBSITE: https://www.intelink.gov/ncmi/index.php (Note: No Chloroquine)			
FEMALE ONLY: PREGNANCY TESTED (WITHIN 15 DAYS OF TRAVEL) NEGATIVE FOR TRAVEL OF 30 DAYS OR MORE			
THE TRAVELER MEETS MEDICAL SCREENING REQUIREMENTS FOR ENTRY INTO THE AFRICOM AOR.			

O-6 or equivalent/Supervisor SIGNATURE: _____ DATE: _____

ENCLOSURE D

MEDICAL WAIVER PROCESS AND AUTHORITIES

1. Medical Waiver Authorities.

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 first O-6 Commander in the travelers 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 sparse and often inadequate medical care.

b. The healthcare provider evaluating personnel for deployment must endorse the waiver form indicating the medical assessment was consistent with criteria detailed in Enclosure A of this document.

c. The USAFRICOM Command Surgeon is the adjudicating authority for all medical waivers for travelers to the USAFRICOM AOR.

d. Waivers for non-Service affiliated personnel. The USAFRICOM Command surgeon is the waiver authority for DoD civilians, contractors and organizations such as Defense Intelligence Agency and American Red Cross, etc., who are not directly associated with a particular USAFRICOM Component.

e. Delegation authority.

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

(2) Final Medical Waiver approval authority lies with USAFRICOM Command Surgeon level to approve deployment of any person (uniformed or civilian) with apparently disqualifying medical condition(s) as outlined in this document and the accompanying amplification (See Enclosure D).

(3) The USAFRICOM Command Surgeon retains medical waiver authority for:

(a) Any personnel (uniformed, civilian, contractor) of any agency (DoD or interagency), assigned to USAFRICOM Headquarters entering the USAFRICOM AOR.

(b) Any personnel (uniformed, civilian, contractor, dependents) seeking entry into the USAFRICOM AOR on DoD PCS orders.

(c) Any DoD support agency personnel (civilian or contractor) unaffiliated with a specific Service, (e.g., Defense Intelligence Agency, Defense Threat Reduction Agency, Office of the Secretary of Defense, etc.) entering the USAFRICOM AOR on DOD orders.

(d) Any non-DoD personnel (e.g., uniformed, civilian, contractor) entering the USAFRICOM AOR on DoD orders (i.e., other agency personnel (United States Coast Guard, Interagency, etc.) on specific DoD mission under DoD responsibility).

(4) Delegation to component/ Joint Task Force surgeons. Waiver authority is delegated to the USAFRICOM component/ Joint Force Surgeons by the USAFRICOM Command Surgeon for all deploying personnel within their respective component/ Joint Force for all health conditions. The service affiliation of contractors and sub-contractors is determined by the contractor issuing agency block on their letter of authorization.

(a) Excluding personnel covered in paragraph 1.e. (3) (a)-(d), the Combined Joint Task Force-Horn of Africa (CJTF-HOA) Surgeon has medical waiver authority for any personnel (uniformed, civilian, contractor) entering CJTF-HOA on DOD orders. The CJTF-HOA AOR includes: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Seychelles, Somalia, Tanzania and Uganda.

(b) Excluding personnel covered in paragraph 1.e. (3) a-d and 1.e. (4) (a), the Special Operations Command Africa Surgeon has medical waiver authority for any special operations personnel (Uniformed, Civilian, Contractor) entering the USAFRICOM AOR on DoD orders.

(c) Excluding personnel covered in paragraph 1.e. (3) a-d and 1.e.(4) (a) and (b), Service Component Surgeons (Air Forces Africa, Naval Forces Africa, United States Army Africa) have medical waiver authority for respective Service-specific personnel (uniformed, civilian, contractor) entering the USAFRICOM AOR on DoD orders. However, component surgeons will also have medical waiver authority for personnel traveling in support of their respective component activities (regardless of service affiliation).

(5) Sub-delegation. Waiver authority sub-delegated to a component/ Joint 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).

(6) 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).

(7) A USAFRICOM medical waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian travelers should contact the nation's embassy for up-to-date information as well as complying with the provisions of this document.

2. Medical Waiver Process.

a. If the local Command supports the deployment, a medical waiver request must be submitted to, and approved by the appropriate USAFRICOM medical waiver authority before that person is cleared for travel. 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. (Reference a and e).

b. Authorized agents (local medical provider, Commander/supervisor, representative or individual member) will forward the medical waiver request form to the USAFRICOM Force Health Protection Branch Mailbox at AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil for distribution to and adjudication by the appropriate Surgeon. It is recommended that authorized agents allow for ample processing time (at least 30 days) for medical waiver adjudication.

c. The USAFRICOM medical waiver form (See Enclosure F) is located at <http://www.africom.mil/staff-resources/travel-to-africa>, or contact the USAFRICOM FHP branch via the e-mail at AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(1) 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 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. Medical waivers for uniformed service members, DoD civilian personnel and DoD contract personnel will be considered only if all the following circumstances are met:

(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.

(3) Submit completed medical waiver requests to the USAFRICOM FHP branch at the following organizational mailbox:
USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(4) AFRICOM FHP branch personnel will route requests to the appropriate approval authority as noted under Medical Waiver Authorities above.

(a) The adjudicating Surgeon will grant, deny or request further information, if needed, within five working days. The medical waiver approval authority will then notify the requester and USAFRICOM FHP branch of the final adjudication.

(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 disapprovals for valid conditions are required and should not be given telephonically.

(c) All adjudicating surgeons will maintain a waiver database and record/archive of all medical waiver requests and status. Additionally, adjudicating surgeons will send copies of the adjudicated waivers to the USAFRICOM Command Surgeon's office at:
USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(d) Once approved, waivers are valid only for that location, for the timeframe specified on the medical waiver (maximum of 12 months). Waiver coverage begins on the date of the initial deployment or travel, and remains valid for either the time period specified on the waiver or a maximum time of 12 months.

(e) All adjudicated medical waiver requests will be archived at the USAFRICOM FHP branch.

(f) 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 Surgeon at email: 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 4200.0X - 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

MEDICAL WAIVER REQUEST

USAFRICOM Medical Waiver Request

Email this form and all scanned documentation to afcom.stuttgart.acsg.mbx.004-force-health-protection@mail.mil
D&N Contact Phone Numbers: AFAFRICA: 314-480-7443; CJTF HOA: 311-824-4281; MARFORAF/NAVAF: 314-626-4690;
SOCAF: 314-421-3339; USARAF: 314-634-5380; USAFRICOM HQ: 314-421-4741

Patient Name (Last, First):		DOB:	
Age:	Sex:	Rank/ Grade:	Service:
Deployment/Travel Date:		Travel Duration (days):	Destination (country):
MOS/AFSC/Skill Identifier/Job Description:		Home Station/Unit:	
Active/Reserve/Civilian/Contractor:			
Supervisor or Requester POC Name/E-mail/Phone:			

Required documentation to accompany this form:

1. DD Form 2795, Pre-Deployment Health Assessment with provisional deployment determination by qualified DoD healthcare provider.
2. Periodic Health Assessment and Dental exam dates.
3. DD Form 2756, Adult Preventive and Chronic Care Flow sheet with medical summary of Deployment Limiting Condition(s) [DLC].
4. Proof of current immunizations.

Case Summary (To be completed by healthcare provider): Include all clinically relevant information necessary to make a disposition including, but not limited to: Diagnosis (ICD10), history of the condition, date of onset, applied treatments, current treatments, limitations imposed by the condition and/or medications, prognosis and required follow-up. (Use additional sheets, if needed.)

Supplemental documentation (Include information relevant for deployability determination):

- a. Specialty consult results establishing diagnosis, treatment, monitoring plan and prognosis.
- b. Recent and relevant surgery, laboratory, pathology and 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).
- f. Job requirements (physical condition, exertion level, etc.)

I have reviewed the case summary and hereby submit this request.

Provider's Signature:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>
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I understand the potential risk 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.

OB Commander or equivalent:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>
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Waiver Approved: YES NO

Waiver Authority Signature:	<input type="text"/>	DATE:	<input type="text"/>	<input type="text"/>
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Comments:

For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 (Public Law 99-570, 5 USC 552(B)). This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Public Law 104-191) and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.

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 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, will travel or deploy with malaria prophylaxis year round.

b. Refer to the National Center for Medical Intelligence website at NIPR: https://www.intelink.gov/ncmi/region_Command/region.php?cont=Africa or SIPR: <http://www.afmic.dia.smil.mil> for the most current medical threat assessment for each country in the USAFRICOM AOR.

c. Malaria Chemoprophylaxis Utilization.

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

(2) In high malaria transmission areas IAW National Center for Medical Intelligence, atovaquone-proguanil (Malarone) is the recommended drug of choice for the prevention of malaria.

(a) For individuals unable to receive atovaquone-proguanil due to intolerance or contraindication, Doxycycline will be the preferred second-line therapy.

(b) Use of mefloquine prophylaxis should be reserved for individuals with intolerance or contraindications to both atovaquone-proguanil and doxycycline. Before using mefloquine as prophylaxis, care should be taken to exclude the presence of contraindications.

1 Mefloquine should be used with caution in persons with a history of Traumatic Brain Injury, Post-Traumatic Stress Disorder and contraindicated in personnel with psychiatric diagnosis, specifically depression, schizophrenia, and anxiety disorders.

2 Each Mefloquine prescription will be issued with a wallet card and current FDA safety information indicating the possibility that the

neurologic side effects may persist or become permanent. This information can be found at www.accessdata.fda.gov/drugsatfda_docs/label/2009/019591s028.lbl.pdf.

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

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

(4) Terminal chemoprophylaxis for malaria is generally not recommended for individuals placed on primary malaria chemoprophylaxis (e.g., doxycycline or atovaquone/proguanil (Malarone®)) unless prolonged exposure to relapsing forms of malaria (*P. Vivax*, *P. Ovale*) are likely to occur. Terminal prophylaxis should begin once the potential for disease transmission ends, such as departure from the risk area or theater, and should overlap with the primary malaria prophylaxis medication. Individuals who are noted to be G6PD-deficient, will not be prescribed Primaquine.

(5) When prescribed by a competent medical authority, 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, bed nets, and appropriate chemoprophylaxis medications. For additional information, go to the Armed Force Pest Management website: <http://www.afpmb.org>.

(1) 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. 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>. Treated uniforms are effective for approximately 50 washes.

(2) Apply approved insect repellent (DEET cream - NSN: 6840-01-284-3982 or Picardin) to exposed skin. One application of DEET lasts 6-12 hours

and 8 hours for Picardin; more frequent application is required if there is heavy sweating and/or immersion in water.

(3) Wear treated uniform properly to minimize exposed skin (cover, sleeves down and pants bloused or tucked into boots).

(4) Use permethrin or other approved treated bed nets properly in at risk areas to minimize exposure during rest/sleep periods. Permethrin treated pop up bed nets are available: NSN: 3740-01-516-4415 or 3740-01-518-7310.

(5) 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 vectorborne diseases for which chemoprophylaxis or vaccines may not be available.

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, cats, dogs, birds, reptiles, arachnids, and 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, 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 force health protection training. Individuals maintain

personal responsibility to follow all orders and instructions from their Command regarding the consumption of food and beverages.

(a) All water (including ice) is considered non-potable until tested and approved by appropriate medical personnel (Army preventive medicine, Air Force bioenvironmental engineering, independent duty medical technician/corpsman, or Special Forces medical sergeant (18D)). When used, commercial sources of drinking water must also be 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 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 antiviral post exposure prophylaxis medications. Use of occupational post exposure prophylaxis will be prescribed by healthcare provider reported and documented.

3. Point of Contact. The USAFRICOM point of contact for Preventive Medicine/FHP is the USAFRICOM office of the Command Surgeon, FHP Branch, at DSN 314-421-4741; Comm: 011 (49) (0)711 729 4741; SIPR: USAFRICOMjocmedical@USAFRICOM.smil.mil or NIPR: USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

ENCLOSURE H

PREDEPLOYMENT 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 n). Training must encompass all aspects of medical support across the range of military operations and for appropriate military support of homeland defense, civil authorities, humanitarian missions, security contingencies, and reconstruction and stabilization. Training must be current throughout the duration of the travel or deployment. The below medical training requirements is an excerpt of and amplifying guidance from the USAFRICOM reporting instructions located at <http://www.africom.mil/staff-resources/travel-to-africa>. It is also recommended that this USAFRICOM Instruction be read in its entirety.

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 to the USAFRICOM AOR.

a. The content of pre-travel training 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.

b. Training on cardio pulmonary resuscitation and familiarization with public access automated external defibrillation devices is highly recommended.

3. Medical Personnel Training. Medical personnel traveling in support of any mission in the USAFRICOM AOR must meet minimum medical readiness training in this document.

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) traveling or deploying to the USAFRICOM AOR will be qualified in their occupational skill IAW applicable service guidance and be familiar with the topics below:

- (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) Aeromedical evacuation, patient and patient movement item staging.
- (8) Medical support of stability operations, humanitarian assistance activities, and defense support of civil authorities. Recommended courses for personnel involved in Medical Stability Operations:
 - (a) Defense Institute for Security Assistance Management Action Officer Course.
 - (b) Joint Humanitarian Operations Course.
- (9) Recognition and medical management of chemical, biological, radiological, nuclear, and explosive injuries.
- (10) Language and culture training is highly recommended.

c. Clinical staff training requirements.

(1) All deploying physicians, nurse practitioners, nurses, and physician assistants serving in sole provider positions will be trained in:

- (a) Current in Advanced Trauma Life Support.
- (b) Current in Advanced Cardiac Life Support.

(c) Current in Basic Life Support.

(d) Tropical Medicine.

1 The ability to diagnose and treat malaria and other tropical diseases. Training shall include disease prevention and education as well as rapid malaria testing and familiarization with microscopic diagnosis.

2 Recommended courses are the Walter Reed Army Institute of Research tropical medicine course "Deployment and International Health Short Course," the United States Air Force School of Aerospace Medicine "Global Medicine Course", or the Navy Military Tropical Medicine Course. Alternate courses may be available.

3 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.

4 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.

5 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.

6 Post-exposure Human Immunodeficiency Virus management and treatment.

7 Disease and Injury and tri-Service reportable medical events reporting.

(e) Medical evacuation/casualty evacuation procedures and familiarization with International SOS in Africa.

(f) Credentialed providers should make every effort to attend Sexual Assault Medical Forensic Examiners/Sexual Assault Nurse Examiner training prior to deployment. If unable, at a minimum they should view the "Sexual Assault: Forensic and Clinical Management" DVD. Additionally, the provider should familiarize him/herself with the DoD SAFE kit prior to an exam.

(g) Individuals who will be assigned as a sole provider are required to attend trauma training and complete Tactical Combat Casualty Care courses within the last three years. Surgeons or Emergency Medicine physicians who have completed residency within the last four years are exempt from the Service-specific trauma training.

(h) Service-specific trauma training is available through service designated trauma training sites such as: U.S. Air Force, Center for the Sustainment of Trauma and Readiness Skills; U.S. Army, U.S. Army Trauma Training Center; U.S. Navy, Naval Trauma Training Center. Sole providers are also required to gain familiarization with management and treatment of bites by local snake species.

(i) Privileged and/or credentialed providers (including but not limited to physicians, nurse practitioners, nurse anesthetists, physician assistants, IDC/IDMT, and special forces/special operations/civil affairs medics) must hand-carry a one-page inter-facility transfer brief indicating their clinical privileges. 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.

(j) Non-credentialed Medical Personnel. Service 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 within two years.

d. Medical Operations and Plans Personnel. Ideally, 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 services military education systems. 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 – Planning, Operations, and Intelligence 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 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) Transportation Command Regulating and Command and Control Evacuation System.
- (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) TRAC2ES.
- (3) Theater Medical Data Systems.

g. Preventive Medicine Services Personnel. Navy Environmental Health Officers and Navy Preventive Medicine Technicians, Preventive Medicine or Air Force Public Health Officers/Enlisted Technicians, Army Environmental Health and Safety Officers, Army Special Forces Medical Sergeants (18D), Air Force Bioenvironmental Engineers/Enlisted Technicians, IDC and IDMT who deploy to forward operating locations will 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 Tri-Service reportable medical event reporting.

(4) Food facility inspections.

(5) Food and water risk assessments (highly recommended). This is a course offered by the Army Public Health Command with limited availability.

(6) Food defense and food vulnerability assessments.

(7) Integrated pest management program.

(8) Industrial hygiene.

(9) Disease outbreak investigation techniques.

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

(11) Familiarization with the most current version of the United States transportation command policy on patient movement of infectious patients which may be located at

http://www.transcom.mil/cmd/associated/tcsg_public/.

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

(1) Veterinary preventive medicine.

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

(3) Food and Water Risk Assessments.

(4) Food Facility Inspections

(5) Veterinary civic action 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 rate infusions and wound management (suture, bandage, and transport).

i. Subordinate command medical staff personnel. Medical personnel assigned as Joint Task Force and Joint Force Commander, Service Component, or Special Operations Forces Headquarters Surgeon staff will 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

- 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"
- l. AR 40-562, BUMEDINST 6230.15b, AFI 48-110_IP, CG C, "Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases"
- m. DODI 6465.01, "Erythrocyte Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) and Sickle Cell Trait Screening Programs"
- n. 6200.04, DODD, FHP