UNITED STATES AFRICA COMMAND INSTRUCTION

J004

ACI 4200.09B
September 15, 2023
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FORCE HEALTH PROTECTION REQUIREMENTS AND MEDICAL GUIDANCE FOR ENTRY INTO THE UNITED STATES AFRICA COMMAND THEATER

1. PURPOSE

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

2. SUPERSEDES

United States Africa Command Instruction (ACI) 4200.09A, September 13, 2019, is rescinded and replaced.

3. APPLICABILITY

This instruction applies to Headquarters USAFRICOM and joint activities assigned to or reporting through United States Southern European Task Force Africa, United States Naval Forces Africa, United States Air Forces Africa, United States Marine Corps Forces Africa, Combined Joint Task Force-Horn of Africa, and United States Special Operations Command Africa (hereafter referred to collectively as "components"). Additionally, this instruction applies to military personnel on official or leisure travel, Department of Defense (DOD) civilians, DOD contractors, and DOD sub-contractors, and volunteers on official travel to the USAFRICOM AOR or who are currently in the USAFRICOM AOR under the auspices of the DOD. Medical requirements for Local Nationals (LN) or Other Country Nationals (OCN) and DOD contract personnel are included to the extent provided in the applicable contracts {reference (a)}.

4. REFERENCES

Refer to Enclosure 9.

5. POLICY

All personnel (uniformed service members, government civilian employees, volunteers, and DOD contract employees) entering the theater must be medically fit and have a current Periodic Health Assessment (PHA) or theater/travel-specific physical exam. Individuals or units traveling to the USAFRICOM AOR must comply with pre-travel training requirements. Exceptions to this policy will be submitted to the USAFRICOM Command Surgeon using the waiver process identified in Enclosure 3.

6. RESPONSIBILITIES

Refer to Enclosure 8.

7. SUMMARY OF CHANGES

This ACI updates requirements related to the following: prevention of malaria, polio, and influenza, malaria chemoprophylaxis, mental health waiver requirements, pre-deployment rabies vaccine, whole blood donor screening, history of heat stroke, obstructive sleep apnea, nephrolithiasis, asthma, uncontrolled hypertension, Human Immunodeficiency Virus (HIV) deployability, heat stress/injury prevention, and AC Forms 42 and 43. This ACI adds waiver requirements for the following: history of an insect/food allergy, gender dysphoria to include gender transitioning/gender transitioned, inflammatory bowel disease and chronic kidney disease. This ACI also defines waiver requirements for individuals deemed high risk for HIV acquisition who are currently prescribed Pre-Exposure Prophylaxis (PrEP). Finally, this ACI provides current guidance for Coronavirus illness caused by SARS-CoV-2 (COVID-19) strain rules of engagement in Enclosure 7.

8. EXPIRATION STATEMENT

This instruction will expire five years from its effective date unless revised, reissued, or rescinded at an earlier date.

9. UNCLASSIFIED UNLIMITED RELEASABILITY

This instruction is approved for public release; distribution is unlimited. Users may obtain copies on the USAFRICOM network portal at https://www.africom.mil/staff-resources/theater-medical-clearance.

10. EFFECTIVE DATE

This instruction is effective upon signature.

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Chief of Staff, U.S. Africa Command

Enclosures:
1. Acronyms, Abbreviations, Initialisms, and Definitions
2. Medical Clearance
3. Medical Waiver Process and Authorities
4. AC Form 43, United States Africa Command Medical Waiver Request
5. Theater Force Health Protection
6. AC Form 42, United States Africa Command Travel Medical Screening Checklist
7. COVID-19 Rules of Engagement
8. Responsibilities
9. References

ENCLOSURE 1. ACRONYMS, ABBREVIATIONS, INITIALISMS, AND DEFINITIONS

1. ACRONYMS, ABBREVIATIONS, AND INITIALISMS

ACRONYMS	MEANING
ACI	Africa Command Instruction
AFI	Air Force Instruction
ANAM	Automated Neuropsychological Assessment Metric
AOR	Area of Responsibility
AR	Army Regulation
BUMEDINST	(U.S. Navy) Bureau of Medicine and Surgery Instruction
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Illness Caused by SARS-CoV-2 Strain
DBP	Diastolic Blood Pressure
DEERS	Defense Enrollment Eligibility Reporting System
DEET	N,N- Diethyl-Meta-Toluamide
DHA	Defense Health Agency
DNA	Deoxyribonucleic Acid
DODI	Department of Defense Instruction
DRC	Dental Readiness Category
DRHA	Deployment Related Health Assessment
DSM	Diagnostic and Statistical Manual of Mental Disorders
EFCG	Electronic Foreign Clearance Guide
e.g.	For Example
FHP	Force Health Protection
FDA	Food and Drug Administration
G6PD	Glucose-6-Phosphate Dehydrogenase
HIV	Human Immunodeficiency Virus
HN	Host Nation
IAW	In Accordance With
ICVP	International Certificate of Vaccination or Prophylaxis
LASEK	Laser Epithelial Keratomileusis
LASIK	Laser-assisted in situ Keratomileusis
LN	Local National
MEDCOM	Medical Command
MFR	Memorandum For Record
MHS	Military Health System
NCMI	National Center for Medical Intelligence
NIPR	Non-Secure Internet Protocol Router
OCN	Other Country National

PART	Presumptive Anti-Relapse Therapy
PCS	Permanent Change of Station
PHA	Periodic Health Assessment
PrEP	Pre-Exposure Prophylaxis
PRK	Photorefractive Keratectomy
PTSD	Post-Traumatic Stress Disorder
RME	Reportable Medical Event
SBP	Systolic Blood Pressure
SIPR	Secret Internet Protocol Router
SOCAFRICA	Special Operations Command Africa
TB	Tuberculosis
TCCC	Tactical Combat Causality Care
TDY	Temporary Duty
TMOP	TRICARE Mail Order Program
U.S.	United States
USAFRICOM	United States Africa Command
USPHS	United States Public Health Service
USTRANSCOM	United States Transportation Command

2. DEFINITIONS

Deployment. Travel in and through the USAFRICOM AOR for a period greater than 30 days to support operational requirements.

Personnel. Uniformed service members, government civilian employees, volunteers, and DOD contract/sub-contract employees traveling into the USAFRICOM AOR for any period of time.

Travel. Travel includes entry into the USAFRICOM AOR for any reason or duration, including those ashore meeting or supporting vessels.

Traveler. An individual on Temporary Duty (TDY), leave, and shipboard personnel conducting ashore activities of any duration.

ENCLOSURE 2. MEDICAL CLEARANCE

1. Individuals will comply with entry requirements addressed in this ACI to enter the USAFRICOM AOR. Individuals with a disqualifying condition must obtain an exception to policy in the form of a medical waiver approved by the appropriate USAFRICOM waiver authority. Additionally, any individual who is medically evacuated from the AOR for any condition requires a medical waiver for theater re-entry.

a. Initial medical waiver request will be submitted, but not earlier than 90 days prior to planned departure.

b. Waivers are approved for a maximum of 12 months or for the timeframe specified on the wavier. Waiver coverages begins on the date of the initial travel.

c. Waivers for travel-limiting conditions, unless otherwise noted in the ACI, will be submitted for of any length of travel.

2. Uniformed Service Members must meet Service standards of fitness In Accordance With (IAW) Service regulations and policies. Evaluation of functional capacity in conditions of physiologic and psychological demand is encouraged to determine fitness. Fitness includes the ability to accomplish the tasks and duties unique to a particular operation or 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, the use of required prophylactic medications, and the ability to ingress or egress in emergency situations with minimal risk to self or others. Any condition that markedly impairs an individual's daily function or places the individual at high risk for medical evacuation is grounds for disapproval of travel.

3. Healthcare providers evaluating personnel for travel must bear in mind that in addition to the individual's duties, the environmental conditions that may affect health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), poor air quality, limited dietary options, and sleep deprivation. Psychological demand may further impact health and will be considered. If managing an individual's health condition requires avoidance of these extremes or conditions, the individual will not travel. Also, the type and amount of medications prescribed and their suitability and availability in the environment must also be considered as potential limitations. AC Form 42, United States Africa Command Travel Medical Screening Checklist will be used for medical clearance requirements (Enclosure 6).

4. The following criteria will be utilized to evaluate each medical condition prior to travel {reference (b)}:

a. 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.

b. The condition is not of such a nature or duration that it may worsen unexpectedly or increase the risk for severe secondary health effects. This includes significant infections, physical trauma, or mental illness that result in grave medical outcomes or negative impact to mission execution.

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

d. Medications required for the condition will have no special handling, storage, laboratory monitoring, titration dosing, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements).

e. Medications are well tolerated without significant side effects.

f. There is not a requirement for evacuation out of country or theater for continued diagnostics, treatment, or other evaluations.

5. Medical Fitness, Initial, and Annual Screening

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

b. Specialized government employees who must meet specific physical standards (e.g., firefighters, security guards and police, aviators, aviation crew members, 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. Standards must remain valid throughout the duration of travel.

c. Examination Intervals. An examination with all medical and dental issues and requirements addressed will remain valid for the duration specified in DODI 6025.19 for military members, or 12 months for all other travelers {reference (c)}.

(1) Individuals, whose examinations reveal changes in their medical condition, which make them ineligible to remain in theater must submit a medical waiver request 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.

(2) Periodic health surveillance requirements and prescription needs assessments will be annual to remain current throughout the duration of assignment or travel.

(3) 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 medical conditions, but will continue to meet all medical guidance as prescribed in this ACI. If government civilian employees are unable to adequately complete their medical screening evaluation in the theater, they will be redeployed to accomplish this annual requirement.

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

e. DOD civilian and contract personnel who are 40 years of age or older will comply with the cardiac risk stratification guidance in paragraph 6.t.(9) of this enclosure.

f. DOD contract 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)}.

(1) Medical requirements and evaluations must be completed prior to arrival in the USAFRICOM AOR. Travel medicine services for contract employees, including routine immunizations, evaluation of fitness, and annual re-screening are the responsibility of the contracting agency per the contractual requirements. Contracts may include allowances for emergency care. Additional information can be obtained from the supported command's contracting and medical authority.

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

(3) Contractors will provide the pre-deployment medical and dental evaluations, and annual in-theater rescreening at contractor expense. All required immunizations outlined in the DOD Electronic Foreign Clearance Guide (eFCG) (https://apacs.milcloud.mil/fcg/fcg.cfm) for the countries to be visited will be administered at contractor expense. Evaluations for DOD

contractors will occur prior to arrival at the deployment center or platform. Contractors who remain in theater for more than 12 months on a waiver must apply for a new waiver prior to expiration date and include updated health information. A new disqualifying medical condition, as determined by an in-theater competent medical authority, will be immediately reported to the appropriate contracting officer representative with a recommendation that the contractor be immediately redeployed and replaced at contractor expense. After a medical evacuation, redeployment is not implied in this ACI unless otherwise specified in the contract. All the above expenses will be covered by the contractor unless otherwise specified in the contract {reference (d)}.

(4) The guidance in this document will not be construed as authorizing use of Defense Health Agency (DHA) or Military Health System (MHS) resources for such evaluations unless previously authorized. Generally, DHA and MHS resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contract employees {reference (d)}. Local command, legal, contracting, and resource management authorities should be consulted for questions.

g. LN and OCN employees. Minimum screening requirements for LN and OCN employees are as follows {reference (d)}:

(1) Pre-employment and annual medical screening of LN and OCN employees will not be performed in military treatment facilities or by U.S. military medical personnel. Local contracting agencies must keep documentation and ensure screenings are conducted by licensed medical providers in a country with oversight and accountability of the medical profession. The contractor must maintain a copy of the completed medical screening documentation, in English.

(2) All LN and OCN employees whose jobs require close or frequent contact with non-LN/OCN personnel (e.g., dining facility workers, security personnel, interpreters, etc.) must be screened for Tuberculosis (TB) using a chest x-ray and an annual symptom screen. Tuberculin skin tests and interferon gamma release assays are unreliable as stand-alone screening tests for TB in populations with high TB prevalence, and will not be used.

(3) LN and OCN employees involved in food service, including water and ice production, must be screened annually for signs and symptoms of infectious diseases. Contractors must ensure employees receive typhoid fever and hepatitis A vaccinations. This information must be documented in the employees' medical records/screening documentation.

6. Travel-Limiting Conditions. The lack of DOD and Host Nation (HN) medical care in the USAFRICOM AOR make it likely that a member with chronic illness or medical condition will require aeromedical evacuation from the theater to receive care. As a result, medical assessment of potentially disqualifying conditions will receive additional scrutiny to mitigate the risk to the traveler as well as companion travelers. Unless otherwise noted, conditions apply to travel of any duration. Where noted, some conditions do not require waiver for temporary duty travel less than 30 days.

a. This list of travel-limiting conditions is not intended to be comprehensive; there are many other medical conditions that may result in denial of medical clearance for travel. "Medical conditions" as used in this context also include those health conditions usually referred to as dental or psychological. Possession of one or more of the medical conditions listed in this enclosure does not automatically imply that the individual may not enter the USAFRICOM AOR.

b. Personnel with potentially disqualifying medical conditions must meet the following two criteria in order to be cleared for travel: 1) Receive an evaluation by a medical provider to determine if the member can safely travel and 2) Receive a medical waiver approved by the USAFRICOM Command Surgeon or the delegated component surgeon for the potentially disqualifying medical condition(s). Any individual who is medically evacuated from the AOR for any condition requires a medical waiver for theater re-entry.

c. Shipboard operations that are not anticipated to involve personnel going ashore for any duration or port calls in the USAFRICOM AOR are exempt from immunizations requirements and the deployment-limiting medical conditions listed below and will follow service-specific guidance {reference (b)}.

d. Respiratory. Asthma (or other respiratory conditions with a forced expiratory volume-1 of less than 60% of predicted despite appropriate therapy), which have required hospitalization in the past 12 months, Emergency Room visit in the past 6 months, or which require daily systemic steroids (e.g. oral, IV, or IM), will not be considered for medical waiver. Respiratory conditions with forced expiratory volume-1 over 60% obtained in the last 12 months that have been well controlled for six months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for medical waiver.

e. 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.

f. Diabetes Mellitus

(1) Medical waiver for diabetes mellitus type 1 or diabetes mellitus type 2 requiring insulin or other injectable medications will only be considered for travel less than 30 days. Waiver consideration will require a documented Hb A1C test below 7% within 90 days of deployment and no episodes of hypoglycemia.

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

(3) Individuals with diabetes mellitus must have a 10-year atherosclerotic cardiovascular disease risk percentage calculated (http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/). If the calculated 10-year risk is 15% or greater, further evaluation is required prior to medical waiver submission.

g. History of heat stroke will be considered for a medical waiver, provided there have been no episodes within the last 12 months. A patient with a history of two or more episodes of heat stroke, persistent sequelae, or organ damage will not be considered for medical waiver. Waiver will include circumstances of the event(s) and functional assessment of current ability to perform rigorous duties in an austere environment.

h. 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.

i. 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.

j. Any medical condition that requires strict dietary precautions to prevent life-threatening or severe disease manifestations, such as severe food allergy requires a medical waiver.

k. History of stinging insect allergy causing generalized symptoms, IAW reference (e).

(1) Local swelling, itching, or redness contiguous with the sting site and exhibiting no signs of anaphylaxis or systemic reaction do not require a waiver. Generalized cutaneous-only reactions that occurred prior to the 16th birthday also do not require a waiver.

(2) Severe systemic and anaphylactic reactions, as well as positive cutaneous reactions, defined as generalized rash or swelling in locations not contiguous with the sting site, occurring after the 16th birthday, will be referred to an allergist for testing.

(3) Negative cutaneous testing results indicates no further therapeutic action is required; however, a waiver will be submitted.

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

m. Currently symptomatic nephrolithiasis will not be considered for a medical waiver. Recurrent (two or more lifetime episodes) nephrolithiasis requires submission for a medical waiver. Individuals with retained stones (multiple stones or a single stone >5mm) that require frequent follow up will submit a medical waiver.

n. Chronic Kidney Disease. A documented prolonged period of stability for Stage G1 and G2 is expected prior to granting a waiver. Individuals with Stage G3a or greater will not be considered for a medical waiver.

o. Inflammatory bowel disease, including, but not limited to: Crohn's disease, Ulcerative colitis/proctitis will not be considered for a waiver.

p. Pregnancy will not be considered for a medical waiver for deployment but may be considered for medical waiver for travel less than 30 days or leave during the 1st or 2nd trimester. Pregnancy in the 3rd trimester will not be considered for a medical waiver. Pregnant personnel will not deploy to the USAFRICOM AOR; this will not be waived. Pregnant personnel requesting temporary duty or leave of any duration must request a medical waiver. Personnel who become pregnant during their duty will follow parent service requirements for disposition.

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

(1) In-laboratory polysomnography is required for all personnel with the diagnosis of moderate or severe obstructive sleep apnea. Home testing with portable monitors may be accepted for initial mild obstructive sleep apnea diagnosis with a waiver. Portable monitors may be used for reassessment of mild or moderate obstructive sleep apnea without coexisting non-respiratory sleep disorder. For individuals previously diagnosed with obstructive sleep apnea, updated or repeat polysomnography is not required unless clinically indicated (e.g., significant change in body habitus, corrective surgery, or return of obstructive sleep apnea symptoms). The USAFRICOM waiver authority may request repeat polysomnography to further evaluate a specific waiver request.

(2) Asymptomatic mild obstructive sleep apnea (with or without a continuous positive airway pressure machine) does not require a medical waiver. Mild obstructive sleep apnea is defined as the frequency of obstructive polysomnography events, apnea-hypopnea index, respiratory event index, or respiratory disturbance index of less than 15 episodes per hour.

(3) Asymptomatic, treated moderate (Apnea-Hypopnea Index 15-30/hour) or severe (Apnea-Hypopnea Index 30-60/hour) obstructive sleep apnea requires a medical waiver for travel of greater than 30 days. In the case of individuals with Apnea-Hypopnea Index greater than 60/hr, and/or with co-morbid severe cardiovascular or neurologic (e.g., epilepsy) conditions, then a sleep specialist, pulmonologist, or neurologist (in this preferred order) will be consulted

and provide a deployment recommendation prior to the waiver submission, regardless of the length of travel.

(4) Medical waivers will be reviewed dependent on travel location, comorbidities, proposed position assignment, reliability of electricity, and adherence to therapy. The submitting healthcare provider must document continuous positive airway pressure machine compliance/adherence in the Case Summary section of the USAFRICOM Medical Waiver Request Form or provide documentation. Adherence is defined as continuous positive airway pressure machine data download (e.g., compliance report) that reveals the machine is being used for at least 4 hours per night at least five nights per week (70% of the nights) over the previous 30 day period.

(5) Personnel with obstructive sleep apnea of any severity who have symptoms despite treatment are not eligible for a medical waiver.

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

(7) Regardless of whether travel requires a waiver, individuals using continuous positive airway pressure therapy must travel with sufficient supplies (air filters, tubing, interfaces/masks) and will have a device that can utilize back-up power (vendor-certified rechargeable battery system) for the duration of the travel. There is no guarantee of resupply or repair if there is a malfunction.

r. Traumatic Brain Injury (TBI). Individuals with the history of clinically diagnosed TBI of any severity, including mild TBI, require a waiver. Individuals who have a history of a single mild traumatic brain injury or concussion may travel if they have been evaluated and cleared by a medical provider at least 24 hours after symptoms cease. Travelers with history of potentially concussive events who have not been clinically evaluated and completed required rest periods will not be granted theater clearance; no waivers will be granted {references (f) and (g)}.

s. Body-Mass Index Restrictions. Service members must be in compliance with service-specific standards.

(1) Civilians and contractors with a body-mass index greater than 35 kilograms per square meter require a medical waiver for travel over 30 days, or travel less than 30 days to a forward-deployed location.

(2) Travelers with a body-mass index of 35-39 kilograms per square meter without multiple serious comorbidities (e.g., uncontrolled hypertension, diabetes mellitus, obstructive sleep apnea, atherosclerotic cardiovascular disease, severe joint disease, etc.) may be considered for a medical waiver.

(3) Body-mass index greater than or equal to 40 is generally incompatible with the deployed environment. Any traveler with a body-mass index greater than 40 kilograms per square meter will only be considered for a short duration medical waiver (e.g. less than 14 days) on a case-by-case basis.

t. Any medical conditions (except obstructive sleep apnea) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that require annual evaluation/treatment by medical specialists during the anticipated duration of the travel who are not readily available in theater will not be considered for medical waiver.

u. Cardiovascular conditions:

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

(2) Acute pericarditis, myocarditis, cardiac tamponade, and constrictive pericarditis will not be considered for a medical waiver. A history of pericarditis or myocarditis may be considered for medical waiver after fully recovered with a specialist recommendation regarding suitability for travel.

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

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

(5) Current cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or implantable cardiac devices will not be considered for medical waiver. A past medical history of resolved dysrhythmias or arrhythmias require recommendations regarding suitability for travel from a cardiologist and may be considered for a medical waiver.

(6) Uncontrolled hypertension, defined as Systolic Blood Pressure (SBP) >140 and/or Diastolic Blood Pressure (DBP) >90, that has not been controlled with medication or lifestyle changes for at least 90 days (e.g., on the same medication with good blood pressure control) requires a medical waiver. A diagnosis of hypertensive urgency or emergency within the previous 90 days requires a medical waiver. Controlled hypertension, SBP <140, DBP <90, for over 90 days does not require a medical waiver. Single episode of elevated blood pressure during a travel clearance, health assessment, or physical must be evaluated by a subsequent blood pressure check to ensure hypertension is not present.

(7) Heart failure or history of heart failure functional Class II, III, IV will not be considered for a medical waiver. Heart failure functional Class I may be considered for a medical wavier with normal or mildly reduced ejection fraction and cardiologist consultation.

(8) History of resolved myocarditis or pericarditis will be considered for medical waiver. Acute inflammation of the heart or diseases of the pericardium are not eligible for medical waiver.

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

(10) Hyperlipidemia. Lipid screening must be accomplished IAW service-specific guidelines. For deployments over 30 days, all civilians and contractors over 40 years of age will have a lipid screening lab collected within one year prior to travel in order to calculate the required atherosclerotic cardiovascular disease 10-year risk. Hyperlipidemia will be addressed in accordance with clinical treatment guidelines.

(a) Untreated values that are outside any of the following parameters require a medical waiver: Total Cholesterol > 260 milligrams per deciliter, Low-Density Lipoprotein > 190 milligrams per deciliter, Triglycerides > 500 milligrams per deciliter.

(b) Treated hyperlipidemia with at least 90-days of stability and documented clinical response and stability does not require a medical waiver. Treatment with fewer than 90-days stability requires a medical waiver.

v. Infectious diseases

(1) Blood-borne Diseases (Hepatitis B, Hepatitis C, Human T-Cell Lymphotrophic Virus). 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 chronic Hepatitis B or C must include a subspecialty (gastroenterology or infectious disease) evaluation and recommendation regarding suitability for travel with no evidence of impairment of liver function. Hepatitis C patients should have been treated with direct acting antivirals with sustained virologic response in order to be eligible for waiver.

(2) HIV Infection. Medical waiver will be made on a case-by-case basis, and upon review of HN requirements, and in consultation with the USAFRICOM Command Surgeon {references (h) and (i)}.

(3) PrEP for High Risk of Acquiring HIV. HIV PrEP medication will be not be initiated during or within deployed environments {reference (j)}. Individuals provisioned PrEP for high risk of acquiring HIV require a waiver, recent evaluation and appropriate labs in IAW reference (j). PrEP use during deployment may not be available and the prescribing provider will provide education regarding alternate HIV prevention practices {reference (j)}.

(4) TB

(a) Active TB Infection.

1 Waivers for travel into AFRICOM will not be granted.

2 U.S. service members and DOD civilians with active TB disease will be evacuated from theater for definitive treatment.

3 Evaluation and treatment of TB among DOD contractors, LN, and OCN employees will be at contractor expense. Employees with suspected or confirmed pulmonary TB disease will be excluded from work until cleared by the USAFRICOM designated physician for return to work.

4 History of prior treated active TB. A waiver is required and personnel must have documented completion of full treatment course prior to travel.

(b) Latent TB Infection.

1 Individuals, newly diagnosed with a latent TB infection by either tuberculin skin test or Interferon-Gamma Release Assays testing, will be evaluated for active TB disease. Evaluation includes a symptom screen and a chest x-ray, and must have documented latent TB infection evaluation and counseling for consideration of treatment.

2 Active duty members who have documented completion of latent TB infection evaluation, counseling for consideration of treatment, and whose providers did not recommend latent TB infection treatment may travel without a medical waiver as long as all service-specific requirements are met {references (k), and (l)}.

3 A medical waiver is required for individuals at any stage of treatment or with incomplete treatment of latent TB infection. Those with untreated or incompletely treated latent TB infection, including those with newly diagnosed latent TB infection, previously diagnosed latent TB infection, and those currently under treatment for latent TB infection will be provided information regarding the risks and benefits of treatment during travel.

w. Eye, Ear, Nose, Throat, Dental Conditions

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

(2) Refractive Eye Surgery. Personnel having undergone refractive eye surgery are not cleared to travel to the USAFRICOM AOR until after 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 (PRK), Laser Epithelial Keratomileusis (LASEK) and Epithelial Laser Assisted In Situ Keratomileusis (LASIK), and one month following uncomplicated LASIK. 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.

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

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

x. Dental

(1) Absence of a dental exam within the last 12 months, Dental Readiness Category (DRC) IV, will not be considered for a medical waiver for travel over 30 days. A waiver may be considered for short notice travel when dental care cannot be immediately scheduled as long as there is no significant dental conditions. Repeat travel to the USAFRICOM AOR of any durations within 12 months without obtaining a routine dental exam will not be waived. Travelers requiring dental treatment or reevaluation for oral conditions likely to result in dental emergencies within 12 months or DRC III will not be considered for medical waiver {reference (b)}.

(2) Individuals with fixed 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.

y. 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 (b)}.

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

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

(3) All other cancers require a medical waiver.

z. Surgery or Surgical Conditions

(1) 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.

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

(3) Individuals who have surgery within 45 days of travel require a medical waiver indicating surgical clearance.

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

aa. Psychiatric Conditions

(1) Medical waiver submission is required for all mental health Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses or medication use within the past three years.

(2) Any new mental health diagnosis in the within the past three years that requires ongoing psychological or mental health counseling in order to maintain stability and functionality for a previous diagnosis will not be considered for a waiver.

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

(4) Individuals diagnosed with mental disorders must demonstrate a pattern of stability without significant symptoms or impairment for at least 90 days prior to travel in order to be

considered for a medical waiver {reference (m)}. Psychiatric disorders with fewer than 90 days of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change) will not be considered for medical waiver.

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

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

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

(8) 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.

(9) Use of lithium, antipsychotics, or anticonvulsants for stabilization of a DSM diagnosis will not be considered for medical waiver.

(10) 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.

(11) Chronic insomnia that requires the daily use of any medication used to induce sleep will not be considered for medical waiver.

(12) All gender dysphoria, gender transitioning/transitioned individuals require a medical waiver. Due to variability from person to person and potentially complex medical requirements, those requiring or actively undergoing gender transitions are generally temporarily disqualified until the process, including all necessary follow-up and stabilization is completed. Further, underlying behavioral health, endocrine, and/or surgical diagnoses (as applicable) should be stable and resolved, and all Service requirements must be met, to include the involvement of and clearance by Service Central Coordination Cell if transition is required {reference (n)}. Individuals with the diagnosis of gender dysphoria will adhere to all standards applicable to their DEERS gender marker (e.g. lodging, hygiene, physical fitness, height/weight, uniform standards) and must acknowledge this requirement in writing.

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

(a) Personnel with substance misuse disorders (not in remission), or who are actively enrolled in service-specific substance misuse programs, will not be considered for medical waiver.

(b) After successful completion of a substance misuse program, personnel are eligible for a waiver after 90 days of demonstrated medical stability.

(c) Participation in voluntary alcohol-related behavioral healthcare that does not result in enrollment in a substance misuse program does not require medical waiver.

bb. Medications. Although this list is not exhaustive, use of any of the following medications is disqualifying for travel, unless a medical waiver is granted; immunosuppressants, antipsychotics, anticonvulsants, opioids, weight-loss medications, and stimulants. Medications requiring special handling, storage, laboratory monitoring, titration dosing, or other requirements (e.g., refrigeration, cold chain, or electrical power requirements) require a waiver.

(1) Blood Modifiers

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

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

(c) Hematopoietics: e.g., Filgrastim, Sargramostim, Erythropoietin.

(d) Antihemophilics: e.g., Factor VIII, Factor IX.

(2) Antineoplastics (Oncologic or non-oncologic use). e.g., antimetabolites (Methotrexate, Hydroxyurea, Mercaptopurine,), alkylators (Cyclophosphamide, Melphalan, Chlorambucil, etc.), antiestrogens (Tamoxifen, etc.), aromatase inhibitors, medroxyprogesterone (except use for contraception), interferons, Etoposide, Bicalutamide, Bexarotene, oral Tretinoin.

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

(4) Biologic response modifiers (Immunomodulators): e.g., Abatacept, Adalimumab, Anakinra, Etanercept, Infliximab, Leflunomide.

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

(6) Schedule II Stimulants for Treatment of Attention Deficit-Hyperactivity Disorder or Attention Deficit Disorder. To include stimulants used to treat narcolepsy or other sleep disorders, such as Modafinil or Armodafinil, unless prescribed solely for operational use by aircrew.

(7) Antipsychotics including atypical antipsychotic medications.

(8) Anticonvulsants for seizure control.

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

(b) Valproic Acid, Carbamazepine, etc.

(9) Opioids, opioid combination drugs, or Tramadol.

(10) Weight-loss medications.

(11) Injectable medications of any type: (e.g., Insulin, Exenatide, Liraglutide, testosterone).

7. Pharmacy

a. 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 equivalent to length of travel for shorter deployment or TDY) of their maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. TRICARE-eligible personnel will have a follow-on refill prescription entered into the TRICARE Mail Order Program (TMOP) per the Deployment Prescription Program. Those eligible for TMOP will complete the on-line enrollment and registration prior to deployment and it is their responsibility to provide a follow-on prescription to TMOP prior to deployment.

b. Exceptions. Exceptions to the 180-day prescription quantity requirement include:

(1) Personnel requiring malaria chemoprophylactic medications (e.g., Atovaquone/ Proguanil, Doxycycline, or Tafenoquine) will travel with enough medication for their pre-deployment travel and the entire travel period in the USAFRICOM AOR. The travel period will include enough medication for post exposure prophylactic coverage following return from the malaria risk area.

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

(3) TRICARE Pharmacy Home Delivery. Eligible DOD beneficiaries requiring ongoing pharmacotherapy will maximize use of the local medical facility pharmacy for refills. If the required medication is not available in the USAFRICOM AOR, personnel will use the TMOP when possible for delivery to their temporary duty/deployed location. Those eligible for TMOP

will complete online enrollment and registration prior to deployment to the maximum extent possible. Instructions and registration can be found at http://tricare.mil/dpp.

8. Medical Equipment

a. Permitted Equipment

(1) 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 {reference (b)}.

(2) 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)}.

(a) United States Army, Navy, and Marine personnel will not travel to operational locations with contact lenses except IAW service policy.

(b) U.S. Air Force personnel (non-aircrew) will not travel to operational locations with contact lenses unless written authorization is provided by the deploying unit commander. Air Force aircrew personnel deploying with contact lenses must comply with the United States Air Force aircrew contact lens policy {reference (o)}.

b. 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 continuous positive airway pressure machine, the continuous positive airway pressure 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 or non-waived equipment is the responsibility of the individual.

9. Medical Alert Tags/Red Identification 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.

10. Immunizations

a. Administration. All immunizations will be administered IAW reference (p). Refer to the Military Health System Immunization Healthcare Division website at https://health.mil/Military-

Health-Topics/Health-Readiness/Immunization-Healthcare/Vaccine-Recommendations/Vaccine-Recommendations-by-AOR#AFRICOM. Alternatively, personnel may contact the USAFRICOM J004 at USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

b. Requirements. All personnel traveling for any period of time to the AOR will be current with Advisory Committee on Immunization Practices, immunization guidelines, and service individual medical readiness requirements. In addition, all personnel must comply with the DOD Foreign Clearance Guide for the countries to which they are traveling. The Foreign Clearance Guide can be found at: https://apacs.milcloud.mil/fgc/fcg/cfm. The following are mandatory vaccines for all personnel traveling in the AOR for any period of time:

(1) Yellow Fever. Single lifetime dose is required; dose must be at least 10 days prior to arrival to Africa. Additional "booster" doses are only required if so recommended by Advisory Committee on Immunization Practices guidelines {references (p) and (q)}. The Centers for Disease Control and Prevention Form 731 (CDC 731), International Certificate of Vaccination or Prophylaxis (ICVP), (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 into the country. Yellow Fever doses administered inside of 10 days prior to arrival to Africa will be assessed by the Command Surgeon's office and the Country team for risk to the individual and host nation based on national and/or combatant command priority missions. Exception: Yellow fever vaccination is not required for travel Comoros, Morocco, or Tunisia.

(2) Tetanus, Diphtheria, Acellular Pertussis. Receive a one-time adult dose of tetanus, diphtheria, and acellular pertussis. Receive tetanus if over 10 years since last tetanus, diphtheria, and acellular pertussis or tetanus booster.

(3) Varicella. Required documentation of one of the following: Born before 1980 (assumed immunity except for healthcare workers), sufficient Varicella titer, or administration of vaccine (two lifetime doses 28-days apart).

(4) Measles, Mumps, and Rubella. All individuals born before 1957 are considered immune and do not require the measles, mumps, and rubella immunizations. For all personnel born in 1957 or after, documentation of immunity by titer for each (measles, mumps, and rubella) or immunization records of two lifetime doses is required, 28-days apart.

(5) Inactivated Poliovirus. Single adult booster is required for all personnel. Service members likely received this booster upon accession to the military. Polio vaccination is a requirement as an exit or entry requirements from some countries. Individuals will carry vaccine documentation on which their polio vaccination status is recorded.

(a) Exit requirements. Long-term travelers (greater than four weeks) to countries identified by the World Health Organization to have with wild or vaccine-derived poliovirus will

receive a dose of inactivated poliovirus between four weeks and 12 months prior to departing the endemic country. If long-term travelers or personnel assigned to these regions cannot obtain this dose in country, it will be administered prior to travel to that region. Documentation of additional polio vaccinations will be on the ICVP (Yellow Shot Record). The list of affected countries with wild type or vaccine derived poliovirus changes regularly and must be verified, available at: http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/

(b) Entry requirements. Some countries require proof of polio vaccination if arriving from polio-affected countries between 4 weeks and 1 year prior to departure. Documentation of additional polio vaccinations will be on the ICVP (Yellow Shot Record).

(c) Updated guidance regarding poliovirus vaccination will be published via the Automated Message Handling System and posted on the eFCG website based on the World Health Organization Emergency Committee recommendations, available at: http://polioeradication.org/polio-today/polio-now/public-health-emergency-status/

(6) Seasonal influenza. Must be current; including geography specific vaccine (Northern or Southern hemisphere). If annual vaccine has expired but new season has not yet been released, travel is permitted but member will be immunized as soon as vaccine is available. If a second influenza vaccine for short-term travel to a specific geographic zone cannot be obtained a waiver may be submitted {reference (r)}.

(a) Northern hemisphere vaccination is required for personnel permanently or temporarily assigned in the northern hemisphere zone for at least 14 continuous days or more, between 1 October through 30 March, as designated by the World Health Organization.

(b) Southern hemisphere vaccination is required for personnel permanently or temporarily assigned in the southern hemisphere zone for at least 14 continuous days or more, between 1 April through 30 September, as designated by the World Health Organization.

(c) Personnel traveling between the northern and southern hemispheres for 14 continuous days or more may receive only one hemisphere's influenza vaccine when the strains in both vaccines are identical.

(d) Personnel with 14 or more days of asynchronous travel to the northern or southern influenza zones during the hemisphere's influenza season may elect to obtain the vaccination for that zone if it is available. Northern and southern influenza vaccines should be given 30 days apart.

(e) Seasonal influenza will be administered at least 2 weeks before entry into the geographic influenza zone if possible.

(f) Southern hemisphere vaccination zone in Africa includes the countries of Angola, Benin, Botswana, Cabo Verde, Cameroon, Central African Republic, Ivory Coast, Gambia,

Ghana, Guinea, Guinea-Bissau, Liberia, Mozambique, Namibia, Nigeria, Senegal, Sierra Leone, South Africa, Togo, Uganda, Zambia, and Zimbabwe {reference (r)}.

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

(8) Hepatitis B. Completed series or documentation of immunity by a titer is mandatory for all personnel prior to travel {reference (p)}. Accelerated series is acceptable.

(9) Anthrax vaccine is not required for the USAFRICOM AOR.

(10) Smallpox vaccine is not required for the USAFRICOM AOR.

(11) 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.

(a) Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, security personnel, and civil engineers occupationally at risk of exposure to feral animals, bats, or bat colonies. Additionally, all personnel, traveling to Africa in support of Special Operations Command Africa (SOCAFRICA), and laboratory personnel who work with rabies-suspect samples, require pre-exposure vaccination.

(b) Rabies pre-exposure prophylaxis will be administered prior to travel to the USAFRICOM AOR. The Rabies pre-exposure prophylaxis is a two dose intramuscular regiment administered on day zero and seven. Personnel previously immunized against rabies at frequent elevated risk of recognized exposure to rabies will either have titers drawn to determine immunity at two years or they will receive a booster. The booster is delivered no sooner than day 21 but no later than three years after the second pre-exposure prophylaxis dose.

(12) Pneumococcal conjugate vaccine is required for personnel in a high-risk category per Advisory Committee on Immunization Practices recommendations.

(13) Meningococcal vaccine (covered by serotypes ACWY) is required every five years.

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

(15) 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.

11. Medical/Laboratory Testing

a. HIV Testing. Required within 365 days prior to deployment over 30 days or current for duration of travel. Testing will be performed prior to departure for en-route training to the deployment location {reference (h)}.

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

c. G6PD testing. Required for all travel to malaria endemic countries. 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/Tafenoquine." If Primaquine or Tafenoquine is going to be issued to a DOD civilian, complete the testing at government expense {reference (s)}.

d. Pregnancy. A medically-performed pregnancy test is required within 30 days of travel for all Active Duty, Guard or Reserve personnel with a uterus seeking entry to the USAFRICOM AOR for more than 30 days

e. Deoxyribonucleic Acid Sample (DNA). Required for all DOD personnel, including civilians and contractors, for deployment over 30 days. Contact Armed Forces Repository of Specimen Samples for the Identification of Remains (AFRSSIR) to confirm a sample is on file or to obtain a sample. (Commercial: 302.346.8800/8803, DSN: 366.8800/8803, email: usarmy.dover.medcom-afmes.list.afrssir-orders@mail.mil)

f. Whole blood donor screening requirements will be IAW reference {t}, to ensure an operational blood bank. Male members with Type O blood must be pre-screened for anti-A/anti-B antibodies. Blood type and Rhesus factor are required for deployment over 30 days. Collection of specimens should be referred out for testing NLT 30 days prior to deployment report date {reference (t)}. Due to increased risk of transfusion reactions, females are not eligible to donate low titer group O whole blood and do not require titer testing for Anti-A/Anti-B antibodies.

g. 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.

12. Health Assessments

a. 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.

b. Deployment-Related Health Assessments (DRHA). All DOD personnel (military, civilian, and contractor) deploying to the theater for more than 30 consecutive days will complete DRHA as required in reference (a). This does not apply to PCS personnel or shipboard personnel. Refer to http://www.pdhealth.mil/clinical-guidance for additional information on deployment-related health assessments.

c. Contract personnel are not required to submit the DRHA #1 form (DD Form 2795) electronically; a paper version in their medical records will suffice. DRHA #2 (DD Form 2796), DRHA #3 (DD Form 2900), DRHA #4 (DD Form 2978) and DRHA #5 (DD Form 2978) requirements do not directly apply to DOD contractors unless specified in the contract.

d. Automated Neuropsychological Assessment Metric (ANAM). All service members and DOD civilians deploying to USAFRICOM AOR 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 {references (f) and (g)}.

13. Medical Record

a. 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.

(1) Travelers (more than 30 days): The DD Form 2766 is required. DOD civilians and contractors may submit an annual physical exam documentation that includes medications, immunizations, labs, and any other pertinent medical information.

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

(3) Travelers (less than 15 days). The DD Form 2766 is not required.

(4) PCS personnel. Service guidelines must be followed for medical record management.

b. Medical Information. All personnel deploying over 30 days must be part of an accessible electronic medical record system or will hand carry the following as part of a deployed medical record:

(1) Annotation of blood type, to include if applicable male members with Type O blood must be pre-screened for anti-A/anti-B antibodies, Rhesus factor, G6PD, HIV, and DNA.

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

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

(4) Annotation of corrective lens prescription.

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

(6) Most recent DD Form 2795, Pre-deployment Health Assessment.

(7) Documentation of dental status Class I or II.

(8) Immunization Records to include the ICVP (Yellow Shot Card). Medical deployment sites or sections will enter immunization data into Service Electronic Tracking Systems, (Army-Medical Protection System, Air Force Complete Immunization Tracking Application, Coast Guard-Medical Readiness Reporting System, USN and USMC -Medical Readiness Reporting System (ashore) or Snap Automated Medical System (afloat)). Deployment sites or sections will not enter DOD contractor immunization data into the medical health system resource unless they are authorized DOD members (e.g., Retired, Dependents, Guard, or Reserve).

(9) Atherosclerotic cardiovascular disease 10-year risk, if required.

(10) All approved medical waivers.

14. Pre-deployment Training

a. Pre-deployment requirements addresses general issues to prepare individual travelers and medical personnel for travel to Africa. The information provided is about known and suspected health risks and exposures, and the proper employment of health risk counter measures.

b. General Medical Training. All DOD personnel (military or civilian), regardless of medical or non-medical job series, are required to have training in personal protective measures prior to travel or deployment (of any duration) to the USAFRICOM AOR IAW ACI 1700.14 {reference (u)}.

(1) Tactical Combat Casualty Care (TCCC) is required for all deploying service members and expeditionary civilians IAW DODI 1322.24 within 12 months of a deployment {reference (v)}.

(2) The content of a pre-travel risk briefing will include the following areas: combat or 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. Training on cardiopulmonary resuscitation and familiarization with public access automated external defibrillation devices is highly recommended.

ENCLOSURE 3. MEDICAL WAIVER PROCESS AND AUTHORITIES

1. MEDICAL WAIVER AUTHORITIES

a. The USAFRICOM Command Surgeon has the final approval authority for medical waivers for travelers to the USAFRICOM AOR. Commanders of the traveling member, unlike the Military Profile System, are not authorized to override the travel determination of the medical waiver authority.

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

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

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

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

(4) Any non-DoD personnel (e.g. interagency, etc.) on specific DOD mission under DOD responsibility.

(5) Medical waiver requests must be transmitted by encrypted email or other secure encrypted file transfer (DOD SAFE: https://safe.apps.mil) that is authorized for protected health information. Authorized agents (local medical provider, commander, representative, or member) for the personnel outlined above shall submit medical waiver requests directly to the USAFRICOM Command Surgeon at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil; DSN: 324-591-0705; Comm: +49(0)711-729-2263.

c. Delegation to USAFRICOM Component/Joint Task Force Surgeons. Waiver authority is delegated to the USAFRICOM Component/Joint Task Force Surgeons by the USAFRICOM Command Surgeon for all traveling personnel within their respective component/Joint Task Force for all health conditions unless otherwise specified in this instruction (Enclosure 3 paragraph 1.b.). Authorized agents will forward medical waiver requests to the adjudicating waiver authority. Medical waiver requests must be transmitted by encrypted email or other secure encrypted file transfer (DOD SAFE: https://safe.apps.mil) that is authorized for protected health information.

(1) SOCAFRICA. The SOCAFRICA Command Surgeon has medical waiver authority for any Special Operations Forces and all personnel (uniformed service, government civilian, or civilian contractors) deploying in support of SOCAFRICA, regardless of location. The SOCAFRICA Command Surgeon contact information is socafrica.hq.sg.waivers.dl@socom.mil; DSN: 324-379-9085 or Comm: +49(0)711-7077-9085.

(2) Combined Joint Task Force-Horn of Africa (CJTF-HOA). Excluding personnel covered in Enclosure 3 paragraph 1.b and 1.c (1), the CJTF-HOA Command Surgeon has medical waiver authority for any personnel (uniformed service, government civilian, or contractors) entering CJTF-HOA on DOD orders, regardless of Service. The CJTF-HOA AOR includes: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Seychelles, Somalia, South Sudan, Sudan, Tanzania, and Uganda. For additional guidance, contact CJTF-HOA Command Surgeon at africom.lemonnier.hoa-surgeon.mbx.surgeon-cell@mail.mil; DSN: 311-824- 4282; Comm: +253-21-358-993.

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

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

(b) Southern European Task Force – Africa (SETAF – AF Travel Medicine Team: usarmy.usag-italy.setaf-af.mbx.medical@army.mil; DSN: 314-636-9250; Comm: +39(0)444-61-9250.

(c) U.S. Naval Forces Africa: naveuraf6fltforcemedical@us.navy.mil; DSN: 314-626- 6298; Comm: +39(0)81-568-6298.

(d) U.S. Marine Forces Africa: hss_mfe@usmc.mil; DSN: 314-431-3565.

d. Sub-delegation. Waiver authority sub-delegated to a component / Joint Task Force surgeon representative is subject to approval by the USAFRICOM Command Surgeon (Form 4200, Waiver Adjudication Authority Re-Delegation Template below). Up to three individuals, with relevant healthcare credentials and experience, can be sub-delegated waiver authority by a component surgeon. A letter of designation will be forwarded to the USAFRICOM Command Surgeon via email at USAFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

WAIVER ADJUDICATION AUTHORITY RE-DELEGATION TEMPLATE

(Agency Letterhead)

(Office Symbol) Month day, year

SUBJECT: Delegation of medical adjudication authority

Per United States Africa Command Instruction 4200.09B – Force Health Protection Requirements and Medical Guidance for Entry into the United States Africa Command Theater, Month day, year, I re-delegate my medical waiver adjudication authority to the following individuals: (limit three)

Please contact (Rank, Name (Unit) Title/Position) with any questions.

Surgeon Signature
Surgeon Signature Block

2. MEDICAL WAIVER SUBMISSION PROCESS

a. 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).

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

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

d. The AC Form 43, USAFRICOM medical waiver form (Enclosure 4). AC Form 43 is found on the USAFRICOM website (https://www.africom.mil/staff-resources/theater-medical-clearance). The AC Form 43 contains information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}, protected by the Privacy Act of 1974, the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations.

e. 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 the patient's ability to travel. The healthcare provider evaluating personnel for travel must endorse the waiver form indicating the medical assessment was performed IAW criteria detailed in the medical clearance Enclosure 2 of this instruction.

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

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

3. ADJUDICATING SURGEON ACTIONS

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

b. Denied waivers may be resubmitted once with additional relevant information as an appeal for reconsideration. Waivers denied on appeal will be considered the final determination.

c. 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.

(1) Additional USAFRICOM medical evaluation guidance and considerations for medical waiver submission.

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

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

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

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

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

(f) Once approved, medical waivers are only for the specified location(s) and timeframe on the waiver (generally, this a maximum of 12 months). Service members completing a permanent PCS to the continent for special duty with the Department of State may be granted extended waivers. Waiver coverage begins on the date of the initial travel, and remains valid for the time period specified on the waiver or a maximum of 12 months.

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

(3) In cases of in-theater or deployed personnel identified as unfit IAW this ACI and these conditions existed prior to deployment, a waiver will be forwarded to the appropriate medical waiver authority (e.g., the surgeon who would have received the waiver request had one been submitted) for investigation and potential redeployment determination. Upon completion, findings and actions will be forwarded to the USAFRICOM Command Surgeon's office at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(4) All adjudicating surgeons will maintain a waiver database and record and archive of all medical waiver requests and status. On a monthly basis, adjudicating surgeons will send a copy of the database to the USAFRICOM Command Surgeon's office at: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

(5) Component surgeon documentation of the waiver process (authority sub delegation, waiver adjudication and appeals) is subject to periodic case review and audit by HQ USAFRICOM. The medical screening checklist will be completed for all official travelers to the continent and retained by the service member (Enclosure 6). When applicable, the date of medical clearance is submitted with theater entry requests.

ENCLOSURE 4. AC FORM 43, UNITED STATES AFRICA COMMAND MEDICAL WAIVER REQUEST

UNCLASSIFIED

USAFRICOM Medical Waiver Request, AC Form 43

Using encrypted email, send this form and all scanned documentation to email address identified in ACI 4200.09
For assistance DSN Contact Phone Number: USAFRICOM HQ 324-591-0705

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

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

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

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

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

Supplemental documentation (include information relevant for deployability determination):

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

I have reviewed the case summary and hereby submit this request

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

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

Waiver Approved: **YES** ◯ **NO** ◯

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

Comments:

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.

AC FORM 43, 14 July 2023 UNCLASSIFIED

ENCLOSURE 5. THEATER FORCE HEALTH PROTECTION

1. DISEASE RISK ASSESSMENT

The high threat of disease and injury, coupled with the limited availability of responsive HN 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 always travel or deploy with sufficient quantity of malaria prophylaxis for the anticipated duration of travel.

b. Refer to the National Center for Medical Intelligence (NCMI) website on the Non-Secure Internet Protocol Router (NIPR): https://www.ncmi.dodiis.mil or Secret Internet Protocol Router (SIPR): https://www.dia.smil.mil for the most current medical threat assessment for each country in the USAFRICOM AOR. This information is found on Shoreline Travax (https//www.travax.com/).

c. Malaria Chemoprophylaxis

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

(2) In areas of high malaria transmission per National Center for Medical Intelligence assessment, use of Malarone (Atovaquone-Proguanil) as primary malaria chemoprophylaxis is directed, unless contraindicated.

(3) Malarone is listed as a FDA Pregnancy Category C medication and Doxycycline is a FDA Pregnancy Category D medication. Primaquine and Tafenoquine are a FDA Pregnancy Category D medication and contraception should be used while taking these medications. The preferred anti-malarial medication for pregnant travelers to Africa is Mefloquine depending on the resistance patterns in the specific country.

(4) For individuals unable to receive Atovaquone-Proguanil due to intolerance or contraindication, Doxycycline is an additional first-line therapy. Tafenoquine, a Primaquine analogue, is a new option for primary chemoprophylaxis that may be appropriate for certain travelers. Individuals who are G6PD-deficient will not be prescribed Primaquine or Tafenoquine.

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

(a) Mefloquine should be used with caution in persons with a history of TBI or Post-Traumatic Stress Disorder (PTSD) and will not be prescribed for prophylaxis in patients with major psychiatric disorders. It is contraindicated in personnel with a psychiatric diagnosis of depression, schizophrenia, or anxiety disorders.

(b) Each Mefloquine prescription will be issued with a wallet card and current FDA safety information indicating the possibility that neurologic side effects may persist or become permanent.

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

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

(7) Presumptive Anti-Relapse Therapy (PART) or terminal chemoprophylaxis for malaria with Primaquine is generally not recommended for individuals prescribed primary malaria chemoprophylaxis unless prolonged exposure to relapsing forms of malaria (*Plasmodium vivax* or *Plasmodium ovale*) are likely to occur. Generally, presumptive anti-relapse therapy will be considered for individuals traveling for more than 30 days to a malaria-endemic area where greater than 10% of malaria cases are due to *Plasmodium vivax* or *Plasmodium ovale*. References include the CDC Yellow Book (https://wwwnc.cdc.gov/travel/page/yellowbook-home) and Shoreline Travax (https://www.travax.com/) for current information.

(a) If prescribed, PART will begin once the potential for disease transmission ends (departure from the risk area) and will overlap with the primary malaria prophylaxis medication. Primaquine is the first-line drug for PART and Tafenoquine is the second-line drug. Primaquine is not required if the individual was prescribe Tafenoquine as primary prophylaxis.

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

(c) When prescribed, commanders and supervisors at all levels will ensure that all individuals for whom they are responsible are issued terminal prophylaxis immediately upon leaving malaria endemic area.

2. PERSONAL PROTECTIVE MEASURES

a. Insects and Ticks. A significant risk of disease caused by insects and ticks exists year-round in the USAFRICOM AOR. The threat of disease will be minimized by using the DOD

Insect Repellent System (Permethrin-treated uniform, N,N- Diethyl-Meta-Toluamide (DEET)), Picaridin, or IR3535 on exposed skin, properly-worn Permethrin-treated uniform, Permethrin-treated bed nets) and appropriate chemoprophylaxis medications. Additional information can be obtained at the Armed Forces Pest Management Board website at https://www.acq.osd.mil/eie/afpmb/.

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

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

(3) Apply approved insect repellant (containing at least 25% DEET or 20% Picaridin) to exposed skin. One application of DEET lasts 6-12 hours and one application of Picaridin lasts 8 hours. More frequent application is required for heavy sweating and/or immersion in water. Refer to DOD Repellent System website (https://www.acq.osd.mil/eie/afpmb/) for additional information.

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

(5) Use Permethrin or other approved treated bed nets properly in at risk areas to minimize exposure during rest/sleep periods, to include when staying in a fixed facility. Permethrin-treated pop up bed nets are available at DSN at 3740-01-516-4415 or 3740-01-518-7310.

b. Animal contact.

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

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

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

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. Individuals who do not have access to a medical unit will be prescribed antidiarrheal agents (Imodium and an antibiotic for traveler's diarrhea) with instructions for use to ensure access to care.

(2) All personnel who will consume food or beverages in the USAFRICOM AOR will receive training on safe dining practices as part of pre-travel/deployment FHP training. Individuals maintain personal responsibility to follow all orders and instructions from their command regarding the consumption of food and beverages.

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

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

(c) If neither procurement from an approved source or food and water risk assessment completion are consistent with mission accomplishment, commanders will take actions 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 develop protocols for management of HIV post exposure prophylaxis IAW USPHS guidelines {reference (w)}. Use of occupational post exposure prophylaxis will be prescribed by healthcare provider reported and documented in the patient's medical record.

e. Potentially Concussive Event Reporting.

(1) In accordance with DODI 6490.13, Comprehensive Policy on Traumatic Brain Injury-Related Neurocognitive Assessments by the Military Services {reference (f)}, line

commanders must ensure that all potentially concussive events are reported to the Joint Trauma Analysis & Prevention of Injury in Combat Program, located at https://jtapic.health.mil.

(2) Submit potentially concussive events reports through Component Surgeons' Offices to the Concussive Exposure Reporting System at https://intelshare.intelink.gov/my.policy#/SitePages/Home/aspx. This site can also be accessed from the Joint Trauma Analysis & Prevention of Injury in Combat Program site, listed in the paragraph above. Component/subordinate commands submit reports directly to the system.

f. Heat Stress/Illness. Acclimatization to increased temperature and humidity may take 10-14 days. Heat injuries can include dehydration, sunburns, heat exhaustion, heat syncope and heat stroke. Ensure proper wore-rest cycles, adequate hydration and command emphasis on heat injury prevention. Ensure availability and use of individual protection, supplies, and equipment such as sunscreen, lip balm, sun glasses, and potable water. Heat exhaustion and heat stroke are a RME.

3. POINT OF CONTACT

The USAFRICOM point of contact for FHP is the USAFRICOM Office of the Command Surgeon, J0045 Future Medical Operations, at DSN: 324-591-0705; Comm: +49 (0) 711 7081 0705; SIPR: africom.stuttgart.acsg.mbx.acsg-j004@mail.smil.mil or NIPR: africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil.

ENCLOSURE 6. AC FORM 42, UNITED STATES AFRICA COMMAND TRAVEL MEDICAL SCREENING CHECKLIST

UNCLASSIFIED

USAFRICOM TRAVEL MEDICAL SCREENING CHECKLIST, AC FORM 42

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

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

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

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

I WILL NOTIFY MY PROVIDER OF MY TRAVEL DESTINATION(S); I WILL OBTAIN SUFFICIENT QUANTITIES OF PRESCRIBED ANTI-MALARIAL MEDICATION; AND I WILL TAKE AS DIRECTED.		IF I BECOME ILL WITHIN A YEAR AFTER TRAVELING TO THE USAFRICOM AOR, I UNDERSTAND I AM TO SEEK MEDICAL ATTENTION AND INFORM MEDICAL PERSONNEL THAT I HAVE TRAVELED TO AFRICA.	
I HAVE ON-HAND SUFFICIENT QUANTITIES OF MY OTHER CURRENTLY PRESCRIBED MEDICATION(S) AND/OR MEDICAL EQUIPMENT.		I HAVE REVIEWED THE GENERAL HEALTH COUNSELING BRIEFING AT: GENERAL HEALTH COUNSELING	
I HAVE OBTAINED INSECT REPELLENT CONTAINING DEET, PICARIDIN, OR IR3535 AND WILL USE TO PREVENT INSECT BITES.		I HAVE ENROLLED IN THE DEPARTMENT OF STATE SMART TRAVELER ENROLLMENT PROGRAM	
I HAVE SUFFICIENT CLOTHING/UNIFORMS/BEDNETS/ TREATED WITH PERMETHRIN (INSECT REPELLENT) FOR THE DURATION OF TRAVEL IF DEPLOYING OR GOING TDY TO A FIELD SETTING.		I HAVE REVIEWED THE ELECTRONIC FOREIGN CLEARANCE GUIDE (EFCG), SECTION VII.E. HEALTH PRECAUTIONS FOR EACH COUNTRY TO BE VISITED: HTTPS:// WWW.FCG.PENTAGON.MIL	
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 SHORELINE TRAVAX (https://www.travax.com/) OR US CDC TRAVEL PLANNER (TRAVEL PLANNER) FOR COUNTRY SPECIFIC MEDICAL RISKS INCLUDING FOOD AND WATER-BORNE ILLNESS AS WELL AS HEALTH AND SAFETY NOTICES.	
I UNDERSTAND I AM NOT TO PHYSICALLY CONTACT, KEEP OR FEED ANY ANIMALS IN THE AFRICOM AOR.		I HAVE DISCUSSED THIS TRAVEL WITH MY HEALTH CARE PROVIDER INCLUDING ANY PROFILES OR DUTY LIMITING CONDITIONS.	
CIVILIANS/CONTRACTORS (including retired military): I UNDERSTAND THAT I MAY NOT BE SYSTEMATICALLY COVERED BY ANY FORM OF A MEDICAL EVACUATION PLAN. I UNDERSTAND MY OPTIONS FOR MEDICAL EVACUATION OUT OF THE AFRICOM AOR.		I HAVE REVIEWED THE LATEST CDC COVID-19 GUIDELINES AND WILL ADHERE TO ANY COVID-19 RELATED HOST NATIONS REQUIREMENTS FOUND IN THE EFCG.	
PREGNANCY TEST: I HAVE DISCUSSED MY PREGNANCY STATUS WITH THE MEDICAL SCREENER.		UNLESS EXEMPT BY ACI 4200.09 OR EFCG, I AM TRAVELING WITH A CDC FORM 731 (YELLOW SHOT CARD) STAMPED WITH AN OFFICIAL YELLOW FEVER CERTIFICATE	

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

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

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

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

VACCINATIONS CURRENT:	YES	NO	IF NO, DATE COMPLETED
MENINGOCOCCAL (EVERY 5 YRS)	☐	☐	
HEPATITIS A (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)	☐	☐	
HEPATITIS B (SERIES COMPLETE OR FIRST DOSE AT LEAST 14 DAYS PRIOR TO TRAVEL)	☐	☐	
TETANUS-DIPHTHERIA (EVERY 10 YRS; ONE TIME ADULT BOOSTER OF TDAP IF NOT PREVIOUSLY RECEIVED)	☐	☐	
MEASLES, MUMPS, RUBELLA (Serologic immunity or TWO LIFETIME DOSES ARE REQUIRED if born after 1957)	☐	☐	
POLIOVIRUS (SERIES COMPLETE PLUS SINGLE ADULT BOOSTER AND COUNTRY-SPECIFIC REQUIREMENTS)	☐	☐	
SEASONAL INFLUENZA (ANNUAL VACCINE);NOTE REQUIREMENT FOR SOUTHERN OR NORTHERN HEMISPHERE	☐	☐	
VARICELLA (DOCUMENTED IMMUNITY OR VACCINATION)	☐	☐	
TYPHOID (INJECTABLE EVERY 2 YRS; ORAL EVERY 5 YRS)	☐	☐	
RABIES (AS NEEDED FOR OCCUPATIONAL EXPOSURE, OTHER EXPOSURE RISK, OR HRIG UNAVAILABLE)	☐	☐	
YELLOW FEVER (DOSE MUST BE AT LEAST 10 DAYS PRIOR TO ARRIVAL TO AFRICA; Review the FCG for ETP)	☐	☐	
PNEUMOCOCCAL (Indicated for high risk health conditions)	☐	☐	
CURRENT PHA / Physical (Military / Civilian) LAB WORK CURRENT IAW SERVICE GUIDELINES	☐	☐	
DENTAL CLASS 1/2 STATUS (MILITARY ONLY) / DD 2813 completed IAW ACI 4200.09 (Civilian)	☐	☐	
DOES NOT POSSESS A DUTY/DEPLOYMENT-LIMITING MEDICAL CONDITION IAW ACI 4200.09A IF NEEDED, USE AC FORM 43, MEDICAL WAIVER REQUEST: MEDICAL-WAIVER-PROCESS	☐	☐	
TRAVELER PRESCRIBED/ISSUED RECOMMENDED MEDICAL EQUIPMENT	☐	☐	
TRAVELER PRESCRIBED RECOMMENDED MEDICATIONS FOR COMMON TRAVELER ILLNESSES	☐	☐	
TRAVELER PRESCRIBED MALARIA CHEMOPROPHYLAXIS PER NCMI OR TRAVAX ASSESSMENT OF TRANSMISSION RISK: HTTPS://WWW.NCMI.DODIIS.MIL OR HTTPS://WWW.TRAVAX.COM **(Note: No Chloroquine)**	☐	☐	
PREGNANCY TEST: A NEGATIVE TEST (WITHIN 30 DAYS OF TRAVEL) FOR TRAVEL OF 30 DAYS OR MORE	☐	☐	

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

Provider SIGNATURE: _____ **DATE:** _____

AC FORM 42, 13 July 2023 For use of this form, see U.S. Africa Command Instruction 4200.09

UNCLASSIFIED

ENCLOSURE 7. CORONAVIRUS-19 RULES OF ENGAGEMENT

1. COVID-19 VACCINATIONS

Many locations in Africa have limited access to hospital care. Personnel often live and train in even more remote environments. For these reasons, USAFRICOM highly recommends all travelers be current on COVID-19 vaccinations IAW CDC guidelines.

2. COVID-19 AND TRAVEL

Travelers to the USAFRICOM AOR will continue to adhere to the HN requirements:

a. Additional HN requirements may include mask wear, COVID-19 vaccination, entry/exit testing, restriction of movement, quarantine, isolation, and physical distancing.

b. Requirements are found in the eFCG {reference (aa)}.

c. During official travel, personnel will continue to follow any USTRANSCOM requirements {reference (bb)}.

d. Personnel will continue to follow FHP guidance, policies, and procedures IAW reference (cc).

ENCLOSURE 8. RESPONSIBILITIES

1. UNITED STATES AFRICA COMMAND SURGEON

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

2. COMPONENTS AND SUBORDINATE ACTIVITY COMMANDERS

Component and subordinate activity commanders, in coordination with their Surgeons' offices, will:

a. Enforce theater FHP measures during the entire travel or deployment timeframe (Refer to Enclosure 5 for additional information regarding FHP guidance).

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

3. TRAVELERS

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

a. Complete AC Form 42, United States Africa Command Travel Medical Screening Checklist (Enclosure 6) and submit the date of medical clearance in Aircraft and Personnel Automated Clearance System for theater entry. AC Form 42 is found on the USAFRICOM website (https://www.africom.mil/staff-resources/theater-medical-clearance). Keep AC Form 42 with personal medical records.

b. Comply with FHP requirements throughout their travel.

c. Complete required training.

ENCLOSURE 9. REFERENCES

a) DOD Instruction 6490.03, "Deployment Health," June 19, 2019

b) DOD Instruction 6490.07, "Deployment-Limiting Medical Conditions for Service Members and DOD Civilian Employees," February 5, 2010

c) DOD Instruction 6025.19, "Individual Medical Readiness," July 13, 2022

d) DOD Instruction 3020.41, "Operational Contract Support," August 31, 2018

e) MEDCOM 18-008, "Stinging Insect Allergy Retention and Readiness Policy", March 16, 2018

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