

UNITED STATES AFRICA COMMAND



# **USAFRICOM MEDGUIDE-1**

**USAFRICOM Office Of The Command Surgeon**

**11 September 2014**

**FORCE HEALTH PROTECTION REQUIREMENTS AND MEDICAL GUIDANCE FOR  
ENTRY INTO THE U.S. AFRICA COMMAND (AFRICOM) THEATER VERSION ONE.**

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## MEDGUIDE-1 Interim Clarification and Changes (As of 9 March 2015):

The following information is intended to provide interim clarification and correction/change to language currently found in MEDGUIDE-1.

This publication of the AFRICOM MEDGUIDE is made to provide a more user friendly format than the AMHS message released 11 Sep 14, address frequently asked questions, and correct identified errors. The content of this MEDGUIDE publication has not changed from the original AMHS message. However, please refer to the following interim clarification and changes/corrections when determining applicability of sections of this document or the original AMHS message to any traveler requesting entry into the AFRICOM area of operations (AO).

1. **Clarification of Section 1.A. Definitions.** The traveler categories used to determine travel requirements fall into five basic groups: 1) requirements for *all* travelers regardless of location, duration or duty; 2) requirements for those traveling less than 30 days; 3) requirements for those traveling greater than 30 days; 4) those with specific occupational specialty training requirements; and 5) those with health issues. For example, all travelers must comply with immunization requirements, *and* those traveling over 30 days may have additional deployment health risk assessment requirements.

2. **Change to 1.F.2.D, Measles/Mump/Rubella (MMR).** The immunization requirements contains an identified error with respect to MMR. The published MEDGUIDE-1 states that two “adult” doses are required. The actual requirement is documented medical immunity or two “lifetime” doses. The following is the interim change for paragraph 1.F.2.D regarding the MMR immunization.

1.F.2.D. **Change to read:** Measles/Mump/Rubella (MMR). It is to be assumed that all individuals born before 1957 are considered immune and do not require the MMR immunizations. For all personnel born in 1957 or after, documentation of immunity by titer or immunization records of two (2) lifetime doses is required IAW Ref O.

3. In the original publication of the MEDGUIDE-1 paragraph 1.F.2.I was inadvertently omitted. This publication contains the wording in 1.F.2.I **Change to read:** Blank. (Note: 1.F.2.I will be deleted in the next version of the MEDGUIDE)

4. **Change to 1.G.4, Pregnancy.** New interim guidance regarding pregnancy is included in this change. Specifically, wording is changed to clarify requirements for a medically performed pregnancy test for female personnel traveling greater than 30 days regardless of reason for travel to the continent. In addition, a waiver is now required for any pregnant personnel requesting entry into the AFRICOM AO for any duration of travel. This requirement is added due to the limited availability of capable/responsive Host Nation healthcare infrastructure, limited medical evacuation assets and to limit unnecessary exposure of pregnant personnel to anti-malarial medications.

1.G.4. Pregnancy. **Change to read:** A medically performed pregnancy test is required within 15 days of travel for all active duty and Guard/Reserve female personnel seeking entry the AFRICOM AO for more than 30 days. Female personnel with a documented history of a

hysterectomy are exempt from the pregnancy test. Pregnant personnel will not deploy (deployment orders for 30 days or more) or PCS to the AFRICOM AO, and this will not be waived. Pregnant personnel requesting TDY/TAD or leave of any duration must request a medical waiver (see 1.C.2. and TAB B). Active duty or Guard/Reserve females who become pregnant during their duty will follow parent Service requirements for disposition. (Advisory Note: Malarone is listed as a FDA Pregnancy Category C medication and Doxycycline as a FDA pregnancy Category D medication.)

**5. Change to References.** This publication of the MEDGUIDE contains a reference to the original AMHS Message.

References. **Added** KK. HQ USAFRICOM; Force Health Protection Requirements and Medical Guidance for Entry into the U.S. Africa Command (AFRICOM) Theater Version One. AMHS Message 1122432SEP14.

**6. Change to Tab C, 1.B.3.D., Waivers.** With regard to waivers and disqualifying conditions, it is reinforced that any medical condition can not prohibit Theater immunization requirements. Specifically, the Yellow Fever vaccine is required and will not be waived.

TAB C: 1.B.3.D. **Change to read:** The medical condition does not prohibit required Theater immunizations or medications (e.g., antimalarials and other chemoprophylactic antibiotics, and Yellow Fever vaccination).

**7. Change to TAB D, 2.H., Medical Training.** Medical personnel requesting entry into the AFRICOM AO must be familiar with stability operations, humanitarian assistance activities and defense support of civil authorities (DSCA). The following interim change provides familiarization source material, which satisfies this requirement.

TAB D: 2.H. **Change to read:** Medical support of stability operations, humanitarian assistance activities, and defense support of civil authorities (DSCA). Be familiar with the medical support of stability operations, humanitarian assistance activities and DSCA tasks. Read chapters 1 and 5 of Joint Publication 4-02 Health Service Support 26 July 2012 Available at [http://www.dtic.mil/doctrine/new\\_pubs/jp4\\_02.pdf](http://www.dtic.mil/doctrine/new_pubs/jp4_02.pdf).

## TABLE OF CONTENTS

Paragraph		Page
1.A.	Definitions	6
1.B	Applicability	7
1.C	Medical Clearance	7
1.C.2.	Medical Waiver Process and Authorities	10
1.D.	Pharmacy	12
1.E.	Medical Equipment	13
1.F.	Immunizations	13
1.G.	Medical / Laboratory Testing	15
1.H.	Health Assessments	17
1.I.	Medical Record	18
1.J.	Pre-deployment Training	19
1.J.3.	Medical Personnel Training	19
1.K.	Theater Force Health Protection	19
1.K.6.	HIV Post Exposure Prophylaxis	22
	References	23
TAB A	Amplification of requirements for permanent change of station (PCS) personnel entering the AFRICOM Theater	25
TAB B	Overview of AFRICOM Medical Waiver Policy/Procedure	27
TAB C	Amplification of the minimal standards of fitness for the deployment to the AFRICOM Theater	29
TAB D	Amplification of Medical training requirements for medical personnel entering the AFRICOM Theater	39

1. Remarks. This document provides medical guidance for individuals seeking entry to the USAFRICOM Theater for any purpose including deployment, temporary duty (TDY/TAD), and permanent change of station (PCS) or leave IAW Refs A through JJ. In addition to these individual requirements, Unit/Component/Joint Task Force (JTF) requirements and guidance are located in the appendix 6 to Annex Q to the CDRUSAFRICOM Theater Campaign Plan 7000.12, Force Health Protection. Ref A.

a. This document has four (4) accompanying Tabs A thru D. AFRICOM MedGuide-1 describes applicability, medical standards of fitness, medical waiver policy, medication and equipment requirements, immunizations, laboratory testing, deployment-related health assessment requirements, medical record requirements and Theater force health protection.

b. The AFRICOM Theater, as identified by the National Center for Medical Intelligence (NCMI), contains a "very high risk" for infectious diseases, with an overall disease risk across Africa that will adversely impact mission effectiveness unless force health protection (FHP) measures are implemented. Additionally, the majority of countries in Africa have less developed healthcare infrastructure making medical care generally unavailable. Due to these austere conditions, International SOS (ISOS) identifies Africa as "extreme high risk" as healthcare for citizens and travelers is almost non-existent or severely overtaxed requiring international evacuation of moderate and severe illness/injury.

c. Individuals or units traveling or deploying to the African continent must understand the "all hazards" threat they may encounter in the AFRICOM Theater including those presented by flora and fauna, climatic extremes, environmental contamination and pollution, and other physical hazards such as motor vehicle accidents and other forms of injury. It is the Commander's responsibility to completely understand the health threat/risk profile and enforce vigilant FHP measures during the entire travel or deployment timeframe. Additionally, individuals also carry the responsibility of understanding the threat and risks of disease and injury, and must comply with FHP requirements throughout their travel or deployment.

d. The high threat of disease and injury coupled with the limited availability of responsive host nation healthcare infrastructure and limited medical evacuation assets requires comprehensive force health protection and medical guidance for those deploying to the AFRICOM Theater 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.

#### 1.A. Definitions.

1.A.1. Deployment. For medical administrative purposes, the definition of deployment is movement to or through the AFRICOM Theater with expected or actual time in country (aka "boots on ground") for a period of greater than 30 consecutive days, excluding shipboard operations, as defined in Ref B. Deployments include PCS or individual or unit TDY/TAD over 30 days.

1.A.2. Temporary duty (TDY/TAD). Missions or activities with time in country of 30 days or less.

1.A.3. Permanent Change of Station (PCS). PCS personnel, including DOD embassy assigned personnel, will coordinate with their respective Service component medical personnel for medical guidance and requirements for PCS to specific countries in the AFRICOM Theater. Authorized dependents must comply with the overseas clearance process requirements, to include the Exceptional Family Member Program (EFMP), as required. Dependents must also comply with host nation immunization medical screening requirements. While this document in its entirety does not apply to PCS personnel, certain portions of this document will apply as delineated in Tab A of this document. The AFRICOM Command Surgeon has waiver authority for all non-dependent DOD affiliated personnel on PCS orders to the AFRICOM Theater. Service components will process dependent clearances. IAW Ref C.

1.A.4. Shipboard Personnel. All shipboard personnel who deploy into the AFRICOM Theater must have a current sea duty screening, remain fully medically ready following annual Periodic Health Assessment (PHA), but do not necessarily require deployment-related health assessment in 1.H, unless entering a country within the AFRICOM AO for greater than 30 days.

1.A.5. Leave. All personnel on leave status must follow the Theater Entry Clearance Guide located at <http://www.AFRICOM.mil/staff-resources/travel-to-Africa/AFRICOM-theater-entry-summary-guide>.

1.A.6. Travel. Any travel to the Theater, including leave of any duration, TDY travel as defined in para. 1.A.2., and shipboard personnel entry of less than 30 days.

1.B. Applicability. This document applies to military personnel, DOD civilians, DOD contractors, DOD sub-contractors and volunteers deploying to or who are currently in the AFRICOM Theater under the auspices of the DOD. Medical requirements for Local Nationals (LN) or Third Country Nationals (TCN) are covered under para. 1.C.1.G.

1.C. Medical Clearance. AFRICOM Theater health service support infrastructure and availability of western standard civilian medical care are very limited. For this reason, it is extremely important that all personnel (Uniformed Service Members, Government Civilian Employees, Volunteers, DOD Contractor Employees) entering the Theater must be medically, dentally and psychologically fit. Individuals deemed unable to comply with AFRICOM entry requirements will be disqualified for deployment or travel IAW Service policy and this document. Personnel disqualified while outside of the AFRICOM Theater will not enter or re-enter the Theater, e.g., any person who becomes medically disqualified while in leave status will not re-enter the Theater until the disqualifying condition is cleared or a waiver is approved by the appropriate AFRICOM waiver authority. See Ref C, D, E, F, G, H, I, J and Tab B. DOD civilian employees are covered by the Rehabilitation Act of 1973. As such, an apparently disqualifying medical condition nevertheless requires that an individualized assessment be made to determine whether the employee can perform the essential functions of his/her position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the extremely limited availability of care in the AFRICOM Theater must be considered. Further, the employee's medical condition must not pose a substantial risk of significant harm to the employee or others when taking into account the conditions of the relevant deployed environment.

### 1.C.1. Medical Fitness, Initial and Annual Screening.

1.C.1.A. Medical and dental readiness processing. Medical and dental personnel supporting the deployment screening site may publish and implement guidance IAW this document and Service standards in order to assist in determining medical fitness of personnel.

1.C.1.B. Personnel with potentially disqualifying medical conditions need to meet the following two criteria in order to be cleared for deployment or travel: 1) Receive an evaluation by a medical provider to determine if the member can safely deploy or travel and 2) Receive an approved medical waiver by the AFRICOM Command Surgeon or the delegated Component Surgeon for the potentially disqualifying medical condition(s).

1.C.1.C. Fitness includes, but is not limited to, the ability to accomplish the tasks and duties unique to a particular operation/activity and the ability to tolerate the environmental and operational conditions of the duty location. Minimum standards of fitness include but are not limited to the ability to wear ballistic, respiratory, chemical and biological personal protective equipment, as required; the use of required prophylactic medications; and the ability to ingress/egress in emergency situations with minimal risk to themselves or others. Civilian personnel who are 40 years of age or older must have a Framingham 10-year coronary heart disease (CHD) risk percentage calculated. An online calculator is available at <http://cvdrisk.nhlbi.nih.gov/calculator.asp>. If the individual's calculated 10-year CHD risk is 15% or greater, and the individual is requesting a medical waiver, see Tab C para. 1.B.4.A.14.G. Body Mass Index (BMI) restrictions are discussed in Tab C para. 1.B.4.A.12.

1.C.1.D. Specialized government civilian employees who must meet specific physical standards (e.g., firefighters, security guards and police, aviators, aviation crew members and air traffic controllers, divers, marine craft operators and commercial drivers) must meet those standards without exception, in addition to being found fit for the specific deployment by a medical and dental evaluation prior to deployment or travel IAW this document. Certifications will remain valid throughout the entirety of the deployment or travel. If certifications will expire during the deployment or travel, it is up to the individual to plan for and recertify their respective requirements (i.e. mid-tour leave, etc.).

1.C.1.E. Examination Intervals. An examination with all medical issues and requirements addressed will remain valid for a maximum of 15 months from the date of the physical examination. See Ref D, I, J, K,L and Tab C for further guidance.

1.C.1.E.1. Individuals, whose examinations reveal changes in their medical condition which make them ineligible to remain in Theater, must submit a medical waiver request to, and receive approval from, the appropriate waiver approving authority IAW para. 1.C.2.A.2. below in order to remain deployed. 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.

1.C.1.E.2. Periodic health surveillance requirements and prescription needs assessments should be recent enough so as to remain current through the deployment period.



1.C.1.E.3. Government civilian employees, who deploy for multiple tours of more than 12 months total, must be re-evaluated annually for fitness in order to remain in a deployed status. Annual in-Theater rescreening may be focused on health changes, vaccination currency and monitoring of existing conditions, but should continue to meet all medical guidance as prescribed in this document. If government civilian employees are unable to adequately complete their medical screening evaluation in the Theater, they should be redeployed to accomplish this annual requirement.

1.C.1.F. DOD Contractor Employees must meet similar standards of fitness as other military and DOD civilian personnel to include the ability to tolerate the environmental and operational conditions of the duty location. DOD contractors must undergo a medical and dental evaluation which documents their fitness for duty without limitations prior to deployment or travel IAW this document. DOD contractors must comply with Ref I specifically Enclosure 3, for medical requirements and evaluations must be completed prior to arrival at the deployment platform. ensure compliance with immunization, DNA and Panograph requirements IAW Ref I. Predeployment and/or travel medicine services for contractor employees, including immunizations, evaluation of fitness and annual re-screening are the responsibility of the contracting agency per the contractual requirements. Questions should be submitted to the supported Command's contracting and medical authority. See Ref I and Tab C for further guidance. Contractor personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated. An online calculator is available at <http://cvdrisk.nhlbi.nih.gov/calculator.asp>. If the individual's calculated 10-year CHD risk is 15% or greater further cardiology work-up is required IAW Tab C para. 1.B.4.A.14.G.

1.C.1.F.1. All contracting agencies are responsible for providing the appropriate level of medical screening for their employees (including local national [LN] and third country national [TCN] employees as discussed in para. 1.C.1.G.) based on the job the employees are hired to perform. The screening must be completed by a licensed medical provider (licensed in a country with oversight and accountability of the medical profession) and a copy of the completed medical screening documentation, in English, 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.

1.C.1.F.2. Contractor expense. IAW Ref I contractors will provide the pre-deployment medical and dental evaluations, and annual in-Theater rescreening at contractor expense. Redeployment is not implied in this document unless otherwise specified in the contract. These evaluations for DOD contractors shall occur prior to arrival at the deployment center/platform. All required immunizations outlined in the foreign clearance guide (<https://www.fcg.pentagon.mil>) for the countries to be visited, as well as those outlined in paragraph 1.F. of this document, and will be done at contractor expense. A new disqualifying medical condition, as determined by an in-Theater competent medical authority, will be immediately reported to the contractor employee's contracting officer with a recommendation that the contractor be immediately redeployed and replaced at contractor expense. All the above expenses will be covered by the contractor unless otherwise specified in the contract.

1.C.1.G. Local National (LN) and Third Country National (TCN) employees. Minimum screening requirements for LN and TCN employees are as follows:

1.C.1.G.1. Pre-employment and annual medical screening of LN and TCN employees will not be performed in military treatment facilities or by U.S. military medical personnel. Local contracting agencies must keep documentation and ensure screenings are conducted by a licensed medical provider IAW para 1.C.1.F.1.

1.C.1.G.2. All LN and TCN employees whose job requires close or frequent contact with non-LN/TCN personnel (e.g., dining facility workers, security personnel, interpreters, etc.) must be screened for Tuberculosis (TB) using a chest x-ray and an annual symptom screen. A Tuberculin Skin Test (TST) is unreliable as a stand-alone screening test for Tuberculosis in LN/TCN personnel and should not be used.

1.C.1.G.3. LN and TCN employees involved in food service, and/or water and ice production must be screened annually for signs and symptoms of infectious diseases IAW para. 1.C.1.F.1. Contractors must ensure employees receive Typhoid and Hepatitis A vaccinations and this information must be documented in the employees' medical record/screening documentation.

1.C.1.G.4. Further restrictive guidance of medical suitability regarding Force Health Protection may be provided by the local task force Commander or equivalent in consultation with their military medical assets.

#### 1.C.2. Medical Waiver Process and Authorities.

1.C.2.A. Medical waiver process. The AFRICOM medical waiver process is as follows:

1.C.2.A.1. If the local Command supports the deployment of a person with an apparently disqualifying condition, a medical waiver request must be submitted to, and approved by the appropriate AFRICOM medical waiver authority before that person is cleared for deployment or travel. Except in the case of DOD civilian employees who are covered by the rehabilitation act of 1973, an individual may be denied deployment by the local unit medical authority or chain of Command. For civilian employees, an individualized assessment must be conducted to determine if they can perform the essential functions of a DOD civilian expeditionary workforce position with or without reasonable accommodations. See para. 1.C. and Ref L and M.

1.C.2.A.2. Authorized agents (local medical provider, Commander/supervisor, representative or individual member) will forward the medical waiver request form (See Tab B), to the AFRICOM Force Health Protection Branch Mailbox at [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil) for distribution to and adjudication by the appropriate Surgeon IAW paragraph 1.C.2.B.2 and Tab B. It is recommended that authorized agents allow for ample processing time (at least 30 days) for medical waiver adjudication.

1.C.2.A.3. 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 providers' assessment of ability to deploy. 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 Theater.

1.C.2.A.4. The adjudicating Surgeon will return the adjudicated/signed medical waiver form to the request originator for dissemination and inclusion in the patient's deployment medical record and/or the Electronic Medical Record (EMR), as applicable. Documented disapprovals for valid conditions are required and should not be given telephonically.

1.C.2.A.5. All adjudicating Surgeons will maintain a waiver database and record/archive of all medical waiver requests and status. Additionally, IAW with Ref C, adjudicating surgeons will send copies of the adjudicated waivers to the Command Surgeon's Office at: [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil).

1.C.2.A.6. Cases of in-Theater/deployed personnel identified as unfit IAW this document due to conditions that existed prior to deployment, will be forwarded to the appropriate medical waiver authority (i.e., the Surgeon who would have received the waiver request had one been submitted) for investigation and potential redeployment determination. Findings/actions will be forwarded after completion to the AFRICOM Surgeon at email: [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil).

1.C.2.A.7. Personnel on psychotropic medications must obtain a waiver to enter the AFRICOM Theater IAW Ref N and Tab C.

1.C.2.A.8. Waivers for medical equipment are also required IAW para. 1.E. and Tab C.

1.C.2.A.9. An AFRICOM waiver request does not preclude the need for a Service-specific psychotropic medication small arms waiver (e.g., US Navy Small Arms Waiver).

1.C.2.A.10. Waivers for non-Service affiliated personnel. The AFRICOM Command surgeon is the waiver authority for DOD civilians, contractors and organizations such as Defense Intelligence Agency and American Red Cross, etc., who are not directly associated with a particular AFRICOM Component.

1.C.2.A.11. Once approved, waivers are valid for the timeframe specified on the medical waiver or for a maximum time of 12 months. See Tab B. Waiver coverage begins on the date of the initial deployment or travel, and remains valid for either the time period specified on the waiver or a maximum time of 12 months.

1.C.2.B. Medical Waiver Approval Authority.

1.C.2.B.1. Final Medical Waiver approval authority lies at the Combatant Command Surgeon level to approve deployment of any person (uniformed or civilian) with apparently disqualifying medical condition(s) IAW Ref C and J, and as outlined in this document and the accompanying amplification. See Tab C.

1.C.2.B.2. Delegation to component/JTF surgeons. Waiver authority is delegated to the AFRICOM component/JF Surgeons by the AFRICOM Command Surgeon for all deploying personnel within their respective component/JF for all health conditions (Army, Army component agencies, and Army contractors will first consult with the U.S. Army Africa [USARAF] Surgeon; U.S. Air Force [USAF] and USAF associated personnel with the U.S. Air Forces Africa (AFAF) Surgeon, etc.). See Ref C. Contractors and sub-contractors respective Service affiliation is determined by the 'contractor issuing agency' block on their 'letter of authorization' and medical waiver requests should be sent to the AFRICOM Force Health Protection section's mailbox at [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil) for distribution to and adjudication by the appropriate Service component/JTF waiver authority.

1.C.2.B.3. IAW Ref J, as delegated by the AFRICOM combatant Commander, the AFRICOM Command surgeon has the final approval authority for medical waivers. Commanders of the traveling or deploying member, unlike the military profile system, are not authorized to override the medical deployability determination of the medical waiver authority.

#### 1.D. Pharmacy.

1.D.1. Supply. Personnel who require medication(s) and who are deploying or traveling to the AFRICOM Theater will deploy with no less than a 180 day supply (or appropriate amount for shorter deployments or travel) of their maintenance medications with arrangements to obtain a sufficient supply to cover the remainder of the deployment using a follow-on refill prescription. Tricare eligible personnel will have a follow-on refill prescription entered into the Tricare Pharmacy home delivery system per the deployment prescription program IAW Ref B and J.

1.D.2. Exceptions. Exceptions to the 180 day prescription quantity requirement include:

1.D.2.A. Personnel requiring malaria chemoprophylactic medications (e.g., Doxycycline, Atovaquone/Proguanil (Malarone), etc.) will deploy with enough medication for their entire deployment or travel period in the Theater. The deployment or travel period will be considered to include an additional 28 days after leaving the malaria risk area for Doxycycline or 7 days for Malarone to account for required primary prophylaxis.

1.D.2.B. Psychotropic medication may be dispensed for up to a 180 day supply with no refills.

1.D.3. Tricare Pharmacy Home Delivery. Personnel requiring ongoing pharmacotherapy will maximize use of the local medical facility Pharmacy for refills. If the required medication is not available in the AFRICOM Theater, personnel will use the Tricare Pharmacy home delivery system (to include medications listed in 1.D.2.B and 1.D.2.C) when possible for delivery to

individual's TDY/ deployed location. Those eligible for Tricare Pharmacy home delivery will complete on-line enrollment and registration prior to deployment to the maximum extent possible. Instructions and registration can be found at <http://www.Tricare.mil/Pharmacy.aspx>

#### 1.E. Medical Equipment.

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

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

#### 1.E.3. Contact Lenses.

1.E.3.A. Army, Navy and Marine personnel will not deploy with contact lenses except IAW Service policy.

1.E.3.B. Air force personnel (non-aircrew) will not deploy with contact lenses unless written authorization is provided by the deploying unit Commander. Contact lenses are life support equipment for USAF aircrews; therefore, are exempt IAW Service guidelines. Air force (aircrew) personnel deploying with contact lenses must comply with the USAF aircrew contact lens policy outlined in AFI 48-123. They must also deploy or travel with two pairs of eyeglasses and a supply of contact lens maintenance items (e.g., cleansing solution) adequate for the duration of the deployment or travel.

1.E.4. Medical Alert Tags. Deploying personnel requiring medical alert tags (e.g., medication allergies, G6PD deficiency) will deploy with red medical alert tags worn in conjunction with their personal identification tags.

#### 1.F. Immunizations.

1.F.1. Administration. All immunizations will be administered IAW ref O. Refer to the Military Vaccine Agency (MILVAX) website <http://www.vaccines.mil> or contact the USEUCOM/AFRICOM MILVAX regional analyst at +49(0)711-680-7166 with questions and clarifications. Alternatively, personnel may contact the AFRICOM FHP office at [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil).

1.F.2. Requirements. All personnel deploying or traveling for any period of time to the Theater will be current with the Advisory Committee on Immunization Practices (ACIP) Immunization Guidelines and Service Individual Medical Readiness (IMR) requirements IAW Ref B. In addition, all TDY personnel must comply with the Foreign Clearance Guide for the country(ies) to which they are traveling. The following are mandatory vaccines for DOD personnel (military, civilian and contractors) traveling for any period of time in Theater:

1.F.2.A. Yellow Fever. (Every 10 yrs; last dose must be at least 10 days prior to arrival to Africa). A CDC 731, international certificate for vaccination or prophylaxis, (Yellow Shot Record, formerly PHS-731) that contains an official Yellow Fever certificate stamp is required for all personnel traveling or deploying on official business to the African continent. While the DD form 2766C, vaccine administration record, is accepted by the World Health Organization (WHO), many African countries do not recognize the DD Form 2766C and may require re-vaccination or deny entry without a CDC 731 containing an official Yellow Fever certificate stamp.

1.F.2.B. Tetanus/Diphtheria/Acellular Pertussis (TDAP). Receive a one-time dose of TDAP if no previous dose(s) recorded. Receive tetanus if  $\geq 10$  years since last TDAP or tetanus booster.

1.F.2.C. Varicella. Required documentation of one of the following: Born before 1980 (assumed immunity except for healthcare workers), documented history of disease by the provider who treated the member at that time (either by an epidemiologic link or laboratory confirmation), sufficient Varicella titer, or administration of vaccine (two (2) doses). See Ref P.

1.F.2.D. Measles/Mump/Rubella (MMR). It is to be assumed that all individuals born before 1957 are immune and do not require the MMR immunizations. Documentation of immunity by titer or immunization records of two (2) adult doses are required for all other personnel IAW Ref O. Immunity against Mumps is not a military requirement per se, but may be recommended in exceptional clinical circumstances such as outbreaks.

1.F.2.E. Polio-IPV. Single adult booster is required for all personnel. Service members likely received this booster upon accession to the military. Polio-IPV documentation must be on the CDC 731, international certificate for vaccination or prophylaxis, (yellow shot record, formerly PHS-731).

1.F.2.F. Seasonal influenza. Must be current. Including event-specific vaccine (e.g., H1N1).

1.F.2.G. Hepatitis A. Completed series or documentation of immunity through a titer is mandatory for all DOD military personnel IAW Ref O. Completed series is highly recommended for civilians (DOD civilians, contractors, volunteers, interagency personnel, etc.) IAW ACIP guidelines. Alternatively, documentation of immunity through a titer is recommended. Required for TCN and LN personnel.

1.F.2.H. Hepatitis B. Completed series or documentation of immunity through a titer is mandatory for all DOD military personnel IAW Ref O. Completed series is mandatory for

civilians (DOD civilians, contractors, volunteers, interagency personnel, etc.). Alternatively, documentation of immunity through a titer is acceptable. See para. 1.F.3. Below for possible exceptions.

1.F.2.I. Blank.

1.F.2.J. Anthrax and Smallpox. As of 15 Aug 2013, not required for the AFRICOM Theater per the Assistant Secretary of Defense for Health Affairs approved exception to policy for Anthrax and Smallpox vaccination for CJTF-HOA.

1.F.2.K. Rabies. For planning purposes only (except as noted in 1.F.2.K.1. below), Rabies pre-exposure vaccination series may be considered for personnel who are not expected to be able to receive prompt medical evaluation and risk-based Rabies post-exposure prophylaxis within 72 hours of exposure to a potentially rabid animal. Booster doses are required every two years or when titers indicate. Exceptions may be identified by unit surgeons or other local medical authority. Administer pre-exposure vaccination to high-risk personnel as follows:

1.F.2.K.1. Pre-exposure vaccination is required for veterinary personnel, military working dog handlers, animal control personnel, certain security personnel, civil engineers occupationally at risk of exposure to rabid animals, bats, or bat colonies. Additionally, laboratory personnel WHO work with Rabies suspect samples and all Special Operations Forces (SOF)/SOF enablers require pre-exposure vaccination.

1.F.2.L. Pneumococcal Vaccine is required for personnel in a high risk category per advisory Committee on immunization practice (ACIP) recommendations.

1.F.2.M. Meningococcal vaccine is required every 5 years.

1.F.3. Exceptions. All immunizations must be administered prior to deployment or 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, way of transmission, signs and symptoms, prevention and possible long-term effects.

1.F.4. Adverse Medical Events. Adverse medical events related to immunizations will be reported as soon as possible through Reportable Medical Events (Primaquine) IAW Ref Q, if case definitions are met. All immunization related unexpected adverse events are to be reported through the Vaccine Adverse Events Reporting System (VAERS) at <http://www.vaers.hhs.gov>.

1.F.5. Immunization Compliance. AFRICOM and components/JTF will monitor immunization compliance IAW with Service Policy.

1.G. Medical / Laboratory Testing.

1.G.1. HIV Testing. Required within 120 days prior to deployment or departure for any required training en route to the deployment location IAW Ref R. A documented negative result is preferred prior to departure, if possible.

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

1.G.3. Glucose-6-phosphate Dehydrogenase (G6PD) testing. Documentation of one-time G6PD-deficiency testing is IAW Ref T. Ensure result is recorded in the medical record or draw the sample prior to departure. Pre-deployment medical screeners will record the result of this test in the member's permanent medical record, deployment medical record (DD form 2766) and Service-specific electronic medical record. If an individual is found to be G6PD-deficient, they will be issued medical alert tags (red dog tags) that state "G6PD deficient: no Primaquine". If Primaquine is going to be issued to a DOD civilian or DOD contractor, complete the testing at government expense.

1.G.4. Pregnancy. A medically performed pregnancy test is required within 15 days of deployment for all active duty and guard/reserve female personnel. Female personnel with a documented history of a hysterectomy are exempted. Any pregnant female personnel will not deploy. Pregnancy will be ruled out prior to any immunization (except influenza) and medical clearance for deployment. Guidelines and restrictions for TDY or leave travel while pregnant should be addressed in consultation between the pregnant individual and her provider. Active duty or Guard/Reserve females who become pregnant during their deployment will follow parent Service requirements for disposition.

1.G.5. DNA Sample. Required for all DOD personnel, including civilians and contractors. Obtain sample or confirm sample is on file by contacting the DOD DNA specimen repository (Comm: 301.319.0366, DSN: 285; Fax 301.319.0369); <http://www.afmes.mil>. See Ref B and U.

1.G.6. Tuberculosis (TB) Testing.

1.G.6.A. Tuberculosis testing for Service members will be performed and documented IAW current Service policy. DOD civilians, contractors, volunteers and other personnel will be tested for TB within 90 days of deployment or travel IAW Ref I and Centers for Disease Control and Prevention (CDC) Guidelines.

1.G.6.B. Positive TB tests will be handled IAW Service Policy and CDC Guidelines. Personnel with a positive TB test should be evaluated and counseled. This evaluation will include at least a symptom questionnaire for TB disease, exposure history and chest x-ray.

1.G.6.C. The decision to treat Latent Tuberculosis Infection (LTBI) in U.S. Forces and civilians during deployment instead of after redeployment should include consideration of the risks and benefits of treatment during deployment, including: risk of activation of TB, risk of adverse events from LTBI treatment, time remaining in deployment, availability of medical personnel trained in LTBI treatment, availability of follow-up during treatment and availability of medication. Lack of treatment for LTBI is not a contraindication for deployment into the AFRICOM Theater and no waivers are required for a diagnosis of LTBI if appropriate evaluation and counseling, as noted above, is completed. A medical waiver is required for individuals at any stage of treatment or with incomplete treatment of LTBI.



1.G.6.D. Unit-based / large group or individual LTBI testing should not be performed in the Theater except among close contacts of cases of known TB disease.

1.G.6.E. U.S. Forces and DOD civilians with active TB disease will be evacuated from Theater for definitive treatment. Evaluation and treatment of TB among DOD contractors, LN and TCN employees will be at contractor expense. Employees with suspected or confirmed pulmonary TB disease will be excluded from work until cleared by the AFRICOM infectious disease physician for return to work.

1.G.7. Blood type and Rh factor, Sickledex screening (Hgb-s). IAW Service Policy.

1.G.8. 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 IAW paragraph 1.C.2.

1.H. Health Assessments.

1.H.1. Health Assessments and Exams. Periodic Health Assessments (PHA) must be current IAW Service policy at time of deployment and special duty exams must be current for the duration of deployment or travel period. See Ref B and J.

1.H.2. Deployment-Related Health Assessments (DRHAs)

1.H.2.A. All DOD personnel (military, civilian, contractor) deploying or traveling to the Theater for more than 30 consecutive days will complete DRHAs as follows IAW Ref V. This does not apply to PCS personnel or shipboard personnel as described in para. 1.A.4. IAW Ref B.

1.H.2.A.1. DRHA#1. Within 120 days of the expected deployment date. DRHA#1 will be completed on a DD form 2795 IAW Ref B.

1.H.2.A.2. DRHA#2. All personnel WHO were required to complete a DRHA#1 will complete a DRHA#2 on a DD form 2796 and undergo a person-to-person interview with a trained healthcare provider (physician, physician assistant, nurse practitioner, advanced practice nurse, independent duty corpsman, independent duty medical technician, or Special Forces medical sergeant [18D]). The DRHA#2 must be completed no earlier than 30 days before expected redeployment or return date, and no later than 30 days after returning to home station IAW Ref B.

1.H.2.A.3. DRHA#3. All personnel WHO were required to complete a DRHA#1 and a DRHA#2 will complete a DRHA#3 using DD form 2900, 90 to 180 days after return to Home Station.

1.H.2.A.4. DRHA#4. All Service members deploying or traveling to the Theater for more than 30 consecutive days are required to complete DRHA#4 IAW Ref X using DD form 2978, 181 to 545 days after return to Home Station.

1.H.2.A.5. DRHA#5. All Service members deploying or traveling to the Theater for more than 30 consecutive days are required to complete DRHA#5 IAW Ref X using DD form 2978, 546 to 910 days after return to Home Station.

1.H.2.B. See [www.pdhealth.mil](http://www.pdhealth.mil) for additional information on deployment-related Health Assessments.

1.H.2.C. Contract personnel are not required to electronically submit the DRHA#1, DRHA#2 or DRHA#3 forms; a paper version in their medical records will suffice.

1.H.2.D. DRHA#4 AND DRHA#5 requirements do not directly apply to DOD contractors unless specified in the contract or there is a concern for a mental health issue.

1.H.2.E. All related health evaluations will be at the contractor's expense.

1.H.3. Automated Neuropsychological Assessment Metric (ANAM). All Service members deploying to the AFRICOM Theater will undergo ANAM testing within 12 months prior to deployment IAW Ref W. ANAM testing will be recorded in appropriate Service database and electronic medical record. Contractors, PCS and shipboard personnel, as described in para. 1.A.4. are not required to undergo ANAM testing.

1.I. Medical Record. See Ref B.

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

1.I.1.A. Deployed personnel (more than 30 days). DD2766 is required.

1.I.1.B. TDY personnel (15 – 30 days). DD form 2766 is highly encouraged, especially for those WHO travel frequently to Theater, to document Theater-specific vaccines and chemoprophylaxis, as required.

1.I.1.C. TDY personnel (less than 15 days). DD2766 is not required.

1.I.1.D. PCS personnel. Follow Service guidelines for medical record management.

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

1.I.2.A. Annotation of blood type and Rh factor, G6PD, HGB-S, HIV, and DNA.

1.I.2.B. Current medications and allergies. Include any Force Health Protection Prescription Product (FHPPP) prescribed and dispensed to an individual.

1.I.2.C. Special duty qualifications.

1.I.2.D. Annotation of corrective lens prescription.

1.I.2.E. Summary sheet of current and past medical and surgical conditions.

1.I.2.F. Most recent DD form 2795, Pre-deployment Health Assessment.

1.I.2.G. Documentation of dental status class I or class II.

1.I.2.H. Immunization Record. Medical deployment sites/sections will enter immunization data into Service Electronic Tracking Systems, (Army-MEDPROS, Air Force-AFCITA, Coast Guard-MRRS, Navy-MRRS (ashore) or SAMS (afloat) and Marine Corps-MRRS). Deployment sites/sections will not enter DOD contractor immunization data into the medical health system resource unless they are authorized DOD members (i.e., Retired, Dependents, Guard or Reserve).

1.I.2.I. Framingham 10-year CHD risk percentage calculation, if required IAW para. 1.C.1.C.

1.I.1.J. Body Mass index (BMI) score, if required, IAW TAB C para. 1.B.3.A.12.

1.I.2.K. All approved medical waivers.

1.J. Pre-deployment Training. See REF B.

1.J.1. Scope. General issues to be addressed. Information regarding known and suspected health risks and exposures, proper employment of health risk counter measures. .

1.J.2. Content should include, but not be limited to, the following areas: Combat/operational stress control and resilience; post-traumatic stress and suicide prevention; mild traumatic brain injury risk, endemic plant, animal, reptile and insect hazards and infections; communicable diseases; vector borne diseases; environmental conditions; safety; occupational health.

1.J.3. Medical Personnel Training. Medical personnel deploying or traveling TDY/TAD in support of any mission in the AFRICOM Theater must meet minimum medical readiness training requirements IAW DODI 1322.24, Service-specific requirements and Tab D of this document.

1.K. Theater Force Health Protection.

1.K.1. Disease risk assessment.

1.K.1.A. Malaria Risk Assessment and Guidelines. All personnel entering the AFRICOM Theater, except into countries categorized as no-risk for malaria by the National Center for Medical Intelligence (NCMI), will travel or deploy with malaria prophylaxis year round.

1.K.1.B. Refer to the NCMI website at NIPR:  
[https://www.intelink.gov/ncmi/region\\_Command/region.php?cont=Africa](https://www.intelink.gov/ncmi/region_Command/region.php?cont=Africa) or SIPR:  
<http://www.afmic.dia.smil.mil> for the most current status of each country in the AFRICOM Theater.

## 1.K.2. Malaria Chemoprophylaxis Utilization.

1.K.2.A. All therapeutic/chemoprophylactic medications, including antimalarials will be prescribed IAW FDA guidelines, REF B, Y, Z, AA, BB and CC.

1.K.2.B. In high malaria transmission areas (IAW NCMI), Atovaquone-Proguanil (Malarone) is the recommended drug of choice for the prevention of malaria. For individuals unable to receive Atovaquone-Proguanil due to intolerance or contraindication, Doxycycline will be the preferred second-line therapy. Use of Mefloquine prophylaxis is a third-line recommendation and should be restricted to individuals unable to receive either of the other regimens. Before using Mefloquine as prophylaxis, care should be taken to exclude the presence of contraindications. Mefloquine should be used with caution in persons with a history of Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD) and contraindicated in personnel with psychiatric diagnosis, specifically depression, schizophrenia and anxiety disorders. Each Mefloquine prescription will be issued with a wallet card and current FDA safety information indicating the possibility that the neurologic side effects may persist or become permanent IAW Ref DD. Other FDA approved agents may be used to meet specific situational requirements. Chloroquine will not be used as a chemoprophylactic medication for any country in the AFRICOM Theater due to widespread resistance.

1.K.2.C. Personnel should deploy with enough malaria chemoprophylaxis for the duration of travel or deployment (See section 1.D Pharmacy).

1.K.2.D. Terminal chemoprophylaxis for malaria is generally not recommended for individuals placed on primary malaria chemoprophylaxis (e.g. Doxycycline or Atovaquone/Proguanil (Malarone®)) unless prolonged exposure to relapsing forms of malaria (P. Vivax, P. Ovale) likely occurred. Terminal prophylaxis should begin once the potential for disease transmission ends, such as departure from the risk area or Theater, and should overlap with the primary malaria prophylaxis medication. Individuals WHO are noted to be G6PD-deficient, IAW paragraph 1.G.3., will not be prescribed Primaquine.

1.K.2.E. When prescribed by a competent medical authority, Commanders and supervisors at all levels will ensure that all individuals for whom they are responsible are issued terminal prophylaxis immediately upon redeployment.

1.K.3. Personal Protective Measures. A significant risk of disease caused by insects and ticks exists year-round in the AFRICOM Theater. The threat of disease will be minimized by using the DOD insect repellent system, bed nets and appropriate chemoprophylaxis medications. For additional information, go to the Armed Force Pest Management website: <http://www.afpmb.org>. See Ref Y.

1.K.3.A. Permethrin treatment of uniforms and clothing. Uniforms are available for issue/purchase that are factory-treated with permethrin. The uniform label indicates whether it is factory treated. Uniforms that are not factory treated should be treated with the Individual Dynamic Absorption (IDA) kit (NSN: 6840-01-345-0237) or other approved method. A matrix of which uniforms may be effectively treated is available on the AFPMB website at <http://www.afpmb.org>. Treated uniforms are effective for approximately 50 washes.

1.K.3.B. Apply DEET cream (NSN: 6840-01-284-3982) to exposed skin. One application lasts 6-12 hours; more frequent application is required if heavy sweating and/or immersion in water.

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

1.K.3.D. Use permethrin treated bednets properly in at risk areas to minimize exposure during rest/sleep periods. Permethrin treated pop up bed nets are available: NSN: 3740-01-516-4415

1.K.3.E. Commanders/supervisors at all levels will inform personnel that missing one dose of medication or not using the DOD insect repellent system will increase the risk for contracting malaria. Additionally, not using the DOD insect repellent system increases the risk of contracting other Vectorborne diseases for which chemoprophylaxis or vaccines may not be available.

#### 1.K.4. Unit Mascots and Pets. Prohibited

1.K.4.A. Per AFRICOM General Order 1, unit mascot and pet adoption is strictly prohibited.

1.K.4.B. Personnel will avoid contact with local animals and will not feed, adopt or interact with them in any way. This restriction includes contact at animal parks and during safari trips. Local animals (e.g., livestock, cats, dogs, birds, reptiles, arachnids, and insects) are carriers and reservoirs for multiple diseases to include Leishmaniasis, Rabies, Q-Fever, Leptospirosis, Avian Influenza and Diarrheal disease. Ref EE.

1.K.4.C. Any bite, scratch or potential exposure to any animal's bodily fluids (saliva, venom, etc.), will be immediately reported to the chain of Command and local medical personnel for evaluation, initiation of Rabies prevention measures IAW Ref FF and follow-up, as required.

#### 1.K.5. Food and Water Sources.

1.K.5.A. General. Food and water-borne illness is the most Common medical threat to DOD personnel in the AFRICOM Theater. 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.

1.K.5.B. All personnel who will consume food or beverages in the AFRICOM Theater will receive training on safe dining practices as part of pre-travel/deployment force health protection training. Individuals maintain personal responsibility to follow all orders and instructions from their Command regarding the consumption of food and beverages.

1.K.5.C. All water (including ice) is considered non-potable until tested and approved by appropriate medical personnel (Army preventive medicine, air force bioenvironmental engineering, independent duty medical technician/corpsman, or Special Forces

medical sergeant [18d]). When used, commercial sources of drinking water must also be approved IAW DODD 6400.04E. Ref GG.

1.K.5.D. Individuals will consume only food from sources approved IAW DODD 6400.04E. When this is inconsistent with mission accomplishment, individuals will only use establishments on which a Food and Water Risk Assessment (FWRA) have been performed IAW Ref HH.

1.K.5.E. If neither 1.K.5.C or 1.K.5.D. above are consistent with mission accomplishment, Commanders will take whatever action deemed prudent to minimize the risk of food and water-borne illness. The best mitigation of food and water-borne risk is to utilize Operational Rations (OPRATS).

1.K.6. HIV Post Exposure Prophylaxis. In many parts of Africa, HIV prevalence is extremely high. Individuals and units participating in activities that place them at high-risk for HIV exposure (e.g. dental/surgical/intravenous procedures with the local population) must deploy or travel with antiviral post exposure prophylaxis medications IAW Ref II and JJ. Use of occupational post exposure prophylaxis will be prescribed by healthcare provider IAW the most current CDC guidelines. Occupational HIV exposure incident and prophylaxis use must be reported and documented IAW Service-specific policy. See Ref HH and II.

1.L. Point of Contact. The AFRICOM POC for Preventive Medicine/Force Health Protection (FHP) is the AFRICOM office of the Command Surgeon, FHP Branch, at DSN 314-421-4741; Comm: 011 (49) (0)711 729 4741; SIPR: [AFRICOMjocmedical@USAFRICOM.smil.mil](mailto:AFRICOMjocmedical@USAFRICOM.smil.mil) or NIPR: [AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:AFRICOM.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil).

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**TAB A: MEDGUIDE-1 AMPLIFICATION OF REQUIREMENTS FOR PERMANENT CHANGE OF STATION (PCS) PERSONNEL ENTERING THE AFRICOM THEATER**

1. Remarks: This Tab A accompanies AFRICOM MEDGUIDE-1, Tab A provides amplification of PCS requirements for personnel (Service members and Department of Defense civilians) seeking PCS entry into the AFRICOM Theater and identifies the sections of MEDGUIDE-1 applicable to PCS personnel. It is recommended AFRICOM MEDGUIDE-1 be read in its entirety.
2. All personnel seeking PCS entry into the AFRICOM Theater will follow Service-specific guidance as they would for any overseas PCS assignment. The AFRICOM command surgeon is the medical waiver authority for active duty personnel seeking PCS entry into the AFRICOM Theater. Authorized dependents must comply with the overseas clearance process requirements to include the exceptional family member program (EFMP), as required. An assessment of all family members by the losing medical facility, and appropriate coordination with the receiving medical facility, and/or Tricare Eurasia-Africa (TAO-EA), is required.
3. Service members or Service member's spouses who are either pregnant or become pregnant during their time in the AFRICOM Theater should contact the TAO-EA for further guidance on obstetrics care and delivery options.
4. Due to a lack of both adult and child behavioral health resources, Service members or family members with behavioral health conditions will need to ensure approval as noted above in para. 2 before a PCS tour is approved.
5. The following sections of AFRICOM MEDGUIDE-1 apply to PCS personnel as it pertains to Service members and civilian employees. The term 'deployer' in the pertinent sections of AFRICOM MEDGUIDE-1 and its Tabs also applies to PCS personnel.
  - 5.a. AFRICOM MEDGUIDE-1, under 1.C. Medical Clearance, 1.C.1. Medical Fitness, Initial and Annual Screening para. 1.C.1.A to 1.C.1.E.2.
  - 5.b. AFRICOM MEDGUIDE-1, para. 1.C.2. Medical Waivers and Authorities
  - 5.c. AFRICOM MEDGUIDE-1, para. 1.D.1. Pharmacy Supply
  - 5.d. AFRICOM MEDGUIDE-1, para. 1.D.2. Exceptions
  - 5.e. AFRICOM MEDGUIDE-1, para. 1.D.3. Tricare Pharmacy Home Delivery
  - 5.f. AFRICOM MEDGUIDE-1, para. 1.E. Medical Equipment
  - 5.g. AFRICOM MEDGUIDE-1, para. 1.G. Medical / Laboratory Testing
  - 5.h. AFRICOM MEDGUIDE-1, para. 1.F. Immunizations
  - 5.i. AFRICOM MEDGUIDE-1, para. 1.H.1. Periodic Health Assessments (PHA)
  - 5.j. AFRICOM MEDGUIDE-1, para. 1.I.1.D. Medical Records
  - 5.k. AFRICOM MEDGUIDE-1, para. 1.J. Pre-Deployment Training
  - 5.l. AFRICOM MEDGUIDE-1, para. under 1.K. Theater Force Health Protection, para. 1.K.1., 1.K.2., 1.K.3. and 1.K.5.

6. AFRICOM MEDGUIDE-1 Tab C, Section 1.B. the noted medical conditions are not necessarily disqualifying for PCS if either the receiving medical facility (MTF) or TAO-EA agree to receive the Service member and/or their family members.

**TAB B: MEDGUIDE-1 OVERVIEW OF AFRICOM MEDICAL WAIVER  
POLICY/PROCEDURE**

1. Remarks. Tab B accompanies AFRICOM MEDGUIDE-1 and describes the medical waiver process and authorities for personnel entering the AFRICOM Theater. Any personnel (Uniformed, Civilian [department of defense (DOD) or interagency], contractor) requiring entry into AFRICOM Theater must undergo health screening to ensure compliance with all applicable DOD, Service, and AFRICOM health standards as well as applicable contract-specified requirements for contractor personnel. Personnel not meeting health standards must submit a medical waiver request IAW AFRICOM MEDGUIDE-1 Ref C. It is recommended AFRICOM MEDGUIDE-1 be read in its entirety.

1.A. Submit completed medical waiver requests to the AFRICOM Force Health Protection (FHP) branch at the following organizational mailbox: [africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil](mailto:africom.stuttgart.acsg.mbx.j004-force-health-protection@mail.mil).

1.A.1. The AFRICOM medical waiver form is located at <http://www.africom.mil/staff-resources/travel-to-africa>, or contact the AFRICOM FHP branch via the e-mail address in para.

1.A. To be sent a copy of the medical waiver form.

1.A.2. AFRICOM FHP branch personnel will route requests to the appropriate approval authority as noted in section 2 of this document.

1.A.3. Requests may also be sent directly to the approval authority. In the event a medical waiver request is sent directly to the approval authority, the approval authority will notify the AFRICOM FHP branch after adjudicating the case.

1.B. The medical waiver authority will grant, deny or request further information, if needed, within three (5) working days. The medical waiver approval authority will then notify the applicant and AFRICOM FHP branch of the final adjudication.

1.C. All adjudicated medical waiver requests will be archived at the AFRICOM FHP branch.

2. Delegation of medical waiver authority.

2.A. The AFRICOM Command Surgeon retains medical waiver authority for:

2.A.1. Any personnel (Uniformed, Civilian, Contractor) of any agency (DOD or interagency), assigned to AFRICOM Headquarters entering the AFRICOM AOR.

2.A.2. Any personnel (Uniformed, Civilian, Contractor, Dependents) seeking entry into the AFRICOM Theater on DOD PCS orders.

2.A.3. Any DOD personnel (Civilian or Contractor) unaffiliated with a specific Service, (e.g., DIA, DTRA, OSD, etc.) entering the AFRICOM Theater on DOD orders.

2.A.4. Any non-DOD personnel (e.g., Uniformed, Civilian, Contractor) entering the AFRICOM Theater on DOD orders (i.e., other agency personnel [USCG, Interagency, etc.] on specific DOD mission under DOD responsibility).

2.B. Excluding personnel covered in 2.A. (above), the CJTF-HOA Surgeon has medical waiver authority for any personnel (Uniformed, Civilian, Contractor) entering CJTF-HOA on

DOD orders. The CJTF-HOA AOR includes: Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Seychelles, Somalia, Tanzania and Uganda.

2.C. Excluding personnel covered in 2.A. or 2.B. (above), the SOCAF Surgeon has medical waiver authority for any special operations personnel (Uniformed, Civilian, Contractor) entering the AFRICOM Theater on DOD orders.

2.D. Excluding personnel covered in 2.A., 2.B., or 2.C. (above), Service Component Surgeons (AFAF, NAVAF, USARAF) have medical waiver authority for respective Service-specific personnel (Uniformed, Civilian, Contractor) entering the AFRICOM Theater on DOD orders, with one noted exception: NAVAF will exercise waiver authority for USMAC personnel.

**TAB C: MEDGUIDE-1 AMPLIFICATION OF THE MINIMAL STANDARDS OF FITNESS FOR DEPLOYMENT TO THE AFRICOM THEATER**

1. Remarks: TAB C accompanies AFRICOM MEDGUIDE-1 and is divided into two sections: Section 1.A. describes medical and dental evaluation guidance and considerations. Section 1.B. provides a summary of higher authority guidance on deployment-limiting medical conditions IAW references (A) though (II) and AFRICOM guidance regarding specific deployment limiting conditions. Section 1.B. also provides medical considerations and guidance for medical waiver submissions. It is recommended AFRICOM MEDGUIDE-1 be read in its entirety.

1.A. Medical and dental evaluation guidance and considerations.

1.A.1. All personnel (Uniformed Service members, Government Civilian Employees, Volunteers, and DOD Contractor Employees) deploying to Theater must be medically, dentally and psychologically fit for deployment and possess a current Periodic Health Assessment (PHA) or physical. Fitness specifically includes the ability to accomplish tasks and duties unique to a particular operation and the ability to tolerate environmental and operational conditions of the deployed location. Uniformed Service members will be evaluated for deployment fitness according to Service regulations and policies, in addition to the guidance in AFRICOM MEDGUIDE-1.

1.A.2. DOD civilian personnel with apparently disqualifying medical conditions could still possibly deploy based upon an individualized medical assessment, medical waiver submission and disposition by the appropriate AFRICOM medical waiver authority (which shall be consistent with subparagraph 4.G.(3)(C) of DODD 1404.10 and the rehabilitation act of 1973, as amended).

1.A.3. DOD contract personnel will be evaluated for fitness according to DODI 3020.41. Ref I.

1.A.4. The healthcare provider evaluating personnel for deployment must bear in mind that in addition to the individual's duties, the environmental conditions that may impact health include extremes of temperature, physiologic demand (water, mineral, salt, and heat management), and poor air quality (especially particulates), while the operating conditions impose extremes of diet (to include fat, salt, and caloric levels), sleep deprivation, emotional stress, and sleep disturbance. If maintaining an individual's health requires avoidance of these extremes or conditions, the individual should not deploy.

1.A.5. The rules and facts listed in paragraph 1.A.4. Should assist the evaluating medical authority to make qualified judgments as to whether an individual with an existing condition is suitable for deployment. Any condition that markedly impairs an individual's daily function is grounds for disapproval. Evaluation of functional capacity to determine fitness in conditions of physiologic demand is encouraged to make a decision. This includes such things as a complete cardiac evaluation to include stress imaging, when there is coronary artery disease or significant risk thereof; or an official Functional Capacity Exam (FCE) as determined by the initial evaluating provider. The evaluating provider should pay special attention to hematologic, cardiovascular, pulmonary, orthopedic, neurological, endocrine, dermatological, psychological, visual, and auditory conditions which may present a hazard to the individual or others and/or preclude performing functional requirements in the deployed setting. Also, the type and amount

of medications being taken, their suitability and availability in the Theater environment must also be considered as potential limitations. Pre-deployment processing centers may vary in medical examination/screening procedures; individuals should contact their respective mobilization site for availability of a processing checklist.

1.A.6. The guidance in this document should not be construed as authorizing use of Defense Health Program (DHP) or Military Health System (MHS) resources for such evaluations unless previously authorized. Generally, DHP and MHS resources are not authorized for the purpose of pre-deployment or travel medicine evaluations for contractor employees IAW Ref I. Local command, legal, contracting and resource management authorities should be consulted for questions on this matter.

1.A.7. Shipboard operations that are not anticipated to involve operations ashore are exempt from the deployment-limiting medical conditions listed below and will follow Service-specific guidance.

1.A.8. Individuals being evaluated by a non-DOD civilian dentist should use a DD form 2813, or equivalent, as proof of dental examination.

1.A.9. The medical waiver process and authorities are outlined in AFRICOM MEDGUIDE-1, para. 1.C.2 and Tab B. Also see para. 1.B.3. of this tab for guidance and further considerations for medical waiver submission.

1.B. Evaluation guidance regarding evaluation of potential deployment limiting conditions.

1.B.1. This section provides a summary of higher authority and AFRICOM specific guidance for evaluation of potential deployment limiting conditions

1.B.2. IAW DODI 6490.07, at a minimum, the following criteria should be utilized to evaluate each medical condition prior to deployment:

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

1.B.2.B. The condition is stable and reasonably anticipated not to worsen during deployment in light of physical, physiological, psychological and nutritional effects of the duties and location.

1.B.2.C. Any required, ongoing healthcare or medications anticipated to be needed for the duration of the deployment is available in Theater within the military health system. Providers must understand that this is an extreme limiting factor for the AFRICOM Theater different from all other locations. Personnel with conditions that could be easily waived for deployment or travel to other geographic combatant commands may not be suitable to enter the AFRICOM Theater.

1.B.2.D. Medications required for the condition have no special handling, storage or other requirements e.g., refrigeration, cold chain or electrical power requirements.

1.B.2.E. Medications are well tolerated without significant side effects.

1.B.2.F. There is no need for routine evacuation out of Theater for continued diagnostics or other evaluations. (All should be done before deployments).

1.B.3. Additional AFRICOM medical evaluation guidance and considerations for medical waiver submission. Medical waivers for uniformed Service members, DOD civilian personnel and DOD contract personnel will be considered only if all the following circumstances are met:

1.B.3.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 constitutes increased risk of illness, injury, or infection.

1.B.3.B. It must be determined, based upon an individualized assessment, that the member can perform the essential functions of the position in the deployed environment, with or without a reasonable accommodation, without causing undue hardship. In evaluating undue hardship, the nature of the accommodation and the location of the deployment must be considered. Further, the member's medical condition must not pose a significant risk of substantial harm to the member or others taking into account the condition of the relevant deployed environment, with particular consideration of areas of armed conflict in the Theater. See Ref J.

1.B.3.C. The medical condition does not prevent the wear of personal protective equipment, including protective mask, ballistic helmet and/or body armor, if required.

1.B.3.D. The medical condition does not prohibit required Theater immunizations or medications (such as antimalarials, other chemoprophylactic antibiotics and Yellow Fever vaccination).

1.B.3.E. Any unresolved acute illness or injury must not impair the individual's duty performance during the duration of the deployment.

1.B.3.F. Submit medical waiver requests IAW AFRICOM MEDGUIDE-1 Tab B.

1.B.4. Deployment-limiting conditions list:

1.B.4.A. This list of deployment-limiting conditions is not intended to be comprehensive; there are many other conditions that may result in denial of medical clearance for deployment. Possession of one or more of the conditions listed in this tab does not automatically imply that the individual may not deploy. Conversely, in addition to any specified disqualifying condition, providers must also take into account the totality of the medical condition(s) and the medical capabilities present at the deployed location. This imposes the requirement to obtain a knowledgeable physician's opinion as to the deployability status of the individual and a valid deployment medical waiver from the appropriate medical waiver authority for the potentially medically disqualifying condition. "Medical conditions" as used in this context also includes those health conditions usually referred to as dental or psychological.

1.B.4.A.1. Asthma or other respiratory conditions. asthma or other respiratory conditions that have a forced expiratory volume-1  $\leq$  60% of predicted despite appropriate therapy, that has required hospitalization in the past 12 months, or that requires daily systemic (not inhaled) steroids will not be considered for medical waiver. Respiratory conditions that have been well controlled for 12 months and are evaluated to pose no risk of deterioration in the deployed environment may be considered for medical waiver.

1.B.4.A.2. 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.

1.B.4.A.3. Diabetes Mellitus:

1.B.4.A.3.A. Type 1 Diabetes Mellitus (Insulin-Dependent) or Insulin-requiring type 2 diabetes will not be considered for medical waiver.

1.B.4.A.3.B. Type 2 Diabetics on oral agents only with no change in medication within the last 90 days and a documented Hemoglobin A1-C below 7.0 **with or without** co morbidities (hypertension, hypercholesterolemia) or additional cardiac disease risk factors (smoking, family history of heart disease) may be considered for a medical waiver.

1.B.4.A.3.C. Individuals with co morbidities must have a Framingham coronary heart disease risk percentage calculated. If the calculated 10-year Framingham coronary heart disease risk percentage 10-year risk is 15% or greater, and if requesting a medical waiver, further evaluation is required prior to medical waiver submission. See para. 1.B.4.A.14.G.

1.B.4.A.3.D. Newly diagnosed Diabetes type 2 will require 90 days of stability, either on oral medications or with lifestyle changes, before a medical waiver will be considered. Individuals must also have documentation of a complete initial diabetic evaluation (eye exam, foot exam, nutrition counseling, etc.).

1.B.4.A.4. History of heat stroke will be considered for a medical waiver on a case-by-case basis provided there have been no episodes within the last 24 months. A patient with multiple episodes of heat stroke or persistent sequelae or organ damage will not be considered for medical waiver.

1.B.4.A.5. 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 AFRICOM Theater and without any degradation in duty performance.

1.B.4.A.6. Recurrent syncope (greater than one episode in 3 years) for any reason may be considered for a medical waiver. This medical waiver request must include the etiology and diagnosis of the condition.

1.B.4.A.7. Any musculoskeletal condition that significantly impairs performance of duties in a deployed environment will not be considered for medical waiver. If there are concerns, an official Functional Capacity Exam (FCE) must be performed and results included with the medical waiver request.

1.B.4.A.8. Recurrent or currently symptomatic nephrolithiasis will not be considered for medical waiver.

1.B.4.A.9. Pregnancy will not be considered for medical waiver.

1.B.4.A.10. Obstructive Sleep Apnea (OSA). Obstructive Sleep Apnea (OSA) is a common chronic disorder that often requires lifelong care. Patients with a diagnosis of moderate or severe OSA are at increased risk for poor Neurocognitive Performance and multiple adverse medical outcomes.

1.B.4.A.10.A. In-laboratory Polysomnography (PSG), with a minimum of 2 hours of total sleep time, is the required objective testing for all personnel with the diagnosis of OSA. Home testing with portable monitors is not accepted.



1.B.4.A.10.B. For purposes of deployment to the AFRICOM Theater, personnel diagnosed with mild OSA and who are asymptomatic (no excessive daytime sleepiness) do not require a medical waiver to deploy. Mild OSA is defined as the frequency of obstructive PSG events Apnea and Hypopnea Index (AHI) or Respiratory Disturbance Index (RDI) of less than 15 episodes per hour without CPAP use.

1.B.4.A.10.C. For purposes of deployment to the AFRICOM Theater, moderate to severe symptomatic OSA is considered a deployment limiting condition and will require a submission and approval of a medical waiver. These medical waivers will be reviewed on a case by case basis based on deployed location, co morbidities, proposed position assignment, reliability of electricity, and sleeping proximity to other personnel. In general, these patients should not be deployed to an area that is at risk for power outages for over 48 hours.

1.B.4.A.10.D. If a screening MTF or medical facility submits a medical waiver for personnel with OSA, the following must be included: individuals treated with a positive pressure device require PSG documentation that OSA is controlled with its use and adequate documentation that the patient complies with treatment recommendations.

1.B.4.A.10.E. Personnel who receive a medical waiver to deploy or require a CPAP machine for control of OSA, must deploy with a machine that has a rechargeable battery back-up and sufficient supplies for the duration of the deployment.

1.B.4.A.11. History of clinically diagnosed Traumatic Brain Injury (TBI) of any severity, including mild (MTBI) will be managed IAW DODI 6490.11 DOD policy guidance for management of Mild Traumatic Brain Injury/concussion in the deployed setting, enclosure 3, paragraph 4. This document can be found at <http://www.dtic.mil/whs/directives/corres/pdf/649011p.pdf>.

1.B.4.A.12. Body Mass Index (BMI) restrictions. Service members must be in compliance with Service-specific standards. Civilians and contractors with a BMI > 35 with serious comorbidities (e.g., diabetes, cardiovascular disease, hypertension, sleep apnea, obesity-related cardiomyopathy, severe joint disease, etc.), will not be considered for a medical waiver. Civilians and contractors with a BMI between 35 to 39 without serious comorbidities may be considered for a medical waiver. A body fat worksheet must accompany the medical waiver request for these individuals. Morbid obesity (BMI  $\geq$  40 or weight greater than 300 pounds) will not be considered for medical waiver. A BMI calculator is located at <http://www.nhlbi.nih.gov/guidelines/obesity/bmi/bmicalc.htm>

1.B.4.A.13. Any medical conditions (except OSA - see 1.B.4.A.10. above) that require certain durable medical equipment or appliances (e.g., nebulizers, catheters, spinal cord stimulators) or that requires periodic evaluation/treatment by medical specialists not readily available in Theater will not be considered for medical waiver.

1.B.4.A.14. Cardiovascular conditions:

1.B.4.A.14.A. Symptomatic coronary artery disease will not be considered for medical waiver.

1.B.4.A.14.B. Myocardial infarction within one year of deployment will not be considered for medical waiver.

1.B.4.A.14.C. Coronary artery bypass graft, coronary artery angioplasty, carotid endarterectomy, other arterial stenting, or aneurysm repair within one year of deployment will not be considered for medical waiver.

1.B.4.A.14.D. Cardiac dysrhythmias or arrhythmias, either symptomatic or requiring medication, electro-physiologic control, or automatic implantable cardiac defibrillator or other implantable cardiac devices will not be considered for medical waiver.

1.B.4.A.14.E. Hypertension that is controlled with a medication or lifestyle regimen that has been stable for 90 days and requires no changes does not require a medical waiver. Single episode hypertension found on predeployment physical must be accompanied by serial blood pressure checks (3 day BP checks) to ensure hypertension is not persistent.

1.B.4.A.14.F. Heart failure or history of heart failure will not be considered for medical waiver.

1.B.4.A.14.G. Cardiac Risk Stratification. Civilian personnel who are 40 years of age or older must have a Framingham 10-year CHD risk percentage calculated (online calculator is available at <http://cvdrisk.nhlbi.nih.gov/calculator.asp>). If the individual's calculated 10-year CHD risk is 15% or greater, and the individual is requesting a medical waiver, the individual should be referred for further cardiology work-up and evaluation, to include at least one of the following: graded exercise stress test with a Myocardial Perfusion Scintigraphy (SPECT scan) or a Stress Echocardiography as determined by the evaluating cardiologist. Results of the evaluation (physical exam, Framingham results, etc.) and testing, along with the evaluating physician's recommendation regarding suitability for deployment, must be included in a medical waiver request to deploy.

1.B.4.A.15. Uncontrolled Hyperlipidemia. Lipid screening must be accomplished IAW Service-specific guidelines for lipid assessment. All others (e.g., civilians, contractors)  $\geq 35$  years old must have a lipid screening profile performed within one year prior to deployment. While hyperlipidemia should be addressed IAW clinical treatment guidelines, hyperlipidemia values that are outside any of the following parameters: Total Cholesterol > 260, LDL > 190, Triglycerides > 500, either treated or untreated, requires a medical waiver to be submitted.

1.B.4.A.16. Infectious disease:

1.B.4.A.16.A. Blood-borne diseases (Hepatitis B, Hepatitis C, HTLV) that may be transmitted to others in a deployed environment. Medical waiver requests for individuals testing positive for a blood borne disease must include a full test panel for the disease, including all antigens, antibodies and viral load. Medical waiver requests for personnel with Hepatitidies must include a subspecialty (gastrointestinal [GI]) evaluation.

1.B.4.A.16.B. Confirmed HIV infection is disqualifying for deployment, IAW References J and R, Service-specific policies, and agreements with host nations.

1.B.4.A.16.C. Latent Tuberculosis Infection (LTBI). Individuals who are newly diagnosed with LTBI by either Tuberculosis Skin Test (TST) or Interferon-Gamma Release Assays (IGRA) testing will be evaluated for TB disease with at least a symptom screen, a chest x-ray and must have documented LTBI evaluation and counseling for consideration of

treatment. Active duty TST converters who have documented completion of LTBI evaluation and counseling for consideration of treatment and whose providers did not recommend LTBI treatment may deploy without a medical waiver as long as all Service-specific requirements are met. Individuals at any stage of treatment or with incomplete treatment require a medical waiver for deployment to the AFRICOM Theater. Those with untreated or incompletely treated LTBI, including those with newly diagnosed LTBI, previously diagnosed LTBI, and those currently under treatment for LTBI will be provided information regarding the risks and benefits of LTBI treatment during deployment (see AFRICOM MEDGUIDE-1 paragraph 1.G.6.C).

1.B.4.A.16.D. History of Active Tuberculosis (TB). Must have documented completion of full treatment course prior to deployment. Those currently on treatment for active TB disease may not deploy.

1.B.4.A.16.E. An AFRICOM medical waiver cannot override host or transit nation infectious disease or immunization restrictions. Active duty must comply with status of forces agreements; civilian deployers should contact the nation's embassy for up-to-date information.

1.B.4.A.17. Eye, ear, nose, throat, dental conditions:

1.B.4.A.17.A. Vision Loss. Best corrected visual acuity must meet job requirements to safely perform duties. Bilateral blindness or visual acuity that is unsafe for the combat environment per the examining provider will not be considered for medical waiver.

1.B.4.A.17.B. Refractive Eye Surgery. Personnel having undergone refractive eye surgery are non-deployable to the AFRICOM Theater during a satisfactory post surgical recovery period. Personnel are non-deployable to the AFRICOM Theater for three (3) months following uncomplicated Photorefractive Keratectomy (PRK), Laser Epithelial Keratomileusis (LASIK) and epithelial Laser Assisted in situ Keratomileusis (EPI-LASIK); and one (1) month following uncomplicated laser in-situ Keratomileusis (LASIK). Personnel are also non-deployable while still 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 deploy to the AFRICOM Theater 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.

1.B.4.A.17.E. Hearing Loss. Service members must meet all Service-specific requirements. Individuals must have sufficient unaided hearing to perform duties safely and medical waiver requests must reflect this. Those deploying to combat areas should have an occupationally focused assessment of ability to hear and wake up to emergency alarms unaided and hear instructions in the absence of visual cues such as lip reading. If there is any safety question, speech recognition in noise test (sprint) or equivalent is a recommended adjunct.

1.B.4.A.17.F. Tracheostomy or Aphonia will not be considered for medical waiver or deployment

1.B.4.A.18. Dental evaluation and examination:

1.B.4.A.18.A. All potentially deploying members need a dental examination within six months of deployment or per Service-specific guidelines. Patients without a dental exam within six months of deployment, or those who are likely to require evaluation or treatment during the period of deployment for oral conditions that are likely to result in a dental emergency, will not be considered for medical waiver or deployment.

1.B.4.A.18.B. Individuals with orthodontic equipment require a medical waiver to deploy. Medical waiver requests to deploy must include a current evaluation by the treating orthodontic provider and include a statement that wires with neutral force are in place.

1.B.4.A.19. Cancer:

1.B.4.A.19.A. Cancer for which the individual is receiving continuing treatment or requiring frequent subspecialist examination and/or laboratory testing during the anticipated duration of the deployment will not be considered for medical waiver.

1.B.4.A.19.B. Precancerous lesions that have not been treated and/or evaluated and that require treatment/evaluation during the anticipated duration of the deployment will not be considered for medical waiver or deployment.

1.B.4.A.19.C. All cancers must be in complete remission for at least one year before a medical waiver is submitted.

1.B.4.A.20. Surgery or surgical conditions:

1.B.4.A.20.A. Any medical condition that requires surgery (e.g., unrepaired hernia) 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 medical waiver.

1.B.4.A.20.B. Individuals who have had surgery requiring follow up during the deployment period or who have not been cleared/released by their surgeon (excludes minor procedures) will not be considered for medical waiver.

1.B.4.A.20.C. Individuals who have had surgery (open or laparoscopic) within 6 weeks of deployment will not be considered for medical waiver.

1.B.4.A.21. Psychiatric Conditions:

1.B.4.A.21.A. For detailed guidance on deployment-limiting psychiatric conditions or psychotropic medications, see Ref N. All mental or behavioral health related diagnosis requires a medical waiver submission package for consideration.

1.B.4.A.21.B. Psychotic and bipolar disorders will not be considered for medical waiver or deployment.

1.B.4.A.21.C. DSM IV or DSM 5 diagnosed psychiatric disorders with residual symptoms, or medication side effects which impair social and/or occupational performance will not be considered for medical waiver or deployment.

1.B.4.A.21.D. 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 or deployment.

1.B.4.A.21.E. Chronic insomnia that requires the use of sedative hypnotics/amnestics, benzodiazepines, and antipsychotics for greater than three months will not be considered for medical waiver or deployment.

1.B.4.A.21.F. Psychiatric hospitalization within the last 12 months require a medical waiver submission package with a specialty evaluation prior to deployment.

1.B.4.A.21.G. Suicidal ideation or suicide attempt with the last 12 months will not be considered for medical waiver or deployment.

1.B.4.A.21.H. Enrollment in substance abuse program (inpatient, Service-specific substance abuse program or outpatient) within the last 12 months will not be considered for medical waiver or deployment.

1.B.4.A.21.I. Substance abuse disorders (not in remission), actively enrolled in Service-specific substance abuse programs will not be considered for medical waiver or deployment.

1.B.4.A.21.J. Use of antipsychotics or anticonvulsants for stabilization of DSM IV or DSM-5 diagnosis will not be considered for medical waiver or deployment.

1.B.4.A.21.K. Psychiatric disorders with fewer than three months of demonstrated stability from the last change in treatment regimen (medication, either new or discontinued, or dose change) will not be considered for medical waiver or deployment.

1.B.4.A.21.L. 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.

#### 1.B.4.A.22. Medications:

1.B.4.A.22.A. Although not exhaustive, use of any of the following medications (specific medication or class of medication) is disqualifying for deployment, unless a medical waiver is granted:

##### 1.B.4.A.22.A.1. Blood Modifiers:

1.B.4.A.22.A.1.A. Therapeutic anticoagulants: Warfarin (Coumadin®), Rivaroxaban (Xarelto®).

1.B.4.A.22.A.1.B. Platelet aggregation inhibitors or reducing agents: Clopidogrel (Plavix®), Anagrelide (Agrylin®), Dabigatran (Pradaxa®), Aggrenox®, Ticlid (Ticlopidine®), Prasugrel (Effient®), Pentoxifylline (Trental®), Cilostazol (Pletal®). Note: Aspirin use in Theater is to be limited to individuals who have been advised to continue use by their healthcare provider for medical reasons; such use must be documented in the medical record.

1.B.4.A.22.A.1.C. Hematopoietics: Filgrastim (Neupogen®), Sargramostim (Leukine®), Erythropoietin (Epogen®, Procrit®).

1.B.4.A.22.A.1.D. Antihemophilics: Factor VIII, Factor IX.

1.B.4.A.22.A.2. Antineoplastics (Oncologic or Non-oncologic use): e.g., Antimetabolites (Methotrexate, Hydroxyurea, Mercaptopurine, etc.), Alkylators

(Cyclophosphamide, Melphalan, Chlorambucil, etc.), Antiestrogens (Tamoxifen, etc.), Aromatase Inhibitors (Anastrozole, Examestane, etc.), Medroxyprogesterone (except use for contraception), Interferons, Etoposide, Bicalutamide, Bexarotene, Oral Tretinoin (Vesanoid®).

1.B.4.A.22.A.3. Immunosuppressants: e.g., Chronic Systemic Steroids.

1.B.4.A.22.A.4. Biologic Response Modifiers (Immunomodulators) e.g., Abatacept (Orencia®), Adalimumab (Humira®), Anakinra (Kineret®), Etanercept (Enbrel®), Infliximab (Remicade®), Leflunomide (Arava®), etc.

1.B.4.A.22.A.5. Benzodiazepines: Chronic use or newly prescribed: Lorazepam (Ativan®), Alprazolam (Xanax®), Diazepam (Valium®), Clonazepam (Klonopin®), etc.

1.B.4.A.22.A.6. Schedule II stimulants taken for treatment of ADHD/ADD: Ritalin®, Concerta®, Adderall®, Dexedrine®, Focalin XR®, Vyvanse®, etc.

1.B.4.A.22.A.7. Sedative Hypnotics/Amnestics: Taken for greater than three months for treatment of chronic insomnia: Zolpidem (Ambien®, Ambien CR®), Eszopiclone (Lunesta®), Zaleplon (Sonata®), Estazolam (Prosom®), Triazolam (Halcion®), Temazepam (Restoril®), Flurazepam (Dalmane®), etc.

1.B.4.A.22.A.8. Antipsychotics. Including atypical antipsychotic medication.

1.B.4.A.22.A.9. Antimanic (bipolar) Agents: e.g., Lithium.

1.B.4.A.22.A.10. Anticonvulsants, used for seizure control or psychiatric diagnoses.

1.B.4.A.22.A.10.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 deployment limiting as long as those conditions meet the criteria set forth in this document and accompanying **mod twelve**. No medical waiver required.

1.B.4.A.22.A.10.B. Valproic Acid (Depakote®, Depakote ER®, Depacon®, etc.).

1.B.4.A.22.A.10.C. Carbamazepine (Tegretol®, Tegretol XR®, etc.).

1.B.4.A.22.A.11. Varenicline (Chantix®).

1.B.4.A.22.A.12. Opioids, Opioid combination drugs, or Tramadol (Ultram®) for chronic use (greater than 30 days).

1.B.4.A.22.A.13. Insulin and Exenatide (Byetta®).

1.B.4.A.22.A.14. Injectable medications of any type.

**TAB D: MEDGUIDE-1 AMPLIFICATION OF MEDICAL TRAINING  
REQUIREMENTS FOR MEDICAL PERSONNEL ENTERING THE AFRICOM  
THEATER**

1. Remarks. Tab D accompanies AFRICOM MEDGUIDE-1 and provides amplification of the minimal training requirements for medical personnel entering the AFRICOM Theater. It is DOD policy that appropriate training of medical personnel is the foundation for effective force health protection. Training must encompass all aspects of medical support across the range of military operations and for appropriate military support of homeland defense, civil authorities, humanitarian missions, security contingencies, and reconstruction and stabilization. Training must be current throughout the duration of the travel or deployment. The below medical training requirements is an excerpt of and amplifying guidance from the AFRICOM reporting instructions located at <http://www.africom.mil/staff-resources/travel-to-africa>, as well as Annex Q, Medical Services of the AFRICOM Theater Campaign Plan (TCP). It is also recommended AFRICOM MEDGUIDE-1 be read in its entirety.

1.A. IAW DODI 1322.24, Medical Readiness Training. The military Services will ensure medical personnel assigned to mobility positions or identified to deploy to a military operation are trained prior to deployment. When possible, training should be conducted in the environment and with the type of equipment the Service member will use while deployed and with the unit or a similar unit with which the Service member is scheduled to deploy or backfill.

1.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 and basic first aid prior to travel or deployment to the AFRICOM Theater. Additionally, training on Cardio Pulmonary Resuscitation (CPR) and familiarization with public access Automated External Defibrillation (AED) devices is highly recommended. Additional medical training may be required IAW Service-specific guidance. The remainder of this tab amplifies medical training that is only applicable to medical personnel.

2. General Training Requirements for Medical Personnel. Medical personnel (Uniformed Members of the US Air Force Medical Services, US Army Medical Department and US Navy Bureau of Medicine and Surgery, holding any medical job series) traveling or deploying to the AFRICOM Theater will be qualified in their occupational skill IAW applicable Service guidance and be familiar (unless their job series requires a higher level of proficiency) with the topics below IAW DODI 1322.24, para 8 (B)(2):

2.A. Threats and potential battlefield environments.

2.B. Operational concepts of operation.

2.C. Operational command, control, and communications.

2.D. Preventive medicine, including field sanitation, hygiene, disease prevention, and vector control.

2.E. Occupational and environmental hazard recognition, assessment, mitigation, and reporting.

2.F. Combat stress control.

2.G. Aeromedical evacuation, patient and patient movement item staging.

2.H. Medical support of stability operations, humanitarian assistance activities, and defense support of civil authorities.

2.I. Recognition and medical management of chemical, biological, radiological, nuclear, and explosive injuries.

2.J. Language and culture training is highly recommended.

3. Clinical staff.

3.A. All deploying physicians, nurse practitioners, nurses, physician assistants, Army Special Forces medical sergeants (18D), Independent Duty Corpsmen (IDC), and Independent Duty Medical Technicians (IDMT) will be trained in:

3.A.1. Current in Advanced Trauma Life Support (ATLS).

3.A.2. Current in Advanced Cardiac Life Support (ACLS).

3.A.3. Current in Basic Life Support (BLS).

3.A.4. Tropical Medicine.

3.A.4.A. The ability to diagnose and treat malaria and other tropical diseases. Training shall include disease prevention and education as well as rapid malaria testing and familiarization with microscopic diagnosis.

3.A.4.B. Recommended courses are the Walter Reed Army Institute of Research (WRAIR) tropical medicine course "Deployment and International Health Short Course," the USAF School of Aerospace Medicine "Global Medicine Course", or the Navy Military Tropical Medicine Course. Alternate courses may be available.

3.A.4.C. Deploying commanders must make every effort to ensure clinical staff (as defined in para. 3.A.) attend recommended tropical medicine training. If attending one of these courses is not possible, at a minimum, clinical staff must complete the tropical medicine topics reading list located at <http://www.africom.mil/staff-resources/medical-personnel-training/> and the online training courses in para. 3.A.5. AND 3.A.6.

3.A.5. Complete the Rabies post-exposure prophylaxis basics training located at <http://www.cdc.gov/rabies/resources/training/index.html>. Training certificate must be forwarded to the Service component surgeon along with credentialing paperwork as described in para. 3.E. below.

3.A.6. Complete Malaria 101 for the health care provider training located at <http://www.cdc.gov/parasites/cme/malaria/course.html>. Training certificate must be forwarded to the Service Component Surgeon along with credentialing paperwork as described in para. 3.E. below.

3.A.7. Post-exposure Human Immunodeficiency Virus (HIV) management and treatment.

3.A.8. Disease and Injury (D&I) and tri-Service reportable medical events reporting IAW with DOD guidance.



3.A.9. Medical evacuation/casualty evacuation (MEDEVAC/CASEVAC) procedures and familiarization with International SOS (ISOS) in Africa.

3.B. Individuals who will be assigned as a sole provider are required to attend Service-specific trauma training and complete Tactical Combat Casualty Care (TCCC) courses within the last three (3) years. Surgeons or Emergency Medicine physicians who have completed residency within the last four (4) years are exempt from the Service-specific trauma training.

3.B.1. Service-specific trauma training is available through Service designated trauma training sites such as:

3.B.1.A. US Air Force. Center for the Sustainment of Trauma and Readiness Skills (C-STARS).

3.B.1.B. US Army. US Army Trauma Training Center (ATTC).

3.B.1.C. US Navy. Naval Trauma Training Center (NTTC).

3.C. Sole providers are also required to gain familiarization with management and treatment of bites by local snake species.

3.D. Privileged and/or credentialed providers (including but not limited to physicians, nurse practitioners, nurse anesthetists, physician assistants, IDC/IDMT, and special forces/special operations/civil affairs medics) must hand-carry a one-page inter-facility transfer brief indicating their clinical privileges. The inter-facility transfer brief should be obtained through the provider's credentialing office via the Centralized Credentials Quality Assurance System (CCQAS) or equivalent reference.

3.E. It is the Service Component Surgeon's responsibility to ensure providers are adequately credentialed prior to travel or deployment to the AFRICOM Theater.

4. Non-credentialed Medical Personnel. Service enlisted medical staff will be current in their Pre-Deployment Trauma Training (PDTT) or Service-equivalent Training

4.A. Complete Tactical Combat Casualty Care (TCCC) Courses within three (3) years.

4.B. Basic Life Support within 2 years.

5. Medical Operations and Plans Personnel. Medical planners will be trained in:

5.A. Military decision-making process/Joint Operation Planning and Execution System (JOPES)/Joint Operational Planning Process (JOPP)/Global Force Management (GFM)/Joint Capabilities Requirements Management (JCRM).

5.B. MEDEVAC/CASEVAC procedures and familiarization with ISOS in Africa.

5.C. Transportation Command Regulating and Command and Control Evacuation System (TRAC2ES).

5.D. Theater Medical Data Store (TMDS) Systems.

5.E. JOPES /Adaptive Planning (APEX), to include development of Annex Q, medical Services.

5.F. Medical Intelligence/Medical Intelligence Preparation of the Operational Environment (MIPOE).

- 5.G. Service, Joint, and Combined Operations.
  - 5.H. Joint Health Service Doctrine.
  - 5.I. Medical Support to Detainee Operations.
  - 5.J. Military medical support to stability operations and humanitarian relief.
  - 5.K. Medical common operating picture development.
  - 5.L. After Action Reports (AAR).
  - 5.M. Medical Situation Reports (MEDSITREP) format and reporting.
  - 5.N. This requirement can be met through a Service-specific or joint medical planner course.
6. Patient Movement Personnel. Medical regulating officers, Aeromedical Evacuation Officer, and all Enlisted Medical Technicians will be trained in:
- 6.A. MEDEVAC/CASEVAC procedures and familiarization with ISOS in Africa.
  - 6.B. TRAC2ES.
  - 6.C. TMDS Systems.
7. Preventive Medicine Services Personnel. Preventive Medicine or Air Force Public Health Officers/Enlisted Technicians, Army Environmental Health and Safety Officers, Army Special Forces Medical Sergeants (18D), Air Force Bioenvironmental Engineers/Enlisted Technicians, IDC and IDMT who deploy to forward operating locations will be trained in:
- 7.A. Deployment Health Surveillance requirements to include occupational and environmental health site assessments, environmental (air, water, soil) sampling and operational reporting.
  - 7.B. Field sanitation and hygiene, disease prevention, and vector surveillance and control.
  - 7.C. Disease and injury (D&I) and Tri-Service reportable medical event reporting.
  - 7.D. Food facility inspections.
  - 7.E. Food and water risk assessments (highly recommended). This is a course offered by the army public health command with limited availability.
  - 7.F. Food defense and food vulnerability assessments.
  - 7.G. Integrated pest management program.
  - 7.H. Industrial hygiene.
  - 7.I. Disease outbreak investigation techniques.
  - 7.K. Supervise field sanitation training and assess field sanitation compliance.
  - 7.L. Familiarization with the most current version of the United States transportation command policy on patient movement of infectious patients which may be located at [http://www.transcom.mil/tcsg\\_public/](http://www.transcom.mil/tcsg_public/).
8. Veterinary services personnel. Veterinary services personnel will be trained in:
- 8.A. Veterinary civic action programs.

8.B. Veterinary preventive medicine.

8.C. Diagnosis and prevention of zoonotic as well as foreign animal diseases prevalent in the AFR Theater.

8.D. Sanitary audits and sampling of local food and water sources.

8.E. Food facility inspections.

9. Subordinate command medical staff personnel. IAW DODI 1322.24 and AFRICOM Command Surgeon requirements, medical personnel assigned as Joint Task Force (JTF) and Joint Force Commander (JFC), Service Component, or Special Operations Forces Headquarters Surgeon staff will be trained in:

9.A. Command relationships.

9.B. Command, control, and communication processes.

9.C. JOPES/APEX, to include development of Annex Q, medical services.

9.D. Medical Intelligence/MIPOE.

9.E. Service, Joint, and Combined Operations.

9.F. Joint Health Service Doctrine.

9.G. Medical Support to Detainee Operations.

9.H. Military Medical Support to Stability Operations and Humanitarian Relief.

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

9.J. MEDCOP development.

9.K. AARS and JLLIS.

9.L. MEDSITREP format and reporting.