INDIVIDUAL AUGMENTEE (IA) and
SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO)
SPECIFIC REQUIREMENTS FOR AFRICA COMMAND (AFRICOM)
AREA OF RESPONSIBILITY (AOR)

1. NAVMED 1300/4, EXPEDITIONARY MEDICAL and DENTAL SCREENING FOR INDIVIDUAL AUGMENTEE (IA) and SUPPORT ASSIGNMENTS to OVERSEAS CONTINGENCY OPERATIONS (OCO) COMPLETED?	☐ YES ☐ NO COMPLETION DATE:
2. MENINGOCOCCAL (QUADRIVALENT) VACCINE: (WITHIN FIVE YEARS) IS REQUIRED FOR PERSONNEL DEPLOYING TO COUNTRIES WHERE THE RISK OF MENINGOCOCCAL DISEASE IS SIGNIFICANTLY ELEVATED ABOVE THE US BASELINE. *THIS INCLUDES ALL OF AFRICA EXCEPT BOTSWANA, LESOTHO, SOUTH AFRICA, SWAZILAND, AND ZIMBABWE.*	REQUIREMENT MET? ☐ YES ☐ NO
3. YELLOW FEVER: VACCINE IS REQUIRED FOR PERSONNEL DEPLOYING TO COUNTRIES WHERE THE DISEASE IS PRESENT INCLUDING: ANGOLA, BENIN, BURKINA FASO, BURUNDI, CAMEROON CENTRAL AFRICAN REPUBLIC, CHAD, GABON, DEMOCRATIC REPUBLIC OF CONGO, EQUATORIAL GUINEA, GAMBIA, GHANA, GUINEA, GUINEA-BASSAU, IVORY COAST, LIBERIA, MALI, MAURITANIA, NIGER, NIGERIA, REPUBLIC OF CONGO, RWANDA, SENEGAL, SAO TOME AND PRINCIPE, SIERRA LEONE, TANZANIA, TOGO, UGANDA, AND ZAMBIA.	REQUIREMENT MET? ☐ YES ☐ NO
4. MALARIA CHEMOPROPHYLAXIS: A SIGNIFICANT PROPORTION OF MALARIA DISEASE IN ALL COUNTRIES IS DUE TO CHLOROQUINE RESISTANT PLASMODIUM FALCIPARUM. MALARIA IS AN ENDEMIC YEAR-ROUND IN ALL COUNTRIES OF THIS REGION INCLUDING: DJIBOUTI, KENYA, ERITREA, SOMALIA, ETHIOPIA, AND SUDAN. A.) NORTHERN AFRICA, CONSISTING OF COUNTRIES OF ALGERIA, LIBYA, MOROCCO, TUNISIA, AND WESTERN SAHARA. MALARIA IS ENDEMIC IN SW LIBYA AND NEIGHBORING SE ALGERIA (FEZZAN AND ILLIZI PROVINCES, RESPECTIVELY), RURAL AREAS OF NORTHERN AND CENTRAL MOROCCO BETWEEN TANGIER AND EL KELAA PROVINCE (URBAN AREAS CONSIDERED RISK-FREE), AND WESTERN SAHARA (STATUS UNCERTAIN, ASSUME WORSE CASE). TUNISIA IS MALARIA-FREE. SOME P. FALCIPARUM MAY OCCUR IN WESTERN SAHARA; ELSEWHERE ONLY P. VIVAX IS REPORTED. B.) SUB-SAHARAN AFRICA, CONSISTING OF THE COUNTRIES LISTED, ALL ARE HIGHLY ENDEMIC FOR MALARIA YEAR-ROUND: ANGOLA, BENIN, BURKINO FASO, BURUNDI, CAMEROON, CAPE VERDE ISLANDS, CENTRAL AFRICAN REPUBLIC, CHAD, CONGO, DEMOCRATIC REPUBLIC OF CONGO, EQUATORIAL GUINEA, GABON, GAMBIA, GHANA, GUINEA, GUINEA-BISAU, LIBERIA, IVORY COAST, MALAWI, MALI, MAURITANIA, NIGER, NIGERIA, RWANDA, SAO TOME & PRINCIPE, SENEGAL, SIERRA LEONE, TANZANIA, TOGO, UGANDA, AND ZAMBIA.	REQUIREMENT MET? ☐ YES ☐ NO

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C.) WHILE PLASMODIUM VIVAX, OVALE, MALARIAE, AND FALCIPARUM MAY ALL BE ENCOUNTERED, THE GREATEST RISK IS FROM FALCIPARUM. CHLOROQUINE RESISTANT STRAINS HAVE BEEN REPORTED FROM EVERY LISTED COUNTRY. ADDITIONALLY, SOME MEFLOQUINE RESISTANCE HAS OCCASIONALLY BEEN REPORTED FROM SEVERAL OF THE COUNTRIES IN THIS REGION.

SOUTHERN AFRICA, CONSISTING OF THE COUNTRIES OF: BOTSWANA, LESOTHO, MOZAMBIQUE, NAMIBIA, SOUTH AFRICA, SWAZILAND, ZIMBABWE.

D.) MALARIA IS ENDEMIC THROUGHOUT MOST OF SOUTHERN AFRICA, ESPECIALLY THE NORTHERN PART OF BOTSWANA, THE NORTHERN RIVER VALLEYS OF NAMIBIA, KWAZULU-NATAL NORTH OF THE TUGELA RIVER, MPUMALANGA, AND NORTHERN PROVINCES IN SOUTH AFRICA, ALL NON-MOUNTAINOUS AREAS OF SWAZILAND, AND ALL AREAS OF ZIMBABWE EXCEPT THE CITIES OF HARARE AND BULAWAYO. LESOTHO IS MALARIA-FREE.

MALARIA CHEMOPROPHYLAXIS IS NOT REQUIRED FOR TRAVEL THAT WILL BE RESTRICTED TO MAJOR URBAN AREAS IN SOUTH AFRICA. FALCIPARUM REPORTEDLY ACCOUNTS FOR 90-99% OF MALARIA CASES; OVALE, VIVAX, AND MALARIAE OCCUR. FALCIPARUM MALARIA STRAINS ARE RESISTANT TO THE STANDARD THERAPEUTIC AGENT CHLOROQUINE.

E.) MALARIA CHEMOPROPHYLAXIS: IN AORS WHERE DOXYCYCLINE AND MEFLOQUINE ARE EQUALLY EFFICACIOUS IN PREVENTING MALARIA, DOXYCYCLINE IS THE DRUG OF CHOICE. MEFLOQUINE SHOULD ONLY BE USED FOR PERSONNEL WITH CONTRAINDICATIONS TO DOXYCYCLINE AND DO NOT HAVE ANY CONTRAINDICATIONS TO THE USE OF MEFLOQUINE (ACTIVE DEPRESSION, RECENT HISTORY OF DEPRESSION, GENERALIZED ANXIETY DISORDER, OR OTHER MAJOR PSYCHIATRIC DISORDERS OR HISTORY OF CONVULSIONS OR TRAUMATIC BRAIN INJURY). MALARONE IS THE PREFERRED ALTERNATE FOR MEMBERS WHO CANNOT TAKE DOXYCYCLINE OR MEFLOQUINE. MEDICAL PROVIDERS SHALL FOLLOW MOST CURRENT DOD, NAVY MEDICINE AND/OR MOST UPDATED USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT POLICY FOR THE MOST RECENT AOR SPECIFIC RECOMMENDATIONS.

F.) PERSONNEL SHOULD BE INFORMED THAT MISSING ONE DAY OF DOXYCYLINE WILL PLACE THEM AT RISK FOR MALARIA. TERMINAL PROPHYLAXIS WITH PRIMAQUINE WILL BEGIN AFTER REDEPLOYMENT.

G.) ALL PERSONNEL WILL HAVE A TEST FOR G6-PD DEFICIENCY, PRIOR TO RECEIVING PRIMAQUINE. ONLY ONE TEST IS REQUIRED TO DETERMINE IF A DEFICIENCY EXISTS. THE RESULT OF TESTING WILL BE DOCUMENTED IN MEDPROS AS “N” FOR NORMAL, OR “D” FOR DEFICIENT.

5. MEMBER CLEARED FOR MISSION	☐ YES ☐ NO

6. COMMENTS

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