

Personnel Readiness Process General Health Counseling for Travelers to Africa

Personnel traveling to the African continent must understand the “all hazards” threat they will encounter in the US Africa Command (USAFRICOM) Area of Responsibility (AOR). This document reviews (1) some principles common to all travelers that encourage both illness and injury prevention, and (2) self-treatment of some common travel-related conditions.

First things first:

- Yellow fever vaccination must be received at least 10 days prior to travel.
 - Yellow fever vaccination is not required for travel to Morocco, Tunisia, Cabo Verde and Comoros.
 - Proof of vaccination must be carried with your passport (CDC 731, yellow shot card).
 - In most circumstances the Yellow fever vaccination is typically valid for life.
 - May be required for applying for entry visas in advance of travel.
- There are medical reasons for recommending that an individual **not** travel.
 - Health conditions should be discussed with your provider prior to travel.
 - Inability to take/tolerate antimalarial medication or immunizations.
 - Some medical conditions require a medical waiver. Review US Africa Command Instruction (ACI) 4200.09 for detailed information on the waiver process.
- Medical insurance is not the same thing as travel insurance. Ask before you go about what steps you must take to be insured **for medical air evacuation (does not apply to active duty service members)**.
- Follow all instructions regarding the use of malaria prophylaxis medications prescribed by your healthcare provider or travel clinic.
 - **Missing one dose of malaria prophylaxis and not using insect repellent will place you at increased risk for severe disease from malaria.**
 - **Immediate medical attention is necessary for fever or influenza-like illness within 3 months after travel in a malaria risk area.**
- Review current health precautions for the specific country of travel (Electronic Foreign Clearance Guide, USAFRICOM messages, Centers for Disease Control and Prevention).
- If you become ill within 1 year after traveling to Africa, seek medical attention and inform medical personnel that you have traveled to Africa.

Immunizations:

The following immunizations are essential prior to African travel. These are based upon theater clearance and medical advice/force health protection guidance. Your provider may recommend other vaccinations on an individual basis.

- Seasonal influenza: Dependent on location (Northern Hemisphere vs. Southern Hemisphere)
- Tetanus booster (Td), or Tetanus, diphtheria, and acellular pertussis (Tdap)
- Measles/Mumps/Rubella and Polio series, with an additional adult booster
 - Adult Polio booster should be documented on yellow shot card.
 - Additional Polio booster may be required for stays >4 weeks in some African countries
- Varicella (chicken pox), if not already immune by natural disease
- Any age-appropriate, currently recommended, immunization you may be lacking
- Hepatitis A virus: transmitted via food and/or water
- Hepatitis B virus: transmitted via blood and/or body fluids

- Typhoid fever: transmitted via food and/or water
- Meningitis: bacterial infection of the lining of the brain
- Yellow fever: carried by mosquitoes; potentially fatal

Sexually Transmitted Infections (STIs):

STIs are endemic in most African countries. Human Immunodeficiency Virus (HIV) prevalence (the percentage of people with a disease) exceeds 20% in some countries in Africa.

- If exposed to HIV via sexual contact, blood, etc., seek medical attention as HIV Post-exposure prophylaxis (PEP) can prevent infection and should be administered at least 72 hours after exposure.

Insect Transmitted Diseases:

- Mosquitoes carry malaria, dengue fever, yellow fever, West Nile fever, chikungunya, encephalitis, and many other viral and parasitic diseases.
- Ticks carry typhus, Lyme disease, anaplasmosis, babesiosis, and many other diseases.
- Timing: mosquitoes that carry malaria bite during the dark hours from dusk to dawn; those that carry yellow fever and dengue fever bite during daylight hours.
- Repellent for skin: utilize products that contain at least **25% DEET**.
- Repellent for clothing: clothing and bed nets treated with **permethrin** are effective and, if not dry-cleaned, will hold the chemical despite a number of launderings.
- Bed nets treated with permethrin are essential when accommodations lack air conditioning or intact screens. Air conditioning and power may not work consistently even when available. Housekeeping may allow insects to enter your room if they open windows. Field conditions and areas where malaria is endemic mandate the use of bed nets.

Beverages and water hygiene:

- Bottled water is usually safe, although re-fill/re-cap practices sometimes occur.
- Pre-packaged carbonated beverages are generally safe.
- It is possible to contaminate safe beverages via:
 - Ice cubes made from contaminated water
 - Contaminated containers
- Be sure to brush your teeth with bottled water.
- Contaminated water is often used to wash cold foods such as salads and fruits. Fully cooked vegetables and fruits, or those that can be peeled easily are safer choices.
- Piping hot coffee and tea are usually considered safe.

Food hygiene tips:

- Dishes kept very hot over steam or flame are safest.
- Foods generally considered safe include:
 - Baked goods without dairy or meat filling
 - Yogurt labeled as pasteurized with an expiration date
 - Made-to-order items (such as eggs) where you can instruct the cook in real-time
- You should avoid unpasteurized dairy, undercooked meats, washed salads, cut fruit, fresh juices, and most condiments or sauces served in room temperature bowls.

Rabies:

- Rabies is endemic in most African countries. Rabies infection is nearly 100% fatal. Unless you plan to handle animals closely (veterinary staff or anyone performing animal rescue work), your risk of rabies exposure is low.

- Avoid handling or petting any animals, especially free-roaming dogs and cats that may be socialized to humans. **Mascot animals are not authorized! If you sustain a bite or scratch from any animal, first aid is a priority.**
- Wash the wound thoroughly with soap and water. Immediately seek medical care; in addition to rabies, other serious infections occur as a result of animal bites. If animal can be located/safely captured, consider euthanizing and testing for rabies. No matter where you are, treat the situation as a medical urgency and seek rabies post-exposure immunization and immune globulin as soon as possible.

Additional Precautions: Avoid going barefoot (risk of worms that enter through the skin), wading/swimming in fresh water (parasites and bacteria that enter through intact skin, nose or mouth), obviously polluted environments, and exposure to individuals with a chronic cough (tuberculosis, influenza risk).

Helpful websites:

1. www.travax.com (CAC enabled)
2. Travel.state.gov
3. <https://wwwnc.cdc.gov/travel/yellowbook/2020/table-of-contents>
4. [United States Africa Command \(africom.mil\)](http://UnitedStatesAfricaCommand.africom.mil)
5. [The Electronic Foreign Clearance Guide \(FCG\) \(pentagon.mil\)](http://TheElectronicForeignClearanceGuide.FCG.pentagon.mil)