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Aerospace Medicine

MEDICAL ENTOMOLOGY PROGRAM



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction assigns responsibilities for prevention of vectorborne disease and control of medical pests using an integrated pest management (IPM) approach. It interfaces with AFR 48-1, *Aerospace Medical Program*, and AFI 48-105, *Control of Communicable Diseases*.

SUMMARY OF REVISIONS

This issuance aligns the instruction with AFR 48-1. It eliminates the requirement for annual summary reports of medical entomology programs.

1. Responsibilities. This instruction establishes the following responsibilities and authorities (see **Attachment 1** for terms used in this instruction).

2. The Air Force Surgeon General:

2.1. Evaluates worldwide vectorborne disease threats. Interfaces with major commands (MAJCOM), Department of Defense (DoD), and other Federal, state, and international organizations on the need for developing vectorborne disease surveillance and suppression programs, including the aerial application of pesticides and disinsection of aircraft.

2.2. Maintains a medical entomology program for consultation, training, and research on the prevention and control of vectors, vectorborne diseases, and medical pests.

2.3. Helps the Air Force Civil Engineering Support Agency and other civil engineering staffs develop IPM to control vectors and medical pests.

2.4. Serves as the Air Force point of contact for DoD medical entomology research, development, testing, and evaluation.

2.5. Identifies and assists in resolving pest management and pesticide problems involving environmental contamination or occupational health.

2.6. Ensures Air Force training and education programs effectively cover the prevention of vector-borne disease and the control of vectors and medical pests.

2.7. Provides representation to the Armed Forces Pest Management Board.

3. MAJCOM Military Public Health Officer:

3.1. Determines medical entomology requirements to support contingency operations. Requests deployment of a medical entomologist to provide professional analysis and consultation to ensure effective vector control for contingencies when necessary.

3.2. Coordinates with the MAJCOM/CE on the control of vectors and medical pests using IPM techniques.

4. Armstrong Laboratory, Brooks AFB Texas:

4.1. Provides consultation in medical entomology, pesticide use, safety, and toxicology.

4.2. Evaluates new techniques for preventing and controlling vectors and medical pests.

5. US Air Force School of Aerospace Medicine, Brooks AFB Texas:

5.1. Trains medical and civil engineering personnel on vectorborne diseases and the surveillance and control of vectors and medical pests.

5.2. Provides medical entomology support for medical readiness training.

6. HQ USAFE/CEOO. Provides medical entomology and pest management consultation for all USAFE installations.

7. Base Commander. Ensures assigned personnel are protected from vectorborne disease and medical pests.

8. Base Civil Engineer (BCE):

8.1. Plans and executes vector and medical pest control using IPM techniques.

8.2. Continental United States (CONUS) BCEs provide trash collection and handling services according to US Department of Agriculture guidelines and AFI 48-304, *Quarantine Regulations of the Armed Forces*, for aircraft arriving from outside CONUS to prevent the introduction of foreign agricultural pests.

9. Military Public Health:

9.1. Assists in contingency site selection to minimize vectorborne disease potential.

9.2. Briefs deploying personnel on threat of vectorborne disease and prevention using personal protective measures such as chemoprophylaxis, repellents, bed nets, and head nets.

- 9.3. Implements a surveillance program to detect vectors and medical pests. Local public health department data may be used to prevent duplication of effort.
- 9.4. Correlates surveillance data with disease incidence and outbreak potential.
- 9.5. Recommends control measures to the BCE when vectors or medical pests pose a health threat, interfere with duty performance, or cause a morale problem.
- 9.6. Maintains liaison concerning vectorborne disease with Federal, state, and local health authorities and foreign medical authorities overseas. Integrates installation surveillance data with civilian programs whenever possible.
- 9.7. Serves as a consultant in quarantine inspection programs as outlined in AFI 48-304. Evaluates the potential for inadvertent transport of medical or economic pests.
- 9.8. Provides information to health care providers on prevention and control of vectorborne diseases in the local area.
- 9.9. Participates in planning for emergency vector or medical pest control using aerial application of pesticides. Surveys before and after aerial application to assess efficacy.

10. Bioenvironmental Engineering Services:

- 10.1. Provides technical information to the BCE on the safe storage and use of pesticides.
- 10.2. Reviews the narrative installation plan prepared by the BCE before it is sent to MAJCOM/CE for approval.
- 10.3. Monitors the environmental impact of pesticide application, including aerial spraying.
- 10.4. Monitors the acquisition, storage, and use of pesticides by civil engineering and other base organizations. Monitors the storage and use of pesticides by contractors.

ALEXANDER M. SLOAN, Lt General , USAF, MC
Surgeon General

Attachment 1

TERMS EXPLAINED

Terms

Economic Pests.—Animals or plants that do not pose a human medical threat, but do pose a threat to agriculture, marine, or terrestrial environments.

Medical Entomology.—The study of vectors and medical pests emphasizing prevention and control.

Medical Pests.—Animals or plants that do not directly transmit a disease pathogen but are medically important because of biting, stinging, or other annoyance including secondary skin infection.

Pesticides.—Chemicals used to kill pests, including disease vectors, intermediate hosts, and reservoirs. These include insecticides, acaricides, molluscicides, rodenticides, herbicides, fungicides, and other toxicants.

Vectors.—Animals such as mosquitoes, biting flies, filth flies, flesh flies, lice, kissing bugs, fleas, mites, ticks, snails, rodents, bats, etc. capable of inoculating or transferring disease pathogens to humans or domestic animals.

Vectorborne Diseases.—Those illnesses caused by specific infectious agents transmitted from a reservoir to a susceptible host by a vector.