DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO
ATTENTION OF

DASG-HSZ

23 DEC 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy for Diagnosis and Treatment of *Leishmaniasis sp.* Diseases

1. Cases of leishmaniasis (primarily cutaneous) continue to occur among US military personnel following exposure to infected sand flies in endemic areas. This is a particular concern among personnel deployed in support of Operation Enduring Freedom. This policy provides guidance to Military Treatment Facilities (MTFs) for the diagnosis and treatment of all suspected or confirmed cases of leishmaniasis (cutaneous, mucocutaneous, visceral, and viscerotrophic).

2. Leishmaniasis is a disease caused by *Leishmaniasis sp.* parasites transmitted by the bite of infected sand flies. It is endemic in many parts of the Middle East, Mediterranean Coast, Asia, Africa, Central America and South America. The incubation period varies from one week to many months. Diagnosis requires special techniques and culture media to isolate and properly identify the organism.

3. Cutaneous leishmaniasis is a disease characterized by one or more chronic, frequently ulcerative, skin lesions. The diagnosis of cutaneous leishmaniasis can be difficult. The skin lesion usually begins as a papule that often enlarges and transforms into an indolent ulcer. Skin lesions caused by *Leishmania sp.* infection may mimic other common skin disorders in appearance. Delayed onset of signs and symptoms reduces the likelihood that clinicians will associate a skin lesion with deployment in an endemic environment. These aspects of cutaneous leishmaniasis emphasize the need for heightened clinical suspicion for this infection.

a. Cutaneous leishmaniasis should be suspected in any individual with a chronic ulcerative skin disorder with features as follows:

(1) Chronic ulcerative skin lesions generally in areas of exposed skin.
(2) History of residence or deployment to an area endemic for leishmaniasis.
(3) Refractory to at least three weeks of conventional treatment.

b. To avoid later complications, treatment and evaluation should be prioritized for individuals with any of the following characteristics:

(1) Lesions that are large (greater than 2.5 cm).
(2) Lesions that occur on the face, ear, hand, or over joints, are many in number.

c. Awareness of the clinical presentation of the disease among exposed soldiers and their health care providers may lead to early diagnosis and treatment. Pictorial illustrations should be included in health information products provided to soldiers who deploy to disease-endemic areas. Information should be distributed to providers at post deployment screening sites to facilitate recognition and referral of suspicious lesions.

4. Visceral or viscerotrophic leishmaniasis occurs following infection with *Leishmania tropica*, *L. donovani, L. infantum* or *L. chagasi*. Visceral disease is any case where leishmaniasis involves visceral organs (liver, bone marrow, or others) and may present with fever, hepatosplenomegaly, abnormal blood counts, and abnormal liver function tests. Viscerotrophic leishmaniasis describes milder visceral cases where not all signs and symptoms are present.

5. Diagnosis. For CONUS-based and select OCONUS MTFs, self-contained diagnostic kits are available upon request from the Walter Reed Army Institute of Research (WRAIR) [Commercial Phone: (301) 319-9956/DSN 285-9956]. This kit enables proper collection of diagnostic material and to be mailed to the WRAIR for histological and microbiologic study for the *Leishmania* parasite. The address to send kits is:

Commander, WRAIR
ATTN: LTC Peter Weina
Division of Experimental Therapeutics
503 Robert Grant Avenue
Silver Spring, MD 20910-7500

6. Treatment. The treatment of leishmaniasis has been a challenge. The drug of choice for cutaneous or mucocutaneous leishmaniasis continues to be the investigational new drug, sodium stibogluconate (Pentostam®). The drug of choice for visceral leishmaniasis is the FDA-approved liposomal amphotericin—B. All US active duty military personnel with suspicious (paragraph 3a above), or confirmed leishmaniasis, will be referred to the Infectious Disease Service at the Walter Reed Army Medical Center (WRAMC) for treatment. This will help insure rigid compliance with the treatment protocol, facilitate a standard diagnostic and therapeutic approach for each patient, permit immediate access to advanced diagnostic techniques, and ultimately provide the expertise needed to optimize the treatment regimen.

a. Individuals with suspicious lesions identified during deployment or through post-deployment surveillance will be referred directly to WRAMC on redeployment.

b. Individuals with unconfirmed infection, or whose skin lesions do not meet the criteria set forth in 3b above, may be evaluated by their home station MTF in consultation with the Infectious Disease Service at WRAMC.

c. At Walter Reed Army Medical Center, the informed consent of all beneficiaries considered for sodium stibogluconate treatment will include a discussion of alternative treatments available. Individuals declining sodium stibogluconate treatment will be provided counseling on other treatment options offered through the Infectious Disease Service at Walter Reed Army Medical Center and their local medical treatment facilities.

7. Reservists no longer on active duty will be subject to all of the foregoing. Other Department of Defense beneficiaries not otherwise subject to the above, will be handled on a case-by-case basis.

8. All cases of leishmaniasis must be reported through the Reportable Medical Events System (RMES) to the Army Medical Surveillance Activity (AMSA).

9. The OTSG point of contact is COL Paul Gause at (703) 681-2707; or, DSN 761-2707. Points of contact for clinical questions at the Walter Reed Army Medical Center are LTC Glenn Wortmann, COL Charles Oster, and COL Naomi Aronson of the Infectious Disease Service at (202) 782-8684/ 8695/8691/DSN 662-8684/8695/8691. The point of contact for mailed diagnostic kits is LTC Peter Weina at (301) 319-9956/DSN 285-9956.

FOR THE SURGEON GENERAL:

JAMES K. GILMAN
Colonel, USA
Acting Assistant Surgeon General for
Force Projection

DASG-HSZ
SUBJECT: Policy for Diagnosis and Treatment of Leishmaniasis

DISTRIBUTION:
Commanders, MEDCOM Major Subordinate Commands
Commander, 18th MEDCOM, ATTN: Surgeon
Director, National Guard Bureau, ATTN: Surgeon, 111 South George Mason Drive, Arlington, VA 22204-1382
Chief, U.S. Army Reserve Command, ATTN: Surgeon, 1401 Deshler Street, South West, Fort McPherson, GA 30330-2000
Commander, U.S. Army Training and Doctrine Command, ATTN: Surgeon, 7 Fenwick Road, Fort Monroe, VA 23651-5000
Commander, U.S. Army Forces Command, ATTN: Surgeon, Fort McPherson, GA 30330-6000
Commander, U.S. Army Materiel Command, ATTN: Surgeon, 5101 Eisenhower Avenue, Alexandria, VA 22333-0001
Commander, U.S. Army Test and Evaluation Command, ATTN: Surgeon, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22333-0001
Commander, U.S. Army Special Operations Command, ATTN: Surgeon, Fort Bragg, NC 28307-5200