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FM DA WASHINGTON DC//DACS-ZD//  
TO ALARACT  
INFO CJCS WASHINGTON DC//J4//  
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UNCLAS ALARACT  
INFO USCENTCOM MACDILL AFB FL//CMD SURGEON//  
SUBJ: INTERIM GUIDANCE FOR MALARIA CHEMOPROPHYLAXIS IN IRAQ  
REF/A/(U)DEFENSE ANALYSIS REPORT, UPDATE ON MALARIA RISK AND DRUG RESISTANCE,  
ARMED FORCES MEDICAL INTELLIGENCE CENTER, 31 JULY 03.  
REF/B/(U FOUO) 222026Z SEP03//USCENTCOM GUIDANCE FOR IMPLEMENTATION OF AREA-  
SPECIFIC MALARIA CHEMOPROPHYLACTIC STRATEGIES ISO OEF/OIF//

1. THE THREAT OF MALARIA TO US PERSONNEL IN IRAQ HAS BEEN REASSESSED (REF A).
2. THERE ARE RELATIVELY FEW CASES OF INDIGENOUS MALARIA CASES IN THE MAJORITY OF IRAQ. IN 2001, 1,100 CASES WERE REPORTED, 75% OF WHICH OCCURRED IN NORTHERN PARTS OF THE COUNTRY. IN 2002, NO FIGURES ARE AVAILABLE, BUT THE RATES ARE JUDGED TO HAVE BEEN LOW. THERE HAVE BEEN NO CASES OF MALARIA REPORTED AMONG COALITION TROOPS IN IRAQ. CHLOROQUINE-RESISTANT MALARIA IS CONSIDERED TO BE UNLIKELY IN IRAQ.
3. MALARIA OCCURS ON A SEASONAL BASIS (APRIL TO NOVEMBER) IN THE FOLLOWING AREAS: ARBIL, AS SULAYMANIYAH, AT TA'MIM, DAHUK, NINAWA AND IN THE RURAL AREAS IN THE EASTERN HALF OF THE COUNTRY ALONG THE BORDER WITH IRAN, EXTENDING OUT INTO THE RIVER BEDS AND MARSHLAND, PRIMARILY IN THE PROVINCE OF AL BASRAH, INCLUDING THE CITY OF AL BASRAH. THERE IS NO MALARIAL TRANSMISSION IN BAGHDAD. ANALYSIS OF CURRENT SITUATION REVEALS THAT TWO TO TEN CASES OF VIVAX MALARIA MAY BE EXPECTED AMONG DEPLOYED TROOPS IN THESE AREAS DURING THE MALARIA SEASON IN IRAQ, IF NO CHEMOPROPHYLAXIS IS TAKEN.
4. IAW REF B THE FOLLOWING GUIDANCE FOR MALARIA CHEMOPROPHYLAXIS IS PROVIDED FOR PERSONNEL DEPLOYING TO, OR STATIONED IN IRAQ.
  - A. DISCONTINUE ALL ANTI-MALARIAL CHEMOPROPHYLAXIS ON 1 NOVEMBER 2003 WHEN THE MALARIAL SEASON ENDS.
  - B. PRIMAQUINE TERMINAL PROPHYLAXIS 15 MG DAILY FOR 14 DAYS SHOULD BE ADMINISTERED ONLY TO TROOPS DIAGNOSED WITH VIVAX OR OVALE TYPES OF MALARIA. PROPHYLAXIS USING PRIMAQUINE FOR TROOPS IN IRAQ IS NECESSARY ONLY FOR SPECIFIC UNITS OR POPULATIONS WHERE DOCUMENTED CASES OF MALARIA HAVE OCCURRED.
5. COMMANDERS MUST MAINTAIN EMPHASIS ON USE OF PERSONAL AND UNIT PROTECTIVE MEASURES AGAINST MALARIA AND OTHER ARTHROPOD-BORNE DISEASES, ESPECIALLY LEISHMANIASIS. CUTANEOUS AND VISCERAL FORMS OF THIS INFECTION ARE SPREAD THROUGH THE BITE OF SANDFLIES THROUGHOUT IRAQ. TROOPS MUST USE INSECT REPELLENT CONTAINING DEET ON EXPOSED SKIN, SLEEP IN SCREENED BILLETING AREAS OR USE BED NETS. BED NETS AND DCUS/BDUS MUST BE PRE-TREATED WITH PERMETHRIN AND USED PROPERLY TO PREVENT BITES.
6. GUIDANCE FOR RESUMPTION OF PROPHYLAXIS IN SPRING 2004 WILL BE PUBLISHED PENDING FINAL DECISION BY COMMANDER, JOINT TASK FORCE SEVEN.
7. HQDA POC FOR THIS MESSAGE IS COL P.K. UNDERWOOD 703-681-3160 OR DSN 761-3160, OR [EMAIL: PAULA.UNDERWOOD@OTSG.AMEDD.ARMY.MIL](mailto:PAULA.UNDERWOOD@OTSG.AMEDD.ARMY.MIL)