DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
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REPLY TO
ATTENTION OF

MCPO-NCR

18 FEB 2004

MEMORANDUM FOR Commanders, MEDCOM Major Subordinate Commands

SUBJECT: Army Glucose 6-Phosphate Dehydrogenase (G6-PD) Deficiency Screening Program

1. References:

a. Army Regulation (AR) 40-562, Immunization and Chemoprophylaxis, 1 Nov 95.

b. Memorandum, Armed Forces Epidemiological Board, Armed Forces Epidemiological Board Recommendation, April 28, 1998, subject: Regarding G6PD.

c. Prescribing Information, Primaquine Phosphate (manufactured for Sanofi-Synthelabo Inc., New York, NY 10016 by Bayer Corporation, Myerstown, PA 17067), http://www.sanofi-synthelabous.com/products/pi_primaquine/pi_primaquine.html, revised September 1999.

d. Centers for Disease Control and Prevention. Health Information for International Travel 2003-2004. Atlanta: US Department of Health and Human Services, Public Health Service, 2003.

e. Memorandum, DASG-ZA, 21 Jan 03, subject: Primaquine Prophylaxis for Malaria.

f. AR 40-66, Medical Record Administration and Health Care Documentation, 10 Mar 03.

g. Memorandum, Assistant Secretary of Defense for Health Affairs, April 24, 2003, subject: Policy for use of Force Health Protection Prescription Drugs.

h. Memorandum, Armed Forces Epidemiological Board, Armed Forces Epidemiological Board Recommendation, July 31, 2003, subject: Primaquine Terminal Prophylaxis for Malaria.

2. Background. Currently there is no US Army requirement for routine laboratory testing for glucose-6 phosphate dehydrogenase (G6-PD) deficiency before prescription of primaquine phosphate for routine post-exposure prophylaxis against relapsing forms of malaria (Plasmodium ovale and P. vivax). Primaquine is also indicated for primary

malaria chemoprophylaxis in certain situations. Antimalarial medications under development, such as tafenoquine, will also cause hemolysis in G6-PD deficient individuals. The US Navy/Marines and US Air Force screen all active duty personnel for G6-PD. In order to protect Soldiers and other Army beneficiaries from potentially life-threatening hemolysis, universal laboratory screening for G6-PD deficiency is indicated.

3. Effective immediately, all Soldiers (not in training), civilians, and other beneficiaries, will be screened for G6-PD deficiency before receiving a prescription for, or being issued, primaquine phosphate for malaria prophylaxis. Since G6-PD deficiency remains constant over time, a single screening test is sufficient.

a. For Soldiers in units that are potentially deployable to malarious areas, G6-PD screening will occur pre-deployment in conjunction with routine unit or individual "Soldier Readiness Processing" (SRP), and will be documented as a required component of Individual Medical Readiness (IMR). For other beneficiaries, screening will take place before travel to malarious areas where primaquine phosphate may be used for chemoprophylaxis. Recruit screening is not indicated.

b. Results from any quantitative G6-PD laboratory assay approved for use by the US Food and Drug Administration may be used to satisfy the screening requirement.

c. Laboratory results of G6-PD screening for Soldiers and civilian employees will be entered into the individual health record, on DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), and data entered into the Medical Protection System (MEDPROS). Data entries required for G6-PD screening include date of screening, and result: DEFICIENT, indicating deficiency of the G6-PD enzyme, and NORMAL indicating no deficiency. G6-PD screening results have no expiration date. All other beneficiaries will have test results entered in the individual health record.

d. All deploying personnel found to have G6-PD deficiency will be issued Alert tags ("red dog tags") stating: "G6PD deficient: no primaquine", IAW AR 40-66 (para.1.f.). Para 14-1 in AR 40-66 describes the Medical Warning Tag and DA Label 162 Emergency Medical Identification Symbol known as the "Star of Life" affixed to the DD Form 2766 and DA Form 8005-series record jackets. Alert tags must be carried at all times and used to inform health care providers any time primaquine, or similar drug may be prescribed or issued. Sulfonamides, co-trimoxazole (Bactrim and Septra), nitrofurantoin, quinidine, thiazide diuretics and tolbutamide are examples of drugs than can also trigger hemolytic episodes in G6-PD deficient individuals and should be used with caution.

4. Health care providers are responsible for determining and documenting the G-6-PD status of each individual before issuing a prescription for primaquine.

5. G6-PD deficient Soldiers are worldwide deployable. If there is a clinical indication for administering Primaquine, it will be done under the direct care of a physician.

6. My point of contact for this memorandum is COL P.K. Underwood, Preventive Medicine Staff Officer, Proponency Office for Preventive Medicine, DSN 761-3160 or commercial (703)-681-3160.

FOR THE COMMANDER:

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