Executive Summary CJTF-7 OIF-2 Malaria Prophylaxis Policy

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1. **WHO:** Personnel exposed for more than 7 days between 1 APR 04 - 1 NOV 04 in MND-N, MND-SE, MND-C, MND-CS north of ASR Boston.

2. **WHAT PROPHYLAXIS:**

a. Weekly chloroquine, one 500 mg tablet, starting 2 weeks prior to arrival in country or on 1 APR 04, continued through 1 NOV 04.

b. Terminal prophylaxis: For Soldiers with normal Red Blood Cell G6PD activity Primaquine post-exposure is 15 mg per day for 14 days concurrently with 4 weeks of post exposure chloroquine upon departure from the theater.

3. **WHERE:**

a. MND-N, MND-SE, MND-C, MND-CS north of ASR Boston

b. The assessment depicted in Figure 1 approximates the geographic distribution of malaria during the transmission season. Boundaries of the risk area should not be interpreted as strict demarcations. Malaria risk is not uniform throughout the region, but varies with multiple ecological factors such as human population density and vector density, vector breeding habitat, and control measures. (See figure 1).

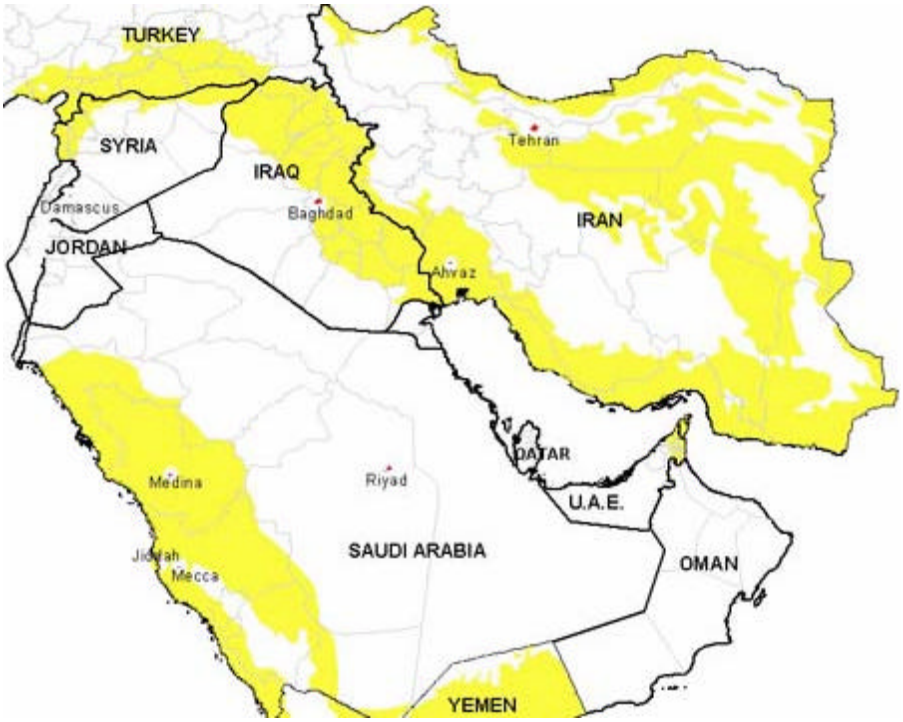
4. **WHEN:** 1 APR 04 - 1 NOV 04

5. **WHY:** To decrease the threat of malaria cases in the unprotected force of up to 1% per month April through November, resulting in an estimated 325 cases.

5. **RISK:** Mosquito vectors are present. Malaria transmission occurs in the region. The 2004 distribution of human cases include Al Faw reporting 9 cases of malaria. In 1994 and 1995, more than 90,000 cases per year were reported countrywide. By 1998, reported cases had declined to approximately 10,000 per year. By 2002, fewer than 1,000 cases were reported, mostly from northern areas. Outbreaks are being reported from northern areas. The World Health Organization reported in April 2003 that 217 cases had been seen by clinics in the Mosul area over an unspecified period of time, mostly in children under 5 years of age. Also Kirkuk has reported 31 cases this year.

Figure 1. (U) Malaria Risk Areas in the Iraq Region

UNCLASSIFIED



CENTCOM Malaria Prophylaxis Policy 2004

1. Component/CJTF surgeons are empowered to modify malaria chemoprophylaxis practices for their subordinate units based on latest intelligence and ground truth.

2. USCENTCOM malaria chemoprophylaxis requirements for Iraq
   a. Chloroquine sensitive vivax occurs at low levels in endemic areas.
   b. Baghdad and much of western Iraq are malaria-free.
   c. Chloroquine may be preferable because of:
      1) Better compliance
      2) Suitability for prolonged administration
      3) Lower incidence of side effects
   d. Chloroquine is authorized for personnel on flight status.
   e. The malaria transmission season April to November
   f. Begin weekly chloroquine, one 500 mg tablet 2 weeks prior to arrival in country.
   g. Terminal prophylaxis: recommendations for Primaquine post-exposure, 15 mg per day for 14 days remain unchanged.
   h. Post-exposure Primaquine should be taken concurrently with 4 weeks of post exposure chloroquine.

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