



DEPARTMENT OF DEFENSE
HEADQUARTERS, COMBINED/JOINT TASK FORCE (CJTF)-76
BAGRAM AIRFIELD, AFGHANISTAN
APO AE 09354

REPLY TO
ATTENTION OF

CJTF-76-SURG

3 July 2004

MEMORANDUM FOR All Combined/Joint Task Force (CJTF)- 76 Personnel

SUBJECT: Malaria Chemoprophylaxis Program for U.S. Forces, CJTF-76

1. References. MOD 5 to USCINCCENT Individual Protection and Individual/Unit Deployment Policy
2. General. This memorandum outlines the malaria chemoprophylaxis guidance for CJTF-76.
3. Applicability. This policy is directed to all U.S. Service members that are assigned/attached to CJTF-76 and operating in the CJTF-76 CJOA.
4. Responsibilities.
 - a. The CJTF-76 malaria chemoprophylaxis program is the responsibility of the CJTF-76 Surgeon.
 - b. The Theater Entomologist will monitor vector data and advise the Surgeon on changes and trends in malaria vector distribution that may affect the program.
5. Facts.
 - a. Malaria occurs in Afghanistan, Krygzystan, Pakistan, and Uzbekistan. Malaria transmission seasons vary by location within the CJTF-76 CJOA. In some regions of Afghanistan, the transmission season begins as early as March and continues through November.
 - b. Current anti-malarial guidelines for OEF-A 5 during transmission periods specify doxycycline (100 milligrams per day) starting two days prior to departure and continuing for four weeks after return. Doxycycline is not appropriate for all personnel. The alternative to doxycycline is mefloquine (250 milligrams per week) beginning two weeks prior to departure and continuing for four weeks after returning to home station. Therefore, for both medications, there is a pre-exposure treatment period (two days for doxycycline or two weeks for mefloquine prophylaxis) and a post-exposure treatment of four weeks when traveling to malarious areas.

CJTF-76-SURG

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c. Missing one dose of doxycycline, or mefloquine, puts individuals at risk for malaria infection.

d. There are two species of malaria parasites in the CJOA. Plasmodium vivax is the predominant malaria species. Exposure to this species requires a terminal prophylaxis program that includes primaquine.

e. Terminal prophylaxis with primaquine, 15 milligrams base (26.3 milligrams salt) per day, begins upon return and continues for 14 days concurrent with the beginning of the four week post-exposure treatment of doxycycline or mefloquine. Personnel with glucose-6-phosphate dehydrogenase (G6PD) deficiency should not take primaquine because primaquine may cause severe anemia or other medical complications in those individuals. G6PD deficiency is not common; however, when G6PD status is unknown, terminal prophylaxis with primaquine should start only when personnel have redeployed and have access to medical care in the event they notice illness while taking the medication. Individuals operating within the OEF-A 5 CJOA will not initiate terminal prophylaxis with primaquine while in theater.

f. Variation in the lengths of transmission seasons and the highly mobile nature of operations and personnel within the CJOA prevent the development of a blanket statement covering timelines for seasonally terminating and re-starting malaria chemoprophylaxis within the CJOA. CJTF-76 personnel operating in the CJOA will continue anti-malaria medication of doxycycline or mefloquine throughout the year.

g. Individuals deployed to OEF-A 5 should employ good personal protection measures (permethrin treated uniforms worn properly, permethrin treated bed nets, and the use of DEET repellent on the skin) in conjunction with anti-malaria medication to prevent infection with malaria parasites while in theater.

6. Point of contact for this memorandum is the CJTF-76 Surgeon at DSN 318-231-3015 or at cjtf76.surg@cjtf76.centcom.smil.mil.



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