



HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

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MEMORANDUM FOR SECRETARIES OF MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF

SUBJECT: Medical Advisory - Leishmaniasis

Recent reports from Iraq have raised concerns regarding the potential impact of leishmaniasis on deployed personnel. Please give this advisory the widest possible distribution to installation and operational commanders and medical personnel.

Leishmaniasis is a preventable disease native to Iraq and other parts of Southwest Asia. Spread by sandflies (not person-to-person), the disease as found in Iraq presents itself in two forms. The skin form called cutaneous leishmaniasis (Baghdad Boil) causes mild to severe skin lesions that take months to heal and may be permanently disfiguring, though highly effective treatment is available. The internal form called visceral leishmaniasis (Kala-azar) causes fever, weakness, wasting, an enlarged spleen, and a lowered blood count. If untreated, visceral leishmaniasis is generally fatal.

Currently, the greatest threat is in Central Iraq and the area around Baghdad with recent extensions into Southern provinces such as Dhi-qar and Al Basrah. Reports from some locations in Iraq indicate very heavy populations of sandflies, 2 to 3 % of which carry the disease. Some service members at locations where sandfly numbers are high are reporting upwards of 100 bites per person.

So far, seven service members from Iraq and two from Afghanistan have been diagnosed with cutaneous leishmaniasis (the milder form) and successfully treated. Because the incubation period (the time for getting a sandfly bite to the development of disease) can be many months, it is also possible that deployed personnel may redeploy without knowing they are infected.

Given the potential severity of this disease, it is imperative that steps be taken to reemphasize procedures to reduce the risk of exposure and increase the awareness of possible infection with this disease. Personnel preparing for deployment should receive briefings on the disease and be provided with appropriate personal protective equipment including the use of DEET (chemical name, N, N-diethyl-meta-toluamide) and Permethrin treated uniforms, bed nets, and the proper wear of the uniform to prevent sandfly bites. During deployment, command attention should be given to enforcing

procedures that reduce exposure to sandflies and enhance awareness of the disease. Ongoing preventive medicine briefs to commanders and deployed personnel (re: the evolving threat and appropriate medical and environmental countermeasures) are essential. Joint Staff recently has issued guidance regarding this issue to deployed forces.

Upon redeployment, personnel should receive information on how to access health care if they develop skin lesions or become ill. This is particularly important for members of redeploying Reserve Components who may be leaving the military medical system after they return. Health care personnel should increase their level of suspicion for this disease among redeploying personnel from Afghanistan, Iraq and other areas where leishmaniasis is endemic and sandflies are prevalent. Referrals of established or suspected cases to Walter Reed Army Medical Center, the only treatment center in the military health care system for this condition, are highly recommended.

The Deployment Health Clinical Center (DHCC), the Department of Defense Center of Excellence for deployment-related health concerns, is coordinating with Service infectious disease and preventive medicine specialists to develop educational materials for soldiers and clinical guidelines on leishmaniasis for health care personnel. Please contact the DHCC at 1-800-796-9699, <http://www.pdhealth.mil>, for further information.



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