

5. POLICY AND PROCEDURES:

a. **Malaria Season and Locations:** U.S. personnel exposed for more than 7 cumulative days between 01 APR 04 through 31 NOV 04 in MND-N, MND-SE, MND-C, MND-CS north of ASR Boston will take malaria prophylaxis for the duration of their exposure plus 4 weeks. Post-Exposure Terminal Prophylaxis with Primaquine is required for Soldiers with normal G6PD activity. Baghdad and much of western Iraq are malaria-free. Coalition personnel will comply with their national policies.

b. Malaria Prophylaxis:

1) Chloroquine is the drug of choice due to better compliance, suitability for prolonged administration, and lower incidence of side effects. Chloroquine is authorized for personnel on flight status. Begin weekly chloroquine, one 500 mg tablet by mouth on 1 APR 04 or 2 weeks prior to arrival in country. Continue through 1 NOV 04.

2) For personnel with contraindications to Chloroquine alternative medications include CDC-recommended and FDA approved antimalarials in the DoD formulary (Doxycycline, Malarone, and Mefloquine). With any medication, Health Care Providers should consider the side effect profiles and the service member's medical history before prescribing.

3) Informing service members of benefits of taking antimalarials and the risks associated with the specific medication prescribed is important to ensuring compliance and in identifying those who are having a problem with the drug they taking so they can be given an alternative.

4) Service members prescribed antimalarial medications must be informed and given written material of the benefits and risks associated with the medication. Risk communication products are available for each of the antimalarials from CHPPM at <http://chppm-www.apgea.army.mil/dmis/documents/>

5) This risk communication must be documented in Soldier's medical record.

c. Post-Exposure Terminal Prophylaxis:

1) All Army Soldiers are to be tested for Glucose 6 Phosphate Dehydrogenase (G6PD) Erythrocyte deficiency prior to the prescription of Primaquine.

2) Post-Exposure Terminal prophylaxis for Soldiers with normal G6PD activity consists of Primaquine 15 mg per day for 14 days taken concurrently with 4 weeks of post-exposure chloroquine to start with end of exposure to *P. vivax* malaria, (end of season or upon departure from the theater).

d. Glucose 6-Phosphate Dehydrogenase (G6PD) Deficiency Screening:

1) All Army personnel (Soldiers, civilians, and other beneficiaries) will be screened for G6PD deficiency before receiving a prescription for, or being issued Primaquine phosphate for malaria prophylaxis. A single screening test is sufficient.

2) G6PD Results will be posted on the Service members DD2766 and will be entered into MEDPROS or other Service-Specific health data system.

SUBJECT: CJTF-7 Policy on Malaria Prevention 2004

e. **Personal Protective Measures (PPM):** Commanders will stress personal protective measures against malaria for all soldiers. These measures include the application of DEET to exposed skin, blousing pants into boots, sleeves worn down, treating uniforms with permethrin, and sleeping under a permethrin treated bed net. These items are available through the U.S. military supply system.

f. **Field Sanitation Teams (FST):** Field sanitation teams should be properly trained and equipped IAW FM 4-25.12, Unit Field Sanitation Team to assist the unit command in ensuring that soldiers have access to the equipment and training necessary to effectively implement personal protective measures.

g. **Mosquito Surveillance:** Preventive medicine personnel will engage in mosquito surveillance and suppression. Preventive medicine personnel should test pools of *Anopheles* mosquitoes for malaria using VecTest. Positive pools should be reported to the CJTF-7 Preventive Medicine Officer.

6. CENTCOM malaria prophylaxis policy designates Component/CJTF Surgeons as the approving authority to modify malaria chemoprophylaxis practices for their subordinate units based on latest intelligence and ground truth

7. The point of contact is the CJTF-7 Preventive Medicine Officer (DNVT 302-559-1941 or DSN 318-822-1639).

//Original Signed//
JAMES E. BRUCKART
COL, MC
CJTF-7 Surgeon

Enclosures:

1. Executive Summary CJTF-7 OIF-2 Malaria Prophylaxis Policy, 12 FEB 04

Executive Summary CJTF-7 2004 Malaria Prophylaxis Policy

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. Population at Risk 75,000.

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. For personnel with contraindications to Chloroquine alternatives include CDC-recommended and FDA approved antimalarial in the DoD formulary (Doxycycline, Malarone, and Mefloquine). With any medication, HCP should consider the side effect profiles and the service member's medical history before prescribing.

c. Informing service members of benefits of taking antimalarials and the risks associated with the specific medication prescribed is important to ensuring compliance and in identifying those who are having a problem with the drug they taking so they can be given an alternative.

d. Service members prescribed antimalarial medications must be informed and given written material of the benefits and risks associated with the medication. Risk communication products are available for each of the antimalarials from CHPPM at <http://chppm-www.apgea.army.mil/news/> and <http://chppm-www.apgea.army.mil/dmis/documents/>

e. This risk communication must be documented in their medical record.

f. Terminal prophylaxis:

1) 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.

2) Prophylaxis using primaquine for troops in Iraq is necessary only for specific units or populations where documented cases of malaria have occurred.