DEPARTMENT OF THE AIR FORCE
UNITED STATES CENTRAL COMMAND AIR FORCES (USCENTAF)

23 Jan 04

MEMORANDUM FOR ALL CENTAF AOR MEDICAL UNITS

FROM: CENTAF/SG

SUBJECT: 2004 CENTAF Policy on Malaria Chemoprophylaxis

References: (a) CENTCOM FRAGO Subject: USCENTCOM Guidance For Implementation Of Area-Specific Malaria Chemoprophylactic Strategies ISO OEF and OIF.

(b) Armed Forces Medical Intelligence Center infectious disease risk assessment for Iraq at www.afmic.dia.smil.mil/intel/afmic/iz/irqdis.htm (SIPRNET).

(c) ALARACT Guidance for Malaria Chemo-prophylaxis in Iraq 6 Jan 04

(d) Coalition Forces Land Component Command (CFLCC) Policy on Malaria Chemoprophylaxis 06 Nov 2003

(e) Combined Joint Task Force Seven (CJTF-7) Policy on Malaria Prevention 29 Dec 2003.

(f) CJTF-180 Policy Memorandum, Malaria Chemoprophylaxis Program for U.S. Forces, Draft, 8 Jan 2004.

1. Effective immediately, all U.S personnel and civilians under operational control of CENTAF will adhere to the supplemental guidance for malaria prophylaxis at Attachment 1.

2. Personal protective measures must be enforced on all deployments for protection against all vector-borne diseases (malaria, leishmania, and sand fly fever). Use of 33% timed-release DEET insect repellent cream for skin, permethrin insect repellent treatment for clothing and bed nets, and mosquito bed nets with poles for cots should be re-enforced prior to deployment and at the deployed location.

3. Iraq:

a. Attachment 1. lists the high-risk areas in Iraq where chemoprophylaxis should be used from 1 April 04 through 31 November 04. *Personnel who travel to or reside in malarious areas of Iraq for 7 days or more should take chemoprophylaxis* (Attachment 1).

b. Chloroquine, Mefloquine, and Doxycycline are authorized for use as anti-malarials in Iraq. While all three drugs may be used, Chloroquine is better suited for prolonged administration and should be considered the anti-malarial of choice in Iraq. Compliance is generally better than with Doxycycline and there is an overall lower incidence of side effects compared to Mefloquine. Chloroquine is authorized for personnel on flight status. Chloroquine (300 mg base, 500 mg salt) should be given weekly, beginning 2 weeks prior to departure and continuing for 4 weeks after leaving the endemic area. Doxycycline may be used in patients allergic to Choroquine and is also approved for personnel on flight status.

c. From December through March, members deploying to an endemic area in Iraq should bring malaria chemoprophylaxis medication if the duration of their deployment is expected to extend past 1 April 04. The quantity of medication should be adequate to cover the period from 1 April 04 to the date of return to their parent MTF for post-deployment processing and terminal prophylaxis.

4. Areas other than Iraq:

a. Refer to Attachment 1. to identify areas of risk, type and duration of chemoprophylaxis regimen. *Personnel who travel to or reside for 3 or more days in a malarious area should take chemoprophylaxis.*

b. Mefloquine will remain the antimalarial of choice for all other CENTAF at-risk areas *outside* Iraq. Doxycycline is the anti-malarial of choice for personnel on flight status in Chloroquine-resistant areas. Routine use of Doxycycline for malaria prophylaxis of *non-flying* personnel is not recommended.

c. All personnel should deploy to these areas with chemoprophylaxis. Commanders are authorized to extend a year-round chemoprophylaxis policy if threat assessments indicate that there is an extended seasonal risk. Personnel will be instructed on arrival when to begin prophylaxis.

5. POC is CENTAF (F)/SGPM at ph@auab.aorcentaf.af.mil or DSN 318-436-4112.

KENNETH F. DES ROSIER, Colonel, USAF, MC, SFS
CENTAF Surgeon (Forward)

Attachment:
1. Supplemental Guidance, 23 Jan 2004

cc: CENTAF (R)/SG

Attachment 1

CENTAF (F) /SG SUPLEMENTAL GUIDANCE FOR

MALARIA CHEMOPROPHYLAXIS

(23 Jan 04)

1. Malaria risk at **CENTAF sites** varies by season and location. Ongoing consultation between EMEDS medical providers, AF Public Health professionals, AF Entomologists, and U.S. Army Preventive Medicine Officers will be necessary to best determine local anti-malarial needs. The most current Armed Forces Medical Intelligence Center (AFMIC) data and theater Component Surgeon's guidance should be referenced when determining specific risk areas and periods.

2. The table bellow summarizes the malaria risk by location at **CENTAF sites** in the following countries.

Location[5]	Threat Period	Anti-malarials	Terminal Prophylaxis
IRAQ (CJTF-7)[1]			
Baghdad International Airport, Tallil AB	No risk	No	No
Kirkuk AB, Balad AB	April-Nov	Yes[2]	Yes[4]
AFGHANISTAN (CJTF-180)			
Bagram AF	Mar-Dec[6]	Yes[3]	Yes[4]
Kandahar AF	Mar-Dec[6]	Yes[3]	Yes[4]
All areas bordering Pakistan	Year-round	Yes[3]	Yes[4]
PAKISTAN (CJTF-180)			
Islamabad	Year-round	Yes[3]	Yes[4]
Jacobabad	Year-round	Yes[3]	Yes[4]
All other areas	Year-round	Yes[3]	Yes[4]
KYRGYZSTAN (CJTF-180)			
Manas-Ganci AB[7]	No risk	No	No
TAJIKISTAN[8] **(CJTF-180)**			
Dushanbe	Apr-Nov	Yes[3]	Yes[4]
TURKMENISTAN[9] **(CJTF-180)**			
Ashgabat	Apr-Sept	Yes[3]	Yes[4]
UZBEKISTAN (CJTF-180)			
Karshi-Khanabad (K2)	May-0ctober	Yes[3]	Yes[4]
YEMEN (all except Sanaa)	Year-round	Yes[3]	Yes[4]
HORN OF AFRICA (CJTF-HOA) (Djibouti, Ethiopia, Eritrea, Somalia, Kenya, Seychelles, & Sudan)	Year-round	Yes[3]	Yes[4]
(CFLCC) Kuwait, Qatar, United Arab Emirates[5], Bahrain, Oman[5], Jordan, Saudi Arabia	No risk	No	No

[1]Local assessments indicate assigned personnel are not considered at risk for malaria unless they travel into known malaria endemic areas or local surveillance indicates a renewed risk. Known malarious areas within Iraq include; Arbil; At Ta'Mim; rural areas of Dahuk; Ninawa and in the rural areas in the eastern half of the country along the border with Iran extending out into the river beds and marshland primarily in the province of Al Basrah including the city of Al Basrah; Irbil along the Nahr al Kabur; agricultural areas along the Iranian border in As Sulaymanihyah (N & E of the Darbanti Khan Dam) & Diyala (ex Mandali). **There is no malarial transmission in Baghdad.**

[2]Chloroquine, Mefloquine, and Doxycycline are authorized **within Iraq**; however, Chloroquine is drug of choice for flying and non-flying personnel. Personnel who travel to or reside in malarious areas of Iraq for *7 days* or more should take chemoprophylaxis

[3]Mefloquine remains the anti-malarial of choice for non-flying personnel assigned to any malarious area in CENTAF **except** Iraq for *three or more days* during the malarious threat period. Doxycycline is the drug of choice for personnel on flight status in Chloroquine-resistant areas. Routine use of Doxycycline for malaria prophylaxis of *non-flying* personnel is not recommended.

[4]Relapsing forms of malaria (i.e., *P. vivax*) exist throughout CENTAF AOR. Terminal prophylaxis with Primaquine should be considered for personnel operating in malarious areas following the current CDC Yellow Book recommended dosage (30mg/day for 14 days after leaving malarious area).

[5]CENTAF sites are at no or minimal malaria risk in: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, UAE, Diego Garcia. In UAE, the malaria region includes areas bordering the northern province of Oman. In Oman, malaria occurs in remote areas north of UAE. In Saudi Arabia, malaria occurs in the southern provinces and the rural areas of the western provinces year-round.

[6]AFMIC indicates the risk period is Mar-Nov. CJTF-180 Prev Med cites three epidemics since 1999 have occurred as late as November in areas near Kandahar and the season actually extends into December. This year one case occurred in Bagram in December after the individual was in the area for only 11 days. **All personnel should deploy to these areas with chemo-prophylaxis**. Commanders are authorized to extend a year-round chemoprophylaxis policy if threat assessments indicate there is an extended seasonal risk.

[7]Known malarious areas in Kyrgyzstan include border areas with Uzbekistan and Kazakhstan. Manas AB is not considered a malarious area year round.

[8]In Tajikistan, malarious areas exist throughout the country, primarily in the southwestern areas from April through October.

[9]In Turkmenistan, malarious areas are predominantly located in the east and southeast from April through September.

Maj Weaver/CENTAF (F)/SGPM/6-4112/jtw/23 Jan 04