



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

10 DEC 2003

MEMORANDUM FOR 59 MDW, ALL AETC MEDICAL GROUP COMMANDERS

FROM: HQ AETC/SG
63 Main Circle, Ste 3
Randolph AFB TX 78150-4549

SUBJECT: Medical Advisory – Leishmaniasis

1. The attached HQ USAF/SGO memorandum, 17 Nov 03, updates the threat of leishmaniasis disease at deployed locations. It also announces the Assistant Secretary of Defense for Health Affairs (ASD/HA) leishmaniasis medical advisory and describes medical education, diagnosis, treatment and consultative sources to assist health care providers.
2. MTFs will ensure health care providers are aware of the leishmaniasis threat and consider it as a differential diagnosis in redeploying members presenting with delayed onset of symptoms. Predeployment medical briefings should continue to educate members on standard prevention measures for all insect-transmitted diseases, including leishmaniasis, and stress routine use of personal protective equipment (PPE) designed to prevent exposure to insect bites during deployment conditions. The AETC/CV memorandum, 15 Jul 03, *Personal Protection from Disease Vectors* (at <https://www.afms.mil/aetcs/pol-letters/sgpm/Arthropod-PPE.PDF>) addresses the requirements for routine availability and issue of these deployment PPE items from wing supply channels. Finally, MTFs should remind all members redeploying from Iraq of the 1-year blood donation deferral period (from date of country departure) recently announced by the Armed Services Blood Program Office to protect the military blood supply from leishmaniasis.
3. My POCs are Maj Gregory Bobel, HQ AETC/SGPM, DSN 487-6536, gregory.bobel@randolph.af.mil for PPE issues and Lt Col Robert Miller, HQ AETC/SGOK, DSN 487-5748, Robert.miller@randolph.af.mil for clinical program issues.

JAMES J. DOUGHERTY, Col, USAF, MC, CFS
Command Surgeon/Director of Med Svs & Tng

Attachment:
HQ USAF/SGO Ltr, 17 Nov 03 w/ 1 Atch



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

17 NOV 2003

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SGO
110 Luke Avenue, Room 400
Bolling AFB, DC 20032-7050

SUBJECT: Medical Advisory - Leishmaniasis

Please disseminate the attached Medical Advisory on Leishmaniasis from the Assistant Secretary of Defense for Health Affairs (ASD/HA) to appropriate health care personnel. We must make every effort to prevent leishmaniasis in our troops and assure our medical staffs are fully able to identify and properly treat potential cases in returning troops. All deploying troops must be briefed on health threats and issued the proper personal protective equipment. Educational materials, for both individuals and providers, are available from the Deployment Health Clinical Center (DHCC) at <http://www.pdhealth.mil>.

As mentioned in the Medical Advisory, Walter Reed Army Medical Center (WRAMC) has unique diagnostic capabilities for leishmaniasis. However, several diagnosis and treatment options are available and not all cases will require a formal evaluation at WRAMC. Air Force infectious disease specialists can provide consultative support for the evaluation and treatment of potential cases.

Expeditionary Air Force operations put airmen at risk for many significant but preventable diseases. Ensure commanders and personnel are educated about all disease risks and the appropriate available preventive countermeasures. My POCs are Lt Col William Courtney, AFMSA/SGPP, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4331, e-mail: william.courtney@pentagon.af.mil, for prevention issues, and Maj Mylene Huynh, DSN 297-4260, e-mail: mylene.huynh@pentagon.af.mil, for diagnosis, treatment, and referral issues.


JOSEPH E. KELLEY
Major General, USAF, MC, CFS
Assistant Surgeon General, Health Care Operations
Office of the Surgeon General

Attachment:
ASD(HA) Memo, 12 Sep 2003

Atch 1

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HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

SEP 12 2003

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.



William Winckenwerder, Jr., MD

cc:
Under Secretary for Health, Veterans Affairs
Assistant Secretary of Defense, Reserve Affairs
Service Surgeons General