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The Minister

PROPHYLACTIC MEFLOQUINE USE

The attached briefing note provides information on the use of mefloquine, an antimalarial drug used in Canadian military personnel who served in Somalia.

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General	Deputy Minister
Chief of the Defence Staff	

Enclosure: 1

BRIEFING NOTE
FOR THE MND

SUBJECT: PROPHYLACTIC MEFLOQUINE USE

ISSUE:

1. To provide information on prophylactic mefloquine use and alleged resulting impaired judgment.

BACKGROUND:

2. Mefloquine is an antimalarial drug considered by the Committee to Advise on Tropical Medicine and Travel, an expert group constituted by Health Canada, as the drug of choice for malaria prophylaxis for travel to East Africa, including Somalia. The Centers for Diseases Control and Prevention (CDC) of the US Public Health Service and World Health Organization (WHO) similarly consider mefloquine as the prophylactic antimalarial drug of choice for East Africa. This is due to the presence of malaria parasites (plasmodium falciparum) which are resistant to other antimalarial prophylactic agents, and the severity of disease produced by this strain. In light of the above recommendations, mefloquine was chosen as the recommended prophylactic antimalarial drug for deployment to Somalia. Administration of the drug was started one week prior to deployment in Dec 92/Jan 93, continued weekly during the deployment, and given weekly for 4 weeks post-deployment. Although at the time of its initial administration it was still not licensed for general use in Canada, Health Canada was recommending its use among travellers to endemic area for falciparum malaria, and was making it available for such use. The US Forces similarly recommended mefloquine for the same deployment. Mefloquine was subsequently licensed for general use in Canada in the spring of 1993.

3. A number of allegations with respect to adverse effects of mefloquine, and their relationship to the death of a Somali prisoner, have been made by Mr. John Cummins. These are the subject of an article in the Ottawa Sun by Peter Worthington, which contains statements of a number of CF personnel who report untoward effects of the drug.

DISCUSSION

4. As with all drugs, mefloquine has recognized side effects. In several published studies, the reported side effects of mefloquine are similar to those reported for the drug chloroquine, an antimalarial used for many years as the standard prophylactic drug. Several European studies have documented the occurrence of major neuropsychiatric side effects (e.g. seizures, acute psychosis) with prophylactic mefloquine, but these have been rare at l case in 10,000. The mild side-effects that do occur tend to decrease after several weeks of use. Mefloquine is usually not recommended for certain groups, such as pilots and divers, because of concern about interference with fine coordination and spatial discrimination. However, at least one credible agency, the Centres for Disease Control of

the US Public Health Service, has indicated that it has not been established that mefloquine is contraindicated for travellers involved in tasks requiring fine coordination and spatial discrimination, such as airline pilots.

5. Perhaps the most informative study comparing mefloquine and chloroquine is that of over 350 US Forces personnel in Hawaii. The study concluded that mefloquine prophylaxis was not associated with clinically significant increases in dizziness, and there was little effect on gastrointestinal function, although there were some slight alterations of sleep cycle. During the first few weeks of drug administration there were some complaints of mood changes or

mild depression, but tolerance developed with frequency and intensity of complaints diminishing over time.

6. It is not intended to deny the perceptions of those who served in Somalia that there were drug effects associated with mefloquine use. The weight of scientific evidence, however, suggests that the probability of there being adverse effects severe enough to have an impact on the behaviour of our troops, and to constitute a contributing factor to the tragic events that occurred, is very low indeed.

CONCLUSION

7. At the present time, the CFMS is not aware of any data to support the suggestion that mefloquine is causing either previously unrecognized, widespread, subclinical impairment of cognition, or behaviours that are consistent with those associated with the death of the Somali prisoner. Dr. J.S. Keystone, Director Tropical Disease Unit, Toronto Hospital and advisor to the Surgeon General, shares the same view. It is the intention of the Surgeon General, however, to investigate further the statements made by the CF personnel quoted in the Worthington article on the effects of mefloquine.

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(LOGO) Chef du Service de santé / Surgeon General

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REMARKS/REMARQUES

As requested, enclosed is a redraft of briefing note for the MND to respond to CDS' questions/observations.

W.A. Clay
MGen
Surg Gen

Encl:
24 Oct 94