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Defense Intelligence Assessment

AFMIC Home

(U) Middle East: Malaria Distribution Update in Iraq and the Surrounding Region

07 July 2004

DI-1812-542-04

Information Cutoff Date: 11 May 2004

(U) Key Judgments

(U) Malaria transmission is not uniform throughout the region, but varies with multiple ecological factors such as temperature, recent rainfall, human population, vector density, vector breeding habitat, elevation, and control measures.

(U) Information on malaria distribution in Iraq is improving with on-the-ground surveillance.

(U) The decision on whether to use malaria chemoprophylaxis should be based on AFMIC risk assessments and policies set forth by USEUCOM and USCENTCOM for their respective AORs.

Contents

[\(U\) Key Judgments](#)

[\(U\) Background](#)

[\(U\) Malaria Risk
Distribution](#)

[\(U\) Evaluating Need for
Malaria](#)

[Chemoprophylaxis](#)

[Administrative Notes](#)

[Back to top](#)

(U) Background

(U) This product updates the risk of malaria in Iraq and the surrounding region, including Iran, Saudi Arabia, and Syria in the USCENTCOM AOR and Turkey in the USEUCOM AOR. It is intended to assist operational medical personnel in determining the need for malaria chemoprophylaxis for deployed forces. Official chemoprophylaxis policies and guidance for this AOR are issued by USCENTCOM and USEUCOM.

[Back to top](#)

(U) Malaria Risk Distribution

(U) Though information on malaria distribution in Iraq is improving,

(b)(3):10 USC 424;(b)(3):50 USC 3024(i)

For

other countries in the region, risk distribution was based on an assessment of suitable areas for transmission

and available human and/or vector infection data. Transmission and risk distribution may change over time, as the ecology in many areas has the capability to support malaria transmission if the parasite is introduced through movement of infected human or vector populations.

(U) Malaria transmission is not uniform throughout the region, but varies with multiple ecological factors such as temperature, recent rainfall, human population, vector density, vector breeding habitat, elevation, and control measures.

(b)(3):50 USC 3024(i)

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[Back to top](#)

(U) Evaluating Need for Malaria Chemoprophylaxis

(U) The decision on whether to use malaria chemoprophylaxis for forces should be based on AFMIC risk assessments and policies set forth by USEUCOM and USCENTCOM for their respective AORs. The table below outlines country-specific AFMIC assessments on anticipated malaria risk level for US forces, seasonality, malaria species, and drug resistance for Iraq and the surrounding region. Risk-based chemoprophylaxis considerations also are included.

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(b)(3):50 USC 3024(i)

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(b)(3):50 USC 3024(i)

(U) Additional details on malaria and other infectious disease risks are provided in country-specific AFMIC Infectious Disease Risk Assessments.

(U) Country-Specific Malaria Information

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Country	(b)(3):10 USC 424;(b)(3):50 USC 3024(i)	Approx seasonality	Malaria species	Drug Resistance for P. falciparum	(b)(3):50 USC 3024(i);(b)(3):10 USC 424
Iran		March through November	Varies from 10% to 50% falciparum depending on location; the rest is mainly vivax; malariae also occurs	Significant chloroquine resistance; Fansidar resistance also occurs	
Iraq		April through November	Virtually 100% vivax, no recent	N/A	

					(b)(3):50 USC 3024(i)
	(b)(3):10 USC 424;(b)(3):50 USC 3024(i)		indigenous <i>falciparum</i> cases reported		
Oman		N/A	N/A	N/A	
Saudi Arabia		Year-round	More than 85% <i>falciparum</i> ; rest is <i>vivax</i>	Significant chloroquine resistance	
Syria		May through October	Up to 100% <i>vivax</i> ; <i>falciparum</i> may occur at low levels	None reported	
Turkey		March through October	Up to 100% <i>vivax</i> ; <i>falciparum</i> may occur at low levels	None reported	
UAE		N/A	N/A	N/A	
Yemen		Year-round with elevated risk after the two rainy seasons (March-May and Aug-Sept)	Predominantly <i>falciparum</i> , with an unknown percentage of <i>vivax</i> and <i>malariae</i>	Significant chloroquine resistance	

[Back to top](#)

(U) Administrative Notes

(U) Prepared by: (b)(3):10 USC 424

(U) This report contains information as of 11 May 2004. It is published under the auspices of the Department of Defense Intelligence Production Program (DoDIPP). The Defense Intelligence Agency's Armed Forces Medical Intelligence Center produced it as the designated DoDIPP producer for this subject.

(U) This product supersedes (U) Iraq Update on Malaria Risk and Drug Resistance, U-145,053-03, dated 10 December 2003, and (U) Iraq Update on Malaria Risk and Drug Resistance, U-145,052-03, dated 11 December 2003, which should be destroyed.

(b)(3):10 USC 424;(b)(3):50 USC 3024(i)

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[AFMIC Home Page](#)

UNCLASSIFIED

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(b)(2)

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Contents

(U) Key Judgments

(U) Background

(U) Malaria Risk Distribution

(U) Evaluating Need for Malaria Chemoprophylaxis

Administrative Notes

[Back to top](#)

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[Back to top](#)

(U) Malaria Risk Distribution

(U) Though information on malaria distribution in Iraq is improving,

(b)(1), Sec. 1.4(c)

For other countries in the region, risk distribution was based on an assessment of suitable areas for transmission and available human and/or vector infection data. Transmission and risk distribution may change over time, as the ecology in many areas has the

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capability to support malaria transmission if the parasite is introduced through movement of infected human or vector populations.

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UNCLASSIFIED



[Back to top](#)

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(U) For USEUCOM see website at [http://www.eucom.mil/Directorates/ECJ4/index.htm?](http://www.eucom.mil/Directorates/ECJ4/index.htm?http://www.eucom.mil/Directorates/ECJ4/main.htm&2)
<http://www.eucom.mil/Directorates/ECJ4/main.htm&2>

(U) For USCENTCOM see SIPRNET website <http://recluse.centcom.smil.mil/ccsg/branches/fhp.index.htm>

(U) Additional details on malaria and other infectious disease risks are provided in country-specific AFMIC Infectious Disease Risk Assessments.

(U) Country-Specific Malaria Information

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Iraq		April through November	Virtually 100% vivax, no recent indigenous falciparum cases reported	N/A	

Oman	(b)(1), Sec. 1.4(c)	N/A	N/A	N/A	(b)(1), Sec. 1.4(c)
Saudi Arabia		Year-round	More than 85% <i>falciparum</i> ; rest is <i>vivax</i>	Significant chloroquine resistance	
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[Back to top](#)

(U) Administrative Notes

(b)(6)

(b)(2)

(b)(2)