



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

ACTION MEMO

HEALTH AFFAIRS

29 August 2003, 11:45 AM

FOR: DEPUTY SECRETARY OF DEFENSE (FORCE HEALTH PROTECTION AND READINESS)

FROM: Lt Col Ruth D. Sylvester (ASBPO)

SUBJECT: Blood Donor Deferral for Leishmaniasis in Iraq

- Leishmaniasis is parasitic infection caused by Leishmania sp. transmitted through the bite of sand flies.
- Nine cases of cutaneous leishmaniasis have been confirmed in US personnel (7 in Iraq and 2 in Afghanistan; 7 Army, 1 Air Force and 1 Marine).
- Information paper at TAB C describes potential leishmania risk to US blood supply from personnel deployed to Iraq.
- To mitigate risk, [REDACTED]
- ASBP Blood Program Letter (BPL) 03-08 (TAB B) detailing deferral policy requires formal coordination with the services prior to implementation.

[REDACTED]

RECOMMENDATION: Sign memo at TAB A.

COORDINATIONS: TAB D

Attachments:  
As stated

Prepared by Ruth Sylvester, Lt Col, USAF, Director, Armed Services Blood Program, 681-8024.



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

SEP 03 2003

MEMORANDUM FOR SURGEON GENERAL OF THE ARMY  
SURGEON GENERAL OF THE NAVY  
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Blood Donor Deferral for Leishmaniasis in Iraq

Leishmaniasis is a parasitic infection caused by *Leishmania sp.* Seven cases have recently been diagnosed in military personnel deployed to Iraq. *Leishmania sp.* is known to survive in blood under standard conditions and be transmitted by transfusion (Attachment 2). The Armed

[REDACTED]

[REDACTED] Please respond on the attached coordination sheet by 12 September 2003. The point of contact for this matter is Lt Col Ruth Sylvester, Director, Armed Services Blood Program Office, at (703) 681-8024, Ruth.Sylvester@otsg.amedd.army.mil.

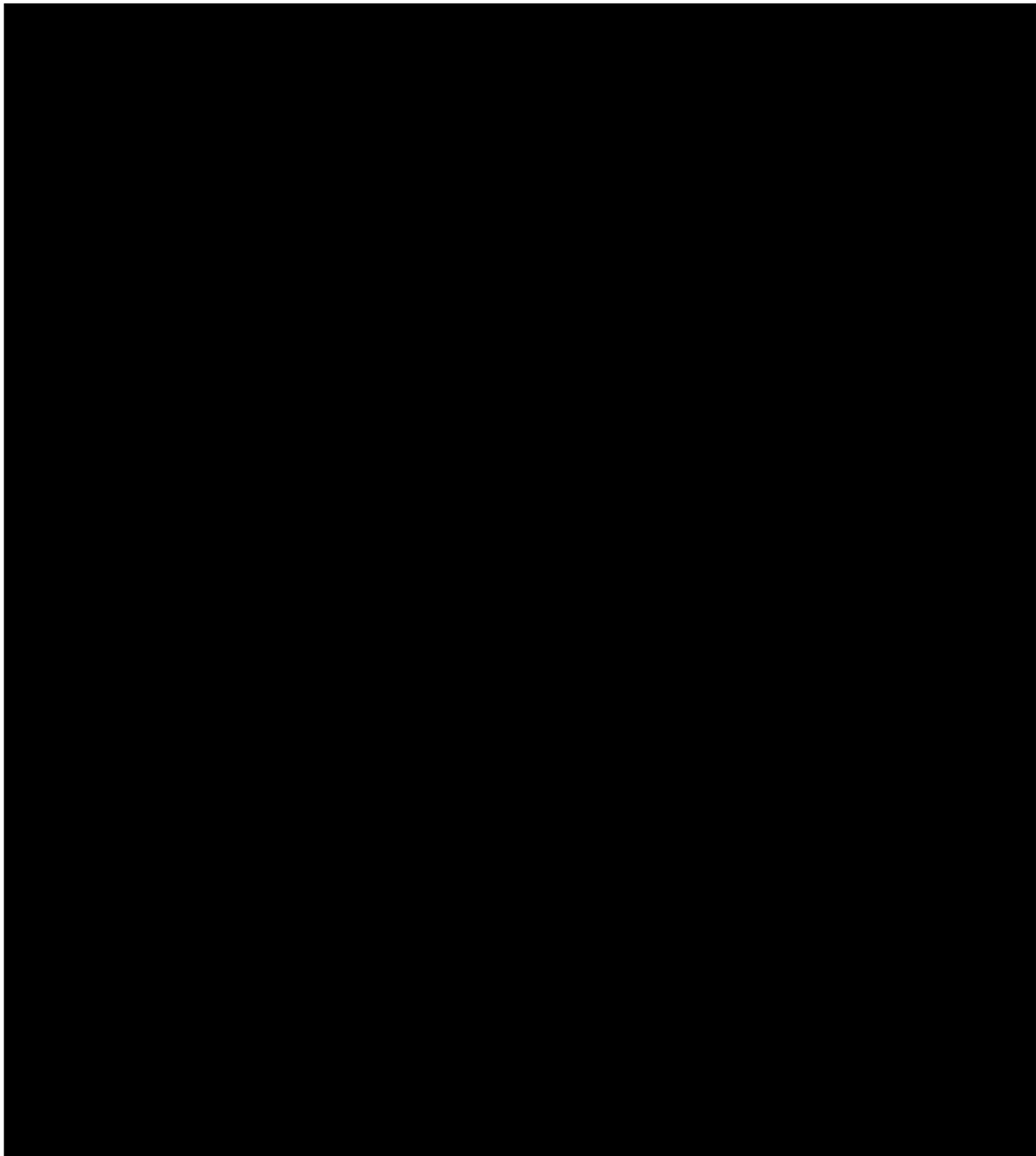
Handwritten signature of Ellen P. Embrey in cursive.

Ellen P. Embrey

Deputy Assistant Secretary of Defense  
(Force Health Protection and Readiness)

Attachments:

As stated





REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
ARMED SERVICES BLOOD PROGRAM OFFICE  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258

DEPARTMENT OF DEFENSE  
ARMED SERVICES BLOOD PROGRAM OFFICE  
5109 LEESBURG PIKE  
FALLS CHURCH, VA 22041-3258



REPLY TO  
ATTENTION OF

ASBPO (40-2b)

BPL 03-08  
1 September 2003

### MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Blood Donor Deferral for Leishmaniasis Exposure in Iraq

1. The Armed Services Blood Program Office (ASBPO) was established by the Assistant Secretary of Defense for Health Affairs to coordinate the blood programs of the Military Services and the Unified Commands. In that respect, the ASBPO is issuing Blood Program Letter (BPL) 03-08 notifying the Services of a new donor deferral for *Leishmania* exposure in Iraq.
2. Leishmaniasis is an endemic disease transmitted by sand flies in Iraq as well as other parts of the world including the Middle East, Mediterranean Coast, Asia, Africa, Central America and South America. There are two primary disease manifestations in Iraq, cutaneous and visceral. These diseases are caused by several species of the parasite *Leishmania*. The incubation period can vary from 10 days to years, but is generally 2-6 months and results in a chronic infection. Leishmaniasis is known to be transmitted by blood; there have been at least six cases of transfusion-acquired leishmaniasis reported in the literature. Additionally, *Leishmania tropica* has been demonstrated to survive in blood products stored under standard blood bank conditions for 25 days. [REDACTED]
3. Conditions around Talil Air Base in Iraq have produced an environment favorable to sand fly reproduction. Vector monitoring at Talil reports a large sand fly population in and around the base. Polymerase Chain Reaction (PCR) testing of sand fly samples from this area indicate that approximately 2% of the sand flies captured are infected with *Leishmania*. Positive vector monitoring has also detected *Leishmania sp* infected sand flies at Baghdad International Airport. Various infectious disease agencies list northern and central Iraq to include Baghdad and Mosul as infective areas. To date, nine cases of leishmaniasis have been diagnosed in US military personnel in CY 2003. [REDACTED]

[REDACTED]

4. **Service Blood Program Officers and Combatant Command Joint Blood Program Officers** must complete the enclosed form, *Acknowledgment of Receipt and Implementation*, (Enclosed) and return the signed original or fax copy to the ASBPO NLT **15 September 2003**. A copy of all Service policy documents/letters implementing this BPL must also be forwarded to the ASBPO within 30 days of implementation. I am the point of contact for this action and can be reached at DSN 761-8024, commercial (703) 681-8024, or via e-mail at [ruth.sylvester@otsg.amedd.army.mil](mailto:ruth.sylvester@otsg.amedd.army.mil).

1 Enclosure  
as stated

**RUTH D. SYLVESTER**  
Lt Col, USAF, BSC  
Director

DISTRIBUTION:  
HQDA (DASG-ZA)  
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ARC

## Information Paper

### Blood Donor Deferral for Leishmaniasis in Iraq

#### STATUS:

- Leishmaniasis is a parasitic infection caused by *Leishmania sp.* There are two disease manifestations in Iraq: cutaneous and visceral.
- Recent diagnosis of 9 cases of cutaneous leishmaniasis in US personnel (7 in Iraq and 2 in Afghanistan; 7 Army, 1 Air Force and 1 Marine) raised question of potential risk to the blood supply by returning forces.
- Current policy defers personnel who have traveled to Afghanistan due to malarial and leishmania risk.

#### BACKGROUND:

##### **Leishmaniasis risk to blood supply:**

- Leishmaniasis can pose risk to the blood supply from infected, asymptomatic donors
  - *Leishmania tropica* has been proven to survive up to 25 days in blood products stored under standard conditions and there have been six cases of transfusion-transmitted leishmaniasis reported in the literature.
  - *Leishmania* infection can be asymptomatic for 10 days to years, most commonly 2-6 months.
- Symptomatic cases would be deferred from blood donation by current donor health history screening procedures.
- Diagnosed cases of Leishmaniasis, regardless of treatment status, results in permanent deferral from blood donation due to the chronic nature of the disease.

##### **Donor Deferral Post OPERATION DESERT SHIELD/STORM (ODS):**

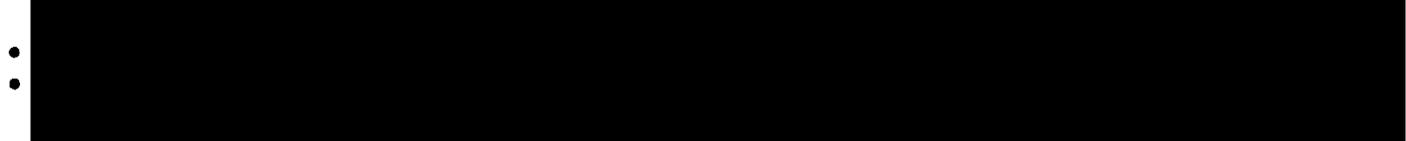
- An indefinite deferral was implemented on 8 Nov 1991 following diagnosis of 7 cases, 5 of which were visceral *leishmania tropica* in personnel deployed in support of ODS.
- Precautionary measure to allow time to assess exposure rates in ODS veterans.
- Deferral terminated 30 Dec 1992 when no more cases of leishmaniasis found in personnel having served in ODS.

##### **Leishmaniasis in Iraq:**

- Geographical distribution of leishmaniasis in Iraq varies but appears to primarily be in the northern and central regions.
  - Various infectious disease resources provide varying quality, currency and scope of geographic risk assessment.
  - Risk period for disease is seasonal (Apr through Nov) with seasonal variations based on vector abundance.
- Conditions at Talil Air Base have resulted in large number of sand flies (upwards of 1000 sand flies/unbaited light traps) with 2% of sand flies testing positive by PCR for *leishmania*. Reports of "hundreds" of sand fly bites on individuals. Living conditions combined with large vector pools increase the risk of exposure.
- At least one vector pool at Baghdad International Airport also tested positive for *Leishmania*.

### Blood Donor Deferral for Iraq:

- Given the long potential asymptomatic period combined with the known survivability of the parasite in stored blood, there is a potential risk of leishmaniasis to the blood supply from US personnel who have traveled to Iraq.
- Attempts to isolate potential exposure to geographical areas and/or seasonal variations are not feasible due to reliability of risk assessment information and frequent move of personnel.
- Iraq is also endemic for malaria in the northern mountain provinces of Dahuk, Erbil, Ninawa, Sulaimaniya and Tamim and in the southern province of Basrah. Personnel traveling to these areas are deferred for malaria exposure for 1 or 3 years depending on time spent in the area.
- Combined deferral for leishmaniasis and malaria would defer personnel who have traveled to the northern, central and southern regions of Iraq virtually the entire country. (See attached map)
- For consistency of blood donor deferral policy

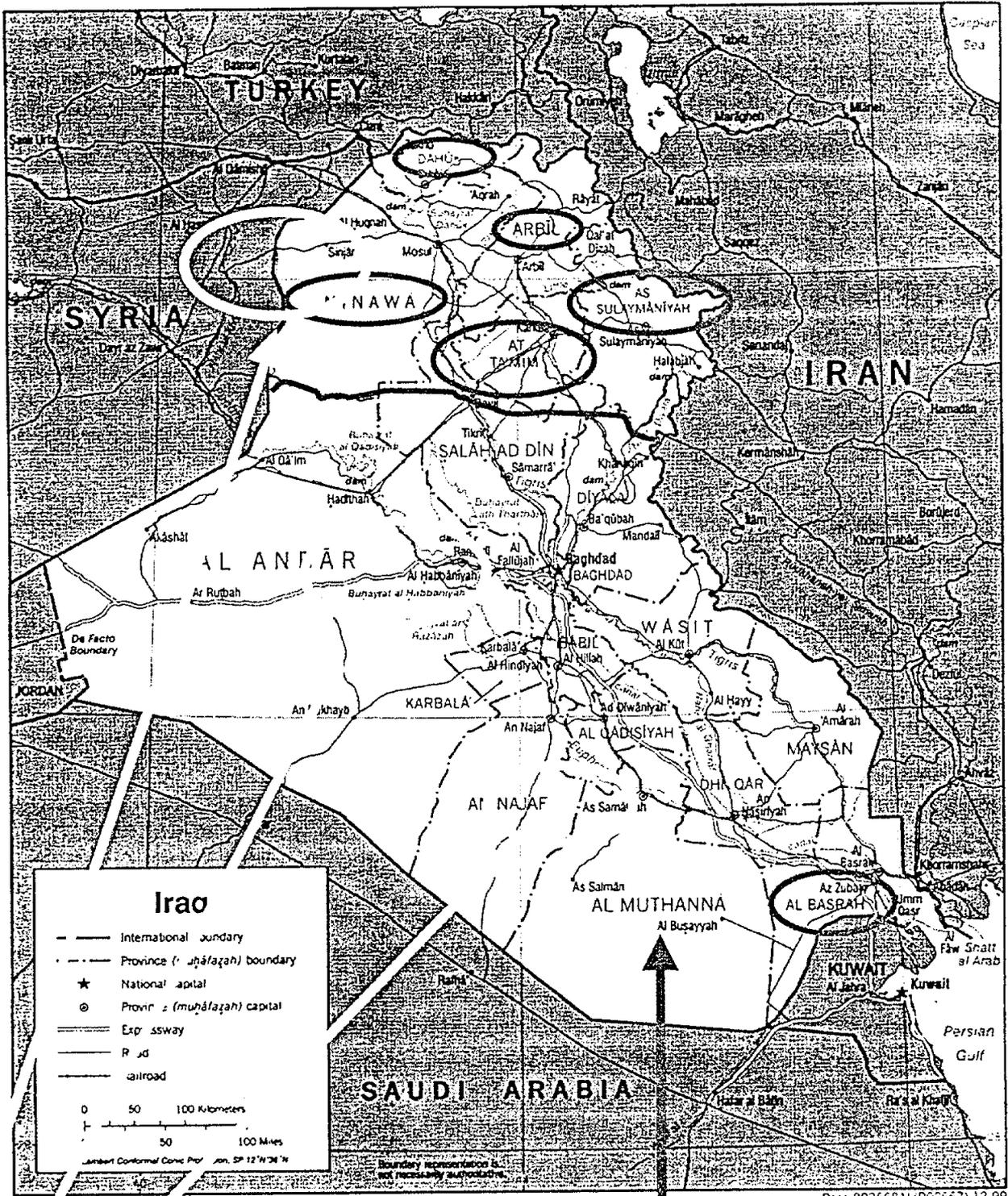


**IMPACT:**

- Estimated potential loss of 12,375 donors
  - Assuming 250K at risk population, not adjusted for AC/RC mix
    - RC not primary source of donors for DOD, they are primarily civilian resource
    - Deferral of donors from units where there is no DOD BDC at their location would not impact ASBP donations.
  - Current DOD donation rates applied: 20% donation rate, 15% standard deferral rate for other causes
  - Estimated that 2/3rds of personnel in Iraq already deferred for malaria exposure in Northern and Southern regions which are endemic for malaria
- Recruitment strategy will target donors who have not deployed to AOR. Will devise marketing plan similar to one recently deployed for Group O.
  - Population estimates were projected to simulate effect of just such a deferral on donor locations (Atch 1).
  - Assumed loss of AD population due to deployment and looked at availability of dependents as primary donor source, adjusted for vCJD.
  - Civilian employees not included in donor population estimates and are another source at these locations.
  - Model shows sufficient population to support ASBP needs.
- Impact of deployment on donations will be minimized in the future by full execution of ASBP strategic plan to locate donor centers primarily at training locations.

Malaria

Non-Malaria



Non-malaria in southern provinces, except

SUBJECT: Blood Donor Deferral for Leishmaniasis in Iraq

COORDINATIONS

DASD (CP&P)

Dr. David Tornberg

DT 9/2/53