

STARS AND STRIPES[®]

Thursday, October 9, 2008

Look at anti-malarial drug

Regarding "Downrange HAZARD? Doctors see resurgence of rare type of pneumonia among some deployed troops who smoke" (article, Oct. 2): New-onset smoking as the cause of acute eosinophilic pneumonia (AEP) has never been a fully satisfying explanation for this unusual and rare outcome. AEP is rare in the United States among new smokers, suggesting that some other exposure found throughout U.S. Central Command territory may also be to blame.

Interestingly, the anti-malarial drug mefloquine (Lariam) has been widely used throughout CENTCOM during the time period that these cases have been reported. In September, the U.S. Food and Drug Administration (FDA) released an advisory cautioning that Lariam had been associated with at least 13 reports of AEP or pneumonitis. The FDA further cautioned that serious cases of pulmonary toxicity have occurred when Lariam was used prophylactically. Of note, Lariam was widely prescribed to U.S. servicemembers throughout Iraq and Afghanistan at the time of the initial AEP cluster in 2003.

The resurgence of acute severe pneumonia appears to be correlated with the re-emergence of Lariam as the predominant anti-malarial drug in CENTCOM, beginning in 2006.

With this obvious association in timing, further epidemiological investigation is clearly needed. Unfortunately, the data system most commonly used by military epidemiologists (the Defense Medical Surveillance System) is still unable to link drug usage to health outcomes.

The Department of Defense should recommit to fixing this system, so that the safety of Lariam and other drugs may be more properly monitored. In the meantime, DOD health leaders may wish to consider collaborating with the FDA to ensure an open and transparent investigation into this possible association.

Dr. (Maj.) Remington Nevin
Armed Forces Health Surveillance Center
Silver Spring, Md.