MEFLOQUINE – a DVA presentation for Townville GPs and others

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Aim

• To provide accurate background medical information and expert advice to TSV GPs (and others) who may be approached by patients concerned about past mefloquine use

• Describe the role of the Repatriation Medical Authority and their assessment of ‘Sound Medical Scientific Evidence’; Factors; SOPs

• Describe DVA’s claims processes and how/when Statements of Principles (SOPs) are used in assessing claims under the relevant Acts

• Describe the initiatives DVA and Defence have embarked on to address mefloquine concerns by veterans (2016 Election Commitment)

• Contact details within DVA
Background

- Standard chemoprophylaxis – Doxycycline 100mg DAILY
- High rates of malaria. Possible drug resistant strains emerging
- ADF Trials of mefloquine and tafenoquine 2000-2002
- BRIG Len Brennan’s detailed presentation (on behalf of SGADF)
- Concerns by some former service personnel in relation to ethical/voluntary nature of the trials; “chronic mefloquine toxicity”; chemically-acquired brain injury; possible links to suicide
- Significant veteran, press and parliamentary interest
Role of the RMA

- Independent medico-scientific body. Established by legislation in 1994
- The RMA consists of a panel of five practitioners eminent in fields of medical science. Their role is to determine Statements of Principles (SOPs) for any disease, injury or death that could be related to military service, based on sound medical-scientific evidence. The SOPs state the factors which "must" or "must as a minimum" exist to cause a particular kind of disease, injury or death.
- For each condition, the RMA promulgates a SOP under two separate standards of medical evidence:
  - Reasonable Hypothesis (exceptionally generous; Operational [=warlike] Service)
  - Balance of Probabilities (still very generous; non-Operational Service)
- Reviews as required.
RMA determinations re anti-malarials (including mefloquine and tafenoquine)

- SOPs are Disease or Injury based
- No actual determinations just for mefloquine or tafenoquine or antimalarials
- These are listed as a factor or potential causal factor in 13 conditions:
  1. Suicide and Attempted Suicide (65/2016; 66/2016)
  3. Tinnitus (33/2012; 34/2012)
  4. Epileptic seizure (77/2013; 78/2013)
  5. Peripheral neuropathy (74/2014; 75/2014)
  7. Psoriasis (31/2012; 32/2012)
  8. Heart block (1/2014; 2/2014)
  9. Myasthenia gravis (75/2015; 76/2015)
  11. Trigeminal neuropathy (79/2015; 80/2015)
  12. Depressive disorder (83/2015; 84/2015)
  13. Anxiety Disorder (102/2014; 103/2014)

- NOTE: No PTSD; No Acquired Brain Injury
Claims process

• Diagnosed health condition
• Qualifying service
• Under VEA or MRCA – is this a SOP condition?

• If YES, then claim assessed in accordance with the relevant SOP factor(s). Acceptance is guaranteed.
• If NO, the claim assessed according to medical evidence. This is more than just an expert opinion stating “I believe that X has been caused by Y”. Ideally, peer reviewed supportive evidence.
Difficulties re mefloquine

- Only 13 conditions currently accepted based on sound medical-scientific evidence
- Does NOT include PTSD or Acquired Brain Injury or Suicide more than 3/6 months after initial exposure
- However, Non Liability Health Care (NLHC) provides an immediate treatment option for veterans with even 1 day of service for 5 mental health conditions. Usually GP initial contact. DVA White Card issued. Confirmation within 6 months by a specialist. Separate from claims process
DVA / Defence mefloquine activities

- Extensive information provided by Defence. Mefloquine mailbox. Major Literature Review
- Public meetings e.g. Townsville March 2016
- Advice to Colleges/ AMA
- DVA PMA letter to all GPs (30 September 2016)
- Non Liability Health Care expansion; GP Health Assessments (MBS Items)
- PMA Article in VetAffairs; multiple presentations to ESO Groups/Forums
- DVA specialist claims processing cell in DVA Melbourne (similar to F-111)
- TSV GP forum – opportunity to provide information/names to patients
- TSV Outreach Program – 13-15 December 2016 (RMA, DVA, VVCS)
- Consideration by DVA of additional research needs in FY 2017
Contact details

• DVA – 133 254 or 1800 555 254 – ask for Mefloquine Team
• VVCS – 1800 011 046
• Malaria, Mefloquine and the ADF website. ADF Health and Wellbeing Portal. See: https://www.defence.gov.au/Health/HealthPortal/Malaria/default.asp
• Also includes MEFLOQUINE FAQs and Trials Information

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