I write following the Westminster Hall debate on 27 October about the HCDC’s recent report: ‘An acceptable risk? The use of Lariam for military personnel’. I undertook to address a number of points raised during the debate that I was unable to cover in my speech due to time constraints.

You requested an update on the Single Point of Contact (SPOC) that MOD has established for those who are worried about their experience of mefloquine. As I explained during the debate, the mefloquine SPOC is a confidential service for people to make contact by phone and email, and it is supported by material on the Government website. Callers are provided with information about a range of services and avenues of assistance to help address their concerns.

For Serving personnel, this includes advice to contact their senior medical officer and, in the case of Veterans, to contact their local NHS GP. Their GP is best placed to help individuals understand their experience of anti-malarials and provide context about the choice of drug prescribed at the time. Patients and their GPs can request access to the full military medical records if required: it is therefore important to signpost callers to their GPs.

The SPOC can also direct those who are eligible to the Veterans and Reservists Mental Health Programme: this provides assessment and treatment advice for Veterans, who have deployed since 1982, and Reservists, who have been deployed overseas since 1 January 2003, who believe their deployment may have affected their mental health. Individuals can also be directed to information about the various MOD compensation schemes they may be entitled to.

Rt Hon Dr Julian Lewis MP
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During the debate you stated that the MOD alleged that it needs to use mefloquine because there are certain geographical areas where no other drug will work. This is a misinterpretation of the Surgeon General’s statement during the oral evidence session in January this year, that ‘there is no geographical area where it (mefloquine) is absolutely essential’. We have always made clear that as no anti-malarial drug is 100% effective we need to use a range of prevention drugs to protect our personnel.

The member for East Renfrewshire, Kirsten Oswald MP, asked whether the Joint Services Publication (JSP) ‘Preventing Malaria in Military Personnel’ has been published online. JSPs are policy leaflets, subject to the Freedom of Information Act, so elements of them are available online. As I stated during the debate, a recently revised version of the JSP was passed to the Advisory Committee on Malaria Prevention (ACMP) for its consideration. The ACMP’s views are currently being considered, and our intention is that the revised policy will be put into the public domain in due course.

The member for Bridgend, Madeleine Moon MP, requested figures for past stock levels of mefloquine held by the MOD. Given the way the data is held, it has not proven possible to confirm historic stock levels for mefloquine and other anti-malarials prior to August 2015. However, the number of prescriptions for mefloquine from 2007 to 2015 is provided in the MOD’s Ad Hoc Statistical Bulletin - Mefloquine Hydrochloride prescribing in the UK Armed Forces, 1 April 2007 – 31 March 2015. The Bulletin was submitted to the Committee on 12 January 2016.

I trust this letter addresses the questions outstanding following last month’s debate. In addition, the MOD will provide six monthly updates to the Committee on the progress on implementing its recommendations including data on compliance with the revised anti-malarial policy and the prescribing of mefloquine. The first of these updates will be provided in spring next year.

Once again I would like to thank the HCDC for its thorough report. We take seriously our duty of care to provide the best possible support to our Armed Forces and I believe this inquiry has helped to further strengthen the MOD’s existing policies and procedures about the use of anti-malarials.

MARK LANCASTER TD VR MP