



QUINOLINE VETERANS AND FAMILIES ASSOCIATION

SUPPLEMENTARY SUBMISSION TO THE FOREIGN AFFAIRS, DEFENCE AND TRADE REFERENCES COMMITTEE INQUIRY INTO THE USE OF THE QUINOLINE ANTI-MALARIAL DRUGS MEFLOQUINE AND TAFENOQUINE IN THE AUSTRALIAN DEFENCE FORCE

Mr Stuart McCarthy, 4 September 2018

Introduction

QVFA thanks the Committee for their continued efforts with this inquiry. The purpose of this supplementary submission is to provide the Committee with evidence on the operation of the Department of Veterans Affairs (DVA) "dedicated mefloquine support team" including the information provided by staff who answer the toll free number advertised on the DVA website and elsewhere.

Purpose of the Dedicated Mefloquine Support Team

On 6 Aug 2018 I received an email from DVA Secretary Liz Cosson which explains the purpose of the "dedicated mefloquine support team" (Attachment 1):

*... my focus is on **the treatment for veterans who need assistance** and the department will set up a new phone line for any veteran prescribed mefloquine and tafenoquine who is seeking support from DVA.*

Through this phone line, the veteran will be asked to stay on the line and will be provided three options:

1 do you want general information on mefloquine and tafenoquine?

2 do you want to lodge a claim?

3 are you seeking urgent assistance?

The DVA "Mefloquine Information" webpage provides the following information on the "dedicated mefloquine support team":

For assistance with mefloquine-related claims, call DVA on 1800 555 254 and ask to be put in touch with the dedicated mefloquine support team.

31 August 2018 Phone Call to the "Dedicated Mefloquine Support Team"

At 11.45 am on 31 August 2018 I called 1800 555 254. A recorded message said press 1 if you need to talk to someone about mefloquine (no mention of tafenoquine). After I pressed 1 my call was answered by Officer A.

I told Officer A my name and explained that I was calling on behalf of an ADF tafenoquine clinical trial subject in Townsville, then asked to be provided with contact details for a medical specialist to refer this veteran to.

Officer A answered: "We do not hold contact details for any medical providers."

3 September 2018 Phone Call to the "Dedicated Mefloquine Support Team"

At 9.05 am on 3 September 2018 I called 1800 555 254. A recorded message said press 0 if you need to talk to someone about mefloquine (no mention of tafenoquine). After I pressed 0 my call was answered by Officer B.

I told Officer B that I was calling to seek information to assist veterans to submit DVA claims relating to the antimalarial drug tafenoquine. Officer B then asked me a series of questions:

"What's it called?"

"Is this an injection?"

"Can you spell it?"

Officer B then told me "I'll put you through to the pharmacy."

When my call was switched through to the pharmacy it was then answered by Officer C. When I explained to Officer C that I was seeking information on the antimalarial drug tafenoquine her responses were:

"This is the first I've heard of it."

"This is not something that's in my area."

"I don't know anything about tafenoquine."

When I explained that tafenoquine was an experimental drug used by the ADF in a series of clinical trials and I was seeking basic information about the ADF's use of this drug, she asked me for my phone number and told me someone else from DVA would call me back.

Several minutes later I received a call from a blocked number. When I answered the call it was Officer B again. When I explained to Officer B that I was seeking information about tafenoquine, an experimental antimalarial drug used by the ADF in a series of clinical trials, she suggested that I call the ADF if I had a grievance.

I then asked Officer B if I could speak to someone from the "dedicated mefloquine support team."

She replied that "none of them are there today" but she took my number and said someone would call me back.

Several minutes later I received a call from a blocked number. When I answered the call it was Officer D, who said she was a member of the dedicated mefloquine support team. I then asked Officer D the following questions about tafenoquine:

"Do you know which units were involved in the drug trials?" Officer D answered "No."

"Do you know where and when the ADF tafenoquine trials took place?" Officer D answered "No."

"Do you know what dosages of tafenoquine were used during the drug trials?" Officer D answered "No."

"Do you know what dosages of tafenoquine have been approved by the TGA?" Officer D answered "No."

The call concluded at 9.50 am, i.e. 45 minutes after I first called the number for the DVA "dedicated mefloquine support team."

Conclusion

The "dedicated mefloquine support team" was announced by DVA in 2016. The DVA Secretary has stated that this dedicated team and toll free number are part of her focus **"on the treatment for veterans who need assistance"**, however the staff of the "dedicated mefloquine support team" do not hold contact information for healthcare providers and are unaware of the most basic, factual information regarding the ADF's use of mefloquine and tafenoquine.

Attachments

1. Email from Liz Cosson to Stuart McCarthy dated 6 August 2018

RE: Request for immediate retraction of false and misleading information regarding tafenoquine in the DVA written response to ABC 7.30 Report [TO BE CLASSIFIED] [SEC=UNCLASSIFIED] Inbox 



Cosson, Liz



6 Aug [View details](#)

Dear Stuart,

Thank you for your time on last week. I respect there are different bodies of research and that these may be at variance. I contacted the RMA after our call to establish what research was used to inform the RMA decision. I have now received advice that the RMA can only take into account 'published peer-reviewed evidence when undertaking its investigations'. The RMA has taken into account 'all relevant sound medical-scientific evidence (SMSE) when undertaking its investigations'. I am advised that this includes the 'published reports of the clinical trials of tafenoquine conducted by the Army Malaria Institute (Nasveld et al 2010, Elmes et al 2008, Kitchener et al 2007) as well as a range of other randomised controlled trials, case reports and animal studies'. RMA confirmed that it cannot take into account unpublished adverse event reports held by TGA. The following link lists the SMSE taken into account that that investigation.

<http://www.rma.gov.au/sops/condition/conditionally-acquired-brain-injury-caused-by-mefloquine-tafenoquine-or-primaquine>

As you and I have discussed, DVA must accept the findings of the RMA when determining claims from our veteran community. But also note that the findings are now under review by the SMRC.

That aside, my focus is on the treatment for veterans who need assistance and the department will set up a new phone line for any veteran prescribed mefloquine and tafenoquine who is seeking support from DVA.

Through this phone line, the veteran will be asked to stay on the line and will be provided three options:

- 1 do you want general information on mefloquine and tafenoquine?
- 2 do you want to lodge a claim?
- 3 are you seeking urgent assistance?

I am also aware we have the Senate Inquiry into the use of Quinoline antimalarial drugs Mefloquine and Tafenoquine in the ADF, where all of this evidence can be put to the community.

In the interim, I am committed to continue to working with you and Jane on treatment options for veterans who need assistance.

Regards, Liz



Liz Cosson AM CSC

Secretary

Department of Veterans' Affairs

To support those who serve or have served in the defence of our nation and commemorate their service and sacrifice.



The Department of Veterans' Affairs acknowledge the traditional owners and we pay our respect to elders past, present and future.