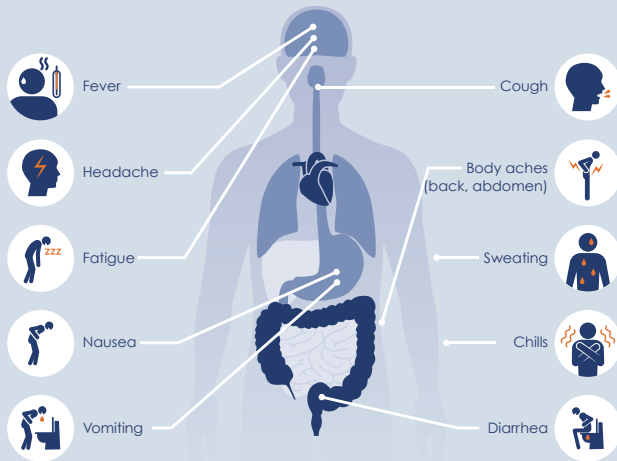


# MALARIA

Malaria is a serious, and sometimes fatal disease caused by a parasite that infects red blood cells. The most dangerous of the five species of Malaria parasite that can infect people is *Plasmodium falciparum*, the parasite that causes cerebral Malaria.



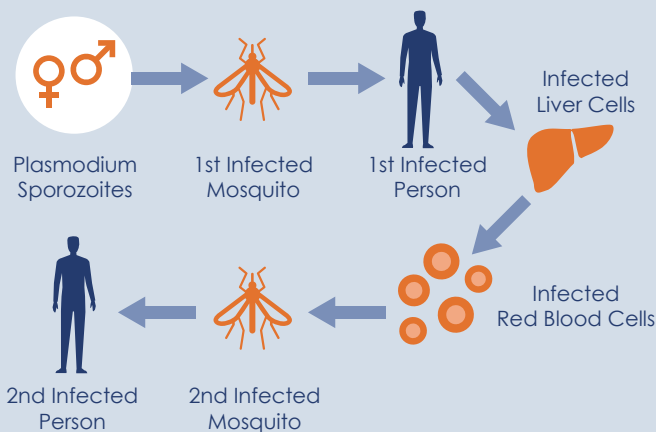
## MALARIA SYMPTOMS

Malaria symptoms occur at least 7-9 days after being bitten by a mosquito. Fever in the first week of travel is unlikely to be Malaria. However, the incubation period may be longer when a person has taken an inadequate course of preventative medication. Certain types of Malaria parasites also take longer, sometimes as long as 8 to 10 months, to cause symptoms.

Malaria cannot be confirmed, or excluded, by clinical symptoms alone. The initial symptoms of Malaria are non-specific and can include fever, chills, muscle aches and headache. Recurrent cycles of chills, fever and sweating are typical. There can sometimes be vomiting, diarrhoea, coughing and yellowing (jaundice) of the skin and whites of the eyes. Untreated Malaria can cause mental confusion, seizures, coma, kidney failure and death.

Malaria symptoms are often mistaken for those of flu. Should you start experiencing flu-like symptoms even six months after your return from a Malaria area, seek immediate medical attention and inform the healthcare practitioner of your travels.

## MALARIA INFECTION CYCLE



## MALARIA IN CHILDREN AND DURING PREGNANCY

All children, including young infants, living in or travelling to Malaria-risk areas, should take Malaria chemoprophylaxis (anti-Malaria medication to prevent infection). Although the recommendations for most anti-Malarial agents are the same as for adults, it is crucial to use the correct dosage, which depends on the age and weight of the child. Since an overdose can be fatal, all anti-Malarial medication should be administered as prescribed and stored in childproof containers well out of the reach of children. As Malaria carries a higher fatality risk in young children and can result in more severe illness, it is advisable to refrain from travelling to Malaria risk areas with children under the age of 5 years.

Pregnant women are advised to avoid travel to a Malaria area. Malaria may pose a serious threat to a pregnant woman and her unborn child. Pregnant women are at higher risk of developing severe Malaria; and the disease may increase the risk of miscarriage, premature delivery, maternal death, and death of the baby. Pregnant women who are living in or travelling to a Malaria-risk area should consult an expert clinician regarding the dangers posed by Malaria, as well as the benefits and risk of Malaria chemoprophylaxis.

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## MALARIA HIGH-RISK AREAS

After successful programmes to eradicate Malaria, it is now found in only three provinces in South Africa: north-east KwaZulu-Natal, parts of Mpumalanga and Limpopo. The risk of contracting Malaria is particularly high during the wet months (September to May) as these foster ideal conditions for transmission.

In certain African countries such as Angola, Malawi, Mozambique, Zambia, parts of Swaziland and Namibia, as well as the Zambezi valley in Zimbabwe, Malaria is prevalent throughout the year. In northern Botswana and Namibia, as well as areas below 1200m in Zimbabwe, November to June are considered high-risk months.

## MALARIA DIAGNOSIS

Malaria parasites can be observed under a microscope when a blood smear of a patient is examined in a laboratory or clinic. Evidence of the parasites may be rapidly detected in blood by means of an antigen detection kit. Travellers to remote areas may carry these kits for self-testing purposes. In difficult to diagnose cases, Malaria parasites may be detected in a patient's blood by means of specialised laboratory tests.

## MALARIA TREATMENT

Treatment varies depending on the geographic area where the infection occurred. Different areas have Malaria types that are resistant to certain medications. A doctor must prescribe the correct drugs for each type of Malaria; it is thus critical that you share information about your travels with your healthcare practitioner. Suspected Malaria is a medical emergency and requires urgent treatment.

## MALARIA PREVENTION

When travelling to an area known to have Malaria, consult your healthcare practitioner or travel clinic on the correct preventative medication to take; and take it as prescribed. This medication is life-saving.

## MALARIA PRECAUTIONS

The following recommendations will decrease your chances of contracting Malaria:

- Avoid exposure to mosquito bites during the early morning and early evening hours (when mosquito activity is greatest).
- Wear appropriate clothing (long-sleeved shirts and long pants, for example) especially when you are outdoors.
- Apply insect repellent to exposed skin. The insect repellent should contain 20% - 35% DEET (N,N-diethyl-m-toluamide).
- Spray mosquito repellent on clothing to prevent mosquitoes from biting through thin fabric.
- Use a residual insecticide impregnated mosquito net over your bed.
- Sleep in rooms with screens over windows and doors.
- Spray permethrin or a similar insecticide in the bedroom before going to bed.

## MALARIA PROPHYLAXIS MISCONCEPTIONS

- It is better not to take any Malaria prophylaxis as it masks the symptoms. **WRONG.**
- You can stop taking Malaria prophylaxis when you leave a Malaria area. **DON'T.** It is essential that you take the medication for the entire period, as prescribed, even after leaving the Malaria area.
- The presence of alcohol in your blood prevents mosquito bites. **IT DOESN'T.**

## MALARIA IS PREVENTABLE AND TREATABLE

