

Malaria alert!

History of travel or resident in a malaria area

Traveler to a malaria area

Travel or resident in a malaria area plus fever or 'flu-like illness

A. Assess risk

1. Where are you going – see malaria map
2. When? (High risk season September to end May)
3. Type of accommodation?
4. Duration of stay?

B. Prevention of mosquito bites is only sure way of not getting malaria

- remain indoors between dusk and dawn, (when malaria transmission occurs)
- wear long, preferably light-coloured clothing
- use mosquito repellents containing DEET (N, N-diethyl-3-methylbenzamide or N, N-diethyl-m-toluamide), during outdoor activities.
- Repellents should be applied to exposed skin surfaces and repeated after four to six hours according to the manufacturer's instructions
- use knockdown insecticidal sprays, vaporisation mats, mosquito coils
- sleep under insecticide-treated bed-nets
- ceiling fans and air conditioners are also effective in preventing mosquito bites

Urgently confirm diagnosis, assess severity, repeat malaria test if negative.

Uncomplicated malaria

- Mild symptoms
- Ambulant
- Normal mental function
- No repeated vomiting
- No jaundice
- No other features of severe malaria

Severe malaria

- Prostate
- Impaired consciousness
- Multiple convulsions
- Hypoglycaemia
- Jaundice
- Respiratory distress
- Acidotic breathing
- Acute pulmonary oedema and acute respiratory distress syndrome
- Circulatory collapse, shock
- Anuria
- Anaemia
- Abnormal bleeding
- Biochemical and hematological criteria as per guidelines

Uncomplicated malaria caused by:

P. falciparum

artemether-lumefantrine (Coartem®)

P. ovale, *P. vivax* or *P. malariae* or mixed infections

artemether-lumefantrine (Coartem®)

Plus primaquine if *P. ovale* or *P. vivax*

Severe malaria

(usually *P. falciparum*)

IV artesunate (preferred)

or

IV quinine

Once able to tolerate oral

treatment, follow with

artemether-lumefantrine

(Coartem®)

or doxycycline or clindamycin if

Coartem® is not available

C. Malaria chemoprophylaxis

Recommended options for travel to moderate/ high risk malaria transmission areas should include any one of the following, **in addition to taking measures to prevent mosquito bites**

1. **Atovaquone-proguanil:** Start at least one day before entering the risk area, take daily while there and daily for **seven days** after returning. Adult dose 250mg/100mg
2. **Doxycycline:** Start at least one day before entering the risk area, take daily while there and daily for **four weeks** after returning. Adult dose 100mg daily. Doxycycline has been down scheduled (S2) for the use of malaria chemoprophylaxis
3. **Mefloquine:** Start at least a week before entering risk area, take once weekly while there and weekly for **four weeks** after returning. Adult dose 250mg weekly

Consider special groups in choice of chemoprophylaxis: pregnant women, young children, immunocompromised patients, those with co-morbid diseases and concurrent medication.

Pregnant women should avoid travel to malaria risk areas.

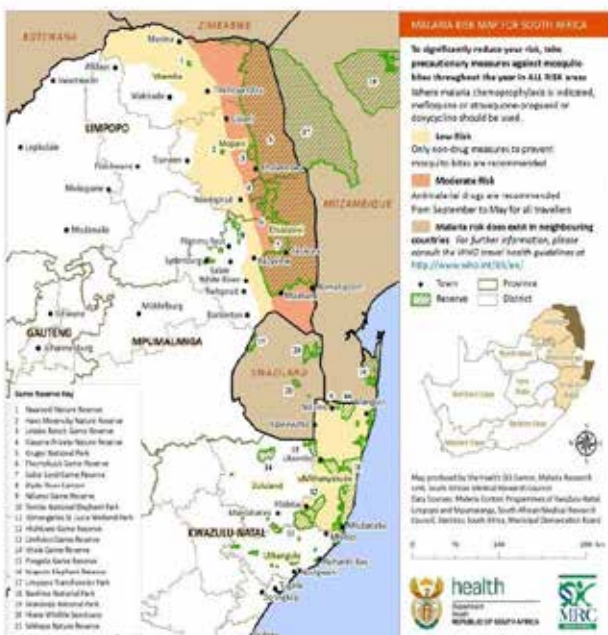
South African Guidelines for the Prevention of Malaria can be found on <http://www.nicd.ac.za/wp-content/uploads/2017/09/Guidelines-South-African-Guidelines-for-the-Prevention-of-Malaria-2017-final.pdf>

- Coartem® is now recommended for pregnant women with uncomplicated malaria, irrespective of the trimester
- **Coartem® must be taken with fatty food /milk**
- Children weighing less than 5 kg and persons over 80 kg should be carefully monitored for treatment failure
- Garsun® (parenteral artesunate) is registered and is available in the private and public sector for all patients with severe malaria. It has many advantages over quinine and is the drug of choice for severe malaria
- Garsun® is the preferred treatment for severe malaria in all trimesters of pregnancy

Any unexplained fever even in the absence of travel: consider malaria (“taxi malaria”)

Any pregnant women with fever and a history of travel or residence in a malaria area must have a malaria test urgently

The South African National Malaria Treatment Guidelines can be found on <http://www.nicd.ac.za/assets/files/Guidelines%20-%20MalariaTreatment%202016%20Final%20Draft%2005%20December%202016.pdf>



For further information, healthcare professionals can contact:

- NICD Hotline +27 82 883 9920
- Amayeza Info Centre +27 11 475 2994 or
- UCT Medicines Information Centre +27 21 406 6829

<https://santhnet.co.za/index.php/travel-health-advice/travel-advice/malaria-advice-for-travellers/item/330-malaria-risk-map-for-south-africa-2017.html>