THE DISEASE

Malaria is transmitted via the bite of parasite-infected female Anopheles mosquitoes. The parasites infect the liver and then the red blood cells. The incubation period – time from being bitten to becoming ill – is 7 to 17 days in all malaria species, with the exception of P. falciparum which can range from 16 to 40 days after a bite. The incubation period may be highly variable due to a variety of factors, and in exceptional cases the onset of illness may be more than a year after the infected bite.

There are no ‘typical’ malaria symptoms: All persons experiencing a ‘flu-like’ illness with symptoms that may include all or any of the following, have MALARIA UNTIL PROVEN OTHERWISE: fever, cold chills, headache, muscle and/or joint pain, vomiting and even diarrhea. Suspected malaria represents a MEDICAL EMERGENCY and requires immediate medical consultation.

Correct diagnosis and effective treatment depend on a comprehensive, detailed travel and exposure history, thorough clinical examination and reliable laboratory confirmation in order to confirm the clinical diagnosis of malaria or any other life-threatening disease that presents with fever.

PREVENTION

No drug is completely without side effects. The decision whether to use preventative drugs or not should be based on consultation with a knowledgeable health care provider regarding the relative malaria risk in the area to be visited, any pre-existing disease or chronic medication the traveler may have or use, the availability of effective malaria prophylaxis, the potential side effects and cost of the available appropriate anti-malaria drugs.

People born in malaria-endemic areas become partially immune because of frequent infection, but the mortality rate amongst babies and toddlers remains extremely high.

Travellers never become immune - in spite of frequently being infected - and are in danger of dying every time they contract malaria.

PROPHYLACTIC MEDICINES

- Mefloquine 250mg (Mefilm*, Lariam*) Take 1 tablet weekly, on the same day each week, after breakfast with plenty of liquid. Commence 1 week before entering the risk area, continue weekly while in the area and for 4 weeks after leaving. If never used before, it may be advisable to commence three weeks prior to departure to ensure that no serious side-effects occur. Avoid heavy alcohol consumption for 24 hours before and after the weekly dose. People with epilepsy, neurophysiological or psychological illness, an irregular heartbeat, pupils and scuba drivers, should avoid this drug. (If minor side effects occur, try splitting the dose e.g. ½ tablet on Sunday and taking a half tablet on Thursday). If major symptoms such as dizziness, agitation, depression or racing pulse occur, stop the drug immediately and seek professional advice.

Doxycycline 100mg (several brand names): Take 1 tablet daily, after a good breakfast with plenty of liquid. Commence 2 days before entering a risk area, daily whilst there and for 4 weeks after leaving the area. Bect is avoided by those suffering from heartburn or stomach ulcers. Sun sensitive persons may want to take additional measures to avoid excessive sunburn (covering up and sun screen). Safe in scuba divers.

Children: Do not prescribe under the age of eight years and preferably not before adolescence.

Doxycycline: Contraindicated throughout pregnancy and breast feeding.

Atovaquone 250mg / Proguanil 100mg fixed combination (Malarone*, Malanor*, Mazzitor*, Malataq*): Take 1 tablet per day, after breakfast with plenty of liquid. Commence 1 day prior to arrival, continue daily for the duration of stay and for 7 days after leaving the area. May be prescribed to pilots subject to the usual precautions applicable to flying with medication and may be used with caution in scuba divers.

- Children: Parduel Malari* may be prescribed to children who weigh more than 11 kg. Prescribe according to weight.
- Pregnancy: Contraindicated throughout pregnancy and breast feeding. (No safety data available).

DRUG

DOSEAGE

ARTESOMER 200mg: 1 tablet daily after breakfast with plenty of liquid. Commence 1 day prior to arrival, continue daily for the duration of stay and for 3 days after leaving the area.

ATOVACQUONE 250mg / PROGUANIL 100mg fixed combination (Malarone*, Malanor*, Mazzitor*, Malataq*): Take 1 tablet per day, after breakfast with plenty of liquid. Commence 1 day prior to arrival, continue daily for the duration of stay and for 7 days after leaving the area. May be prescribed to pilots subject to the usual precautions applicable to flying with medication and may be used with caution in scuba divers.

- Children: Parduel Malari* may be prescribed to children who weigh more than 11 kg. Prescribe according to weight.
- Pregnancy: Contraindicated throughout pregnancy and breast feeding. (No safety data available).

QUININE SULPHATE 1 tab = 300mg PLUS

DOSE

100mg

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MANAGEMENT OF SUSPECTED MALARIA

There are no ‘typical’ malaria symptoms. Any person experiencing a ‘flu-like’ illness with symptoms that may include all or any of the following, has MALARIA, UNTIL PROVEN OTHERWISE: fever, cold chills, headache, muscle and/or joint pain, vomiting and even diarrhea.

- Seek expert medical consultation. State clearly that you suspect malaria and insist on a complete medical examination and laboratory diagnosis.
- If there is no medical expertise and provided you have the necessary kit available:
  - Ask a trained travel companion to perform a rapid malaria antigen test.
  - With the results in hand, obtain telephonic support from a Travel Health Consultant.
  - If the test is positive, commence standby emergency treatment (SBET).
  - Make your way towards good medical care immediately.
  - Remember:
    - One negative test does NOT exclude malaria.
    - Not all fever is due to malaria – it may be due to another serious disease that requires expert medical care.

Malaria Rapid Antigen Test Kits (RAT)

The test strip detects the presence of a chemical component of the parasite wall - the antigen. It is used to diagnose new onset malaria, but cannot NOT be used to monitor treatment efficacy as it may remain positive for two weeks after effective treatment. There is a number of these kits on the market, but not all are of equal quality. As the only life-threatening malaria in travelers is caused by P. falciparum and the tests detecting multiple species is less sensitive and specific, the single species test is preferable.

Anyone planning to use the test in the field MUST be trained in the use of the specific test prior to departure.

STAND BY EMERGENCY TREATMENT

This may be appropriate for travellers away from reliable medical assistance:
- who have been exposed;
- are symptomatic;
- have a positive RAT to start treatment immediately.

TRAVELLER’S MALARIA POCKET GUIDE

v19

www.traveldoctor.co.za
A4 Page

Fold page in 4 sections

Fold in half

Your booklet should look like this