



## **Malaria**

Malaria is a serious, sometimes fatal, disease spread by mosquitoes. It is common in many tropical countries and is caused by a parasite called Plasmodium.

### **How is it spread?**

Malaria spreads to humans via the bite of an infected female mosquito. Mosquitoes usually bite between dusk and dawn and are attracted to humans by our body heat, smell and the carbon dioxide we breathe out.

Recent estimates show that as many as 300 to 500 million people become ill with malaria every year. Malaria is widespread in over 100 countries and 3.2 billion people are believed to live in areas where malaria occurs.

Each year approximately 1,750 people return to the UK with malaria. Most illness is due to infection with the potentially fatal falciparum strain. There are between five and 15 deaths due to malaria reported every year in the UK. In 2006 there were 1,758 reported malaria cases, with eight deaths. All the UK deaths were due to falciparum malaria caught in Africa.

### **Who is at risk?**

Any travellers visiting an area with malaria can catch the disease. This includes people originally from countries with malaria, who now live in malaria free regions such as the UK and return home to visit friends and relatives

Malaria is found in tropical regions of the world, including large areas of Africa, Asia, Central and South America, Haiti and the Dominican Republic, parts of the Middle and Far East and some Pacific Ocean Islands, such as Papua New Guinea.

Failing to take malaria prevention tablets or not taking the appropriate tablets is a key reason for catching malaria. Most UK travellers who catch malaria either do not take tablets or do not take the right tablets for the risk areas they visit.

### **Signs and Symptoms of Malaria**

Malaria usually starts with fever, headache and muscle pain. Coughing and diarrhoea may also be present. Symptoms can rapidly progress to a high fever and severe muscle aches.



You should be aware of the signs and symptoms of malaria, especially fever, and must seek immediate medical attention if you experience any, either while you are away or for up to year after you return home.

### **How can infection be prevented?**

Preventing malaria involves several steps that are known as the A, B, C, and D of malaria prevention:

Awareness of the risk – all travellers to malarious areas must be aware of the risk of malaria in the areas they visit, take action to reduce the risk, and seek medical advice urgently if they get a fever or flu-like symptoms.

Bite avoidance measures – prevent or avoid. Sleep in rooms that are properly screened. Spray the room with a knockdown insecticide before evening. When sleeping outdoors use impregnated mosquito nets around the bed at night. Alternatively mosquito coils may be burned. Use mosquito repellent with a high DEET content, remembering that mosquitoes bite between dawn and dusk.

Compliance with appropriate malaria prevention tablets – with appropriate anti-malarials. Take appropriate drugs. Compliance (taking the full course of the anti-malarials) is essential; most deaths occur in those who take drugs irregularly or not at all.

Start medication before going abroad, continue medication while in malarious area and for the appropriate time for that anti-malarial after leaving it. Take anti-malarials after meals, with a drink to minimise minor side effects.

Diagnosis and treatment if symptoms develop – report any flu-like symptoms promptly to a doctor and say that you have been to a malarious area. This is important for up to a year after your return.