

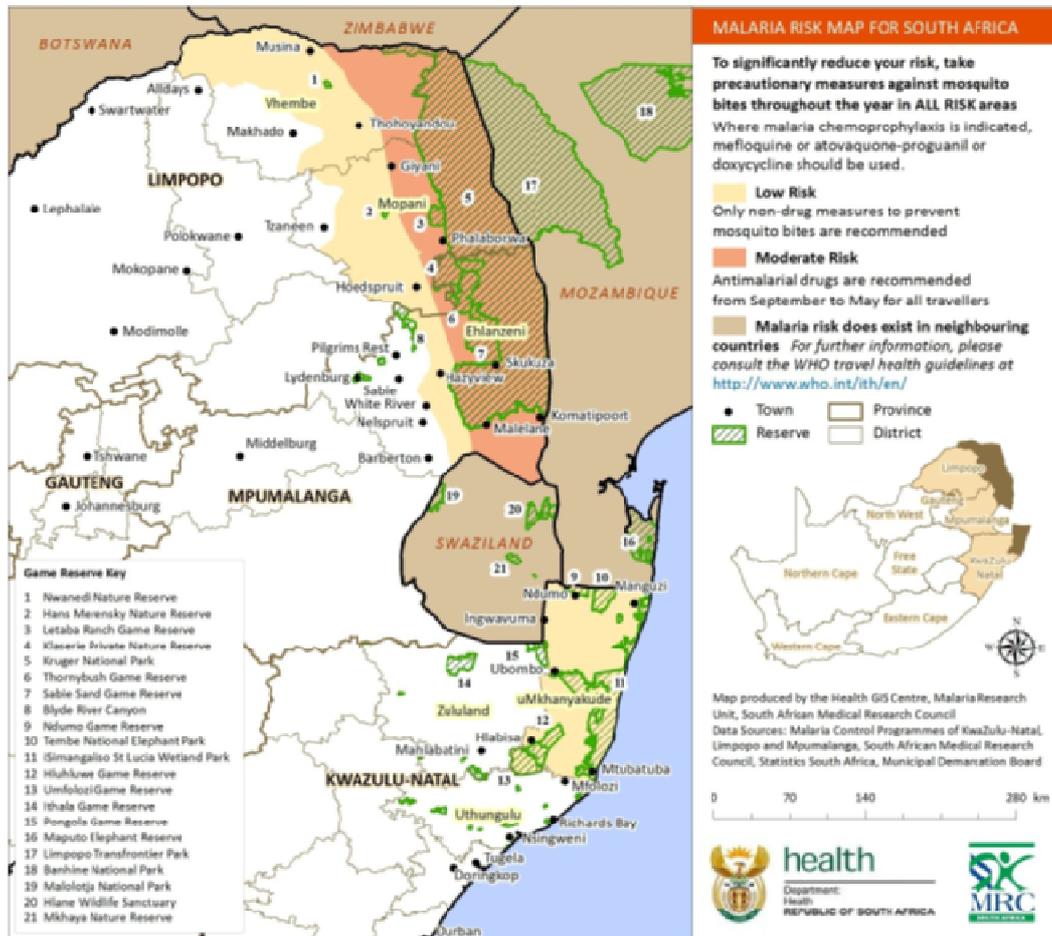
**2 VECTOR-BORNE DISEASES**

**Malaria alert**

Travellers and healthcare workers are reminded that April and May fall in the peak malaria transmission season, which in southern Africa extends from September to May each year. A spike in the number of malaria cases was noted in Limpopo Province during the last 2 weeks of March, following heavy rainfall and hot humid conditions earlier in the month which facilitated malaria vector proliferation. Malaria cases increased most notably in Giyani and Phalaborwa areas. The neighbouring province of Mpumalanga also reported an increase in cases during the same period, notably in the Bushbuckridge area. During March 2014, a total of 837 cases including 9 deaths was notified in Limpopo Province, 91% (765/837) of which were classified as local cases (indicating local malaria transmission). This observed increase has not been declared an epidemic, and cases have been on the decline since the first week in April. The Department of Health Malaria Control Programme continues to

monitor the situation and interventions have been implemented. Active health promotion is ongoing, in order to raise awareness amongst community members and healthcare workers in the affected areas so as to facilitate early presentation, prompt diagnosis, and institution of appropriate treatment.

The malaria-endemic provinces within South Africa are KwaZulu-Natal, Mpumalanga and Limpopo. Within these provinces, local malaria transmission only occurs in certain areas. Zimbabwe and Mozambique, both countries that share borders with South Africa, are also known endemic areas. All our neighbouring countries except for Lesotho have autochthonous malaria, albeit to varying degrees. Figure 1 shows the malaria risk areas in South Africa.



**Figure 1. Malaria risk areas in South Africa**

Malaria is a deadly disease; otherwise-healthy travellers die from malaria because of missed diagnosis, misdiagnosis (especially as influenza), delays in treatment, or incorrect treatment. Tick bite fever, and dengue fever in areas where the disease is known to occur, are important in the differential diagnosis of febrile illness in returning travellers at this time of the year. The diagnosis and treatment of malaria constitute a medical emergency. There should be a high index of suspicion for malaria in any person who develops a fever or influenza-like illness with headache, rigors, and myalgia/arthralgia during or after travel to a malaria-risk area, whether preventive measures have been taken or not. For further information regarding the diagnosis and treatment of malaria, refer to the South African guidelines for the treatment of malaria: [http://www.doh.gov.za/docs/policy/2011/malaria\\_treatment.pdf](http://www.doh.gov.za/docs/policy/2011/malaria_treatment.pdf).

Travellers to malaria-endemic areas in South Africa and neighbouring countries should take note of the increased risk of malaria and take the necessary precautions, which include the prevention of mosquito bites and chemoprophylaxis. Since malaria vector mosquitoes are most active from sunset to sunrise, insect repellents containing DEET should be applied to exposed parts of the body

during this period. Use of fans, air conditioning, insecticide coils, the wearing of long sleeves & long pants and socks, and sleeping under mosquito nets can further reduce mosquito bites. Chemoprophylaxis is recommended when visiting high risk areas; refer to the South African guidelines for prevention of malaria: [http://www.doh.gov.za/docs/policy/2011/malaria\\_prevention.pdf](http://www.doh.gov.za/docs/policy/2011/malaria_prevention.pdf).

The majority of travel-related malaria in South Africa occurs in persons returning from Mozambique. South Africans travelling to Mozambique should be made aware of the increased malaria risk and appropriate preventive measures. The Kruger National Park and adjacent game reserves are also at some risk for malaria transmission, and personal preventive measures need to be reinforced. Pregnant women and young children under 3 years of age should be discouraged from travelling to high-risk areas, since they are at particularly high risk for severe and fatal malaria.

**Source:** Division of Public Health Surveillance and Response, NICD-NHLS; Malaria Control Programme, National and Provincial Departments of Health