

3 ZONOTIC AND VECTOR-BORNE DISEASES

b Odyssean malaria in Gauteng Province

Two odyssean malaria events were reported in Gauteng Province during May 2015.

Coronationville (Johannesburg)

A 69-year-old woman and her 2-year-old grandson, living in the same house, became ill with falciparum malaria on 26 April 2015 and 03 May 2015, respectively. The grandmother died in Pretoria on 04 May 2015, but the child survived. There was no history of travel or blood transfusions or injections in either the patients or their immediate family. The house the patient resides in is approximately 300 m from a long-distance bus depot. The house is also near (within 800 m) to Slovo Park, a community that includes foreign migrant workers.

Mofolo South (Soweto)

An adult male was admitted to Chris Hani Baragwanath Hospital with falciparum malaria, and made an uneventful recovery. Although he did not receive any visitors from any malaria-affected region, the patient's neighbour indicated that it is possible that some Zimbabwean nationals in the local community may have returned from Zimbabwe during the 10 day period before the onset of illness. An examination of the immediate surrounds of the patients' residences did not reveal presence of mosquitoes or larvae, and no potential breeding sites were found on the properties. Access to the premises to check for mosquitoes was not gained because all the occupants were at work.

It is most likely that these patients acquired malaria from the bite of infective *Anopheles* sp. mosquitoes unintentionally translocated from a malaria endemic area via road vehicles – a phenomenon known as odyssean malaria. See recent reports in NICD Communiqué issues 13(5) (May 2014), 13(10) (Oct 2014), 13(12) (Dec 2014), 14(1) (Jan 2015), and 14(3) (Mar 2015).

Since April 2014, 19 cases of odyssean malaria with 3 deaths have occurred in Gauteng Province, with one case in the Western Cape Province. We believe that road traffic arriving from endemic areas around South Africa is the source of most of the infected mosquitoes. We emphasise the importance of clinician awareness of this rare but frequently severe form of malaria. Odyssean malaria cases are inevitable in South Africa, given the volume of road, rail and air traffic from malaria risk areas into Gauteng and other non-endemic provinces. It is likely that many cases are missed, owing to the rare and sporadic nature of the condition. Malaria should always be kept in mind as a cause of unexplained fever and thrombocytopenia, even in the absence of a travel history.

Source: Centre for Opportunistic, Tropical, and Hospital Infections, NICD-NHLS; Gauteng Provincial and District Departments of Health