

g Probable odyssean malaria in Gauteng Province

Three cases of malaria have been identified in Fochville near Carletonville on the border between Gauteng and North West. A young female with no travel history tested positive for *Plasmodium falciparum* on 25 March 2016. Though she presented to the health system soon after symptoms began, malaria was not initially suspected given the absence of a history of travel to a malaria transmission area. Malaria parasites were detected after a peripheral blood smear was examined to elucidate the possible cause of a profound thrombocytopenia. Unfortunately the patient sadly demised from severe malaria. Two additional cases from the same area that also have no travel history are possibly linked. Both these patients responded to malaria treatment. Entomological and epidemiological investigations are ongoing and will be reported in the next edition of the Communiqué.

Clinicians are urged to remember that April is the height of the malaria season, and persons are at risk in traditionally endemic areas of the country, particularly because of the late rains. Clinicians are

advised to keep a high index of suspicion for malaria in any patient who presents with unexplained fever and thrombocytopenia with multiple organ system involvement, as well as with returning travellers presenting with flu-like symptoms. Treatment for uncomplicated cases is with artemether-lumefantrine (Coartem®); while for complicated cases treatment is with quinine, following an intravenous loading dose of quinine 20 mg/kg, plus doxycycline or clindamycin, or IV artesunate.

South African malaria treatment guidelines are available at <http://www.gov.za/documents/guidelines-treatment-malaria-south-africa>

Source: Division of Public Health, Surveillance and Response, NICD-NHLS (outbreak@nicd.ac.za)