

### 3 VECTOR-BORNE DISEASES

#### b Odyssean malaria – Western Cape Province

The patient was a 44-year-old married man from Laingsburg, previously well. He was self-employed as a vehicle mechanic, working from home as well as call-outs within a 70km radius. Work activities included servicing taxis and long-haul trucks travelling along the N1, a major route between Cape Town and provinces and territories to the north. On Saturday 19 April he felt tired and feverish, with generalised body aches. He self-medicated for what he thought was influenza, but his clinical condition deteriorated. On Tuesday 22 April, he was too weak to walk, and his son took him to a GP who referred him to Laingsburg Hospital. He was treated with ceftriaxone for a suspected respiratory tract infection. Blood tests revealed a leukocyte count of  $4.7 \times 10^9/L$ , Hb 13.3 g/dL, and platelets  $42 \times 10^9/L$ . Because of the low platelet count, the laboratory performed a malaria antigen test, which was positive. The patient was referred to Worcester Hospital and was treated with Coartem. He had no other signs of severe malaria and made an uneventful recovery. Microscopic examination of the blood film confirmed *Plasmodium falciparum* with a parasitaemia of <1% and a follow-up film showed complete clearance of parasites. Given that his last travel outside the Laingsburg area was more than 18 months before and the fact that he works on vehicles coming from up north and outside our borders, this is most

likely a case of odyssean malaria (OM). This type of transmission involves importation of an infected vector mosquito from malaria endemic areas by means of motor vehicles, aircraft, trains etc. In South Africa most OM cases have been described in Gauteng Province, because of its position as the centre of economic activity in South Africa, attracting large volumes of traffic from areas that include malaria transmission zones. Two OM cases in the south of Johannesburg were recorded early in 2014,<sup>1</sup> and 7 cases, including one fatality, in early 2013.<sup>2</sup> OM has a high mortality rate because of delayed diagnosis and frequent severe clinical presentation.<sup>3</sup> The combination of febrile illness and thrombocytopenia should be a 'red flag' warning to check for malaria infection.

**Source:** Department of Medicine, Worcester Hospital, Western Cape Province; Parasitology Reference Laboratory, Centre for Opportunistic, Tropical and

#### References

1. Communiqué January 2014
2. Communiqué January 2013
3. Frean J, Brooke B, Thomas J, Blumberg L. Odyssean malaria outbreaks in Gauteng Province, 2007-2013. South African Medical

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