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PROTECTION ESSENTIAL WHEN TRAVELLING TO HIGH RISK MALARIA AREAS - WORLD MALARIA DAY 25 APRIL 2015

24 April 2015: Malaria is considered one of the biggest killers globally. According to statistics from the South African Department of Health, there were more than 39 000 reported cases of malaria in the country between 2009 and 2013. These statistics highlight the need for people to educate themselves on how the disease is transmitted, where the danger zones are and what preventative steps can be implemented to ensure they do not contract malaria.

Dr Dominique Stott, Executive: Medical Standards and Services at PPS, says that while there are various types of malaria worldwide, the disease can only be transmitted through the bite of a specific female mosquito. “Consumers who live in, travel or plan to travel to any area where malaria is endemic, such as Mpumalanga and Limpopo in the north east of South Africa, are more at risk of getting malaria and even more so during the rainy seasons. Seeing that Malaria is also prevalent in many tropical and sub-tropical countries such as India, South East Asia and China travellers visiting those countries should be aware of the increased malaria risk they face.” If someone has travelled to a high risk area, it is important to be alert to the possibility of having caught malaria should they start developing high temperatures, chills, headaches and body pains, points out Dr Stott.

Plasmodium falciparum is the major type of malaria found in South Africa and is responsible for the most severe malaria and related complications, says Dr Stott. “These complications could include cerebral malaria, kidney / liver damage and premature labour or foetal complications in pregnant women, which means that the disease should be treated as soon as any person shows the symptoms of malaria.”

She advises that before travelling to any of these high risk areas, consumers should carefully discuss the advantages and disadvantages of taking preventative malaria treatment, or prophylaxis, with a medical professional. “The doctor will always weigh up the risk of catching malaria against the side effects of taking the medicine, while also taking into account the fact that the medication isn’t always completely preventative. All prophylactic medication carries risks for the consumer, especially in children, hence the reason for a thorough discussion with a medical doctor.”

Dr Stott explains that when consumers travel to these areas, it is advisable to always pack protective items such as mosquito repellent containing scientifically proven substances. “Some of these precautionary measures include using insect repellent regularly, using mosquito nets at night, covering your skin between dawn and dusk and keeping windows screened at all times.”

She adds that it is a good idea for consumers who plan to travel to any foreign country to ensure that they take out sufficient medical insurance, as they could face an increased risk of contracting foreign diseases. “Local medical aid cover would pay for malaria treatment as part of a preferred medical benefit (PMB) list.”

After the 1999 / 2000 malaria epidemic in South Africa, increased efforts were made to reduce the prevalence of malaria by introducing vector (mosquito) control and case treatment with neighbouring countries, Swaziland and Mozambique, to prevent local spread. These measures were so successful at the time that the malaria risks in those areas have reduced.

In 2013, the South Africa Malaria Eradication Committee reviewed the boundaries of the low and moderate risk areas based on the number of reported cases in those areas. Due to better vector control in the extreme east and north of the country, west of Musina and Northern KwaZulu-Natal are no longer regarded as moderate risk areas. However, due to Mozambique bordering those regions, east of Musina down to Hazyview are still regarded as moderate risk areas.

“A simple blood test is the only requirement in order to diagnose the illness, but treatment should be started promptly to prevent the development of any serious complications. The treatment is usually successful with antibiotics; however, in some instances where the patient has developed resistance, complications could arise which will require specialist intervention,” concludes Dr Stott.