

MALARIA : ADVISORY

Malaria is a mosquito-borne infectious disease of humans caused by bite of the **female *Anopheles*** mosquito which is parasitic protozoans (*Plasmodium* type). Once an infected mosquito bites a human and transmits the parasites, the parasites multiply in the host's liver and later infects and destroys Red Blood Cells.

Symptoms and Signs :

Symptoms of malaria typically begin 8–25 days following infection :

Sudden Coldness followed by shivering and later fever occurring every 2/3 days (Tertian/Quartan Fever)	High Fever	Profuse Sweating	Headache
Nausea	Vomiting	Diarrhoea	Anaemia
Muscular Pain	Bloody Stools	Convulsions	Coma

Life-Threatening Complications of Malaria :

- Swelling of the blood vessels of the brain or cerebral malaria
- Accumulation of fluid in the lungs that causes breathing problems or pulmonary edema
- Organ failure of the Kidneys, Liver or Spleen
- Anemia due to the destruction of Red Blood Cells
- Low Blood Sugar

Diagnosis of Malaria :

- Clinically enlarged spleen.
- Low Platelet Count, Increased Billirubin.
- Microscopic Examination of Blood Film or antigen based Rapid Diagnostic Test (RDT).
- Polymerase Chain Reaction (PCR).

Treatment :

- Artemisinin Combination Therapy (ACT) : Amodiaquine, Lumefantrine, Mefloquine, Sulfadoxine/ Pyrimethamine, Dihydroartemisinin/Piperaquine.
- Treatment of *P. vivax* : Chloroquine or ACT plus primaquine. Tafenoquine prevents relapses.
- If malaria is severe : intravenous Artesunate, monitoring for Low Blood Sugar and Low Blood Potassium.
- During early pregnancy : Quinine plus Clindamycin, ACT in 2nd and 3rd trimester of pregnancy.

Prevention :

- Vector control measures: insect repellents e.g. DEET or Picaridin.
- Insecticide-Treated Nets with Pyrethroids which are large enough to cover the entire bed and indoor Residual Spraying with DDT and the Cyfluthrin and Deltamethrin (Pyrethroids).
- Spraying of insecticides on the walls of house.
- Cover stagnant water such as water tanks.

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