



Malaria

Malaria is a major international public health problem, causing 300-500 million infections worldwide and approximately 1 million deaths annually.

Awareness- Be aware of risk and malarious areas

Bites- Prevention of bites. Insect repellent containing at least 30% DEET (Diethyl Toluamide) should be used. Long sleeves, and long trousers give protection especially if sprayed with permetherin.

Mosquito nets should also be treated with permetherin and retreated every three to six months

Compliance Take the drugs suitable for the destination and for your present medical history, and which have been prescribed for you.

- The chosen drugs must be taken at the appropriate time before entering a malarious area, all the time you are there and for the correct time after you leave.
- Your choice will depend not only on effectiveness but also on contraindications, side effects, cost and ease of taking the tablets.
- If a particular drug has not been used before, we consider a trial course before departure to detect those likely to get side effects (e.g. 3 weeks for mefloquine, 1 week for chloroquine and one or two days for proguanil, doxycycline and Malarone).
- Chloroquine, proguanil, mefloquine and doxycycline should be taken for 4 weeks after leaving an infected area and Malarone should be taken for only 7 days after leaving a malarious area.

(D) Diagnosis.

If things go wrong a blood test is required within 48 hours of the start of an illness to eliminate malaria so tell your GP or healthcare provider you have been to a malaria area **Malaria needs to be treated promptly as it can be fatal**

- You may need to take a supply of personal emergency treatment abroad with you if you are going to be away from medical facilities since treatment should always be started promptly.