WORLD MALARIA DAY: 25 APRIL

Malaria is caused by a parasite called plasmodium, which is transmitted via the bites of the infected mosquitoes. In the human body, the parasites multiply in the liver, and then infect red blood cells.

How is malaria transmitted?

The key stages of the transmission of malaria are:

- An infected mosquito bites a human
- The malaria parasite enters the human and within 30 minutes infects the liver.
- Infection develops in red blood cells, which burst infecting other blood cells. During this phase the person becomes dangerously ill with fevers and become anaemic. The brain is also affected causing cerebral malaria, which is deadly.
- Another mosquito feeds on the infected human’s blood and the malaria parasite enters the mosquito.
- The malaria parasite undergoes changes in the mosquito’s gut ready to infect the next person.

PREVENTION

Medication available for prophylaxis of malaria acts on the parasites in the red blood cells and prevent disease from developing and typical symptoms from presenting. It is most important to take the recommended medication exactly as prescribed and to complete the course. Failing to complete the course will result in inadequate drug levels in the blood, allowing the parasites to multiply and malaria to develop. It is important to continue prophylaxis for 4 weeks after return from a malaria are. This is particular importance for soldiers going on post-development leave.
Even if the drug is only partially effective (ag, in the case of drug partial resistance), parasite development is still inhabited, symptoms may take longer to appear, and may be less severe at first, than if no prophylaxis was taken.

Malaria symptoms may only develop quite a while after leaving the malaria area. This can reduce suspicion of malaria to the detriment of the patient, especially as many people believe that prophylaxis is a guarantee against malaria. It is therefore very important that anyone experiencing any malaria or flu-like symptoms after having been in a malaria area seeks help immediately.

Appropriate prophylaxis will considerably reduce the changes of being infected with malaria. However, no drug is guaranteed to protect everyone every time.

**Treatment**

Oral treatment is used for uncomplicated malaria and intravenous or intramuscular treatment for severe malaria. Symptomatic treatment therapy is being advocated to delay the onset of resistance.

Resistance should not be confused with lack compliance, inadequate dose, and re-infection. If patient vomits within one hour after oral dose, the dose must be repeated.

Approved by: D Med