



MALARIA

What is Malaria?

Malaria is caused by a parasite that humans get in their blood from the bite of a certain type of infected female mosquito. These mosquitos bite around dusk time, evening, night, and dawn time. Transmission occurs rarely by blood transfusions, sharing of needles, or from mother to fetus.

The most common symptoms of malaria are fever, followed by chills, headache, abdominal pain, and malaise. Travellers coming back from an area where malaria is a problem should know that malaria could be misdiagnosed as “the flu” if you develop symptoms after you get home.

Where is malaria a risk?

- Canadians can get malaria when travelling in most areas of sub-Saharan Africa, large areas of the Middle East, Southern Asia, Oceania, Haiti, Central and South America, and in certain parts of Mexico, North Africa, and the Dominican Republic.
- Certain geographical areas have a higher risk for malaria than others do because antimalarial medications that have been used before are now ineffective.

What do I do if I become ill?

- Symptoms of malaria are often mild. Malaria should be suspected if unexplained fever occurs, with or without persistent headaches, muscle aches and weakness, vomiting, diarrhea, and cough.
- A delay in treatment can be fatal. Seek medical help as soon as possible if you suspect malaria. Several blood samples should be taken at different times and examined for malaria parasites.
- If self-treatment has been provided, it should only be taken if prompt medical care is not available. Medical advice should be sought as soon as possible.
- **After travelling to Malaria risk area, remember that any unexplained fever that develops within three months should be considered malaria until it is ruled out. Notify your doctor.**

How can I protect myself from malaria?

- Stay indoors between dusk and dawn. This is when the type of mosquitoes that can transmit malaria like to bite.
- Wear light-colored clothes that cover most of the body.

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- Keep your feet clean, especially between your toes.
- Avoid using perfumes, aftershaves, and scented shampoo, body lotion, etc.
- Use a non-spray mosquito repellent with no more than 30 percent DEET (e.g. Deep Woods, Off, and Muskol). Repeat use every four to six hours, especially if it is hot and humid. Apply sparingly to exposed skin only and wash off after coming indoors. If using sunscreen, apply first, wait 20 minutes for it to absorb into skin, then apply insect repellent. Follow directions carefully when using repellent on children. See “Mosquito/Insect Repellent for Children” health info sheet.
- Use permethrin-impregnated bed nets at night if you don’t stay in air-conditioned or well-screened rooms.
- Take antimalarial pills. These will be recommended for all travellers to risk areas. Medication must be taken before, during and after traveller in a malaria-risk area to be effective, but are not a guarantee that a traveller will not get malaria. The only guarantee is to ensure infected mosquitoes do not bite the traveller.

What health factors are important when it comes to malaria?

Age: Children of any age can be infected with malaria. Drugs that are most effective in treating malaria cannot be given to young children. Children need to take anti-malarials if they are at risk of getting malaria.

Pregnancy: Malaria can be more severe in pregnant women and can cause problems for the baby. It is recommended that women who are pregnant or likely to become pregnant, avoid travelling to malaria-risk areas. Antimalarial medication is safe to use in pregnancy, but does not guarantee protection.

Health status: People who have had their spleen removed, or who have chronic illness may be sicker if they develop malaria.

Medication tolerance: If you do not tolerate the antimalarial medication(s) given to you, see a doctor for an alternative medication. There are several options available. Travelling in a malaria-risk area without such prevention should be your last choice.

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