



Travel Guard® Health Advisory

MALARIA

In November 2018, the World Health Organization (WHO) released its latest report estimating 219 million cases of malaria in 2017, which was an increase of two million cases from 2016.

The report added that 11 countries carry 70 percent of the global burden. Those include Burkina Faso, Cameroon, Democratic Republic of the Congo, Ghana, Mali, Mozambique, Niger, Nigeria, Uganda, Tanzania and India.

In 2019, we have seen malaria outbreaks continue to occur across Africa. Malaria cases have also been on the rise in Venezuela and Brazil, where cases have increased by 71 percent since 2015. AIG Travel has assisted many customers with malaria symptoms over the past years, primarily in Asia and Africa. From our experience, the mortality rate for malaria is reduced when the disease is detected early; hence, it is important to be fully aware of the potential exposure to malaria when travelling to these endemic areas.

What is Malaria?

Malaria is a potentially fatal tropical disease caused by a parasite known as Plasmodium. It spreads through the bite of an infected female Anopheles mosquito.

These mosquitoes are most active between 9 p.m. and 5 a.m. There are four parasite species that cause malaria in humans:

- Plasmodium falciparum
- Plasmodium vivax
- Plasmodium malariae
- Plasmodium ovale

Plasmodium falciparum and Plasmodium vivax are the most common, while Plasmodium falciparum is the most deadly. In recent years, some human cases of malaria

have also occurred with Plasmodium knowlesi—a species that causes malaria among monkeys and occurs in certain forested areas of Southeast Asia.

The parasites develop in the intestine and salivary glands of the mosquito and can be passed onto humans the next time the mosquito bites. In humans, the parasite travels to the liver via the blood and then out into the bloodstream again, where it invades the red blood corpuscles (the cells that carry oxygen in the blood). Malaria can also be spread through blood transfusions, and the use of infected needles.

Symptoms

Typically 7 to 30 days pass between being infected and the onset of the disease. Symptoms include:

- Fever and shivering. The attack begins with fever, with the temperature rising as high as 40°C (104 °F) and falling again over a period of several hours.
- Feeling unwell
- Headaches
- Diarrhea, nausea and vomiting

Once the patients' temperature drops, they will sweat profusely and will feel much better. Further symptoms may occur within a day or two. The symptoms diminish over the course of several weeks if the patient develops the ability to resist the malaria parasite. If proper treatment is given, the fever and parasites may disappear within a few days. If a case develops into severe malaria, the classic symptoms may be coupled with increased drowsiness and other complications including:

- Low blood pressure (hypotension)
- Kidney failure

- Possible hemorrhage (bleeding)
- Effects on the liver (e.g. infectious jaundice)
- Shock and coma may also develop, and the condition may prove fatal
- Cerebral Malaria
- Anemia

Prevention of Malaria

Prevention requires A, B, C and D:

- Awareness of risk
- Bite avoidance
- Chemoprophylaxis (taking preventive medicines if you are traveling to or living in a malaria region)
- Diagnosis made promptly with early treatment of an infected case

Treatment

Early diagnosis and treatment of malaria reduces the disease and prevents deaths. It also contributes to reducing malaria transmission. WHO also recommends that all cases of suspected malaria be confirmed using parasite-based diagnostic testing (either microscopy or rapid diagnostic test) before administering treatment. Results of parasitological confirmation can be available in 15 minutes or less. Treatment solely on the basis of symptoms should only be considered when a parasitological diagnosis is not possible.

Preventive Medicines Include:

Mefloquine

- Recommended by the CDC as useful for last minute travelers since the drug starts working one to two days before travel
- Not recommended for people with certain cardiac conditions

Doxycycline

- Recommended by the CDC as good for last-minute travelers since the drug is started one to two days before travel
- Cannot be used by persons younger than 8 years old

Atovaquone/ proguanil (Malarone)

- Well-tolerated; side effects uncommon
- Cannot be taken by pregnant women or people with severe renal impairment

Chloroquine

- Recommended by the CDC as a good choice for long trips because it is taken weekly
- May exacerbate psoriasis

About AIG Travel and Travel Guard®

AIG Travel has eight strategically located assistance centers worldwide, and all medical cases are monitored and managed from one central online system. Customers are never more than a phone call away from AIG Travel's multi-lingual and multi-cultural 24/7 assistance and medical professionals.

AIG Travel, Inc., a member of American International Group, Inc., is a worldwide leader in travel insurance and global assistance. Travel Guard® is the marketing name for its portfolio of travel insurance and travel-related services, including medical and security services, marketed to both leisure and business travelers around the globe. Services are provided through a network of wholly owned service centers located in Asia, Europe and the Americas. For additional information, please visit our websites at www.aig.com/travel and www.travelguard.com.

Sources:

- <http://www.who.int/malaria/en/>
- <https://www.cdc.gov/malaria/>
- <https://malariaworld.org/blog/2017-malaria-avalanche>

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Sources:

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