



# **Update on Malaria Part 1 Epidemiology, Pathogenesis, Diagnosis**

Compiled by Dr Trisha Moodley

### **Key facts about Malaria**

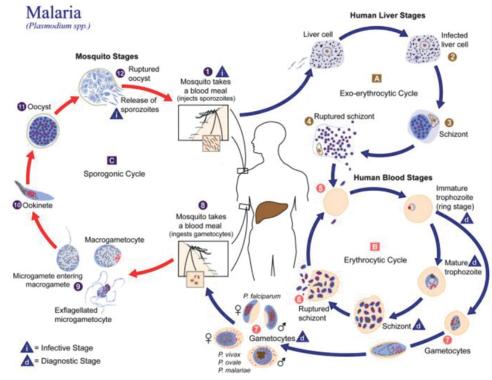
- Malaria is a **CATEGORY 1 NOTIFIABLE CONDITION** according to the National Department of Health's (NDOH) Notifiable Medical Conditions (NMC) list.
  - o This is a medical condition that requires reporting by the most rapid means available upon diagnosis, followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by healthcare providers, private health laboratories or public health laboratories.
- Malaria is seasonal in South Africa, where the highest risk of malaria transmission occurs in the wet summer months (September to May).
- Malaria vector mosquitoes generally bite between dusk and dawn.
- Only female mosquitoes are associated with malaria transmission.
- Male mosquitoes DO NOT blood feed and play no role in the malaria transmission cycle.
- Three Plasmodium falciparum Anopheles vectors are associated with human transmission of malaria:
  - o Anopheles gambiae
  - o An. funestus
  - o An. arabiensis
- Sub-Saharan Africa and India carry -85% of the global malaria burden.
- Plasmodium falciparum is the most prevalent parasitic infection in the WHO Africa region.
- · One child dies every minute from malaria in Africa.
- Malaria immunity is rapidly lost in the absence of exposure to malaria.
- Non-immune travellers are at higher risk for severe malaria.
- Emergence of antimalarial drug and insecticide resistance threatens control and elimination efforts.



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# Malaria life cycle



# **Plasmodium species comparison**

	Plasmodium falciparum	Plasmodium malariae	Plasmodium ovale	Plasmodium vivax	Plasmodium knowlesi
Incubation period (days)	12	28	17	15	11
Erythrocytic cycle (hours)	48	72	50	48	24
Parasite load/μL	20 - 500 x 10³	6 x 10³	9 x 10³	20 x 10³	. 10 x 10³
Febrile paroxysm	16 - 36 hrs	8 - 10 hrs	8 - 12 hrs	8 - 12 hrs	5 days
Relapses	No	No	Yes	Yes	No
Primary attack	Severe infection in non-immune individuals	Mild	Mild	Mild to severe	Mild to severe
Untreated infection duration	1 - 2 years	3 - 50 years	1,5 - 5 years	1,5 - 5 years	

27 Maseru Street
East Legon | Accra | Ghana
Tel: 0302 610 480 / 050 410 1150
Email: info@mds-lancet.com

www.mds-lancet.com

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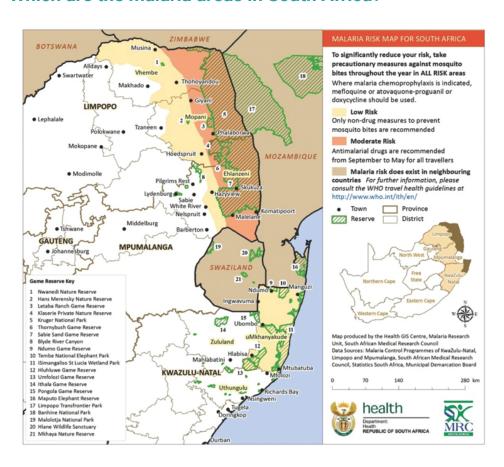




#### What is Plasmodium knowlesi?

- It was first isolated & studied at the Kolkata School of Tropical Medicine in India in the early 1930s and named after the scientist Robert Knowles.
- First human case was detected 34 years after it was isolated, in a US army surveyor who acquired the infection while working in a forest in Malaysia.
- It is a natural pathogen of macaque monkeys, and humans are incidental hosts.
- Indistinguishable from P. malariae on blood smear.
- Responsible for significant morbidity & mortality in Malaysia.
- It is associated with metabolic acidosis, hepato-renal dysfunction, respiratory distress, severe anaemia, and refractory hypotension.

#### Which are the malaria areas in South Africa?



#### What is Odyssean malaria?

- Odysseus was the Greek hero, who, on his way home from the Trojan wars, wandered the Mediterranean region, experiencing many adventures and narrow escapes.
- The term "Odyssean malaria"
   was coined to describe the
   various modes of transport used
   by malaria vectors, e.g.
   suitcase/luggage/airport
   malaria; harbour container
   malaria: minibus taxi malaria.
- Malaria transmission outside of endemic areas is unexpected, therefore this delays diagnosis and treatment, and may result in a more severe illness or fatal outcome.

## High risk groups for acquiring malaria

- · Children under the age of 5 years
- People older than 65 years of age
- · Pregnant and postpartum women
- Immunocompromised patients (e.g. patients receiving chemotherapy & HIV-infected patients)
- Splenectomised individuals
- · People with co-morbid conditions

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## Malaria pathogenesis

Mature trophozoites & schizonts sequester in deep venous microvasculature



#### Sequestration is promoted by:

- · Adherence of infected erythrocytes to endothelial cells.
- Rosetting the binding of infected erythrocytes to uninfected erythrocytes.
- Reduced erythrocyte deformability.
- Platelet-mediated clumping of infected erythrocytes.



Sequestration in microvessels prevents filtration & subsequent destruction by the spleen



The low oxygen tension environment in the post-capillary venules enhances the survival & propagation of malaria parasites



Infected erythrocytes have dense protrusions ("knobs") on the surface - Plasmodium falciparum erythrocyte membrane protein 1 [PfEMP-1]

These "knobs" enable attachment to the endothelium & support cytoadherence & sequestration

## **Differential diagnosis**

The differential diagnosis for a patient presenting with fever, malaise, headache, and prostration include:

- Influenza
- Viral hepatitis
- Meningitis
- Gastroenteritis
- · HIV seroconversion illness
- Urinary tract infection
- · Enteric fever (Salmonella serotype Typhi, Salmonella serotype Paratyphi)
- Bacteraemia/sepsis
- Dengue fever
- · Acute schistosomiasis
- Leptospirosis (Leptospira interrogans)
- · African tick bite fever (Rickettsia africae)
- Yellow fever

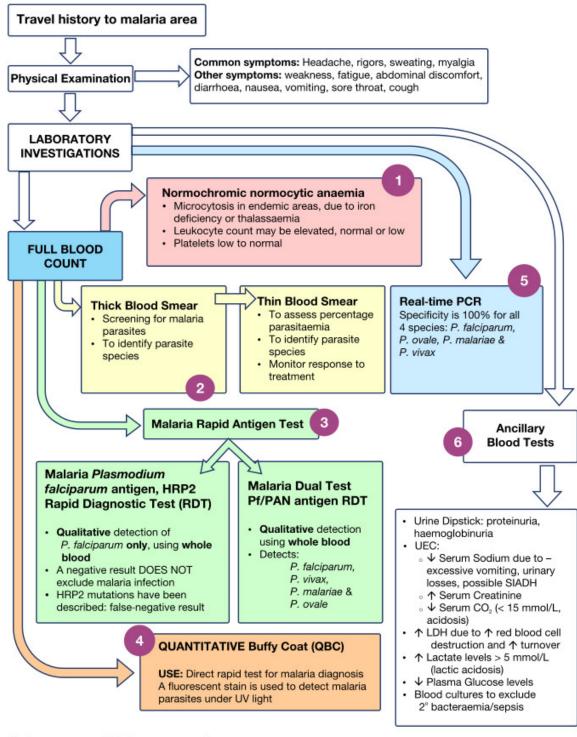


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## **LABORATORY DIAGNOSIS of malaria at LANCET LABORATORIES**



References available on request

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