

21 November 2018

Advisory on Malaria

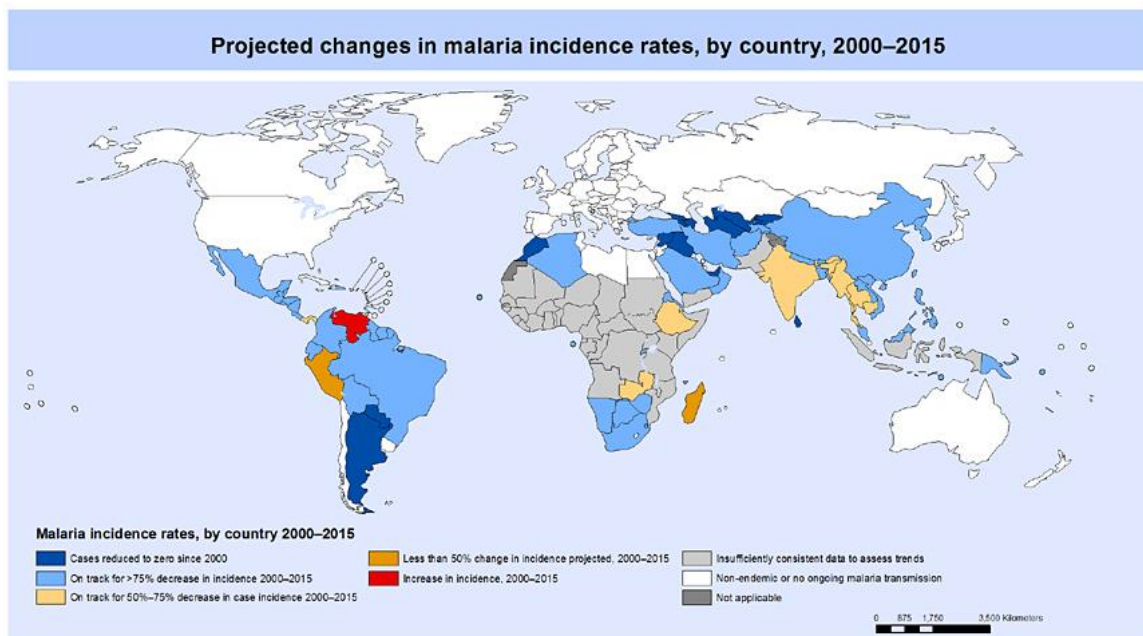
What is Malaria?

Malaria is a serious, life-threatening disease caused by Plasmodium parasite which is transmitted to humans from the bite of a female Anopheles mosquito. Symptoms of malaria resemble that of flu with fever, chills, headache, tiredness, muscle aches and pain. Other



symptoms include diarrhoea, bloody stool, nausea and vomiting, jaundice and anaemia. Untreated malaria can result in complications like seizures, coma, kidney or liver failure, and even death.

Onset of symptoms of malaria may be as early as 1 week. But it may also happen up to 6 months after the initial exposure. If you have been to a malaria prone country and presents with unexplained fever and headaches, please inform the doctor that you are consulting about your past travel history.



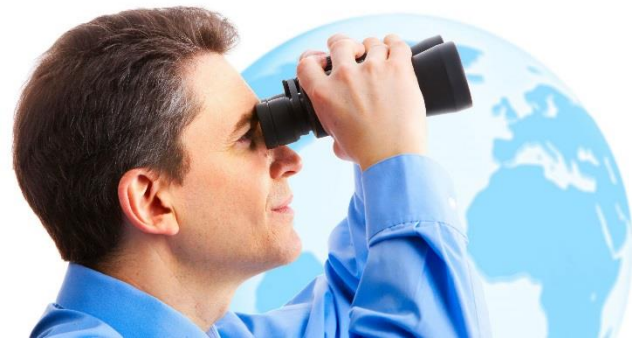
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Data Source: World Malaria Report 2015
Map Production: Global Malaria Programme
World Health Organization



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Before You Travel

Before travelling it is good to check if the country that you will be visiting is high risk for malaria infection. You can access information through reputable website such as CDC (USA)

https://www.cdc.gov/malaria/travelers/country_table/a.html for information.

You can also consult our doctors in the clinic for further discussion on prevention against malaria.

Malaria can be more serious in pregnant women. And as medications are not 100% effective in preventing malaria infection, it is advisable for pregnant women or those who are likely to be pregnant during the travel, to avoid travelling to malaria prone areas and countries.

Preventing Malaria

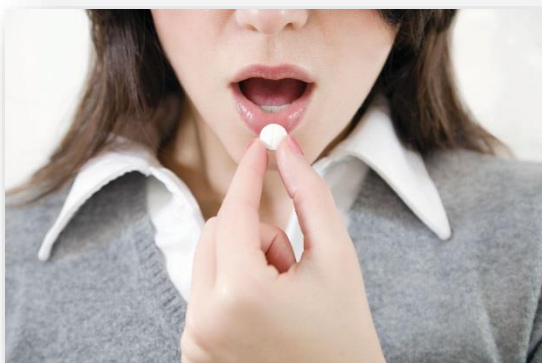
Malaria is mainly found in tropical and subtropical countries. If you are travelling to these parts of the world where malaria transmission occurs, you should be taking the following precautions:

1. Prevent mosquito bites

- Stay indoors between dusk and dawn where the mosquitoes transmitting malaria are the most active,
- Stay and sleep in a well-screened or air conditioned room,
- When outdoors, cover exposed skin by wearing a long sleeved shirt and long pants,
- If staying outdoors, sleep under a mosquito netting, and
- Apply insect repellent to exposed skin.



2. Take antimalarial tablets



Please see your doctor 4 weeks before travel for antimalarial tablets. The choice of antimalarial prescribed will depend on your medical conditions, duration and place of travel.



Note that taking antimalarial medication as a prevention does not guarantee 100% protection against malaria infection. Measures to prevent mosquito bites as stated above are necessary measures taken together with antimalarial medications to reduce the risk of contracting malaria.



Antimalarial medication	Dosage	Possible adverse effects	Remarks
Atovaquone/ Proguanil (Malarone)	1 tablet daily. Start 1-2 days prior to travel, continue whilst in malaria zone & continue for 7 days after leaving malaria zone.	Stomach pain, nausea, vomiting, headache.	Not safe for pregnancy and breastfeeding. Not recommended for people with severe kidney problem. Expensive.
Mefloquine (Lariam)	1 tablet once a week. Start 2 weeks prior to travel, whilst in malaria zone & continue for 4 weeks after leaving malaria area. Suitable for long stays use as it is given weekly.	Stomach pain, diarrhoea, nausea, vomiting, dizziness, difficulty sleeping, anxiety, vivid dreams, visual disturbances, depression, anxiety, panic attacks and hallucinations.	Safe in pregnancy. However, use in first trimester in pregnancy is best avoided if possible. Not recommended for people with mental health problems, seizures, epilepsy and liver problems.
Doxycycline	1 tablet daily. Start 1-2 days prior to travel, continue whilst in malaria area. Continue to take for 4 weeks after leaving the malaria area.	Photosensitivity (sensitive reaction to light), stomach pain, nausea, diarrhoea and vomiting. Risk of yeast infection as it is an antibiotic.	Not safe for pregnancy and breastfeeding. Not for children < 12 years old. Not recommended for people with conditions such as systemic lupus erythematosus and myasthenia gravis. Inexpensive drug.
Chloroquine	1 tablet once a week. Start 1-2 weeks prior to travel, whilst in malaria zone & continue for 4 weeks after leaving malaria area.	Stomach pain, nausea, diarrhoea and vomiting.	Safe in pregnancy on a case by case basis for short-term use. Safe for breastfeeding. Not recommended for people with psoriasis and G6PD deficiency. Not suitable for use in areas with chloroquine-resistant strain of malaria.



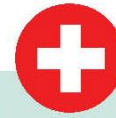


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