

## How is malaria transmitted?

Malaria is transmitted to humans from the bite of infected female *Anopheles* mosquitoes.

## FACTS

- Every minute, a child under 5 dies of Malaria.
- Many of these deaths are preventable and treatable.
- In Sub-Saharan Africa, about 6 in 10 children who have a fever are taken to a healthcare facility

## Misconceptions about malaria:

- Taking an anti-malarial tablet will ensure NOT getting malaria - no anti-malarial drug is 100% effective to prevent malaria, one can still acquire malaria whilst taking prophylaxis.
- Having malaria makes one immune – this is NOT TRUE. One does not develop complete immunity after being infected with malaria.
- I am travelling in the DRY SEASON. You may still risk getting bitten by mosquitoes in tropical regions, as they can be active year-round.
- I am travelling for a SHORT PERIOD to a high-risk area, so I won't need prophylaxis. Any amount of time in a high-risk area requires a consultation. It is advisable to consult your medical practitioner before travelling.

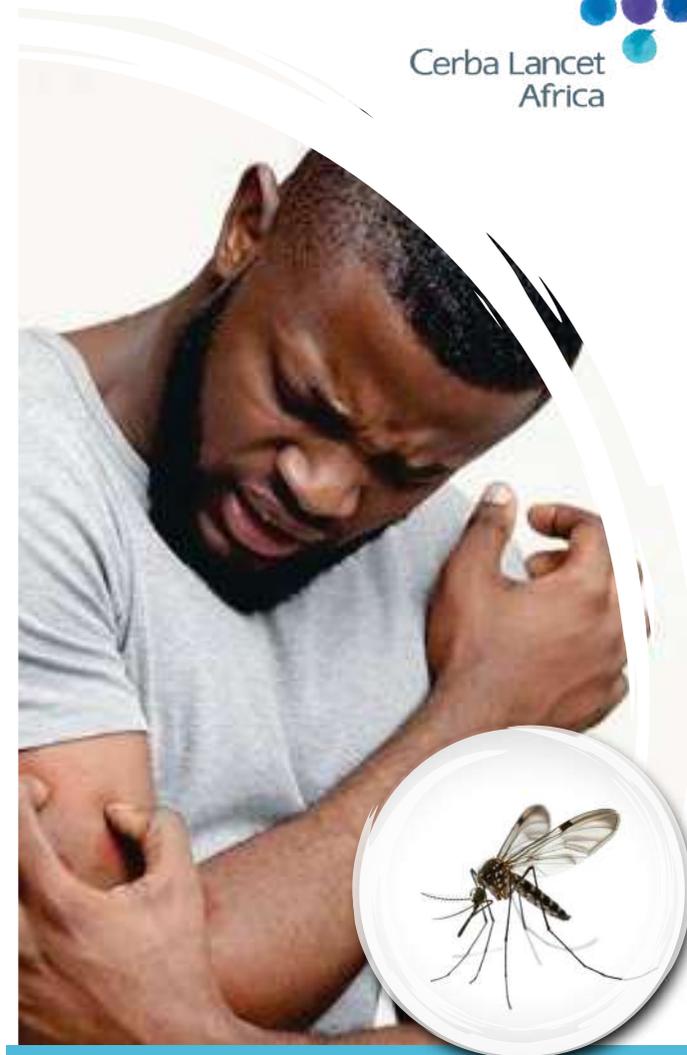
## References:

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2. National Department of Health. National Guidelines for the Treatment of Malaria in South Africa, 2019.
3. Fairhurst R.M., Wellems T.E. Malaria (*Plasmodium* species) in Principles and practice of infectious diseases. Chapter 276. p 3070.
4. Centres for Disease Control and Prevention. <https://www.cdc.gov/parasites/malaria/index.html> (Accessed 16 April 2024).
5. National Institute for Communicable Diseases (NICD). NICD Disease Index - Malaria. Available at: <https://www.nicd.ac.za/diseases-a-z-index/malaria/> (Accessed 27 Oct 2025)
6. National Department of Health. Malaria elimination strategic plan for South Africa 2019-2023.

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# MALARIA TEST EARLY



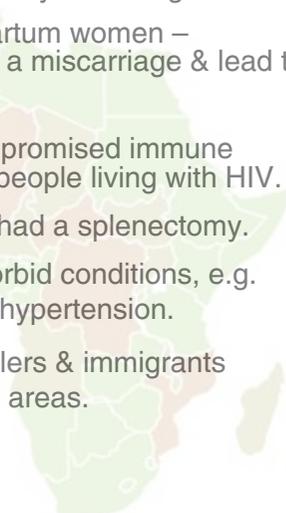
## TREAT FAST

## Malaria can mimic other diseases, including:

- Influenza
- COVID-19
- Meningitis
- Gastroenteritis
- Urinary tract infection
- Viral hepatitis
- Sepsis
- African tick bite fever
- Yellow fever
- Dengue fever
- HIV seroconversion illness
- Viral haemorrhagic fever
- Trypanosomiasis

## High risk groups for acquiring malaria:

- Children under the age of 5 years.
- Children living in malaria areas and have NOT developed the partially protective immunity.
- People older than 65 years of age.
- Pregnant & postpartum women – malaria can cause a miscarriage & lead to maternal death.
- People with a compromised immune system, including people living with HIV.
- People who have had a splenectomy.
- People with co-morbid conditions, e.g. diabetes mellitus, hypertension.
- International travellers & immigrants from non-endemic areas.



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## How is malaria diagnosed?

- High index of suspicion.
- Travel history with an unexplained fever.
- **Laboratory tests:**
  - Full blood count.
  - Blood smear to look for malaria parasites under the microscope
  - Malaria rapid antigen test.
  - Malaria PCR.

## How is malaria treated?

Malaria treatment is important to cure the infection & prevent progression to severe disease. Treatment is important to minimise the spread of infection to others and to limit the emergence and spread of drug resistance.

## Malaria preventative strategies:

- **Personal protection methods**
- Wear long-sleeved clothing, including long trousers & socks.
- Use **mosquito repellents** on exposed skin.
- Mosquito **bed nets, ceiling fans & air conditioners** hamper mosquito feeding habits.
- Spraying of dwellings with mosquito insecticides.
- **(Chemoprophylaxis)**
- **Anti-malarial prophylaxis** should be tailored to the individual entering an endemic area.
- Consultation with your medical practitioner is advised **when travelling to a malaria** area, especially for **pregnant women, breastfeeding women and children** under the age of 5 years.

## Signs and symptoms of malaria:

The incubation period for malaria is typically around 7 days after exposure to a mosquito bite. However, in non-immune individuals or those who have not taken malaria prophylaxis, this period can be extended to 10 to 21 days. Incubation periods longer than 21 days may occur in individuals who have taken malaria prophylaxis or certain antibiotics, as well as in cases involving specific types of malaria parasites.

Common symptoms of malaria include fever and flu-like signs. In adults, additional symptoms may include headaches, chills, profuse night sweats, muscle aches, joint pain, insomnia, diarrhea, and abdominal cramps.

Pregnant patients are at high risk of developing severe and complicated malaria.

In children, headache and rigors are less common, but they may present with fever, lethargy, poor feeding, vomiting, diarrhoea, or cough.

Complications in undiagnosed and untreated malaria include severe anaemia, jaundice, lung, liver & kidney dysfunction, hypoglycaemia, and cerebral malaria with coma and/or convulsions.

Uncomplicated malaria can be treated with oral drugs. Complicated/severe malaria will require admission to hospital for intravenous anti-malarial drugs.