

Disease Information Sheets

Malaria - myths and misconceptions



“Malaria isn’t serious - lots of travellers get it”

No - Malaria can be rapidly fatal. Although some people will experience only a flu-like illness, others may deteriorate rapidly, and death may occur within 24-48 hours. Every year approximately 2000 people in the UK get malaria while abroad, and - sadly - several people die.

“I’ve been to/lived in a malarial area before, so I’m immune”

No - You will only have any kind of protective immunity to malaria if you were born and brought up (at least to age 5 years) in a malaria-endemic area where you were repeatedly infected with malaria, **and** you have not subsequently lived away from that area for more than 12 months at a time. Expatriates will never form any kind of effective immunity to malaria. Having malaria as an adult confers no lasting or protective immunity.

“I know someone who took malaria prevention tablets and still got malaria.”

Quite possibly - No malaria tablets guarantee 100% protection. As well as the drugs themselves being slightly less than 100% effective, other factors can reduce their effectiveness. In particular, dosing intervals are important (taking the tablets according to the correct schedule) and illness such as vomiting and/or diarrhoea can affect how much drug is absorbed. Malaria tablets, however, remain a vital part of an overall malaria prevention strategy.

“But malaria tablets make you feel awful - I’d rather get malaria.”

No - The risk of getting malaria is far greater than the risk of serious side effects from malaria tablets. You should know quite soon after starting to take the tablets whether they suit you or not - the likelihood of a new adverse event reduces the longer you take them. Actually, the proportion of people who suffer even minor side-effects with malaria prevention tablets is remarkably low, and some studies have shown very little or no difference in side-effects compared with people taking a placebo. Start your tablets a little while before you leave for the malarial area - if you find you are getting side-effects with your malaria medication you’ll have time to contact your healthcare provider and find out about switching to an alternative drug.

“But I’m going to live in a malarial area for a year - taking malaria tablets is dangerous for that long.”

No - Remember, the longer you’re in a malaria area the higher your risk of contracting malaria. So if you’re there for a long time it’s even *more* important you take effective chemoprophylaxis. Although there are no preventative tablets that are licenced for use long-term, this is because the drug companies have no incentive to prove that they are safe for long-term use, as this is such a tiny proportion of users.

There is a large body of evidence of lack of harm, rather than positive evidence of safety, and experts agree that any risks associated with long-term use are much, much smaller than the risks associated with contracting malaria. If you find that your malaria tablets give you side-effects, discuss switching to an alternative drug with your healthcare provider.

“I don’t trust chemical insect repellents. I would rather use a homeopathic, herbal or natural product.”

Don’t risk it - DEET has been used billions of times over 50 years, and has been subject to extensive safety and effectiveness testing. Its characteristics are extremely well known. It is still held as the gold-standard for insect repellents, and is recommended by experts and governments across the world as well as the World Health Organisation, including for use by children, pregnant women and breastfeeding mothers. Its repellent effects last the longest of the products available. Concentrations above 50% are not required. Icaridin is not as long lasting and has not been as extensively used as DEET, but is also listed by the WHO as effective against malaria vectors.

In contrast, products claiming to be “homeopathic”, “herbal” or “natural” often have very little or no active ingredient, unproven effectiveness, uncertain periods of effectiveness and no safety data. They should **not** be relied upon to prevent bites by malaria-transmitting mosquitos. Garlic and yeast extract (marmite) have no proven repellent properties, and citronella’s repellent activity lasts only a couple of minutes.

MALARIA

No vaccine available
Use insect protection measures including a bed net
Take chemoprophylaxis



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