

Malaria MYTHS & FACTS:

It is important to separate myths from facts when protecting yourself from a serious disease such as malaria.

MYTH I am going to an area that is high risk for malaria, but it's the dry season, so I'll be fine.

FACT Many countries do have wet and dry seasons, and in the wet season mosquito activity is increased. However mosquitoes may still be active in the dry season. It is important that you seek advice from your doctor regarding your destination and follow the recommended precautions.

MYTH There is no point taking anti-malarials as you still have to take measures to avoid mosquito bites.

FACT While no anti-malarial medicine is 100% effective, when taken as recommended, anti-malarial medicines can reduce the risk of contracting malaria and reduce the risk of fatal disease. Most cases of malaria infection in travellers occurs because of not taking medication for prophylaxis as prescribed, and failure to use precautionary measures in avoiding mosquito bites (through the use of repellents or insecticide treated bed nets).

MYTH I'm only going to be in a malaria-risk zone for a couple of days so I don't need to bother taking precautions.

FACT It may only take one bite from an infected mosquito to contract malaria. So even if you are in a malaria-risk area for a short period, you still need to take advice from your doctor and follow their recommendations.

MYTH My friend went to the same place that I'm going to and said that you don't need to take precautions there.

FACT When dealing with potential health risks during travel overseas, take the time to seek advice from your doctor. Malaria is a disease with serious consequences, so ask a qualified health care professional what measures to take to avoid mosquito bites and whether anti-malaria medicines are needed based on your destination.

MYTH I'm from a country where malaria exists, so I'm naturally protected against the disease and do not need to take any precautions when travelling to my home country to visit family and friends.

FACT Immunity gained from natural infection is lost very quickly. As such, you still need to take the same precautions as other travellers when visiting a malaria-risk zone.

For further information about malaria and other travel related diseases, speak to your doctor and visit the travel section of:

 myvaccination.com.au

Further information can be found at
smartraveller.gov.au

This brochure has been provided as an educational initiative by GlaxoSmithKline Australia Pty Ltd. ABN 47 100 162 481. Melbourne, VIC. PC1008074



MALARIA

it may only take one bite

What you need to know:

Malaria is a potentially serious infectious disease that occurs in many tropical and subtropical areas of the world. Since 2000, around 650 Australian travellers have returned home with the disease each year.

Malaria is caused by a parasite transmitted by infected female *Anopheles* mosquitoes. The mosquitoes become infected with malaria when they bite an infected person, and then transfer the parasite to an uninfected person, again through their bite. It may only take one bite from an infected mosquito to contract malaria.

There are 4 species of the malaria parasite that commonly infect humans, *Plasmodium*: *P. falciparum*, *P. malariae*, *P. ovale* and *P. vivax*. *Plasmodium falciparum* causes the most severe form of malaria.

People who are infected with malaria can become very sick. Typical symptoms include fever, chills, muscle aches and weakness, vomiting, diarrhoea and abdominal pain. If a malaria infection is left untreated, it can cause serious illness and death. Malaria causes 350–500 million infections worldwide and approximately 1 million deaths annually.

Early symptoms of malaria can often be mild, difficult to recognise and can be confused with other diseases such as flu or gastroenteritis.

The minimum incubation period (time from infection to appearance of symptoms) for malaria is 7 days. However, symptoms may occur as late as several months after leaving an area of malaria-risk. Therefore, a person with symptoms of malaria, even if they occur several months after exiting a malaria zone, should seek medical evaluation immediately, and if you have already returned home specify that you've visited a malaria-risk zone.

The risk of infection differs markedly from region to region, even within a single country, and can change over time. These region-to-region differences affect the type of precautionary measures recommended against malaria, including whether any medicines are needed.

Those who are visiting family or friends in their home country (where malaria exists), need to take the same precautions as other travellers, as immunity gained from natural infection is lost very quickly.

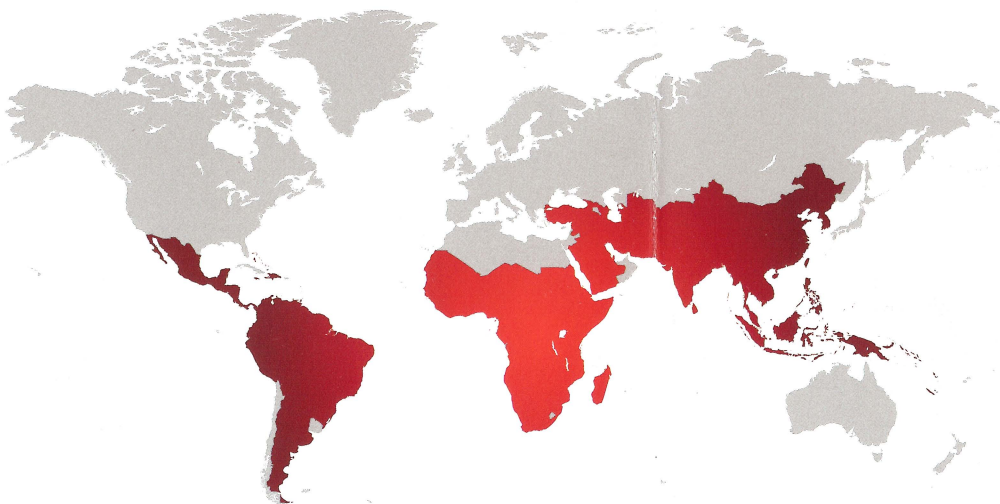
Each time you travel, show your doctor your itinerary at least 6–8 weeks before you leave to check if you need to take any precautions against malaria.

Mosquitoes don't discriminate

The **ABCD** of malaria prevention

- A.** Be **aware** of travel destinations that are malaria-risk zones, what the main symptoms of malaria are, and how long it takes for symptoms to start.
- B.** Avoid being **bitten** by mosquitoes, especially between dusk and dawn (e.g. by using mosquito bed nets, mosquito repellents, and wearing clothes that cover most of the body).
- C.** If prescribed, take anti-malarial medicines (**Chemoprophylaxis**) strictly as directed. Continue taking measures to avoid mosquito bites as no anti-malarial medicine gives complete protection.
- D.** Immediately seek **diagnosis** and treatment (from a doctor) if a fever develops 7 days or more after entering a malaria-risk zone, and for up to 3 months after leaving the area.

Travelling to a malaria-risk zone?



Countries in **RED** are considered by the Centers of Disease Control (US) to have some malaria risk.

It does not necessarily mean that the entire country is affected, as malaria may be restricted to certain areas or regions. Visit www.myvaccination.com.au for more country specific information. As malaria-risk zones may change over time, always get up to date, expert advice from your doctor before travelling.

Travel Tips:

Here are some travel tips to help reduce your risk of contracting malaria when visiting high-risk destinations:

Before you travel

Ideally, you should speak to your doctor at least 6–8 weeks before you leave, however it's never too late to obtain essential travel advice.

- Make sure you have a detailed itinerary of your trip, including the type of accommodation you'll be staying in, as the precautionary measures recommended vary depending on the location you're visiting and the environmental conditions.
- If you are travelling to a malaria-risk zone, remember to take mosquito repellents and appropriate clothing with you to help you avoid being bitten by mosquitoes.
- Increase your knowledge about malaria, including its symptoms and what to do if you suspect infection.
- If your doctor has prescribed any anti-malaria medicines, you will need to start them before entering the malaria-risk zone. Always strictly follow your doctor's instructions on how to take any medicines that have been prescribed to you.

During your travel

Even if you've been prescribed anti-malaria medicines, you should still try to avoid mosquito bites as no anti-malarial medicine gives complete protection:

- Use recommended insect repellents. Insect repellents should be applied according to the manufacturer's instructions. Also, when applied to clothes, the repellent effect may last for longer.
- Keep arms, legs and feet covered and limit outdoor activities when mosquitoes are at their most active, such as between dusk and dawn. Sleeping under a mosquito net, particularly nets pretreated with insecticide can also help.

Again, if your doctor has prescribed you any anti-malarial medicines, continue to take them precisely as directed. If you develop a fever anytime after 7 days from entry to a malaria-risk zone, see a doctor.

When you return home

If you've been prescribed anti-malarial medicines, you will, in most cases, need to continue taking them for some time after leaving a malaria-risk zone. This timeframe will vary depending on the medicine your doctor has prescribed for you. Follow your doctor's instructions closely.

If you develop a fever or flu-like symptoms, especially within the first three months after leaving a malaria-risk zone, you should seek medical advice immediately and specify that you've returned from a malaria-risk area.