



# Malaria

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## Key facts

### Transmission: Vector-borne (mosquito)

- Mosquito bite (mostly spread by night-time biting mosquitoes, from sunset to sunrise),
- During pregnancy and delivery, from mother to child
- Organ transplants and blood transfusions from infected donors (rarely)

### Most vulnerable to severe consequences

- Infants and children under five years
- Pregnant women
- People living with HIV/AIDS

### Most vulnerable to contracting the disease

- Mobile populations and transient people (those moving from low risk to high-risk areas)
- People living or working near mosquito-breeding sites (stagnant water)

### General symptoms

- Fever
- Chills/shaking (usually)
- Muscle pain (sometimes)
- Tiredness (sometimes)
- Nausea, with or without vomiting (sometimes)
- Headache (sometimes)

- Back pain (sometimes)

### **Symptoms of severe malaria**

- Any of the general symptoms, usually worsening
- Convulsions
- Loss of consciousness
- Yellowing of the skin and eyes (jaundice)
- Shortness of breath and/or difficulty breathing
- Bleeding
- Dark (or black) urine

## **What can you do to prevent and control an epidemic?**

### **Vector control and prevention**

- Prevent mosquito bites by advocating the use of:
  - Insecticide-treated curtains or screens on windows and doors
  - Personal protection (application of repellents, wearing long sleeved clothes)
  - Insecticide-treated bed nets
- Initiate elimination of mosquitos and breeding sites
  - Outside:
    - Promote removal of standing water and scrub around communities, application of larvicides
    - Promote community clean-up campaigns to remove rubbish and cover water containers
  - Indoors:
    - Support any ongoing indoor residual spraying (IRS)

### **Monitoring the community and identifying sick people**

- Identify people in the community with suspected malaria according to the community case definition

### **Treatment and management**

- Rapidly detect and refer suspected cases to health facilities

- Promote intermittent prevention therapy (IPT) for pregnant women and infants
- Promote chemoprophylaxis (anti-malaria medicine) for vulnerable populations (when applicable)
- Promote early treatment, especially for vulnerable groups and severe infections
- Provide psychosocial support to the sick person and their family members

## Social mobilization and behaviour change

- Increase social mobilization and behaviour change communication
  - Promote the use of insecticide-treated bed nets and curtains, IPT, IRS and chemoprophylaxis

## Immunization

- Support mass vaccination campaign (if available)

# Mapping and community assessment

- Make a map of the community.
- Mark the following information on the map:
  - How many people have fallen sick with malaria? Where?
  - How many people have died? Where? When?
  - Who and where are the vulnerable people?
  - Where are the local health facilities and services? (include traditional healers)
- Record the following information on the back of the map:
  - When did people start to fall sick with malaria?
  - Who (which groups) are the most affected?
  - How many people are receiving antimalarial medicines?
  - How many people have become severely ill (see symptoms of severe malaria)? Where?
  - How many people live in the affected community?
    - How many are children under five years?
    - How many are pregnant women?
  - Do people generally cover their water containers (inside and outside)? Who is responsible for the maintenance of containers for household drinking water and for vessels to do laundry; is it women or men?
  - How does the community usually remove standing, stagnant water?
  - How common is it for people to live in houses with insect screens on windows and doors?
  - How common is it for people to sleep under insecticide-treated bed nets?
    - How many children and pregnant women sleep under a bed net at night?
    - Are nets hung up and maintained properly?
    - If people are not using nets, why not?

- What are the community's habits, practices and beliefs regarding indoor spraying?
- Are children badly affected by malaria? Are there other groups (specific ages, occupations, geographic areas, etc.) that are badly affected?
- What are the community's habits, practices and beliefs regarding use of repellents, sprays, etc.?
- Have the authorities established a vector control programme?
- Is a social mobilization or health promotion programme in place?
- Which sources do people use/trust the most for information?
  - Are there rumours or misinformation about malaria? What are the rumours?