

LET'S KILL MALARIA BEFORE IT KILLS US!

The Ministry of Health and Social Services (in March) declared a malaria outbreak in northern Namibia after reporting a total of more than 6000 cases of malaria since the beginning of this year, with the Kavango and Zambezi regions having recorded the most. The other affected regions include Ohangwena, Oshikoto, and Oshana.

The total number of Malaria cases has now risen, with a total of 18 deaths countrywide. Malaria is a life-threatening disease caused by Plasmodium parasites that are transmitted to people through the bites of infected female *Anopheles* mosquitoes, called "malaria vectors." Malaria is preventable and curable, but increased efforts are required in beating the disease.

Symptoms

Malaria is an acute febrile illness. In a non-immune individual, symptoms appear 7 days or more (usually 10–15 days) after the infective mosquito bite. The first symptoms – fever, headache, chills and vomiting – may be mild and difficult to recognize as malaria. If not treated within 24 hours, *P. falciparum* malaria can progress to severe illness, often leading to death.

Children with severe malaria frequently develop one or more of the following symptoms: severe anemia, respiratory distress in relation to metabolic acidosis or cerebral malaria. In adults, multi-organ involvement is also frequent. In malaria endemic areas, people may develop partial immunity, allowing asymptomatic infections to occur. People are urged to seek treatment once they fall sick, or when they have a fever that includes headache, muscle and joint pain, chills and sweating, fatigue, nausea and vomiting.

Who is at risk?

Although malaria knows no borders, does not discriminate and since most malaria cases and deaths occur in sub-Saharan Africa, some population groups are at considerably higher risk of contracting malaria, and developing severe disease, than others.

These include infants, children under 5 years of age, pregnant women and patients with HIV/AIDS, as well as non-immune migrants, mobile populations and travelers. National malaria control programmes need to take special measures to protect these population groups from malaria infection, taking into consideration their specific circumstances.

Prevention

Vector control is the main way to prevent and reduce malaria transmission. If coverage of vector control interventions within a specific area is high enough, then a measure of protection will be conferred across the community. WHO recommends protection for all people at risk of malaria with effective malaria vector control.

Two forms of vector control – *insecticide-treated mosquito nets and indoor residual spraying* – are effective in a wide range of circumstances. Long-lasting insecticidal nets (LLINs) are the preferred form of insecticide-treated mosquito nets (ITNs). It is important to ensure that all people at risk of malaria (especially those who have been displaced by floods and are forced to sleep outside) sleep under a LLIN every night and that the net is properly maintained. Indoor residual spraying (IRS) with insecticides is a powerful way to rapidly reduce malaria transmission.

Antimalarial medicines can also be used to prevent malaria. For travelers, malaria can be prevented through chemoprophylaxis, which suppresses the blood stage of malaria infections, thereby preventing malaria disease.



Health workers in Zambezi using insecticide to spray onto the houses in an effort to prevent malaria transmission.