Guest editorial

Malaria

KAREN I BARNES, ***MB ChB, MMed (Clinical Pharmacology)***
Associate Professor, Division of Clinical Pharmacology, Department of Medicine, University of Cape Town

Karen Barnes' main interest is in improving the routine case management of malaria in southern Africa, and her research focus is the comprehensive evaluation of malaria treatment policy changes in this region. She is a temporary advisor to the World Health Organization on various malaria treatment policy committees, and an active member of the National Malaria Advisory Group and the Regional Malaria Control Commission.

Despite being a readily preventable and treatable disease, malaria continues to cause illness and death among travellers to and residents in the tropics. Although South Africa has been remarkably successful in reducing the risk of malaria transmission within our borders, as outlined by Rajendra Maharaj, the case fatality rate from malaria has not decreased. There are a number of factors that contribute to our ongoing high mortality from malaria. The impact of the overwhelming HIV/AIDS epidemic is also seen on malaria, particularly in southern Africa, where dual infection is associated with higher malaria case fatality rates in both adults and children. Special attention therefore needs to be paid to preventing, diagnosing and treating malaria in HIV-infected patients, as described by Cheryl Cohen. The vast majority of malaria cases in South Africa are now the travellers to and migrant workers from other malaria-endemic countries. Health care workers need to be able to promptly diagnose and effectively treat these patients wherever they present – and this is most often not in the malaria-endemic areas of South Africa. The development of antimalarial resistance creates a constantly moving target, necessitating the ongoing revision of malaria prevention and treatment recommendations.

Many travellers are not given appropriate advice on preventing malaria – with ineffective antimalarials (such as chloroquine) prescribed, and inadequate attention paid to the importance of personal protective measures against mosquito bites and completing the full course of prophylaxis. Selecting which of the three recommended prophylaxis options is most appropriate must be done on an individual basis, and clear guidance is provided on this topic by Lee Baker. This is particularly complex when there is a potential for drug interactions, as highlighted by Anoesjka Swart and colleagues. Even if patients are fully adherent with their prophylaxis, they should be warned to seek treatment promptly should they develop malaria symptoms. The diagnosis of malaria has been greatly facilitated by the advent of rapid diagnostic tests, provided patients have not recently been treated for malaria, as discussed by Leigh Dini and David Bell. However, these tests are only of use if health care providers have a high index of suspicion of malaria in anyone recently in a malaria area, as this facilitates prompt diagnosis, hopefully when the malaria is still uncomplicated. Uncomplicated malaria should be treated with artemether-lumefantrine, as described by Lucille Blumberg and colleagues. Ushma Mehta highlights the fact that disease severity is frequently under-assessed, leading to inadequate treatment. Severe malaria requires prompt treatment with a slow infusion of intravenous quinine at the highest level of care available, as explained by Gary Maartens.

This edition of *CME* aims to provide health care professionals with the information needed to reduce malaria morbidity and mortality among South Africans.