

Low risk of malaria in South Africa

There is currently no increase in the number of malaria cases in the Lowveld areas of Mpumalanga Province around and within the Kruger National Park, in contrast to recent media reports. The number of malaria cases reported has in fact been lower during the period May and June 2016 as compared to the same period in 2015, probably as a consequence of the drought.

Malaria is a parasitic disease transmitted by certain mosquitoes in the malaria risk areas in South Africa – the far north of KwaZulu-Natal Province bordering Mozambique, the Lowveld areas of Mpumalanga Province including the Kruger National Park but excluding Nelspruit and White River, and the north-eastern parts of Limpopo Province (see map).

Typically, malaria infections decrease in the South African winter due to changes in the environment that are not favourable for the mosquitoes. This period is known as the low season and extends from June to the end of August. Residents and visitors/tourists to the malaria-risk areas must, however, continue to be aware of malaria. The low season does not mean one cannot get malaria, but the risks are much lower.

Measures to avoid mosquito bites are the mainstay of malaria prevention and should be emphasised at all times, including the low season. Malaria-transmitting mosquitoes feed at night; therefore people should ideally remain indoors from dusk until dawn, in rooms that have screens on the windows and doors. The use of DEET-containing insect repellents to exposed areas of the body from dusk to dawn is advised. The use of drugs to prevent malaria is not routinely recommended in South Africa during the low-risk season.

The risk of malaria in Mozambique, particularly in the northern areas, is higher than in South Africa and there is a year-round risk, albeit somewhat lower during May- September as compared to the rest of the year. As well as mosquito prevention, drugs to prevent malaria may be considered for visitors to those parts.

Malaria typically presents with flu-like symptoms. Residents and visitors/tourists to malaria risk areas should seek medical assistance urgently should they develop fever, headache, cold shivers and hot sweats and muscle pains. These are typical symptoms of malaria but are also symptoms of flu, which is common at this time of the year. Malaria is commonly misdiagnosed as flu. Malaria must always be tested for in any traveller to a malaria risk area with flu-like symptoms irrespective of the time of the year, whether the area is low- or high–risk, and irrespective of whether drugs to prevent malaria have been taken. Malaria treatment is highly effective if administered early in the course of the illness. Complications of malaria can develop very quickly and severe malaria is much more difficult to treat.

Please contact your healthcare practitioner before coming to Wits Rural Facility with options on malaria prevention – Prevention is better than cure.