

SUMMARY

Plasmodium falciparum accounts for the majority of malaria cases in southern Africa and may be associated with severe disease. Almost all South Africans are non-immune, including residents of seasonally endemic malaria areas, and are therefore at risk for developing severe malaria.

The diagnosis and management of malaria is urgent. Delayed diagnosis and inappropriate treatment are associated with significant morbidity and mortality. Classically, malaria presents with fever, rigors, headache and body pains, but the clinical features are non-specific and may be confused with many other diseases, especially influenza. A definitive diagnosis should be made promptly by demonstrating the parasite on a blood smear or by using a rapid malaria antigen test.

The choice of chemotherapeutic agents is dependent on the severity of illness and the drug resistance in the geographical area where malaria was acquired.

For uncomplicated malaria acquired in South Africa, artemether lumefantrine (Coartem®) or alternatively quinine plus either doxycycline or clindamycin is recommended.

Sulfadoxine-pyrimethamine (SP) is currently used to treat patients in Mpumalanga and Limpopo (Northern) provinces, but combination therapy of SP with artesunate (an artemisinin derivative) is expected to be introduced in these areas in the near future. This artesunate plus SP combination should replace all use of SP monotherapy as soon as artesunate is available. It should be noted that SP (and artesunate PLUS SP) is ineffective in KwaZulu-Natal.

For severe malaria, quinine (with the addition of doxycycline or clindamycin) is recommended. All patients with malaria require careful clinical and parasitological follow-up.

DISCLAIMER

This material is intended for use by healthcare professionals. It has been compiled from information currently available, and although the greatest care has been taken the Department of Health and its Malaria Advisory Group do not accept responsibility for errors or omissions. Currently, several of the recommended drugs are not registered for general use, however, this may change in the future. As these are the preferred drugs based on available data on efficacy and safety, they have been included in the guidelines. However, the authors do not have access to data regarding quality of manufacture for some of the unregistered products included. Readers are referred to the reference articles for further information and should exercise their own professional judgement in confirming and interpreting the findings presented in the publication. These guidelines were issued on the 31 August 2002 by the National Department of Health, and replace all previous guidelines