

Malaria Policy

Policy Principles

Malaria is a serious illness that is spread by mosquitoes that bite at night (dusk to dawn). It is common in many tropical countries, and symptoms can develop rapidly. It can be fatal, but you can take precautions to greatly reduce your risk of catching it. Everyone visiting or posted to a malarious region needs to take precautions to avoid getting malaria. This is particularly important for babies and children, and pregnant women.

Scope of Policy

- All UK-based FCO and FCO Services Officers serving in the UK and Overseas; and
- PAG staff seconded to the FCO for the duration of their Posting

Policy Procedures

Malaria prevention involves 4 essential steps

- **Step 1. Be Aware of the risks**

Malaria is common in many parts of Africa, Asia, the Indian subcontinent, South and Central America and some areas in the Far and Middle East. The risk is particularly high in sub-Saharan Africa. You must contact your healthcare provider or travel clinic to see if there is malaria in the country you are visiting. They can give you malaria prevention advice.

- **Step 2. Take precautions to avoid mosquito bites**

When travelling in areas with malaria it is advisable to wear loose-fitting garments, and long trousers and long sleeves in the evenings particularly.

In addition use an effective insect repellent; DEET containing repellents work the best - for adults and children over 2 months. They are available in several strengths; it is not necessary to use concentrations of greater than 50%. Alternative repellents, such as Icaridin and lemon eucalyptus oil are also available.

Sleep in a properly screened, air conditioned room or under a mosquito net that has been treated with insecticide.

- **Step 3. Take Chemoprophylaxis (malaria tablets)**

Tablets to prevent malaria play a very important role in protecting you. There are a number of different types. Ask your healthcare provider or travel clinic for advice on the tablets you and your family need.

Make sure you understand how and when to take your tablets. You need to start taking them before you go, continue all the time you are away, and also for a period of time when you return. It is vital that you finish the course of tablets when you get back to make sure you are properly protected.

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Homoeopathic or herbal remedies do not protect against malaria and must not be used in place of antimalarial tablets.

- **Step 4. Seek early Diagnosis if you become unwell**

Although the above measures are highly effective and can greatly reduce your risk of dying from malaria, following these guidelines faithfully might not guarantee complete protection as no regime is 100% effective. If you do develop a fever or flu-like illness you must seek urgent medical attention, and ensure that you tell your healthcare provider you have been in a malarious area.

Frequently Asked Questions

1. How can I contract malaria?

Malaria is an infectious disease which is transmitted through certain types of mosquitoes. It only takes one bite from an infected mosquito to contract malaria. Whilst feeding on your blood, the infected mosquito releases the malaria parasite into your bloodstream. This rapidly goes to the liver and reproduces before spreading back into your bloodstream.

2. Do I need to bother with malaria precautions?

Yes, malaria is potentially very dangerous and affects thousands of British travellers each year. It is preventable by avoiding getting bitten in the first place and by taking antimalarial tablets.

3. In which countries can I contract malaria? I have heard it is safe if I travel in the dry season?

Malaria exists in areas such as Africa, Asia, Central and South America, to a lesser extent in the Middle East and some parts of Europe - you should check with your healthcare provider to see if there is malaria in the country you are visiting. In some areas mosquitoes may be more active during the wet season, but mosquitoes can bite all year round. You should not assume that by travelling in the 'dry season' you are safe as it only takes one bite by an infected mosquito at any time of the year to contract malaria.

4. I have heard that the side-effects of antimalarial tablets are unpleasant, and worse than catching malaria. Is this true?

Antimalarial tablets can cause some side effects, but serious side effects are rare. There are also different types of tablets available so your healthcare provider should be able to advise on the one most suitable for you. As malaria can be extremely serious (and fatal in some cases), it is better to protect yourself against malaria than risk contracting the disease.

5. I have heard that some antimalarial tablets are not effective, is this true?

In parts of the world, some of the older drugs may not give full protection. Your healthcare provider will give you up to date information on the ones that are suitable for you and the countries you are travelling to.

6. When I have travelled before, other travellers seem to be taking different antimalarial tablets, why is this?

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There are a number of different tablets available and what's right for one traveller may not be right for another. Other travellers may also be following a different itinerary to you and taking tablets suitable for their particular destination. You should always stick to the advice given to you by your healthcare provider, and not be swayed by what others are doing.

7. Other travellers/expatriates have told me that I don't need to use antimalarial tablets, I wonder if I should bother

While other travellers are a great source of information, they are probably not completely up to speed about travel health. It is strongly recommended that you seek expert pre-travel health advice before you travel to ensure that you are protecting yourself against malaria and other infectious diseases.

8. I am only travelling to a malarious area for two days throughout my entire trip, is it worth taking antimalarial tablets for such a short duration?

It only takes one bite from an infected mosquito to contract malaria. Discuss your itinerary with your healthcare provider – they will advise whether you need to take antimalarial tablets and how long you should take them for.

9. I have been given antimalarial tablets which I've been told I have to keep taking, even after I get back from my trip. Is this right?

All antimalarial tablets need to be taken before, during and after your travels. Taking it as instructed and completing the full course is very important. This is because the malaria parasite can stay in the liver long after you've left the malarious area. It needs to be eradicated by fully completing your course. Failure to do so could be fatal.

10. I've heard that if I eat garlic this will stop me from being bitten by a mosquito and help prevent malaria. Is this true?

There are a lot of myths and inaccurate information about malaria prevention. There is no scientific evidence that eating garlic, yeast extract, or taking vitamin B will protect you from malaria. There is also no scientific evidence that homeopathic or herbal medications are effective against malaria. Seek advice on how to avoid getting bitten and on antimalarial tablets from your healthcare provider before you travel.

11. Where can I get advice about malaria?

You should contact FCO Healthline (if you are overseas), but if you are in the UK you and your accompanying dependants must receive medical clearance first. Once your clearance has been processed, an e-mail with a link to MASTA will be sent to you. You will then be able to book an appointment with MASTA, who will advise you on your malaria and vaccination requirements. This must be done at least eight weeks before your travels/posting.

12. What happens if I do contract malaria?

Malaria though potentially fatal, is treatable if diagnosed quickly. If whilst overseas or within one year of returning from a malarious area, you develop 'flu like symptoms (such as fever, chills, pain, weakness, muscle aches, vomiting, cough, diarrhoea or abdominal pain) you must urgently seek medical attention and tell your doctor that you have been travelling in a malarious area.

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