Early seasonal increase in malaria, registration of artesunate as Garsun®

The early increase in malaria cases has continued in Limpopo and Mpumalanga Provinces, including cases being reported from the Kruger National Park and some of the surrounding private lodges. The very mild winter conditions experienced in the region has been favourable to ongoing mosquito breeding. The annual indoor residual spraying programme is due to commence shortly and will hopefully result in a decrease in transmission.

Health care workers should have heightened awareness for malaria in any person living in or recently returned from a malaria area and who presents with a fever or 'flu-like illness. This is especially important given that the influenza season has been prolonged, and that malaria and influenza have overlapping symptoms in the early stages of disease. A number of recent misdiagnoses of malaria as influenza have occurred, leading to delays in diagnosis with serious consequences. Malaria tests should always be done when persons have compatible symptoms and a travel history to a malaria-endemic area. Tests should be repeated if initial results are negative.

The 2017 National Malaria Treatment Guidelines and 2017 Guidelines for the Prevention of Malaria (final draft version) can be accessed on the NICD website at http://www.nicd.ac.za/.

Artesunate has replaced quinine as the treatment of choice for severe malaria and will be available from October 2017 as the registered product GARSUN®. The Section 21 application and reporting is no longer required.

Compared to parenteral quinine, artesunate reduces death from severe malaria by 39% in adults and 24% in children. Its advantages include: 1) rapid antimalarial action with activity against early to late stages of the parasite life cycle, preventing sequestration of parasite-infected red cells, and attendant complications; 2) administration as a slow intravenous injection over several minutes rather than a slow rate-controlled intravenous infusion over 4-6 hours, 3) a favourable safety profile and without causing hypoglycaemia, and 4) not requiring dosage adjustment in renal failure.

Artesunate can be used in all trimesters of pregnancy (see malaria guidelines for discussion), and there is no lower age or weight limit. It can also be administered intramuscularly if intravenous administration not possible. The dosage of artesunate is 2.4 mg/kg for patients weighing >20 kg, and again at 12 and 24 hours, and then once daily until patients can take oral treatment. For patients weighing <20 kg, the dose is 3 mg/kg following the same schedule. Artesunate must be given for at least 24 hours (i.e. 3 doses), and should be followed by a full course of artemether-lumefantrine (Coartem®) to avoid recrudescence. Further details on administration can be found at https://www.mmv.org/access/tool-kits/injectable-artesunate-tool-kit

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