

c Malaria in South Africa 2017: an update

Malaria is seasonal in South Africa (SA) with peaks occurring during the rainy months from September to May. January to April are the months with highest transmission each year. Malaria is endemic in three of South Africa’s nine provinces: Limpopo, Mpumalanga and KwaZulu-Natal. The areas of transmission are the north-eastern parts of Limpopo Province (along the borders with Mozambique and Zimbabwe), the lowveld areas of Mpumalanga Province (including the Kruger National Park but excluding Mbombela/Nelspruit District Municipality and immediate surrounds) and the far northern parts of KwaZulu-Natal Province.

For the current 2016/17 malaria season there has been a significant increase in malaria cases and deaths compared to 2015/16 season when drought conditions prevailed. By March 2017, a total of 9 478 malaria cases and 76 deaths had been reported in SA compared to 6 385 malaria cases and 58 deaths in 2015/16 season. An upsurge in cases occurred during the month of April 2017 (Figure 4), particularly in Mopani and Vhembe districts of Limpopo Province. This coincided with the Easter long weekend and increased travel within South Africa and to adjacent malaria-endemic countries. The Limpopo Department of Health confirmed an increase in the number of malaria cases and deaths, with 4 092 cases and 33 deaths reported by March 2017 compared to 1 543 cases and 18 deaths in the 2015/16 season. The most cases were reported from Greater Giyani (Mopani) and Thulamela (Vhembe) Municipalities.

Factors contributing to the upsurge included the rise in ambient temperature, rainfall and humidity reported over the season and a reduction in indoor residual spraying (IRS) in areas where malaria cases had declined in recent seasons. Stockouts of rapid diagnostic test (RDT) kits and oral antimalarials for complicated malaria results in patients being referred for treatment and hospitals being overburdened. Currently case numbers are progressively decreasing as temperatures drop. Supply issues with diagnostic tests and treatment have been resolved, and medications are available in all facilities. Although the number of cases is declining, the total number of deaths is yet to be confirmed.

The Kruger National Park falls within the malaria risk area, and is considered low to medium risk for malaria transmission during the summer months. According to the national guidelines, personal preventive measures against mosquito bites must always be applied, and chemoprophylaxis is recommended.

Clinicians should be vigilant for malaria amongst travellers returning from malaria risk areas especially given the prolonged season and overlap in clinical presentation of influenza virus.

Source: Limpopo Department of Health; Outbreak Division of Public Health, Surveillance and Response, NICD-NHLS. lucilleb@nicd.ac.za.

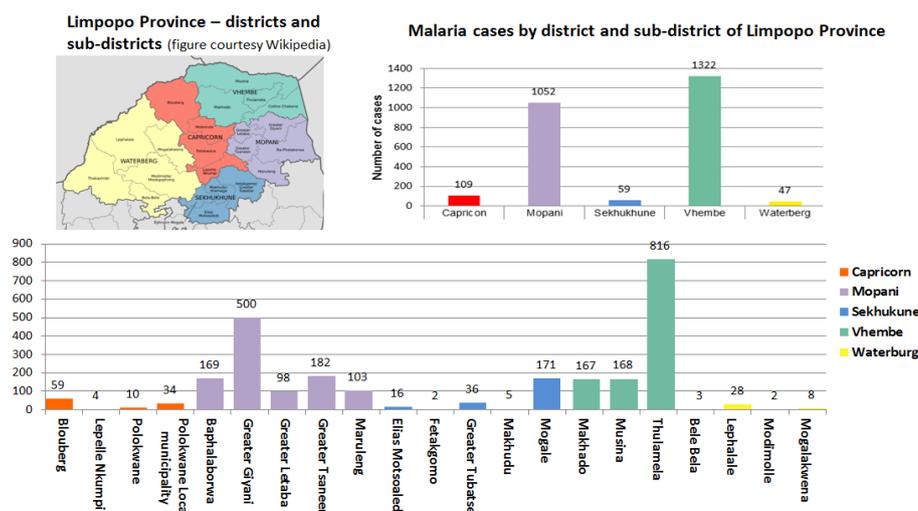


Figure 4. Infographic showing the number of cases of malaria reported from Limpopo Province by municipal district, 23 April to 17 May 2017 (data courtesy Limpopo Provincial Health Department)