

SEASONAL DISEASES

Malaria

Missed malaria following COVID-19 diagnosis, with fatal outcome

A 19-year-old man in one of South Africa's malaria-endemic provinces tested positive for SARS-CoV-2 at a public clinic; the reason for testing is not known. Nine days later he presented to the clinic with headache and fever, and after two further days to a general practitioner with similar symptoms. At this stage confusion and jaundice were noted, and he was admitted to hospital. Initial assessment was of fulminant hepatitis. He was apyrexial, with low blood pressure and depressed level of consciousness. The platelet count was low; he had a raised total bilirubin level and was severely acidotic, with acute renal failure. A rapid malaria test was positive. Intravenous quinine was started, along with IV fluid resuscitation. A high parasitaemia of 11% was reported. The patient developed progressive respiratory distress requiring intubation; the clinical condition deteriorated and he demised within eight hours of admission.

This is one of several recent cases where the current focus on COVID-19 has obscured or diverted attention from a concurrent malaria infection, with tragic consequences. At this time of year when there are increases in both travel and malaria transmission, it is important to remember about the risk of malaria and the danger of missing the diagnosis. The early symptoms of both malaria and COVID-19 are similarly non-specific, namely fever,

headache, fatigue, and muscle and joint pains; more severe signs and symptoms can also be shared between these infections, e.g. respiratory difficulties (See Communiqué issue of September 2020: https://www.nicd.ac.za/wp-content/uploads/2020/09/NICD-Monthly-Communique%CC%81_Sep-2020.pdf). Unrecognised and untreated malaria can rapidly progress to severe illness with a high mortality, and we again remind readers that even non-malaria-endemic provinces (particularly Gauteng) receive imported malaria cases throughout the summer months. It is therefore mandatory that any persons presenting with fever and 'flu-like illness, if they are resident in, or have travelled within the last six weeks from, a malaria risk area, regardless of suspected COVID-19 condition and/or pending COVID-19 tests, be checked for malaria by rapid diagnostic test or blood smear microscopy, and the results obtained urgently. Finally, sometimes malaria vector mosquitoes are transported accidentally, and transmit malaria outside their normal habitats to persons with no travel history. This type of malaria should be considered in a patient with a progressively worsening febrile illness of unknown cause.

Information about malaria prevention and treatment is available at www.nicd.ac.za.