

Malaria can be cured completely with early detection and treatment

Sri Lanka poised to become a “ Centre of Excellence of Malaria” and an international malaria training centre - AMC Acting Director

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Today, World Malaria Day highlights the theme of “Zero Malaria - Draw the line against Malaria”. While Sri Lanka has been recognised as a country which has eliminated Malaria , its last locally transmitted case being in 2012, concerns have been raised that the disease which wiped out thousands in the distant past, could re-establish itself from local travellers who visit malaria high risk countries.

The Sunday Observer spoke to Acting Director of the Anti Malaria Campaign (AMC) Dr. Prasad Ranaweera on the precautionary measures that have been taken so far, symptoms of the disease and where one could obtain free advice and treatment.



Dr Prasad Ranaweera

Excerpts ...

Q. Malaria is once again in the news. Sri Lanka’s achievement of eliminating the disease has won recognition from world authorities. However, health officials are now expressing concerns of a possible re-establishment of the disease with the discovery of imported malaria cases. Why is this?

A. Malaria is the first non-vaccinable disease to be eliminated from Sri Lanka. Eliminating malaria from Sri Lanka was a great achievement. However, in spite of this achievement, we cannot afford to be complacent as there is always a danger of the disease re-establishing

Q. So what is your biggest worry at present?

A. It is not a resurgence we are worried about, but of the disease getting re-established here. What is needed is continuous vigilance and surveillance to ensure that re-establishment of malaria doesn’t happen. Each year we get 50 - 60 imported cases of malaria among people who travel to malaria endemic countries and come back with the disease. So, continued, sustained surveillance and rapid action to treat them is essential.

Q. Name some of the main malaria high risk countries where these Lankan travellers had worked prior to returning to Sri Lanka.

A. Statistics show that most of the malaria cases detected in Sri Lanka were travellers either from Africa or neighbouring Asian countries.

Q. How is Malaria transmitted?

A. The malaria transmitting agent (malaria vector) is highly specific. It is a female mosquito belonging to the genus Anopheles. In Sri Lanka Anopheles culicifacies is the main malaria vector. Some other anophelines are also considered as secondary and potential malaria vectors.

Q. Many people still don’t know much about Malaria , what causes it and its health impacts. What is Malaria?

A. Malaria is a mosquito borne disease, found in the tropical world. The parasite responsible is of the Plasmodium species (There are four main types named, Plasmodium vivax, Plasmodium falciparum, plasmodium ovale and Plasmodium malariae. This parasite has a lifecycle both in humans and mosquitoes.

Q. When was the last recorded case of locally transmitted malaria in Sri Lanka?

A. In 2012.

Q. Health impacts? How does the disease affect person? What are the symptoms to look out for?

A. The commonest symptoms of acute malaria are fever with shivering, and sweating, malaise, body aches and headaches. Even headache alone can be a symptom of the disease. Diagnosis of asymptomatic patients is also not uncommon.

Q. If not treated early what happens?

A. If the disease is not treated the patient's condition could deteriorate very fast to becoming unconscious, having fits and internal organs like the brain, lungs, kidneys begin to fail. In this condition the patient may not be treatable and it may be fatal. Therefore, it is very important to diagnose malaria early and treat effectively.

Q. Can the same malaria carrying vector also cause Haemorrhagic Dengue?

A. No. The malaria vector in Sri Lanka does not transmit dengue. Aedes aegypti and albopictus are the vectors of dengue fever and dengue haemorrhagic fever.

Q. Is Malaria a chronic or long lasting disease? Can it be fatal?

A. Rarely does a malaria infection become chronic and long-lasting, unless treated partially or with ineffective drugs. Chronic malaria leads to severe anaemia and a great deal of debilitation and even death if not diagnosed and treated.

Q. Diagnosis - How do you diagnose malaria? What is the most reliable method used here?

A. The most reliable way of diagnosing malaria is by taking a blood film and examining it under the microscope after straining. However, blood samples must be checked for three consecutive days before excluding a diagnosis of malaria. There are other methods of diagnosing malaria such as by a rapid antigen test, which is usually coupled with microscopy or even using PCR which is only used under certain circumstances.

Q. Treatment - How is malaria treated and where ?

A. Acute uncomplicated malaria is treated with oral drugs. Any person detected with malaria should be admitted to a hospital and treatment should be started as soon as the diagnosis is confirmed. Our strategy is to detect and treat the malaria patient before he or she is bitten by a mosquito. In Sri Lanka, everyone, even a foreigner diagnosed with malaria, will be tested and the full course of treatment provided free of charge regardless whether the patient is admitted to a government or private sector hospital.

Q. Where could one obtain the anti malaria drugs you referred to just now? Are they available with the private sector ? Pharmacies ? State hospitals?.

A. Anti-malarial drugs are available with Anti Malaria Campaign (AMC) only. They are not available with the private health sector or in pharmacies in Sri Lanka. Therefore, whenever a Malaria patient is detected, the Anti Malaria Campaign should be informed via a 24/7 hotline (0117626626).

Q. Tell us about your own interventions to prevent the re-introduction of malaria to this country? What are the main strategies used by the AMC?

A. Early detection, complete cure and follow up according to standard treatment guidelines is one of the key strategies of AMC. We screen high risk groups for malaria. We continuously perform parasitological and entomological surveillance and if only indicated, the vector mosquito control to prevent transmission, and make doctors aware of the need to ask patients for a history of travel overseas and test them for malaria.

Q. What advice do you have for travellers going to such malaria endemic countries?

A. All people travelling to malaria endemic countries should obtain drugs to prevent malaria during their stay abroad. These prophylactic drugs can be obtained from Anti Malaria Campaign Headquarters, Narahenpita or from the Regional Malaria Offices in all Districts in Sri Lanka. These drugs should be started one week prior to their departure and need to be taken continuously throughout their stay abroad and for four weeks after returning. The other most important advice is that if you develop fever within one year after returning from a malaria endemic country, to tell your doctor that you have travelled to a malaria endemic country. Your doctor will refer you to check for malaria.

Q. The Covid-19 epidemic would have posed many obstacles in carrying out activities such as screening and treating patients. How did your Campaign face them?

A. In lighter vein I wish to say that there were no flight restrictions to mosquitos even though travel restrictions were imposed on humans to prevent Covid-19.!

Since March 2021, all returnees coming from malaria endemic countries that are quarantined due to the Covid-19 pandemic were screened for malaria before sending them home. The Anti Malaria Campaign (AMC) detected 11 malaria cases by screening in Quarantine camps last year. The lowest number of malaria cases (30) was diagnosed in 2020 because there were fewer returnees from overseas. In addition, mobile malaria clinics are conducted by the regional malaria offices throughout the year. These returnees are followed by regional malaria offices according to protocol developed by the AMC with the support of experts. In addition, AMC advised all Regional Medical Officers (RMOs) to carry out entomological surveillance around the quarantine centres. Mobile malaria clinics were conducted with PPE without disrupting other activities.

Q. Your Campaign has a facility where one can obtain useful information in all three languages on malaria screening detection, as well as advice to travellers to and from high risk countries regarding where they should obtain their medicines via your hotline (0117626626). Your comments?

A. All information on preventive measures, treatment, screening and detection are given free by the Anti-malaria Campaign. All preventive drugs are provided free of charge, even for foreigners.

Q. Any other awareness raising methods targeting the public at large? What are the challenges you face?

A. Malaria is becoming a forgotten disease in Sri Lanka as numbers detected are few. This is a major challenge. Therefore, AMC conducts training and awareness programs for clinical doctors and General Practitioners on malaria in all Districts in Sri Lanka. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World Health Organization is continuously supporting the AMC. Every year, the AMC takes the World Malaria Day as an opportunity to create awareness on malaria among the public as well as among doctors.

Q. What are the gaps you like to see filled in the future so as to more effectively deliver the objectives of the Anti-Malaria Campaign?

A. The Global Fund has supported Sri Lanka with funds since 2003 during the pre-elimination, elimination and post-elimination period. But the Global Fund terminates its financial support for AMC from the end of this year. Thereafter the Government has to bear all costs for malaria in Sri Lanka. In this context I wish to emphasise that the return of malaria must be prevented at any cost. The Anti-Malaria Campaign has moved from paper-based system to digital system. Maintaining this digital platform is another challenge identified by the AMC.

Q. Today being World Malaria Day, what is your theme?

A. This year's World Malaria Day Theme is "Zero Malaria - Draw the line against Malaria".

Q. Your message to all those at risk in relation to this theme?

A. My appeal to travellers to endemic countries is to please take preventive treatment from your Regional Malaria Office or headquarters of AMC and after returning always check for malaria up to one year. Inform your doctor that you have travelled to a malaria endemic country whenever you develop fever within one year after returning from a malaria endemic country. Then your doctor will refer you for testing for malaria. By doing this you will support the activities of the Anti Malaria Campaign to keep Sri Lanka malaria Free.

Q. Future plans with regard to Malaria in Sri Lanka?

A. We hope to establish a "Centre of Excellence of Malaria": This will be an international malaria training centre. As I mentioned earlier, Sri Lanka is the first country to achieve malaria elimination targets in this region. We have successfully maintained our malaria free status for the ninth consecutive year in the presence of vector mosquito.

The effectiveness of our strategies to achieve this goal has been proved beyond doubt. So we are now ready to share our experience with other countries who are about to reach elimination in the coming years.

COMMENTS

Your name

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