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World Malaria Day - April 25th 2010 - HPSC publishes latest malaria figures

World Malaria Day is a reminder of the huge burden of disease and death still caused around the world annually by malaria, and the progress to date by the global community towards achieving the Millennium Development Goals (MDGs), particularly those relating to child mortality and maternal health.

3.3 billion people living in 109 countries are at risk of contracting malaria, and it is estimated that malaria afflicts between 350-500 million people every year.¹ Ambitious Roll Back Malaria (RBM) 2010 targets call for:

- Achieving universal intervention coverage of all populations at risk of malaria by 2010.
- Reducing the 2000 malaria burden by three quarters and reducing the number of preventable deaths to near zero by 2015.
- Eliminating malaria by 2015 in at least eight countries currently in the pre-elimination phase.
- Eradicating the disease worldwide as a long-term goal.²

Universal coverage includes: prevention measures such as (i) sleeping under protective insecticide treated bednets (ITNs) (ii) indoor spraying in endemic areas with appropriate insecticides, and (iii) prevention of malaria in pregnant women living in areas of high transmission; prompt diagnosis; and treatment with effective drugs.¹ Across Sub-Saharan Africa, the use of ITNs among children increased 10-fold from 2% to 20% between 2000 and 2006³, and it is estimated that already 908,000 malaria deaths have been averted in children under five years in Africa between 2000 and 2010.²

Incidence of imported malaria in Ireland

It is also a timely reminder that malaria is a risk to anyone travelling to a malaria endemic country (estimates suggest 30,000 cases globally among travellers annually¹) and provides an opportunity to highlight to travellers the measures they can take to minimize their risk of contracting the disease.

In 2009, 90 cases of malaria were notified in Ireland, similar to the numbers reported for the previous three years (Figure 1). Malaria, in particular that caused by *Plasmodium falciparum*, is a potentially fatal illness, and one person in 2009 died as a result of their illness. Furthermore, 62% of cases required hospitalisation (42/68 cases for which data were provided).

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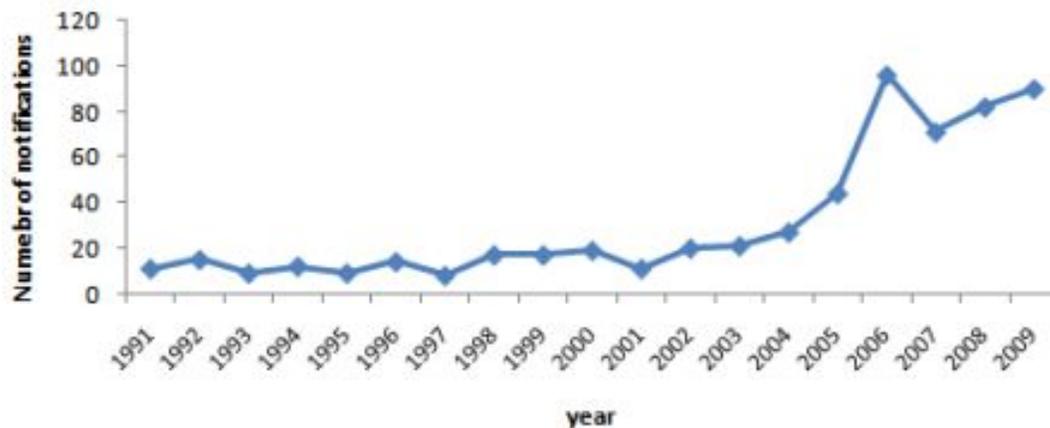


Figure 1. Annual number of notifications malaria, Ireland 1991-2009

Table 1 describes the distribution of cases by country of birth and reason for travel. The primary reason for travel reported was 'visiting family in country of origin'. The majority of cases reported were non-Irish born (75%), and even among those described as Irish-born, half reported their reason for travel as 'visiting family in country of origin' (presumably the children of immigrants).

Table 1. Number of cases of malaria by reason for travel and country of birth, Ireland 2009

Reason for travel	Country of birth					Not specified	Total
	Nigeria	Other Africa	Asia	Ireland	Other		
Visit family country origin	26	5		8		1	40
Holiday travel	2	1		2	2		7
Other	4	2	4	6			16
Not specified	3					24	27
Total	35	8	4	16	2	25	90

Other reason for travel includes: new entrants, Irish citizens living abroad, volunteer workers, etc

Where country of infection was reported, around half of cases reported being exposed in Nigeria, with most of the remaining cases reporting travel to other Sub-Saharan African or Asian countries (Table 2). One *P. falciparum* case was reported not to have travelled to a malaria endemic country for many years.

P. falciparum was responsible for the majority of cases which were acquired in Africa, while *P. vivax* was the most common species acquired in Asia (Table 2). As expected, the median interval between return/arrival from a malarious area and onset of illness was shorter for *P. falciparum* cases (7 days) than *P. ovale* (87 days) and *P. vivax* (237 days) cases.

Table 2. Number of cases of malaria by infecting species and country of infection

Species	Country of infection					Total
	Nigeria	Other Africa	Asia	Ireland	Not specified	
<i>P. falciparum</i>	35	11	1	1	23	71
<i>P. ovale</i>	3	1	1			5
<i>P. vivax</i>		1	3		2	6
<i>P. malariae</i>		1				1
Not Specified	3		1		3	7
Total	41	14	6	1	28	90

It is important to remember that deaths from malaria in travellers are largely preventable, and advice for travellers on reducing their risk of contracting malaria through protection from biting mosquitoes and through appropriate prophylaxis is available in the HPSC fact sheet on malaria, [here](#).

Half of all cases in Ireland in 2009 were notified during quarter 3 (Figure 2), coinciding with the summer holiday period, and most likely reflecting increased travel to endemic countries during this time. This seasonal peak is most prominent among cases who reported their reason for travel to an endemic country as 'visiting family in country of origin'. Thus it is among this immigrant sub-group that the greatest impact might be achieved by strongly promoting prevention messages at this time of year. Cases reported among holidaymakers are more common during winter months (Figure 2).

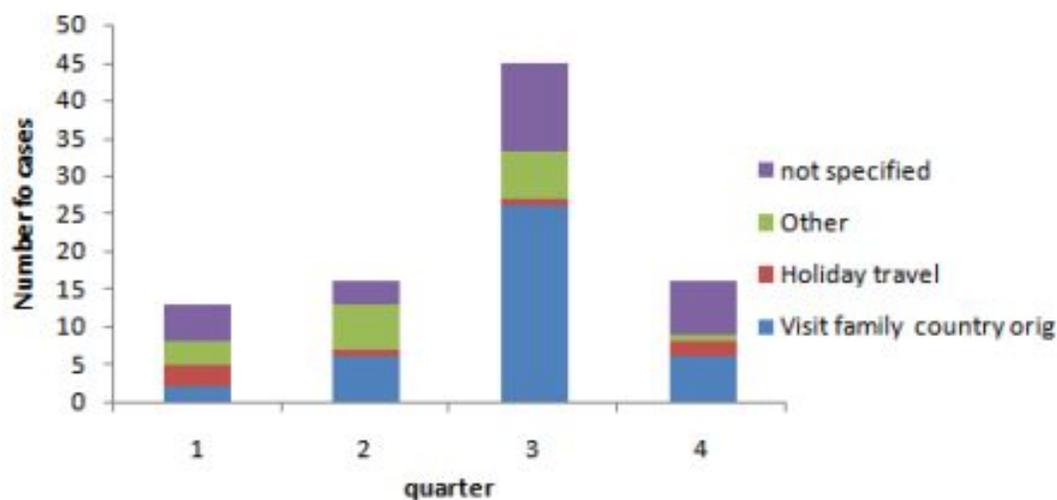


Figure 2. Number of malaria notifications by reason for travel and quarter of notification, Ireland 2009. [Other includes: new entrants, Irish citizens living abroad, volunteer workers, etc.]

Patricia Garvey and Paul McKeown, HPSC

References

1. Roll Back Malaria Fact sheet: Counting malaria out. 2009. [Here](#). accessed 21st April 2010
2. Roll Back Malaria. 'World Malaria Day 2010: Africa Update'. [Here](#). accessed 21st April 2010
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