MALARIA

Introduction: What is Malaria?

Malaria is an infectious disease of the blood caused by parasites which infect red blood cells and are spread by mosquitoes.

What are the types of Malaria?

There are two main types of malaria. Falciparum malaria, which can be lethal, is the more serious form. Vivax malaria is better known for its ability to relapse several months to years after an infected person has left a malarious area, due to residual parasites in the liver.

Incidences of Malaria

Although malaria can be transmitted to Australia, it is a rare occurrence due to the lack of parasite infected individuals capable of infecting mosquitoes through blood feeding. Many other individuals arrive in Australia after becoming ill elsewhere. Miners, soldiers and missionaries experience the occupational hazard of living in Melanesia where it is particularly prevalent in Vanuatu, the Solomon Islands and Papua New Guinea.

With Australian soldiers, sailors and federal police stationed in the Solomon Islands and East Timor where malaria is prevalent, malaria must remain an issue that the ADF can handle both operationally and medically.

Recent reviews of the ADF’s experience in the region indicate that during period from 1998-2007 there were 501, 61 and 22 malaria cases from East Timor, Bougainville and the Solomon Islands respectively.

Symptoms of Malaria

The most common symptoms of malaria include an influenza like illness that rapidly develops hectic fevers. It is characterised by cycles of chills, fever, pain and sweating. Some patients develop nausea, vomiting, coughs and diarrhoea. Cycles of chills, fever and sweating that repeat every one or two days, are typical.

Prevention

The basics of malaria prevention are well known:

- avoid mosquito bites; and
- take antimalarial medications when exposed (also known as known as chemoprophylaxis). Despite this knowledge, malaria discipline often breaks down when soldiers fail to take the prescribed antimalarial drugs as directed.

So the keys to protection from malaria are:

- Take medication as prescribed
- Apply repellent (DEET) to exposed skin at all times, but avoid putting DEET on eyes, lips or broken skin.
- Ensure DPCUs and bednets are treated with Permethrin. Treat DPCUs regularly (every 3-4 weeks).
- Keep sleeves rolled down. Tuck trousers into boots.
- Sleep under bednets. Tuck bednet under bedding.
- Eliminate mosquito breeding sties eg anything that could hold static water eg. – cans, tyres, potholes.
- Roll up bedding when not in use. Shake out sleeping bags, equipment and boots before use.

The Policy directive outlining details for the prevention and treatment of Malaria in the ADF is Heath Directive No 215. There are also operational deployment briefings covering Malaria issues, including for East Timor, the Solomon Islands and Afghanistan, at http://intranet.defence.gov.au/dsg/sites/dhsops_exercises/

Related Sites: Army Malaria Institute (http://intranet.defence.gov.au/dsg/sites/AMI/)