Protecting your Employees from MALARIA

By SOS International
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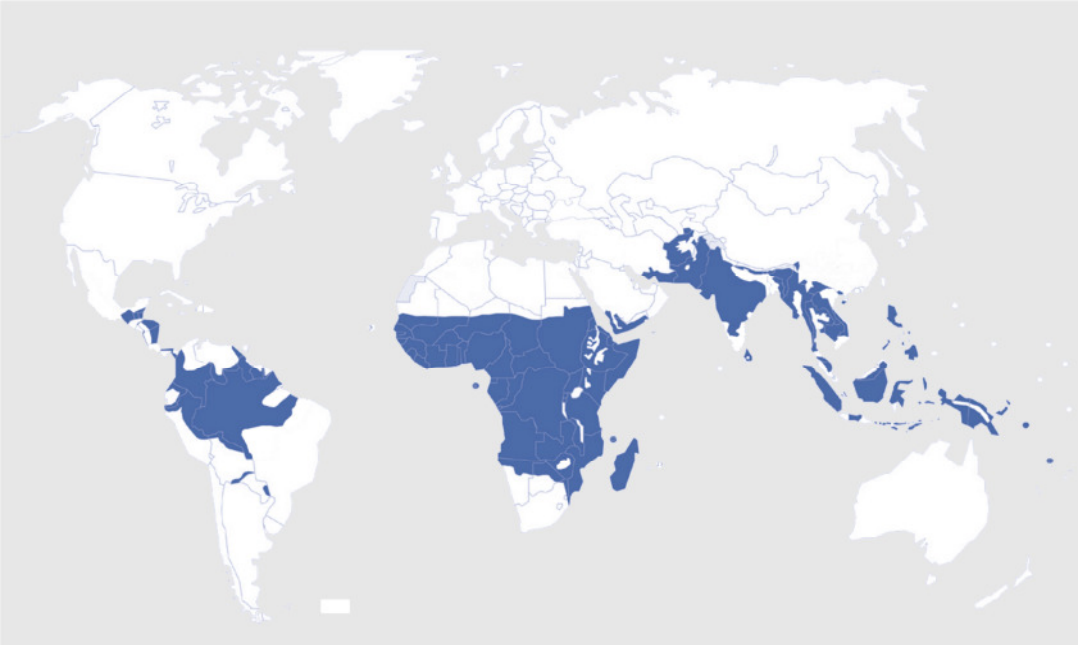
Malaria: A hidden threat
Malaria remains one of the world's major infectious diseases. The number of countries and territories with ongoing malaria transmission had decreased since 2000; by the end of 2015 95 were counted. Although significant progress has been achieved, according to the World Health Organization, in 2015 alone, there were an estimated 214 million malaria cases and 438,000 malaria-related deaths.



Countries or areas where malaria transmission occurs
International travel data from International SOS TravelTracker 2012-2015

Caused by parasites in the genus Plasmodium, malaria is transmitted via the bites of infected mosquitoes. There are five Plasmodium species responsible for human malaria. In the human body, the parasites multiply in the liver, and then infect red blood cells. Flu-like symptoms usually appear between 7-20 days after an infective mosquito bite. If not treated, malaria can quickly become life threatening by disrupting the blood supply to vital organs.

Malaria – a Duty of Care Issue
Malaria is one of the leading causes for medical evacuations among expatriates and business travellers every year, posing a significant risk to both employees exposed to infection in malaria-endemic countries and organisations responsible for looking after those employees.

Malaria – the Need for Management

If not controlled and managed appropriately, the impact of the disease on employee health, workforce productivity, business continuity, company reputation and healthcare costs can be significant. Yet the risks of the disease are often misunderstood and underestimated. An outbreak can potentially render a high percentage of a workforce unfit within a few weeks. In West Africa for example, some mining operations have recorded up to 25% of the workforce unfit for work in any given month, entirely due to malaria.

Some travellers mistakenly think they are "immune" just because they have had only mild infection or no cases in the past. Expatriates, in particular, often dismiss the threat simply because they have lived in a malaria endemic area for a period of years. Solid evidence has shown that only people who grow up in a malarial area and have suffered multiple malaria infections become partially immune to the infection. Everyone else is at risk of severe malaria, including those who grew up in a malarial area but who have been away for a year or two. Additionally, even when partial immunity is acquired, it only relates to the strain(s) of malaria to which the person was exposed in childhood – not necessarily providing protection to other kinds of malaria.

The need to educate employees of these risks remains paramount in controlling this disease, as does managing the disease from an organisational standpoint.

Malaria – Site Control Programmes

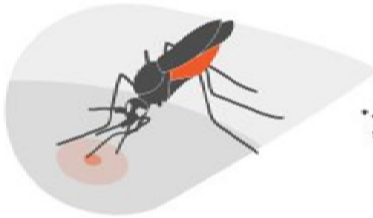
Whether you are considering starting up operations in a particular location or are actively deploying employees to areas of potential disease risk, accurately assessing your malaria risk is critical.

We recommend assessing:

- ✓ Local endemic malaria risk, based on current evidence-based surveys and research
- ✓ The quality of malaria control measures currently in place
- ✓ The ability of local health facilities to treat malaria cases
- ✓ The risks associated with mosquito larval habitats, accommodation structures, human behavior and attitudes, levels of knowledge, and personal protection measures available to your workforce

MALARIA FACTS

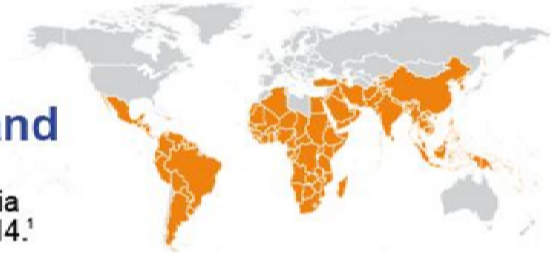
Malaria is a serious disease that is **PREVENTABLE** and **TREATABLE.**



Malaria is caused by *Plasmodium* parasites. Humans get infected via **mosquito bites.**

Pregnant women are at **HIGH RISK** of dying from complications of severe malaria.[2]

97 countries and territories had ongoing malaria transmission in 2014.[1]



3.2 billion people are at risk of malaria worldwide.[2]

a child dies from malaria in Africa.[2]

Each year, over **10,000** **travellers** are reported to become ill with malaria after returning home.[3]

MILD / MODERATE **SYMPTOMS** **SEVERE**

MEDICAL EMERGENCY

DO NOT IGNORE SYMPTOMS. Go straight to the doctor.

fever · sweating · headache · muscle aches · fatigue · shaking (rigors, chills) · vomiting · diarrhoea · fatal if not treated

EARLY DIAGNOSIS and prompt treatment prevent deaths

World Health Organization's
'ABCD' Malaria Precautions

A **AWARENESS**
Be **Aware** of the risk, the incubation period, and the main symptoms.

B **BITE PREVENTION**
Avoid being **Bitten** by mosquitoes, especially between dusk and dawn.

C **CHEMOPROPHYLAXIS**
Take antimalarial drugs (**Chemoprophylaxis**) when appropriate, to prevent infection.

D **DIAGNOSIS**
Immediately seek **Diagnosis** and treatment if a fever develops one week or more after entering an area where there is a malaria risk, and up to 3 months *(or, rarely, later)* after departure.

Sources
1. World Health Organization, Fact sheet on the World Malaria Report 2014, December 2014
2. World Health Organization, Fact sheet No.94, December 2014
3. World Health Organization, International travel and health 2012

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