

DIAGNOSIS

Malaria parasites can be identified by examining under the microscope a drop of the patient's blood, spread out as a "blood smear" on a microscope slide. Prior to examination, the specimen is stained (most often with the **Giemsa stain**) to give the parasites a distinctive appearance.

TRANSMISSION

Sporozoites are injected by an infected female **Anopheles mosquito** when it takes a blood meal. Rarely by Blood transfusion
Transplacental transmission



SYMPTOMS



Vomiting



Fever



Chills



Headache



P. MALARIAE

The World Health Organization (WHO) World Malaria Report 2019 estimates 228 million cases of malaria worldwide, causing **405 000 deaths** in the year 2018, many under the age of 5.

Malaria is endemic in more than 90 countries, affecting approximately **40% of the world's population**





PREVENTION

- Travelers to endemic area should avoid mosquito biting by covering hands and use of mosquito repellants.
- **Vaccination**; Anti-sporozoite vaccine, Vaccines against the asexual forms and Anti-gametocyte vaccines.
- Antimalaria prophylactic must be taken two weeks before arrival and 6 weeks after departure, such as chloroquine and mefloquine

TREATMENT

- Chloroquine is the drug of choice in the treatment of malaria.
- Primaquine is effective in prevention of relapses of malaria
- For resistant strains of *P. falciparum*: ACT, mefloquine or combination of quinine and fansidar

LIFE CYCLE

