

A retrospective review of malaria cases in Addenbrooke's Hospital

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Aims

Malaria is the most common imported tropical infection to the UK, with over 1,500 cases per year. Most is thought to be imported by people visiting friends and family in malarious countries; this group has been shown to report the least use of chemoprophylaxis. Our goal was to review and analyse the epidemiological data of malaria patients seen in Addenbrooke's hospital from 2002 to 2016.

Methods

We reviewed 225 paper records of patients with confirmed malaria and acquired extra demographic data using Addenbrooke's hospital patient record software, EPIC.

Results

Over the 15 years, *Plasmodium falciparum* was responsible for the most infections with 66.7% (150/225), *P vivax* contributed 15.1% (34/225), *P malariae* 4% (9/225) and *P ovale* 6.7% (15/225). There were more malaria cases in males with the highest number of cases for men being in the 30–34 age group and for females in the 20–24 age group. Most of these malaria cases were reported by people coming from west Africa (Nigeria had over 40 cases). 'Visiting family in the country of origin' (27.8%) was the most common reason for people acquiring malaria to have travelled to malarious countries. People travelling for work reasons and holidays contributed significantly, 22.5% and 20.1%, respectively. 60% patients did not take any prophylaxis and only 40% patients took prophylaxis. Of those that took prophylaxis, 32.5% took an unspecified agent 'unknown', very few patients took their prophylaxis regularly and none took it upon return. Most of the patients in this study cited side effects, eg nausea as the reason for stopping medication early.

Conclusion

The total number of malaria cases per year stayed relatively constant with an average of 15 every year, this suggests that health messages about visiting malarious countries are having

very little effect on combating imported malaria to the UK. Targeted messages pre-travel to malarious countries about the importance of taking prophylaxis should be targeted not only to those visiting family in the country of origin but emphasis should also be placed on those travelling for holiday and work/business. Warning patients fully about the potential and common side effects of prophylaxis may improve medication compliance. ■

Conflict of interest statement

None

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