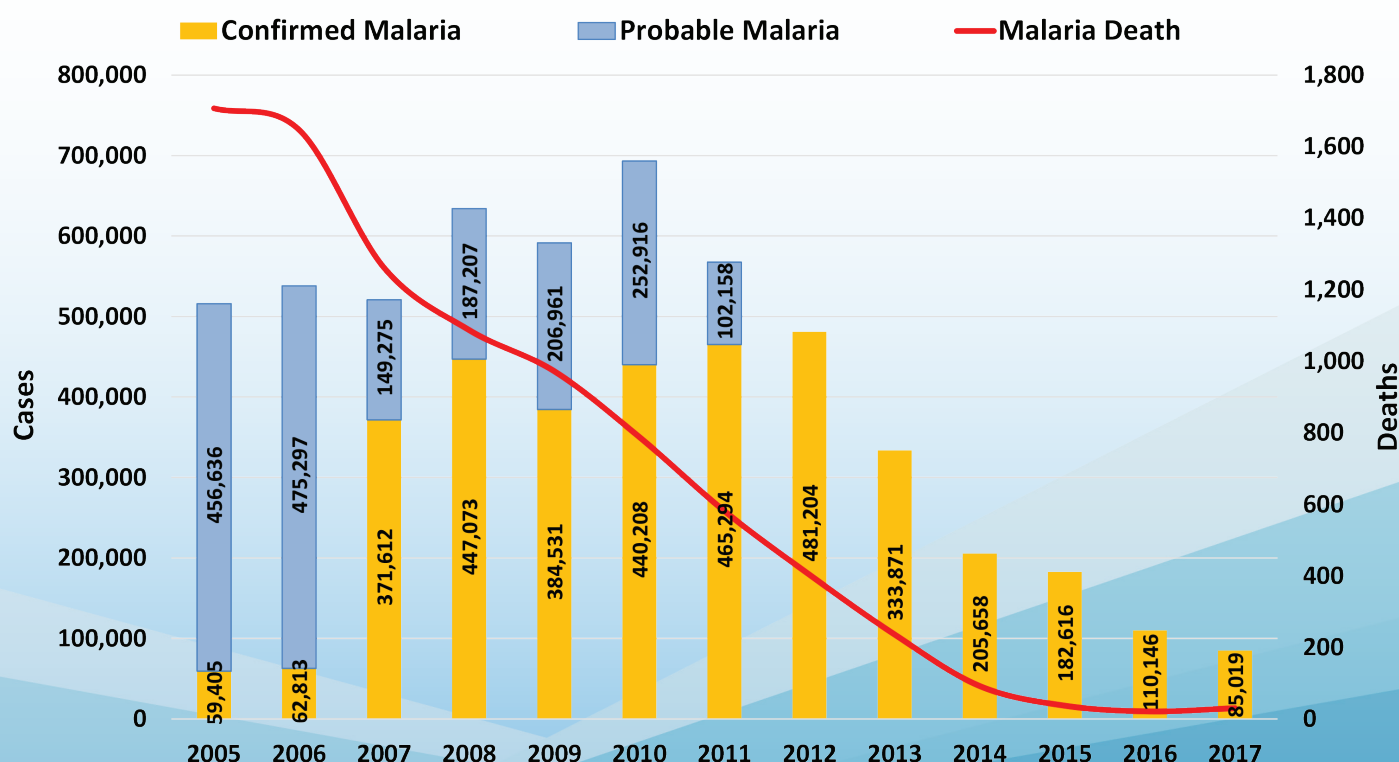


Malaria surveillance – key to help prevent malaria

- Malaria is a potentially life-threatening disease. It is caused by parasites transmitted from human to human through the bites of infected mosquitoes.
- At the same time, malaria is **preventable and curable**.
- Malaria can be contracted throughout the year. May to September is peak season for transmission coinciding with the rainy season.
- Anybody can contract malaria. At the same time, mobile and migrant population, people working at construction and plantation sites, forest goers and pregnant women are at higher risk.
- In Myanmar, currently, 291 townships (out of 330) are malaria endemic (i.e. malaria is normally occurring there).
- In Myanmar, the burden of malaria has **declined** dramatically during the last six years. There is a 82% reduction of malaria **cases** between 2012 and 2017 (i.e. from 481,204 in 2012 to 85,019 in 2017). During the same period, there is a 93% reduction of malaria **deaths** (i.e. from 403 in 2012 to 30 in 2017). The graph below has details.
- Malaria prevention, surveillance and response are critical to test, treat and track the disease -- and to move forward to eliminate malaria in the country by 2030.



Trends of malaria cases and deaths, Myanmar, 2005-2017



What is malaria?

- Malaria is a mosquito-borne disease caused by a parasite called '*Plasmodium (P.)*'
- There are 5 different types of parasite, namely *P. vivax*, *P. falciparum*, *P. ovale*, *P. malariae*, and *P. knowlesi*.
- *P. falciparum* is dangerous, can cause severe malaria and be potentially fatal.
- *P. falciparum* is mostly prevalent in western Myanmar and *P. vivax* predominates in eastern Myanmar.
- Myanmar is aiming for *P. falciparum* elimination by **2025**, and elimination of all human malaria parasites by **2030**.
- WHO and partners are providing support to prevent, control and eliminate malaria. There is a special effort under way in the Greater Mekong Subregion, which includes Myanmar.

Knowing about malaria in Myanmar

- The disease is reported from all States and Regions of the country. Occurrence is higher in the western part than in the eastern part of Myanmar.
- Patients with malaria develop fever with chills - similar to flu-like illness - which may be severe.
- Symptoms appear 10–15 days after the infective mosquito bite(s).
- All ages and both sexes can contract malaria.
- Malaria diagnosis and treatment are **free** in all public health facilities and in the community.
- The national malaria programme and partners are distributing long lasting nets treated with insecticide in malarious areas of the country.

How to recognize malaria?

- high fever with chills, sweating
- headache
- tiredness
- abdominal discomfort
- muscle and joint pain
- loss of appetite
- vomiting
- restlessness



What is the treatment?

- Artemisinin-based **combination therapy** remains effective to treat *P. falciparum* malaria. If *P. falciparum* malaria is not treated early, it can progress to severe illness, often leading to death. In addition, primaquine is given to prevent transmission of the parasite.
- Chloroquine and primaquine continue to be effective to treat *P. vivax* malaria.

What can we do to help prevent malaria?

- **Seek** health worker's advice to prevent, early diagnose and treat malaria.
- **Prevent** mosquito bites:
 - **Use** long lasting nets treated with insecticide or (if not available) regular household mosquito nets.
 - **Screen (netting)** doors and windows. Doors, windows are best sealed at night.
 - **Apply** insect repellent to exposed skin
 - **Wear** light, loose-fitting clothes with long sleeves, from dusk to dawn.
 - **Drain** water collection points around the house.
- **Raise** community awareness to help control mosquitoes -- and seek treatment and care.



How does surveillance help prevent malaria?

- Surveillance is key for malaria elimination.
- Surveillance means to report cases & deaths timely and completely -- and to take appropriate actions.
- Surveillance is needed to stratify malaria occurrence and helps target interventions.
- Every malaria case should be reported and investigated. This is to understand the origin of cases, identify foci and intervene appropriately. Foci are areas where malaria cases are (or were) found.
- All sectors (public, private, defence, community) should notify & report malaria cases & deaths to the national malaria control programme, timely and completely.

