Introduction

Malaria is the most common imported tropical infection to the United Kingdom, with over 1500 cases per year. Most of this malaria 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. It is suggested that this is the major target group for improving travel related health advice.

Methods

We reviewed and analysed the epidemiological data of malaria patients seen in Addenbrooke’s hospital from 2002 to 2016. We reviewed 225 paper records of patients with confirmed malaria and acquired extra demographic data using Addenbrooke’s hospital patient record software, EPIC.

Results

Figure 1: Malaria cases by year over a 15-year period. Infections over the 15 years, P.falciparum 66.7% (150/225), P.vivax 15.1% (34/225), P.malariae 4% (9/225) and P.ovale 6.7% (15/225)

Figure 2a: Data on 169 patients; Visiting family 27.8%; Holiday 22.5% and Work 20.1%

Discussion

The total number of malaria cases per year stayed relatively constant, this suggests that health messages about visiting malarious countries are having very little effect on combating imported malaria to the UK.

Notably all cases either took no prophylaxis or failed to complete their prophylaxis course. The proportion identified as originating in malarious countries was only slightly greater than those of UK origin and the number acquiring malaria on work/business or on holiday was not far short of those visiting families in malarious countries.

These findings suggest that targeted pre-travel advice about the importance of taking prophylaxis to individuals visiting malarious countries should be aimed not only at those visiting family in their country of origin but also at those travelling for holiday and work/business reasons.