**Malaria Facts Sheet**

**Key Messages**

* Mosquitoes can carry viruses, worms, and parasites.
* Malaria is a life-threatening disease caused by parasites that enter the body through the bites of infected female Anopheles mosquitoes.
* Malaria is preventable and treatable.
* In 2019, an estimated 229 million people were infected with malaria, worldwide.
* Also in 2019, there was an estimated 409,000 deaths with an estimated 67% of deaths are in children under 5 years (274,000 children).
* Children under 5 years of age are the most vulnerable group affected by malaria.
* In 2019, one child dies every two minutes
* In 2019, 94% of malaria infections and deaths were in the World Health Organisation African Region.

Reference: WHO. 2020. World Malaria Report.

**Symptoms**

* In people with no previous malaria infections, symptoms typically appear 10–15 days after the infective mosquito bite. The first symptoms – fever, headache, and chills – may be mild and difficult to recognize as malaria. If not treated within 24 hours, in one particular type of malaria, the victim can be severely ill and could die.
* Children with severe malaria frequently develop one or more of the following symptoms: severe anaemia, severe breathing problems, or malaria in the brain (cerebral malaria). Cerebral malaria can cause multiple seizures and can result in learning and behaviour impairments.
* Patients with malaria can also be asymptomatic with no symptoms. The parasites are circulation in the blood stream but have no symptoms.

**At-risks population**

* In 2018, nearly half of the world's population was at risk of malaria.
* High risks groups for contracting malaria are: infants, children under 5 years of age, pregnant women and non-immune migrants, mobile populations and travellers.

**Burden of disease**

* Many will experience malaria several times a year. Malaria infections can result in death. People with malaria can be very sick and this impacts on their ability to work and earn a living. Children will miss school and children with cerebral malaria could experience developmental problems.

**Transmission**

* Infected female *Anopheles* mosquitoes transmit malaria. They bite between dusk and dawn. The mosquitoes lay their eggs in water, which hatch into larvae, eventually emerging as adult mosquitoes. The female mosquitoes seek a blood meal to nurture their eggs.
* In most places, transmission is seasonal. Conditions such as climate (rainfall patterns, temperature and humidity) affect mosquito breeding and survival.

**Key Prevention interventions**

* Insecticidal treated nets (ITNs) and indoor residual spraying (IRS) are applied for control of mosquitoes (referred to as ‘vector control’).
* Immediate testing to diagnose suspected malaria and treatment of confirmed cases are critical to preventing spread of infection via mosquitoes.

Insecticide-treated mosquito nets

* Insecticide-treated net (ITN) such as long lasting insecticidal net (LLIN) provide a physical barrier and an insecticidal effect to protect people while you sleep under the net at night. In developing countries where malaria is common, the government runs a program for mass distribution of free LLINs, to protect their communities.

Indoor spraying with residual insecticides

* Indoor residual spraying (IRS) with insecticides is another powerful way to rapidly reduce spread of malaria disease by mosquitoes. Structures inside houses (walls, fixtures) are sprayed once or twice a year. As for LLINs, the country’s government is responsible for managing the IRS program, if it’s use is warranted. Special personal protection equipment, specific insecticide, and insecticide sprayer machine are used.

Antimalarial drugs for prevention

* Travellers can take a strict regime of antimalarial drugs available from the travel medical doctors.
* In moderate-to-high transmission areas, pregnant women, infants and children under 5 are offered antimalarial drugs as preventive treatment.

Vaccines against malaria

* There is only one malaria vaccine (trade name Mosquirix), and this is only available to young African children in pilot countries: Ghana, Kenya and Malawi.

**Elimination & Eradication**

* Malaria elimination occurs when malaria parasite is no longer infecting people in a specific geographical area as a result of deliberate program of activities.
* It is important to prevent malaria from re-establishing and infecting people.
* Following 3 consecutive years of 0 (zero) indigenous cases of malaria, countries are eligible to apply for the WHO certification of malaria elimination.
* Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by human malaria parasites. Interventions are no longer required once eradication has been achieved.

**Challenges to malaria elimination**

* In some countries, progress made in malaria elimination can be lost because mosquitoes are developing resistance to insecticides used in long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS). Nonetheless, insecticide-treated nets continue to provide a substantial level of protection in most settings. S
* Malaria parasites are also developing resistance to antimalarial medications.
* Other major challenges are: lack of government funding and weak health systems.

Reference: World Health Organisation (WHO) (14.January 2020). Malaria. Accessed on 25 March 2020 from https://www.who.int/en/news-room/fact-sheets/detail/malaria