

4.1 Malaria

Summary

Number of cases malaria, 2015: 81
Crude incidence rate malaria 2015: 1.8/100,000

In 2015, 81 malaria cases were notified in Ireland, which remains stable in comparison to 80 cases reported in 2014 (Figure 1). Among European Union (EU) member states reporting malaria data to the European Centre for Disease Prevention and Control, Ireland had the fifth highest incidence rate for imported malaria in 2014 (the latest year for which comparative data are available); only Belgium, Norway, Sweden and the United Kingdom had higher reported incidence rates.

In common with the rest of the EU, males predominated with a male: female ratio of 2.2:1.0. The highest numbers of cases were aged between 25 and 54. The number of paediatric cases reported was 6, a decrease compared to 10 cases reported during 2014 (Figure 1).

Three of the paediatric cases reported “visiting family in country of origin” as their reason for travel and one was an Irish citizen living abroad who had returned to Ireland for a

holiday. There was no information on reason for travel for the remaining two paediatric cases. Four paediatric cases visited sub-Saharan Africa while country of infection was not available for the remaining two cases. Only one of the paediatric cases reported taking malaria prophylaxis but this case was not fully compliant, three paediatric cases reported not taking any prophylaxis for their travel, while the remaining two paediatric cases did not have information on prophylaxis reported.

Among all age groups, the category of traveller most affected in Ireland continued to be African immigrants and their families who were exposed while returning to “visit family in country of origin”. This almost certainly reflects the greater frequency with which this group travels to malarious areas, but also reflects Ireland’s importance as a destination for those emigrating from English speaking West Africa. Where the reason for travel was reported in 2015, 88.5% cited “visiting family in country of origin”, all of whom travelled to Africa.

Other reasons cited for travel this year were “Business/ professional travel” (n=2) and “Irish citizen living abroad” (n=1). Three cases reported no recent history of travel, two of whom were relapses. The remaining 52 cases did not report country of infection.

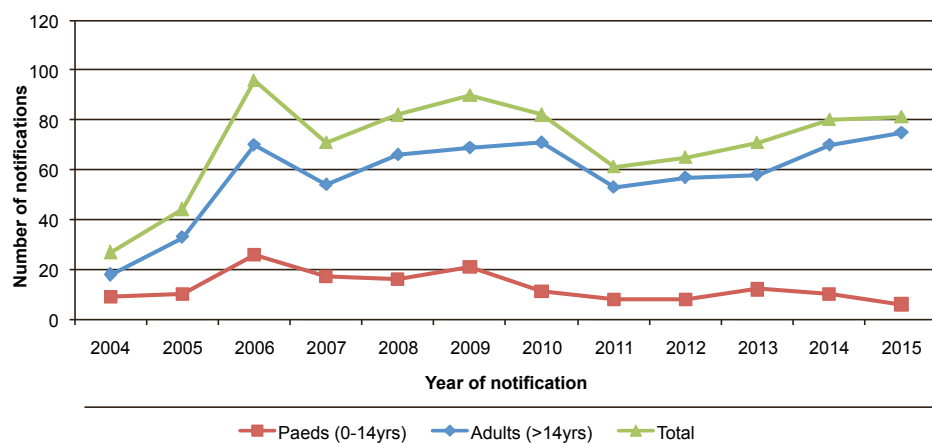


Figure 1: Annual number of malaria notifications by age, Ireland 2004-2015

Nigeria remained the country most frequently visited, accounting for 61.5% of cases where country of infection was reported. The remaining cases were exposed in other countries within Africa. The majority of cases who reported travel to Nigeria were “visiting family in country of origin” (15/16) with known reason for travel.

Plasmodium falciparum accounted for 76.5% of infections in 2015, reflecting the dominance of exposure in Africa as the source of the majority of notifications. Ten cases of *P. ovale*, five cases of *P. vivax*, and one case of *P. malariae* were also reported. This is the highest number of *P. ovale* cases reported since surveillance began. The remaining three cases did not have *Plasmodium* species specified.

HPSC resources for health professionals include a poster which can be downloaded from the HPSC website for display in GP surgeries, maternity hospitals, paediatric hospitals and emergency departments, advising immigrant families travelling to Africa to consult their doctor about malaria before travelling. A leaflet for intending travellers, available in English and French, highlights the value of antimalarial prophylaxis and protection against mosquito bites. The poster and leaflet are available at <http://www.hpsc.ie/A-Z/Vectorborne/Malaria/LeafletsandPosters/>.

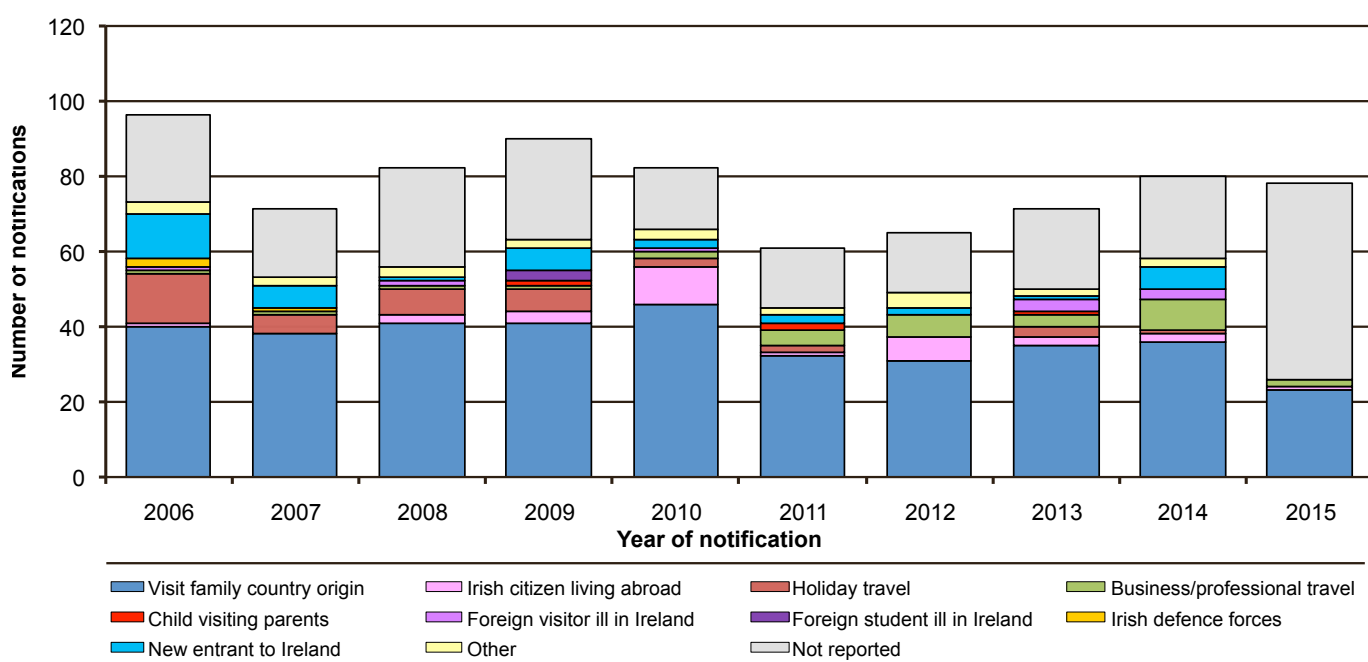


Figure 2: Annual number of notifications malaria by reason for travel, Ireland 2006-2015