4.2 Malaria

Summary

Number of cases, 2007: 71
Number of cases, 2006: 96
Crude incidence rate, 2007: 1.7/100,000

In 2007, 71 cases of malaria were notified (figure 1). This is a decrease of 26% on the number reported in 2006, and equates to a crude annual incidence rate of 1.7 per 100,000 (95% C.I. 1.3-2.1).

Cases ranged in age from 1 to 85 years, and male cases (n=43) were more common than female cases (n=26); for two cases, sex was unknown/unspecified. Notably, there were 17 paediatric cases (24%) and 37 cases (52%) in the 25-44 years age range.

The highest number of cases were reported by the HSE-E (n=32). There were also 8 cases in the HSE-M, 3 in the HSE-MW, 6 in the HSE-NE, 9 in the HSE-SE, 6 in the HSE-S and 7 in the HSE-W.

Species data were reported for 92% of cases in 2007. As in previous years, the most common species reported was *P. falciparum*, accounting for 70% of all cases notified (n=50). There were also seven *P. vivax*, five *P. ovale*, three *P. malariae* and six cases where the species was not specified. This is similar to the species distribution reported by the United Kingdom and in Europe for cases of imported malaria.

Information on patient type was available for 70% of patients (n=50), with 37 cases reported as hospital in-patients, seven as hospital out-patients, three as GP patients, one as a hospital day patient, and two as patient type=other. No deaths due to malaria were reported to HPSC in 2007.

Country of infection was recorded for 54 cases, the majority of whom were exposed in sub-Saharan Africa; a smaller number of cases were associated with exposure in Asia and South America (table 1). One *P. vivax* case was reported as a relapsed infection.

Reason for travel was recorded for 53 cases. The largest subgroup identified in 2007 was people who had travelled to visit family in their country of origin - over half of those for whom the information was available (n=38). New entrants made up a further 6 cases. Other reasons reported for travel were holidays (n=5), business travellers (n=1), armed services (n=1), other (n=2) and not specified (n=18).

Of the 38 cases whose reason for travel was reported

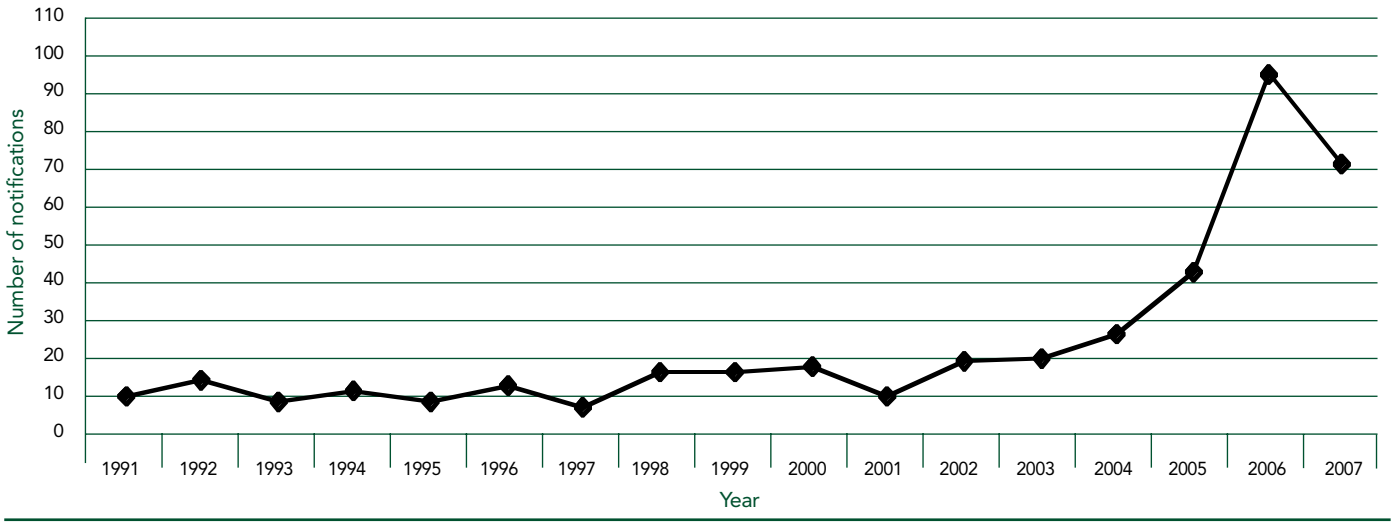

Figure 1. Number of malaria notifications, Ireland 1982-2007

as 'visiting family in country of origin', five were born in Ireland and all five were less than six years of age, presumably representing the children of immigrants. In comparison to their parents who may retain some immunity from previous exposure (although this fades when they no longer live in endemic areas), these children are likely to be more susceptible than their parents.

Excluding new entrants (those who had spent their lives to date living in an endemic region would not be expected to be taking chemoprophylaxis), information on malaria prophylaxis was available for 46 of the remaining 65 cases. Of these, 36 took no prophylaxis, and eight took prophylaxis but failed to continue for the required period. Only two cases reported full compliance with prescribed course of prophylaxis.

In two instances, more than one member of the same family was affected after a visit to a malarious region.

With increasing holiday travel to malarious destinations, and a growing immigrant community who regularly travel home, it is now becoming more likely that malarial patients will present to the health services. Given the potential for fatal complications in severe cases, it is important for clinicians to consider malaria as a diagnosis when presented with patients with compatible symptoms who have history of travel to a malaria endemic country within the preceding year.

International information on malaria is available at www.who.int/malaria/

Table 1. Malaria notifications, Ireland 2007 by country of exposure

Country of exposure	Number notifications	% notifications
Sub-saharan Africa	48	68%
Nigeria	*37*	*52%*
Other than Nigeria	*11*	*15%*
Asia	5	7%
South America	1	1%
Not reported	17	24%
Total	**71**	**100%**