YWAM AFRICA MALARIA POLICY

(Edited from May 2005 Draft until agreed by ALT)

Malaria in Africa

There are at least 300 million acute cases of malaria each year globally, resulting in more than a million deaths. Around 90% of these deaths occur in Africa, mostly in young children. Malaria causes one in five of all childhood deaths in Africa. Malaria is a serious issue for all those called to serve in YWAM in Africa. Let us make every effort to prevent this disease, treat symptoms early and look after one another.

What is Malaria?

Malaria is a parasitic infection of the blood spread by the Anopheles species of mosquito.
This mosquito bites at night between dusk and dawn. It carries the parasite from an infected person to another. Malaria is more common in hot and rainy seasons, but in endemic regions of Africa transmission happens all year round. The signs of malaria normally occur 9 to 14 days after the infected bite, but can take much longer depending on the type of malaria. A typical attack begins with shivering and a high fever, followed by sweating which brings the fever down. The fever usually returns after 1 to 2 days (symptoms may even re-occur after a few hours). Sometimes the fever pattern might not be typical but can still be caused by malaria. The most common symptoms are fever, headache, general aches and pains. Other symptoms include weakness, tiredness, vomiting and diarrhoea. Convulsions and loss of consciousness are very dangerous signs. Malaria destroys red blood cells and can cause anaemia. Malaria can be carried through the blood to any part of the body and cause serious damage. Pregnant women and young children are particularly at risk. Without treatment the infection can lead to death. Almost all complications from malaria can be avoided if correct treatment is given early.

It is the responsibility of all YWAM staff and students to take every possible precaution to prevent and treat malaria.

1. PREVENTION METHODS FOR EVERYONE LIVING IN MALARIA AREAS:

- **Sleep under mosquito nets** which must be properly maintained (i.e. repair any tears and holes) and used every night. Put the mosquito nets down and tuck under mattress before dark to keep the mosquitoes out.
- Use **mosquito nets treated with insecticide** (mosquitoes that touch a treated net will either die or fly away). The nets will need to be re-treated with insecticide every 6 months (or as directed by manufacturer) to remain effective.
- **Screen** all windows and doors with mosquito netting
- **Close** windows and shutters before dark to keep mosquitoes outside.
- Wear long sleeves, loose long trousers/skirts and socks to cover feet and ankles in the evening to prevent mosquito bites. Wearing light coloured clothes may also deter mosquitoes.
- Mosquitoes lay their eggs in standing water. Make sure there are no empty cans, broken pots etc around the base/house that can collect water. Fill up pits and cover water pots and rainwater tanks. Keep rivers and streams clear so that the water flows freely.

Additional short term prevention methods:

- Insect repellent (preferably containing DEET) may be applied to exposed areas of skin, avoiding the eyelids, lips and any damaged skin.
- Spray insecticide in rooms before dusk (but this will not kill mosquitoes that enter the room later at night), or burn mosquito coils in sleeping areas during the night.
- If available, use an electric fan to circulate air to repel mosquitoes

2. ADDITIONAL PRECAUTIONS FOR THOSE AT HIGHER RISK of developing severe malaria:

- **Visitors from non-malaria affected areas** have not developed natural immunity. They MUST therefore take prophylactic (preventative) medicines following medical advice.
- **People from countries where malaria does not occur frequently** (including some parts of Africa) may not have developed good immunity and will need careful advice on how to avoid & treat malaria.
- **People living with HIV infection** may have a reduced immunity to malaria even if they grew up in a malaria area, so urgent medical referral is always required for people who are HIV positive.
- **Pregnant women** have reduced immunity to malaria so may need to take prophylactic drugs on medical advice, even if they have grown up in a malaria area. **Pregnant women and children less than five years (but particularly under one year)** who have grown up in a non-malaria area, are recommended NOT to enter a malaria area without the family understanding the risks, and receiving good advice regarding prevention and what to do if symptoms develop.

3. TREATMENT

- Any person who is suffering from unexplained fever must:
  - Go for a blood test, get a proper diagnosis and start treatment as soon as possible. Avoid self-diagnosis, but go to a reliable clinic with a laboratory for a blood slide examination.
  - Rest and drink plenty of fluid.
  - Take off unnecessary clothing and sponge with a wet cloth (using water that is not too cold) if the body temperature is high (over 38C). Take medication such as paracetamol (acetaminophen) to reduce body temperature.
- Anyone with convulsions or loss of consciousness must receive medical help immediately. .
- In highly endemic areas (where malaria transmission is common all year round) all fever is considered malarial unless proven otherwise.
- All positive cases of malaria must follow medical instructions and complete a full course of treatment. Not all malaria treatments are currently effective so always follow national treatment guidelines. For example there is now widespread resistance to chloroquine. The use of sulfadoxine–pyrimethamine (Fansidar) is no longer recommended as a treatment on its own. The World Health Organisation (2006) recommends artemisinin-based combination therapies for treatment (depending on type of malaria)
- Children with fever must be screened for malaria and treated promptly (within 24 hours)
- Infants under 1 year, who are sick, must be screened for malaria even if fever is not present.
- Antenatal care during pregnancy is essential so that both the mother and baby have regular health checks and treatment if necessary.
- Any person with fever within one year of visiting a malaria area, must inform their doctor.

4. BASE LEADER'S RESPONSIBILITY

- Advise all staff, students and visitors to follow the YWAM Africa malaria policy
- Know how prevalent malaria is in their local region (check with Ministry of Health)
- Ask visitors to get advice about malaria prevention and treatment specific to the region of the country where they will be staying, before they travel.
- Ensure staff that suspect having malaria, seek medical advice and treatment urgently.
- Identify a reliable clinic that follows national guidelines for treatment, has good hygiene practices, uses sterile equipment and only gives injections if the patient is unconscious or unable to swallow.
- Locate a clinic or the nearest hospital with knowledge on treating non-immune patients
- If there is no clinic in the area, appoint a staff health advisor to receive adequate training about malaria and provide advice on effective treatment for both local staff and non-immune people.
- If medically approved malaria self-test kits are available, they may be kept on each base and carried by every team traveling away from medical facilities.
- Advise teams travelling to remote areas to carry malaria treatment with them.

References: http://www.who.int/mediacentre/factsheets/fs094/en/
Werner, D. Where there is no doctor. TALC (Teaching-aids At Low Cost) Revsd addition
Guidelines for the prevention of malaria in South Africa; National Department of Health 2003
World Health Organization (WHO) Guidelines for the Treatment of Malaria 2006