

Key aspects briefly summarized

- **Malaria is a life-threatening infection** transmitted by mosquitoes, mainly **at night**.
- **Always protect yourself well against mosquito bites** – malaria is transmitted between dusk and dawn.
- **In areas with a high risk of malaria**, you are also very strongly advised to take preventive medication.
- For stays in **areas with moderate risk**, consult a travel medicine specialist to find out whether you should carry emergency medication for self-treatment of malaria.
- **Particular caution is advised for pregnant women, small children, elderly people and people with chronic illnesses or weakened immune systems: be sure to seek medical advice before travelling!**
- **Carry with you a thermometer that works!**
- **Fever?** If your temperature is **above 37.5°C** (measured under the armpit or in the ear), go **to a doctor or clinic immediately** and have a **malaria test** done – even if you have taken preventive medication.
- **Make sure to be well-informed about malaria** and read the information below.

Disease

Malaria is a life-threatening, acute, febrile illness transmitted by nocturnal mosquitoes. Rapid diagnosis and treatment are crucial to prevent complications and a potentially fatal course of the disease. Pregnant women, young children, the elderly and travellers with chronic illnesses or weakened immune systems are at increased risk of complications. People who have had malaria in the past are not protected from contracting it again.

Occurrence / risk areas

Malaria occurs in the tropical and subtropical regions of Africa, Asia, , and Central and South America (see malaria map).

Transmission

Malaria is transmitted by nocturnal mosquitoes that bite between dusk and dawn.

Symptoms

After infection through a mosquito bite, the first symptoms (fever, usually accompanied by flu-like symptoms such as headache and aching limbs) appear at the earliest seven days and within one month after infection. Occasionally, however, symptoms may not appear until several months later and, in very rare cases, even after more than a year. The disease often begins with fever and initially resembles the flu. This may be accompanied by headaches, aching limbs, nausea, and sometimes vomiting or diarrhea. Diagnosis is only possible with a blood test.

What should you do if symptoms occur?

Fever during or after a stay in a malaria area is always an emergency! In order to quickly rule out malaria or prevent a severe course of the disease, diagnosis and treatment are required as soon as possible, as a person's health can deteriorate very quickly with a malaria infection. This means that if you develop a fever (body temperature above 37.5°C), you must be tested for malaria as soon as possible after the onset of fever. As a basic rule, **fever that lasts more than 24 hours must be checked for malaria**. This also applies if you are taking or have taken malaria prophylaxis medication. Try to go to a doctor or clinic where you can reliably have such a test done. If the first test is negative but the fever persists, further malaria tests must be carried out in the following days. Only when the malaria test is negative for three consecutive days is there no longer any suspicion of malaria.

Prevention

Several measures should be combined to protect against malaria:

1. **Mosquito repellent is crucial** – especially from evening until dawn. This applies in **all** malaria areas, even where the risk is low. Protection against mosquito bites also helps during the day against other insect-borne diseases that may occur in the same regions! (see also information sheet "[Protection against insect and tick bites](#)"):
 - **Clothing:** Wear long-sleeved, light-coloured clothing and long trousers, and treat them in advance with an insecticide (ingredient: permethrin, e.g. contained in Nobite® for clothing).
 - **Insect repellents:** Apply insect repellents to all exposed skin.

- **Sleeping area:** Sleep in air-conditioned rooms or under a treated (with insecticide) mosquito net with the windows closed. Use mosquito sprays with immediate effect (knock-down effect) indoors with caution and according to the manufacturer's instructions, and mosquito coils only outdoors (e.g. in the evening under a table).
- 2. **Medicinal prophylaxis:** In high-risk areas (marked in red or hatched in red on our maps), additional medicinal malaria prophylaxis is recommended. Take this with food before, during and after your trip. Consult a travel medicine specialist to find out which medication and dosage is suitable for you.
- 3. **Emergency self-treatment (standby therapy):** For special risk situations – stays in regions with **moderate** malaria risk and where medical care is limited or uncertain – it is recommended that you carry emergency medication for self-treatment, i.e. medication that you can take yourself if you develop a fever and no medical help and therefore no malaria testing is available in the short term. However, after taking emergency medication, you must still seek medical help as soon as possible. Before travelling, discuss with a travel medicine specialist whether it is advisable for you to take emergency medication with you.
- 4. **Special risk groups:** Malaria can become dangerous very quickly for some people. These include **pregnant women, young children, older people** and people with **chronic illnesses or weakened immune systems**. If you belong to a risk group, you should definitely consult a travel medicine specialist before your planned trip. The specialist can determine whether you should take **malaria prophylaxis medication** – this may also be advisable for areas with a **moderate** risk of malaria.

There is currently no malaria vaccination available for travellers.

Important information regarding fever and staying in a malaria zone:

- Do not forget to carry with you a thermometer that works!
- Malaria symptoms appear at the earliest 7 days after arrival in the malaria area.
- A **temperature $> 37.5^{\circ}\text{C}$** in a malaria area or after staying in a malaria area **always** means **suspected malaria and is an emergency!**
- If you develop a **fever within a month (in rare cases even several months) of your stay** in a malaria area:
 - Seek **immediate** medical attention from a doctor or clinic to rule out malaria by means of a blood test.
 - Testing for malaria should ideally be done within 24 hours, but no later than 48 hours after the onset of fever – regardless of whether you have taken preventive malaria medication or not!
 - If the fever persists, malaria can only be reliably ruled out after three consecutive days of negative test results!
- For people who have visited a malaria area with moderate risk and who have been prescribed emergency self-treatment (standby therapy), the following applies:
 - If you have a fever: try to get tested for malaria as soon as possible.
 - If testing is not possible and the fever persists for more than 24 hours or recurs: take the emergency malaria medication according to the package insert.
 - Even after/despite taking the emergency malaria medication: seek medical attention as soon as possible and have the cause of the fever investigated.