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CDC Issues Advisory on First Locally Acquired Malaria Cases in U.S. in 20 Years; Cases Confirmed in Florida and Texas

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The Centers for Disease Control and Prevention has issued a Health Advisory to inform clinicians, public health authorities, and the general public about the identification of locally acquired malaria cases, the potential rise of imported malaria cases, and the need for rapid access to IV artesunate, the first-line treatment for severe malaria in the U.S.

Recently, the CDC has noted a handful of locally-acquired malaria cases in Florida (4 cases) and Texas (1 case) over the last two months. These instances mark the first occurrence of locally-acquired mosquito-borne malaria in the United States since 2003. Both states are conducting ongoing investigations in collaboration with the CDC, including surveillance for additional cases and mosquito control measures. The patients identified thus far have received treatment and are

recovering.

Despite these cases, the risk of acquiring malaria locally remains extremely low in the U.S. However, the CDC advises clinicians to consider a diagnosis of malaria in any individual with a fever of unknown origin, irrespective of their travel history. Early diagnosis and treatment can prevent severe disease or death and limit further transmission to local *Anopheles* mosquitoes.

On the other hand, the CDC also expresses concern for a potential increase in imported malaria cases due to an expected rise in international travel this summer.

"Malaria is a serious and potentially fatal disease transmitted through the bite of an infective female anopheline mosquito," the CDC warns. The disease can also be transmitted from mother to fetus, through blood transfusion or organ transplantation, and via unsafe needle-sharing practices. Worldwide, over 240 million cases of malaria occur each year, mostly in Africa.

Clinical manifestations of malaria include fever, chills, headache, myalgias, fatigue, and in some cases, nausea, vomiting, and diarrhea. If untreated, malaria can progress to a severe, life-threatening stage causing complications such as changes in mental status, seizures, renal failure, acute respiratory distress syndrome, and coma.

The CDC advised clinicians to be vigilant and consider a diagnosis of malaria in febrile patients, especially in regions where locally-acquired malaria cases have been detected. In the event of a suspected malaria case, rapid evaluation in a facility equipped to provide prompt diagnosis and treatment is vital. Hospitals are advised to ensure readiness for malaria diagnoses and have a plan for rapid access to IV artesunate.

The CDC provided various recommendations for clinicians, hospitals, laboratories, public health officials, and the public to assist in rapid identification, prevention, and control of malaria.

For clinicians, they advised considering malaria diagnosis in any person with a fever of unknown origin, obtaining a travel history from symptomatic patients, and referring to the CDC's Malaria Diagnosis and Treatment Guidelines for U.S. Clinicians for detailed instructions.

For hospitals and laboratories, they advised to have malaria diagnostic tests readily available, to stock or plan for the emergency procurement of IV artesunate, and to stock first-line drugs for most cases of uncomplicated malaria.

For public health officials, they encouraged them to reach out to CDC's Malaria Branch for assistance, to support clinicians to identify hospitals that can rapidly diagnose and treat malaria, to educate communities on precautions for malaria and other diseases, and to coordinate with mosquito control programs.

For the public, they recommended steps to prevent mosquito bites and control mosquitos at home, to learn about the health risks and precautions for malaria and other diseases before traveling, and to seek medical care and inform healthcare providers about recent travel if symptoms occur.