

CLINICAL SKILLS: EXPLAINING MALARIA TO A PATIENT

Possible OSCE scenario: A patient has come to see you because she is going travelling and would like to discuss malaria and preventative measures she can use to prevent contracting it during her travels. Please discuss this with her and answer any questions she may have.

- Wash your hands
- Introduce yourself
- Ask patient's name
- Ask permission to discuss malaria with them

- Ask patient what they know about the condition first, then you can offer them further knowledge to fill the gaps. An example of what to say is shown below.
 - Malaria is an infection by a protozoan (bug) called plasmodium. This is transferred into a person's blood through a bite from a mosquito who has previously picked up the plasmodium from another person
 - The risk for a traveller acquiring malaria depends on the region travelled to, even within a single country
 - We make a risk assessment to decide how at-risk someone is of contracting malaria whilst abroad. This includes finding out:
 - The destination country
 - A detailed itinerary, including specific cities, types of accommodation, season, and style of travel.
 - Depending on level of risk, it may be appropriate to recommend: a) no specific interventions, b) mosquito avoidance measures only, or c) mosquito avoidance measures plus chemoprophylaxis

- Advise the patient that there are many preventative measures that they can use whilst away:
 - Against mosquito bites:
 - Mosquito nets over beds (preferably insecticide treated)
 - Mosquito spray at night around bed
 - Wear clothes that cover most of body in bed
 - Use mosquito repellent
 - Chemoprophylaxis:
 - All chemoprophylaxis regimens involve taking a medicine before travel, during travel, and for a period of time after leaving the malaria endemic area.
 - Medications used for prophylaxis:
 - **Mefloquine**
 - Prophylaxis should begin 2 weeks before travel to 4 weeks after. Take once a week and for 4 weeks after a traveller leaves the country
 - Contraindicated if a family history of psychosis
 - Side effects:

- Gastrointestinal disturbance
 - Headache
 - Abnormal dreams, mood changes and psychosis
 - Visual disturbances
 - Seizures
 - **Doxycycline**
 - Start 1 day before travel, take every day and for 4 weeks after traveller leaves the country
 - Contraindicated in pregnancy
 - Side effects:
 - Photosensitivity - usually with sunburn (avoid by avoiding prolonged time under the sun, use sun cream, etc.)
 - Gastrointestinal disturbance (advise to take with food)
 - **Malarone**
 - Start 1d pre-travel, take once a day and finish 1 week after traveler leaves the country
 - Contraindicated in pregnancy
 - Side effects: (usually well tolerated, side effects rare)
 - Gastrointestinal disturbance
 - Headache
 - **Chloroquine and Proguanil**
 - In areas where Chloroquine is still sensitive
 - Start 1 week before travel, take twice a day and continue for 4 weeks after leaving the country
 - Safe in pregnancy
 - Side effects:
 - Itching
 - Abdominal pain
 - Diarrhoea
 - Emphasise that it is important to take this medication as prescribed, as consequences of malaria can be fatal
 - For destinations where malaria cases occur sporadically and risk for infection to travellers is assessed as being very low, it is recommended that travellers use mosquito avoidance measures only, and no chemoprophylaxis.
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- **Ask the patient if they have any further questions**
 - **Thank the patient for coming to discuss the issue**
 - **Offer the patient a leaflet and ask them to book a further appointment if they have any other concerns**
 - **Wash hands**