Being alert for malaria and dengue in Dar es Salaam.

Since the rainy season is now at its peak in Dar es Salaam, malaria cases are again on the rise. At the IST clinic in Masaki, we have been diagnosing an increasing amount of malaria cases in the last weeks, at least 2 cases per week. These patients are mainly resident in Dar es Salaam, usually not taking malaria prophylaxis, and if treated in time recover without complications.

If the diagnosis of malaria is delayed, a patient can become very ill quite rapidly and have serious complications such as kidney, liver and lung failure, cerebral malaria, very low platelet count and anemia. If treatment for this is delayed, the patient cannot always be saved. The classical presentation of malaria is with high fevers, headaches, shivering and muscle pains. However, many of these symptoms can be absent and in any case of illness with fever and generalized symptoms, malaria should be considered and be tested for in a reliable clinic for any person who has been in the country longer than 10-12 days (incubation time is 8 days-3 weeks). If travelling and without access to reliable testing, a self-test kit can be taken along. These kits are reliable, but if the result is negative, and symptoms persist, the test should be repeated the next day(s).

Since July 2017, there have been cases of dengue fever as well in Dar es Salaam, at the IST clinic between 2-8 cases each month. All these cases are reported to the local health authorities as they can assist in vector control. Symptoms of dengue fever resemble those of malaria, but more typical for dengue fever is a severe headache behind the eyes and a skin rash. The incubation period is shorter than malaria, usually a week, but can be up to 2 weeks. If there is any suspicion of dengue fever, anti-inflammatories such as aspirin, ibuprofen or diclofenac should not be taken, as these can decrease the platelet count even further and cause bleeding complications. Paracetamol is safe. Dengue fever can be confirmed with a blood test and the test is often combined with a malaria test.

Malaria mosquitos (anopheles) attack at night (peak time is from 10 pm to 4 am), whereas dengue (tiger) mosquitos (aedes egypti) bite during the day, especially around 6 pm. However, sometimes both type of mosquitos attack around the same time, causing a patient to have both infections together.

Mosquito barrier protection is strongly advised: repellants with DEET, wearing long sleeves, use of (impregnated) mosquito nets, coils and avoiding going out at night in mosquito-infested places. The official recommendation and most effective method of protection is to take malaria prophylaxis, especially during the rainy season and when travelling to areas with increased malaria risk in Tanzania.

Malarone / Malanil (proguanil/atovaquone) is the most used prophylaxis , also used are Doxycline and Lariam (mefloquine. These medicines are available at clinics and pharmacies .

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