Malaria in travellers to Gambia

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Malaria incidence is reportedly declining steadily in many parts of the world, including in at least several African countries [1-3]. The incidence of imported malaria is also declining in a number of European countries [4-6]. However, incidence rates in travellers, both European tourists and the so-called VFR (visiting friends and relatives) are difficult to estimate, due to problems with the numerator (many cases are not reported) and more importantly with the denominator, for which the information is generally lacking. An exception in the European Union is the United Kingdom (UK), where the International Passenger Survey provides a reliable denominator on the number of travellers to the different countries, duration of stay and reason for travel. Using this information and data on malaria notifications, British authors were recently able to show a steady decrease in the incidence rate of imported malaria from West Africa [6]. In their publication the authors comment that this trend is likely to mirror a true reduction in local malaria transmission, and argue that in some years guidelines on malaria prophylaxis might become less strict even in that part of the world, as it has already been proposed for other continents [7,8]. This time, however, has yet to come. The current issue of Eurosurveillance features two rapid communications about an unpredictable cluster of cases of falciparum malaria among European tourists returning from Gambia [9,10]. The first case reported from Denmark in November 2008, triggered a subsequent flow of notifications from other countries in Europe. Interestingly, many of these are northern European countries. Finland alone accounts for almost one quarter of the total cases. The Finnish cases are described and discussed in detail in the paper by K Valve et al. in this same issue [10]. The UK was the only country reporting more cases than Finland, which is not surprising, as many thousands of travellers from this country visit Gambia every year [6].

It is remarkable that as of 18 December, only three weeks after the first case was noted, we are able to discuss this cluster. Clearly, this would not have been possible with surveillance systems based on mandatory notifications. This emphasizes the usefulness of networks of clinicians such as TropNetEurop that can disseminate information among members very quickly; a characteristic feature of how information is freely available and should be regularly consulted by all professionals giving travel advice. 

References


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