



Malaria in Migrants

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Malaria in Migrants



- Travellers visiting friends and relatives account for 64.5% of all malaria in UK
- People travelling for this purpose are at significantly higher risk of malaria (approx 3x)
- Less likely to use chemoprophylaxis

HTD Experience



- Africans make up >50% of our cases
- Make up >30% of cases that end up on ICU



Clinical Cases

Returning Traveller



- 28 female
- No PMH
- Travel to Malawi: Filming in safari parks
 - Febrile illness
 - Diarrhoea
 - Myalgia
 - Loss of appetite
- Self-treated with ciprofloxacin
- Seen by an SHO
 - Diarrhoea settled but still intermittent fever
 - Examination NAD

Diagnosis



- Malaria
 - Typhoid
 - “Viral Illness”
 - Rickettsia
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- Patient sent away but returned as ongoing fever

More thorough examination





Diagnosis

- Eschar = Rickettsia
- Lots of species but in returning travellers:
- African Tick Bite Fever
 - Game Park/Safari in Southern Africa
 - Non-specific febrile illness
 - +/- Rash
 - +/- Eschar
 - +/- Lymphadenopathy
 - Rapidly responsive to Doxycycline

A Quicky



- “Something in my skin”
 - Cutaneous Larva Migrans
 - Bot Fly
 - Jiggers
 - Delusional parasitosis





Photo by: Cathy Roberts, Spencer Polley



Migrant Health



- 14 year old boy
- Sudanese
 - Born in UK
 - Travels intermittently to Sudan to visit family
- PMH
 - Bad eczema with escalation of treatment
 - Asthma with intermittent breathing difficulties
- Non-specific joint pains: ?inflammatory arthritis
- Losing weight



Diagnosis

- Poorly controlled asthma/eczema
- Tuberculosis
- Undiagnosed inflammatory disease

- Chest X-Ray showed ?miliary disease
- Spinal MRI: Discitis
- TB Confirmed and treatment started

Disseminated TB



- Disseminated TB
 - Spine a commonly involved site
 - More common in immunosuppressed
 - HIV/Steroids etc
 - High index of suspicion
 - Born in/travelling to endemic regions
 - Constitutional symptoms
 - Investigate even in absence of classical pulmonary symptoms
 - Sputum can be negative
 - Difficult to diagnose in primary care: Suspect and Refer



Thank you for listening

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