



LP Bulletin

Friday 23rd March 2012

Bulletin 817 - 03/12 - Malaria - Worldwide

Malaria is not a new concern amongst seafarers however despite this issue being well documented the industry still suffers from its effects. The Club's recent exposure highlights some important concerns.

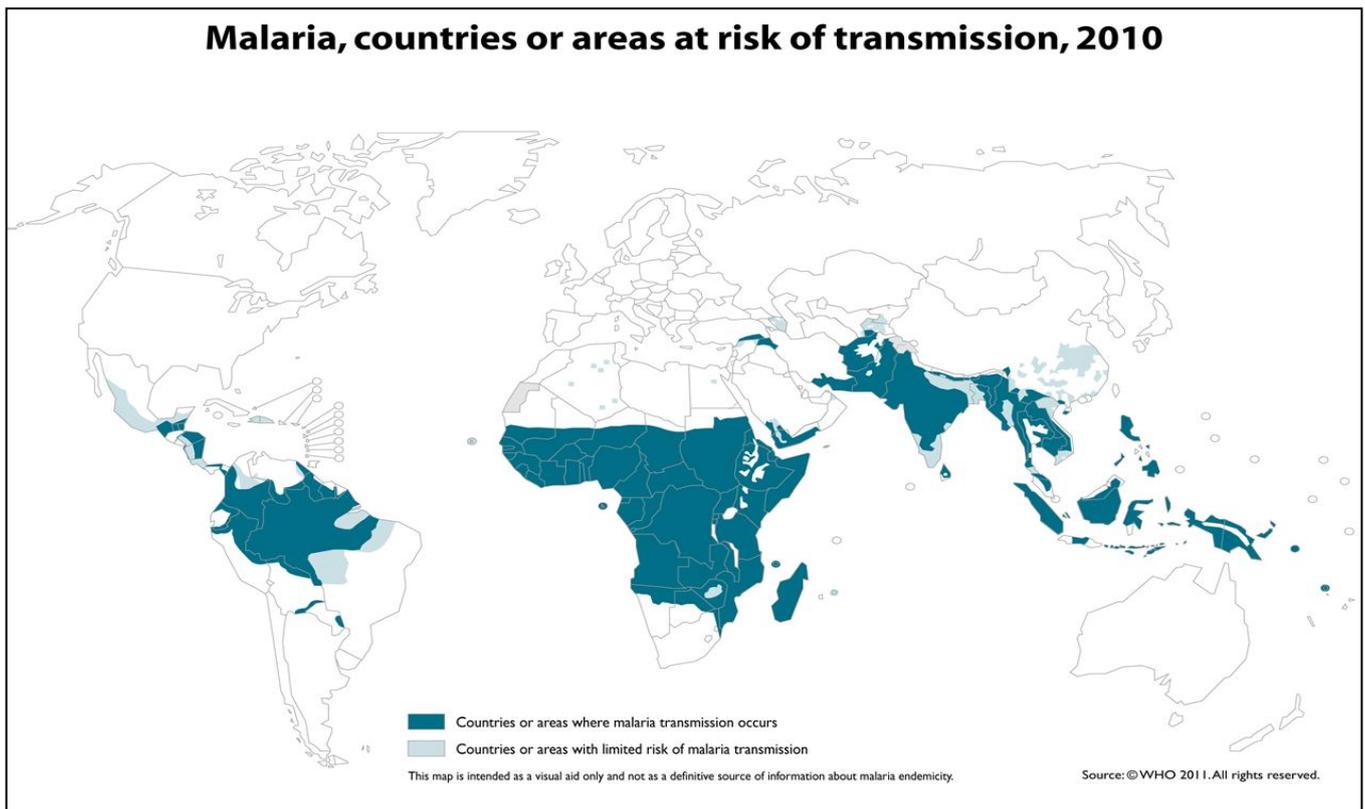


Image courtesy of WHO.int

According to the *World Malaria Report 2011*, there were 216 million cases of malaria worldwide and an estimated 655 000 deaths in 2010. Although malaria mortality rates have fallen by more than 25% globally since 2000 malaria still presents a considerable threat to a seafarer's health.

The most vulnerable to malaria are typically the young and the infirm however with early diagnosis and treatment the rate of infection worldwide has seen a dramatic decrease. Malaria poses a greater risk for seafarers, particularly where symptoms may manifest at sea and therefore shore based medical assistance may not be immediately available.

Malaria is caused by a parasite called Plasmodium, which is transmitted via the bites of infected mosquitoes. In the human body, the parasites multiply in the liver, and then infect red blood cells.

Quote

Symptoms of malaria include fever, headache and vomiting, and usually appear between 10 and 15 days after the mosquito bite. If not treated, malaria can quickly become life-threatening by disrupting the blood supply to vital organs. In many parts of the world, the parasites have developed resistance to a number of malaria medicines.

Unquote (www.WHO.int 20.03.2012)

The typical number of cases the Club sees has remained relatively steady however, there has been a noticeable upward trend to the costs involved in each case. Extenuating circumstances in one particular case from 2009 saw the associated costs increase to in excess of \$800 000.

Members should also consider that the costs may not be limited to expensive medical treatment abroad and repatriation costs but also the possible delay resulting from deviation of the vessel which may be necessary in order to medically evacuate the seafarer.

Proactive measures for prevention are outlined by the World Health Organisation on their website but attention should be made by ship owners and operators to tailor these recommendations to the marine environment. Maintaining an enclosed accommodation and instructing seafarers to cover up is an easy and effective way of producing a physical barrier to mosquito bites. Particular attention should be paid during the hours of dawn and dusk when mosquitoes are most active.

Consideration should be given to forward planning if it is expected that a vessel is to call at a country prone to malaria infection.

The use of anti malarial drugs is advised by the WHO but attention should be made to the type of malaria expected to be encountered along with the expected time of exposure of the vessel and its crew. This is of particular importance as some anti malarial drugs are required to be taken 3-4 weeks prior to entering the high risk area. This information is updated regularly as the types of malaria expected within certain areas can change with the seasons. It is recommended that the WHO website is monitored frequently.

Members may wish to consider maintaining a log onboard the vessel of the anti malarial drugs taken by seafarers. This will provide an effective control method to ensure the crew are indeed taking their medication at the prescribed times.

In order to assist the Club and its Correspondents, the following details should be sent to the Club upon the first notification of a suspected incidence of malaria infection at sea:

- Last port(s) visited and duration
- Vessel's ETA at next port
- Up-to-date radio medical advice received
- Type and duration of any anti-malaria prophylactics taken

Further reference;

World Health Organisation Links;

[Fact sheet N°94: Malaria December 2011](#)
[Diagnosis & treatment](#)
[Quality of ant malarial medicines](#)
[Interactive map](#)
[International travel Chapter 7: Malaria](#)

Source of Information:

World Health Organisation
www.WHO.int

For further information:

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All information and statistics are sourced from www.WHO.int and are correct as of date of publication