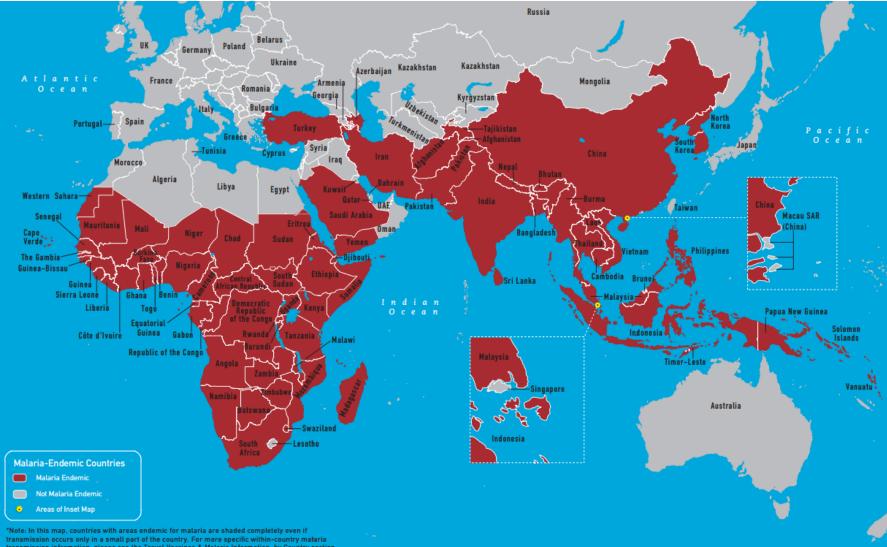
Malaria

An Overview of Life-cycle, Morphology and Clinical Picture

Malaria Species

- Five species of malaria infect humans:
 - Plasmodium falciparum
 - Plasmodium vivax
 - Plasmodium ovale
 - Plasmodium malariae
 - Plasmodium knowlesi

Malaria – **Endemic** Countries



transmission information, please see the Travel Vaccines & Malaria Information, by Country section in Chapter 3 and the CDC Malaria Map Application (www.cdc.gov/malaria/map).

Malaria – **Endemic** Countries



Note: In this map, countries with areas endemic for mataria are shaded completely even if transmission occurs only in a small part of the country. For more specific within-country malaria transmission information, please see the Travel Vaccines & Malaria Information, by Country section in Chapter 3 and the CDC Malaria Map Application (www.cdc.gov/malaria/map). Sporozoites in mosquito saliva

Mosquito bites infected human

Symptoms

occur



Mosquito bites uninfected human

> Sporozoites enter bloodstream and migrate to liver, infecting hepatocytes

> > Merozoites released, infect erythrocytes (fever results from escape +reinfection of Merozoites)

Erythrocytes become "sticky" (PfEMP)

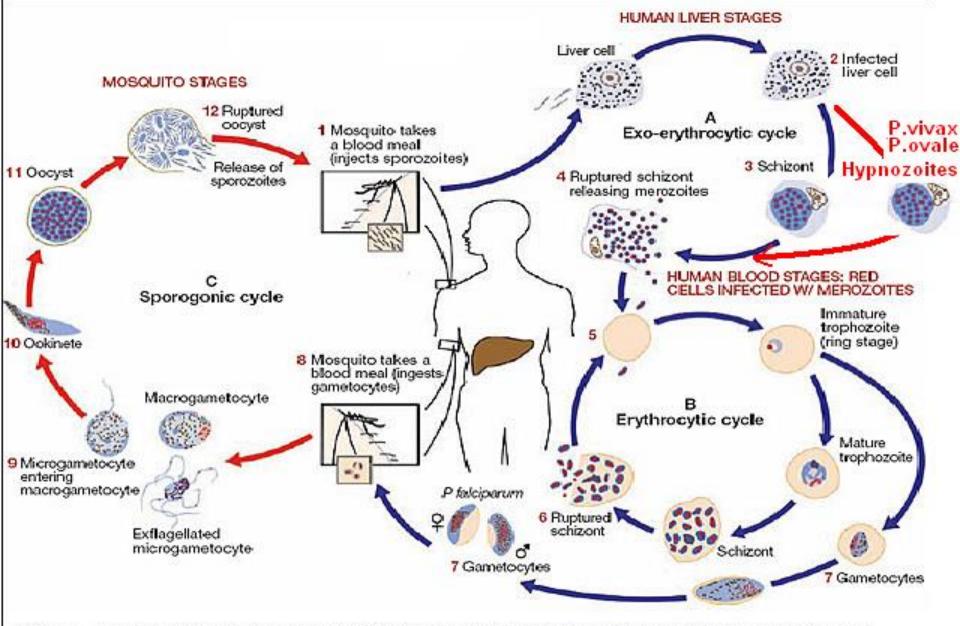
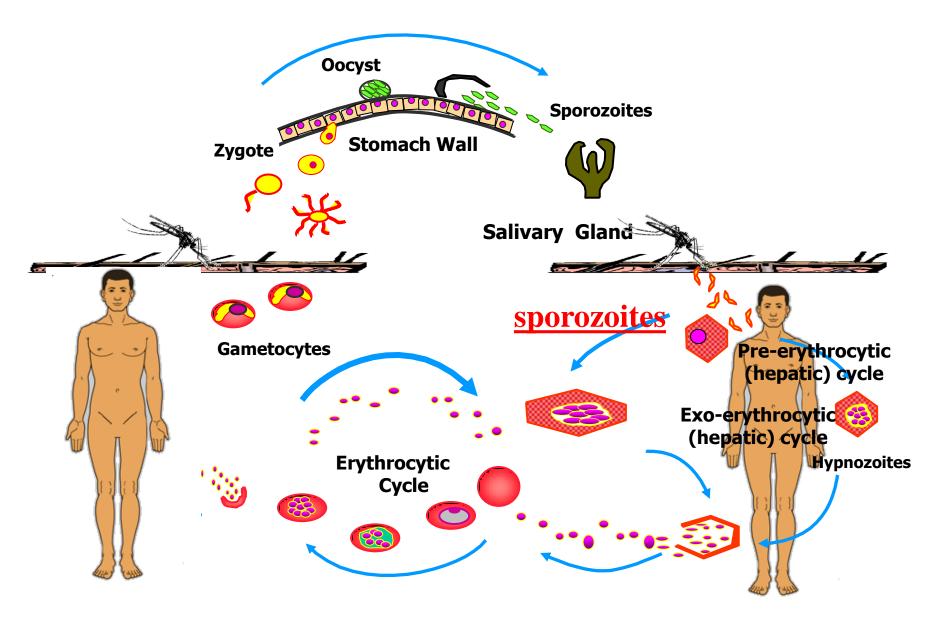
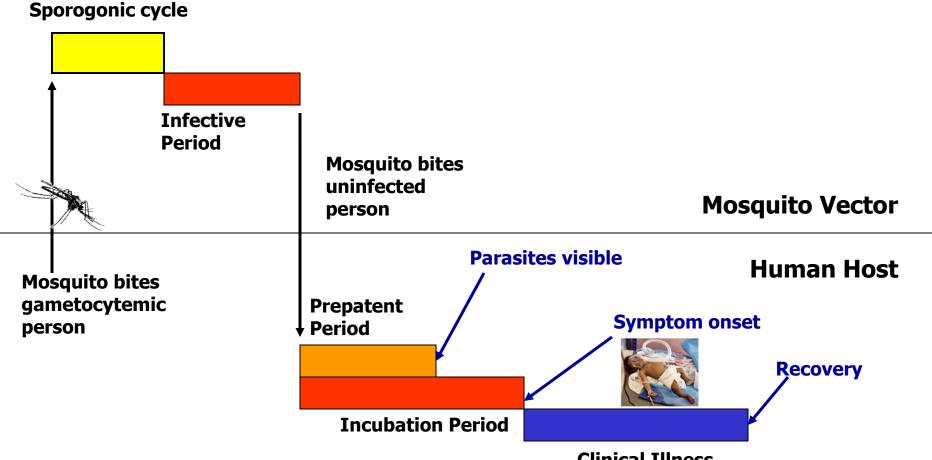


Figure 1—Malaria parasite life cycle. A malaria-infected female Anopheles mosquito inoculates sporozoites into the human host. Sporozoites infect liver cells and mature into schizonts, which rupture and release merozoites that infect red blood cells. Ring-stage trophozoites mature into schizonts, which rupture, releasing merozoites. Some parasites differentiate into sexual erythrocytic stages (gametocytes). Parasites in the blood are responsible for the clinical manifestations of the disease. Adapted from the CDC.

LIFE CYCLE OF MALARIA

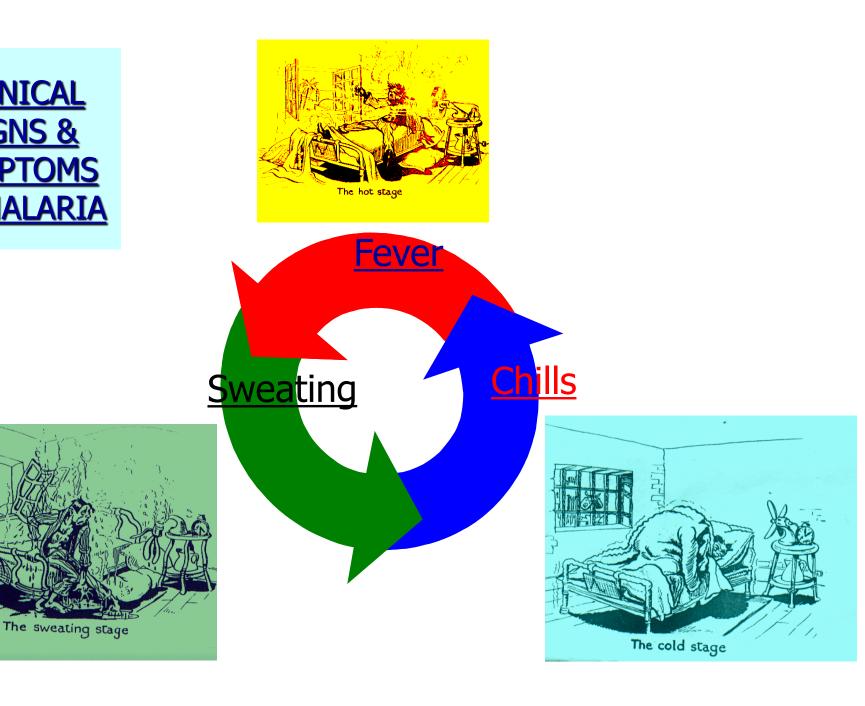


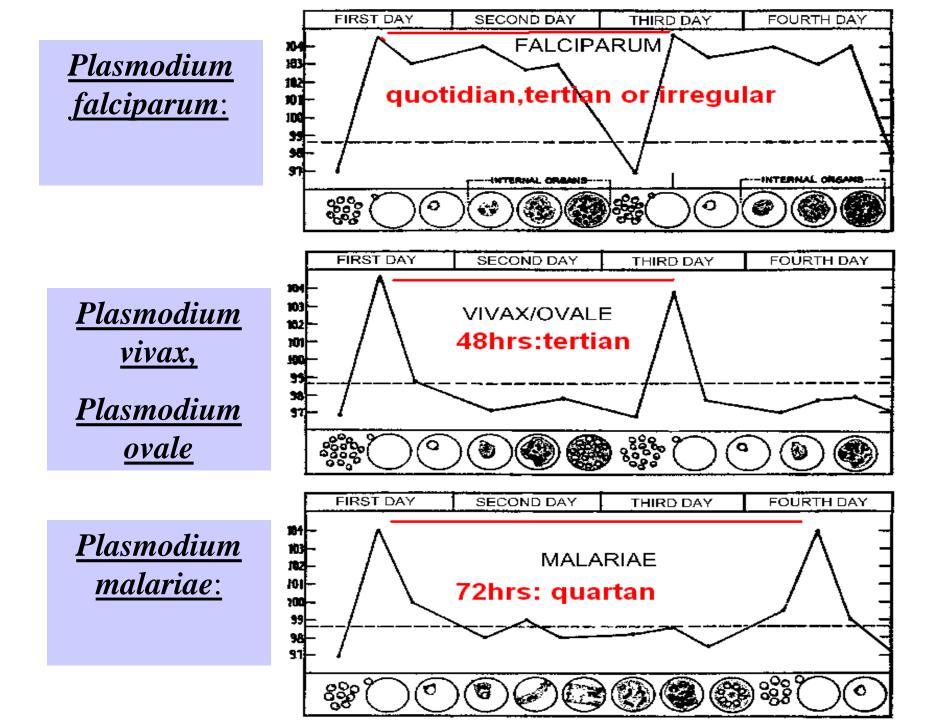
Components of the Malaria Life Cycle



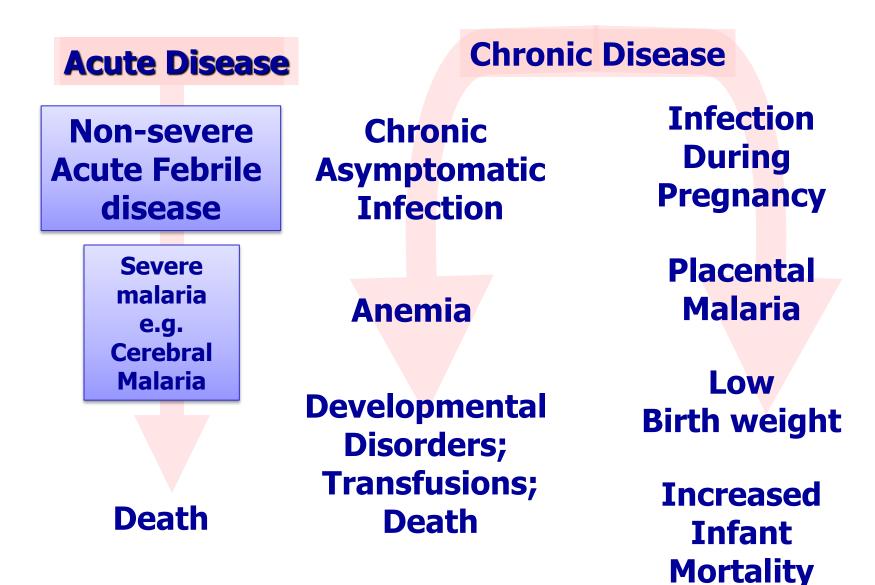
Clinical Illness

<u>CLINICAL</u> SIGNS & **SYMPTOMS OF MALARIA**





CLINICAL PICTURE





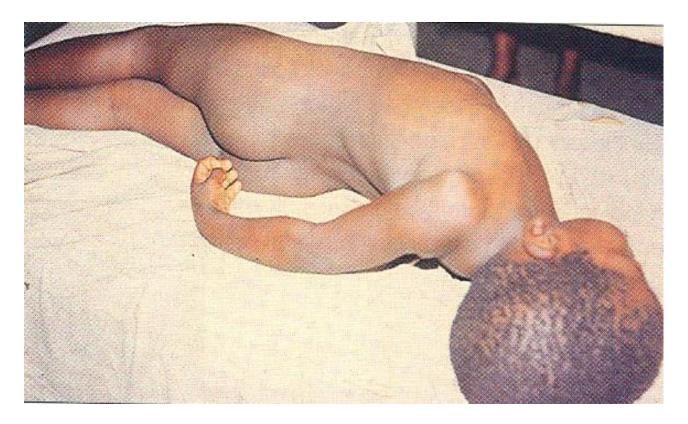
- Severe malaria is defined as symptomatic malaria in a patient with
 P. falciparum with one or more of the following complications:
 - Cerebral malaria (unrousable coma not attributable to other causes).
 - Generalized convulsions (> 2 episodes within 24 hours)
 - Severe normocytic anaemia (Ht<15% or Hb < 5 g/dl)
 - Hypoglycemia (blood glucose < 2.2 mmol/l or 40 mg/dl)</p>
 - Metabolic acidosis with respiratory distress (arterial pH < 7.35 or bicarbonate < 15 mmol/l)
 - Fluid and electrolyte disturbances
 - Acute renal failure (urine <400 ml/24 h in adults; 12 ml/kg/24 h in children)
 - Acute pulmonary edema and adult respiratory distress syndrome
 - Abnormal bleeding
 - Jaundice
 - Haemoglobinuria
 - Circulatory collapse, shock, septicaema (algid malaria)
 - Hyperparasitaemia (>10% in non-immune; >20% in semi-immune)

Definition

• Uncomplicated malaria is defined as:

Symptomatic infection with malaria parasitemia without signs of severity and/or evidence of vital organ dysfunction.

Complications of malaria: Cerebral malaria



Opisthotonos in an unrousably comatose child with cerebral malaria. The cerebrospinal fluid cell count was normal

Malarial Paroxysm

cold stage

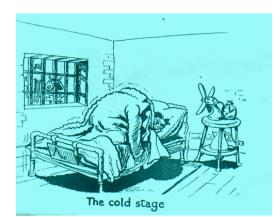
- •feeling of intense cold
- •vigorous shivering
- •lasts 15-60 minutes

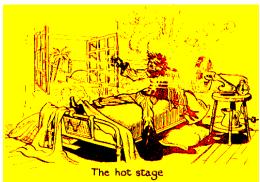
hot stage

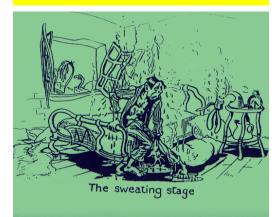
- •intense heat
- •dry burning skin
- •throbbing headache
- •lasts 2-6 hours

sweating stage

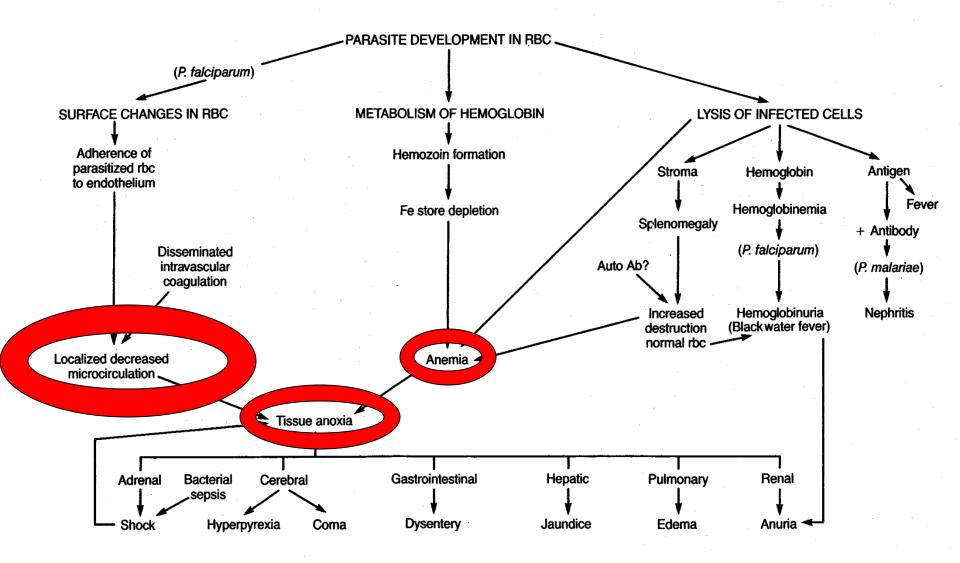
- profuse sweating
- declining temperature
- •exhausted and weak \rightarrow sleep
- •lasts 2-4 hours







PATHOGENESIS OF MALARIA



-

Complications of malaria: Pulmonary oedema

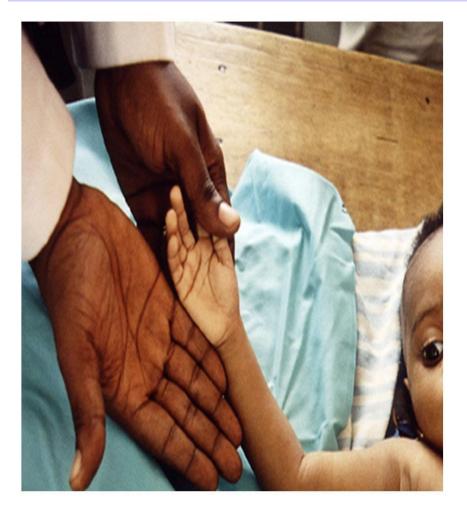






Complications of malaria:

anaemia



Child with severe malaria anaemia and no other malaria complication Child with severe malaria anaemia in conjunction with acidosis and respiratory distress



Malarial haemoglobinuria



Clinical Picture:

Haemoglobinuria associated with malaria ("blackwater fever") is uncommon and malarial haemoglobinuria usually presents in adults as severe disease with anemia and renal failure.

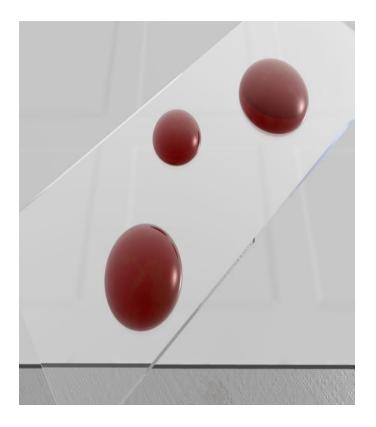


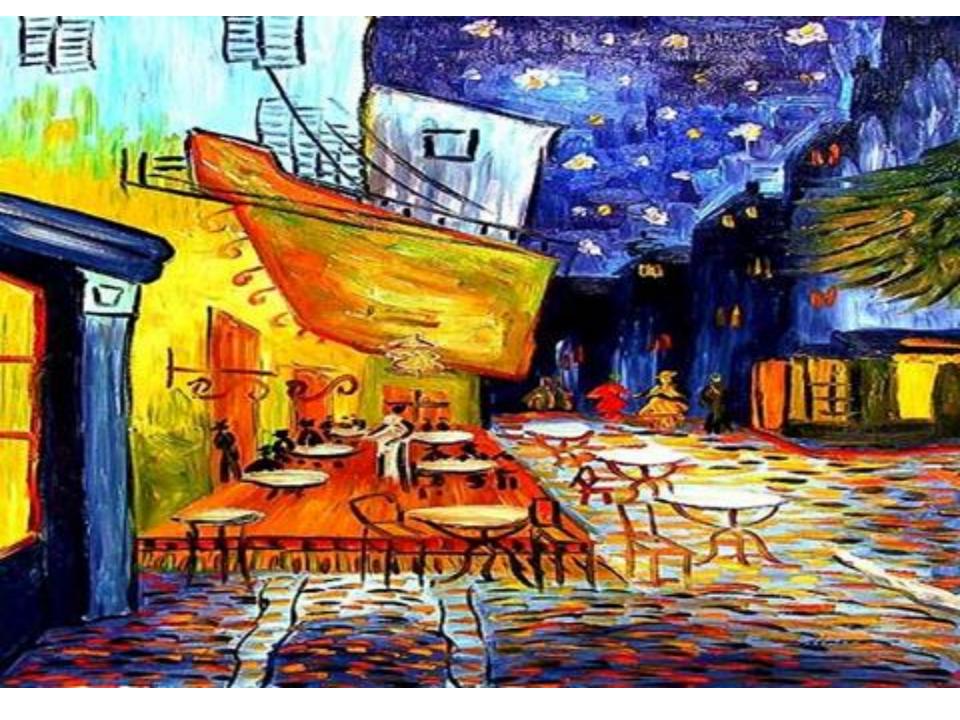
Common methods for parasitological diagnosis of malaria

The two methods common in use:

1: Light microscopy

2: Rapid diagnostic tests (RDTs).



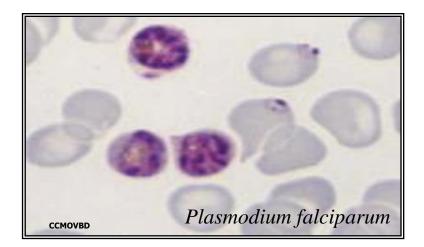


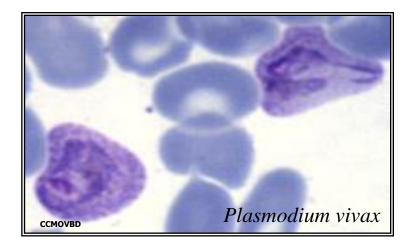
Microscopy is the gold standard for diagnosis of malaria

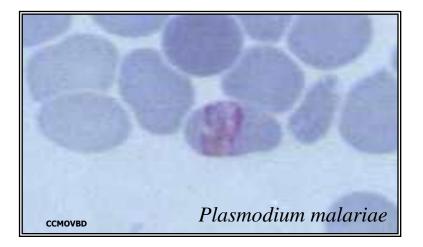
- Parasite density
- Species diagnosis
- Monitoring response to treatment

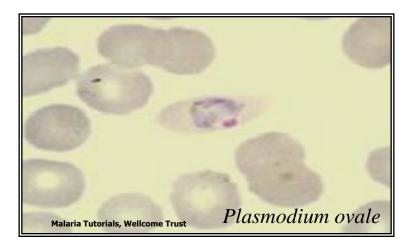


Laboratory diagnosis of malaria







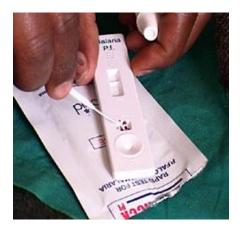


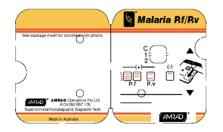
Laboratory diagnosis of malaria

Rapid diagnostic tests detect malaria antigens

The products come in a number of formats:

- Plastic cassette
- Card
- Dipstick
- Hybrid cassette-dipsticks

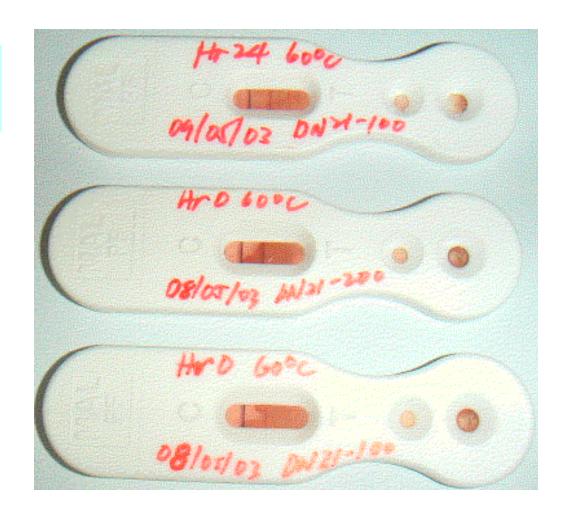




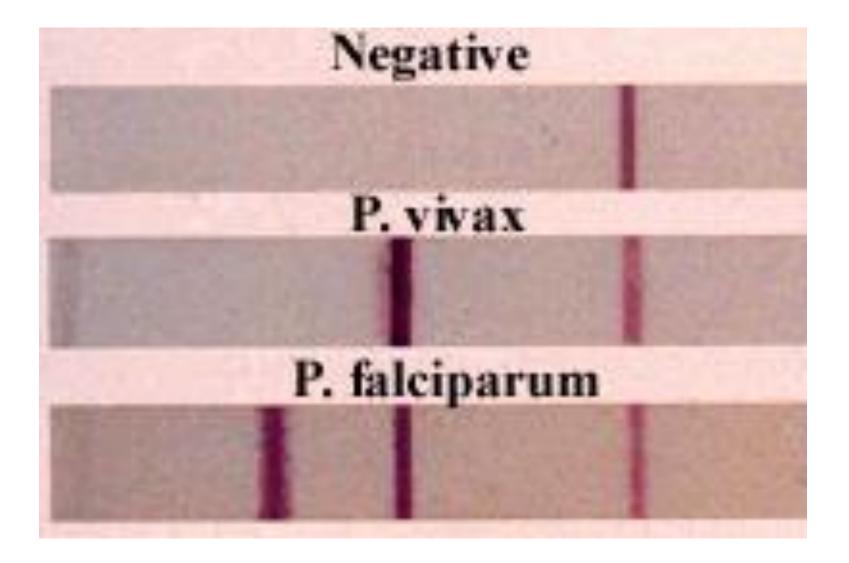


Rapid diagnostic tests detect malaria antigens

Plastic cassette format of RDT



Rapid diagnostic tests detect malaria antigens



ACTION OF ANTIMALARIAL DRUG IN THE DIFFERENT LIFE STAGES OF THE MALARIA PARASITE

