Malaria Control Programme

Introduction

Limpopo is at the southern extreme of malaria distribution in Africa. Historically, the entire Limpopo was at risk of Malaria. Through targeted and sustainable Malaria Control interventions over a period of 65 years, malaria is now restricted to the eastern & northern low-lying areas of Mopani & Vhembe districts. These areas are prone to frequent explosive epidemics during the summer rainy season. Areas in southern Sekhukhune and western Waterberg are also prone to low-intensity focal outbreaks during the summer rainy season.

Malaria is viewed as a priority disease in Limpopo, due to its potential to cause epidemics, with accompanying high morbidity and mortality. In order to control Malaria in Limpopo, the Department has the following strategic objectives:

- To reduce and keep the incidence of malaria at the lowest practical level through indoor residual spraying.
- To reduce the malaria case fatality rate to 0.5% by 2013.

The major strategies used in the Malaria Control programme are:

- To plan and implement preventative vector control measures, on the basis of malaria surveillance information (Intensive indoor residual spraying using both dichlorodiphenyltrichloroethane (DDT) and pyrethroids).
- To predict and detect epidemics early, in order to prevent and contain them.
- To inform our communities through health promotion about the prevention of malaria and early treatment seeking behaviour.
- Strengthen regional collaboration on malaria control.
- The provision of early diagnosis and prompt treatment to malaria patients (case management and the treatment of uncomplicated malaria with artemisinin combination therapy [ACT]).

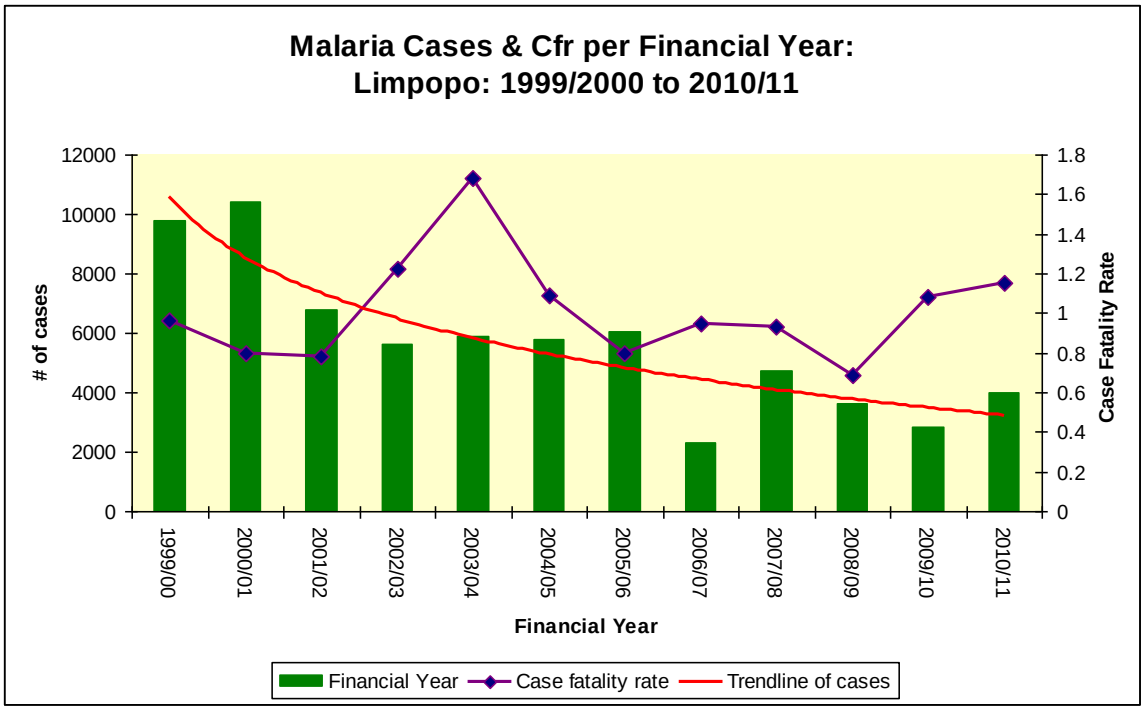
Epidemiology of Malaria in Limpopo

Malaria is endemic in the low-altitude areas of the northern and eastern parts of Limpopo along the border with Mozambique and Zimbabwe. Malaria transmission is distinctly seasonal, with transmission limited to the warm and rainy summer months (September to May); hence malaria is unstable and epidemic-prone. These seasonal epidemics are mostly as a result of favorable climatic conditions, including floods and droughts, which are conducive to mosquito breeding and parasite development. Increase in malaria drug resistance and movement of people between risk areas and control areas are also major contributing factors to increased malaria transmission. A major threat to the success of the Limpopo malaria control programme is the lack of control activities across our country borders in Zimbabwe & Mozambique.

Over the past 12 Financial years, malaria cases have declined from around 10,000 per year, to less than 5,000 cases over the past three years. The malaria case fatality rate has remained at higher levels namely between 0.78 % in 2001/02 and 1.68 % in 2003/04.

Financial year	Notified Cases	Case Fatality Rate
1999/00	9797	0.96
2000/01	10423	0.8
2001/02	6778	0.78
2002/03	5619	1.22
2003/04	5918	1.68
2004/05	5777	1.09
2005/06	6065	0.8
2006/07	2305	0.95
2007/08	4735	0.93
2008/09	3628	0.69
2009/10	2860	1.08
2010/11	4002	1.15

All malaria cases are notified to the malaria control programme. Case information is entered into a database that is used for monitoring the malaria distribution in the province and evaluate malaria control operations. A definitive diagnosis, either through bloodsmear or through a rapid malaria diagnostic test is used at all levels of health care.



Malaria Control Operations

The main Malaria Control Intervention is the indoor residual spraying programme. This activity is carried out by malaria spray teams, divided into geographical areas called sectors. The malaria control programme has 42 malaria teams that are responsible for the spraying of more than 955,000 structures each year. The spraying of houses with residual insecticides has been very successful in reducing the prevalence of the malaria vector mosquitoes. Risk areas to be included for indoor residual spraying are determined through entomological and epidemiological data. The indoor residual spraying programme in Limpopo is one of the most successful disease prevention programmes which are operational at community level. As all community members are at equal risk of contracting malaria, this intervention provides appropriate protection at this level. The Malaria control is Managed from the Provincial Malaria Control unit, based in Tzaneen.

Disease Management

In order to reduce the development of severe and complicated malaria and to prevent malaria deaths, the timely identification and treatment of patients with malaria is critical. All the Primary Health Care facilities and Hospitals in Limpopo are equipped to diagnose malaria through a bloodtest and commence treatment. In line with National and International recommendations, the first line treatment administered to all uncomplicated malaria cases is an artemisinin based combination therapy [ACT]. Complicated malaria cases are all referred to a higher level of care for appropriate management. Systems are in place to monitor drug efficacy on an ongoing basis. A major challenge remains the delay of patients seeking health-care when infected with malaria. These delays result in the development of severe and complicated malaria which in turn may lead to malaria related deaths.