EDITORIAL

MALARIA: PREVENTION OUTWEIGHS TREATMENT

With the recent climate changes, hospitals are facing high admission rates due to malaria. Patients are presenting with varying severities and complications of Vivax and Falciparum malaria in the form of thrombocytopenia, renal failure, disseminated intravascular coagulation, cerebral malaria and multi-organ failure. Most of the patients are cured if presented to hospital well in time, but some unfortunate ones may not make it through the disease and fall prey to either the complexities of the disease itself or the adverse effects of anti-malarials; cardiac toxicity being the gravest of all.

Malaria is a major health problem in Pakistan, with an annual incidence of 1.6 million cases.[1] Hospitals are focusing on providing free anti-malarial medications to patients suffering from malaria; doctors are focusing on treating malaria and its associated complications, but the question is whether treatment of malaria should be the priority or is it the prevention which demands attention?

Breathing air in the 21st century means that many diseases including malaria should have long been forgotten. But unfortunately, the vector, Anopheles mosquito is still abundant in most of the third-world countries in Asia and Africa inclusive of Pakistan. Treatment of malaria does not make the sufferer immune to another attack of the disease. In fact the very same patient can re-present to hospital soon after getting discharged by being bitten again by the vector. This grossly increases the burden of patients on government hospitals with limited resources. Since malaria treatment provides only cure for the disease but does not prevent future attacks, there is dire need to shift attention from treatment toward prevention, which will have more lasting effects on the community.

Use of insecticidal sprays, insect repellants, mosquito nets, free drainage of water and coverage of water reservoirs need more input from the health department. These serve as nurseries for the malaria vector which when ripe, is ready to infect thousands of people in the surroundings. Poor socioeconomic status, mass population movements within the country and across international borders, natural disasters and civil unrest, and low level of awareness about the mode of transmission of malaria also contribute to incomplete eradication of the disease. Drug resistance in parasites and insecticide resistance in vectors add to the existent hardships in malaria eradication.

Treatment is the final step in the malaria circuit. If the earlier stages of malaria transmission are blocked, malaria will be much easier to eradicate. This will not only reduce burden on hospitals and doctors, but will also improve quality of life of the masses.

REFERENCE

1. World Malaria Report, 2013.

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