

## **Suggested Club Bulletin Articles**

Malaria Awareness Day 30<sup>th</sup> April has two themes Public and Rotarian Awareness, and Membership Development.

Rotarians are busy people with many interests so getting them to absorb a lot of information about any subject is a challenge.

The following four articles provide some interesting information that could be used each week during April particularly in your Club Bulletin.

If you need any further information or assistance please check the RAM website [www.ramaustralia.org](http://www.ramaustralia.org)

### **1) Going Overseas – Malaria she'll be right?**

Did you know that the medication you take when travelling overseas won't prevent you getting Malaria?

If you get bitten by an infected mosquito you have Malaria. There is no vaccine available to prevent infection. Current medication slows the virus multiplying in your system and gives your body's natural defence time to build up and kill the parasite.

This could take up to four weeks after you return home.

It's easy to forget the need to continue with your medication when you return home, but it is essential that you continue as directed.

**“She'll be right?     Around 800 cases of Malaria are treated in Australia annually.**

For more information check the RAM website [www.ramaustralia.org](http://www.ramaustralia.org)

### **2) Malaria is not an Australian problem – WRONG**

Malaria is a naturally occurring disease in Australia.

It caused major problems in the past.

The first known report of the disease was an outbreak at Port Essington, on the north-western tip of Arnhem Land, Northern Territory, in 1843. Subsequent to the Port Essington outbreak it was widely reported in Australia from Gosford to the tip of Cape York on the east coast.

An outbreak of the disease occurred in Cairns in 1881. Malaria was endemic in Cairns and a number of epidemics were experienced there.

Late in the 19<sup>th</sup> and early 20<sup>th</sup> Centuries, Northern Australian experienced a number of malaria epidemics. Malaria flared in the Torres Strait islands in 1934 with a total of 987 notifications of vivax malaria in the month of June and there were also outbreaks in Queensland and the Northern Territory. In the same year in Western Australia “an explosive outbreak of falciparum malaria occurred at Fitzroy Crossing in 1934 which at first was mistaken for influenza and resulted in 165 deaths.” There were five epidemics in the Northern Territory, 1879-1881, 1908-1910, 1911, 1916-1921 and 1929-1933.

It would seem that the last major outbreaks of malaria on the Australian mainland occurred in Cairns during World War 2. In Cairns in four months 500 cases were recorded in 1942.

When thinking about these numbers we need to reflect on the relevant size of our population living in those areas at the time.

**Just because we are not aware of a problem does not mean it does not exist.**

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### **3) Mosquitoes - annoying pests or killers**

We have all had a restless night distracted by the buzz of Mosquitoes. In Australia we know that the worst that can happen is a few bites that may itch for a few days.

Imagine if you were a mother with a young baby in a similar situation in one of our neighbouring countries. When she hears the buzz she knows that if she or her baby gets bitten there is a real chance of serious illness or death. Mothers and babies are the most at risk as the young have minimal resistance and birth affects the mother's immune system.

The risk of infection from Malaria can be as high as 300 cases per 1,000 per year and in many cases even higher.

The provision of chemically impregnated Bednets provides excellent protection and greatly reduces the chance of infection. In parts of the Solomon Islands, for example, the use of Bednets and other efforts have reduced infection rates from over 300/1000/per annum to below 80/1000/pa and in some villages to as low as 20/1000/pa.

A \$10.00 chemically impregnated Bednet will provide protection for the mother and child for five years, \$1.00 each person /year. In heavily infected areas statistically it will save each of them from a case of Malaria and possible death.

**\$5.00 for 5 years protection is a great investment.**

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#### 4) Malaria – How Caused?

“When it comes to malaria, only one thing is guaranteed: Every evening in the rainy season across much of the world, Anopheles mosquitoes will take wing, alert to the odours and warmth of living bodies. A female Anopheles needs to drink blood every three days. In a single feeding, which lasts as long as ten minutes, she can digest about two and a half times her pre-meal weight – in human terms, the equivalent of downing a bathtub-size milk shake.

If she happens to feed on a person infected with malaria, parasites will accompany the blood. Two weeks later, when the mosquito flies through the open window of a mud hut, seeking her next meal, she’ll be loaded.

Inside the hut, a child is sleeping with her sister and parents on a blanket spread over the floor. The family is aware of the malaria threat; they know of the rainy season’s dangers. They’ve hung a bed net from the ceiling. But it’s a steamy night, and the child has tossed and turned a few times before dropping back to sleep. Her foot is sticking out of the net. The mosquito senses it, and dips down for a silent landing.”

**Note:** The above article was extracted from the July 2007 edition of National Geographic which included a special article titled, “Malaria – Stopping a Global Killer.”.