

P.vivax Malaria Cases in Mardin Province in 2012 – 2014

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OBJECTIVES

Particular attention has focused on malaria – historically one of Turkey’s leading infectious diseases. In 2005, a political decision was taken to interrupt indigenous transmission of all human Plasmodium species within the country by 2015, in line with the Tashkent Declaration. Malaria burden has been dramatically reduced and malaria transmission limited to just a few foci in the country where 38 indigenous cases were last reported in 2009. In 2010 nine and 2011 four autochthonous *P.vivax* cases were officially registered that were classified as relapsing (Figure 1).

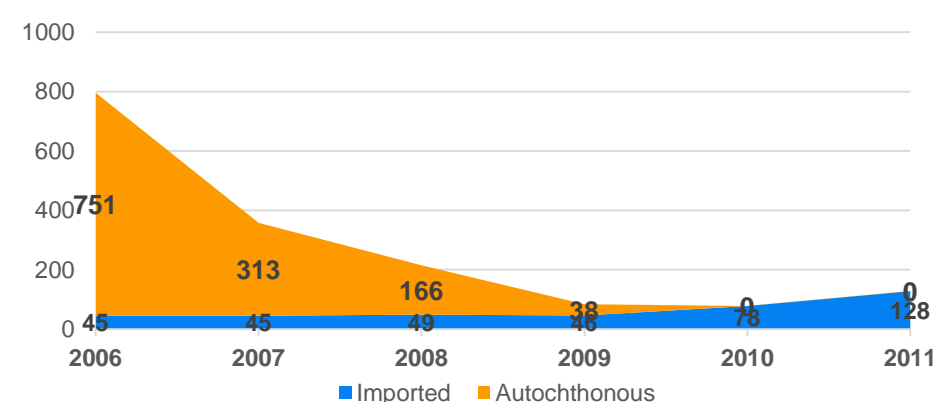


Figure 1. Malaria cases in Turkey, 2006-2011

In 2012 when, as a result of *P.vivax* importation by truck drivers coming to Turkey from endemic countries, and of a delay in the recognition of index cases, a malaria outbreak was registered in the province of Mardin. By mobilizing the malaria network and general health services, and by conducting a massive scale-up of control and surveillance interventions, the national malaria programme achieved a prompt containment of the outbreak.

Objective of this presentation is to present a comprehensive report of malaria cases reported during Mardin malaria outbreak in 2012 – 2014.

METHODS

Malaria has been a notifiable disease in Turkey since 1930. Data are processed manually at the peripheral level and by computer at the central level (Public Health Institution of Turkey of Ministry of Health), where national cases register and central malaria database have been established. All public and private health centres, hospitals and laboratories are considered to be the main source of primary malaria-related data. There is a case-based surveillance for malaria. Each malaria case is investigated immediately. Laboratory confirmation of each case by quality-assured/controlled laboratories and re-confirmation by National Malaria Reference Laboratory is performed.

Data is derived from the Zoonotic and Vector-borne Diseases Department of Public Health Institution of Turkey central database and National Malaria Reference Laboratory.

REFERENCES

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RESULTS

In 2012, a total of 219 laboratory-confirmed *P.vivax* malaria cases of which one imported and 218 without reported travel history to malaria-endemic areas were recorded within Mardin outbreak. Including imported case, male-30 years of age, 127 cases (58%) were male, 92 (42%) were female and 68.5% of the cases above 15 years old (Figure 2,3). In 2013, a total of 34 cases were reported, which were classified as relapsing cases, related to Mardin malaria outbreak in 2012. Twelve of them (35.3%) male, 22 (64.7%) female; %61,8 of them were above 15 years old (Figure 4,5). Neither new nor relapsing case reported in 2014.

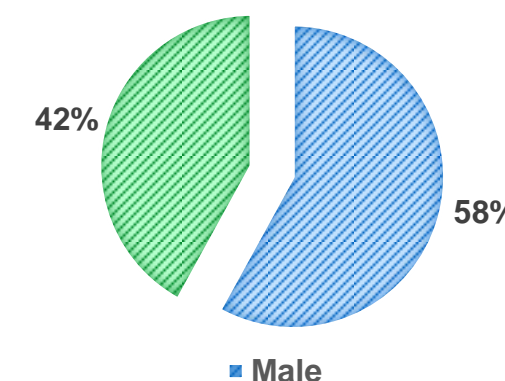


Figure 2. Gender distribution of Mardin malaria cases, 2012

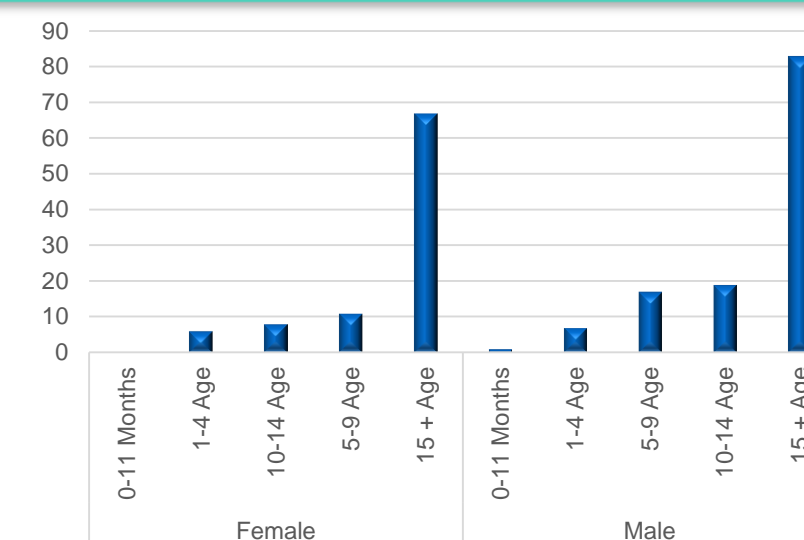


Figure 3. Age distribution of Mardin malaria cases, 2012

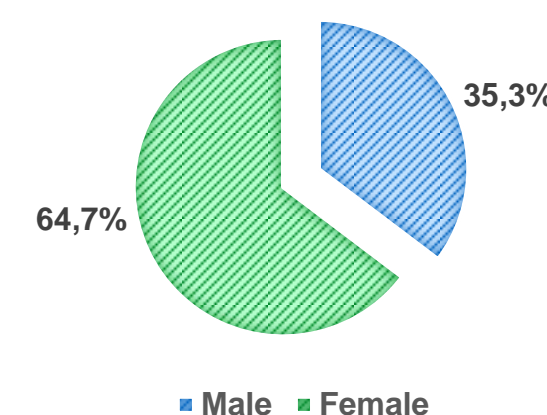


Figure 4. Gender distribution of Mardin malaria cases, 2013

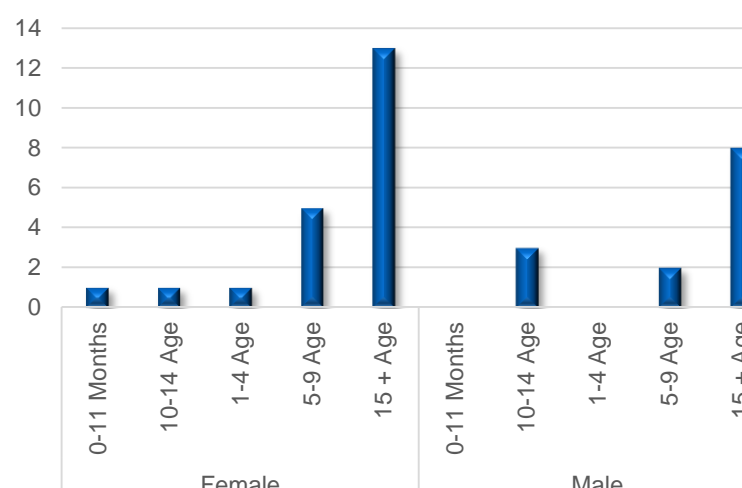


Figure 5. Age distribution of Mardin malaria cases, 2013

CONCLUSIONS

Mardin experience underlines the risks of malaria resurgence when malaria receptivity and vulnerability increase and the need for continuous monitoring by the national malaria control programme. Malaria elimination efforts should continue, paying attention to preventing the consequences of malaria importation in order to prevent a resurgence of infection.