

**O1157 Cases of severe *Plasmodium falciparum* malaria in non-immune travellers admitted to infectious disease hospital in Moscow**

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**Background:** Malaria remains the most important and widespread of the tropical diseases. Pregnant women, individuals who are immunocompromised and young children aged 6 months to 3 years living in endemic areas have a greater tendency to develop severe malaria. Imported cases to non-endemic countries like the Russian Federation often results to severe forms of the disease especially among non-immune travellers to endemic regions

**Methods:** Medical records of 62 patients (46 men and 16 women, aged 16–69 years) with confirmed falciparum malaria who were managed in the intensive care unit IDCH № 2, Moscow from 2007 to 2018 were evaluated. The verification of malaria was based on clinical, epidemiological data and microscopic examination of stained blood smears

**Results:** All cases of falciparum malaria were exported to the Russian Federation from endemic areas. They originated in West Africa (47 [76%]), East Africa (12 [19%]), North Africa (2 [4%]) and Central Africa (1 [1%]). The severity of falciparum malaria was mainly due to late hospitalization: 5-10 days after fever onset. Parasitemia levels at admission ranged from 2500 to 2701800 parasites/microliter. Cerebral malaria was the most common presentation 75% followed by acute renal failure (ARF) 10%, severe thrombocytopenia (7%), multiorgan failure dysfunction syndrome (5%), acute respiratory distress syndrome (3%). Approximately 10 and 8 percent of patients required blood component transfusion and renal replacement therapy, respectively. Patients were managed with adjunctive treatments such as aggressive fluid resuscitation. The median duration of ICU stay was 5 days. Patients who were discharged had satisfactory conditions. The overall mortality rate was 6.5%.

**Conclusions:** In our opinion, the determining factors for severe falciparum malaria in the studied non-immune patients who visited malaria-endemic regions were late hospital admission and parasite accumulation in organs. More effort is required to inform individuals travelling to endemic regions on the need to seek prompt medical assistance if the individual experiences fever days after returning and also the need for complete malaria chemoprophylaxis.

