The Guide to Malaria and Other Insect-Borne Diseases

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4th edition
The following advice is effective against mosquito-borne diseases, such as malaria, yellow fever and dengue fever, as well as those spread by other insects (fleas, ticks, flies, ants and spiders).

Prevention inside living quarters

The aim of prevention inside living quarters is to prevent all insects, and particularly mosquitoes in the case of malaria, from gaining entry. Insects cannot bite if they are not there.

1. **Windows and doors should ALWAYS be kept shut!**

2. **Window screens** should be used and checked regularly to make sure there are no holes. Ventilation gaps and bricks should also be screened.

3. **Air conditioning** is an excellent deterrent. Mosquitoes and many other insects are affected by the cooled air, which slows down their activity and reproduction.

4. **An electric diffuser or mosquito killer** in a room provides up to 45 nights (8 to 10 hours/night) of protection by slowly diffusing a harmless insecticide (allethrin or pyrethroids). Make sure you have the right plug or adapter for the country you will be living or working in. Some diffusers also work on batteries.

5. **Mosquito coils** that smolder also provide good protection. They are excellent insect repellents as well as good insect killers. They can be used in a tent, veranda or well-ventilated room. They provide 6 to 8 hours of protection. Use coils containing pyrethroids.

6. **Chemically treated bed nets** are the easiest, least expensive and most effective single method of preventing insect bites. They are excellent protection when sleeping outdoors or indoors. They should always be used, even when air conditioning is used. They must be retreated twice a year with deltamethrin or permethrin, which are excellent insect killers. Make sure they are not torn and do not forget to tuck the edges of the bed net under the mattress for maximum protection. To avoid their deterioration when not in use, bed nets must always be kept tied and closed over the bed. Using a chemically impregnated bed net reduces the risk of malaria in a malaria-infested region by 70%. They are ideal for protecting small children and pregnant women, who may not be able to take certain preventive malaria medications.
DOOR SHUT... SCREENS ON WINDOWS... AIR CONDITIONING ON...
DIFFUSER ON... COILS LIT...
CHEMICALLY TREATED BED NET!
HAVE I FORGOTTEN ANYTHING?
How do you catch malaria?

*Mosquitoes transmit malaria through the skin when they bite a person. Only the female mosquitoes bite to get blood to nourish their eggs. Although mosquitoes transmit the disease, they do not catch malaria.*

Mosquitoes that transmit malaria bite only at night.

Mosquitoes thrive in hot, humid climates and breed near or in water, particularly marshes, swamps, ponds and puddles, but also in standing water collected in any size container.

**MOSQUITOES = MALARIA RISK**
Mefloquine is taken at a dosage of one 250-mg tablet/week for adults. Mefloquine should be started 1 week before departure and continued during the trip and for 4 weeks after leaving the malaria-infested region. It can be used for long-term prevention.

Mefloquine is sold under the following trade names: Lariam® and Mephaquine®.

Mefloquine is a highly effective preventive medication against malaria that is easy to take because it requires only 1 tablet per week.

CAUTION: Get medical advice before taking mefloquine if you are already taking a beta-blocking or antidepressive drug or if you are being treated for a known medical problem. Mefloquine should not be taken by people suffering from epilepsy, psychiatric problems, cardiac conduction abnormalities, or severe kidney or liver failure.

Mefloquine has a reputation for causing numerous side effects. These may include fatigue, dizziness, headaches, insomnia, depression, memory loss or hallucinations. These side effects disappear when the medication is stopped. Because these side effects may alter performance, it has been recommended that mefloquine not be taken by pilots and people operating machinery.
Dengue fever affects an estimated sixty to eighty million people around the world each year. In its dangerous hemorrhagic form it causes about 30,000 deaths per year.

Dengue fever is endemic in all tropical regions. It is common in the Caribbean countries and in most parts of Central and South America. It occurs in India, Southeast Asia, the South Pacific including Australia and tropical Africa and has even been observed in the southern part of the USA.

After a 7- to 15-day incubation period, symptoms may include very high fever and severe aches and pains in joints and muscles, along with headaches, vomiting and insomnia. Severe fatigue can last for months.

There is no specific treatment for dengue fever other than purely symptomatic medications: paracetamol against fever (never take aspirin because of the risk of bleeding), medication against vomiting, bed rest, intravenous drip to rehydrate, etc.

Dengue fever also differs from malaria in that there is no preventive medication to take while traveling or living in an area in which the disease is endemic. Nor is there a vaccination.

Prevention of this disease is based entirely on insect bite prevention.
The recommendations and practices described in this brochure should be considered only as valuable advice. They cannot replace a personalized and adapted consultation by a medical professional. Therefore, the author disclaims all and any liabilities resulting from the implementation of the health prevention recommendations and practices described in this brochure, including but not limited to personal injury or illness.