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Malaria **Forgotten, Far From Gone**

Although modern medicine has come a long way since the days when a gin and tonic in the evening was your best chance of avoiding malaria, the disease still poses a real threat. Robb Leigh MD explains.

When your crew and guests arrive at Caribbean and some Mediterranean locations, they are often transfixed by the tropical setting and superb weather – rarely giving second thought to a disease considered old and nonexistent in the 21st century.

Contrary to popular belief, though, malaria is still very much alive today in most parts of the world, with the exception of North America, Europe, Russia, Australia, New Zealand and Japan. Malarious areas exist throughout Latin America, Africa and Southeast Asia – including Thailand, Myanmar, Cambodia and Indonesia. Half a billion new infections and one million deaths occur annually worldwide.

Transmitted primarily by mosquito bite, the disease causes flu-like symptoms including fever, chills, headache, body aches and generalised feelings of unwellness. Symptoms may appear as early as seven days after initial exposure, or as late as several months after leaving the malarious area.

However, the good news about malaria is that, despite its seriousness, transmission of the disease and death as a result of it are preventable.

Prevention is the key

Guests and crew travelling to Africa and Southeast Asia, in particular, should pay attention to mosquito bite prevention since the most deadly malaria parasite, *P. falciparum*, in these areas has developed resistance to the popular antimalarial drug chloroquine. Consider these preventative tips in any endemic area:

- Use only insect repellent containing 30–50 per cent DEET, which provides 12-hour protection (or consider Picaridin at seven to 15 per cent, which is effective but requires more frequent application).
- Cover as much skin as possible with a hat, long-sleeved shirts, trousers, socks and shoes.
- Impregnate clothing and bed nets with the insecticide.
- Seek screened or air-conditioned indoor accommodations.
- Spray rooms – especially bedrooms – with insecticides.
- Restrict outdoor activities, particularly at night.

While prophylactic (preventative) medications also lower the risks of contracting malaria significantly, they do not provide 100 per cent protection and often offer a false sense of security. Always consult your doctor regarding preventative medications and consider visiting the Centers for Disease Control and Prevention website (cdc.gov) regarding endemic areas, as well as recommended medical treatments that include atovaquone/proguanil, doxycycline, mefloquine, chloroquine and primaquine.



When docked in malaria-prevalent areas, guests and crew should also avoid adventures to rural areas where mosquito breeding grounds are common – as well as nighttime activities, such as strolls through wooded areas, when mosquitoes are most active. Even venturing into the heat in short sleeved shirts and shorts can increase risk. And although difficult to follow during work hours, crew should maximise time spent in screened and/or air-conditioned indoors to minimise risk.

If you suspect exposure to malaria

Any time a crewmember or a guest develops flu-like symptoms after having visited a malarious area, prompt medical advice is imperative. While several malaria self-tests are available, they require some medical knowledge to interpret the results correctly. The best route is to seek a medical evaluation, during which a diagnostic blood smear can be performed in hospital laboratories. With this test, the blood is microscopically analysed for malaria parasites.

Because malaria can affect multiple organs – causing anaemia, confusion, seizures, kidney failure, liver failure, coma and death – medical evaluation is critical.

After diagnosis

If malaria is diagnosed, treatment should promptly follow. The diagnosing physician will recommend a medication based on the geographical region visited, individual tolerance, allergy history and the availability and affordability of the medication. The same types of drugs that are prescribed for prophylaxis are also used for treatment. It is recommended, however, that a different drug be used for treatment, in an effort to avoid the emergence of drug resistance.

As always, prevention is the key; and, where malaria is concerned, it all begins with mosquito bite avoidance.

Image courtesy of Istockphoto.com

Ask the Doc

Q: Which over-the-counter (OTC) medications should I pack for long-haul travel?

A: It is always a good idea to pack OTC medications and natural remedies in your travel kit – especially ones that you cannot buy at your destination. Not only will these items provide extra relief when you are far from home but they will also help you avoid the hassle of crossing immigration with controlled substances.

Consider the following when packing:

- Ibuprofen and naproxen are anti-inflammatory medications that are useful for mild pain and fever control.
- Antihistamines can be used for minor allergic reactions and will work as a non-prescriptive sleeping aid.
- Melatonin helps you adjust to different time zones.
- Bacitracin, an antibiotic ointment, has proven utility, along with plasters (Band-Aids™) for minor wound care.
- Antibacterial hand gel helps stave off germs.
- Nasal swabs or spray help treat colds, allergies and the flu.
- Low-dose (children's) aspirin is recommended in cases of suspected (or confirmed) heart attack.

When in doubt, if your situation does not improve or if you have a question, contact a doctor or remote medical adviser. Lastly, remember to pack only OTC medications that you have used before to avoid unexpected allergic reactions or other side effects.

Paulo Alves MD

Have a medical question? Email info@thecrewreport.com and the response to your question may appear in a future issue of TCR.

Burn Kit

The chances of your crew encountering a burn – thermal, chemical or electrical – are great, especially considering their interactions with cleaning agents, electrical devices, coffee pots and even the sun. Cold, running water and a burn kit are your best lines of defense in treating a burn onboard. Often located in the engine room, galley and even tenders, burn kits should contain supplies ranging from burn dressings, gels and cold compresses to creams, sterile burn sheets and protective supplies for the first responder. A supplement to your existing onboard medical kits, a portable burn kit makes for easy identification of burn-specific medical supplies in a single location. Many burn kits also include important first aid instructions. Kits generally start from €70 (\$98) and up.



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