

CDC and Malaria in the United States

The U.S. was once a malaria-endemic country, but in 1951, malaria was declared eliminated here. Now approximately 1,500 malaria cases and five deaths are reported in the United States annually, mostly in returned travelers.

The Centers for Disease Control and Prevention (CDC) helps protect the health of Americans who travel to countries with malaria transmission and also helps prevent malaria's reintroduction in this country by

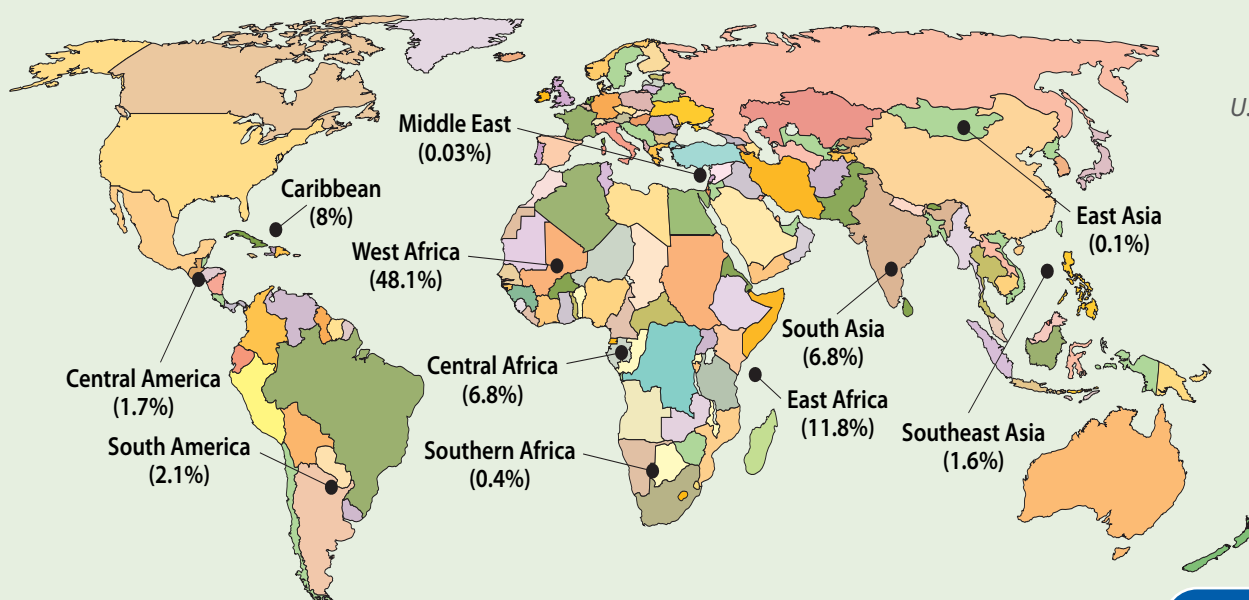
- Monitoring the frequency and distribution of malaria cases in U.S. residents and visitors.
- Providing information to health-care providers and the public about antimalarial drugs and other measures to protect them from malaria infection when traveling abroad.
- Offering clinical advice and epidemiologic assistance on the treatment, control, and prevention of malaria.
- Providing information to blood collection centers about where malaria occurs so donors can be appropriately screened.
- Investigating local outbreaks of malaria.
- Assessing global antimalarial drug resistance through surveillance of U.S. malaria cases.



Malaria Surveillance

Malaria is a nationally notifiable disease. CDC tracks imported laboratory-confirmed malaria cases that are reported by health-care providers to their local, state, and territorial health departments, and transmitted to CDC through the National Malaria Surveillance System. CDC experts/scientists review all reports. All cases reported as acquired in the United States are investigated further, including cases acquired through blood transfusion or accidental transfer of blood products between individuals.

The information is summarized annually and reported in CDC's *Morbidity and Mortality Weekly Report*. This malaria surveillance summary typically contains information on age, purpose of travel, type of malaria and species, region of acquisition and diagnosis, resident status for imported malaria, estimated relative case rates for U.S. residents, interval between arrival in the U.S. and illness onset, chemoprophylaxis use among U.S. civilians, and imported malaria among U.S. military personnel. Reported deaths and transfusion-acquired cases are more detailed. Additionally, selected case reports are highlighted.



Regions where malaria cases diagnosed in the U.S. were acquired.

Center for Global Health
Division of Parasitic Diseases and Malaria



Malaria Clinical Consultation

CDC malaria specialists provide a 24-hour emergency clinical consultation service for health-care providers who need assistance with diagnosis or management of suspected or confirmed cases of malaria. Our doctors provide assistance to physicians, nurses, pharmacists, and laboratorians in almost every type of health-care setting nationwide.

The clinicians are also responsible for the release of parenteral artesunate for the treatment of severe malaria under an investigational new drug protocol. The only parenteral drug approved to treat severe malaria in the U.S. is quinidine, a drug historically used as an antiarrhythmic. However, quinidine has become less available in U.S. hospitals with the advent of newer, less toxic antiarrhythmic drugs, necessitating the availability of a parenteral antimalarial alternative such as artesunate.

CDC also develops risk-based malaria prevention guidelines for U.S. travelers, which appear in the biennial CDC publication, Health Information for International Travel (the "Yellow Book"), and on the CDC malaria website, and investigates ways to improve the effectiveness of malaria prevention efforts among high-risk U.S. travelers. Additionally, we post notices about any confirmed malaria outbreaks on the malaria website. A subscription e-mail notification service is also available on the website which automatically notifies subscribers about outbreaks or any other changes to the malaria website.

Blood Donor Screening

The U.S. blood supply is kept as safe as possible from infectious diseases, including malaria, through strict Food and Drug Administration (FDA) screening guidelines for accepting or deferring donors who have been in malaria-endemic areas. Because of these control measures, malaria transmitted through blood transfusion is very rare in the United States and occurs on average once every other year. FDA screening guidelines advise deferring blood donations from most travelers to malaria-endemic areas for 1 year after return. Former residents of areas where malaria is present are deferred for 3 years and people diagnosed with malaria cannot donate blood for 3 years after treatment, during which time they must have remained free of symptoms of malaria.



Malaria Maps

CDC has produced the CDC Malaria Maps, https://www.cdc.gov/malaria/travelers/about_maps.html/, which provide information on malaria transmission throughout the world. Users can get information about where malaria transmission occurs and see prevention recommendations for that area. These maps complement other travelers' health resources currently available on the CDC Travelers' Health website at www.cdc.gov/travel.

CDC Malaria Hotline: 24/7

The Malaria Hotline serves the public, health-care providers, blood collection centers, and others who need information about malaria.

- Callers typically have questions about where malaria occurs, how to reduce malaria risk, and what to do if malaria infection is suspected. Callers are able to speak with a public health professional with experience and training in malaria; most calls are returned the same day or within 24 hours.
- Calls from health-care providers are triaged through the hotline, with malaria clinicians being immediately connected to urgent calls from health-care providers seeking assistance with diagnosing or treating a case of malaria.



In 2013, CDC received an estimated 6,000 telephone inquiries about malaria, most via the hotline, and approximately 500 emails.

From 9 am through 5 pm EST, call the CDC Malaria Hotline at 770-488-7788 or 855-856-4713 toll-free. For after-hours emergencies, call 770-488-7100.

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