



Malaria bugs SA businessmen in search of trade

THE hidden costs of doing business with Africa are permeating through to the business community.

Dozens of businessmen venturing into Mozambique, Zambia, Kenya and Malawi have been laid low by malaria and hepatitis, forcing some companies to rerate the risk of sending executives to these areas.

Clinics in upmarket suburbs confirm an increase in the number of hospital cases of malaria. Many patients were bitten by mosquitoes while on business trips. The increase in the incidence of malaria follows good rains in Southern Africa.

A Sandton Clinic spokesman reports an increase in the number of malaria patients in the past few months. "Many people contracted the disease in neighbouring countries where there are poor controls."

If not recognised and treated within a few days, complications, including cerebral malaria, can develop, often with fatal results, says a physician.

South African Foreign Trade Organisation (Safto) spokesman Andrew Mags advises businessmen to observe health regulations when going to African countries.

Safest

"In addition to taking prophylactics against malaria it is advisable to get hepatitis shots — three over six months — and to check whether cholera and yellow fever have been prevalent in the area to be visited. In the case of malaria it is essential to continue treatment on return to South Africa."

Sales of prophylactics have risen sharply, says Anja Gruttke, manager of Wellcome's over-the-counter products division. Wellcome makes two commonly used

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anti-malaria prophylactics, Maloprim and Daraclor.

However, these drugs are not recommended by the Department of National Health. Daraclor is ineffectual against chloroquine resistant parasites and Maloprim's efficacy is in doubt.

But the department says chloroquine is still one of the safest, most effective anti-malarials. Where there is resistance to chloroquine, a cocktail of chloroquine (sold under the brand name of Nivaquine) and Proguanil — not registered in South Africa — is recommended. Proguanil can be bought in most Southern African countries.

Maloprim, a combination of pyrimethamine and dapsone, is recommended by the Zimbabwe health authorities.

Because of the emergence of resistant strains, Wellcome advises travellers to check the best preventative medicine with the health authorities of the country they are visiting.

The Department of National Health says malaria usually develops 10 to 30 days after a bite by an infected mosquito. The period can be longer if the parasites are resistant to prophylactics.

The initial symptoms are a flu-like illness with shivering, headache, fever, muscular pains, sweating, nausea, diarrhoea and fatigue.

The World Health Organisation says 110-million clinical cases of malaria occur each year. Most cases are in sub-Saharan Africa.