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Malaria imported into the UK: 2020 and 2021

UK Health Security Agency publishes 2020 and 2021 imported UK malaria cases

UK Health Security Agency have published details of malaria cases imported into the United Kingdom (UK) for [2020](#) [1] and [2021](#) [2]. As malaria is a travel-associated infection in the UK, as expected the overall case numbers were lower in 2020 and 2021 compared to previous years, due to the impact of the COVID-19 pandemic on worldwide travel.

In 2020, a total of 564 cases of imported malaria were reported in the UK. Cases were reported in England (538), Scotland (20), Wales (2) and Northern Ireland (4). The number of cases reported for 2020 was 67% lower than reported in 2019 (1,719 cases) and 62% below the mean number of 1,492 cases reported annually between 2011 and 2020. There were five UK deaths reported, all from falciparum malaria acquired in Africa: Eastern Africa (2), Western Africa (2) and Middle Africa (1). For three of these cases the history of malaria prophylaxis was known; one had not taken any prophylaxis, one took intermittent prophylaxis, and one was reported as taking a drug recommended for prophylaxis with regular adherence [1].

In 2021, a total of 1,012 cases of imported malaria were reported in the UK. Cases were reported in England (954), Scotland (29), Wales (21) and Northern Ireland. The number of cases reported for 2021 was 79% greater than reported in 2020 and 29% below the mean number of 1,425 cases reported annually between 2012 and 2021. There were three UK deaths reported in 2021, all from falciparum malaria. Of the three cases, one travelled to Southern Africa, but possibly other countries, one travelled to Eastern Africa and the other to Middle Africa. For two of these cases the history of malaria prophylaxis use was known: in one case no prophylaxis was taken, in the other an unknown herbal medication was taken [2].

Country-specific information can be found on our [Country Information pages](#) and [Outbreak Surveillance section](#).

Advice for travellers

Before you travel

Pre-travel advice should be sought, ideally 4-6 weeks prior to travel; although last-minute advice is still useful if time is short.

Individual country-specific malaria risk and prevention advice is available in the [Country Information pages](#) and [Outbreak Surveillance database](#).

While you are away

If you are visiting a malaria risk area, ensure that you follow all the important steps for malaria prevention [3]:

- A** - Awareness of the malaria risk at your chosen destination
- B** - Bite prevention
- C** - Chemoprophylaxis (use of appropriate malaria prevention tablets*)

D - Diagnosis, if you develop [symptoms of malaria](#) you should seek prompt medical advice without delay

***If taken as prescribed, modern prevention methods are highly effective (more than 90% protective) and can greatly reduce your risk of dying. It is also essential that you avoid mosquito bites and seek prompt advice if you develop symptoms.**

Further [advice for travellers about mosquito bite avoidance](#) is available.

When you return

Some types of malaria can make you very ill and can be life-threatening. Suspected malaria is a medical emergency. If you or any of your family has a fever or flu-like illness after being in a country with malaria, you must seek immediate medical attention that day. Tell them where you have travelled to, mention malaria and ask to be tested for it. Remember you could still have malaria even up to a year after a trip to a malaria-risk region [3].

Advice for health professionals

Some types of malaria can progress to be severe and life-threatening if not quickly treated [1]. Malaria should be suspected in anyone with a fever or a history of fever returning from or having previously visited a malaria endemic area, regardless of whether they have taken prophylaxis.

The minimum incubation period for naturally acquired infection is six days. Most patients with *Plasmodium falciparum* infection present in the first month or months after exposure; almost all present within six months of exposure. Vivax or ovale infections commonly present later than six months after exposure and presentation may be delayed for years [4].

If a traveller's itinerary included travel to a malaria endemic area, they must have a blood test result for malaria on the same day. Information for health professionals about blood tests and how to request them in the UK is available from the UK Health Security Agency [Malaria prevention guidelines for travellers from the UK](#) (page 52).

All malaria-positives, acquired in any geographical area, should be confirmed by the [Malaria Reference Laboratory](#).

Resources

- [Country Information](#)
- [Outbreak Surveillance](#)
- [UK Health Security Agency ACMP: Malaria prevention guidelines for travellers from the UK 2022](#)
- [Malaria factsheet](#)
- [Visiting friends and relatives abroad: advice for travellers](#)
- [Mosquito bite avoidance: advice for travellers](#)

References

1. UK Health Security Agency. Malaria imported into the UK: 2020 [Accessed 13 June 2023]
2. UK Health Security Agency. Malaria imported into the UK: 2021 [Accessed 13 June 2023]
3. UK Health Security Agency. ACMP Malaria prevention guidelines for travellers from the UK 2022. Updated 23 April 2023. [Accessed 13 June 2023]

4. [UK Health Security Agency \(formerly Public Health England\) Advisory Committee on Malaria Prevention in UK Travellers, UK malaria treatment guidelines 2016 \[Accessed 13 June 2023\]](#)