## **GAUTENG TRAVEL CLINICS**

**Presenter: Pinkie Kumalo** 

28 August 2025









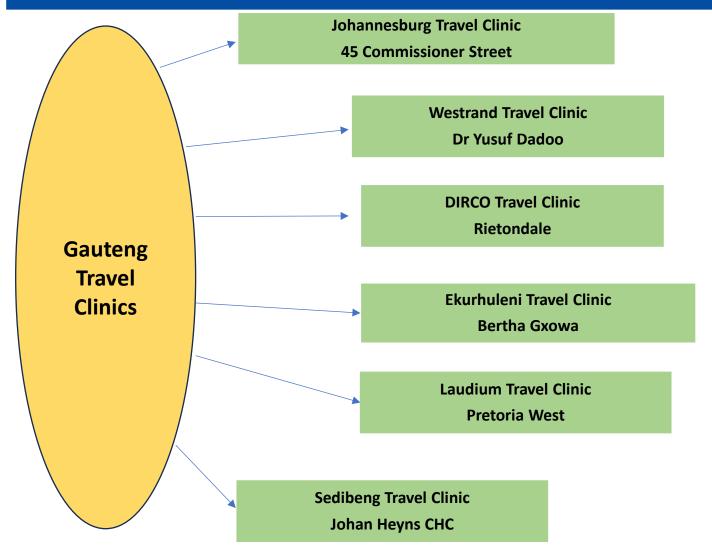
#### **Presentation Background**

- Introduction and background
- List of Gauteng Travel Clinics
- Malaria Diseases Trends in Gauteng
- Who is our Client
- Strategies used to promote Free malaria Chemoprophylaxis
- Malaria Chemoprophylaxis Uptake Trends in the Travel Clinics (2024)
- Challenges regarding Chemoprophylaxis uptake
- Challenges/Myths and Social Behaviours
- Solutions





## Gauteng Travel Clinics that advocate for malaria chemoprophylaxis



#### AIMS:

To prevent travel related communicable diseases of international concern, Promote safety aspects of specific destinations and apply specific interventions post travel.

#### **OBJECTIVES:**

- Administer pre-travel vaccines and chemoprophylaxis. Provide Health Education.
- Issue required International Certificate of Vaccination.





## Free Malaria Chemoprophylaxis Background

- MALARIA ELIMINATION STRATEGIC PLAN FOR SOUTH AFRICA 2023-2027
- South African Malaria Elimination Committee (SAMEC)
- "Malaria Chemoprophylaxis should be distributed for free to local people travelling to endemic places".
- NOTICE: MALARIA PROPHYLAXIS WITH ORAL DOXYCYCLINE: TRAVEL TO MODERATE OR HIGH-RISK AREAS OUTSIDE SOUTH AFRICA
- PRIMARY HEALTHCARE LEVEL STG CHAPTER 10: INFECTIONS AND RELATED CONDITIONS
- Travelers in South Africa depend on public health sector facilities to obtain malaria chemoprophylaxis
- included in the PHC / Adult National Essential Medicines List.
- The primary target for chemoprophylaxis would be South African residents (and mobile and migrant populations regularly staying in South Africa) traveling to and from higher risk malaria countries.





## Doxycycline as Malaria Chemoprophylaxis Background(continued)

- Mobile and migrant communities residing in Gauteng that frequently visit higher risk malaria areas (e.g. Mozambique), who could be reached e.g. via long-distance minibus taxi ranks.
- This will evolve with time, as health promotion is scaled up, the programme matures and demand increases.

# Introduction of doxycycline as Malaria Chemoprophylaxis





Reference: AMD/15 JAN24

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#### NOTICE: MALARIA PROPHYLAXIS WITH ORAL DOXYCYCLINE: TRAVEL TO MODERATE OR HIGH RISK AREAS OUTSIDE SOUTH AFRICA

The Primary Healthcare Level and Paediatric Hospital Level Standard Treatment Guidelines (STGs) and Essential Medicines List (EML) currently recommends malaria chemoprophylaxis from the age of 8 years with oral doxycycline for persons intending to travel to a moderate- or high-risk malaria endemic areas. It is important to note that moderate to high-risk malaria areas may include places which are located both in and outside of South Africa. Therefore, prophylaxis with oral doxycycline should be provided to all eligible persons traveling to a moderate-risk malaria endemic area in South Africa, between September and May, and to those who intend to travel to a malaria endemic country outside of South Africa. This should be done in conjunction with other malaria preventive measures as indicated in the STGs and EML, in accordance with the National Guidelines for the Prevention of Malaria (2018).

Please refer to the recently updated Primary Healthcare Level STGs and EML, 2020, Chapter 10, section: 10.7.3 MALARIA PROPHYLAXIS and the Paediatric Hospital Level STGs and EML, 2023, Chapter 8, section: 8.9.4 MALARIA PROPHYLAXIS for the complete guidance. The STG guidance for medicine treatment is provided below.

Please refer to the recently updated Primary Healthcare Level STGs and EML, 2020, Chapter 10 section: **10.7.3 MALARIA PROPHYLAXIS** and the Paediatric Hospital Level STGs and EML, 2023 Chapter 8, section: **8.9.4 MALARIA PROPHYLAXIS** for the complete guidance. The STG guidance fo medicine treatment is provided below.

#### PRIMARY HEALTHCARE LEVEL STG CHAPTER 10: INFECTIONS AND RELATED CONDITIONS

#### MEDICINE TREATMENT

#### **Prophylaxis**

#### CAUTION

Immunocompromised patients, pregnant women and children <8 years of age should avoid visiting malaria-endemic areas, as they are more prone to the serious complications of malaria.

However, if this cannot be avoided, malaria chemoprophylaxis should be considered (as recommended by the National Guidelines for the Prevention of Malaria (2018) found at: <a href="https://www.nicd.ac.za/wp-content/uploads/2019/03/National-Guidelines-for-prevention-of-Malaria updated-08012019-1.pdf">https://www.nicd.ac.za/wp-content/uploads/2019/03/National-Guidelines-for-prevention-of-Malaria updated-08012019-1.pdf</a>

However, as only doxycycline is provided in the public sector, alternative options for pregnant women and children <8 years of age need to be purchased in the private sector.)

#### Non-pregnant adults:

- Doxycycline oral, 100 mg daily.
  - Take from 2 days prior to entering endemic area until 4 weeks after exiting the endemic area.

#### Children ≥8 years of age:

- Doxycycline oral, 2 mg/kg/dose daily.
  - Take from 2 days prior to entering endemic area until 4 weeks after exiting the endemic area.

Note: Doxycycline is contra-indicated in pregnant women, and in children <8 years of age.



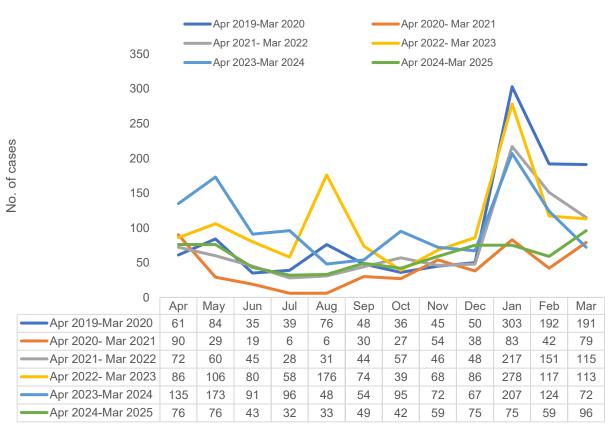








#### MALARIA CASES REPORTED IN GAUTENG PROVINCE, APR 2019-MAR 2025



Months

#### Malaria cases reported in Gauteng, 2024-2025

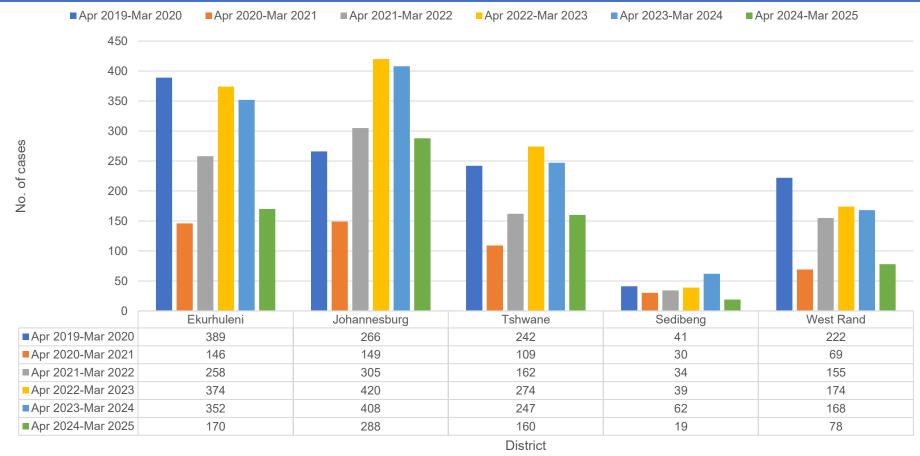


- From Jan to Jul 2024, a total of 632 cases were reported with 6 deaths while from Jan to Jul 2025, a total of 495 malaria cases were reported with 3 deaths.
- There is a noted 22% percentage change in the number of cases from Jan to
   Jull 2024 as compared to the previous year same months.





#### MALARIA CASES BY DISTRICTS, 2019/2020- 2024/2025



- A decrease in the number of cases has been noted as compared to the previous financial year
- A total of 715 cases reported in 2024/2025 compared to 1,237 (2023/2024); 42% decrease in percentage change





## MALARIA DEATHS BY DISTRICTS, 2019/2020- 2024/2025







#### Who are we targeting

- Anyone traveling to Malaria Endemic Countries (Malaria Risk Maps)
- Companies who deploy their employees to Malaria Endemic areas (Mining, Engineering)
- Disaster management Teams and Emergency Medical Services
- Intergovernmental Departments (DIRCO)
- Communities visiting our PHC and Travel clinics
- Mobile and migrant communities residing in Gauteng that frequently visit higher risk malaria areas (e.g. Mozambique)









# Chemoprophylaxis







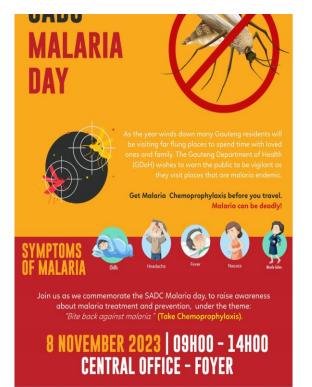


#### Strategies used to Promote Free Malaria Chemoprophylaxis

- Health Education and awareness at different levels of Health care (Facilities)
- Malaria Campaigns
- Township Informal Settlements and Hostels (TISH)
- Corner To Corner (330 PHC Clinics)
- Bus and Taxi Ranks Visits
- District Health campaigns
- Malaria Day Celebrations
- Annual malaria Case Management Workshops
- Webinars
- Creating awareness during malaria season (Social Media platforms)
- Health Education drives at Health Facilities

Malaria
Campaigns
(Community
Based)





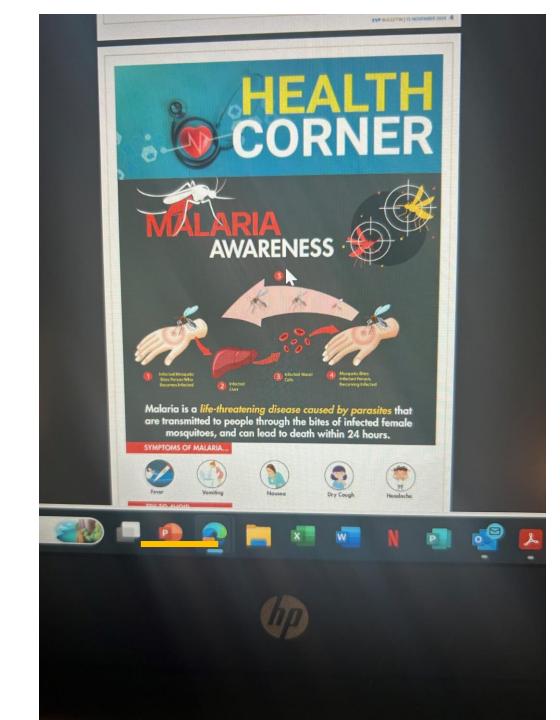






# **Digital posters**



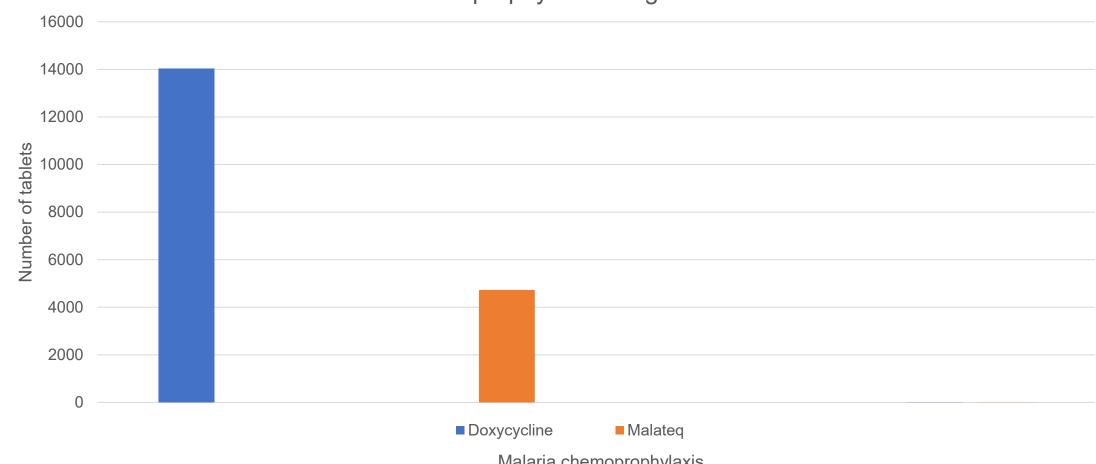






## Malaria chemoprophylaxis (Doxycycline still a treatment of choice)





Malaria chemoprophylaxis





## **Problems With Malaria Chemoprophylaxis in general**

- Choose not to take
  - oadverse effects
  - o"myth"
  - Contraindications
- Incorrect agents/regimens
- Non-adherence





## **Challenges to Chemoprophylaxis uptake**

- Not everyone is compatible to Doxycycline (Profile of recommended Antimalarials)
  - Mode of action
  - Type of regimen (affects the duration)
  - Destination ( Place of therapy and recommended regimen)
  - Type of Species (Should be considered)
  - Special Precautions and Contraindications (Chronic Conditions, Children and pregnant women)
- Dosage and availability of treatment for Children (hetovanil-paed-62.5-25mg-tabs-12/p/107663EA is available however recalled for labelling





#### **Challenges/Myths and Social Behaviours**

- Shorterm travelers avoid taking Chemoprophylaxis
- Travelers associate taking Doxycycline with Liver Damage
- Poor Adherence to treatment with early discontinuation of treatment post travel
- Compliance affected
  - Skipping doses (Busy schedules, forgetfulness or just undermining the importance)
  - Risky behaviors (Gin and Tonic)
  - Cultural beliefs (Associate Malaria Disease with witchcraft and use of traditional remedies resulting in late access to healthcare)
  - Lack of knowledge and ignorance relating to treatment (Antibiotic Vs Malaria Chemo)
- Limited access to unregistered and illegal bus ranks





#### **Solutions**

- Community education and engagement with tailored messages
- Continuous training of Health Promoters
- Continuous training of Health Professionals (Importance of antimalarials before travel)
- Workshops and Webinars
- Campaigns especially during travel seasons
- Education companies dealing with emigrants
- Inclusion of other regimen to cover everyone in need of Malaria Chemoprophylaxis
- Readily Availability of pediatric malaria Chemoprophylaxis
- Improve collaboration with other Provinces and the BMA
- Reaching more bus and taxi ranks (Registered and Legal)
- Collaboration with Long Distance Taxi Ranks





## **Acknowledgements**

- Amayeza Information Services
- NICD
- Public Health Directorate
- GautengTravel Clinics



