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## EDITORIAL: MALARIA SURVEILLANCE IN AUSTRALIA

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Every year 700-800 cases of imported malaria are notified in Australia<sup>1,2</sup>. Many of these infections are acquired overseas by Australian residents travelling in malaria endemic areas; other cases occur in migrants and visitors from countries with endemic malaria. Traditional movement between Papua New Guinea, the islands of the Torres Strait and northern Australia is an important factor in malaria importation<sup>3</sup>.

Although in recent years the highest population rates for the notification of malaria have been recorded for Far North Queensland and other parts of northern Australia<sup>1,2</sup>, cases are diagnosed in all parts of the country.

Disproportionate numbers of cases occur in males, with a male:female ratio of 2.4:1 over the last five years. Especially predominant are males in the age range 15-29 years. It is not clear whether this is related to greater numbers of young male travellers from endemic areas (including residents returning from

abroad and students from countries to our near north coming to educational institutions in northern Queensland and the Northern Territory) or to behavioural factors affecting exposure and prophylaxis.

Conditions suitable to maintain endemic malaria continue to exist in parts of Australia north of latitude 19°S. Consequently, effective surveillance measures must be maintained, especially in these 'malaria-receptive' parts of the country, to rapidly detect and appropriately manage cases of malaria. In northern Queensland and the Northern Territory, procedures are in place to ensure timely notification of cases and thorough follow-up, accompanied by appropriate measures to control possible vectors.

In addition to facilitating effective control in 'malaria-receptive' areas, surveillance also serves a number of other important functions in Australia as a whole. International obligations require regular reporting to the World Health Organization of the number of cases of

malaria detected, how many are locally acquired or imported, and which *Plasmodium* species are involved. Surveillance information, including species identification and drug susceptibility, informs policy on prophylaxis and management schedules and underpins health advice to travellers.

A meeting of the Australian Malaria Register Network in October 1995 examined current surveillance practices and other aspects of malaria control, including vector surveillance and vector control, active case finding in high-risk groups, and supervised therapy of cases. Recommendations were made that States and Territories introduce a national minimum data-set, to be collated and reported upon fortnightly, and that

extra information be gathered to enhance regional management at State and Territory level. Implementation of these recommendations is anticipated in the near future.

## References

1. Annual Report of the National Notifiable Diseases Surveillance System, 1994. *Comm Dis Intell* 1995;19(22):542-574.
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3. Report of the Australian Malaria Register for 1991. *Comm Dis Intell* 1993;17(7):134-142.