MALARIA

A fact-checked guide for safari and other travellers

Malaria is a potentially life-threatening infection caused by parasites of the *Plasmodium* genus. It is usually transmitted to people through the bite of an infected female *Anopheles* mosquito. Malaria does not spread through ordinary person-to-person contact. Rare transmission can also occur through infected blood or contaminated needles.

Symptoms and when they appear

Early symptoms are often non-specific and can resemble flu or other infections. They commonly include fever, chills or shivering, sweating, headache, muscle aches, tiredness, nausea, vomiting, diarrhoea, abdominal discomfort and loss of appetite. Not everyone has every symptom, and symptoms do not always occur in a predictable cycle.

Symptoms can begin as early as about 7 days after an infective bite. In people who have not taken preventive medicine, the average incubation period is commonly around 10–21 days. Some infections — especially certain malaria species, or infections affected by preventive medicines — may become apparent much later. A fever after travel to a malaria-risk area should be assessed urgently, even if the trip was many months ago.

- Fever or feeling feverish
- Chills, shivering and sweating
- Headache and body or muscle aches
- Unusual tiredness, weakness or general unwellness
- Nausea, vomiting, diarrhoea or abdominal discomfort
- Loss of appetite; sometimes cough or sore throat

EMERGENCY WARNING SIGNS

Confusion or impaired consciousness, seizures, difficulty breathing, extreme weakness, dark or bloody urine, yellowing of the eyes or skin, abnormal bleeding, or collapse may indicate severe malaria. Seek emergency medical care immediately.

How to prevent malaria

- **Get destination-specific advice before departure.** Speak to a travel-health clinician well in advance. Whether preventive antimalarial medicine is recommended depends on the exact destination, itinerary, season and your personal circumstances.
- **Take prescribed preventive medicine exactly as directed.** Different medicines have different schedules before, during and after travel. No medicine prevents every infection, and tablets do not replace bite prevention.
- **Use an effective insect repellent.** Choose a registered product containing DEET or icaridin/picaridin and follow the product label, including age-related instructions.
- **Cover exposed skin.** Wear long sleeves, long trousers and socks, particularly from dusk to dawn.
- **Keep mosquitoes out of sleeping areas.** Use intact window and door screens, close doors and windows, use air conditioning where available, and sleep under an insecticide-treated mosquito net if the room is not adequately screened.
- **Use clothing treatments only as labelled.** Permethrin-treated clothing or gear can provide additional protection where appropriate; permethrin products intended for clothing must not be applied directly to skin.

Malaria risk in South Africa

Malaria transmission in South Africa is generally associated with low-altitude areas in the north-eastern parts of Limpopo, Mpumalanga and KwaZulu-Natal, particularly areas near the borders with Mozambique, Eswatini, Zimbabwe and Botswana. This does **not** mean that every area in these provinces is a malaria area. Risk varies by precise location and can change. The higher-transmission season generally runs from September to May, but risk is not necessarily zero

outside these months. Check the latest NICD malaria risk map and seek advice for the exact route and accommodation before travel.

Diagnosis and treatment

Malaria must be diagnosed with parasite-based testing, usually a blood smear examined under a microscope and/or a rapid diagnostic test. A negative rapid test or an initial negative blood test does not always rule out malaria. If suspicion remains, clinicians may arrange repeat blood testing and further assessment. Do not wait at home for symptoms to become severe.

Malaria requires treatment with antimalarial medicine. The correct treatment depends on the parasite species, where the infection was acquired, severity, medicine resistance, age, weight, pregnancy status and other health factors. Severe malaria is a medical emergency and requires hospital treatment. Do not self-treat with leftover or over-the-counter medicines.

If you develop a fever during or after travel

Seek urgent medical assessment the same day. Tell the healthcare professional which countries and areas you visited and the dates of travel, and mention any malaria prevention medicine you took. This advice applies even if you took prophylaxis, because preventive medicine is not completely effective. If severe warning signs occur, seek emergency care immediately.

Important notes for travellers

Malaria risk is specific to the location, not simply the country name. A safari itinerary may include both malaria-risk and malaria-free areas. Ask for advice based on every overnight stop and any excursions. Children and pregnant travellers need particular care and should receive individual medical advice before travel.

Before you travel: Check the latest destination-specific risk • Consult a travel-health professional • Take any prescribed prevention correctly • Prevent mosquito bites • Seek urgent care for fever after possible exposure.

Medical disclaimer: This publication is general travel-health information, not a diagnosis or substitute for advice from a qualified healthcare professional. Malaria risk maps, prevention recommendations and treatment guidelines can change. Always check current official guidance before travel. No prevention method is 100% effective.

Official sources checked (accessed 3 November 2026):
World Health Organization – Malaria fact sheet: https://www.who.int/news-room/fact-sheets/detail/malaria
South African National Institute for Communicable Diseases (NICD) – Malaria FAQs and risk map: https://www.nicd.ac.za/diseases-a-z-index/malaria/
NICD – Malaria transmission in South Africa: https://www.nicd.ac.za/what-you-need-to-know-about-odyssean-malaria-and-malaria-transmission-in-south-africa/
US CDC – Malaria prevention for travellers: https://www.cdc.gov/malaria/prevention/
US CDC – Evaluation and diagnosis: https://www.cdc.gov/malaria/hcp/clinical-guidance/evaluation-and-diagnosis.html