

A guide to using the Public Health England Malaria Reference Laboratory service for complex problems

**Please note: this service is only for use
by healthcare professionals**



The Public Health England Malaria Reference Laboratory no longer has a telephone help line or fax service. This has been replaced with an **e mail service** which healthcare professionals can now use for their queries after completing a risk assessment form.





**Please note, this service is only for
COMPLEX QUERIES.**

Please look in the UK Malaria Guidelines before faxing as the answer to your question may well be in there – see the end of these slides for details

To obtain the fax risk assessment form go to:

www.malaria-reference.co.uk

  [Departments](#) [Worldwide](#) [How government works](#) [Get involved](#)
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Collection

Malaria reference laboratory (Malaria RL)

Malaria RL provides laboratory reference and diagnostic parasitology of malaria, and surveillance data on all imported malaria reported in the UK.

Documents

[Malaria RL: reference, diagnostic and advisory services](#)

22 November 2007 Guidance

[Malaria reference laboratory \(MRL\): user handbook](#)

6 November 2017 Guidance

[Malaria report form](#)

15 December 2017 Form

[Malaria: risk assessment form](#)

29 August 2018 Form



Scroll down the page until you see the Malaria: risk assessment form and click on it

Malaria Risk Assessment

Please complete this form in typescript and e-mail it to the Malaria Reference Laboratory (MRL) at phe.malproph@nhs.net.

Please state your name and surgery name:

Surgery or nhs.net e-mail address for reply:

Telephone number:

Name of traveller: Age: Sex:

Date of travel:

Area to be visited

See country tables and maps in 'Guidelines for Malaria Prevention in Travellers from the United Kingdom' on the HFA legacy website at: <http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Malaria/>

Destination	Length of stay	Urban/rural/both
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Purpose of visit (please tick all those that apply)

Visiting friends and relatives Safari Backpacking

Business/work Study Oil Rig Cruise ship

Other – please give details below

Underlying condition (please tick)		Yes	No
Pregnancy	Actual	<input type="checkbox"/>	<input type="checkbox"/>
	Planned while on trip	<input type="checkbox"/>	<input type="checkbox"/>
Sickle cell	Disease	<input type="checkbox"/>	<input type="checkbox"/>
	Carrier	<input type="checkbox"/>	<input type="checkbox"/>
Thalassaemia	Disease	<input type="checkbox"/>	<input type="checkbox"/>
	Carrier	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	Patient	<input type="checkbox"/>	<input type="checkbox"/>
	First degree relative*	<input type="checkbox"/>	<input type="checkbox"/>
Depression requiring medication	Patient	<input type="checkbox"/>	<input type="checkbox"/>
	First degree relative*	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	Patient	<input type="checkbox"/>	<input type="checkbox"/>
	First degree relative*	<input type="checkbox"/>	<input type="checkbox"/>
Asplenic			
Liver disease		<input type="checkbox"/>	<input type="checkbox"/>
Renal failure (state eGFR)		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus		<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular	Ischaemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
	Arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
Immunocompromised		<input type="checkbox"/>	<input type="checkbox"/>
Psoriasis		<input type="checkbox"/>	<input type="checkbox"/>

*note first degree relatives are included in risk assessment as a precaution since risk of epilepsy and major depression is higher in first degree relatives of those in whom these conditions have been diagnosed.

A condition in a first-degree relative may not contra-indicate the use of an [antimalarial](#), but may influence the choice of drug.

Give details of allergies to drugs or other below

Current medication	Yes/No	Comments
Antiarrhythmics	<input type="checkbox"/>	<input type="text"/>
Anticonvulsants	<input type="checkbox"/>	<input type="text"/>
Anticoagulants	<input type="checkbox"/>	<input type="text"/>
Antiretrovirals	<input type="checkbox"/>	<input type="text"/>
Corticosteroids	<input type="checkbox"/>	<input type="text"/>
Oral contraceptives	<input type="checkbox"/>	<input type="text"/>
Bupropion (Zyban ®)	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

Previous antimalarial chemoprophylactic agent taken	Describe any problems
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Open up this Word document and then complete ALL pages on your computer so that answers can easily be read.



Tip

Place your cursor on the grey area and then just enter the detail – this type of form creation means the text stays neatly within the box

When you've completed the risk
assessment,

E mail it to

phe.malproph@nhs.net

You will receive an answer back
within 3 working days.



If your request is urgent, NaTHNaC provides a
telephone advice service for health professionals on
0845 602 6712

Guidelines for prevention of malaria in UK travellers

This document is found at:

- <https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>

Or

- <http://tinyurl.com/l4cxuel>

