A guide to using the UKHSA Malaria Reference Laboratory service for complex problems

Please note: this service is only for use

by healthcare professionals



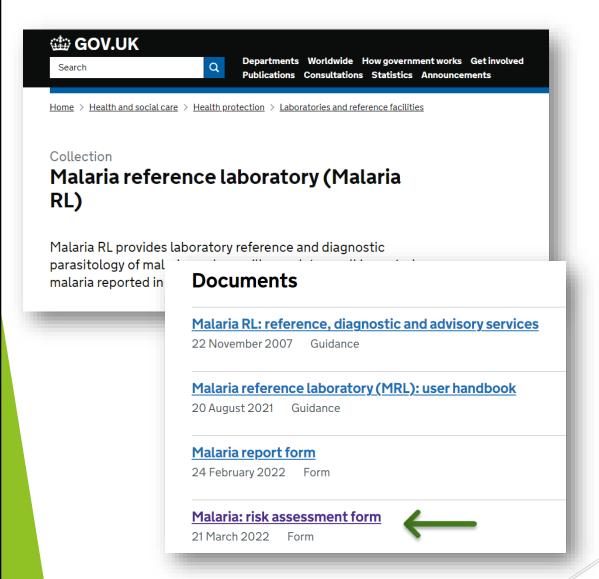
The UKHSA Malaria Reference Laboratory no longer has a telephone help line or fax service. This has been replaced with an **e mail service** which healthcare professionals can now use for their queries after completing a risk assessment form.



Please note, this service is only for COMPLEX QUERIES.

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

To obtain the risk assessment form go to: www.malaria-reference.co.uk



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

68		Underlying condition (please	e tick)	Yes	No	1	Current medication	V	Comments	
ogs UK Health Security Agency		Pregnancy	Actual				Current medication	res or no	Comments	
			Number of weeks:				Antiarrhythmics			
				Planned while on trip						
Malaria risk assessment			Sickle cell	Disease				Anticonvulsants		
				Carrier						
Please complete this form and email it to the Malaria reference laboratory (MRL) at the malproph@chs.net Name and surgery name:			Thalassaemia	Disease				Anticoagulants		
				Carrier				Antiretrovirals		
			Epilepsy	Patient				7 tial Carovillais		
				First degree relative*				Corticosteroids		
rgery or nhs.net email address	for reply:		Depression requiring medication							
Telephone number: Age: Sex:			Psychosis	Patient				Oral contraceptives		
				First degree relative*						
ate of travel:		Aspleoic					Bupropion (Zyban ®)			
and of partie.			Liver disease							
Area to be visited See country tables and maps in ' <u>Guidelines for Malaria Prevention in Travellers</u> rom the United (Kingdom' on the HPA legacy website.			Renal failure (state eGFR)					Other		
			Diabetes mellitus Cardiovascular	Ischaemic heart disease			`			
			Cardiovascular				ı	Previous antimalarial	Dib	ny problems
				Arrhythmias Other				chemoprophylactic	Describe a	ny problems
Destination	Length of stay	Urban, rural or both	Immunocompromised	Other				agent taken		
			Psoriasis							
					itions have	e been	-			
urpose of visit (please tick all	hose that apply)		Give details of allergies to dr	ugs or other below						
siting friends and relatives	Safari Backpacking									
usiness or work Study Oil rig	Cruise ship									
	•									
	,									
ther – please give details below										

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 020 7383 7474

Guidelines for prevention of malaria in UK travellers

This document is found at:

https://www.gov.uk/govern ment/publications/malariaprevention-guidelines-fortravellers-from-the-uk



Guidelines for malaria prevention in travellers from the UK