

Modeling the risk-benefit of chemoprophylaxis for travelers to areas with stable malaria transmission

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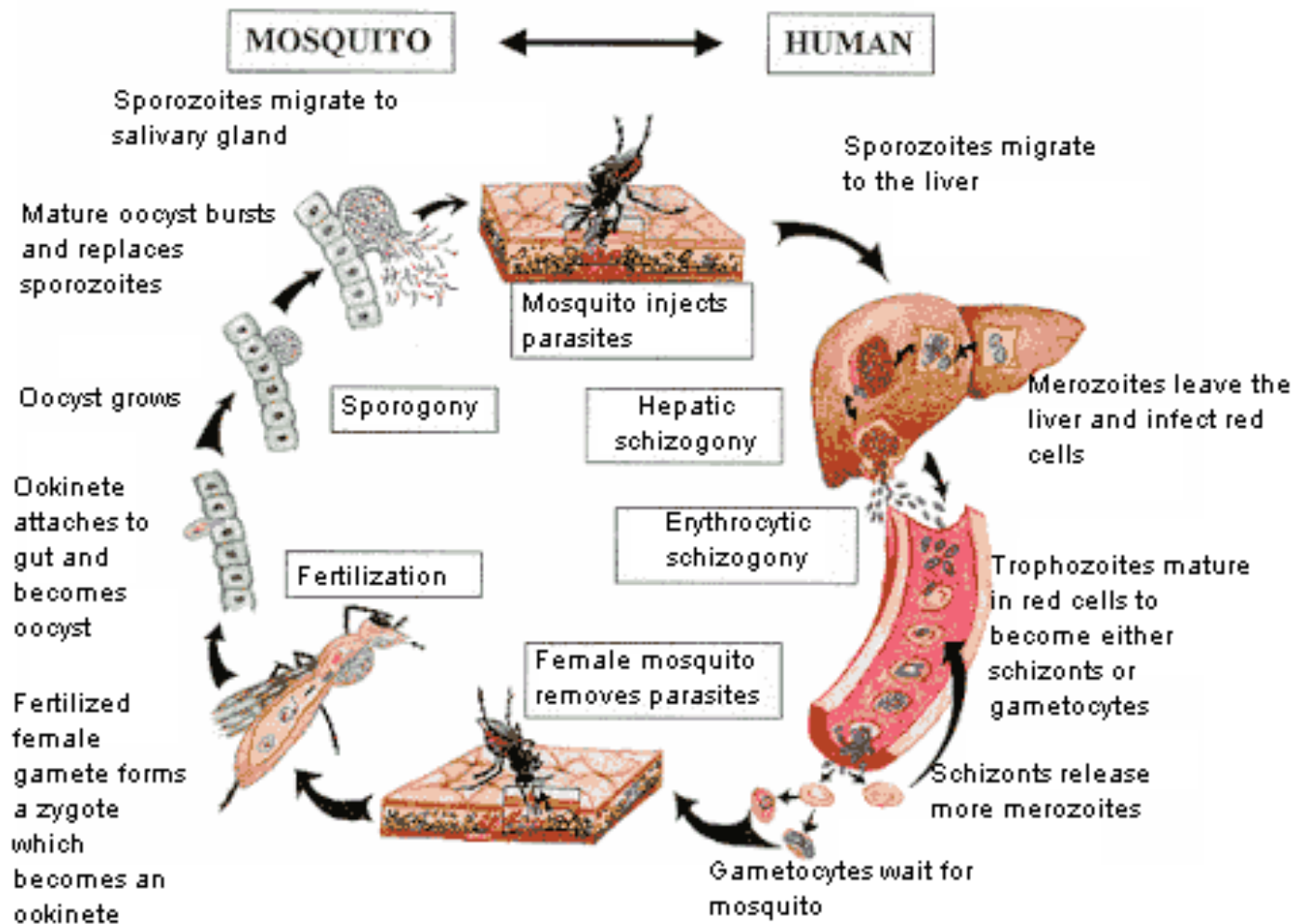
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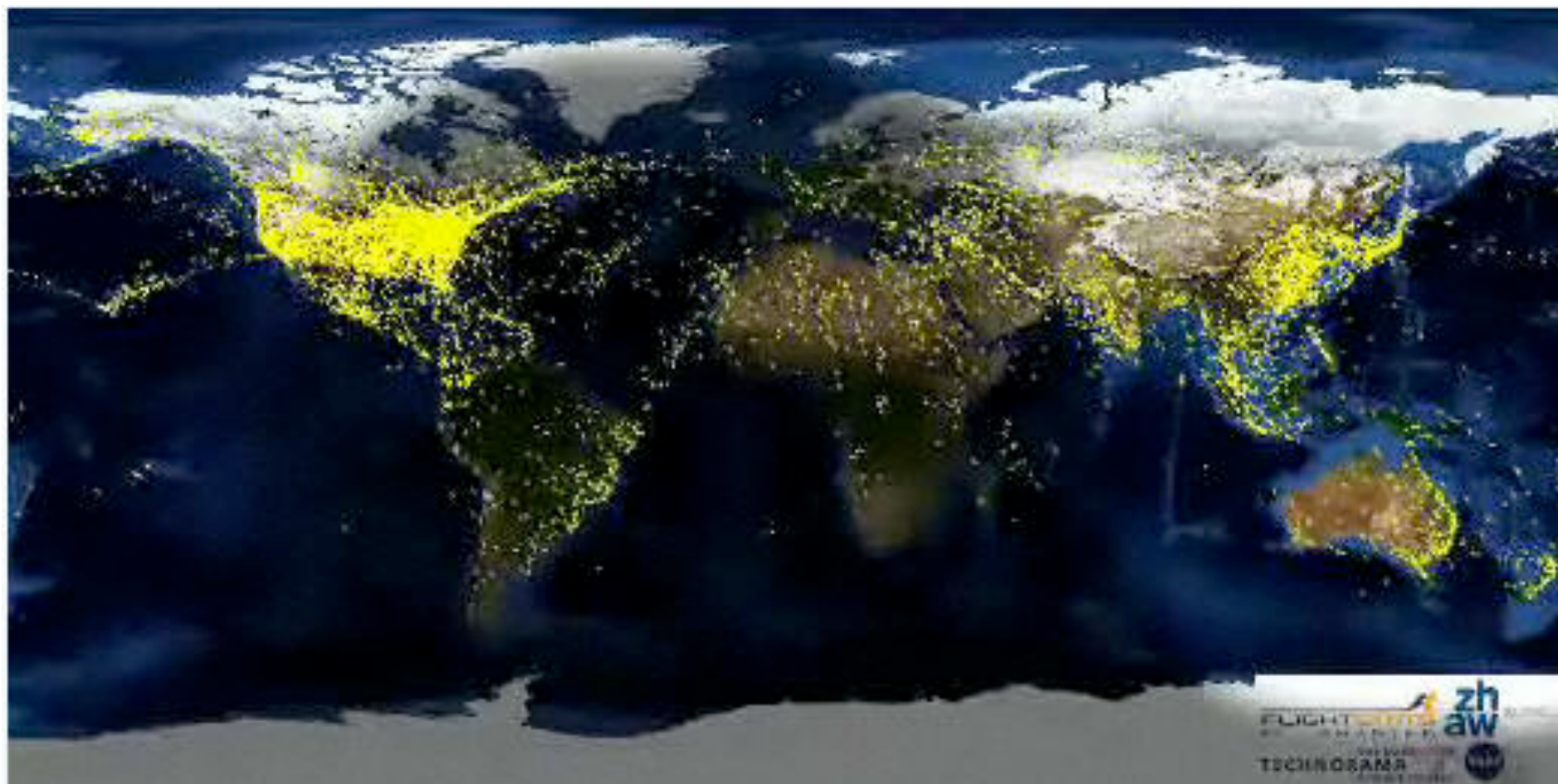
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How long can a visitor to a malaria endemic area remain safely free of chemoprophylaxis ?

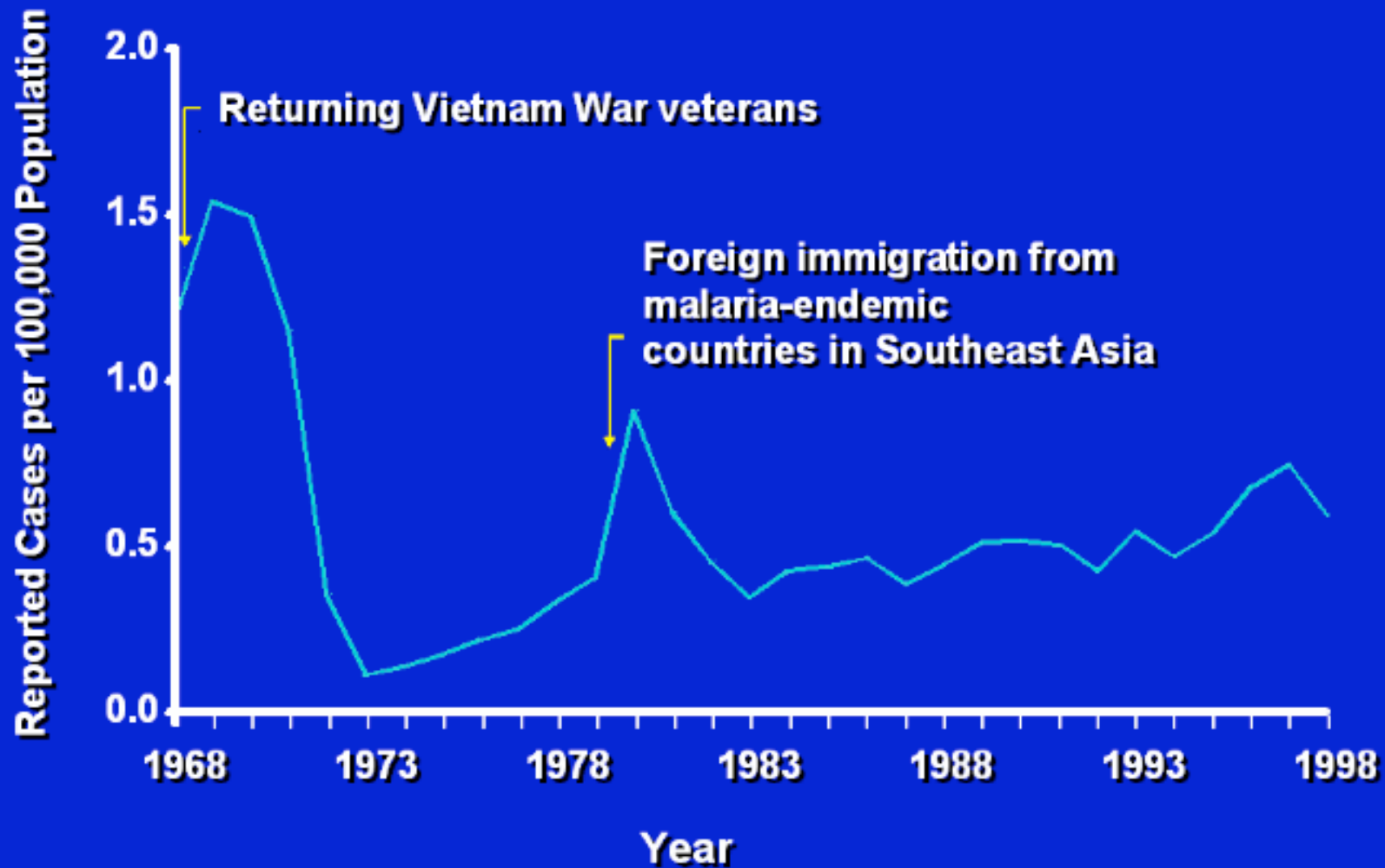
THE LIFE CYCLE OF MALARIA







MALARIA -- by year, United States, 1968-1998



Region	Cases	At Risk (Millions)	RR	95% CI of RR
Very low risk areas*	83	1766.9	1	0.7-1.4
Caribbean	9	50.5	3.8	1.9-7.5
North Africa	10	30.8	6.9	3.6-13.3
South America	17	43.8	8.3	4.9-13.9
South-East Asia	64	118.8	11.5	8.3-15.9
Central America	24	13.5	37.8	24.0-59.6
South Asia	45	17.8	53.8	37.4-77.4
Oceania	31	8.6	76.7	50.8-115.9
Sub-Saharan Africa	514	52.7	207.6	164.7-261.8

In 2007 Brazil reported approximately 50% of the total number of the malaria cases in the Americas. Ninety-nine percent of those cases were from the Legal Amazon, where 10% to 15% of the population of Brazil population live. Case numbers fell between 1992 to 2002 from 572,000 to 349,873, with around 16.5% of all the slides examined resulted positive for malaria. A rebound occurred between 2003 to 2007 with number of cases peaking at 607,000 in 2005 and 458,041 cases in 2007. All reported malaria cases were confirmed by laboratory analysis, and 19% in 2007 were *P. falciparum*.



Low risk -
antimalarials not
usually advised

High risk -
antimalarials
usually advised.

Surrounding
countries with
malaria risk



This map is only intended as a guide since mosquitoes do not respect boundaries and the risk areas shown may not be exact.

Click on an icon below for additional country information

Regional Information



Major Airports



Major Railways

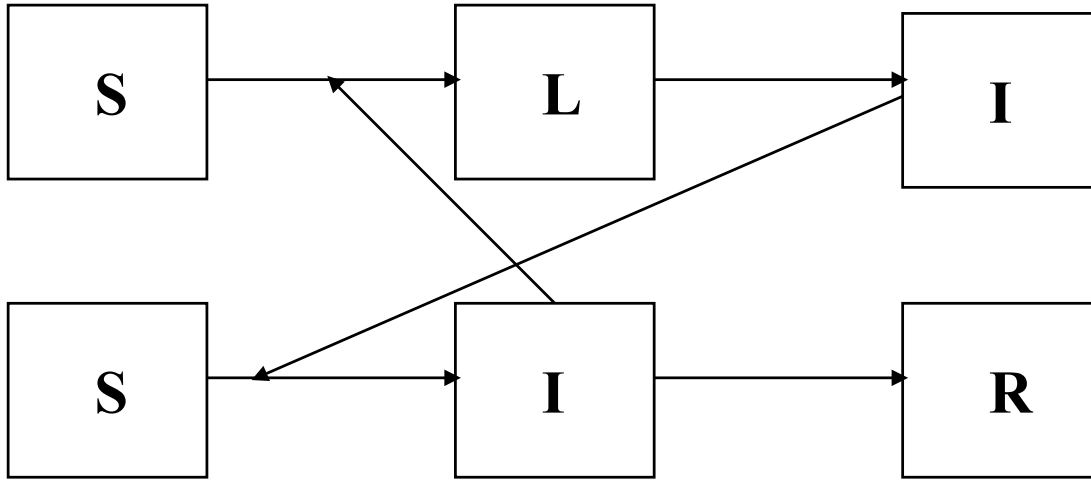


The average burden of malaria over the last decade has been approximately 600,000 cases per year, with a prevalence of falciparum around 20% . WHO estimated the total numbers of malaria cases in 2006 as approximately 1.4 million .

The estimated population exposed to malaria that is not resident of the Amazon region is around half a million visitors per year.

This study was designed to use a mathematical model to estimate the risk of acquiring falciparum malaria for travelers to the endemic regions of Brazil.

The Model



Models' variables	
S'_H	Human susceptible individuals in the “probe”
I'_H	Human infected individuals in the “probe”
R'_H	Human recovered individuals in the “probe”
S_H	Human susceptible individuals in the resident population
I_H	Human infected individuals in the resident population
R_H	Human recovered individuals in the resident population
S_M	Susceptible mosquitoes
L_M	Latent mosquitoes
I_M	Infected mosquitoes

Parameter	Biological interpretation
a	Mosquitoes' biting rate
a'	Mosquitoes' biting rate in the probe
b	Probability of infection to humans
b'	Probability of infection to humans in the probe
c	Probability of infection to mosquitoes
μ_H	Humans' mortality rate
γ	Recovery rate
σ	Loss of immunity
α	Malaria's mortality rate
r_H	Humans' reproductive rate
κ_H	Humans' carrying capacity
μ_M	Mosquitoes' mortality rate
τ	Extrinsic incubation period
r_M	Mosquitoes' reproductive rate
κ_M	Mosquitoes' carrying capacity
c_S	Seasonality factor
d_S	Seasonality factor
f	Frequency of seasonality

$$\begin{aligned}
\frac{dS_H}{dt} &= -abI_M \frac{S_H}{N_H} - \mu_H S_H + \sigma_H R_H + r_H N_H \left(1 - \frac{N_H}{\kappa_H}\right) \\
\frac{dI_H}{dt} &= abI_M \frac{S_H}{N_H} - (\mu_H + \gamma_H + \alpha_H) I_H \\
\frac{dR_H}{dt} &= \gamma_H I_H - \mu_H R_H - \sigma_H R_H \\
\frac{dS_M}{dt} &= -\mu_M S_M - acS_M \frac{(I_H + I_H')}{N_H} \\
&\quad + r_M N_M \left(1 - \frac{N_M}{\kappa_M}\right) [c_s - d_s \sin(2\pi ft)] \\
\frac{dL_M}{dt} &= acS_M \frac{(I_H + I_H')}{N_H} \\
&\quad - e^{-\mu_M \tau} acS_M(t-\tau) \frac{[I_H(t-\tau) + I_H'(t-\tau)]}{N_H(t-\tau)} - \mu_M L_M \\
\frac{dI_M}{dt} &= e^{-\mu_M \tau} acS_M(t-\tau) \frac{[I_H(t-\tau) + I_H'(t-\tau)]}{N_H(t-\tau)} - \mu_M I_M
\end{aligned} \tag{1}$$

The evolution equations for the probe cohort are:

$$\frac{dS'_H}{dt} = (-a'b'I_M \frac{S'_H}{N_H} - \mu_H S'_H) \theta(t - t_0)$$

$$\frac{dI'_H}{dt} = (a'b'I_M \frac{S'_H}{N_H} - (\mu_H + \gamma_H + \alpha_H) I'_H) \theta(t - t_0) \quad (2)$$

$$\frac{dR'_H}{dt} = (\gamma_H I'_H - \mu_H R'_H - \sigma_H R'_H) \theta(t - t_0)$$

for

$$a' = POISSON(0.3)$$

$$b' = NORMAL(0.088, 0.017)$$

$$N'_H = S'_H + I'_H + R'_H$$

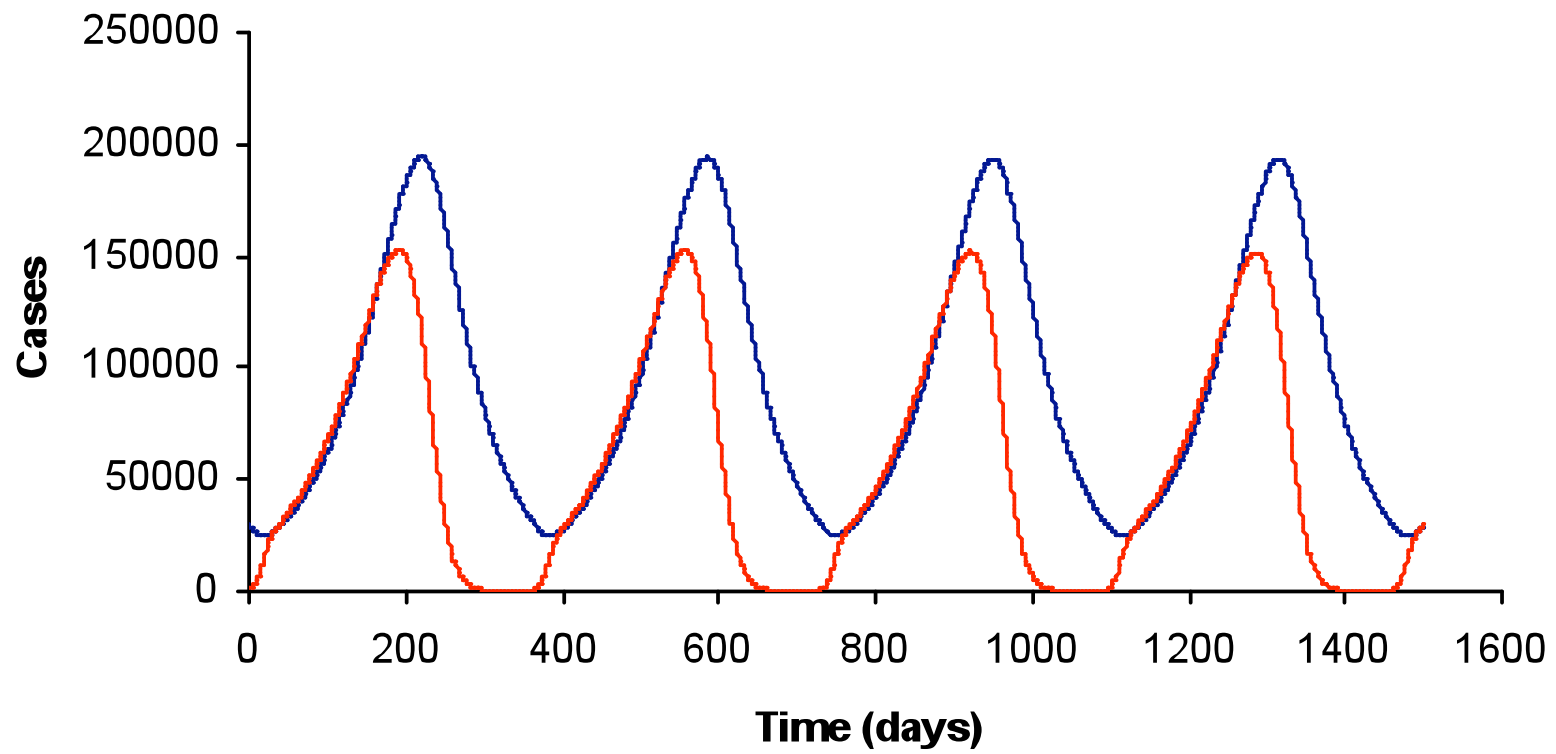
$$N_H = N'_H + S_H + I_H + R_H \quad (3)$$

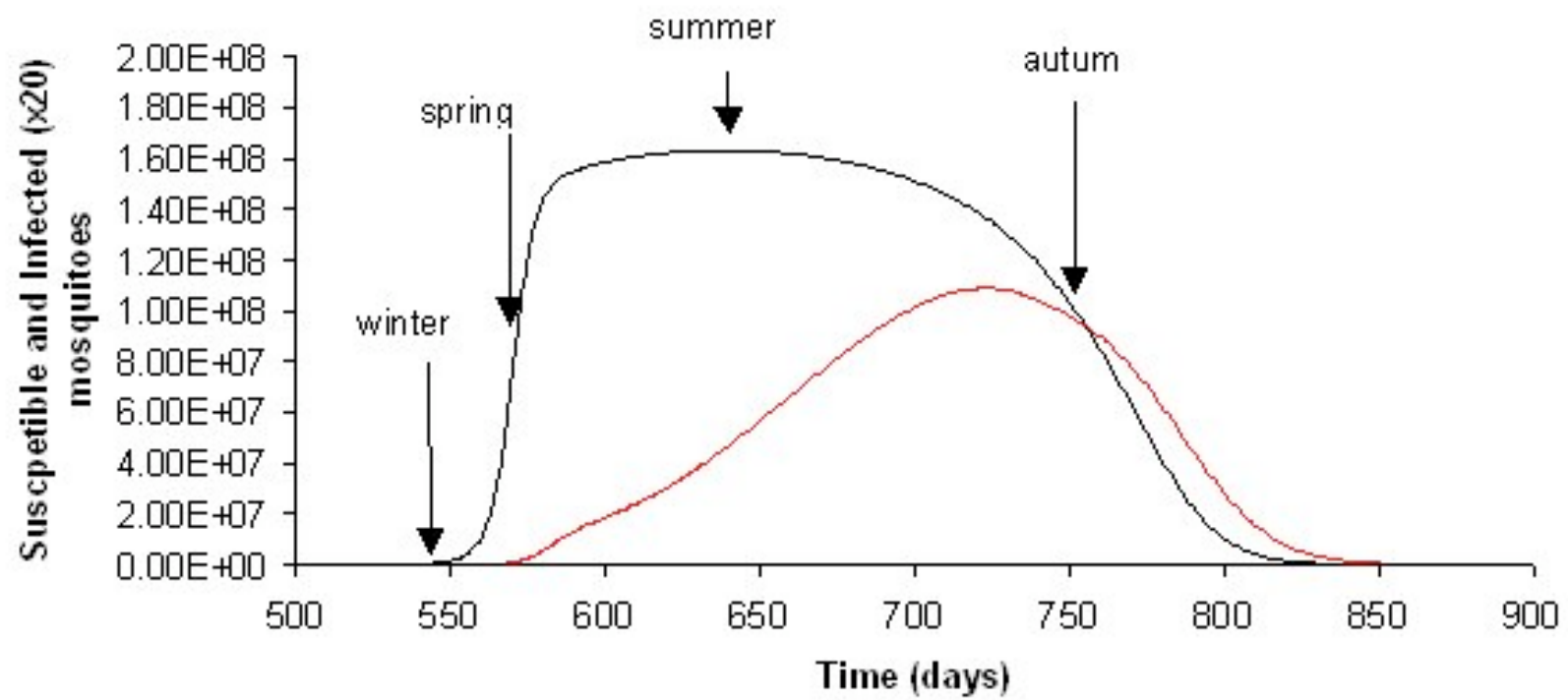
$$N_M = S_M + L_M + I_M$$

and

is the Heaviside function.

$$n_{falc.} = \int_{t=1}^{365} abI_M(t) \frac{S_H(t)}{N_H(t)} dt = 250,000$$



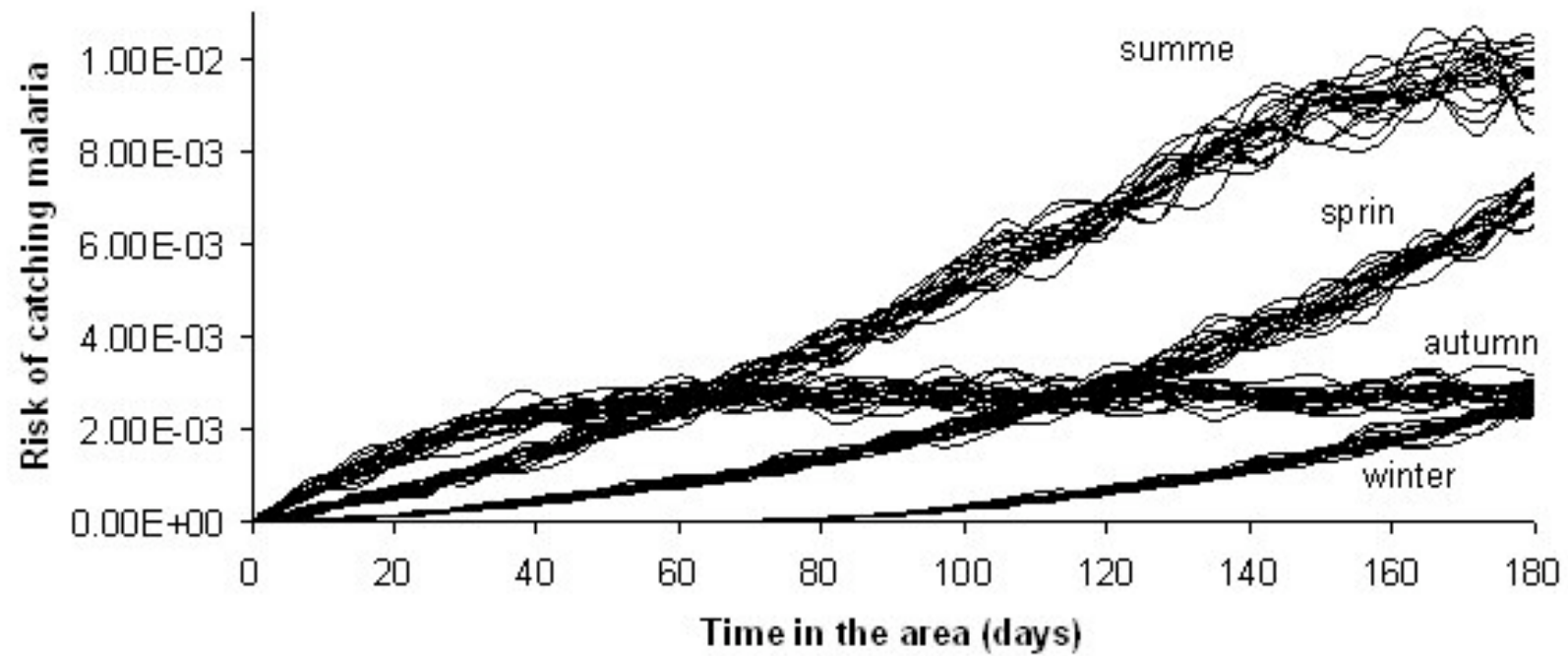


Estimating the risk of malaria

$$\pi_{mal} = \frac{\int_0^{\infty} S'_H(t) h_{mal}(t) dt}{N'_H(0)}$$

$$h_{mal}(t) = a' b'_{mal} \frac{I_M(t)}{N_H(t)}$$

$$\pi_{mal}^{travelers} = \frac{\int_{\Omega}^{\Omega+\omega} S'_H(t) h_{mal}(t) dt}{N'_H(\Omega)}$$



Sensitivity analysis

$$\Delta\pi = \sum_i \frac{\partial\pi}{\partial Par_i} \times \Delta Par_i$$

$$\frac{\Delta\pi}{\pi} = \sum_i Par_i \frac{\partial\pi}{\partial Par_i} \times \frac{\Delta Par_i}{Par_i} \times \frac{1}{\pi}$$

Sensitivity of the model to each of the parameters (Par) in different periods of the year. The analysis assumes a 1% variation in the value of each parameter and the risk was calculated for 30 days of permanence.

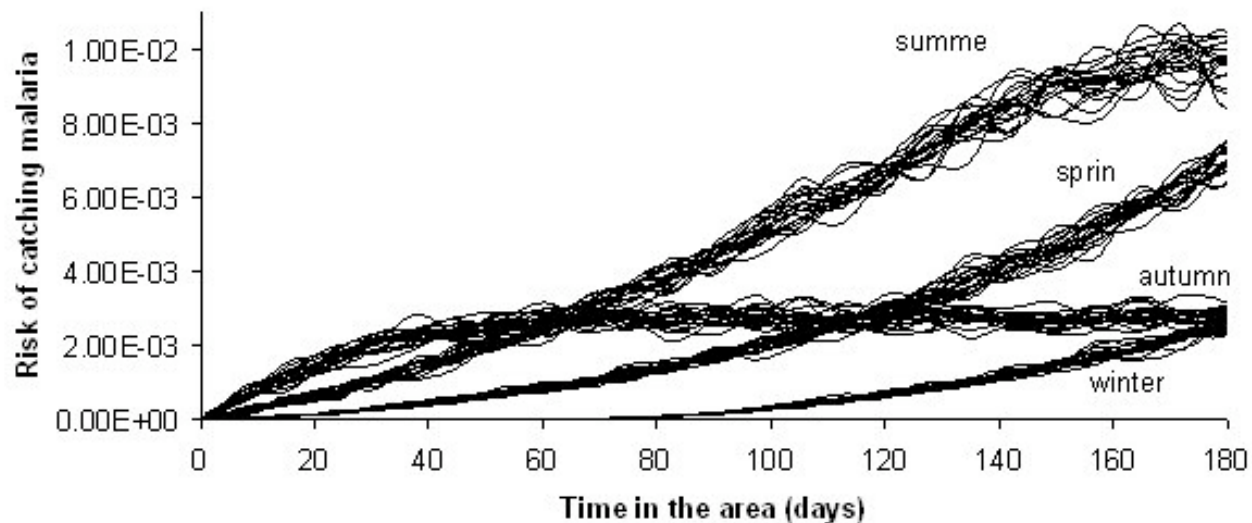
	Winter		Spring		Summer		Autumn	
π	0.0000026		0.000265		0.001008		0.001961	
Par	$\frac{\partial \pi}{\partial Par}$	\pm Relative error (%)	$\frac{\partial \pi}{\partial Par}$	\pm Relative error (%)	$\frac{\partial \pi}{\partial Par}$	\pm Relative error (%)	$\frac{\partial \pi}{\partial Par}$	\pm Relative error (%)
a	0.0000914	10.5	0.00966	10.81	0.044383	13.21	0.114948	17.58
b	0.0001556	5.22	0.01628	5.39	0.0753904	6.58	0.195216	8.76
c	0.0004556	5.20	0.001642	5.39	0.0761103	6.57	0.197145	8.75
μ_H	-	0.015	-0.13629	0.021	-0.560427	0.021	-1.24269	0.025
γ	0.0010232	1.92	-0.131761	2.48	-0.548329	2.72	-1.22159	3.11
σ	0.0000072	0.091	0.000734	0.0912	0.00027967	0.0915	0.0054288	0.0913
α	-	3.83	-0.13155	4.96	-0.547397	5.43	-1.21920	6.21
r_H	0.0010004	0	-3.75×10^{-09}	0.000113	0	0	-2.98×10^{-08}	0.000122
κ_H	9.98×10^{-13}	6.09	1.04×10^{-10}	6.27	-4.83×10^{-10}	7.67	-1.17×10^{-09}	9.57
μ_M	-0.000585	22.27	-0.0463206	17.45	-0.173717	17.23	-0.43966	22.41
τ	-	3.34	-0.000166	4.38	-0.000734	5.09	-0.001826	6.51
r_M	0.0000012	6.99	0.00063081	9.51	0.0018048	7.16	0.00416124	8.48
$\hat{\mu}_M$	6.56×10^{-14}	4.99	6.87×10^{-12}	5.17	3.20×10^{-11}	6.36	8.37×10^{-11}	8.53

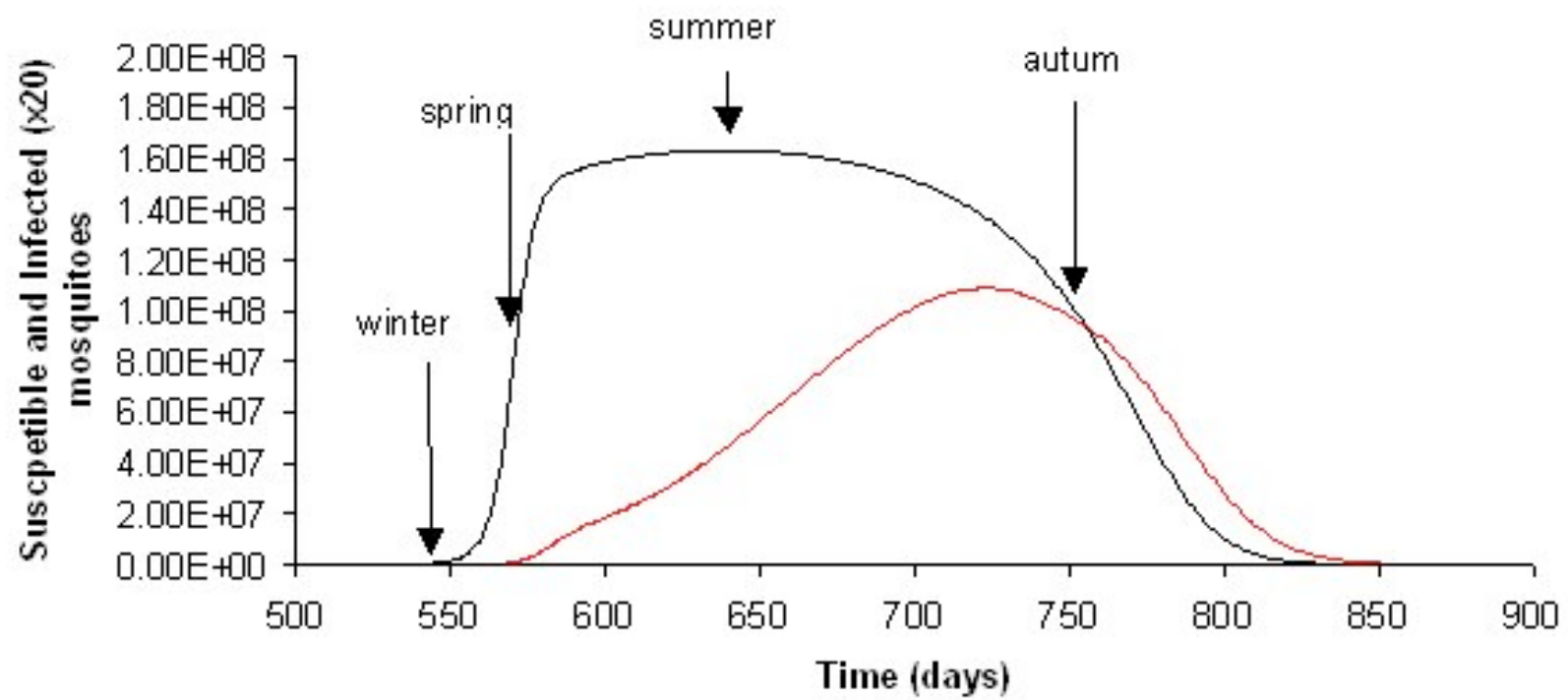
Average risk of malaria acquisition (with confidence intervals) for travelers who remain 30 days in the area.

	Winter	Spring	Summer	Autumn
$\bar{\pi}$	2.60×10^{-6}	2.66×10^{-4}	1.01×10^{-3}	1.96×10^{-3}
C.I.(95%)	2.10×10^{-8}	1.96×10^{-6}	6.64×10^{-6}	1.25×10^{-5}
\pm Relative error (%)	0.81	0.74	0.66	0.64

It should be noted that for an individual who remains 1 year in the area, this risk equals to $1.10 \times 10^{-2} \pm 2.75 \times 10^{-5}$, that is, a relative error of $\pm 0.25\%$. This figure should be compared with the malaria incidence observed in residents of the Amazon region of 1.16×10^{-2} per person-year.

A traveler arriving in summer (Dec-Feb) and exposed for 120 days has at least a ten-fold higher risk of infection than a traveler, who arrive in the winter (June-Aug) for a visit of the same duration. We also confirm that the risk increases nonlinearly with time, but this again varies by season of exposure.





Assess risk of malaria exposure.

Obtain detailed itinerary; identify zones of resistance; review accommodations; discuss planned activities.

Discuss antimosquito measures (see Table 2).

Chemoprophylaxis

- Chloroquine-sensitive zone → Chloroquine (Aralen)
- Chloroquine-resistant zone → Mefloquine (Lariam)
Doxycycline (Vibramycin)
Atovaquone/proguanil (Malarone)
- Mefloquine-resistant zone → Doxycycline
Atovaquone/proguanil
- Terminal prophylaxis → Primaquine (Palum)

Review symptoms of malaria with patient before departure.

Cost analysis

Let us define the following:

Pd = probability of taking chemoprophylaxis (constant)

e = effectiveness of chemoprophylaxis in preventing malaria (increases with time taking drugs)

Pae = probability of having adverse events due to chemoprophylaxis (increases with time taking drugs)

PM = probability of catching malaria (increases with time remaining in the endemic area)

CM = costs of catching malaria (increases with PM)

Cnc = costs of avoiding chemoprophylaxis (constant)

Cc = costs of chemoprophylaxis (increases with time taking drugs)

Cae = costs of adverse events (increases with time taking drugs)

With this, it is possible to define the following possibilities:

Non-treated individuals who catch malaria = $(1-Pd)PM$

Non-treated individuals who do not catch malaria = $(1-Pd)(1-PM)$

Treated individuals who are protected from malaria = $ePdPae$

Treated individuals who catch malaria = $(1-e)PdPaePM$

Treated individuals who do not catch malaria = $(1-e)PdPae(1-PM)$

Total cost of chemoprophylaxis, C_T

$$C_T = (C_c + C_{ae})eP_dP_{ae} + (C_c + C_{ae} + C_M)(1-e)P_dP_{ae}P_M \\ + (C_c + C_{ae})(1-e)P_dP_{ae}(1-P_M)$$

Total cost of avoiding chemoprophylaxis, C_{NT}

$$C_{NT} = (C_M + C_{nc})(1 - P_d) P_M + C_{nc}(1 - P_d)(1 - P_M)$$

Cost's parameters (arbitrary units)

$$C_c = 10 \text{ units}$$

$$C_{ae} = 10 \text{ units}$$

$$e = 0.9$$

$$P_d = 0.8$$

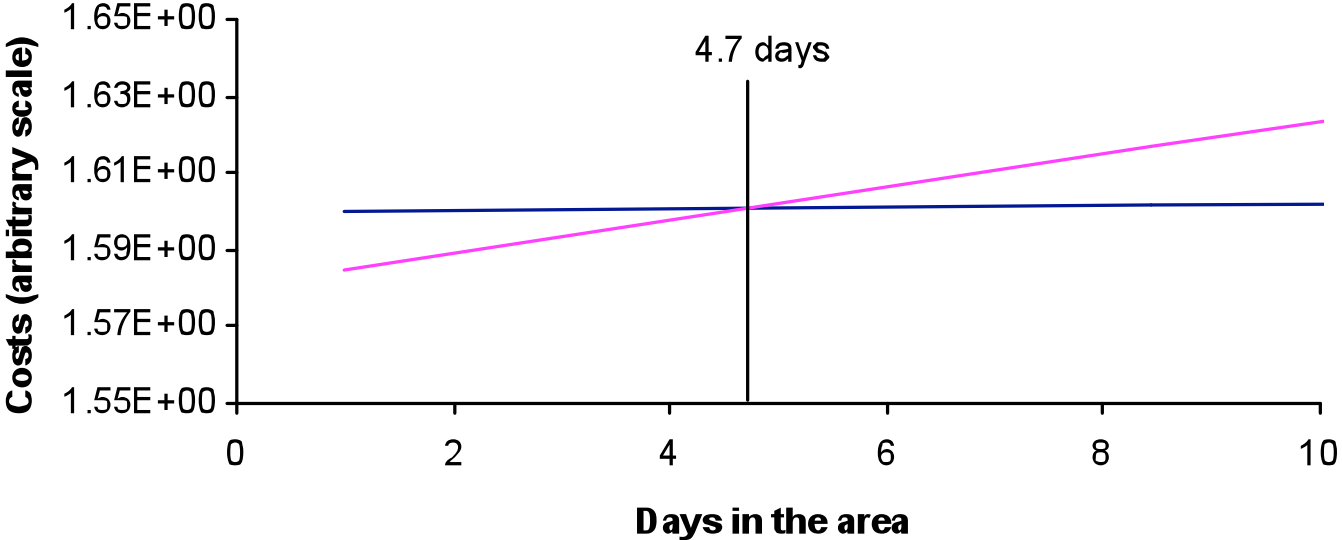
$$P_{ae} = 0.1$$

$$CM = 175 \text{ units}$$

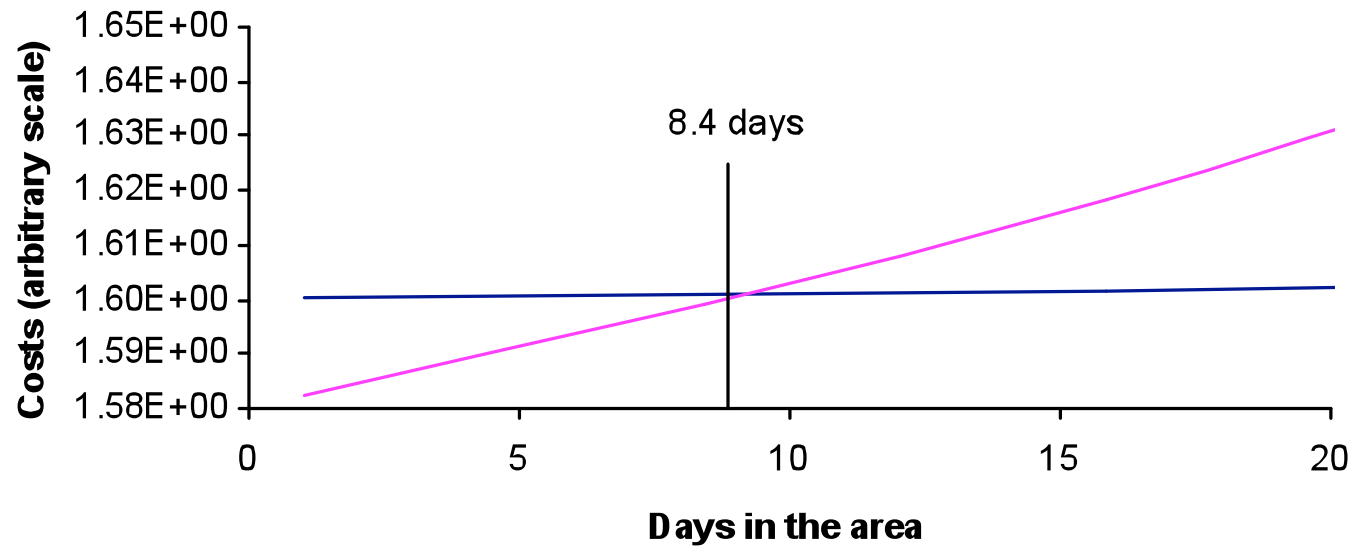
$$CNC = 7.9 \text{ units}$$

$$PM = \text{variable}$$

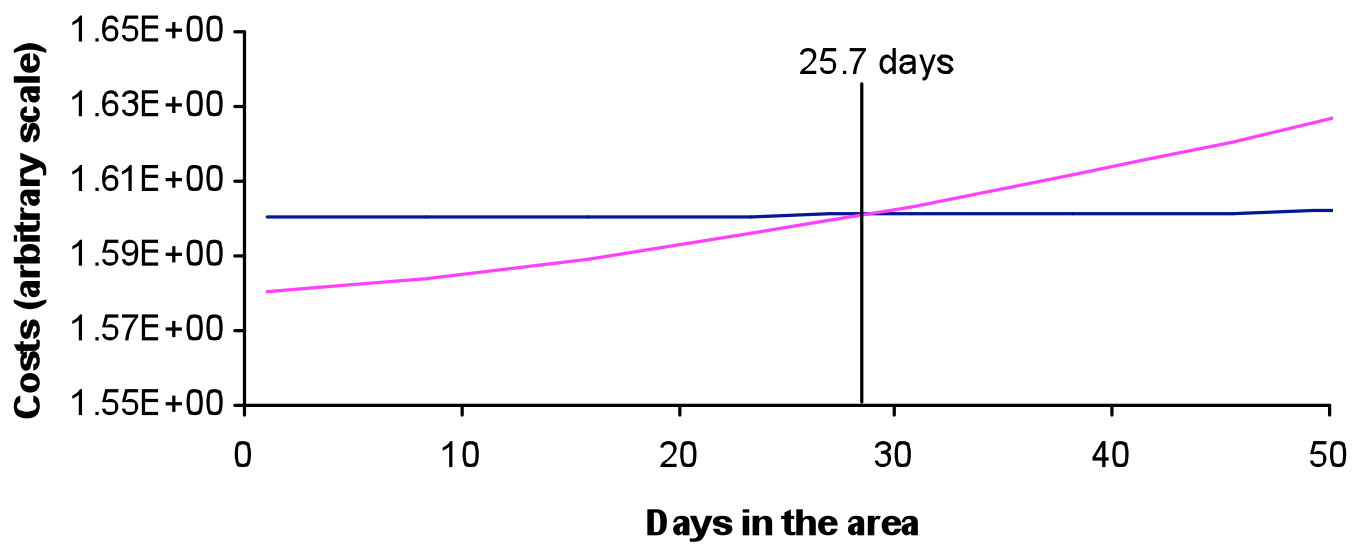
Summer



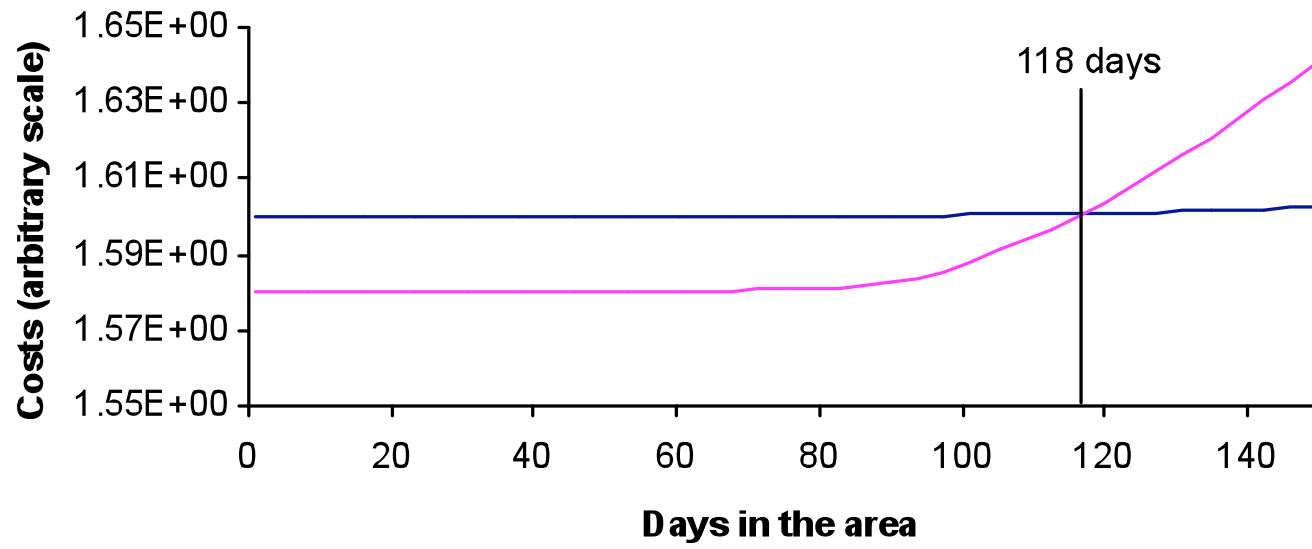
Spring

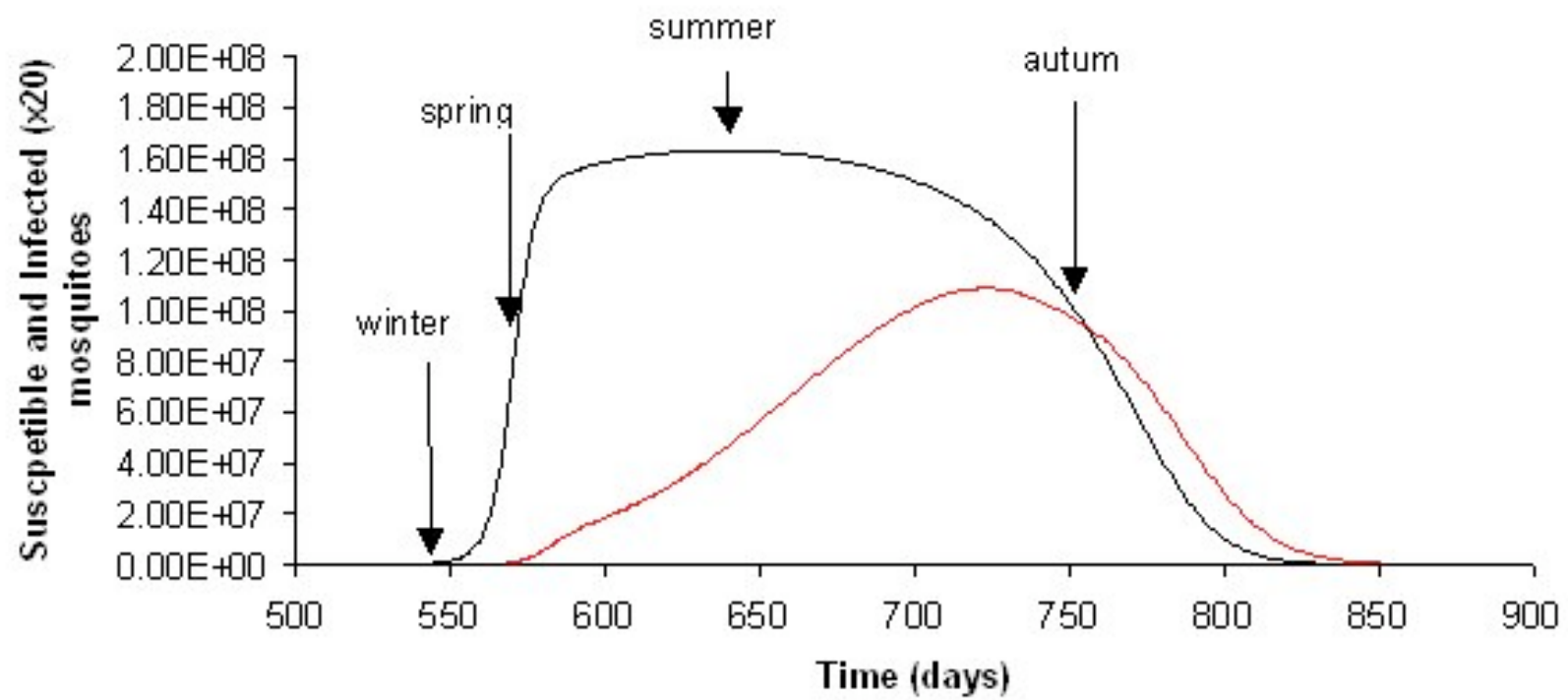


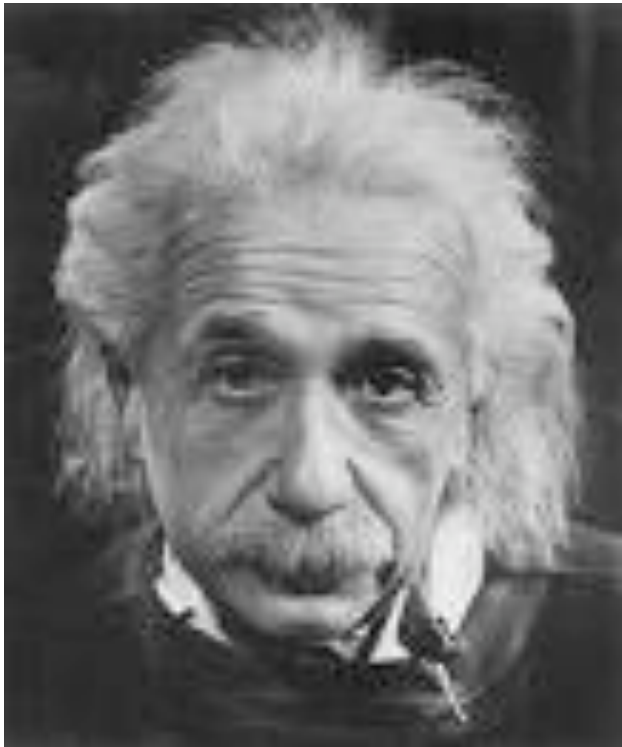
Winter



Fall







**All models are
wrong; some
models are useful...**

Albert Einstein