

**Communicable Disease Epidemiology
and Immunization Section**

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**Health Advisory – Locally Acquired Malaria Cases Identified in the United States: Florida, Texas, and
Maryland – August 29, 2023
IMPORTANT UPDATES**

Actions Requested

- Be aware that locally acquired malaria cases (*Plasmodium vivax*) have been identified in Florida (7) and Texas (1), and locally acquired *Plasmodium falciparum* in Maryland (1) within the last 3 months.
- Consider malaria in any person with a fever of unknown origin, regardless of international travel history, particularly if they have been to the areas with recent locally acquired malaria.
- Routinely obtain a travel history and consider malaria in a symptomatic person who traveled to an [area with malaria](#) in the weeks to months preceding symptom onset.
- Order microscopic examination of thin and thick blood smears, and a rapid diagnostic test (RDT) if available, to diagnose malaria and confirm species.
 - If blood smears or RDT are positive and species determination is not available, antimalarial treatment effective against chloroquine-resistant *P. falciparum* must be initiated immediately.
 - Species determination is important because *P. vivax* and *P. ovale* can remain dormant in the liver and require additional anti-relapse treatment; failure to treat the dormant hepatic parasites may result in chronic infection with relapsing episodes.
- Be aware of treatment recommendations for malaria, which vary by species and severity. Please refer to [CDC's Malaria Diagnosis and Treatment Guidelines for U.S. Clinicians](#) for specific detailed instructions.
 - Malaria is a medical emergency. If not diagnosed and treated promptly, illness may progress to severe disease, a life-threatening stage, where mental status changes, seizures, renal failure, acute respiratory distress syndrome, and coma may occur. An algorithm for diagnosis and treatment of malaria is available [here](#).
 - Artemether-lumefantrine (Coartem®) is the preferred initial treatment of uncomplicated *P. falciparum* or unknown species of malaria acquired in areas of chloroquine resistance. Atovaquone-proguanil (Malarone®) is another recommended option. *P. vivax* infections acquired from regions other than Papua New Guinea or Indonesia should initially be treated with chloroquine (or hydroxychloroquine).
 - [IV artesunate](#) is the first-line drug for treatment of severe malaria in the United States.
- Be aware that CDC malaria clinicians are on call 24/7 to provide advice to healthcare providers following infectious disease consultation. Further information can be found [here](#).
- Discuss travel plans with patients. Prescribe a CDC-recommended [malaria chemoprophylaxis](#) regimen and discuss [mosquito bite prevention](#) for those traveling to an international [area with malaria](#).
 - Chemoprophylaxis is not needed domestically at this time
- Report suspected cases of **locally acquired** malaria to Public Health (206) 296-4774 within 3 business days.

Background

CDC and local health jurisdictions have identified nine cases of malaria (*Plasmodium vivax* and *Plasmodium falciparum*) in Florida, Texas, and Maryland in persons with no international travel history. There is no evidence to suggest the cases in the three states are related. [Florida](#) has identified seven cases and [Texas](#) has identified one case of locally acquired *P. vivax* malaria, but there have been no reports of local transmission of malaria in Florida or Texas since mid-July 2023. In [Maryland](#), one case of locally acquired *P. falciparum* has been identified. Surveillance for additional cases of malaria, as well as malaria-related mosquito surveillance and control, will continue in all three states for a period of 8 weeks following the most recent case in each state. All patients have received treatment and are improving. Locally acquired mosquito-borne malaria has not occurred in the United States since 2003, when eight cases of locally acquired *P. vivax* malaria were identified in [Palm Beach County, FL](#).

The risk of locally acquired malaria remains extremely low in the United States.

However, *Anopheles* mosquito vectors, found throughout the United States, are [capable of transmitting malaria](#) if they feed on a malaria-infected person. The risk is higher in areas where local climatic conditions allow the *Anopheles* mosquito to survive during most of or the entire year and where travelers from malaria-endemic areas are found. Prompt diagnosis and treatment of people with malaria can prevent progression to severe disease or death and limit ongoing transmission to local *Anopheles* mosquitos. Individuals should take [steps to prevent mosquito bites](#) and [control mosquitos at home](#) to prevent malaria and other mosquito-borne illnesses. There have been no reported cases of locally acquired malaria in Washington state at this time.

Almost all cases of malaria in the United States are imported and occur in people traveling from [countries with malaria transmission](#), many from sub-Saharan Africa and South Asia.

Resources

- **CDC Malaria information for healthcare providers**
 - [Malaria Diagnosis in the United States](#)
 - [CDC HAN: Locally Acquired Malaria Cases Identified in the United States](#), June 26, 2023
 - [CDC HAN: Important Updates on Locally Acquired Malaria Cases Identified in Florida, Texas, and Maryland](#), August 28, 2023
- **CDC Malaria information for International Travelers**
 - [Malaria and Travelers for U.S. Residents](#)

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