A-21 Clinical diagnosis of malaria: relevance to Sri Lanka

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Early diagnosis and prompt treatment of malaria cases is an important part of malaria control. In malaria endemic rural areas, treatment can only be prompt if it is provided on a presumptive diagnosis based on clinical signs and symptoms. The symptomatology of patients who presented at Regional Malaria Laboratory, Puttalam and the OPD Base Hospital, Puttalam were studied.

Of the 572 patients interviewed using a structured pretested questionnaire, 502 patients visited the Regional Laboratory while 70 patients presented with fever at the OPD of the Base Hospital, Puttalam. Information on basic demographic data, past history of malarial infections and drug therapy, use of protective methods and data on 17 clinical signs and symptoms of the current illness were obtained. There was a total of 148 malaria patients of which 97 were detected at the Regional Laboratory while 51 were detected at the Base Hospital. There was no significant difference in the mean ages ($p=0.2480$) or the mean duration of symptoms of diagnosed malaria patients prior to seeking health care for patients visiting the Regional Laboratory and the Base Hospital (3.43 vs 3.49 days, respectively, $p=0.9061$).

The severity of myalgia, arthralgia and shivering were significantly greater indicating more severe disease, and predictive of malaria (OR being 7.39, 7.04 and 14.40, respectively), in microscopically diagnosed malaria patients attending the Base Hospital as compared to those attending the Regional Laboratory. Among the patients attending the Regional Laboratory only vomiting and absence of backache were significant predictors of malaria (OR being 1.68 and 0.45, respectively). Classical symptoms of malaria such as fever with chills

and rigors were not identified as significant predictors of malaria. It is concluded that clinical diagnosis of malaria is unreliable because no symptom or combination of symptoms were consistently found to be significantly predictive of malaria.