



## PLASMODIUM KNOWLESI-MALARIA

ANIMAL GROUP AFFECTED	TRANSMISSION	CLINICAL SIGNS	FATAL DISEASE ?	TREATMENT	PREVENTION & CONTROL
<i>Macaca</i> spp. <i>Presbytis melalophos</i> man	via <i>Anopheles</i> spp.	In rhesus monkeys or man: lytic infections or shock	In rhesus monkeys and man	Chloroquine Pyronavidine Mefloquine Sulfadoxamine - pyrimethamine	<i>In houses</i> Mosquito control  <i>in zoos</i>

<b>Fact sheet compiled by</b> Manfred Brack, formerly German Primate Center, Göttingen/Germany.	<b>Last update</b> 22.11.2008
<b>Susceptible animal groups</b> : naturall hosts : <i>Macaca fascicularis</i> , <i>M. nemestrina</i> , <i>Presbytis melalophos</i> . Vectors : <i>Anopheles balabacensis introlatus</i> , <i>Anopheles hackeri</i> , other Malaysian <i>Anopheles</i> spp.	
<b>Causative organism</b> : <i>Plasmodium knowlesi</i> (quotidian : 24 h. asexual blood cycle).	
<b>Zoonotic potential</b> : in Indonesia up to 100% of suspected human <i>P.malariae</i> infections are caused by <i>P. knowlesi</i> , fatal in man.	
<b>Distribution</b> : Malaysia, Philippines, Formosa.	
<b>Transmission</b> : <i>Anopheles balabacensis introlatus</i> , <i>A. hackeri</i> , <i>A. vagus</i> , <i>A. sinensis</i> , <i>A. kochi</i> , <i>A. maculatus</i> , <i>A. quadrimaculatus</i> .	
<b>Incubation period</b> : in experimental infections 24 hs.	
<b>Clinical symptoms</b> : only mild in Philippine cynomolgus monkeys, in Malaysian cynomolgus monkeys or rhesus monkeys lytic infections or acute or prolonged shock. Listlessness, lethargy, irritability, anorexia, fever, anemia, hematocrit- and blood-pressure drop, weight loss, dehydration, cyanosis. In man: (only Duffy- blood group positive phenotype (Caucasians) affected: myalgia, malaise, headache, anorexia, nausea, vomitus.	
<b>Post mortem findings</b> : in lytic infections congestion of portal veins and cerebral vessels with parasitized and nonparasitized erythrocytes, macrophages, and polymorphonuclears, hemosiderosis of Kupffer cells.	
<b>Diagnosis</b> : blood films, RNA and DNA determinations	
<b>Material required for laboratory analysis</b> : blood, liver tissues (necropsies).	
<b>Relevant diagnostic laboratories</b>	
<b>Treatment</b> : Chloroquines, Quinine, Quinidine, Pyronavidine, Sulfadoxamine- Pyrimethamine, Sulfalene-Pyrimethamine, Atovaquone, 8- aminoquinoline.	
<b>Prevention and control in zoos</b>	
<b>Suggested disinfectant for housing facilities</b>	
<b>Notification</b>	



<b>Guarantees required under EU Legislation</b>
<b>Guarantees required by EAZA Zoos</b>
<b>Measures required under the Animal Disease Surveillance Plan</b>
<b>Measures required for introducing animals from non-approved sources</b>
<b>Measures to be taken in case of disease outbreak or positive laboratory findings</b>
<b>Conditions for restoring disease-free status after an outbreak</b>
<b>Experts who may be consulted</b>
<b>References :</b> <ol style="list-style-type: none"><li>1. Brack, M. 1987. Agents transmissible from simians to man. Springer, Berlin.</li><li>2. Cox-Singh, J., T. M. E. Davis, K.-S. Lee, S. S. G. Shamsul, A. Matusop, S. Ratnam, H. A. Raman, D. S. Conway, and B. Singh. 2008. <i>Plasmodium knowlesi</i> malaria in humans is widely distributed and potentially life threatening. Clin. Infect. Dis. 46 : 165 – 171.</li><li>3. Fleck, F. 2004. Monkey malaria could represent a new human strain. Bull. WHO 82 : 392 – 393.</li><li>4. Handali, S., F. B. Cogswell, F. M. Krogstad, J. Phillips, P. J. Didier, and D. J. Krogstad. 1999. Cytoadherence of <i>Plasmodium knowlesi</i>-infected red blood cells (RBCs) to rhesus monkey brain endothelial cells <i>in vitro</i>. Am. J. Trop Med. Hyg. 61 : 313.</li><li>5. Ibiwoye, M. O., C. V. Howard, P. Sibbons, M. Hasan, and D. van Velzen. 1993. Cerebral malaria in the rhesus monkey (<i>Macaca mulatta</i>): Observations on host pathology. J. Comp. Pathol. 108 : 303 – 310.</li><li>6. Ibiwoye, M. O., P. D. Sibbons, C. V. Howard, M. Hasan, A. A. Mahdi, A. B. O. Desalu, and D. van Velzen. 1993. Cerebral malaria in the rhesus monkey (<i>Macaca mulatta</i>). Light and electron microscopic changes in blood cells and cerebrovascular endothelia. Comp. Haematol. Int. 3 : 153 – 158.</li><li>7. Kantele, A., H. Marti, I. Felger, D. Müller, and T. S. Jokiranta. 2008. Monkey malaria in a European traveler returning from Malaysia. Emerg. Infect. Dis. 14 : 1434 – 1436.</li><li>8. Mahdi, A. A., S. Ahmad, H. M. Khan, R. Khanna, K. A. Obaid, H. Kumar, N. Khan, and M. Naim. 1989. A histopathologic study of cerebral malaria in a rhesus monkey model. J. Infect. Dis. 159 : 154 – 155.</li><li>9. Oiliaro, P. L., and P. I. Trigg. 1995. Status of antimalarial drugs under development. Bull WHO 73 : 565 – 571.</li><li>10. Praba-Egge, A., S. Montenegro, F. B. Sogswell, T. Hopper, and M. A. James. 2002. Cytokine responses during acute simian <i>Plasmodium cynomolgi</i> and <i>Plasmodium knowlesi</i> infections. Am. J. Trop. Med. Hyg. 67 : 586 – 596.</li><li>11. White, N. J. 1998. Drug resistance in malaria. Br. Med. Bull. 54 : 703 – 715.</li><li>12. Wyler, D. J. 1993. Malaria chemoprophylaxis for the traveler. N. Engl. J. Med. 329 : 31 – 37.</li></ol>