

WORLD HEALTH
ORGANIZATIONORGANISATION MONDIALE
DE LA SANTÉCONFERENCE ON
MALARIA IN AFRICAWHO/Mal/126-7-2 ✓
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The Chief of the Malaria Section.
has the honour to communicate hereunder
the following note:

INFORMATION ON THE MALARIA CONTROL PROGRAMME IN THE TRANSVAAL
(UNION OF SOUTH AFRICA)¹

1. Present status of malaria control in the country

- 1.1 Recently estimated population of the country: 4,183,779 (1946).
1.2 Number of inhabitants living in malarious regions: 1,370,000.
1.3 Malaria morbidity and mortality statistics: Malaria is not a notifiable disease and malaria morbidity and mortality statistics are therefore not reliable. The following statistics have become available since 1950:

<u>Bloodsmears examined</u>		<u>No. Positive (Malaria)</u>
1950/51	306	41
1951/52	242	19
1952/53	1,658	700 (wet year)
1953/54	518	100

Hospital Admissions (Malaria)

1950/51	-	142
1951/52	-	61
1952/53	-	790 (wet year)
1953/54	-	87

- 1.4 Total population directly protected against malaria, by any method of control, in 1953: Not stated.

¹ From the report submitted on 11 August 1954 by the Director of the Department of Health to WHO, AFRO.

1.5. Areas where the population was directly protected in 1953: See attached map.

1.6 Data detailed in Annex I.

1.7 Information on the evaluation of the results of the campaign: Satisfactory progress has been made. Malaria incidence has much decreased during the last years. The fear of malaria epidemics does not exist any more.

1.8 Information available, if any, on general improvements that may have followed malaria control: Remarkable progress has been made in malarious areas, mainly on agricultural lines, since control of malaria.

2. Organization, methods, and training facilities of the present programme

2.1 Organization

The malaria organization is a part of the Department of Health. Transvaal was divided in four zones in 1945 for malaria control work. A Medical Inspector at the head of each zone with his subordinate staff formed a unit which operated directly under the Deputy Chief Health Officer.

2.2 Methods of malaria control

2.2.1 In some hyperendemic areas residual spraying is supplemented by antilarval work depending on the seasonal fluctuation of A. gambiae. In others residual spraying suffices. No areas receive any fixed type of treatment every year.

2.2.2 Drugs as such have had no place in the malaria campaign.

2.3 Training facilities

No specific training facilities exist. New staff is being trained in the field by the malaria personnel.

ANNEX I

Year: 1953-54

1. Area of operations: -
2. Number of houses and all other structures sprayed: 291,276.
3. Population directly protected (i.e. living in sprayed structures): ca. 440,000.
4. Population protected by other methods of control: Not stated.
5. Number of sprayings in the year: 1.
6. Insecticides used: total annual consumption:

DDT 5% solution	10,363 gallons
DDT 27.5% emulsion	3,009 gallons
BHC 40% wettable powder	141,434 lb.
7. Average dose of insecticides per square foot for each spraying:

DDT, technical grade	200 mg
BHC, gamma isomer	30 mg
8. Types of sprayers used: Eclipse Knapsack sprayers.
9. Are all structures sprayed?: Basically only dwelling houses are sprayed. Where A. gambiae have shown exophilic tendencies in hyperendemic regions in rural areas, unoccupied rooms and grain storage shacks have been sprayed too.
10. Average superficial area sprayed during each spraying per inhabitant directly protected: 350 sq. ft (Native huts).
11. Cost of residual spraying operations
 - 11.1 Total cost per year: £170,000 (US\$476,057)
 - 11.2 Total cost for materials: £55,000 (US\$154,018)
 - 11.3 Annual cost per capita of the population directly protected by residual spraying: 2/6d (US\$0.35)
12. Cost of operations by other methods of anopheles control, if any

Nil.
13. Cost of control operations by drug prophylaxis, if any

Nil.

INCIDENCE OF MALARIA IN THE TRANSVAAL

