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Severe imported falciparum malaria – Clinical and drug supply challenges

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Severe imported falciparum malaria – clinical and drug supply challenges

Dear Editor,

We read with interest a case series on a cohort of Italian patients with severe Plasmodium falciparum malaria treated in the intensive care unit with predominantly positive outcomes. [1] In light of lengthy processes of approval from the Food and Drug Administration (FDA) for drugs which are already routinely prescribed around the world, it has come to our attention that patients may not be receiving potentially life-saving antimalarial agents quickly enough to prevent rapid dissemination of parasite burden and eventual progression of disease.

In December 2017, we saw a 50-year old man who had recently returned from a trip to Africa with one week of progressive fever and altered mental status. Peripheral blood smear (figure 1) confirmed a diagnosis of malaria with high parasite load (20%). The patient had been started on doxycycline and quinidine (the FDA-approved therapy within the U.S.) before being transferred from a hospital in rural Georgia to Grady Memorial Hospital in downtown Atlanta. Due to complications of Quinidine therapy in the form of QT interval prolongation and ventricular arrhythmias,, efforts were made to obtain artesunate (an investigational drug recommended by the World Health Organization and used broadly in Europe) through FDA waiver. Despite rapid administration of artesenate acquired from the Center for Disease Control (CDC) located a few miles from Grady Memorial Hospital, the patient rapidly developed shock, liver dysfunction, kidney failure, and peripheral ischemia. The patient was maintained on four vasopressor agents before being started on angiotensin II to decrease vasopressor burden. After five days of continuous vasopressor support to maintain circulation and continuous renal