

DECEMBER 2025 HIPC NEWSLETTER

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- HAI DATA- NOVEMBER 2025
- HAND HYGIENE COMPLIANCE AUDIT DATA

Important Dates

- | World Hand Hygiene Day- May 5th
- | Global Handwashing day –October 15th
- | AMR Awareness Week-18-24 November
- | International Infection Prevention Week –Every 3rd Week Of October

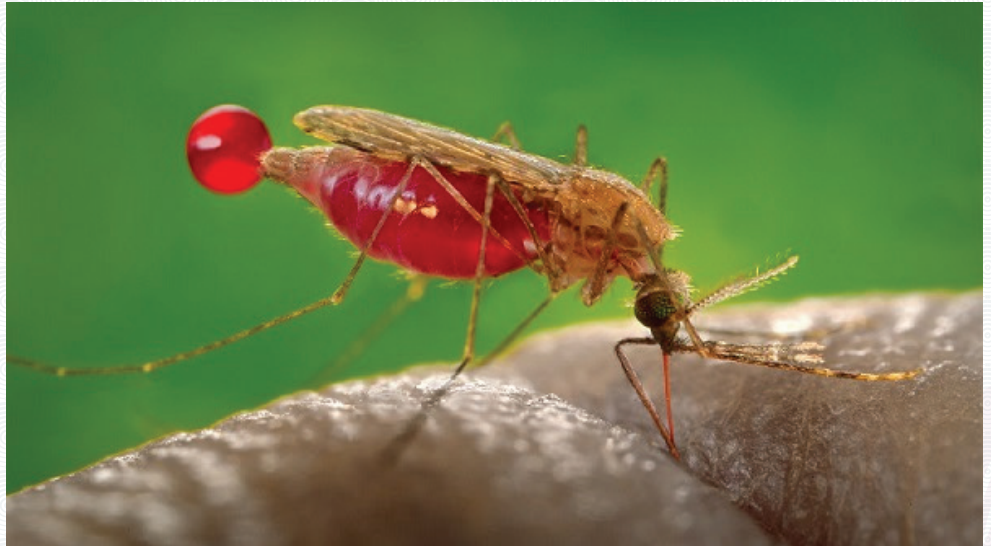
Guideline Updates Quick Links

<https://www.who.int/news-room/fact-sheets/detail/malaria>

https://www.cdc.gov/malaria/about/index.html#cdc_disease_basics_risk-causes-and-risk

MALARIA

INTRODUCTION



Malaria is a life-threatening disease spread to humans by some types of mosquitoes. It is mostly found in tropical countries. It is preventable and curable.

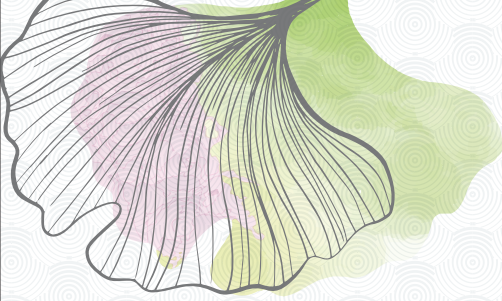
- Globally in 2024, there were an estimated 282 million malaria cases and 610 000 malaria deaths in 80 countries.
- The WHO African Region carries a disproportionately high share of the global malaria burden.
- In 2024, the WHO African Region was home to 95% of malaria cases (265 million) and 95% (579 000) of malaria deaths.
- Children under 5 accounted for about 75% of all malaria deaths in the Region.

RISK FACTORS & VULNERABILITY

- **Geography:** Predominantly tropical/subtropical areas.
- **Socioeconomic:** Lack of good housing (screens) or healthcare access.
- **Vulnerable Groups:** Young children and pregnant women are most at risk in endemic areas.

SOURCE OF INFECTION

Malaria is a disease caused by a parasite. Female Anopheles mosquitoes is the vector that transmit malaria from one person to another. Not all Anopheles mosquitoes have malaria, but if they bite a person with malaria, they can become infectious. Once they bite another person, this continues the cycle of spreading malaria from mosquito to people.



[<https://www.cdc.gov/malaria/hcp/diagnosis-testing/malaria-diagnostic-tests.html>
\[\\[https://www.google.com/search?sca_esv=69ce569418db93e5&q=Names+of+malaria+drugs&source=lnms&bs=AlljpHz30rPMYw-OvSP0k1VTN mO_w7HWZdssFT8--zJ8qNsl8L7-5q\\]\\(https://www.google.com/search?sca_esv=69ce569418db93e5&q=Names+of+malaria+drugs&source=lnms&bs=AlljpHz30rPMYw-OvSP0k1VTN mO_w7HWZdssFT8--zJ8qNsl8L7-5q\\)\]\(https://www.google.com/search?sca_esv=69ce569418db93e5&q=Names+of+malaria+drugs&source=lnms&bs=AlljpHz30rPMYw-OvSP0k1VTN mO_w7HWZdssFT8--zJ8qNsl8L7-5q\)](https://www.google.com/search?q=malaria+symptoms+images&sca_esv=6df4517c094a5336&ei=tQ_afT6PK_j2roP-bjO6Aw&oq=malaria+SYMPTOMS+images&gs_lp=Egxnd3Mtd2l6LXNlcniAif21hbGFyaWEgU1IiNUFRPTVMgaW1hZ2VzKgIIADILEAAyAQYkQIYigUyBhAAGAcYHjIIEAAyC BgeMgsQABiABBIGAXiKBTILEAAyCAQYhgMYigUyCxAAGIAEGIYDGIoF MgsQABiABBIGAXiKBTILEAAyCAQYogQyCBAAGIAEGKIESK42UNQJWP QhcAF4AZABAjgBiwGgAZoHqgED MC44uAEBYAEa-AEBmAlJoALzB8l CChAAGLADGNYEGEFcAggQABgH GAgYHsICBhAAGA0YHsICCBAA GAUYDRgewgIIIEAAYCBgNGB7CAgcQ ABiABBgNmAMaIAYBkAYIkgcDMS 44oAeKP7IHZAuOLgH7AFcBwUyL TYuM8gHPYIAAA&scit=gws-wiz-serp#sv=CAMSZxowKg5CTGVuTIJG VJISZEd3TTIOQkxlbk5SRiY5UmRh d006DlPMWG42MEsyTKJiMF9NIAQq LwobX2U5V9hY1QwSm9ITTjyb1B3 dnFFZ0FzXzQgEg5CTGVuTIJGVJIS ZEd3TRgAMAEBYc04d_MAJACSGol AhACGAigAigC)

SYMPTOMS

Most people begin to feel ill as **early as one week after infection or as late as a year or more.**

Malaria symptoms can include

- Fever and flu-like illness
- Chills
- Headache, muscle aches, and tiredness
- Nausea, vomiting, and diarrhea

See a healthcare provider if you have any these symptoms.

MALARIA SYMPTOMS



COMPLICATIONS

Malaria symptoms may become more severe.

- Anemia (low red blood cells) and jaundice (yellow coloring of the skin and eyes).
- If not treated right away, the infection can become serious. It may cause kidney failure, seizures, mental confusion, coma, and death.

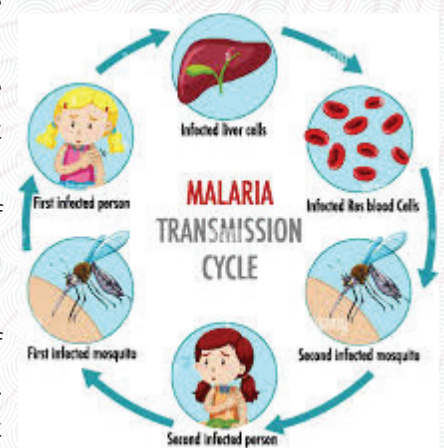
TRANSMISSION

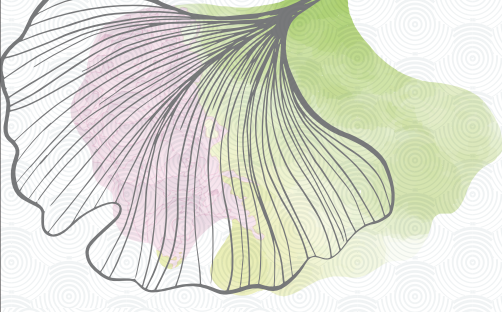
Incubation Period

The type of mosquito that carries the malaria parasite is an Anopheles mosquito. When an infective Anopheles mosquito bites you and passes on the malaria parasite, there is a period of time before the first symptoms show. This time between mosquito bite and first sign of symptoms is called the "incubation period."

The incubation period in most cases of malaria ranges from 7 – 30 days. Different species of parasites that cause malaria in humans can cause shorter or longer incubation periods.

In addition, some malaria parasite species can remain dormant (inactive) in the liver for months or years after the initial infection. Later, after returning from an area with malaria, these parasites can then leave the liver and infect red blood cells and cause another episode of illness. Proper diagnosis and treatment can prevent malaria illness caused by these dormant parasites.





DIAGNOSTICS AND TREATMENT



DIAGNOSIS

- Peripheral blood smear examination of blood films is the gold standard for laboratory confirmation of malaria parasites.
- A Rapid Diagnostic Test (RDT) is an alternate way of quickly establishing the diagnosis of malaria.
- Quantitative buffy coat examination is an advanced microscopic technique for malaria diagnosis.
- PCR can help identify the Plasmodium species to ensure proper treatment.

TREATMENT

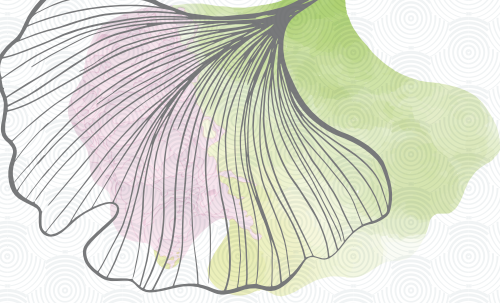
Treatment should be guided by the following four main factors:

- Infecting Plasmodium species;
- Clinical status of the patient;
- Expected drug susceptibility of the infecting parasite as determined by the geographic area where the infection was acquired; and
- Previous use of antimalarials, including those taken for malaria chemoprophylaxis
- Initiate antimalarial treatment immediately upon confirmation of malaria diagnosis.
- Guide patient treatment by Plasmodium species, patient's clinical status, expected drug susceptibility of infecting parasite, and previous use of antimalarials.
- Use the Malaria Treatment Tables for drug recommendations, as well as adult and pediatric dosing.

Common generic names of malaria drugs include:

- **Artemisinin-based combination therapies (ACTs):** These are the preferred first-line treatment for uncomplicated malaria in most parts





of the world. Examples include **artemether-lumefantrine** (brand name: Coartem) and **artesunate-mefloquine**.

- **Atovaquone-proguanil** (brand name: Malarone).
- **Chloroquine phosphate** (brand names include Novo-Chloroquine, Quinaglute) - generally only effective in areas without chloroquine-resistant parasites
- **Doxycycline**.
- **Mefloquine** (brand name: Lariam).
- **Primaquine phosphate**.
- **Quinine sulfate** (brand names include Qualaquin, Quinidex).
- **Quinidine gluconate**.
- **Tafenoquine** (brand names: Arakoda, Krintafel).
- **Hydroxchloroquine sulfate** (brand name: Plaquenil).

For severe malaria, the World Health Organization (WHO) recommends intravenous or intramuscular artesunate. Quinine is an alternative if artesunate is unavailable.

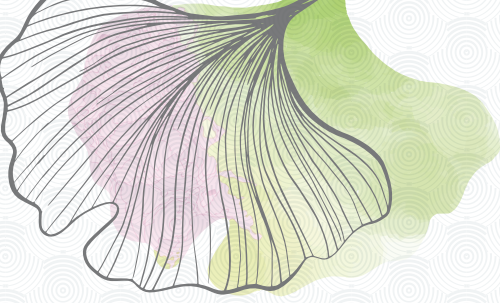
IMPORTANT NOTE

Antimalarial drugs should only be used as prescribed by a healthcare professional after a proper diagnosis and consideration of the specific strain of malaria and individual health factors. Counterfeit drugs are a risk in some areas, so obtaining medications from a reliable source like the CDC recommended sources before travel is important.

PREVENTION AND CONTROL

The World Health Organization (WHO) emphasizes vector control (Insecticide-Treated Nets (ITNs), Indoor Residual Spraying (IRS)), preventive medicines (Seasonal Malaria Chemoprevention, Intermittent Preventive Treatment in Pregnancy), and prompt diagnosis & treatment for malaria prevention and control, alongside personal protective measures like repellents, protective clothing, and screens, aiming to reduce transmission and protect vulnerable populations.



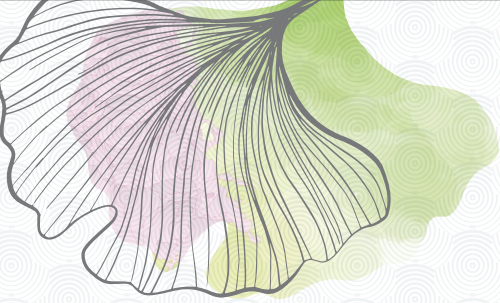


KEY POINTS

- Most people get malaria from the bite of an infective mosquito, also called a vector.
- Most cases of malaria diagnosed in the U.S. are in people who have traveled to or from other countries where malaria is widespread. We call this imported malaria.
- Locally acquired, mosquito-transmitted malaria is a rare event in the U.S

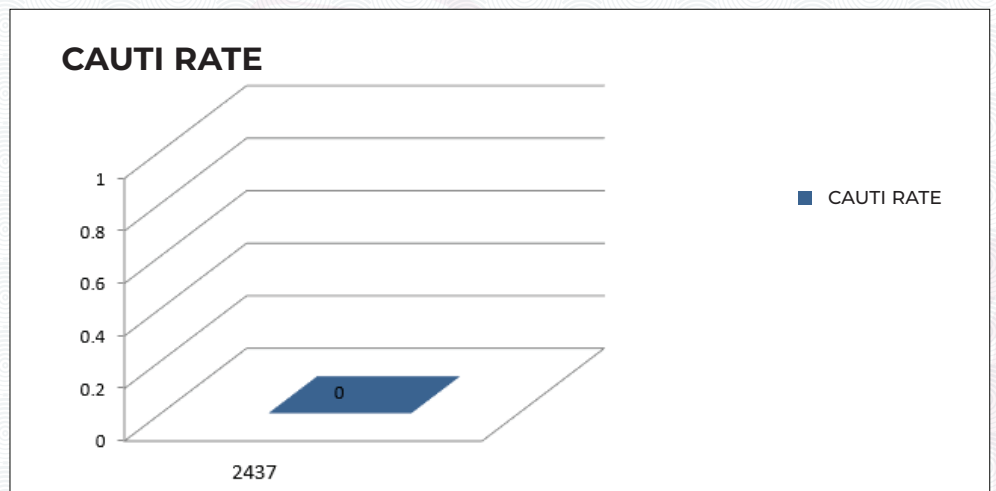
Key factors for malaria, according to the CDC, involve transmission via infected mosquitoes in tropical/subtropical areas, influenced by climate (warm temps, rain for breeding), vulnerable populations (kids, pregnant women), and human elements (travel, lack of resources/awareness). Diagnosis hinges on travel history and blood smears, with severe cases causing anemia, organ failure, or death, emphasizing prompt medical attention for fever/chills.



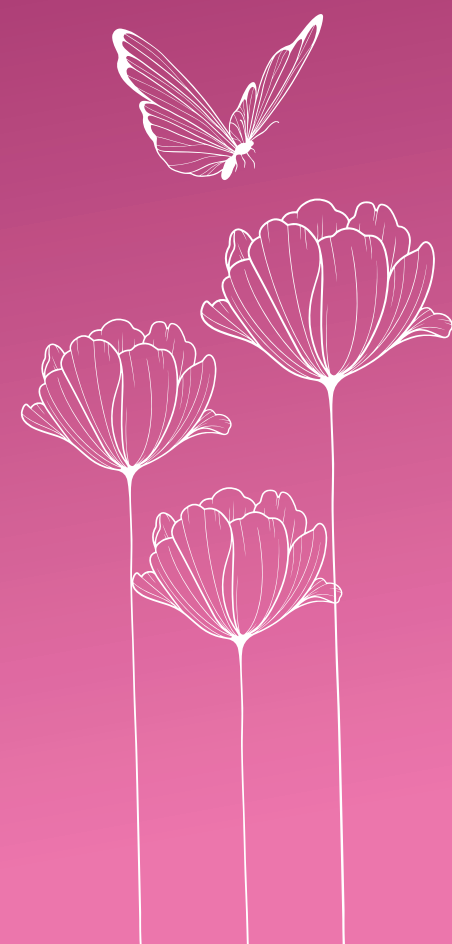
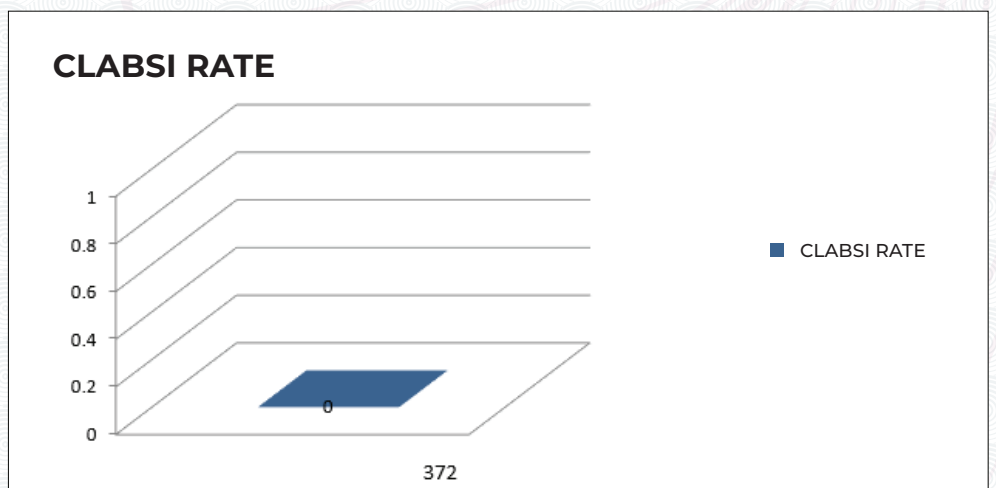


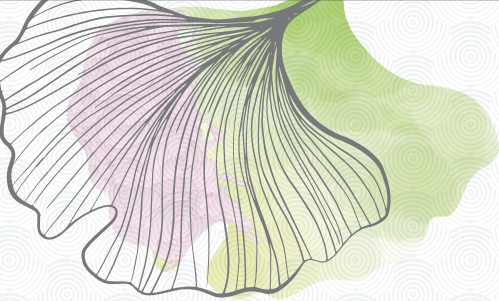
HAI DATA - NOVEMBER -25

CAUTI RATE - NOVEMBER 2025

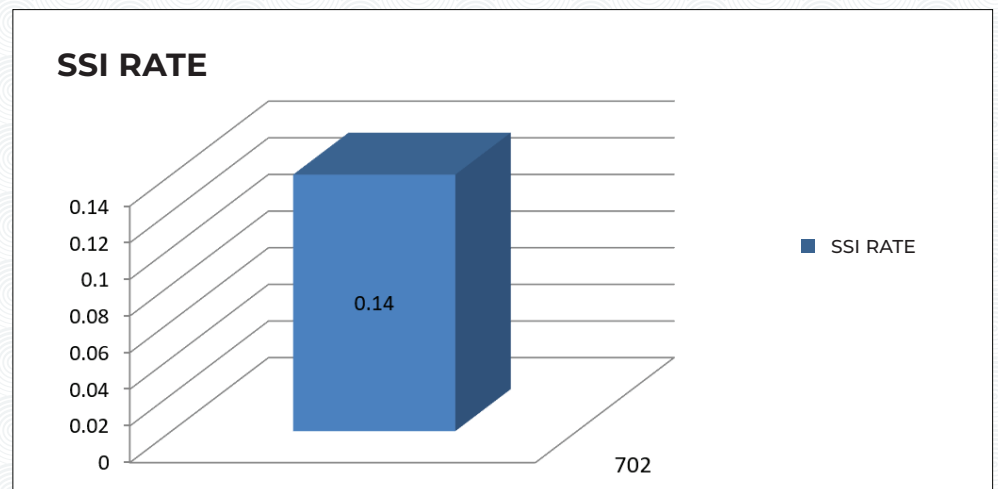


CLABSI RATE - NOVEMBER 2025

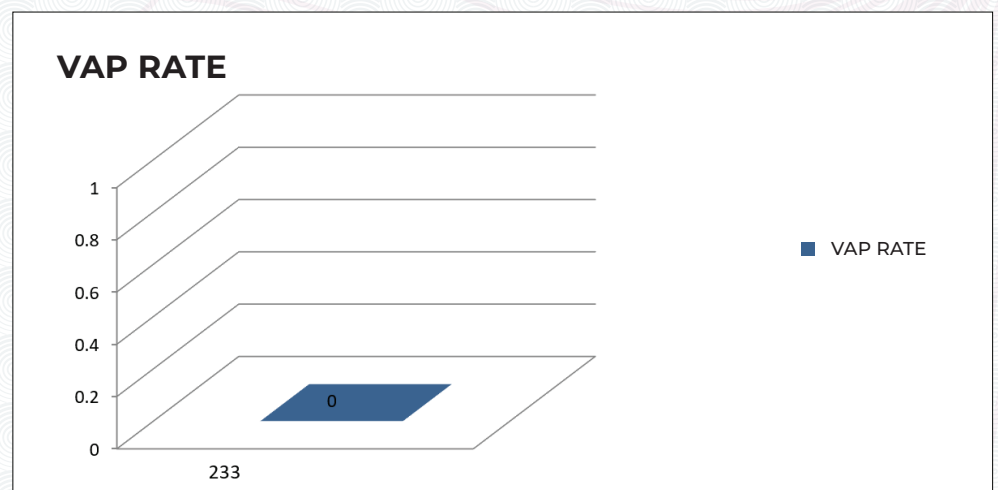




SSI RATE - NOVEMBER 2025



VAP RATE - NOVEMBER 2025



PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- NOVEMBER 2025

