Imported malaria is progressively increasing in Italy in the last two decades. A significant number of malaria cases is registered every year in North-eastern Italy due to the high immigration rate. Most cases are non-immune African children born in Italy and visiting friends and relatives (VFR) in endemic areas without proper chemoprophylaxis. Every year in the world’s there are more than 365 million malaria cases and more than a million death (80 % are children) the most part in sub-saharian Africa. Malaria is endemic in 105 countries. More than 30,000 cases of malaria are reported annually among travelers from developed countries.

**1996-2012**: 65 cases imported malaria in children (age range 7 months- 15 years)
- 39 (60 %) born in Italy long term immigrants (VFR)
- 24 (38 %) new immigrants arriving in Italy for the first time
- 1 adopted child from India
- 1 Italian child visiting Africa with parents for tourism (Costa d’Avorio)

**Area of acquisition of malaria:**
- 64 children from sub-saharian AFRICA:
  - Nigeria – Burkina Faso – Senegal -Sierra Leone - Guinea Bissau - Ghana – Costa D’Avorio - Togo – Camerun - Congo
  - 1 child from ASIA – India

Seasonal Incidence: most cases in summer-autumn during school holidays

**Plasmodium Species:**
- P. falciparum 58 children
- P. falciparum + P. vivax 5 children
- P. falciparum + P. ovale 2 children

**Treatment:**
Quinine until 2010 - Artemisinin derivatives 2011-2013 (REV. WHO Guidelines 2011)

**Outcome:**
- No deaths – 2 relapses
- 1 case with neurological sequelae (severe malaria complicated with rhabdomyolysis and acute renal failure due to delayed diagnosis)

IN ALL CASES NON-APPROPRIATE PROPHYLAXIS WAS REPORTED

These epidemiological data demonstrate the importance of the chemoprophylaxis in long-term immigrants in order to prevent imported malaria.

Early diagnosis of malaria reduces severe complications: we recommend physicians to suspect this infection in all febrile children coming from malaria endemic areas.