Clinical and Laboratory Features of Human *Plasmodium* knowlesi Infection

Cyrus Daneshvar¹, Timothy M. E. Davis³, Janet Cox-Singh¹,Mohammad Zakri Rafa'ee², Siti Khatijah Zakaria¹, Paul C. S. Divis¹, and Balbir Singh¹

¹Malaria Research Centre, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, Sarawak, Malaysia

²Malaria Research Centre, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, and Kapit Hospital, Sarawak, Malaysia

³Department of Medicine, Fremantle Hospital, University of Western Australia, Fremantle, Australia

Abstract

Background. Plasmodium knowlesi is increasingly recognized as a cause of human malaria in Southeast Asia but there are no detailed prospective clinical studies of naturally acquired infections.

Methods. In a systematic study of the presentation and course of patients with acute *P. knowlesi* infection, clinical and laboratory data were collected from previously untreated, nonpregnant adults admitted to the hospital with polymerase chain reaction-confirmed acute malaria at Kapit Hospital (Sarawak, Malaysia) from July 2006 through February 2008.

Results. Of 152 patients recruited, 107 (70%) had P. knowlesi infection, 24 (16%) had Plasmodium falciparum infection, and 21 (14%) had Plasmodium vivax. Patients with P. knowlesi infection presented with a nonspecific febrile illness, had a baseline median parasitemia value at hospital admission of 1387 parasites/μL (interquartile range, 6-222,570 parasites/μL), and all were thrombocytopenic at hospital admission or on the following day. Most (93.5%) of the patients with P. knowlesi infection had uncomplicated malaria that responded to chloroquine and primaguine treatment. Based on World Health Organization criteria for falciparum malaria, 7 patients knowlesi infection (6.5%) had severe infections at hospital admission. The most frequent complication was respiratory distress, which was present at hospital admission in 4 patients and developed after admission in an additional 3 patients. P. knowlesi parasitemia at hospital admission was an independent determinant of respiratory distress, as were serum creatinine level, serum bilirubin, and platelet count at admission (P<.002 for each). Two patients with knowlesi malaria died, representing a case fatality rate of 1.8% (95% confidence interval, 0.2%-6.6%).

Conclusions. Knowlesi malaria causes a wide spectrum of disease. Most cases are uncomplicated and respond promptly to treatment, but approximately 1 in 10 patients develop potentially fatal complications.