of cases in RS increased by 204%, reinforcing the association with extreme climate events that affected the region in 2024. Monthly analysis showed that approximately half of the cases in the period occurred in May (266 cases; 48.36%), coinciding with the time of floods that broadly impacted the state. Regarding mortality, 211 deaths were reported in Brazil in the first half of 2024. Of these, 42 occurred in RS (19.90%), representing an 82.6% increase compared with the same period in 2023.

Conclusion: This study demonstrates the direct impact of floods on the rise in leptospirosis cases and deaths in RS in 2024, pointing to relevant consequences for the health system. The findings highlight the importance of structural preventive actions by public managers, including improvements in basic sanitation and urban drainage. In a scenario of increasingly frequent extreme climate events, such measures are essential to mitigate the health and economic effects associated with the disease.

Keywords: Leptospirosis, Floods, Public health, Basic sanitation.

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CONGENITAL MALARIA DUE TO PLASMODIUM VIVAX MIMICKING LATE-ONSET NEONATAL SEPSIS IN A NON-ENDEMIC AREA: CASE REPORT

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Malaria is a disease transmitted mainly through the bite of Anopheles mosquitoes, which inoculate Plasmodium sporozoites into the human host. Congenital malaria rarely occurs, via vertical transmission of the parasite's blood forms in utero or during delivery. We report the case of a Venezuelan pregnant woman with Plasmodium vivax malaria treated with chloroquine and primaquine in the first trimester, before pregnancy was confirmed. After pregnancy diagnosis, she was followed at a tertiary hospital in southern Brazil, a region without parasite circulation. She experienced a recurrence of P. vivax and received chloroquine (loading dose for 3 days) and weekly prophylaxis; primaquine was postponed due to contraindication in pregnancy. She remained asymptomatic with negative tests until vaginal delivery, when the newborn had Apgar scores of 3/8 and required resuscitation, but then stabilized clinically. Initial tests such as complete blood count and thick smear for parasites were normal, and the infant was discharged without symptoms. At 21 days of life, the newborn returned with intermittent fever, hepatosplenomegaly, severe anemia, and thrombocytopenia. Late-onset neonatal sepsis was considered, but based on the clinical and epidemiological history, direct testing for Plasmodium and a rapid test were performed, confirming severe P. vivax infection in a non-endemic region. The mother and the newborn were tested for G6PD deficiency, and both results were negative. The case was reported to surveillance authorities, and treatment with intravenous artesunate was initiated, followed by oral artemether-lumefantrine, with favorable evolution, laboratory normalization, and hospital discharge. The mother completed treatment with chloroquine and primaquine 40 days after delivery. The baby was followed as an outpatient until 18 months of age, with adequate neuropsychomotor development. Although rare, congenital malaria should be considered even in non-endemic areas, especially in pregnant women with a migratory history. The clinical picture can mimic neonatal sepsis and other congenital infections, thereby delaying diagnosis. Early suspicion is essential to ensure appropriate treatment. It is emphasized that, in congenital P. vivax malaria in a non-endemic region, infection results from blood forms without hepatic hypnozoites, making primaquine unnecessary for the newborn. Follow-up is important given the risk of alterations in child development.

Keywords: Congenital malaria, Plasmodium vivax, Artemether-lumefantrine, Vertical transmission, Neonatal sepsis.

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SEVERE MALARIA DUE TO PLASMODIUM FALCIPARUM: A DECADE OF HOSPITALIZATIONS, OUTCOMES, AND PUBLIC SPENDING IN ENDEMIC REGIONS OF THE BRAZILIAN LEGAL AMAZON

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Introduction: Malaria, transmitted by Anopheles mosquitoes, remains a serious public health problem in tropical regions. Among the infecting species, Plasmodium falciparum is the main cause of the most severe forms of the disease, associated with a higher risk of complications and death. In the Brazilian Legal Amazon, a highly endemic region, hospitalizations due to this infection represent a significant burden for the Unified Health System (SUS), affecting mortality, length of stay, and healthcare costs.

Objectives: To analyze the frequency, clinical outcomes, and economic impact of hospitalizations for Plasmodium falciparum malaria in the Legal Amazon between 2014 and 2024.

Methods: Cross-sectional study using data from the SUS Hospital Information System (SIH/SUS), obtained via DATASUS. Hospitalizations related to P. falciparum malaria in the Legal Amazon regions between January 2014 and December 2024 were included. Variables assessed included number of