



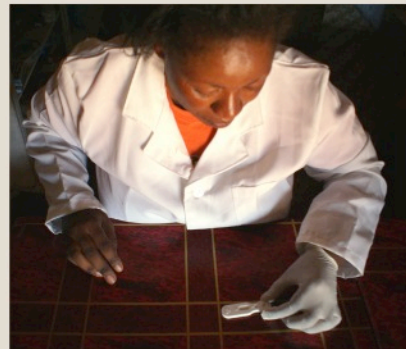
a decade in communicable disease control and child health

Malaria and pneumonia symptom overlap – Implications for community management strategies

Dr. Karin Källander
30th April, 2013



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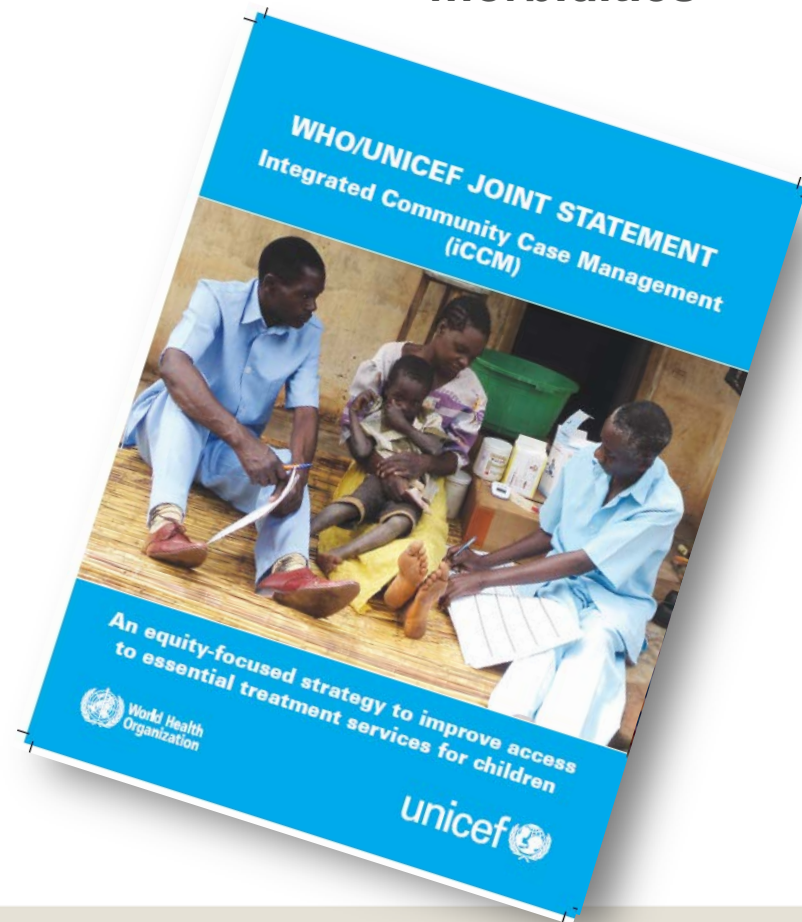
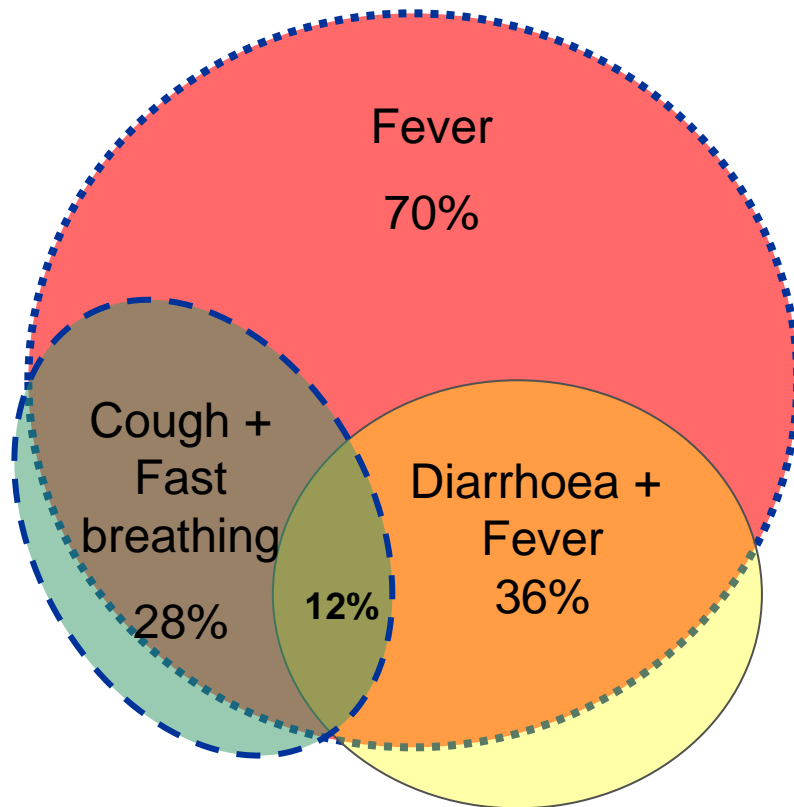
Community management of malaria in Uganda

1. Pre-packaged CQ & S/P
2. Guidelines for training drug distributors
3. Monitoring tools
4. Communication strategy for behaviour change



Presumptive treatment of fever in Uganda

Recognition of the need to address co-morbidities



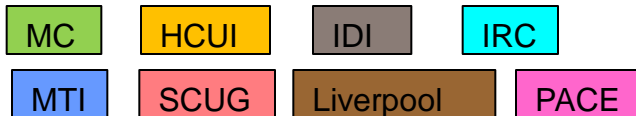
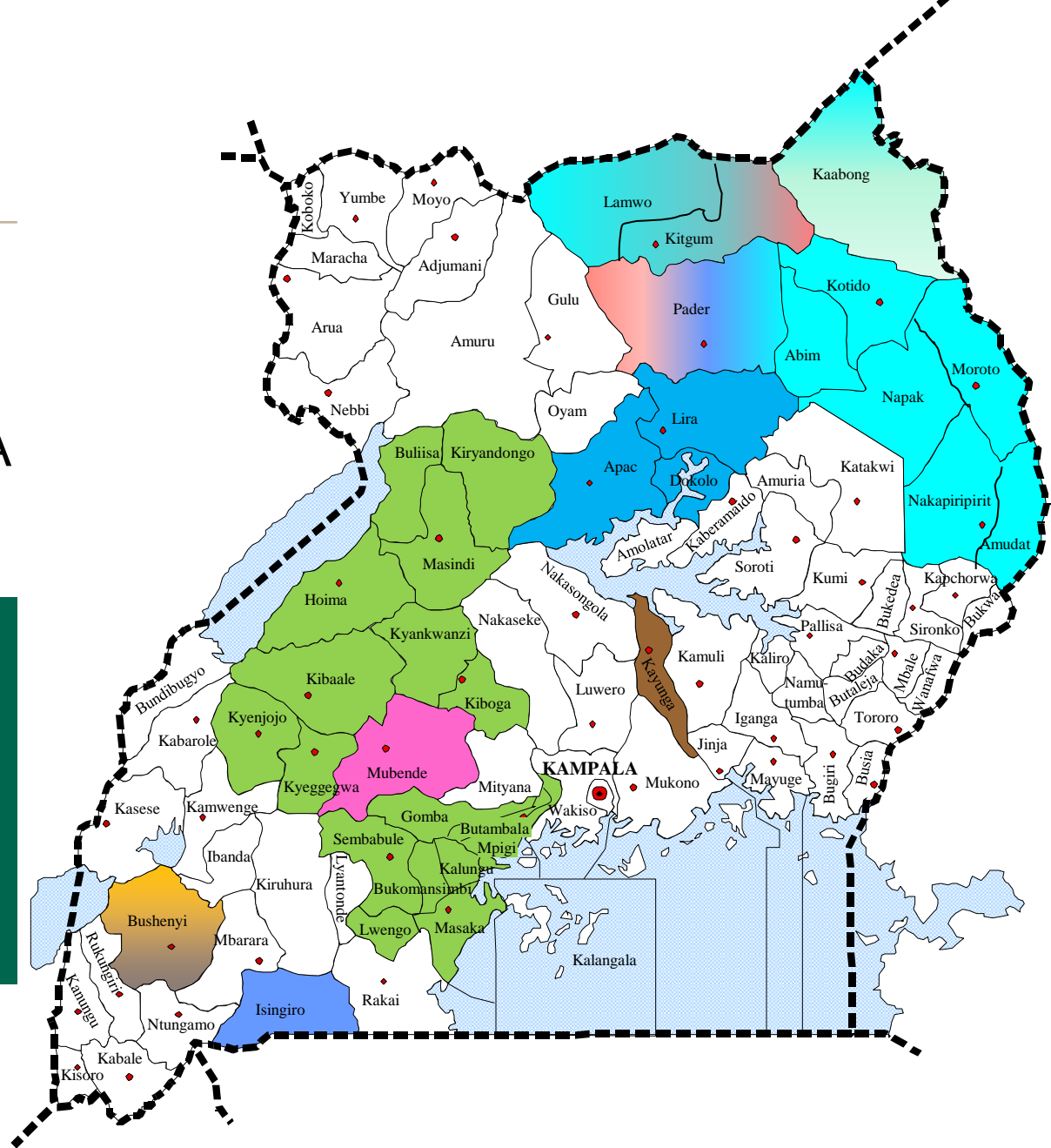
Källander et al 2004

ICCM in Uganda

- >21,000 CHWs trained in ICCM in 34 districts
- Main funding from CIDA

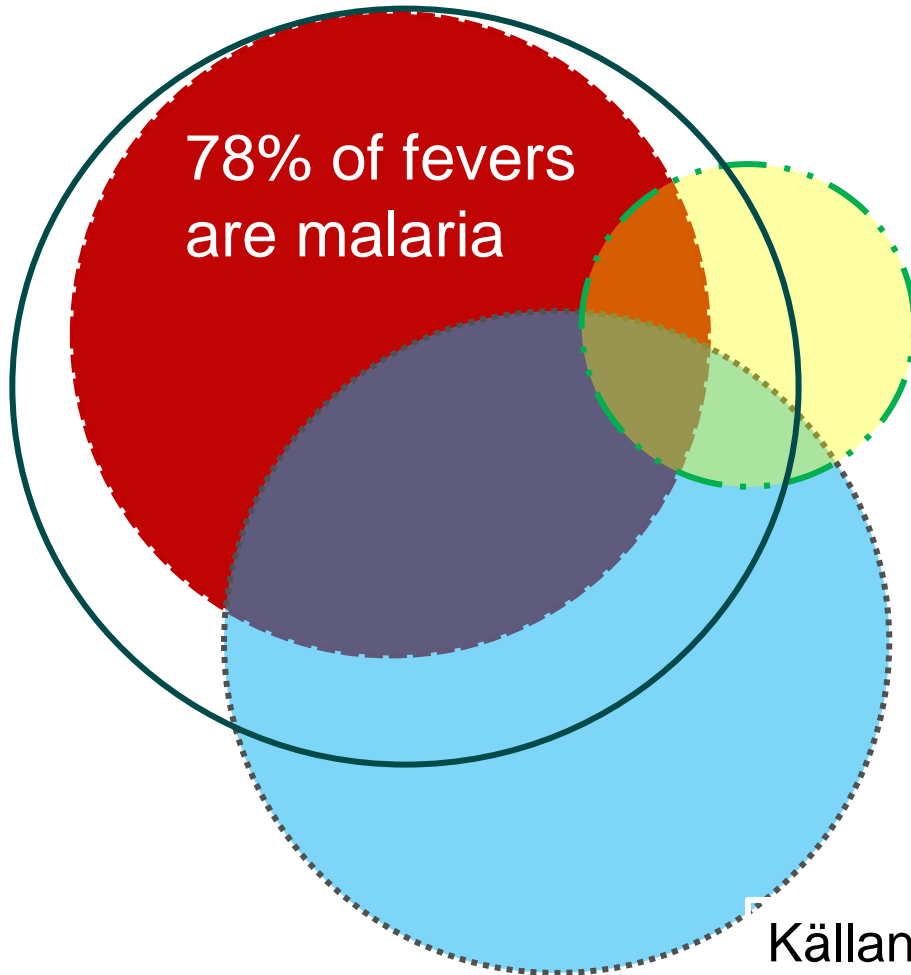
2009-2013

MC supports ICCM in 17 districts in Uganda:
>12,000 CHWs covering 1,100,000



Symptom and disease overlap under ICCM

4515 children under 5



Fever – 2976 (66%)

Malaria – 2329 (52%)

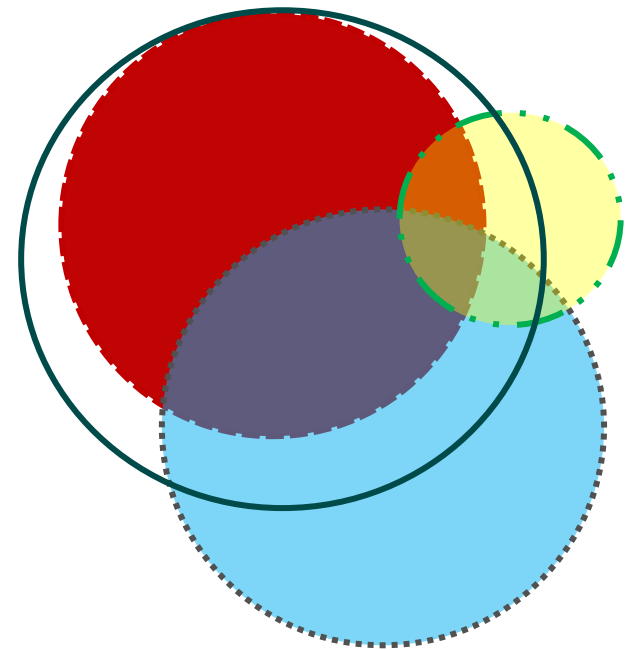
Pneumonia – 2167 (48%)

Diarrhoea – 608 (13%)

Källander et al, 2013 (unpublished data)

Implications and further questions

- ICCM successful in reaching pneumonias - HBMF would have mistreated 50% with antimalarials and missed the other half
- 1/3 of malarias also got a pneumonia diagnosis – does use of RDTs prompt further investigation?
- >50% of pneumonias did not have fever - are these "replacement" diagnoses for malaria negative fevers? Can antipyretics reduce overdiagnosis?
- What role could improved pneumonia diagnostics play?





a decade in communicable disease control and child health

www.malariaconsortium.org

Thank you



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