

## Malaria Diagnosis and Treatment:

### **Malaria Diagnosis:**

Prompt and accurate diagnosis of malaria is part of effective disease management and will, if implemented effectively, help reduce unnecessary use of antimalarial medicines. The two diagnostic approaches currently used are based on

1. the symptoms and signs of the disease - i.e. a clinical diagnosis and
2. detection of the causative parasite or its product(s).

The most commonly used being microscopic diagnosis, and more recently rapid diagnostic tests based on immunochromatographic techniques.



### **Malaria treatment:**

Once diagnosed as malaria, either on a clinical or parasitological basis, the patient should be treated early with a safe and effective antimalarial medicine, the Roll Back Malaria goal being effective treatment within 24 hours of the onset of symptoms. This is because a delay in treatment of uncomplicated malaria, especially in the non-immune patient could result in progression to severe disease which is associated with a high case fatality rate.

The management of clinical malaria includes treatment with an antimalarial medicine which should be consistent with the national treatment policy, and also supportive therapy, and referral to appropriate health facilities.



### **Malaria treatment policy for uncomplicated malaria:**

As a response to increasing levels of resistance to antimalarial medicines, WHO recommends that all countries experiencing resistance to conventional monotherapies such as chloroquine, amodiaquine or sulfadoxine-pyrimethamine, should use combination therapies, preferably those containing artemisinin derivatives (ACTs – artemisinin-based combination therapies) for falciparum malaria.

WHO currently recommends the following **combination therapies** (in alphabetical order):

1. artemether/lumefrantrine
2. artesunate plus amodiaquine (in areas where the cure rate of amodiaquine monotherapy is greater than 80%)
3. artesunate plus mefloquine (insufficient safety data to recommend use in Africa)
4. artesunate plus sulfadoxine/pyrimethamine (in areas where the cure rate of sulfadoxine/pyrimethamine is greater than 80%); this combination may be considered as an interim option where ACTs cannot be made available, provided that efficacy of both is high.