



Operational Research Priorities

Febrile Morbidities

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Febrile Morbidities

The popular mantra

“Common things occur more commonly”

“Every fever is malaria....”

“Until proved otherwise – by testing, or death – when in doubt, treat for malaria”

Febrile Morbidities

The NMCP Mantra

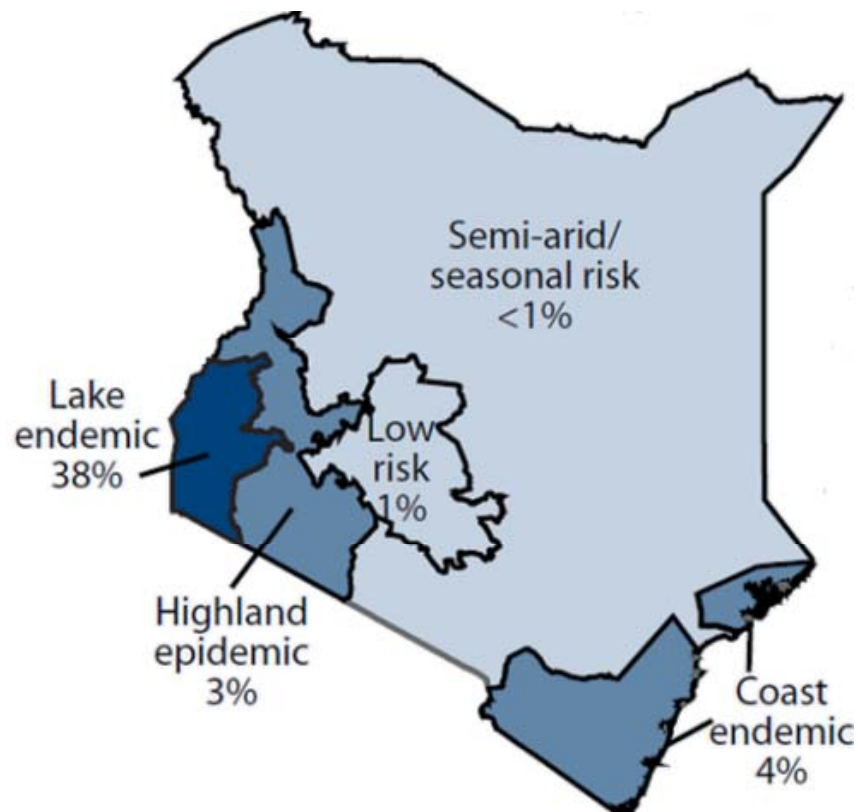
“Not all fevers are malaria – even in malaria endemic areas look for and rule out other causes of fever”

“If you suspect malaria, test, if positive treat with an ACT, if negative, do not treat with an ACT”



Malaria and Fever Prevalence

Malaria Prevalence

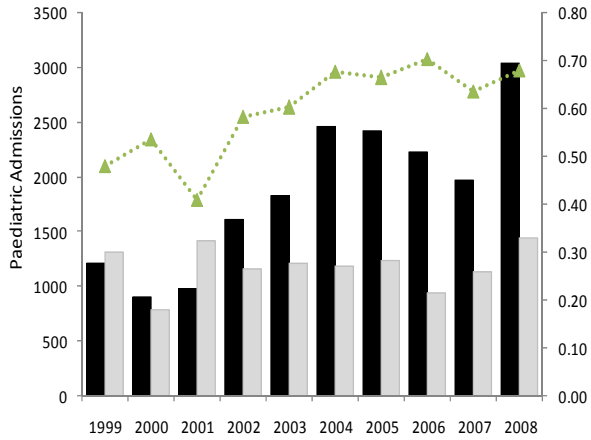


Fever Prevalence (CU5)

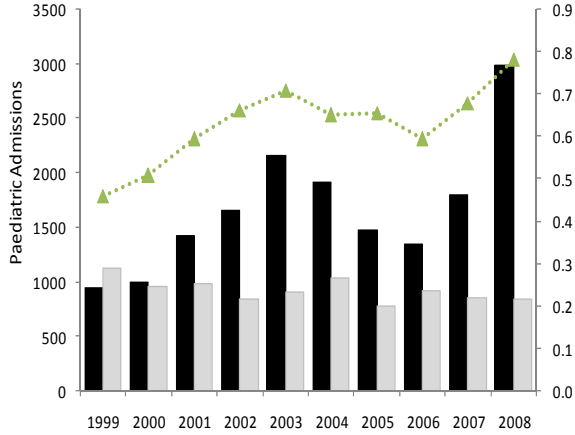
- Lake – 41%
- Coast – 30%
- Arid Seasonal – 21%
- Highland Seasonal – 24%
- Low-risk – 26%

Hospital admissions and Malaria

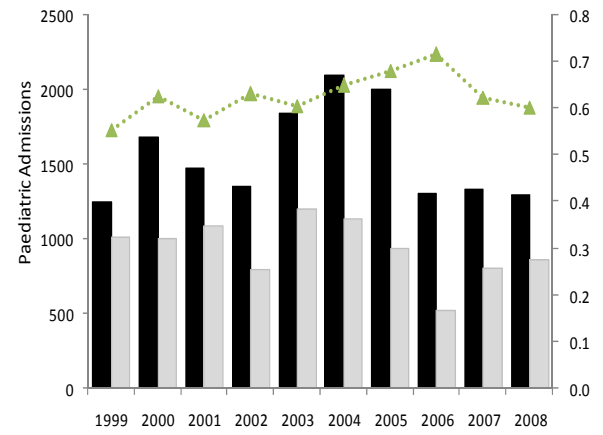
Busia



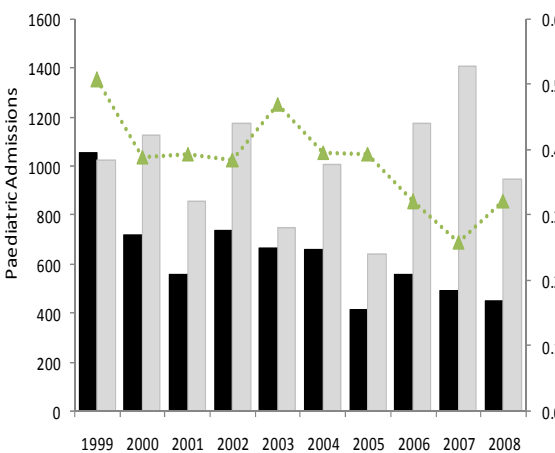
Siaya



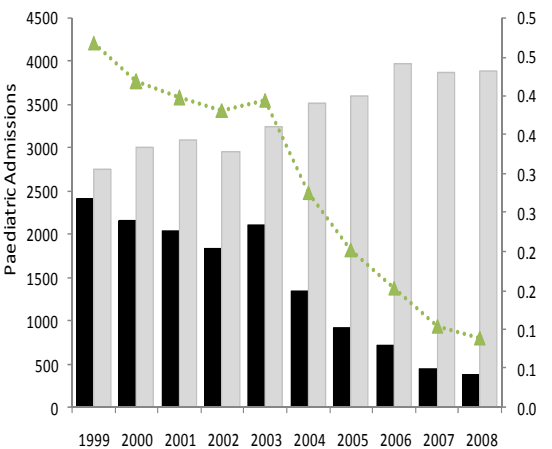
Homabay



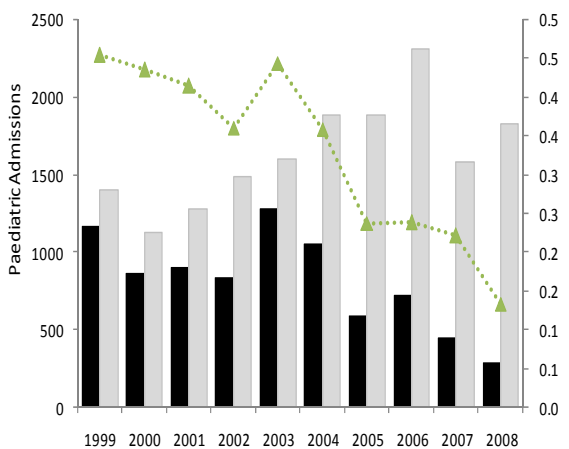
Msambweni



Kilifi



Malindi



Current Practice (Facility Survey)

Children < 5 years	HFs with diagnostics			HFs without diagnostics	All facilities
	<u>Positive</u> N=91 (%)	<u>Negative</u> N=99 (%)	<u>No Test</u> N=377 (%)	<u>All children</u> N=407 (%)	<u>Total</u> N=974 (%)
AL	85 (94)	46 (46)	251 (67)	298 (72)	680 (70)
No AM prescribed	0	43 (43)	104 (28)	100 (25)	247 (25)
Any AM prescribed	91 (100)	56 (57)	273 (72)	307 (75)	727 (75)
Antibiotic prescribed	70 (77)	89 (90)	281 (75)	329 (81)	769 (79)

Febrile Morbidities?

- Acute Respiratory Infections
 - Viral and Bacterial
- Infectious diarrhoea
 - Viral, Bacterial and Parasitic
- Malaria
- Bacterial infections
 - E.g. typhoid and para-typhoid fevers
 - Leptospirosis (outbreak with fatalities in 2004)
- Viral morbidities
 - Dengue Fever
- Parasitic diseases (Schisto and Leishmaniasis)

On-going Operational Research

Funded...

- Facility based fever surveillance – fever attributable to malaria in all age-groups
- Factors influencing demand, uptake and adherence to parasitological diagnosis and interventions to address challenges
- Interventions to improve quality of malaria case management

Operational Research Priorities

- Non-malarial febrile illness studies – age group and by region
 - Goal: Influence training curricula, clinical and CCM guidelines
- Evaluation of simple point of care tests for non-malarial fevers – if available
- *What is the impact of HiB, Pneumococcal and Rotavirus vaccinations on aetiology of AFI in young children?*

Stakeholders

- Ministry of Health Departments
 - Malaria Programme
 - Child and Adolescent Health
 - Community Health Services
 - Medicine
 - Pharmacy
 - Diagnostic services
 - Health Information
- Private sector
- Donors, technical support agencies
- Research and Training Institutions



Thank You