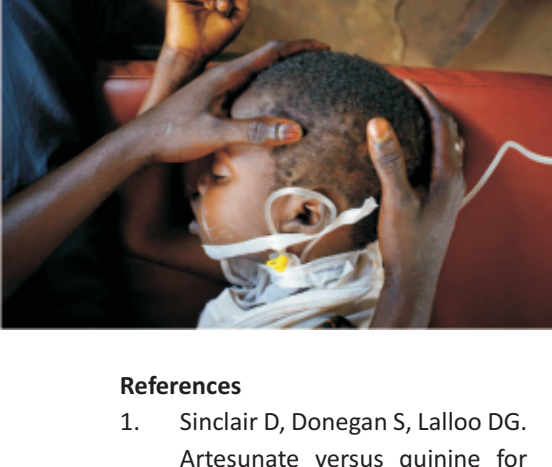


## Artesunate Versus Quinine For Treating Severe Malaria



### References

1. Sinclair D, Donegan S, Lalloo DG. Artesunate versus quinine for treating severe malaria. *Cochrane Database of Systematic Reviews* 2011, Issue 3. Art. No.: CD005967. DOI: 10.1002/14651858.CD005967.p ub3.
2. World Health Organization. (2011). Guidelines for the treatment of malaria, 2nd edition – Rev. 1. Geneva: World Health Organization

Malaria is an infectious disease caused by the Plasmodium parasite. Most cases of malaria are uncomplicated however if not treated quickly these can progress to severe malaria which is life threatening. Severe malaria accounts for over a million deaths every year. Most deaths due to malaria occur in children under five, living in sub-Saharan Africa. Symptoms of severe malaria include severe anaemia, respiratory distress, impaired consciousness, convulsions, shock, jaundice, haemoglobinuria or severe acidosis, and coma. When severe malaria is associated with coma it is known as cerebral malaria. A small number of children may suffer long-term neurological disability following cerebral malaria.

Quinine, administered as an intravenous infusion or intramuscular injection has been the standard treatment for severe malaria. A Cochrane Review by David Sinclair, Sarah Donegan, and David G Lalloo' was carried out to compare artesunate with quinine for treating severe malaria. Eight trials involving a total of 1664 adults and 5765 children from study sites in Asia and Africa were included in the review. The results show that treatment with artesunate significantly reduced the incidence of death in both adults and children. Specifically in Asia, for every 1000 adults treated, 94 extra deaths were prevented. In the trials involving children, 26 deaths were averted for every 1000 children.

It was noted from the studies, that of the children that did not die, more of those treated with artesunate had neurological problems at the time of discharge than those treated with quinine. However these problems were transient and had resolved by the time they were seen 28 days later.

Based on existing strong evidence from two of the large scale randomized controlled trials (SEAQUAMAT AND AQUAMAT TRIALS) which enrolled 1461 adults and children and 5425 children respectively, intravenous or intramuscular artesunate is currently recommended by WHO as the first line treatment for severe malaria in both adults and children<sup>2</sup>.



Institute of Tropical Diseases Research And Prevention Calabar-Nigeria

## Evidence at your Fingertips (from the Cochrane Library)

### PLAIN LANGUAGE SUMMARY:

#### Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes



Lassi ZS, Haider BA, Bhutta ZA. Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. *Cochrane Database of Systematic Reviews* 2010, Issue 11. Art. No.: CD007754. DOI: 10.1002/14651858.CD007754.pub2.

While women, newborn and under-five child death rates in developing countries have declined significantly in the past two to three decades, newborn mortalities have hardly changed. It is now been recognised that almost half of newborn deaths can be prevented by tetanus toxoid immunisation of the mothers; clean and skilled care at the birth; newborn resuscitation; exclusive breastfeeding; clean umbilical cord care; and management of infections in the newborns. In developing countries, almost two-thirds of births occur at home and only half are attended by a trained birth attendant. It has also been known that a large proportion of these deaths and diseases can be potentially addressed by developing community-based packaged interventions that should be integrated with local health systems.

The review authors found 18 randomised and quasi-randomised controlled studies evaluating the impact of community-based intervention packages for the prevention of maternal illness and death in improving newborn health outcomes. These studies were mostly conducted in developing countries (India, Bangladesh, Pakistan, Gambia, Nepal, Indonesia) with one additional study in Greece. Women in areas assigned to receive a community-based intervention package with health workers receiving additional training had decreased illnesses and complications during pregnancy and birth associated with decreased stillbirths, perinatal and neonatal deaths. Referrals rates to health facilities for pregnancy related complications, and initiation of breastfeeding within an hour of birth were also improved. This review offers encouraging evidence of the value of integrating maternal and newborn care in community settings through a range of strategies, many of which can be packaged effectively for delivery through a range of community health workers.



## Study Methods and Critical Appraisal Course with Internal Medicine Residents



Dr. Emmanuel Effa (Senior Research Associate/Training Coordinator, Nigeria Branch of the South African Cochrane Centre) was invited by the Department of Internal Medicine, University of Calabar Teaching Hospital to conduct a Study Methods and Critical Appraisal Course for her Residents in July 2011. This was in preparation for the weekly Journal Review Club meetings which will soon take off.



Four weekly sessions, which were both didactic and interactive, were held. The topics addressed included observational studies, Randomised controlled trials, Introduction to critical trials and Critical appraisal of RCTs. An average of twenty-two residents and consultants attended the four sessions. Participants were quite enthusiastic about the course. They expressed their desire to undertake some of these studies and eagerly looked forward to the kick-off of the journal review sessions. The next phase of the course will centre around Systematic reviews, the cochrane library and general literature search.

## Collaboration News

### Collaboration's 2010/11 Annual Report & Financial Statements

The 2010/11 Annual Report and Financial Statements of the Cochrane Collaboration is now available online. Copies of the report may be viewed or downloaded at <http://annual-report.cochrane.org/>. In addition you can read about plans for the coming year, and listen to audio interviews with contributors and stakeholders at the website.

To ask questions relating to the report or to make comments and requests email: [annualreport@cochrane.org](mailto:annualreport@cochrane.org).

### Call for Applications: Complementary Medicine Field Bursary Scheme 2011

The Cochrane Collaboration Complementary Medicine Field is pleased to announce its 2011 bursary scheme. Two review proposals will be funded in the amount of \$5,000 USD each.

#### Eligibility requirements:

- Review must be registered with a Cochrane Collaborative Review Group, and the relevant protocol/review must already be published in The Cochrane Library;
- The topic of the review must relate to CAM;
- Bursaries will be targeted to reviews for which substantial progress has already been made and whose completion has been stalled due to a lack of funding.\

Deadline for Applications: 1 December 2011.

For full details see:

[http://www.compmed.umm.edu/integrative/cochrane\\_bursary.asp](http://www.compmed.umm.edu/integrative/cochrane_bursary.asp)

## Upcoming Courses, Fellowships and Workshops

### Clarendon Scholarships for Graduate Study at University of Oxford

Graduate Scholarships are available for study in any subject at the University of Oxford, UK. Candidates applying to start a new graduate course at Oxford are eligible to apply. These scholarships are being provided by the Clarendon Fund.

Application Deadline: 20 January 2012

For Full Scholarship Details Visit: <http://scholarship-positions.com/clarendon-scholarships-for-graduate-study-at-university-of-oxford-2012-uk/2011/09/13/>

### Unite for Sight Global Health Certificate Courses:

A number of online certificate courses are available at the Unite for Sight Global Health University for a reasonable fee. These include certificate courses in Global Health, Global Health Practice, Global Health Research, Health Education Strategies, Public Health Management, Cultural Competency, Responsible NGO Management, among others. To register for courses visit: <http://www.uniteforsight.org/global-health-university/>

### Free online courses in Research Ethics and Good Clinical Practice

The African Malaria Network Trust (AMANET) is an organization located in Tanzania which promotes capacity strengthening and networking of malaria Research and Development in Africa. AMANET provides free online courses in the following areas: Basic Advanced Research Ethics (available in English and French); Health Research Ethics; and Good Clinical Practice. Certificates can be printed online once the courses are completed.

To register and take the courses see: <http://webcourses.amanet-trust.org/>

## New Reviews from the Cochrane Library

The following recent reviews published in the Cochrane Library were authored or coauthored by Nigerians.

### Intermittent Preventive Treatment Regimens for Malaria in HIV-positive Pregnant Women by Don P Mathanga, Olalekan A Uthman, Jobiba Chinkhumba Issue 10, 2011.

### Other Recent Reviews

Therapeutic Interventions for Burkitt's Lymphoma in Children by Joseph U Okebe, Nicole Skoetz, Martin M Meremikwu, Sue Richards. Issue 7, 2011.

Interventions for Mooren's Ulcer by Mahmoud B Alhassan, Mansur Rabi, Idris Agbabiaka. Issue 6, 2011.

Interventions for Improving Coverage of Immunization in Low and Middle Income Countries by Angela Oyo-Ita, Chukwuemeka C. Nwachukwu, Chioma Oringanje, Martin Meremikwu. Issue 7, 2011.

Routine vitamin A supplementation for the prevention of blindness due to measles infection in children by Segun Bello, Martin Meremikwu, Regina I Ejemot Nwadiaro, Olabisi Oduwale. Issue 4, 2011.

Sperm washing to prevent HIV transmission from HIV-infected men but allowing conception in sero-discordant couples by Ahizechukwu C. Eke, Chikelue Oragu. Issue 1, 2011.

Steam inhalation or humidified oxygen for acute rhinitis in children up to three years of age by Rachel Umoren, Friday Odey, Martin Meremikwu. Issue 1, 2011.

### Announcements

■ New Website for Nigerian Branch: The Nigerian Branch of the South African Cochrane Centre has a new attractive and more user-friendly website. Please visit at: [nigeria.cochrane.org](http://nigeria.cochrane.org)

■ Issue 10, 2011 of the Cochrane Library is now online: To access full text reviews, visit: [www.thecochranelibrary.com](http://www.thecochranelibrary.com)

■ How can we serve you better? Please feel free to contact us and let us know how we can tailor the Info Sheet to better meet your needs. Send your emails to [cochraneinigeria@yahoo.co.uk](mailto:cochraneinigeria@yahoo.co.uk)



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