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IN ANY COORESPONDENCE ON
THIS SUBJECT PLEASE QUOTE NO. ADM 105/309/15

26 October, 2022

The District Health Officer

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RE: GUIDELINES FOR TREATMENT OF MALARIA

Malaria remains one of the leading causes of morbidity and mortality in Uganda. The country is currently experiencing a generalized increase in malaria cases, with several districts surpassing the epidemic thresholds. Notably, there has been a disproportionate increase in malaria cases in the districts of Bukedi region currently receiving IRS, but also districts in Ankole and Kigezi that have traditionally been low endemic settings.

In addition, patients in some districts are presenting with atypical clinical features including black water fever characterized by passing dark/coca-cola colored urine, repeated need of blood transfusion, and a high risk of mortality.

It has come to our attention that some health workers have resorted to non recommended practises for the management of malaria cases. This circular serves to clarify the **Ministry of Health recommended guidelines for malaria treatment** as follows:

For Diagnosis:
All patients presenting with fever or elevated temperature should be subjected to a parasitological test for malaria using either a Rapid Diagnostic Test or malaria blood smear. Patients presenting with fever 2 weeks after initial diagnosis with malaria require a blood smear given that the malaria antigens continue to circulate in the blood stream for upto 2 weeks and may result in a false positive RDT and lead to failure to diagnose another illness.

Uncomplicated Malaria:
The first line medicine is Artemether Lumefantrine (AL) and the alternative first line is Artesunate Amodiaquine (ASAQ). The second line treatment medicines are Dihydroartemisinin Piperaquine (DP) and Pyronaridine-Artesunate (Pyramax). Second line medicines should only be used for

patients who require retreatment after a full course of AL with no recovery or within the next two weeks of initial diagnosis and treatment.

Severe Malaria:
The first line medicine is parenteral Artesunate at 0, 12 and 24 hours and treatment is completed with a full course of Dihydroartemisinin Piperaquine (DP) if the patient is stable and able to swallow.

The second line medicine is Quinine to be given in 3 doses and administered if the patient is not stable at 24 hours after receiving the required 3 full doses of Artesunate. A patient is declared unstable after clinical and parasitological evaluation show no improvement.

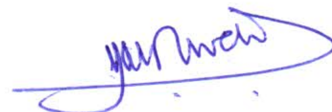
Supportive care:
Patients with severe malaria have complications affecting other systems and thus require supportive care to ensure that they make a smooth recovery and to avert preventable deaths. These interventions include but are not limited to; regular monitoring and documentation of vital signs, fluid balance, blood transfusion, temperature management etc. The health workers should pay special attention to this and provide appropriate supportive care to patients with severe disease.

Post Discharge Management (PDM)
Research evidence indicates that patients treated for severe malaria especially children often have another bout of malaria within the next 3 months and may have adverse treatment outcomes (severe disease, need for transfusion and even death).

To prevent this and improve patient recovery after treatment for severe malaria, we will now use a SMART discharge plan. The package on patient discharge should include;

1. A full course of Dihydroartemisinin Piperaquine (DP),
2. A Long-Lasting Insecticide Treated Net
3. Health Education on malaria prevention and treatment and
4. Follow up in the community by the VHTs; and
5. Post Discharge Malaria Chemoprevention with Dihydroartemisinin Piperaquine (DP).

PDM Chemoprevention:



For malaria prevention in these vulnerable/recovering patients, we should ensure that they take a full course of DP every month for at least 3 months post treatment for severe malaria. This will protect them from suffering a repeat episode of Malaria for the next 3-4 months and allow them to recover fully.

Therefore, **all health workers** are instructed to adhere to these **malaria treatment guidelines** for delivery of quality care to patients and good clinical outcomes.

The Ministry of Health conducts routine research and monitoring studies to understand how the malaria medicines are working and will provide an update on any changes in treatment guidelines timely.

The MoH and partners remain available to support the malaria response in districts. In case of queries, please contact the Assistant Commissioner Health Services, National Malaria Control Division, Dr. Jimmy Opigo (opigojimmy@gmail.com / 0772962601)

We look forward to your cooperation.

Dr. Henry G. Mwebesa
DIRECTOR GENERAL HEALTH SERVICES

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