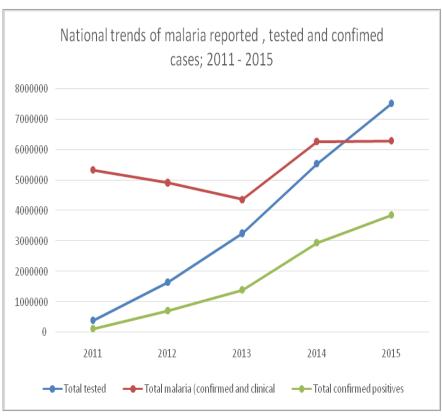
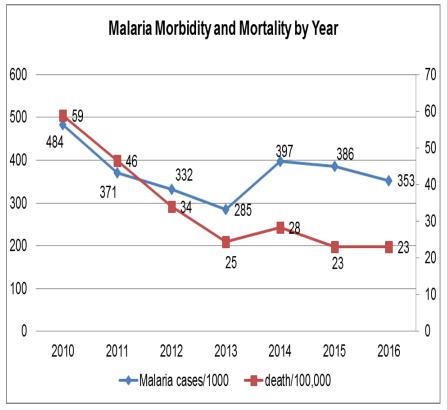
Malaria Alert Centre:

Tracking Antimalarial Resistance in Malawi

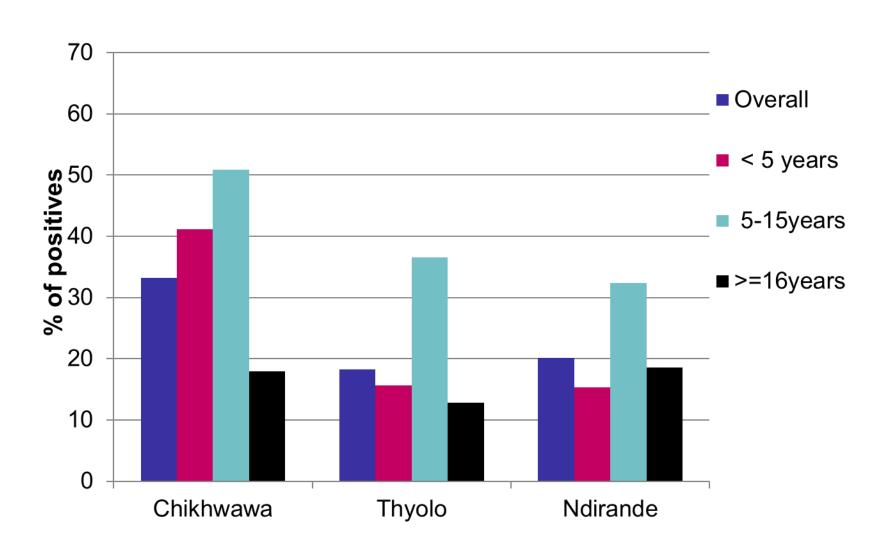
Don P Mathanga

High burden of malaria - Malawi





Outpatient RDT positivity by site & age group



Main interventions in malaria control

- 1. Insecticide-treated mosquito nets (ITNs)
- Indoor residual spraying (IRS)
- 3. Intermittent preventive treatment in pregnant women (IPTp)
- 4. Case management (treatment) of malaria with effective drugs (artemesinin-based combination therapy (ACT)



Background of MAC

- Established in 2001 by COM and BMGF.
- Main agenda: To build capacity in malaria control.
 - Operational Research
 - Monitoring & Evaluation
 - Surveillance
 - Training
- Semi-autonomous unit within College of Medicine.

Tracking resistance in treatment drugs

Factors Contributing to Antimalarial Drug Resistance

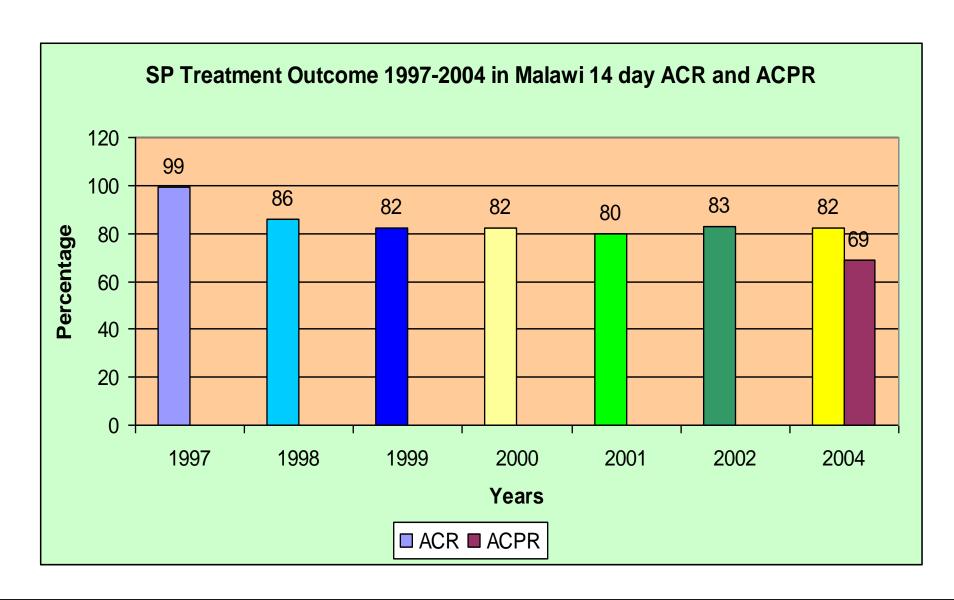
Drug issues

- Factors affecting clearance of parasites
- Related antimalarials

Programmatic issues

- Drug pressure
 - MDA
 - Presumptive treatment
- Poor compliance
- Drug combination

Therapeutic Efficacy Testing in Malawi



Efficacy of AL vs ASAQ

Table 2: Participant response to treatment over 28-day follow-up among participants in a thearapeutic efficacy study in Machinga, Nkhotakota, and Karonga Districts in Malawi, 2016

		ASAQ			
		Site			
		Machinga	Nkhotakota	Karonga	
Estimate	Total (n=338)	(n=112)	(n=113)	(n=113)	Total (n=114)
Participants lost to follow-up, n (%)	35 (10.4)	14 (12.5)	15 (13.3)	6 (5.3)	16 (14)
Treatment failure, n (%)					
Early	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Late	72 (23.8)	22 (22.5)	31 (31.6)	19 (17.8)	3 (3.1)
Day of failure, median (range)	21 (14, 28)	24.5 (14, 28)	21 (14, 28)	21 (14, 28)	14 (14, 21)
Reinfection*	70 (23.1)	22 (22.5)	31 (31.6)	17 (15.9)	2 (2)
Recrudesence	2 (0.66)	0 (0)	0 (0)	2 (1.9)	1 (1)
Day 3 clearance [†] , % (95% CI)	99.7 (98.3–100)	99.1 (94.5-100)	100 (96.7–100)	100 (96.7–100)	100 (96.7–100)
ACPR, % (95% CI) [‡]					
Uncorrected	76.2 (71–80.9)	77.6 (68–83.4)	68.4 (58.2–77.4)	82.2 (73.7–89)	96.9 (91.3–99.4)
PCR-corrected	99.3 (97.6–99.9)	100 (96.3–100)	100 (96.3–100)	98.1 (93.4–100)	99 (94.5–100)
Kaplan-Meier survival rate on Day 28,					
% (95% CI) §					
Uncorrected	76.8 (72.1–81.5)	78.2 (70.2–86.3)	69 (59.9–78.1)	82.5 (75.4–89.7)	97.1 (93.9–100)
PCR-corrected	99.3 (98.3–100)	100 [¶]	100 [¶]	98.0 (95.3–100)	99.0 (97.2–100)

^{*} Significant difference between study sites (p<0.05)

[†] Percent Day 3 clearance was estimated only among participants still enrolled in the study on Day 3.

^{*} Adequate clinical and parasitologic response (ACPR) was estimated only among participants who reached a valid study endpoint.

[§] The Kaplan-Meier survival rate estimate included all study participants who contributed person-days during the 28-day follow-up

[¶] For Kaplan-Meier survival rates of 100%, confidence intervals were not estimated.

Efficacy of artemether lumefantrine (AL) compared to amodiaquine artesunate (AA), dihydroartemesininpiperaquine(DP) in the treatment of uncomplicated *pf* in malawi

Aim: To assess the efficacy of AL, ASAQ and DHA-P

Method: Three arm, randomized into AL, ASAQ and DHA-P

Resistance of SP in IPTp

IPTp using a failing drug

- IPTp-SP currently recommended for HIV-negative women in areas of stable/high malaria transmission.
 - Thought to have both prophylactic and treatment effects
- The efficacy of SP for IPTp is threatened by rising resistance of Pf to SP.

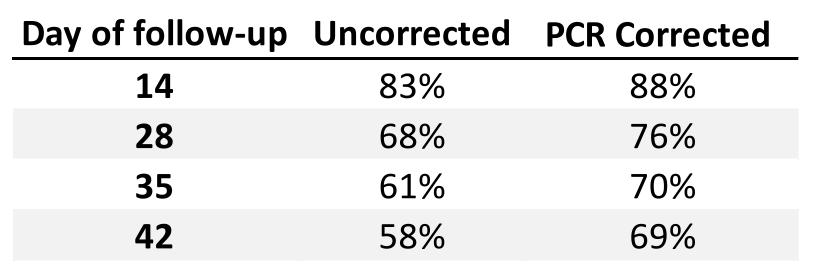
Gutman J, Kalilani L, Taylor S, et al. The A581G mutation in the gene encoding Plasmodium falciparum dihydropteroate synthetase reduces the effectiveness of sulfadoxine-pyrimethamine preventive therapy in Malawian pregnant women. J Infect Dis 2015; 211: 1997–2005.

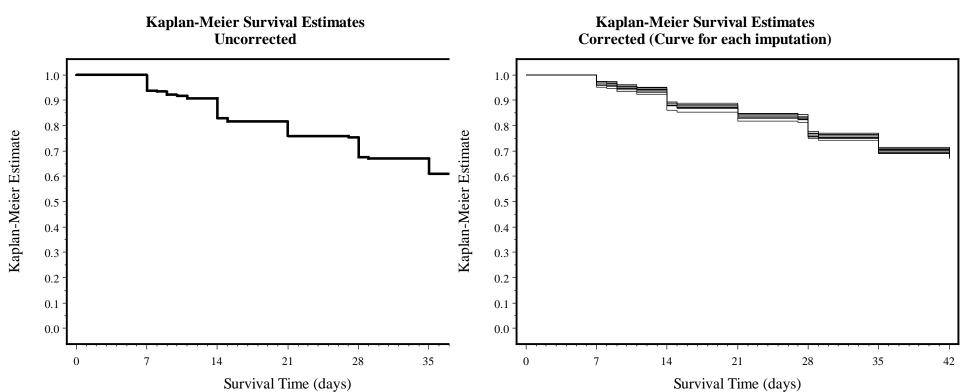
Chico RM, Cano J, Ariti C, et al. Influence of malaria transmission intensity and the 581G mutation on the efficacy of intermittent preventive treatment in pregnancy: systematic review and metaanalysis. *Trop Med Int Health 2015*; published online Sept 1.

High rates of quintuple mutants in Malawi

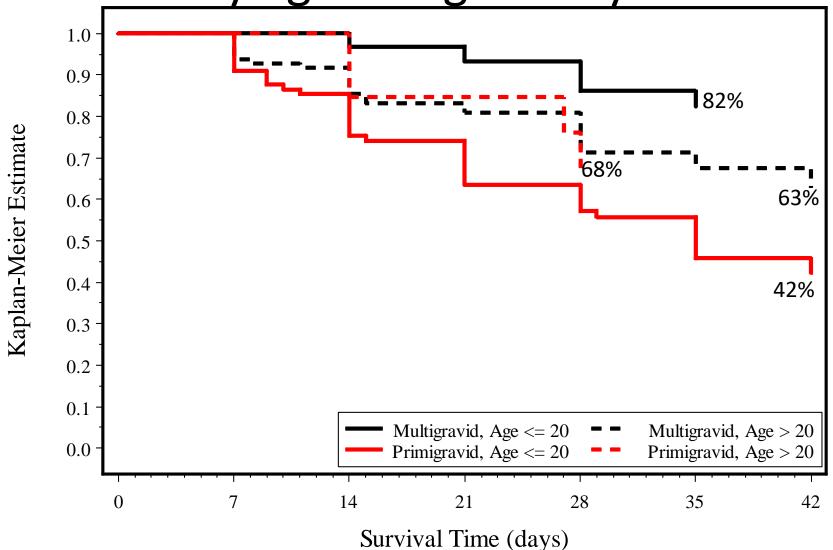
- On day 0 samples from pregnant women in the *in vivo* study were tested for molecular markers of resistance to SP
- 94.5% quintuple mutants (172/182 samples)
- dhfr 164 0.95% mutant (2/211)
- dhps 518 1.96% mutant (4/204)
- dhps 613 1.1% mutant (2/180)

in vivo Survival

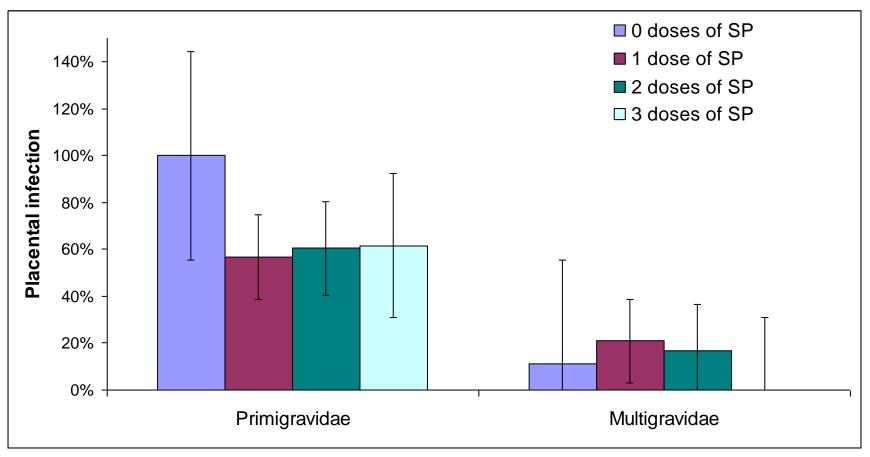




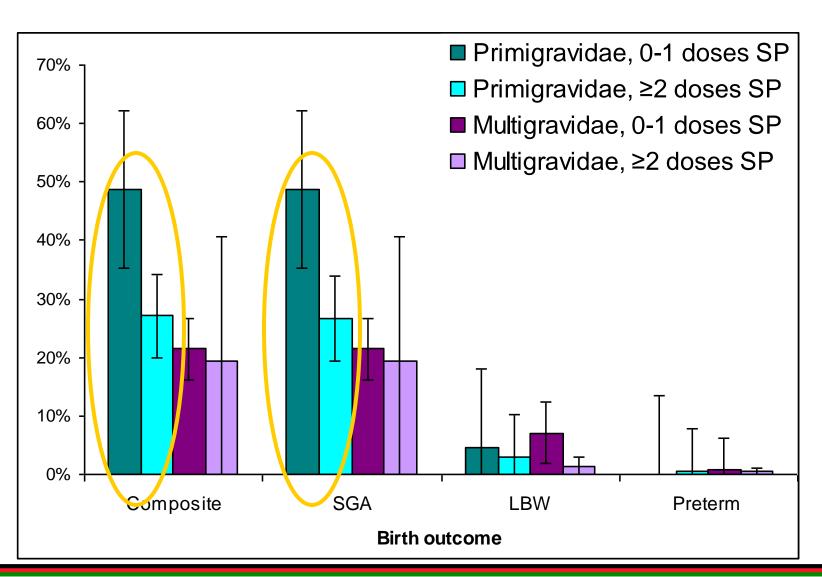
In vivo survival (uncorrected) stratified by age and gravidity



Effect of increasing number of SP doses on placental infection stratified by gravidity



Infant outcomes stratified by SP doses and gravidity



Drug Compliance

Adherence: 72-hour Follow-up Group

	Total	<5 years	5-17 years	≥18 years
	(N=368)	(N=155)	(N=66)	(N=165)
	%	%	%	%
Pill count correct	77	71	77	82
Correct adherence by recall:				
Number of doses	78	72	82	82
Number of doses and pills/dose	76	71	79	81
Number of doses, pills/dose, and timing	68	60	67	76
Adherent by pill count & recall	65	57	61	73

Significant Predictors of Adherence

Adjusted odds ratio (95% CI)

Age Group	
<5 years	0.5 (0.3-0.8)
5-17 years	0.6 (0.3-1.2)
≥18 years	Ref
Migowi health centre	2.5 (0.9-6.7)
Nambazo health centre	0.6 (0.2-1.5)
Phalombe health centre	Ref
First dose given at health centre	2.4 (1.3-4.7)
Medication package used to give instructions	2.5 (1.1-5.4)
Patient prefers LA compared to other antimalarials	2.7 (1.5-4.7)
	

Rapid Diagnostic Tests studies

Chinkhumba et al. Malaria Journal 2010, 9:209 http://www.malariajournal.com/content/9/1/209



RESEARCH Open Access

Comparative field performance and adherence to test results of four malaria rapid diagnostic tests among febrile patients more than five years of age in Blantyre, Malawi

Jobiba Chinkhumba^{1*}, Jacek Skarbinski², Ben Chilima³, Carl Campbell^{2,7}, Victoria Ewing⁴, Miguel San Joaquin⁴, John Sande⁵, Doreen Ali⁵, Don Mathanga^{1,6}

Future work

- New drugs for IPTp DHA piperaquine
- Monitoring of the current drug regimen
- New RDTs
- Mapping resistance



PRESIDENT'S MALARIA INITIATIVE















Thank you