

Intermittent preventive treatment for infants using sulfadoxinepyrimethamine (SP-IPTi) for malaria control in Africa: IMPLEMENTATION FIELD GUIDE

WHO Global Malaria Programme (GMP) and Department of Immunization, Vaccines & Biologicals (IVB) and UNICEF









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INTERMITTENT PREVENTIVE TREATMENT FOR INFANTS USING SULFADOXINE-PYRIMETHAMINE (SP-IPTI) FOR MALARIA CONTROL IN AFRICA:

An Implementation Field Guide

September 2011 WHO/IVB/11.07

WHO Global Malaria Programme (GMP) and Department of Immunization, Vaccines & Biologicals (IVB) and UNICEF

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Table of Contents

Abbreviations		
1.	Introduction	1
2.	WHO policy recommendation for SP-IPTi	3
3.	Key information about SP-IPTi What is SP-IPTi? When will SP-IPTi be given? What are the expected benefits of SP-IPTi? Where should SP-IPTi be used? Why use SP-IPTi when the effectiveness of SP is questionable? How common are adverse reactions to SP-IPTi and what safety monitoring is needed? Why should EPI be used as the delivery system for SP-IPTi? How much does SP-IPTi cost?	5 5 6 6 7 7 9 9
4.	Planning to implement SP-IPTi Decision-making, Policy, and Financing Supplies and Logistics Training and Supportive Supervision Information, Education, and Communication (IEC) Monitoring	11 11 13 17 18 19
5.	How to give SP-IPTi during an EPI session	23
6.	Instructions for health workers	29
7.	Adapting basic recording tools to include SP-IPTi	31
8.	Monitoring progress and performance	41
9.	Key references	47
10.	Annexes Annex 1 : How to forecast a three-year supply of SP-IPTi Annex 2 : Example of Supervisory Checklist Adapted to Include SP-IPTi Annex 3 : Examples of IEC materials use in Tanzania	49 49 50 52
	Annex 4: How to prepare a coverage/drop out monitoring chart including SP-IPTi	54

Abbreviations

ACT	Artemisinin-based combination therapy
ADR	Adverse drug reactions
AE	Adverse event
AEFI	Adverse event following immunization
BCC	Behaviour change communication
CHW	Community Health Worker
Combo	A combination vaccine containing more than one antigen
cMYP	Comprehensive Multi-Year Plan
DHS	Demographic Health Survey
DTP	Diphtheria, Tetanus, Pertussis vaccine
EPI	Expanded Programme on Immunization
GFATM	Global Fund for AIDS, TB, and Malaria
GMP-TEG	Global Malaria Program Technical Expert Group
Hib	Haemophilus influenzae type b vaccine
HIV	Human Immunodeficiency Virus
HW	Health workers
ICC	Inter-Agency Coordinating Committee
IEC	Information, Education, and Communication
IPTi	Intermittent Preventive Treatment for Infants
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor residual spraying
ITN	Insecticide-treated bed net
MICS	Multi-indicator coverage survey
МоН	Ministry of Health
NGO	Non-Governmental Organization
OPV	Oral Polio Vaccine
Penta	Pentavalent combination vaccine containing Diphtheria, Tetanus, Pertussis, HepB, and Hib
PCV	Pneumococcal conjugate vaccine
Pfdhps	Plasmodium falciparum dyhydropteroate synthase
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PV	Pharmacovigilance
Rota	Rotavirus vaccine

SAE	Serious Adverse Event
SJS	Steven-Johnson Syndrome
SP	Sulfadoxine-Pyrimethamine
SP-IPTi	Intermittent Preventive Treatment for Infants with Sulfadoxine- Pyrimethamine
SP-IPTi1	First dose of Intermittent Preventive Treatment for Infants with Sulfadoxine-Pyrimethamine
SP-IPTi2	Second dose of Intermittent Preventive Treatment for Infants with Sulfadoxine-Pyrimethamine
SP-IPTi3	Third dose of Intermittent Preventive Treatment for Infants with Sulfadoxine-Pyrimethamine
TEN	Toxic Epidermal Necrolysis
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YF	Yellow Fever

Malaria remains a leading cause of ill health, causing an estimated 225 million cases of clinical malaria and 781 000 deaths¹. More than 85% of malaria cases and 90% of malaria deaths occur in Africa south of Sahara. In Africa, the vast majority of cases and deaths occur in young children.

Key interventions currently recommended by WHO for the control of malaria are the use of insecticidal treated nets (ITNs) or indoor residual spraying (IRS) for vector control, and prompt access to diagnostic testing of suspected malaria and treatment of confirmed cases. An additional intervention which is recommended for pregnant women, a high risk group in areas of high malaria transmission, is Intermittent Preventive Treatment in pregnancy (IPTp), which involves the administration of at least two doses of sulphadoxinepyrimethamine (SP) during the second and third trimesters of pregnancy.

Recently, WHO has recommended a new intervention against *Plasmodium falciparum* malaria targeting another high risk group: Intermittent Preventive Treatment for Infants, specifically using SP (SP-IPTi). In Sub-Saharan Africa it is the very young children who suffer the brunt of malaria in terms of severity of illness and death².

SP-IPTi is the administration of a full therapeutic course of SP delivered through the Expanded Programme on Immunization (EPI) at intervals corresponding to routine vaccination schedules for the second and third doses of DTP/Penta³, and measles vaccination — usually at 8-10 weeks, 12-14 weeks, and ~9 months of age — to infants at risk of malaria.

SP-IPTi reduces clinical malaria, anaemia and severe malaria in infants in the

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