Malaria and Infant Mortality in Western Kenya

Access to new resource related to solving global human and social problems added to PMWL

 Resource provided by [Grace Chebet](#)

12 September 2020 – Kisumu, Kenya – Access to a new resource has been added to the PM World Library (PMWL) related to solving global human and social problems. The new resource is titled "**Infant And Child Mortality In Relation To Malaria Transmission In KEMRI/CDC HDSS, Western Kenya: Validation of Verbal Autopsy**", by N. Amek, A. Eijk, K. Lindblade, M. Hamel, N. Bayoh, J. Gimnig, K. Laserson, L. Slutsker, T. Smith and P. Vounatsou, published in *Malaria Journal* in 2018.

Under-five mortality still remains a major public health problem in sub-Saharan Africa. In Kenya, one in twelve children (84 per 1000 live births) dies before their fifth birthday. On a global scale, most under-five (childhood) deaths have been attributed to pneumonia, diarrhea, malaria, neonatal sepsis, malnutrition, preterm delivery and asphyxia at birth. Most of these conditions/diseases are either preventable or treatable with minimum interventions. Scaling up of malaria interventions, including use of insecticide treated nets (ITNs), artemisinin-based combination therapy (ACT) and intermittent preventive treatment (IPT) both in pregnancy and infancy, probably accounts for much of the recent dramatic declines in the mortality and hospital admissions of African children.

 Malaria transmission reduction is a goal of many malaria control programmes. Little is known of how much mortality can be reduced by specific reductions in transmission. Verbal autopsy (VA) is widely used for estimating malaria specific mortality rates but does not reliably distinguish malaria from other febrile illnesses. Overall malaria attributed mortality includes both direct and indirect deaths. It is unclear what proportions of the deaths averted by reducing malaria transmission are classified as malaria in VA. Interventions that reduce *Plasmodium falciparum* transmission intensity will not only significantly reduce malaria diagnosed mortality, but also mortality assigned to other causes in under-5-year-old children in endemic areas. In this setting, the VA tool based on clinician review substantially underestimates the number of deaths that could be averted by reducing malaria exposure in childhood but has a reasonably high specificity. This suggests that malaria transmission-reducing interventions such as use of ITNs can potentially reduce overall child mortality by as much as twice the total direct malaria burden estimated from VA's.

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For PMWL Post

Amek, N.; Van Eijk, A.; Lindblade, K.A.; Hamel, M.; Bayoh, N.; Gimnig, J.; Laserson, K.F.; Slutsker, L.; Smith, T; Vounatsou, P. (2018): **Infant and Child Mortality in Relation to Malaria Transmission In KEMRI/CDC HDSS, Western Kenya: Validation Of Verbal Autopsy**. *Malaria Journal*, 17(1), December. Available online at: https://www.researchgate.net/publication/322588502 (Chebet)

Where to post in the library: https://pmworldlibrary.net/disease-reduction-better-healthcare/