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## **Malaria Control Method Could Prevent 6 million New Infant Cases**

***The Lancet* publishes new findings showing 30% reduction in babies under 12 months using a WHO-recommended approach, but few African countries have adopted it**

**BARCELONA, 17 September 2009** — A third (30%) of malaria cases can be avoided in African infants using a safe, affordable and simple tool called Intermittent Preventive Treatment of malaria in Infants (IPTi) with the medicine sulphadoxine-pyrimethamine (SP), which can be delivered alongside existing childhood vaccination programmes.<sup>i</sup> Results of a meta-analysis examining six clinical trials in Africa for the malaria intervention which the World Health Organization already recommends are published online today in the medical journal, *The Lancet*. Research experts say if IPTi-SP were expanded in other African countries, 6 million cases of malaria could be prevented each year in those most vulnerable to the disease.<sup>ii,iii</sup>

“These results confirm the potential for IPTi using SP, which can be easily and rapidly implemented via existing WHO immunisation programmes, saving tens of thousands of lives every year across Africa,” commented Dr Pedro Alonso, a principal investigator, head of the Secretariat of the IPTi Consortium, associated with University of Barcelona, Spain. “IPTi provides a valuable addition to efforts to fight malaria and so international policy-makers and heads of national Malaria Control Programmes should consider its immediate adoption and integration into existing programmes,” he added.

Organised by the IPTi Consortium and supporting partners – a unique collaboration of more than 20 organisations in Africa, Europe and the United States – the pooled analysis of six randomised, placebo-controlled trials of IPTi-SP in Africa provides the best evidence to date that this approach is effective in preventing malaria in infants. The study analysed results from nearly 8,000 infants, in four African countries, over nine years, between 1999-2008. The efficacy results were re-analysed by the statistician of each of the six trials, and an independent panel made up of experts in safety and pharmacovigilance in Africa conducted an analysis of the safety. The IPTi Consortium is supported by the Bill & Melinda Gates Foundation.

UNICEF’s Operational Research Coordinator, Dr Alexandra de Sousa, stated “UNICEF supports IPTi implementation scale up in Africa, a new intervention in the control of malaria with the potential to significantly reduce child illness”.

A separate study in Northern Tanzania shows that in areas of very high resistance to the medication, IPTi with SP is not efficacious and alternative anti-malarial drugs are needed. The long-acting medicine mefloquine was seen to reduce the incidence of clinical malaria in infants in the first year of life by 38%.<sup>iv</sup> For the long term, it is important that research is accelerated to develop additional drugs for use with IPTi in different settings and in different circumstances, especially in areas where parasite resistance is a problem.

Malaria represents an important public health burden in Africa, disproportionately affecting the youngest and most vulnerable. Of the 247 million cases of malaria worldwide in 2006, 86% occurred in Africa.<sup>ii</sup> African infants are most at risk of the worst forms of malaria, every 30 seconds an African child dies from malaria.<sup>v</sup>

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### **Notes to Editor**

#### About IPTi

IPTi is the administration of an anti-malarial tablet to infants, two or three times in the first year of life, deliverable alongside established vaccination programmes such as WHO's Expanded Programme for Immunisation. It is inexpensive (each dose costs between USD \$0.13 - \$0.23)<sup>vii</sup> and cost effective. IPTi with SP has been reviewed by a committee of the US National Academy of Sciences' Institute of Medicine and the World Health Organization's Technical Expert Group – these committees recommend that it should be considered for implementation in areas of moderate to high levels of malaria transmission and low to moderate levels of parasite resistance to SP.<sup>viii,ix</sup>

#### About the trials in the pooled analysis

Trials were conducted in Mozambique, Gabon, Tanzania and Ghana involving the following organisations in Africa and Europe: Barcelona Centre for International Health Research, Spain; Centro de Investigação em Saude de Manhica, Mozambique; University of Tübingen, Germany; Ifakara Health Research Development Centre, Tanzania; University of Witwatersrand, Johannesburg, South Africa; Institute of Tropical Medicine and International Health, Charité, University Medicine Berlin, Germany; Kintampo Health Research Centre, Ghana Health Service/Ministry of Health, Ghana; London School of Hygiene and Tropical Medicine, London, UK; Albert Schweitzer Hospital, Lambaréné, Gabon; Ministry of Health/Ghana Health Service; Bernhard Nocht Institute for Tropical Medicine, Hamburg, Germany; Swiss Tropical Institute, Basel, Switzerland.

#### About the trial in Northern Tanzania

The trial was conducted in two sites in northern Tanzania, Korgewe and Same, by the following organisations; Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, UK; the National Institute for Medical Research, Tanga Centre, Tanga, Tanzania; and the Kilimanjaro Christian Medical College, Moshi, Tanzania.

### About the IPTi Consortium

The IPTi Consortium's Secretariat was the Barcelona Centre for International Health Research, Hospital Clinic, University of Barcelona, headed by Dr Pedro L. Alonso. The IPTi Consortium consists of leading centres of malaria research in Africa, Europe, United States and Papua New Guinea including the Albert Schweitzer Hospital, Lambaréné, Gabon; Barcelona Centre for International Health Research, Hospital Clinic, University of Barcelona, Spain; Case Western Reserve University, Cleveland, USA; Centers for Disease Control and Prevention, Atlanta, USA; Ifakara Health Research and Development Centre, Ifakara, Tanzania; Institut de Recherche pour le Développement, Dakar, Sénégal; Kenya Medical Research Institute, Kisumu, Kenya; Kilimanjaro Christian Medical Centre, Moshi, Tanzania; London School of Hygiene and Tropical Medicine, London, UK; Manhica Health Research Centre, Manhica, Mozambique; National Institute for Medical Research, Amani, Tanzania; PNG Institute of Medical Research, Goroka, Papua New Guinea; Swiss Tropical Institute, Basel, Switzerland; Université Cheikh Anta Diop de Dakar, Dakar, Sénégal; University of Copenhagen, Copenhagen, Denmark; University of Tübingen, Tübingen, Germany; Walter and Eliza Hall Institute of Medical Research, University of Melbourne, Australia; World Health Organization (WHO); United Nations Children's Fund (UNICEF).

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<sup>i</sup> Aponte John J, Schellenberg David, Egan Andrea, et al. Efficacy and safety of intermittent preventive treatment with sulfadoxine-pyrimethamine for malaria in African infants: a pooled analysis of six randomised, placebo-controlled trials. *Lancet* (To be published 17 September 2009)

<sup>ii</sup> WHO. World Malaria Report 2008. World Health Organisation, Geneva Switzerland, 2008.

<sup>iii</sup> Based on calculations from 212 million cases of malaria in Africa provided by the World Malaria Report 2008 (ref ii), of which about 10% are episodes in infants provided by Professor Tom Smith, at the Swiss Tropical Institute and of which 30 % of cases could be averted by IPTi provided by the research paper on Efficacy and safety of intermittent preventive treatment with sulfadoxine-pyrimethamine for malaria in African infants: a pooled analysis of six randomised, placebo-controlled trials (ref i)

<sup>iv</sup> Gosling Roly D, Gesase Samwel, Mosha Jacklin F, et al. Protective efficacy and safety of three antimalarial regimens for intermittent preventive treatment for malaria in infants: a randomised, placebo-controlled trial. *Lancet* (To be published 17 September 2009)

<sup>v</sup> *10 Facts on Malaria*. World Health Organisation, March 2009. (<http://www.who.int/features/factfiles/malaria/en/index.html>, accessed 7 September 2009)

<sup>vi</sup> Hutton Guy, Schellenberg, David, Tediosi Fabrizio, et al. Cost-effectiveness of malaria intermittent preventive treatment in infants (IPTi) in Mozambique and the United Republic of Tanzania. *Bull World Health Organ* 2009;87:123–129

<sup>vii</sup> Manzi Fatuma, Hutton Guy, Schellenberg Joanna, et al. From strategy development to routine implementation: the cost of Intermittent Preventive Treatment in Infants for malaria control. *BMC Health Services Research* 2008, 8:165

<sup>viii</sup> WHO. Report of the Technical Consultation on Intermittent Preventive Treatment in Infants (IPTi), Technical Expert Group on Preventive Chemotherapy, 23-24 April 2009 – World Health Organisation, Geneva, Switzerland, Room D46025, 2009.

<sup>ix</sup> *Assessment of the Role of Intermittent Preventive Treatment for Malaria in Infants: Letter Report*. US National Academy of Science, 2008. ([http://www.nap.edu/catalog.php?record\\_id=12180](http://www.nap.edu/catalog.php?record_id=12180), accessed 7 September)