EPIDEMIC CONTROL FOR RESPONSE MANAGERS

DISEASE: MALARIA - RP2

Role profile 2 Cor		Compet	encies	Gaps in competencies	Gaps in information they need			
health (non-clinical work) programme staff (non-emergency) lon pro		Training in community health approaches for long-term health programming, not specific to emergencies		Specific adaptations needed for health emergencies, exposure to response approaches, tools, needs outside of sudden-onset natural disasters. Technical responses per disease type, understanding of epidemic profiles for each type of disaster (support for planning programming/health response)	Understanding of health impacts and timeline of natural disasters, tools and approaches available. How to plan for health needs immediately after suddenimpact disaster			
Disease Tool 9.7 Malaria								
Fact Sheet	Risk assessment		In 2016, 91 countries and areas had ongoing malaria transmission. The WHO estimates there were 216 million cases of malaria in 2016 and 445 000 deaths. Countries in Africa reported 90% of cases and 92% of deaths of malaria globally. Malaria epidemics do not generally occur in high-transmission areas (other than when there is migration of non-immune persons into these areas). This is because the population has developed partial immunity to the disease. Continuous exposure to malaria infection provides immunity in people after a certain age but this immunity is transient. People who remain uninfected over a short period (less than one year) become newly susceptible to the disease. Therefore, those living in areas of seasonal or low transmission do not develop adequate immunity and can be vulnerable to the disease every season. Since epidemics occur in areas where populations have inadequate immunity, malaria cases can be high, with very high rates of morbidity and mortality. Event description: type of disaster, characteristics of displacement br>Host: community practices, cultural practices, chemoprophylaxis coverage br>Agent: endemicity, recent epidemics, ongoing prevention and control interventions, disease incidence, mortality, seasonality br>Environment: presence of vectors, shelter,					
	Vulnerable • Infa people • Pre • Peo		Infants, o Pregnan People I	ability and access to health and social care ants, children under five years of age egnant women ople living with HIV on-immune migrants, mobile populations and travellers				
	spread (modes of . Ar		Anophel	tor-borne nopheles mosquito bite ne mosquitoes usually bite between sunset and sunrise during the night.				
	definition An An Da		Any perso Any under Danger sig	fever that goes up and down, with spells of extreme heat and shivering by person with fever in a malaria-endemic area by under-five child who has an illness with high fever and a danger sign anger signs include lethargy, unconsciousness, vomiting everything, convulsions, d in children less than five years, inability to drink or breastfeed)				
Community-level disease tools		- f.	CBHFA moduleECV disease tools (all relating to malaria)					

Which interventions are most effective for prevention and control of malaria?

Activity	Evidence of effectiveness			
	High	Moderate	Low	No evidence
(Referral for) Early and effective treatment (aligned with national anti-malarial drug policy)	V			
Use of insecticide-treated bed nets (coverage must be at least 80% to be effective)	V			
Use of insecticide-treated curtains	V			
Indoor residual spraying	V			
(Referral to) Intermittent prevention therapy (IPT) – infants and pregnant women	V			
Social mobilisation and health promotion	V			
Larvicide			V	
Ultra-low volume aerosol spraying and fogging				V
Scrub removal around houses/communities				V
For malaria vector <i>Anopheles arabiensis</i> : Community application of "DEET" mosquito repellent to ankles and feet		V		

Indicators and targets

The indicators and targets below can be adapted to specific contexts and should be used for monitoring and evaluation of: i) progress of the epidemic and characteristics, and ii) measuring Red Cross/Crescent activities.

Indicator		
Epidemic characteristics and progression		
Malaria cases per week (population and children < 5 years)		
Malaria deaths per week (population and children < 5 years)	#	
Case-fatality rate in all malaria cases	%	
Case-fatality rate in severe malaria cases	< 5%	
Malaria parasite prevalence: children six months to five years with malaria infection	%	
Districts above epidemic threshold	#	
Red Cross/Crescent activities		
Number of volunteers trained	#	
Suspected cases detected by volunteers and referred to health facility	#	
Children < 5 years of age presenting with malaria receiving effective anti-malarial treatment within 24 hours of symptom onset		
Insecticide-treated bed nets distributed to at-risk population	# or %	
Population/children \< 5 years/pregnant women who reported sleeping under a net the night before	%	
Households that have installed window and/or door screens	#	

Indicator		
Households that receive indoor residual spraying (specific time period)	# or %	
Households that receive indoor residual spraying (specific time period)		
Community campaigns conducted to eliminate mosquito breeding sites	#	
Social and behaviour change communication (SBCC) plan developed	Plan available	
Functional feedback mechanism in place	# and type	
Households visited by volunteers (door-to-door visits)	# or %	
People who attended group session held by volunteers		
Radio spots/SMS messages/television spots broadcast		
Respondents who correctly recall messages on symptoms/transmission/prevention/case definition for referral	%	

Impact on other sectors and programme areas

Sector	High Impact	Medium impact	Low impact
WASH	V		
Food security			V
Nutrition			V
Shelter and settlements (including household items)	V		
Psychosocial support and mental health			V
Restoring family links			V
Education			V
Livelihoods			V