APPENDIX 1

DATA COLLECTION AND DISSEMINATION STEPS

National Malaria Control Programs

Ministries of Health

SEARO

WPRO

Roll Back Malaria Mekong

Data Analysis

TROPMED GIS Unit

Roll Back Malaria Global

Other Institutions

APPENDIX 2a

DRUG REGIMENS SEA REGION, 2001 (dosage for adults) : *P. falciparum*

	Country/ area	Lab confirmed	Treatment failure	Severe malaria	Pregnancy	
					Treatment	Prevention
1	Bangladesh	CQ + PQ	Q3 + S-P or Q7	Q3 + S-P or Q7	CQ or Q	-
2	Bhutan	ASU / ATM	ATM / Q	ATM / Q	Q	CQ
3	DPR Korea	***Vivax only***			CQ	CQ
4	E Timor	S-P	Q7	Q7	-	-
5	India	CQ 25 mg/kg + PQ 45 mg (Stat)	S-P+PQ 45 mg (Stat)	Inj Q 10 mg/kg, 7d or Inj ATM derivatives	CQ 10 mg/kg	CQ 5 mg/kg/wk
6	Indonesia	CQ + PQ	S-P + PQ	Q7 + PQ	CQ	CQ
7	Maldives	CQ 25 mg/kg +PQ for 5 days	M+S-P		-	-
8	Myanmar	For semi immunes CQ or S-P + PQ For non-immunes & children M 15-20 mg/kg + PQ	For semi immunes M 15-20 mg/kg + PQ For non-immunes & children Q7 + PQ	Inj ATM 5 days + M 15-25 mg/kg + PQ or inj Q 10 mg/kg, IV infusion 8 hrly x7d + PQ	M after first trimester or Q	CQ but routinely not recommended
9	Nepal	S-P + PQ	Q7	Inj Q 10 mg/kg, IV infusion 8 hrly x 7d	CQ	-
10	Sri Lanka	CQ + PQ	S-P 1,500 mg + PQ 45 mg (stat)	Inj Q 10 mg/kg, IV infusion 8 hrly; switch to oral Q when appropriate	CQ or Q if CQ is used as prophylaxis	CQ 5 mg/kg/wk
11	Thailand	M 750+PQ 30 mg M 750 + ASU 600+PQ 30 mg Or M 1,250 + ASU 600 + PQ 30 mg	Q7 T7	Q+T or ASU	Q7	-

Note : AL = Artesunate / Lumefantrine (coartem); ATM = artemether; ASU = Artesunate; CQ = Chloroquine (25 mg/kg over 3 days); M = Mefloquine; PQ = Primaquine (45 mg, single dose, or 15 mg/day); Q = Quinine; S-P = Sulfadoxine + Pyrimethamine; Tetracycline (T7 = Tetracycline 7 days)

APPENDIX 2b

DRUG REGIMENS SEA REGION, 2001 (dosage for adults) : *P. vivax*

	Country/area	*P. vivax*		
		Chloroquine	Treatment failure	Primaquine
1	Bangladesh	CQ 25 mg/kg	Q3 + S-P or Q7	PQ for 5 days
2	Bhutan	CQ 25 mg/kg		PQ 14 days
3	DPR Korea	CQ 25 mg/kg		PQ 14 days
4	E Timor	CQ 25 mg/kg		PQ 14 days
5	India	CQ 10 mg/kg + PQ /kg 0.25 mg for 5 days	CQ 25 mg/kg	PQ 5 days
6	Indonesia	CQ 25 mg/kg	Q7	PQ 5 days
7	Maldives	CQ 25 mg/kg	M+S-P	PQ 14 days
8	Myanmar	CQ 25 mg/kg		PQ 14 days
9	Nepal	CQ 25 mg/kg	-	PQ 5 days
10	Sri Lanka	CQ 25 mg/kg	-	PQ 5 days or 75 mg
11	Thailand	CQ 1,500 mg/kg base over 3 days	-	PQ 14 days

Note : CQ = Chloroquine (25 mg/kg over 3 days); M = mefloquine; PQ = Primaquine (45 mg, single dose, or 15 mg/day); Q = Quinine; S-P = Sulfadoxine + Pyrimethamine

APPENDIX 2c

DRUG REGIMENS WESTERN PACIPIC REGION, 2001 (dosage for adults) : *P. falciparum*

	Country/ area	Lab confirmed	Treatment failure	Severe malaria	Pregnancy	
					Treatment	Prevention
1	Cambodia	ASU + M	Q + T	ATM(IM) + M	Q or ASU + M	None
2	China	CQ3; or PIP 3 total 1.5g; + PQ2 22.5 mg/day	ASU5 total 600 mg, or ATM5 total 600 mg; or DHA7 total 640 mg; or PYR3 total 1.2g or 1.6g; or AL3; or PYR+S-P; or ATM+PM; or DHA/ATM/ASU+PYR; + PQ2	ATM or PYR or ASU	No Recommendation	No Recommendation
3	Lao PDR	CQ + S-P	S-P or Q7 or ASU	Q7 or ASU	CQ + S-P	CQ 10 mg/kg/w or Intermittent S-P
4	Malaysia	CQ3: 25 mg/kg 2 days, 5 mg/kg day3 + PQ3 0.25 mg/kg	Q7	Q	CQ3; or Q2:3x650 mg/day + S-P day3	CQ 300 mg/wk; or 400 mg 2 weekly
5	Papua New Guinea	CQ + S-P	ASU/ATM + S-P	ASU/ATM + S-P	Q7	CQ 5 mg/kg/wk
6	Philippines	CQ3 + S-P + PQ	AL3 -24 tab + PQ	IV inf Q : loading 20 mg/kg + 10 mg/kg 8 hrly + T	CQ3 + S-P	CQ weekly
7	DPR Korea	na	na	na	na	na
8	Solomon Islands	CQ3 + S-P	Q3 + S-P	IV inf Q : loading 20 mg/kg + 10 mg/kg 8 hrly; switch to oral Q when appropriate	CQ3 + S-P	CQ weekly
9	Vanuatu	CQ + S-P	Q7	Inj Q 10 mg/kg	CQ + S-P	CQ
10	Viet Nam	Artmisinine + PQ or M, ASU + PQ or M on day 4	Artemisinine/ASU	ASU inj or Artemisinine of Q inj	First trimester: *P.falci* : Q7, *P.vivax*: CQ3; 2-3rd trimester: CQ3 or Artemisinine 5-7 or ASU 5-7	

Note : AL = Artesunate / Lumefantrine (coartem); ATM = Artemether; ASU = Artesunate; CQ = Chloroquine (25 mg/kg over 3 days); M = Mefloquine; PQ = Primaquine (45 mg, single dose, or 15 mg/day); Q = Quinine; S-P = Sulfadoxine + Pyrimethamine; DHA = Dihydroartemisinine Tetracycline (T7 = Tetracycline 7 days): PYR = Pyronaridine

APPENDIX 2d

DRUG REGIMENS WESTERN PACIFIC REGION, 2001 (dosage for adults) : *P. vivax*

	Country/area	*P. vivax*		
		Chloroquine	Treatment failure	Primaquine
1	Cambodia	25 mg/kg 3 days	Na	Not possible
2	China	CQ3	Na	PQ 8 days, 22.5 mg/day
3	Lao PDR	CQ3	Na	PQ 14 days
4	Malaysia	CQ3	Na	PQ 14 days
5	Papua New Guinea	CQ 25 mg/kg	CQ3 + S-P	PQ 14 days
6	Philippines	CQ3	na	PQ 14 days
7	DPR Korea	CQ3 25 mg/kg	na	PQ 14 days
8	Solomon Islands	CQ3	CQ3 + S-P	0.25 mg/kg/day 14 days
9	Vanuatu	CQ 15 mg/kg	Q7	No PQ
10	Viet Nam	CQ3		PQ 5 days

Note : CQ = Chloroquine (25 mg/kg over 3 days); M = Mefloquine; PQ = Primaquine (45 mg, single dose, or 15 mg/day); Q = Quinine; S-P = Sulfadoxine + Pyrimethamine

APPENDIX 3

OVERALL CLASSIFICATION OF THERAPEUTIC RESPONSE[1]

There are three categories of therapeutic response, namely early treatment failure (ETF), late treatment failure (LTF) and adequate clinical response (ACR). These are defined as follows:

Early treatment failure (ETF)

The therapeutic response will be classified as early treatment failure (ETF) if the patients develops one of the following conditions during the first three days of follow-up:

- Development of danger signs or severe malaria on Day 1, Day 2 or Day 3, in the presence of parasitemia;
- Axillary temperature ≥37.5°C on Day 2 with parasitemia > of Day 0 counts;
- Axillary temperature ≥37.5°C on Day 3 in the presence of parasitemia;
- Parasitemia on Day 3 ≥25% of count on Day 0.

Late treatment failure (LTF)

The therapeutic response will be classified as late treatment failure (LTF) if the patients develops one of the following conditions during the follow-up period from Day 4 to Day 14.

- Development of danger signs or severe malaria in the presence of parasitemia on and from Day 4 to Day 14, without previously meeting any of the criteria of early treatment failure;
- Axillary temperature ≥37.5°C in the presence of parasitemia on any day from Day 4 to Day 14, without previously meeting any of the criteria of early treatment failure.

Adequate clinical response (ACR)

The response to treatment will be classified as adequate clinical response (ACR) if the patients shows one of the following conditions during the follow-up period (up to Day 14):

- Absence of parasitemia on Day 14 irrespective of axillary temperature, without previously meeting any of the criteria of early or late treatment failure;
- Axillary temperature ≥37.5°C irrespective of the presence of parasitemia, without previously meeting any of the criteria of early or late treatment failure.

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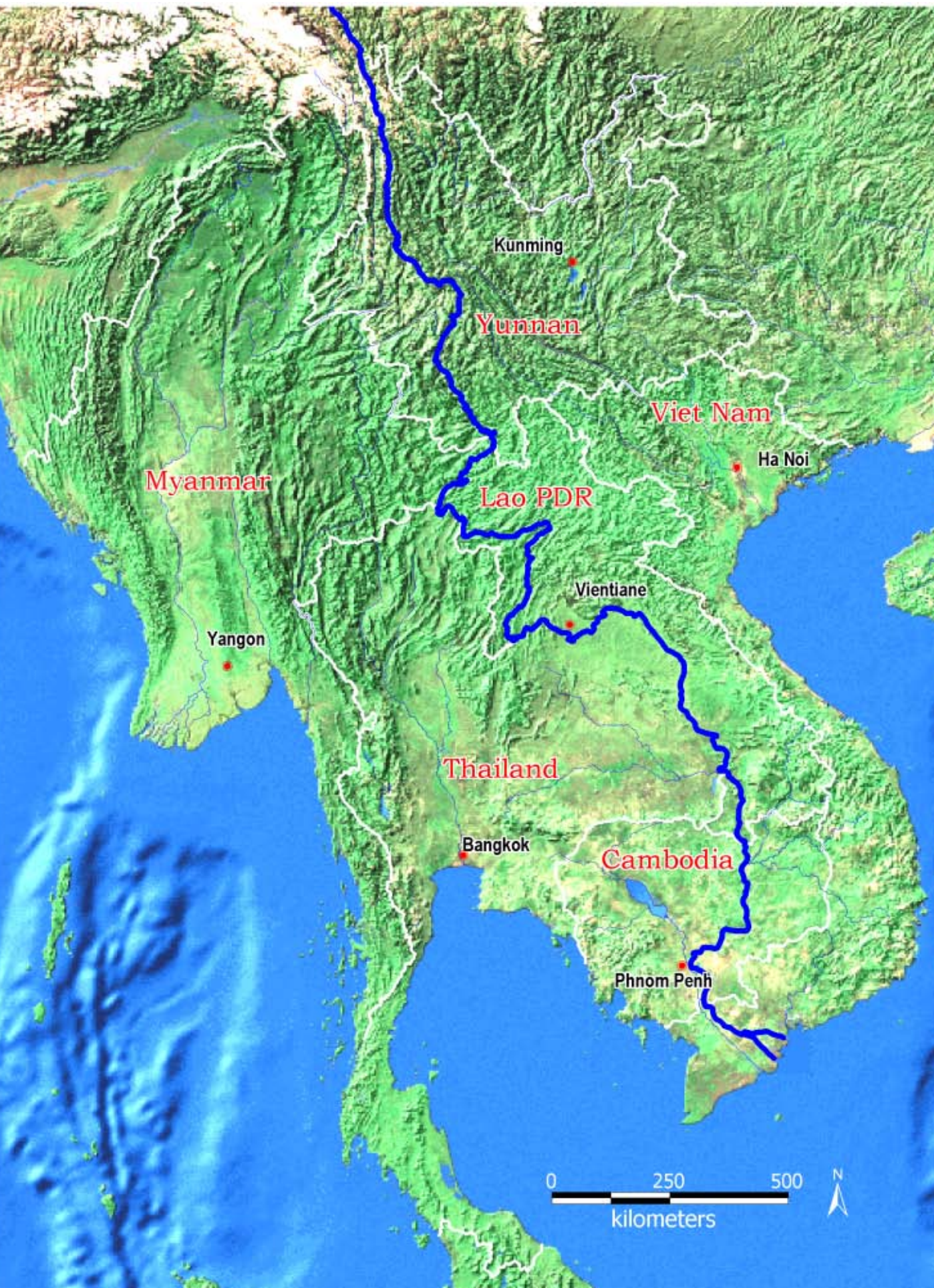
[1]The data included in this monograph follows the classification of the therapeutic response, published by WHO in 1996.

SOURCE : Assessment of therapeutic efficacy of antimalarial drugs for uncomplicated falciparum malaria in areas with intense transmission 1996.


Kunming
Yunnan
Viet Nam
Ha Noi
Myanmar
Lao PDR
Vientiane
Yangon
Thailand
Bangkok
Cambodia
Phnom Penh
0
250
500
kilometers
N

Roll Back Malaria Mekong

Roll Back Malaria (RBM) Global Partnership was launched in 1998 by the World Health Organization (WHO), UNICEF, UNDP and the World Bank, in order to provide a coordinated international approach to fighting malaria. RBM's goal is to halve the burden of malaria by 2010. The first meeting on Roll Back Malaria in the Mekong Region was held in Ho Chi Minh City, Viet Nam between 2-4 March 1999. Representatives from the six Mekong countries (Cambodia, China (Yunnan Province), the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam) as well as representatives of regional networks concerned with research and training for malaria control attended this meeting. The meeting also included representatives from various developmental agencies and governments of donor countries and other RBM partners.

The meeting addressed unique problems of malaria in the Mekong Region with particular attention on multi-drug resistant falciparum malaria, forest related malaria and ethnic diversity of population at risk of malaria. The meeting also addressed the immediate needs for support to reduce the malaria burden in Mekong Region. The outcome of the meeting was the establishment of the Mekong Roll Back Malaria Initiative, signaling the commitment of all relevant sectors to reduce the malaria burden in the Region.

The objectives of the Roll Back Malaria Mekong Initiative are complementary to the Global Roll Back Malaria goal as follows:

1. To reduce malaria mortality by at least 50% by 2010, when compared to 1998.
2. To reduce the disease burden of malaria (incidence) preferentially in the population where malaria is a major health problem by at least 50% by 2010, when compared to 1998.
3. To retard the development of multi-drug resistance caused by falciparum parasites.

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SEAMEO TROPMED Network

The Southeast Asian Ministers of Education Organization (SEAMEO) is a chartered international organization for the promotion of cooperation programs in education, science and culture. Member Countries are Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam. Associate Member countries are Australia, Canada, France, Germany, New Zealand, and the Netherlands.

SEAMEO TROPMED Network is a regional cooperative network established in 1967 for education, training and research in tropical medicine and public health in Southeast Asia under the auspices SEAMEO The mission of SEAMEO TROPMED Network is to promote health and prevent or control diseases, thus improving living conditions of people in Southeast Asia through relevant programs and quality services. Specific mission is to development the capacity of individuals and institutions in delivering quality healthcare. The Network operates through the Regional Center for Community Nutrition in Indonesia; Regional Center for Microbiology, Parasitology and Entomology in Malaysia; Regional Center for Public Health in the Philippines and Regional Center for Tropical Medicine in Thailand, thus, maximize the resources and avoid duplication of programs. SEAMEO TROPMED is unique insofar as no other similar organization exists in the developing world.

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