

# How to treat fevers in African children up for debate

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A new debate in the open access journal *PLoS Medicine* questions whether all African children with fever should be treated presumptively with antimalarial drugs, or if treatment should wait until laboratory tests confirm malarial infection.

Blaise Genton and colleagues from Tanzania contend that declining malarial transmission rates in parts of sub-Saharan Africa and the availability of rapid diagnostic tests mean that it is time for the policy of presumptive treatment to change. That the proportion of fevers due to malaria has declined substantially, even in highly endemic areas, increases the relative likelihood of missing other potentially fatal diseases in children, argue the authors.

But Mike English and colleagues from Kenya disagree. They argue that there is not yet enough evidence to support abandoning presumptive treatment and that African health systems do not have the capacity to support a shift toward laboratory-confirmed rather than presumptive diagnosis and treatment of malaria in children under five. "If anxiety about drug costs (which are falling) and optimism that malaria is being defeated drive rapid policy change," the authors argue, "this may result in hurried policy doing more harm than good."

Citation: D'Acremont V, Lengeler C, Mshinda H, Mtasiwa D, Tanner M, et al. (2009) Time to move from presumptive malaria treatment to laboratory-confirmed diagnosis and treatment in African children with fever. *PLoS Med* 6(1): e252. doi:10.1371/journal.pmed.0050252

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