

COMMENTS ON THE MAIN CHANGES IN THE MEDICAL CATALOGUE & ORDER LIST 2000

DRUGS

The new antimalarial drugs figure now on the international orderlist.

Protocol for the use of artemisinin derivatives

Before the beginning of a treatment with artemisinin derivatives, **you must have a confirmed diagnosis** either with rapid test or with a laboratory blood smear.

Never use artemisinin derivatives in monotherapy

For oral form MSF chooses Artesunate, for adult dosage (100 mg tab) and pediatric dosage (50 mg tab) plus sulfadoxine + pyrimethamine (=Fansidar®), or Mefloquine or Doxycycline.

Simple malaria

- **Artesunate oral**

3 days of treatment

In Africa, we recommend,

D0 - Artesunate 4 mg/kg

D1 - Artesunate 4 mg/kg

D2 - Artesunate 4 mg/kg + Fansidar® 3 tablets stat

and in South East Asia

D0 - Artesunate 4 mg/kg

D1 - Artesunate 4 mg/kg + Mefloquine 15 mg/kg

D2 - Artesunate 4 mg/kg + Mefloquine 10 mg/kg

or Artesunate 4 mg/kg/d and doxycycline tablets 4 mg/kg/d taken together during 7 days

For the injectable form, there is artemeter (also in adult dose at 80 mg/ml, 1 ml and pediatric dose at 20 mg/ml, 1 ml).

Severe malaria (vomiting, neurological troubles...)

- **Artemether IM** : 3.2 mg/kg/d at day 1, and 1.6mg/kg/d the days after.

1 injection IM per day

minimum 3 days of treatment

After 3 days, if the patient is better, stop artemether and continue with sulfadoxine + pyrimethamine (Fansidar®) (3 tablets stat for one an adult) or with an other oral treatment (Quinine, Doxycycline, Artesunate) depending of the context. Mefloquine is contra-indicated since it can increase the risk of post malaria neurological syndrom)

If after 3 days of artemether, the patient can not take an oral treatment, continue artemether until clinical improvement and for a maximum of 7 days.

A rapid test for malaria (plasmodium falciparum) is also present on the orderlist.

Due to supply constrains and also general trends, the **insulines** are not 40 IU/1 ml anymore, but 100 IU/1 ml. Be carefull to order also the good graduated syringes when ordering the new concentration. The insulines need also a cold chain for transport !

The concentration of injectable **Neostigmine methylsulfate** is 2.5% instead of 0.5% following the request of the anaesthesists.

Ephedrine injectable 50 mg/ml, 1 ml is replaced by 30 mg/ml, 1 ml because of supply constraints.

Permethrine is replacing Lindane (not allowed anymore in Belgium and several European countries) for the treatment of pediculosis, because less toxic and good efficiency. Two different presentations are available in the external use family : shampoo (1%) in 100 ml bottles and also powder (0.5%) in a powdering bottle for human body.

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