

## Every fever is not malaria - a message from Kenya

In Kenya we are trying to focus on confirming the diagnosis of malaria using microscopy or rapid test diagnostic kits (RDTs) rather than just treating a presumed clinical diagnosis. Many health staff in dispensaries and health centres still believe that every fever is malaria and that malaria tops the list of diseases even in non-endemic area. This belief is strong particularly among those who have had training in IMCI (Integrated Management of Childhood Illness). One result of this belief is that many patients are given artemether-lumefantrine treatment (AL) unnecessarily with the additional risk that other causes of fever go untreated. I wonder if it is the same in South Sudan?

So the new malaria strategy in Kenya puts emphasis on laboratory confirmation of the cause of a fever to make sure that it really is malaria. We still have problems related to the availability of microscopes and well-trained laboratory technicians – and RDTs are not available everywhere. However, we are addressing these challenges and running workshops to try to change attitudes. In this way we hope that more staff will look for the real causes of fever and not just rush to treat malaria.

Our strategy also focuses on malaria surveillance. We need to convince health staff that malaria prevalence in Kenya is going down due to the scaling up of interventions like LLINs (Long Lasting Insecticide Impregnated Nets), indoor residual spraying, advocacy, community and social mobilisation and AL treatment.

*Based on an email sent to the HIFA2015 email forum by Beatrice Muraguri (Health Information Officer, Ministry of Health, Nairobi, Kenya. bemura68@yahoo.com) and published with her permission.*