

# WHO/UNICEF strategy of Integrated Management of Childhood Illness (IMCI)

Development of a strategy of Integrated Management of Childhood Illness (IMCI) was started by WHO and UNICEF in 1992. Its main objective was reduction of the mortality and morbidity associated with the major causes of childhood illness. Every year, about 10 million children die before reaching their fifth birthday. Over 70% of these deaths, the vast majority occurring in the developing world, are due to acute respiratory infections, diarrhoeal diseases, malaria, measles and malnutrition, often in combination. It was decided to initially focus on improving care at the first level health facilities where millions of children arrive sick each day, most of them with one or more of the major causes of illness and death.

IMCI strategy seeks to reduce childhood mortality and morbidity by adopting a broad and cross-cutting three-pronged approach:

- Improving case management skills of health-care staff
- Improving overall health systems
- Improving family and community health practices

A cornerstone of IMCI strategy remains a set of clinical guidelines for management of childhood illness at first level health facilities. The first version of these guidelines was completed in 1995.

Since its introduction in 1996 IMCI strategy was accepted by many countries in the world and as of today more than 100 countries are being implementing IMCI strategy at large scale. Global implementation of IMCI is coordinated and supported by [WHO](#) and [UNICEF](#).

Source-WHO webpage, 2009 *More information on IMCI can be found on the WHO webpage.: <http://www.who.int>*

# MAMA PROJECT ADAPTATION OF IMCI

## **Complementary Information:** *Medicines and Procedures* To Promote **Community Health**

# SALBUTAMOL 4mg (ALBUTEROL) Tablets

*Bronchi dilatory Therapy for Prevention and Treatment of ASTHMA Attacks*

<b>AGE or WEIGHT</b>	<b>VIA ORAL</b> <b>Tablet: 4mg or part</b> <b>Daily Dosage for 2 weeks</b> <small>(Do not give more without instruction from the doctor.)</small>	<b>THROUGH NEBULIZATION (Fast)</b> Dissolve the tablet (or part) of <i>Salbuterol</i> 4mg in 3ml de purified clean water. Administer by electric nebulizer, or manual (Bicycle Pump) for 10-15 minutes
2 to 12months 5-9kg(~ 10-20lb)	1/4 -1/2 tablet Every 8 hours	<b><u>Pediatric Dosage:</u></b> 0.3mg/Kg. dosage, every 4-8 hours as necessary. Take note that the <i>minimum</i> for children is 1/2 tablet for every dosage, and you can use 1/2-1 tablet in 3 ml water every 20 minutes to 2 1/2 tablets each hour in an emergency.
1 to 4 years 10-19kg(~20-40lb)	1/2-1 tablet Every 8 hours (Maximum: 3 a day)	<b><u>Dosage &gt; 12 years and adults:</u></b> 1/2 - 1 tablet in 3ml solution every 4-8 hours as necessary. Note: In an emergency, the <i>minimum</i> usually is one tablet, every 20 minutes to the maximum of 12mg in one hour.
5 to 11 years 20-40kg(~40-90lb)	1/2-1 tablet Every 4-8 hours (Maximum: 6 a day)	<ul style="list-style-type: none"> <li>➤ Check blood pressure, and look for medical attention immediately if the attack continues.</li> <li>➤ You can use an injection of adrenaline in an emergency with precaution, following the norms of treatment.</li> <li>➤ Always use the lowest dosage to control the symptoms.</li> <li>➤ Orally is preferred to control asthma. Nebulizing is preferred for frequent or serious attacks.</li> <li>➤ Basic prevention includes: Smokeless air (chimney or fire outside of the house) Avoid contact with dust, feathers, animals, and parasites.</li> </ul>
<b>Children and Adults</b> ≥12 years ≥40kg(≥90lb)	1/2-1 tablet Every 3-8 hours (Maximum: 8 a day) Check blood pressure	

# FERROUS SULFATE 200mg (IRON) Tablets

## (200mg Ferrous Sulfate = 60mg Elemental Iron)

*Therapy for Prevention and Recuperation of Anemia*

<b>AGE OR WEIGHT</b>	<b>PREVENTATIVE THERAPY</b> <u>Duration:</u> Less than one year: 6 months 1 year to 4 years: 3months	<b>RECUPERATION THERAPY</b> <u>Duration:</u> 3months
<b>4 to 11 months</b>	¼ tablet daily (50mg) = 15mg elemental iron	¼ tablet 3-4 times a day (150-200mg total in one day) = 45-60mg elemental iron
<b>1 – 2 years (12-24 <i>months</i>)</b>	½ tablet daily (100mg) = 30mg elemental iron	¼ tablet 4 times a day (200mg total in one day) = 60mg elemental iron
<b>3-4 years (25-59 <i>months</i>)</b>	¾ tablet daily (150mg) = 45mg elemental iron	½ tablet 3 times a day (300mg total in one day) = 90mg elemental iron
<b>5-12 years 20-40 kg 40-90 lb</b>	Depending on tolerance, age, and weight: ¾ - 1 tablet a day	Depending on tolerance, level of anemia, age, and weight, between ½ tablet 4 times (400 mg total in a day), to 1 ½ tablets three times a day (900 mg total in one day) = 120mg – 270mg elemental iron
<b>Adults ≥ 40 kg ≥90 lb</b>	One tablet daily	As much as 1½ tablets 4 times a day (1200mg total in one day if the stomach tolerates it) = 360mg elemental iron

\*If a boy/girl is premature or weighs less than 2500 grams(5.5 lb) begin supplements at 30 days of age with drops:  
2-4mg elemental iron/kg/day divided every 12-24 hr to maximum of 15mg/day.

\* IRON CAN INTOXICATE QUICKLY. Store medicine out of the reach of children. Give a maximum of 30 tablets to the mother.

\*Ferrous Sulfate Iron Supplement Drops: 1 dropper = 0.6mL = 15mg elemental iron

\*See the Anemia flow chart for modifications if using the Nora Lynne Essential Micronutrients.



**SODIUM FLOURIDE**  
*Preventative Therapy For Dental Cavities*

IF THE COMMUNAL WATER DOES NOT CONTAIN FLOURIDE

<b>AGE</b>	<b>MG of sodium fluoride</b>
<b>6 months – 3 years</b>	<b>.25mg each day</b>
<b>3 years – 6 years</b>	<b>.5mg each day</b>
<b>6 years – 16 years</b>	<b>1mg each day</b>

**If children take fluoride in excess, it can discolor their permanent teeth.**

# NYSTATIN Tablets of 500,000 IU

*For infections of candida:*

- *In infants-mouth and diaper rash or the skin,*
- *In children and adults-mouth, skin, genital area, or anal area*

## **For infection oral candida (thrush)\* in infants:**

- 1-Give 5 tablets of 500,000 IU to the mother
- 2-Ground into powder one tablet each day
- 3-Mix with 5ml (a teaspoon) of clean water
- 4-Apply on the nipples twice a day for 5 days (1 ml each time)
- 5-Put 1ml in the infant's mouth 3 times a day for 5 days(You can use in adults as well)

\*White spots with pain

## **For vaginal candida infection\*:**

- 1-Give 3 tablets of 500,000 IU to the woman.
- 2-Explain that she should break each pill into 5 parts
- 3-Put one-fifth (1/5) of each tablet into the vaginal canal each night for 15 nights.

\*White Fluid like cheese, with itch

## **For candida infection\* in skin, genital area or anal:**

\*Diaper rash, or red irritation under the breasts or wet areas of skin

- 1-Give one tablet to the person
- 2-Ground one tablet into a powder, mix it with one teaspoon of Vaseline and apply the lotion to the affected skin three times a day

## Medicine Usage of IMCI in Tablets

### Dosage and Frequencies for Infants and Adults:

<i>Age or Weight:</i>	<b>Amoxicillin 250mg Every 8 hours = 3 times a day</b>	<b>Ciprofloxacin 500mg Every 12 hours = 2 times a day</b>	<b>Acetaminophen or Paracetamol 100mg Every 6 hours = 4 times a day</b>	<b>Prednisone or Prednisolone 5mg One time each day, take all of them</b>	<b>Sulfamethoxazole/ Trimethoprim 80/400mg Every 12 hours = 2 times a day</b>					
<b>Birth to 2months</b>	0 to 30 days (<3kg)	2ml* (2/5 teaspoon)	Do not use before 2 (or better-3) months 20 mg/kg Daily divided into 2 doses.	0 to 30 days (<3kg)	1/4	# Tablets A day	Weight In kg	Weight in Lb.	From 0 to30 days(<3kg)	1/8
	31 to 60days (3-4kg)	3ml* (3/5 teaspoon)		31 to 60 days (3-4kg)	1/4 - 1/2				From 31 to 60days (3-4kg)	1/4
<b>2 to 12 months 5-9kg (10-20lb)</b>	3/4		2-6 month	1/4 tab.	2 to 3 months (4 - <6kg)	1/2	1	5	10	1/2
<b>1 to 4 years 10-19kg (20-40lb)</b>	1		6-12 months	1/2 tab.	4-35 months (6 -<14kg.)	1	2	10	20	
			36-59months (14 – 19kg)	1 1/2	3	15	30	3/4		
<b>5 to 11 years 20-40kg (40-90lb)</b>	1 – 1 1/2 Depends on severity and weight		3/4		25kg/55lb	3	5		25	55
<b>≥12 years to adults ≥40kg (≥90lb.)</b>	1-2 Tablets Depends on severity and weight		1		30kg/66lb	4	6	30	66	
					35kg/77lb	5	7	35	77	
<b>≥12 years to adults ≥40kg (≥90lb.)</b>		6-10 tablets maximum: 4000mg/day for brief time		8	40	88	2			
				9	45	99				
				10	50	>110				
<b>Pregnant?</b>	Yes: Category B		If it's necessary: Category C		Yes: Category B		If it's necessary: Category C		Dangerous: Category D	
<b>NOTES:</b>	Streptococcal Pharyngitis(tonsillitis):Use 10 days *For infants less than 2 months, break the tablet or open the capsule and mix in 5 ml sugar. Estimate 2 or 3ml		Nalidixic Acid not recommended. Replaced by fluoroquinolones (ex. Cipro or Norfloxacin. This class is usually not used in children but may be used in urinary infections or dysentery (shigella/ bloody diarrhea) because of drug resistance.		Paracetamol and acetaminophen have the same use and dosage.  These are very toxic in overdose. Keep out of reach of children.		Only for 3 to 5 days for asthma attack or severe allergies.		Do not use in: ➤ Streptococcal Pharyngitis(tonsillitis) ➤ Newborn babies if there is an alternative ➤ <i>Premature or jaundiced (Yellow skin)infants</i> ➤ <i>The last trimester of pregnancy</i>	

## Commentaries from MAMA Project about the use of these medicines

- Refer to the IMCI Manual for the use of medicines and duration of treatments according to the indication.
- This is meant to be used for guidance. Refer to other references for more information or to confirm the indications and the corresponding uses of these medicines.
- To facilitate communication and to avoid mistakes, we will always talk about the medicines using their generic names and dosages.
- The Child Survival Kit is for the whole community, with priority to the people in low economic resources. No one that needs medicines should lose access, but to be sustained everyone needs to donate according to his ability to maintain the community medicine cabinet.

Suggestions and information for the mother about the use of tablets in infants and small children:

- Break up the tablet or open the capsule one dosage at a time.
- You can mix it with food, juice, clean water, or sugar.
- One teaspoon has 5ml. Remember this when you are estimating the quantity of medicine. For example for treatment of Candida or if you are giving amoxicillin to infants.
- When you have capsules, you should estimate to the half or fraction.

The advantages of using tablets via oral rather than liquid medicines (even for children) are:

- Low cost.
- Less possibilities of bacterial overgrowth in warm climate without refrigeration in comparison to the liquids.
- Avoids complications from intravenous and intramuscular routes.
- Less pain and fear for the children.
- Less allergic reaction orally than with injection.

Specific Notes:

- Since 2005 Ampiciline is generally not preferred for shingella/bloody diarrhea due to the resistance. Use Sulfametoxazole/Trimetoprim or Nalidixilic Acid.
- Tetracycline is not recommended for children because it causes dental damage. If there is cholera, refer them to the Health Center of the Hospital.
- Erythromycin is associated with a lot of diarrhea or stomach pain. For this reason it is not in the chart.

# MAMA Project

## Medicines to Treat Hypertension: Dosage for Hypertension

### Diuretics†

(Stimulants of action of kidneys)

Generic/(Brand)	To begin each day	Maximum each day
Amiloride ( <b>Midamor</b> )	5mg	20mg
Bumetanide ( <b>Bumex</b> )§	_____	_____
Chorothiazide ( <b>Diuril</b> )	125-250mg*	1000mg
Chorthalidone ( <b>Thalitone</b> )	12.5-25mg	50mg
Ethacrynic acid ( <b>Edecrin</b> )§	_____	_____
Furosemide ( <b>Lasix</b> )§	_____	_____
Hydrochlorothiazide( <b>HCTZ,Oretic,Microzide</b> )	12.5-25mg	50mg
Indapamide ( <b>Lozol</b> )	1.25-25mg	5mg
Metolazone ( <b>Zaroxolyn</b> )§	_____	_____
Torsemide ( <b>Demadex</b> )§	_____	_____

\*Sometimes a dosage for two times a day is required to control the pressure for 24 hours.

† Do not use during a pregnancy, especially if the woman has hypertension because of the pregnancy, without looking for the specific risk category for the product.

§ For swelling in adults with cardiac failure.

## B-Blockers†

(Blockers of adrenaline receptors of “Beta” type)

Generic(Brand)	Begin each day	Max. each day
Acebutolol (Sectral/Monitan)	400mg*	1200mg
Atenolol (Tenormin)	25-50mg*	100mg
Betaxolol (Kerlone)	5-10mg	20mg
Bisoprolol (Zebeta)	2.5-5mg	20mg
Carteolol (Cartrol)	2.5mg	10mg
Carvedilol (Coreg)	6.25mg*2 times	50mg
Labetalol (Trandate/Normodyne)	100mg*2 times	2400mg
Metoprolol (Lopessor/Toprol- XL)	50-100mg*	400-450mg
Nadolol (Corgard)	20-40	320mg
Penbutolol (Levitol)	20mg	80mg
Pindolol.(Visken)	5mg* 2 times	60mg
Propranolol (Inderal, Inderal LA/InnoPran XL)	20-40mg*	640mg
Timolol (Blocadren)	10mg*2 times	60mg

\* Sometimes a dosage for two times a day is required to control the pressure for 24 hours.

† Do not use during pregnancy, only acebutolol and pindolo are category B. The others listed are C.

# Angiotension Converter Enzyme Inhibitor (ACE Inhibitors)†

(Prevention of the production of some hormones that cause hypertension)

<b>Generic/(Brand)</b>	<b>Begin each day</b>	<b>Max. Each day</b>
Benazepril( <b>Lotensin</b> )	10mg*	80mg
Captopril( <b>Capoten</b> )	25mg 2-3 times	450mg
Enalapril( <b>Vasotec</b> )	5mg*	40mg
Fosinopril( <b>Monopril</b> )	10mg*	80mg
Lisinopril( <b>Zestril/Prinivil</b> )	10mg*	80mg
Moesipril( <b>Univase</b> )	7.5mg*	30-60mg
Perindopril( <b>Aceon</b> )	4mg*	16mg
Quinapril( <b>Accupril</b> )	10-20mg*	80mg
Ramiril( <b>Altace</b> )	2.5mg*	20mg
Trandolapril( <b>Mavik</b> )	1-2mg*	8mg
* Sometimes a dosage for two times a day is required to control the pressure for 24 hours.		
† Do not use during pregnancy.		

## Calcium Channel Blockers†

(To relax muscles of the blood vessels and the heart)

Generic/(Brand)	Begin each day	Max. Each day
Amlodipine(Norvasc)	2.5-5mg	10qd
Diltiazem(Cardizem,Cardizem SR, Cardizem LA, Cardizem CD, Cartia XT, Dilacor XR, Diltiazem CD,Diltia XT, Tiazac, Taztia XT)	120-240mg*	540mg
Felodipine(Plendil)	2.5-5mg	10mg
Isradipine(Dynacirc/DynacircCR)	2.5mg* two times	20mg
Nicardipine(Cardene/Cardene SR)	20-30mg* 2X/3X	120mg
Nifedipine(Procardia,Adalat,ProcardiaXL, Adalat CC)-DO <b>NOT USE THE BRIEF ACTION, NOR UNDER THE TONGUE IN HYPERTENSION</b>	30-60mg*	120mg
Nisoldipinpe(Sular)	20mg	60mg
Verapamil(Isoptin,Calan,Covera-HS,Verelan, Verelan PM)	40-80mg* 3X/4X 100-200mg*	480mg 400mg
*Sometimes a dosage for two times a day is required to control the pressure for 24 hours.		
† Do not use during pregnancy		



## **ALPHA BLOCKER†**

**(Blocker of adrenaline receptors of “Alpha” type)**

<b>Generic/(Brand)</b>	<b>Begin each day</b>	<b>Max. Each day</b>
Clonidine( <b>Catapres</b> )	0.1mg* 2 times	2.4mg
Doxazosin( <b>Cardura</b> )	1mg at night	16mg
Guanfacine( <b>Tenex</b> )	1mg at night	3mg at night
Methyldopa( <b>Aldomet</b> )	250mg* 2 or 3 times	3000mg
Prazosin( <b>Minipress</b> )	1mg* 2 or 3 times(#1:Night)	40mg
Reserpine( <b>Serpasil</b> )	0.05mg	0.25mg
Terazosin( <b>Hytrin</b> )	1mg* at night, first	20mg
<p><b>*Sometimes a dosage for two times a day is required to control the pressure for 24 hours.</b></p> <p><b>† Do not use during pregnancy</b></p>		

# ANGIOTENSIN RECEPTOR BLOCKERS (ARBs) ††

(Prevention of the production of some hormones that cause hypertension)

Generic/(Brand)	Begin each day	Max. Each day
Candesartan( <b>Atacand</b> )	16mg	32mg
Eprosartan( <b>Teveten</b> )	600mg*	800mg
Irbesartan( <b>Avapro</b> )	150mg	300mg
Losartan( <b>Cozaar</b> )	50mg*	100mg
Olmesartan( <b>Benicar</b> )	20mg	40mg
Telmisartan( <b>Micardis</b> )	40mg	80mg
Valsartan( <b>Diovan</b> )	80-160mg	320mg
*Sometimes a dosage for two times a day is required to control the pressure for 24 hours.		
† Do not use during pregnancy		

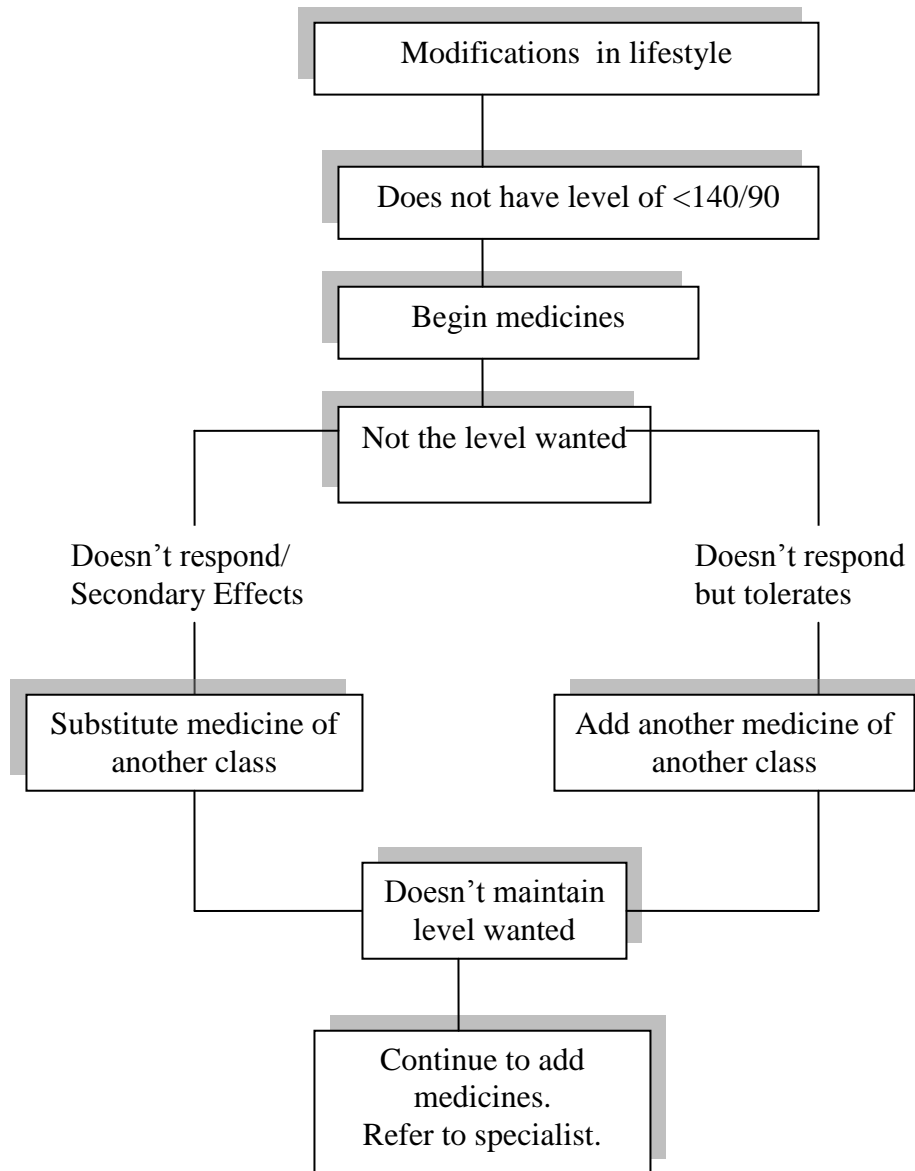
Precautions: If the patient presents a diastolic blood pressure higher than 130mmHg, consider it an Acute Hypertensive Emergency, refer them immediately to the hospital.

Use other guides in combination with this reference for other indications and also to confirm the use during pregnancy.

The reason for including this information in the orientation of community monitors of MAMA is only to give them a level of understanding about the medicines that the doctors prescribe to control hypertension.

# GUIDE FOR THE MANAGEMENT AND CONTROL OF: HYPERTENSION

## ALGORITHM OF TREATMENT



# Treatment for Gastritis and Stomach Ulcers

Name: \_\_\_\_\_ Date: \_\_\_\_\_

All over the world, the most common cause of having a stomach ulcer is from a bacteria called “*Helicobacter pylori*” that is transmitted because of the contamination of the environment, especially in dirty water. To treat ulcers it is necessary to kill all of the microbes with two antibiotics and, at the same time, use another medicines to prevent the production of acid in the stomach.

	All in the Morning	All at Noontime	All in the Afternoon	All at Night	Labels																				
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## Examples of Treatment Courses

*Helicobacter Pylori*: Treatment of Peptic Ulcer Disease  
(Adapted from *Med Letter* 1997; 39:1; *Ann Intern Med* 1997; 157:87)

<u>Regimen</u>	<u>Cost</u>	<u>Eradication Rate</u>
Bismuth Subsalicylate (Pepto Bismol) 2 tabs qid plus metronidazole 250 mg qid plus tetracycline 500 mg qid plus ranidine 150 mg bid or omeprazole 20 mg bid	2 wk \$60	96%
Clarithromycin 500 mg tid plus omeprazole 40 mg qd then omeprazole 20 mg qd x 14 days	2 wk \$289	72%
Clarithromycin 500 mg bid plus metronidazole 500 mg bid or amoxicillin 1g bid plus omeprazole 20 mg bid or lansoprazole 30 mg bid	10-14 days \$133-\$204	89-91%
Clarithromycin 500 mg bid plus ranitidine 400 mg bid x 14 days then ranitidine 400 mg bid x 14 days	\$234	NS
Bismuth subsalicylate (Pepto Bismol) 2 tabs qid plus metronidazole 500 mg tid plus tetracycline 500 mg qid	2 wk \$15	90%
Omeprazole 40-60 mg qd plus amoxicillin 500 mg tid plus metronidazole 500 mg bid	7 days \$111	84%

<u>Helicobacter Pylori Therapy</u>			
All medications are PO, BSS = bismuth subsalicylate, PPI = protein pump inhibitor		amoxicillin +	1000 mg bid x 7 days
		clarithromycin +	500 mg bid x 7 days
		rabeprazole	20 mg bid x 7 days
BSS +	525 mg qid x 14 days	BSS +	525 mg qid x 14 days
metronidazole +	500 mg qid x 14 days	metronidazole +	500 mg qid x 14 days
tetracycline +	500 mg qid x 14 days	tetracycline +	500 mg qid x 14 days
H2 antagonist	bid x 28 days	PPI	bid x 14 days
amoxicillin +	1000 mg bid x 14 days	metronidazole +	500 mg bid x 14 days
clarithromycin +	500 mg bid x 14 days	clarithromycin +	500 mg bid x 14 days
PPI	bid x 14 days	PPI	bid x 14 days

## Examples of Anti-Production of Acids Medicines

### Ant ulcer - H2 Antagonists

cimetidine (Tagamet, Tagamet HB, Peptol): 300 mg IV/IM/PO q6-8h, 400 mg PO bid, or 400-800 mg PO qhs. Erosive esophagitis: 800 mg PO bid or 400 mg PO qd. Continuous IV infusion 37.5-50 mg/h (900-1200 mg/day). [Generic/Trade: tab 200,300,400,800 mg, liquid 300mg/5mL. OTC, trade only: tab 100 mg, susp 200 mg/20mL.]

famotidine (Pepcid, Pepcid RPD, Pepcid AC): 20 mg IV q12h. 20-40 mg PO qhs, or 20 mg PO bid. [Generic/Trade: tab 10 mg (OTC, Pepcid AC Acid Controller), 20, 30, 40 mg. Trade only: orally disintegrating tab (Pepcid RPD) 20, 40 mg, suspension 40mg/5mL.]

nizatidine (Axid, Axid AR): 150-300 mg PO qhs, or 150 mg PO bid. [Trade only: tabs 75 mg (OTC, Axid AR). Generic/Trade: cap 150,300 mg.]

Pepcid Complete (famotidine + calcium carbonate + Mg hydroxide): Heartburn: 1 tab PO prn. Max 2 tabs/day. [OTC: Trade only: chew tab famotidine 10 mg with calcium carbonate 800 mg & magnesium hydroxide 165 mg.]

ranitidine (Zantac, Zantac 75, Peptic Relief): 150 mg PO bid or 300 mg PO qhs. 50 mg IV/IM q8h, or continuous infusion 6.25 mg/h (150 mg/d). [Generic/Trade: tabs 75 mg (OTC, Zantac 75), 150,300 mg, syrup 75 mg/5mL. Trade only: effervescent tab 150 mg, caps 150/300 mg, granules 150 mg.]

### Antiulcer - Proton Pump Inhibitors

esomeprazole (Nexium): Erosive esophagitis: 20-40 mg PO qd x 4-8 weeks. Maintenance of erosive esophagitis: 20 mg PO qd. GERD: 20 mg PO qd x 4 weeks. H pylori eradication: 40 mg PO qd x 10 days with amoxicillin & clarithromycin. [Trade only: delayed release cap 20, 40 mg.]

lansoprazole (Prevacid): Duodenal ulcer or maintenance therapy after healing of duodenal ulcer, or erosive esophagitis, NSAID-induced gastric ulcer: 30 mg PO qd x 8 weeks (treatment), 15 mg PO qd for up to 12 weeks (prevention). GERD: 15 mg PO qd. Erosive esophagitis or gastric ulcer: 30 mg PO qd. [Trade only: cap 15, 30 mg. Susp 15,30 mg packets. Orally disintegrating tab 15,30 mg.]

omeprazole (Prilosec, Losec): Duodenal ulcer or erosive esophagitis: 20 mg PO qd. Heartburn (OTC): 20 mg PO qd x 14 days. Gastric ulcer: 40 mg PO qd. Hypersecretory conditions: 60 mg PO qd. [Trade/generic: cap 10,20 mg. OTC: 20 mg. Trade only: cap 40 mg.]

pantoprazole (Protonix, Pantoloc): GERD: 40 mg PO qd, or 40 mg IV qd x 7-10 days until taking PO. Zollinger-Ellison syndrome: 80 mg IV q8-12h x 6 days until taking PO. [Trade only: tab 40 mg.]

rabeprazole (Aciphex, Pariet): 20 mg PO qd. [Trade only: tab 20 mg.]

### Antiulcer - Helicobacter pylori Treatment

Helidac (bismuth subsalicylate + metronidazole + tetracycline): 1 dose PO qid for 2 weeks. To be given with an H2 antagonist. [Trade only: Each dose: bismuth subsalicylate 524 (2x262mg) + metronidazole 250 mg + tetracycline 500mg.]

PrePac (lansoprazole + amoxicillin + clarithromycin): 1 dose PO bid x 10-14 days. [Trade only: lansoprazole 30 mg x 2 + amoxicillin 1 g (2x500 mg) x 2, clarithromycin 500 mg x 2.]

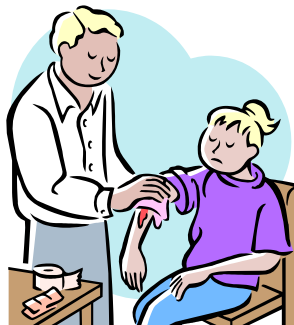
# MANAGEMENT of SKIN ULCERS

- **Goal:** Stimulation of the recuperation of the skin in the ulcers, and around the ulcers, for control of infection and swollenness.
- **Materials:** Gloves, soap, bottle, clean water with salt (one teaspoon of salt in 1 liter of boiled water), clean rags, clean square gauzes, table knife, anti-inflammatory cream, antibiotic cream (you can use triple therapy cream), pomade of zinc oxide, sink, elastic bandages.
- **Levels:** *1-Cleaning:* Take off the bandages around the ulcer. Put a gauze that is saturated in salt water on the ulcers for 15 minutes, before you begin to wash them. After, with the patient seated in a chair and his feet on the sink, put on gloves, fill the bottle with clean water and pour water on the ulcers, with clean rags, clean the feet and legs with soap. Carefully with the gauze and a table knife, take off the dead skin, until the live base of the ulcer. When it begins to bleed, stop taking off skin. Do not reuse the water. Always fill the bottle with clean water. Dry the affected part with a clean rag.

*2-Application of Creams and Pomades:* You can apply an anti-inflammatory cream, if there is evidence of infection, antibacterial cream, or triple therapy cream. If there is evidence of extensive infection, you should use an oral antibiotic. Using a clean table knife, cover the square gauzes with sufficient zinc oxide pomade to cover the ulcers, and put it on the area of the ulcer.

*3-Application of Elastic Bandages:* Beginning on the feet, without covering the toes, until the knee, put on the elastic bandage, with more pressure on the feet, and less with each inch until the knees. On the ankles, you should have space for two fingers, without too much pressure, and underneath the knees, space for three fingers. If the patient feels uncomfortable, or if you see the toes are a blue color, or the foot does not have a pulse, give less pressure. It is not necessary to cover the knees usually. You can change the bandages, and repeat this process each week or more frequently if it is getting wet, dirty, or loose.

It takes a lot of time to cure ulcers. If the patient is obese, he should lose weight. Check blood pressure. If it is high, or if there is swelling, the person should try to avoid using too much salt, and might need medicine.



# MAMA Project, Inc. SKIN CLINIC



## Community Guide and Treatment Norms

1-**Present:** “Mrs. Scabies” drama and Hygiene and Scabies Information

2-**Examine:** Observe the skin of each person looking for evidence of scabies

3-**Distribute:** a pamphlet of hygiene and instructions about the prevention and treatment of scabies to all of the people in the community

### 4-**Treatment with Medicines:**

-**Scabies** (Benzoato Bencilo - 25% for three days all over the body for everyone in the house if it is a case of scabies in the house)

- **Anti-inflammatory cream or oral medicines against itch (Anti-histamine)**  
(If the skin is very swollen and itches)

-**Antibiotic\* Cream or an appropriate oral antibiotic.** † (If it has pus or infection)

-**Soap:** antibacterial for each family

\***Triple Therapy Cream** has medicine to fight against fungus, inflammation, and infection.

† Dicloxicilina, cloxicilina, azithromicina(Zithromax), clarithromicina(Biaxin), erthromicina, Ceph 1~Eg: cefadroxil, cephalixin, cephradine para staph con lesiones bulosas; but, Ceph 2~Eg: cefaclor, cefprozil, cefuroxime axetil, loracarbef for estreptococcus with lesions with dried escharcha with a honey color.

## TRIPLE THERAPY FOR THE SKIN

CLOTRIMAZOLE 1%: Fungus, Candida, Tinea Versicolor  
GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
- If it does not cure in three weeks or if it gets worse, consult a doctor.

## TRIPLE THERAPY FOR THE SKIN

CLOTRIMAZOLE 1%: Fungus, Candida, Tinea Versicolor  
GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
- If it does not cure in three weeks or if it gets worse, consult a doctor.

## TRIPLE THERAPY FOR THE SKIN

CLOTRIMAZOLE 1%: Fungus, Candida, Tinea Versicolor  
GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
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## TRIPLE THERAPY FOR THE SKIN

CLOTRIMAZOLE 1%: Fungus, Candida, Tinea Versicolor  
GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
- If it does not cure in three weeks or if it gets worse, consult a doctor.

## TRIPLE THERAPY FOR THE SKIN

CLOTRIMAZOLE 1%: Fungus, Candida, Tinea Versicolor  
GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
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GENTAMICIN SULFATE 0.1%: Bacteria  
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GENTAMICIN SULFATE 0.1%: Bacteria  
HYDROCORTISONE 1%: Inflammation

### How to Use:

Wash the skin, dry, and apply

- Use twice a day for hair, body, fingers, toes, and diaper rash.
- If it does not cure in three weeks or if it gets worse, consult a doctor.





Steps to nebulize with a manual nebulizer:

Materials:

- 1- Manual Nebulizer (Bicycle Pump)
- 2- Half or one tablet of Albuterol of 4mg.
- 3- Three mL of pure water.

Step 1:

Dissolve the tablet or the half of the tablet of Albuterol 4mg in 3mL of pure water.

Step 2:

Put the solution in the nebulizer and put the mouthpiece into the mouth of the patient. Begin to pump with the hand pump as long as necessary, until no more smoke comes out.

# BENZYL BENZOATE 25%

## SCABIES:

- You need to treat every member of the family.**
- Hygiene:** Take a bath and change clothes daily, scrub your entire body using soap. Cut your nails. Wash all of your clothes, sheets and blankets, and even better, boil them and let them dry in the sun.
- After the bath, apply the lotion** (\*Oil-based lotion preferred. Water-based lotion stings more.) all over your body, from the top of your head to the soles of your feet, and under your nails for three days. For infants, dilute the lotion to be half lotion and half oil. If there is pus, use anti-bacterial cream or antibiotic.

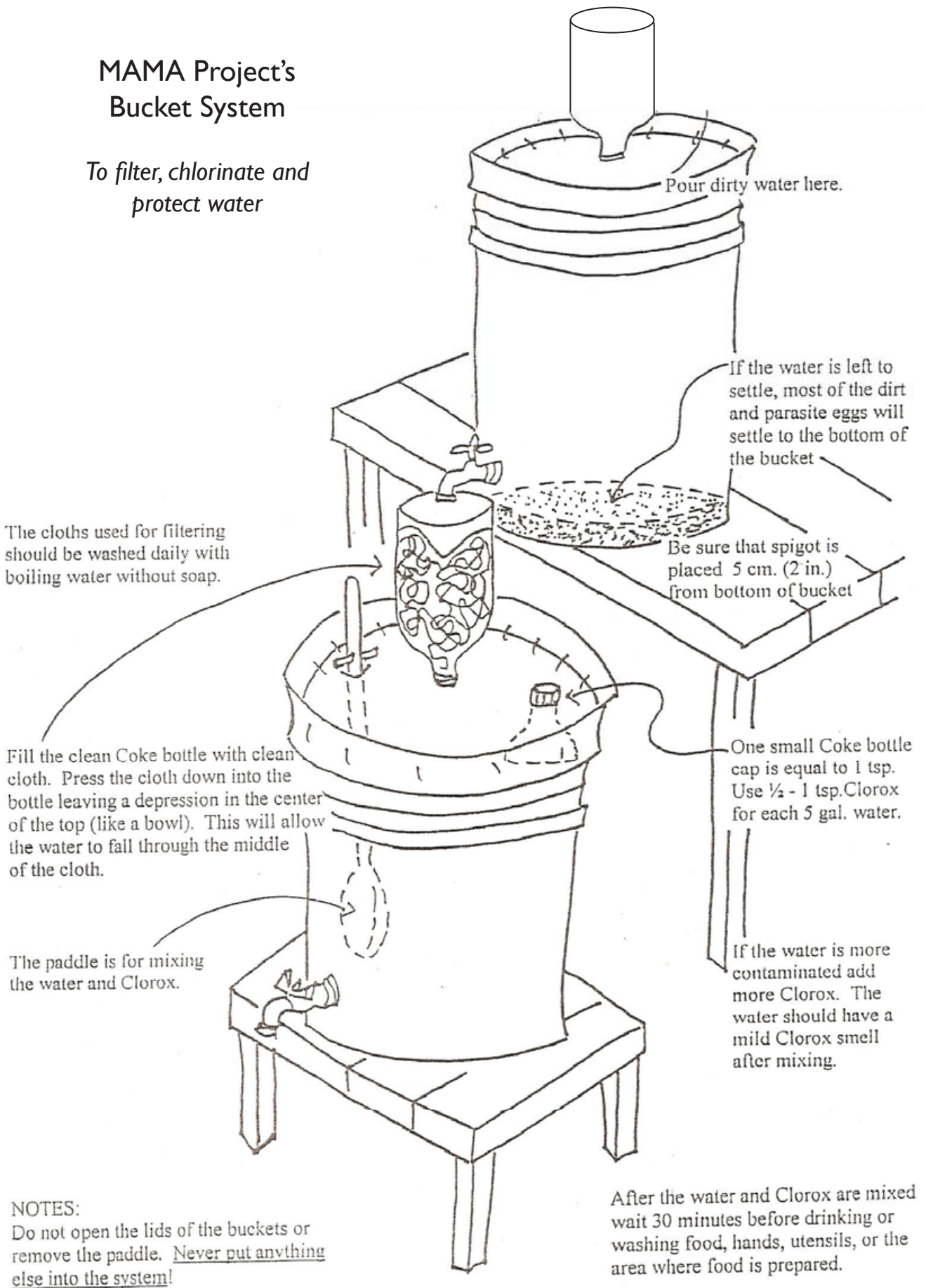
## FOR LICE:

Treat all of the members of the family: Bathe and wash hair often. Examine the children's hair. Apply the lotion to the hair and body (where there are lice) – leave it for 24 hours.

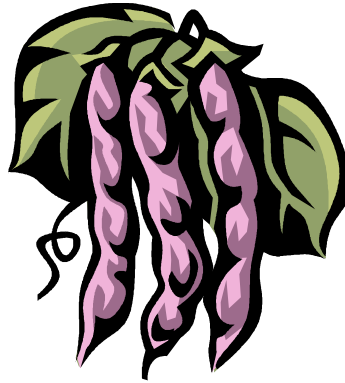


# MAMA Project's Bucket System

To filter, chlorinate and  
protect water



# Soy: The Super Bean



## Soybeans are a super food for children:

- Soy protein is a complete protein for growth and healing.
- Soy protein is as good as meat, milk and egg protein.
- Soy protein is easily digestible even for infants and sick children.
- Soy is naturally rich in fat for brain growth, energy and vitamin absorption.
- Soy is good for children with diarrhea.
- Soy is available in many parts of the world, but is often not fed to children.
- Soy is usually an inexpensive food.
- Soy is very useful in community nutrition and school lunch programs, nutritional rehabilitation centers and family meals.
- Soy beans can be milled into flour to be added to food that is being cooked for children.

## Soy meal:

- Soy meal is produced when soy beans are processed for cooking oil.
- Soy meal produced in a factory by **extrusion** is actually a **cooked food**.
- Soy **anti-protease enzymes** that make raw beans hard to digest are **denatured** by the extrusion process.
- Soy meal that is produced by extrusion **can be eaten without further cooking**.
- Soy meal is dry, and can be milled in the community into **defatted soy flour**.
- Soy meal, added to other foods, should be enriched with cooking oil since the natural oil that is important for children's health has been removed.
- Soy meal, milled to defatted soy flour, is used to produce **Soy Super Drink** an inexpensive nutritionally dense milk substitute for the early refeeding stage of rehabilitation of severely malnourished children, for the prevention of malnutrition, and for feeding of sick children who are not able to eat solid foods. See directions.

# Soy Super Drink



## Recipe for Soy Super Drink:

Mix :

1. 2/3 cup defatted soy flour (160ml)
2. 1/4 cup sugar (60ml)
3. 1/3 cup cooking oil (80ml)

Add to 4 cups (1 liter) of cooled boiled water.

Stir well.

Refeeding schedule for severely malnourished children with & without oedema:					
Weight in Kilos	Weight in Pounds	mL each day	mL each time (6 times a day)	Cups each time (approx)	If severe oedema 2/3cc
2	4.4	300	50	1/4 cup	30 cc
4	8.8	600	100	1/2 cup	60 cc
6	13.2	900	150	2/3 cup	100 cc
8	17.6	1200	200	3/4 cup	130 cc
10	22	1500	250	1 cup	160 cc
12	26.4	1800	300	1 1/4 cup	200 cc
14	30.8	2100	350	1 1/2 cup	230 cc
16	35.2	2400	400	1 2/3 cup	260 cc
18	39.6	2700	450	1 3/4 cup	300 cc
20	44	3000	500	2 cups	330 cc

- Do not boil the drink or the oil will separate.
- Without refrigeration, the drink will spoil in 6 hours.
- Soy, sugar and oil mixture without water can be stored unrefrigerated for one month in a sealed container.
- Substitute dry skim milk for soy flour, if available for use, with severely malnourished children (to avoid phosphorus depletion with refeeding).
- Advance diet to include solid foods when tolerated. Extra water & oral rehydration solution may be needed if child dehydrated or sweating. Give fluids cautiously to children with oedema.
- **Soy Super Drink** can be fortified with MAMA's Essential Micronutrients according to directions. If you must use in micronutrients in the drink, be sure to keep stirring the bottom to consume all of the micronutrients.
- A similar drink can be made with other cereal mixtures and other micronutrient mixtures. Detailed recommendations for refeeding, including other recipes can be found in the IMCI hospital level manual POCKET BOOK of Hospital care for children from WHO and UNICEF.
- **Soy Super Drink** contains 1 calorie per milliliter.
- To produce mixture in larger amounts, multiply quantities and add ¾ cup (180ml) to liter water.

# Vitamin A Mega-dose Capsules

200,000 International Units (IU) per Capsule  
*Prevention & Treatment Doses*

Repeat this dose as recommended for emergency indications.

<b>Age:</b>	<b>Units per Dose</b>	<b>Capsule /Drops</b>	<b>Notes:</b>
Infants 0-5 months	None		
Infants less than 6 months: Non-breastfed or breastfed if mother has not received supplemental Vitamin A	50,000 IU	$\frac{1}{4}$ or 2 drops	Breast milk provides Vitamin A.
Infants 6 to 12 months: Every 4-6 months	100,000 IU	$\frac{1}{2}$ or 4 drops	Give eggs, milk, greens, fruits, colored vegetables.
Children over 12 months: Every 4-6 months	200,000 IU	1 or 8 drops	Not safe for girls or women who may become pregnant!
Mothers 6 weeks postpartum	200,000 IU	1 or 8 drops	

\*New norms are being developed in many countries, based on current research. Contact the country's Ministry of Health to find out the regulations that they follow.

# Vitamin A Mega-dose Capsules

## New Norms

200,000 International Units (IU) per Capsule  
Prevention & Treatment Doses


Repeat this dose as recommended for emergency indications.

Age:	Units per Dose	Capsule /Drops	Notes:
Infants 0-5 months	3 doses of 50,000 IU with at least 1 month between doses	¼ each dose or 2 drops each dose	Breast milk provides Vitamin A.
Infants less than 6 months: Non-breastfed or breastfed if mother has not received supplemental Vitamin A	100,000 IU	½ or 4 drops	Breast milk provides Vitamin A. *New norm=Infants 6-11 months can receive 100,000 IU every 4-6 months.
Infants 6 to 12 months: Every 4-6 months	100,000 IU	½ or 4 drops	Give eggs, milk, greens, fruits, colored vegetables. *New norm=Children older than 12 months can receive 200,000 IU every 4-6 months.
Children over 12 months: Every 4-6 months	200,000 IU	1	Not safe for girls or women who may become pregnant!
Mothers 6 weeks postpartum	200,000* IU	1	*New norm=Mothers 6 weeks postpartum can receive 2 doses of 200,000 IU each at least 1 day apart.

\*New norms are being developed in many countries, based on current research, but are not yet universally accepted. Contact the country's Ministry of Health to find out the regulations that they follow.


# Amoxicillin 250 mg - High Dose

Emergency Early Intervention Regimen for Noma, Severe Pneumonia, and other Serious Infections




**Newborn**  
0-1 week or <2 kg  
22 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING



**Young Infant**  
1 week- 2 months or  
2-5 kg (4.5-10lbs)  
42 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING




**Older Infant**  
2-12mos or 5-9 kg (10-20lbs)  
64 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING




**Toddler/Pre-school**  
1-4 years or 10-19 kg (20-40lbs)  
84 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING



**School Age**  
5-11 yrs or 20-40 kg (40-90lbs)  
126 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING



**Pre-teen/Adult**  
12 yrs to adult  
164 tablets for 14 days

MORNING	NOON	AFTERNOON	EVENING


## Notes:








- At first sign of early noma, begin AMOXICILLIN 250mg/tablet. Continue 14 days.
- If care is delayed, and the child presents a swollen cheek use the double dose: Save patient's life and limit permanent damage to the face.
- Maintain AMOXICILLIN 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat necrotizing gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If Amoxicillin is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Amoxicillin used for tonsillitis, ear infections, sinusitis, lung infections (pneumonia), eye infection after measles, skin, soft tissue, umbilical (navel) and urinary infections. Use double dose for critical illness and delayed treatment.
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to begin a course of broad spectrum oral antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy











# Amoxicillin 250 mg - Moderate Dose


Early Intervention Regimen for Moderate Infections








 **Newborn**  
0-1 week or <2 kg  
11 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Young Infant**  
1 week- 2 months or  
2-5 kg (4.5-10lbs)  
21 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Older Infant**  
2-12mos or 5-9 kg (10-20lbs)  
32 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			








 **Toddler/Pre-school**  
1-4 years or 10-19 kg (20-40lbs)  
42 tablets for 14 days

			
MORNING	NOON	AFTERNOON	EVENING
			

 **School Age**  
5-11 yrs or 20-40 kg (40-90lbs)  
63 tablets for 14 days

			
MORNING	NOON	AFTERNOON	EVENING
			

 **Pre-teen/Adult**  
12 yrs to adult  
82 tablets for 14 days


			
MORNING	NOON	AFTERNOON	EVENING
			





## Notes:


- Duration of therapy - 14 days for noma, 3 days for non-severe pneumonia, 5 days for acute ear infections, 10 days for tonsillitis.
- If care is delayed, and the child presents a swollen cheek use the double dose: Save patient's life and limit permanent damage to the face.
- Maintain AMOXICILLIN 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Denti-frice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If Amoxicillin is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Amoxicillin used for tonsillitis, ear infections, sinusitis, lung infections (pneumonia), eye infection after measles, soft tissue, skin, umbilical (navel) and urinary infections. Use double dose for critical illness and delayed treatment. (See page 8 in IMCI booklet.)
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to begin a course of broad spectrum oral antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy





# Metronidazole 250 mg


Emergency Early Intervention for Noma and Suspected Pre-Noma Lesions, and other Infections





 **Newborn**  
0-1 week or <2 kg  
7 tablets for 14 days


			
MORNING 15 mg/kg	NOON	AFTERNOON 15 mg/kg	EVENING





 **Young Infant**  
1 week- 2 months or  
2-5 kg (4.5-10lbs)  
7 tablets for 14 days


			
MORNING 1/4	NOON	AFTERNOON 1/4	EVENING





 **Older Infant**  
2-12mos or 5-9 kg (10-20lbs)  
14 tablets for 14 days


			
MORNING 1/4	NOON 1/4	AFTERNOON 1/4	EVENING 1/4





 **Toddler/Pre-school**  
1-4 years or 10-19 kg (20-40lbs)  
28 tablets for 14 days

			
MORNING 1/2	NOON 1/2	AFTERNOON 1/2	EVENING 1/2

 **School Age**  
5-11 yrs or 20-40 kg (40-90lbs)  
56 tablets for 14 days

			
MORNING 1	NOON 1	AFTERNOON 1	EVENING 1

 **Pre-teen/Adult**  
12 yrs to adult  
112 tablets for 14 days





			
MORNING 1 1	NOON 1 1	AFTERNOON 1 1	EVENING 1 1





## Notes:





- At first sign of early noma, begin METRONIDAZOLE 250mg/tablet. Continue 14 days.
- Maintain METRONIDAZOLE 250 mg Emergency Stock in Child Survival Kit in each village to avoid treatment delays.
- Treat necrotizing gingiva-stomatitis following measles or malaria in a malnourished child to prevent progress to noma. Also include essential micronutrient supplements, Vitamin A triple dose, Dentifrice, and improved nutrition (ie. eggs and oil).
- Metronidazole with Amoxicillin recommended if both are available. Amoxicillin/clavulanate is another excellent option with or without metronidazole.
- Seek consultation as soon as possible. Continue treatments while traveling to the clinic or hospital. When child comes to attention, dispense full number of doses so that treatment can continue in event of further delay.
- If METRONIDAZOLE is in capsule: Open and divide powdered contents. Tablets may be crushed and mixed with breast milk, food, liquid or sugar and fed to children with spoon.
- Taking with food is not necessary but can help if stomach is upset.
- Also use for eye infection after measles, with Amoxicillin.
- Metronidazole is also used for trichomoniasis, bacterial vaginosis, amebic liver abscess, intestinal amebiasis, pelvic and abdominal infections (with other antibiotics), giardiasis, c.difficile diarrhea.
- Critically ill malnourished child may not express signs of infections. Therefore, it may be life-saving to give a course of broad spectrum antibiotics such as cotrimoxazole and/or metronidazole and amoxicillin while referring to a higher level of care.
- Category B: Safe in Pregnancy





# Oral Co-artemether





6 doses for 3 days for Acute Uncomplicated Malaria





Less than 5 kg (less than 5 kg)			
Not tested			
			
MORNING	NOON	AFTERNOON	EVENING

Up to 5 kg (up to 11lbs)			
Not tested			
			
MORNING	NOON	AFTERNOON	EVENING

5 - <15 kg (11-<33lb)			
6 tablets in 3 days			
			
MORNING	NOON	AFTERNOON	EVENING
1			1

15 - <25 kg (33-<55lbs)			
12 tablets in 3 days			
			
MORNING	NOON	AFTERNOON	EVENING
1 1			1 1

25 - <35 kg (55-<77lbs)			
18 tablets in 3 days			
			
MORNING	NOON	AFTERNOON	EVENING
1 1 1			1 1 1

35 kg and Above (more than 77 lbs)			
24 tablets in 3 days			
			
MORNING	NOON	AFTERNOON	EVENING
1 1 1 1			1 1 1 1

## Notes:

Day 1: Give the first dose of co-artemether and observe for one hour. If child vomits within an hour, repeat the dose. Give the 2nd dose within 8 hours.

Days 2 & 3: Twice daily for further 2 days as shown above, around 12 hours apart.

- Co-artemether should be taken with food.
- Co-artemether may be crushed and dissolved in 1-2 teaspoons (5-10mL) liquid just before the dose is taken.
- Brand names: Coartem®, Riamet®
- Active Ingredients: Artemether 20mg/Lumefantrine 120mg

# Malaria Treatment Recommendations

## WHO African region

Global AMDP database - WHO African region								
Last Updated: September 2009		<i>P. falciparum</i>						<i>P. vivax</i>
COUNTRY/ AREA	SPECIES	uncomplicated		treatment failure	severe malaria	pregnancy		treatment
		un-confirmed	lab-confirmed			treatment	prevention	
Algeria	vivax only							CQ
Angola	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Benin	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Botswana	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	CQ+PG	
Burkina Faso	falciparum	AS+AQ, AL	AS+AQ, AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Burundi	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN(7d)		
Cameroon	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
Cape Verde	falciparum	CQ	CQ	SP	QN(7d)	QN	CQ	
Central African Republic	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Chad	falciparum	AS+AQ, AL	AS+AQ, AL	QN(7d)	QN(7d)	QN	SP(IPT)	
Comoros	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Congo	falciparum	AS+AQ	AS+AQ	AL	QN(7d)	QN	SP(IPT)	
Côte d'Ivoire	falciparum	AS+AQ	AS+AQ	AL	QN(7d)	QN	SP(IPT)	
Democratic Republic of the Congo	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
Equatorial Guinea	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN		
Eritrea	falciparum/ vivax	CQ+SP	AS+AQ	QN(7d)	QN(7d)	QN		CQ+PQ
Ethiopia	falciparum/ vivax	AL	AL	QN(7d)	QN(7d)	QN		CQ
Gabon	falciparum	AS+AQ	AS+AQ	AL	QN(7d)	QN	SP(IPT)	
Gambia	falciparum	AL	AL	QN(7d)	QN(7d)	QN	SP(IPT)	
Ghana	falciparum	AS+AQ, AL	AS+AQ, AL	QN(7d)	QN(7d)	QN, AS+AQ - 2nd & 3rd trimester	SP(IPT)	
Guinea	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
Guinea-Bissau	falciparum	AL	AL	QN(7d)	QN(7d)	QN	SP(IPT)	
Kenya	falciparum	AL	AL	QN(7d)	QN(7d)	QN, AL - 2nd & 3rd trimester	SP(IPT)	

Global AMDP database - WHO African region								
Liberia	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
Madagascar	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
Malawi	falciparum	AL	AL	AS+AQ	QN(7d)	SP, QN(7)	SP(IPT)	
Mali	falciparum	AL	AL	AS+SP	QN(7d)	QN(7d)	SP(IPT)	
Mauritania	falciparum	AS+AQ	AS+AQ		QN(7d)			
Mauritius	vivax only							CQ
Mozambique	falciparum	AL	AL	AS+AQ	QN(7d)	QN	SP(IPT)	
Namibia	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
Niger	falciparum	AL	AL	QN(7d)	QN(7d)		SP(IPT)	
Nigeria	falciparum	AL, AS+AQ	AL, AS+AQ	QN(7d)	QN(7d)	QN, ACT - 2nd & 3rd trimester, ACT - 2nd & 3rd trimester	SP(IPT)	
Rwanda	falciparum	AL	AL	QN(7d)	QN(7d)		SP(IPT)	
Sao Tome and Principe	falciparum	AS+AQ	AS+AQ	AL	QN(7d)	QN(7d), AS+AQ	SP(IPT)	
Senegal	falciparum	AS+AQ	AS+AQ, AL		QN(7d)	QN	SP(IPT)	
Sierra Leone	falciparum	AS+AQ	AS+AQ	QN(7d)	QN(7d)	QN	SP(IPT)	
South Africa	falciparum	AL	AL	QN(7d)	QN(7d)	QN+CL	CQ+PG	
Swaziland	falciparum		AL	QN	QN(7d)	QN	CQ+PG	
Togo	falciparum	AL, AS+AQ	AL, AS+AQ		QN(7d)		SP(IPT)	
Uganda	falciparum	AL	AL	QN(7d)	QN(7d)	QN(7d)	SP(IPT)	
United Republic of Tanzania	falciparum	AL, AS+AQ	AL, AS+AQ	QN(7d), AL	QN(7d)	QN, ACT - 2nd & 3rd trimester, SP, ACT - 2nd & 3rd trimester	SP(IPT)	
Zambia	falciparum	AL	AL	QN(7d)	QN(7d)	QN, ACT - 2nd & 3rd trimester	SP(IPT)	
Zimbabwe	falciparum	AL	AL	QN(7d)	QN(7d)	QN, ACT - 2nd & 3rd trimester	SP(IPT)	

WHO Region of the Americas

Global AMDP database - WHO Region of the Americas								
Last Updated: September 2009		<i>P. falciparum</i>						<i>P. vivax</i>
COUNTRY/ AREA	SPECIES	uncomplicated		treatment failure	severe malaria	pregnancy		Treatment
		un-confirmed	lab-confirmed			treatment	Prevention	
Argentina	vivax only							CQ+PQ
Belize	vivax only							CQ+PQ
Bolivia			AS+MQ	QN+CL				CQ+PQ
Brazil			AL		AS, AM, QN	QN, AS+AQ - 2nd & 3rd trimester, CQ for vivax		CQ+PQ(7d)
Colombia			AL, AS+MQ	QN(3d)+CL(5d)	QN(7d)	QN, AS+AQ - 2nd & 3rd trimester		CQ+PQ
Costa Rica	vivax only							CQ+PQ
Dominican Republic			CQ+PQ(3d)					
Ecuador			AS+SP, AL	QN+T, QN+D, QN+CL				CQ+PQ
El Salvador	vivax only							CQ+PQ
French Guiana			QN+T	QN+D				CQ+PQ
Guatemala	vivax only							CQ+PQ
Guyana			AL	QN+T				CQ+PQ
Haiti			CQ+PQ					
Honduras	vivax only							CQ+PQ
Mexico	vivax only							CQ+PQ
Nicaragua			CQ+PQ(7d)	AS+SP, AS+MQ	QN+CL	CQ		CQ+PQ(7d)
Panama	vivax only							CQ+PQ
Paraguay			CQ+PQ					CQ+PQ
Peru			AS+MQ, AS+SP					CQ+PQ
Suriname			AL	QN(7d)				CQ+PQ
Venezuela (Bolivarian Republic)			AS+MQ	QN+T or D or CL, QN+T, QN+D, QN+CL, QN+T or D or CL, QN+T or D or				CQ+PQ

AQ=Amodiaquine  
 AL=Artemether-lumefantrine  
 AS=Artesunate  
 CQ=Chloroquine  
 IPT=Intermittent Preventive Treatment  
 MQ= Mefloquine  
 PQ=Primaquine  
 QN=Quinine  
 SP=Sulphadoxine-pyrimethamine

From: World Health Organization "Antimalarial drug policies" webpage:  
<http://www.who.int/malaria/publications/treatment-policies/en/index.html>