sures.

Disclaimer: The findings and conclusions in this abstract have not been formally disseminated by the Food and Drug Administration and should not be construed to represent any Agency determination or policy.

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Clinical and epidemiological study of patients with malaria treated at the hospital central de Las Fuerzas Armadas in Dominican Republic

C. Rodriguez-Taveras, L.C. Socias, C. Blanco, J.R. Reyes*, J.M. Puello

Hospital Central de Las Fuerzas Armadas, Santo Domingo, Dominican Republic

Background: As a tropical country, Dominican Republic is a malaria endemic area and although it has reduced its incidence, continues to be in the differential diagnosis of febrile illnesses.

Methods: This is a retrospective study to assess the epidemiological and clinical characteristics of patients diagnosed with Malaria admitted from January 2008 to November 2009, at the hospital, a tertiary-care center, and regional reference, that serves to the military population, relatives of these and the civilian population as social action. Inclusion criteria were suspected diagnosis of Malaria at the time of admission and confirmed by the presence of asexual forms in thin blood smears or thick made at the time of initial evaluation.

Results: Of 93 febrile patients admitted with suspected malaria, this diagnosis was confirmed in 13 (13.9%), 11 (84.6%) were men. The mean age found was 32 Years (range 15-62). While 46.1% were found within Santo Domingo and Distrito Nacional, the distribution by region was: South (7.7%), North (7.7%), the border region (38.5%). All were symptomatic at diagnosis. The typical clinical presentation observed in most cases: fever (98.4%), headache (85.6%), chills (46.6%), myalgia (34.5%) and jaundice (10.9%). All were managed within the hospital, required standard of this military institution. All cases were autochthonous and *P. falciparum* were the only parasite found in all the patients, responding satisfactory to chloroquine and primaquine treatment. Death occurred in 1 (7.7%). The average time between the start of clinical setting and the diagnosis was 6.5 days for patients who were transfer from other parts of the country and 2.8 days ($p < 0.05$) for those who came seeking medical care directly in the hospital.

Conclusion: Attention should be given to febrile patients, and test to investigate malaria must be included as a routine, regardless of the provenance, but especially those living in the border region with Haiti, the interval between the clinical setting and the diagnosis has a prognosis value. The *P. falciparum* is the unique species prevalent in Dominican Republic, and chloroquine and primaquine continues to be therapeutic option of choice.

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Artemisinin combination therapies: Public and private market and policy surveys in Burundi and Sierra Leone

J. Amuasi[1,*], Y. Karikari[1], I. Boakye[1], S. Blay[1], L. Nsabiyumva[2], A. Jambai[3], G. Diap[4]

[1] *Komfo Anokye Teaching Hospital, KUMASI, Ghana*
[2] *National Malaria Control Program, BUJUMBURA, Burundi*
[3] *Ministry of Health, FREETOWN, Sierra leone*
[4] *Drugs for Neglected Diseases Initiative, Geneva, Switzerland*

Background: Access to Artemisinin-based Combination Therapies (ACTs) is still limited in Africa, even though ACTs are recommended by the WHO since 2002. In order to better understand the situation where access has traditionally been limited, policy analyses and market surveys on antimalarial availability and accessibility have been conducted in selected countries where the ACT, artesunate and amodiaquine (AS + AQ), has been adopted as first line.

Methods: The analyses described here were conducted in the public and private sectors of Burundi and Sierra Leone using internationally standardized methodologies. Data were obtained by reviewing publications; interviewing relevant health stakeholders; and visiting hospitals, health centres, pharmacies, and drug sale outlets.

Results: Patients are not accessing ACTs due to systemic barriers varying between countries. In Burundi, quinine was the most common over-the-counter antimalarial found in all sectors despite not being first line and being more expensive than ACTs. Chloroquine (CQ), which has been banned from importation, was not found. Public sector cost of AS + AQ (0.16 USD) was found to be 1/5 the cost in the private sector *($p = 0.00021$)*. In Sierra Leone, no antimalarial importation policy exists, the average cost of AS + AQ was approximately three times the cost of CQ. Although antimalarials like AS + AQ are not expected to be sold in the public sector, AS + AQ was found in three public sector outlets at a higher cost (1.88 USD) than either the mission/NGO cost or the private-sector cost *($p < 0.0001$)*.

Conclusion: Having on-the-ground data best informs the malaria community - including the partnership who made the fixed-dose AS/AQ available in 2007 - on how to overcome access barriers to the widespread adoption and proper use of ACTs. In Burundi, the paucity and cost of ACTs in the private sector must be addressed. In Sierra Leone, a specific antimalarial importation policy could allow for uniformity and improve adherence to nationally recommended standards.

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