



SP-IPTp versus intermittent screening and treatment (IST)



H. Tagbor, P. Milligan, D. Chandramohan, F. Ter Kuile, B. Greenwood

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Rationale



- Declining incidence of malaria in many African countries, including the incidence in pregnant women.
- Intermittent preventive treatment with sulphadoxine-pyrimethamine in pregnancy (SP-IPTp) is threatened by increasing resistance to SP.
- In areas with highly seasonal malaria transmission where women are at risk for only a short period of the year.
- So there is a need to explore possible alternatives to SP-IPTp.



Objectives



- We propose a two-arm, multi-centre, open, randomised, controlled, non-inferiority trial
 - To determine if scheduled screening and treatment (IST) during antenatal clinic visits is as effective in protecting against low birth weight, anaemia and malaria infection of the placenta as a standard SP-IPTp in primigravidae and secundigravidae who sleep under a long lasting ITN.
 - To evaluate the cost-effectiveness of delivering the two strategies measured as the cost per cases of maternal anaemia and antenatal malaria averted.



Methods (1)



- Primigravidae and secundigravidae who present at antenatal clinics in study sites in four West African countries (Burkina Faso, Ghana, Mali and The Gambia) will be randomised to one of two groups.
- All women will be given a long lasting insecticide treated bed net on first presentation at the antenatal clinic.
- Women in group 1 (reference group) will receive SP-IPTp according to the current WHO guidelines.
- Those in group 2 will be screened with a rapid diagnostic test at each scheduled antenatal clinic visit and treated if parasitaemic.



Methods (2)



- Approximately 5000 women will be recruited, 2500 in each group.
- There will be three co-primary outcomes – low birth weight, anaemia at 38 weeks (+/- 2 weeks) of gestation and placental malaria.
- Women will be encouraged to deliver in hospital where maternal haemoglobin and birth weight will be recorded and a placental sample obtained.
- Those who deliver at home will be visited within a week of delivery and maternal haemoglobin and infant weight recorded.
- Mothers and infants will be seen again six weeks after delivery.



Results



- Results will be ready for presentation in two years.
- This presentation is meant to focus on the study rationale and design.



Discussion & Conclusions



- The study will provide information to national malaria control programmes on whether there are alternative, safe and effective methods to the SP IPTp regimen for reducing the burden of malaria in pregnancy.



Future perspectives



- Discussions on IST for malaria control in pregnancy should also be based on evidence from
 - Operational research studies on the acceptability to providers and users and feasibility of introducing the IST strategy.
 - Studies on resistance to SP in pregnancy using a new study protocol.
 - Studies determining the optimum choice of RDTs for IST