

Artesunate v. quinine for severe malaria

To the Editor: Severe malaria is a serious and deadly complication of *Plasmodium falciparum* malaria.^[1] We searched the literature to identify the current most efficacious pharmacotherapy for severe malaria. A recent Cochrane meta-analysis^[2] compared the efficacy of quinine with artesunate for severe malaria. The primary outcome was all-cause death. The meta-analysis included 8 trials. Artesunate reduced the risk of death both in adults (relative risk (RR) 0.61, 95% confidence interval (CI) 0.50 - 0.75; 1 664 participants, 5 trials) and in children (RR 0.76, 95% CI 0.65 - 0.90; 5 765 participants, 4 trials). In addition, artesunate was less likely to cause hypoglycaemia.^[2]

Currently, artesunate is not registered for use in South Africa, despite requests to the manufacturer from South African authorities since 2007. However, it is available via the Medicines Control Council of South Africa on a named patient basis. The Parenteral Artesunate Access Programme was launched in South Africa in 2010.^[3] The access programme is a valiant effort to improve accessibility, but the programme remains unfunded. The current financial limitations of the access programme prohibit widespread availability of artesunate. The SA Malaria Elimination Committee is addressing these difficulties with the various stakeholders.

Given the high mortality of severe malaria and the superior safety, efficacy, and ease of administration of artesunate, we keenly await its availability at all South African hospitals that are likely to admit patients with malaria.

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