



# OVERWHELMING MALARIA PREVALENCE IN CAMEROONIAN SCHOOLCHILDREN



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## Introduction

Malaria remains the main children killer in sub-Saharan countries in 2010 despite numerous efforts to tackle the disease (1). Control programs including distribution of ITNs to pregnant women and delivery of IPT has widely been adopted in endemic regions (2). Fetching parasitological data is crucial for any control strategy (3) and this has become easier with the use of battery-operated fluorescence microscope on the field (4). Nevertheless, schoolchildren who constitute one of the main targets are not yet focused enough for malaria control interventions.

## Objectives

To conduct a cross-sectional survey to assess malaria prevalence in schools of semi-urban and rural areas in south-west Cameroon in order to propose integrated control measures.

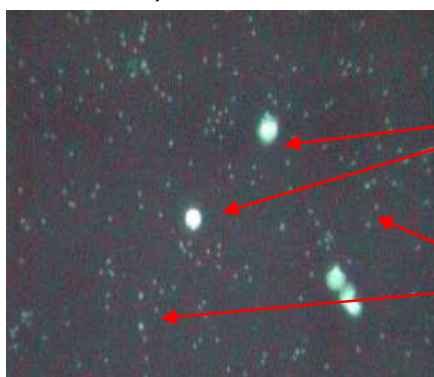
## Methodology

542 primary schoolchildren in rural and relatively urbanized areas aged 6 to 14 years were screened in 4 schools during 4 days in April 2010. The inclusion criterion was the handing over of an informed consent form signed by parent/legal guardian. Demographic and Clinical data were recorded. Blood was collected by finger prick. Parasitaemia was assessed on the spot using Partec Rapid Malaria Tests slides and 3 CyScope® fluorescence LED microscopes operated with built-in rechargeable batteries (Partec, Görlitz, Germany).

## Results: Malaria prevalence in schools

School	Total number of Children in school	Children with PIC	Rate of adhesion (%)	Positive cases	Malaria Prevalence (%)
GPS Group I MOLYKO / BUEA	259	110	42.5	39	35.5
GPS Group II MOLYKO / BUEA	235	80	34.1	21	26.6
CATHOLIC SCHOOL MUEA GS	445	183	41.1	99	54.1
BOMAKA / BUEA	428	169	39.5	154	91.1
<b>TOTAL</b>	<b>1367</b>	<b>542</b>	<b>39.6 %</b>	<b>313</b>	<b>56.8 %</b>

Morbidity: Prostration, fever, headache, abdominal pains were the most common symptoms for children with high parasitaemia (7.7% of tested children)



White Blood cells

Plasmodium parasites



## Discussion

Malaria prevalence remains extremely high in semi-urban and rural schools of the Buea Health district. The low adhesion rate may be due to superstitious beliefs of many parents who link children's blood collection to witchcraft. The results can be biased because consenting parents may have more frequent malaria cases in their family. Sensitisation has to be intensely conducted and malaria screening encouraged in schools.

## Conclusion

Sensitisation should be intensely conducted and rapid malaria screening encouraged in schools for a better control of malaria.

## Literature cited

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