

Treatment of Certain Infections

All patients with uncomplicated *P malaria*, *P ovale*, *P vivax*, and *P falciparum* from the chloroquine-sensitive region should be treated with oral chloroquine. This medicine is very effective, well tolerated and cheap. Treatment of chloroquine-resistant Plasmodium falciparum is complex and depends primarily on the area of the disease. Patients with uncomplicated illnesses acquired in the area of chloroquine resistance can be treated with one of several regimens that are effective against chloroquine-resistant parasites (Willocks et al., 1992). Two major regimens are used in the United States. *Mefloquine* or *quinine* and *doxycycline* or *pyrimethamine sulfadoxine*. Other effective medicines include *halofantrine*, *Artemisinin* derivatives, and *clindamycin*. *Halofantrine* and *artemisinin* are commonly used abroad, but are not currently available in some countries.

CONCLUSION

The prevalence of malaria in the study population was high. Environmental and behavioural factors associated with the Long-Lasting Insecticidal Net (LLIN) remain potential determinants of malaria. Proper use of bed nets, drainage of stagnant water, and on-going public health interventions aimed at raising public awareness to reduce the risk of insect bites minimize the spread of

malaria and improve the health of children. There is a possibility of improvement.

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