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**Paper Poster Session**

**Clinical parasitology and epidemiology**

### **Availability of anti-malarial treatment in critical care units in the UK**

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**Background:** *P. falciparum* malaria has a high morbidity and mortality. Although not endemic in the United Kingdom approximately 1500 cases of malaria a year are imported, the vast majority of which are due to *P. falciparum*. Artesunate has widely replaced quinine as first line medication of choice in severe cases and British Infection Association guidelines now suggest it be used as the first line treatment for all patients with severe malaria and all those with a parasite count >2%. At the Hospital for Tropical Diseases we receive phone calls for advice on the treatment of malaria from around the UK. We noticed that in some telephone calls there was reported difficulty accessing artesunate and sometimes quinine for use in emergencies.

**Material/methods:** A web-based survey was designed in order to ascertain the availability of a range of anti-malarial medication including artesunate. This survey was sent to Critical Care Unit (CCU) pharmacists at 202 hospitals in the UK via the UK Clinical Pharmacists Association Critical Care Group.

**Results:** From 202 hospitals 33 CCU pharmacists responded to our survey. There was a clear correlation between number of malaria cases reported locally and number of pharmacists responding to our questionnaire ( $R^2=0.74$ ,  $P=0.01$ ). 94% of the hospitals which responded had an on-site emergency department. 91% of hospitals which responded had admitted 5 or less cases of malaria to their CCU in the previous 12 months. 97% of respondents reported using local or national guidelines in order to determine the appropriate treatment of cases of malaria in their CCU. For uncomplicated *P. falciparum* malaria on the CCU the majority of respondents used quinine as a first line treatment. For severe malaria on the CCU 64% of respondents would use artesunate or quinine with the remaining responses being that they would consult local or national guidelines. Of these 56% would use artesunate as first line for severe malaria in the CCU and the rest would use quinine. However, only 57% of the hospitals held artesunate on site and 20% of hospitals reporting that their supply of artesunate was stored over 1 hour away.

**Conclusions:** CCU facilities in areas in which malaria is seldom seen use quinine rather than artesunate first-line. This may be in part due to a lack of availability of the medication in such areas but it is possible it is also related to a lack of clinical exposure to the condition. In addition artesunate is currently unlicensed in the UK. Further work is needed to ensure rapid access to first line treatments for malaria across the UK.