



UGANDA VIRUS RESEARCH INSTITUTE

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MRC/UVRI Uganda
Research Unit on AIDS

MRC/UVRI MONTHLY PUBLICATIONS DIGEST – SEPTEMBER 2015

Abeku et al.. (Stephen Cose) Monitoring malaria epidemiology and control in Ethiopia and Uganda. Monitoring changes in Malaria epidemiology and effectiveness of interventions in Ethiopia and Uganda. Beyond Garki project baseline survey. Malar J (2015) 14:337. DOI 10.1186/s12936-015-0852-7

BACKGROUND:

Scale-up of malaria interventions seems to have contributed to a decline in the disease but other factors may also have had some role. Understanding changes in transmission and determinant factors will help to adapt control strategies accordingly.

METHODS:

Four sites in Ethiopia and Uganda were set up to monitor epidemiological changes and effectiveness of interventions over time. Here, results of a survey during the peak transmission season of 2012 are reported, which will be used as baseline for subsequent surveys and may support adaptation of control strategies. Data on malariometric and entomological variables, socio-economic status (SES) and control coverage were collected.

RESULTS:

Malaria prevalence varied from 1.4 % in Guba (Ethiopia) to 9.9 % in Butemba (Uganda). The most dominant species was *Plasmodium vivax* in Ethiopia and *Plasmodium falciparum* in Uganda. The majority of human-vector contact occurred indoors in Uganda, ranging from 83 % (*Anopheles funestus sensu lato*) to 93 % (*Anopheles gambiae s.l.*), which is an important factor for the effectiveness of insecticide-treated nets (ITNs) or indoor residual spraying (IRS). High *kdr-L1014S* (resistance genotype) frequency was observed in *A. gambiae sensu stricto* in Uganda. Too few mosquitoes were collected in Ethiopia, so it was not possible to assess vector habits and insecticide resistance levels. ITN ownership did not vary by SES and 56-98 % and 68-78 % of households owned at least one ITN in Ethiopia and Uganda, respectively. In Uganda, 7 % of nets were purchased by households, but the nets were untreated. In three of the four sites, 69-76 % of people with access to ITNs used them. IRS coverage ranged from 84 to 96 % in the three sprayed sites. Half of febrile children in Uganda and three-quarters in Ethiopia for whom treatment was sought received diagnostic tests. High levels of child undernutrition were detected in both countries carrying important implications on child development. In Uganda, 7-8 % of pregnant women took the recommended minimum three doses of intermittent preventive treatment.

CONCLUSION:

Malaria epidemiology seems to be changing compared to earlier published data, and it is essential to have more data to understand how much of the changes are attributable to interventions and other factors. Regular monitoring will help to better interpret changes, identify determinants, modify strategies and improve targeting to address transmission heterogeneity.

Negin, J., L. Geddes, M. Brennan-Ing, M. Kuteesa, S. Karpiak and J. Seeley (2015). "Sexual Behavior of Older Adults Living with HIV in Uganda." Archives of Sexual Behavior ahead-of-print

Sexual behavior among older adults with HIV in Sub-Saharan Africa has been understudied despite the burgeoning of this population.

We examined sexual behavior among older adults living with HIV in Uganda. Participants were eligible for the study if they were 50 years of age or older and living with HIV. Quantitative data were collected through face-to-face interviews, including demographic characteristics, health, sexual behavior and function, and mental health. Of respondents, 42 were men and 59 women. More than one-quarter of these HIV-positive older adults were sexually active. A greater proportion of older HIV-positive men reported being sexually active compared to women (54 vs. 15 %). Among those who are sexually active, a majority never use condoms. Sixty-one percent of men regarded sex as at least somewhat important (42 %), while few women shared this opinion (20 %). Multivariate logistic regression analyses revealed that odds of sexual activity in the past year were significantly increased by the availability of a partner (married/cohabitating), better physical functioning, and male gender. As more adults live longer with HIV, it is critical to understand their sexual behavior and related psychosocial variables in order to improve prevention efforts.

Nadkarni A, Hanlon C, Bhatia U, Fuhr D, Ragoni C, de Azevedo Perocco SL, Fortes S, Shidhaye R, Kinyanda E, Rangaswamy T, Patel V. The management of adult psychiatric emergencies in low-income and middle-income countries: a systematic review. Lancet Psychiatry. 2015 Jun;2(6):540-7.

The aim of this Review is to identify effective interventions and treatment guidelines to manage common types of psychiatric emergencies in non-specialist settings in low-income and middle-income countries. Mental health specialist services in low-income and middle-income countries are scarce. We did a systematic review of interventions for psychiatric emergencies and a literature search for low-income and middle-income-specific treatment guidelines for psychiatric emergencies. A dearth of high-quality guidelines and contextualised primary evidence for management of psychiatric emergencies in low-income and middle-income countries exists. Filling these gaps in present guidelines needs to be an urgent research priority in view of the adverse health and social consequences of such presentations and the present drive to scale up mental health care.
