

**Response to:****Baseline survey for malaria prevalence in Khyber Pakhtunkhwa Province, Pakistan**

Humera Qureshi, Muhammad Imran Khan, Henock Ambachew, Hai-Feng Pan and Dong-Qing Ye. Baseline survey for malaria prevalence in Khyber Pakhtunkhwa Province, Pakistan. *East Mediterr Health J.* 2020;26(4):638. <https://doi.org/10.26719/emhj.19.015>

Sir,

I want to draw your attention to an article published in EMHJ titled “Baseline survey for malaria prevalence in Khyber Pakhtunkhwa Province, Pakistan”. This article reports primaquine to be the most prescribed drugs in the province of Khyber Pakhtunkhwa, Pakistan; I quote: “The most common drugs used to treat malaria were primaquine (62.5% of cases) and chloroquine (36.1%)”. However, I query these figures. The first line drug in Pakistan for vivax malaria is chloroquine and primaquine as a radical therapy and prescribed at 0.25 mg /kg/bw per day for 15 days or 15 mg per day for 15 days. In falciparum malaria it is used as gametocidal drug as single dose.

Until very recently primaquine was not even available in basic health units, i.e. primary care facilities, instead it was reserved for use by the district health officer. This was due to the fact that primaquine causes hemolysis in G6PD deficient individuals and facilities for G6PD testing were and are still not available in primary care settings. For the same reason, even if it is now available in health facilities, physicians are not inclined to prescribe it specially in primary health care settings where testing for G6PD is not available.

Could the authors please elaborate what exactly they asked the health care provider about primaquine prescription and who were the respondents (doctors, medical technicians, drug dispensers, lady health visitors etc.?).

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**Response by authors**

Sir,

We are very happy that our research has encouraged the author’s comments. We trust that if he had read this article more comprehensively, he would ascertain answers to most of the queries. However, we would like to clarify the points made.

The study was done between August and October 2015, which was the peak season for malaria transmission. The treatment data were collected through malaria facility services from the health care centres. The respondents for the survey were doctors and medical technicians. Primaquine is contraindicated in pregnant women, children < 5 years and known G6PD deficiency syndrome. If a patient is tested for G6PD status and there is no G6PD deficiency, primaquine can be safely administered in all patients above the ages of 6 months except in pregnant women. If the infant is above 6 months and there is no G6PD deficiency in lactating mothers, then the mothers may be treated for 14 days with primaquine. Hence, the G6PD test is essential for administrating primaquine and chloroquine dosage.

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