Round Table Discussion
Should G6PD testing always be done prior to prescribing PQ?

- Depends on G6PD prevalence -> **lack of evidence** need more granular data in multi-ethnic countries for risk assessment
- Depends on use (routine care, screening) and progress in elimination (control vs pre-elimination).
- Depends on funding and logistics, training
- Needs QC/QA (not useful if not done properly)
- Depends on tests available
What are the key barriers for introduction of routine G6PD testing?

- Questionable if testing always needed
- Cost efficiency question need to be answered
- Logistical challenges: storage, short shelf life (especially in low endemic settings)
- Reading from biosensor hard to interpret and translate into clinical decision (clinical cut off in units/hb instead of % needed)
How can we promote G6PD testing prior to PQ or TQ?

- Depend on test and cost
- **Pilot studies** needed to guide implementation (e.g. Thailand example)
- **Lack of Evidence**
- Clear communication of difference in patient management when using TQ compared to PQ
How can we encourage PQ usage for radical cure?

- More education/ raise awareness among health care providers
- Improve surveillance & confidence in safety
- Confusion about dosage
- Need to communicate patient benefits of radical cure
- Recognize that 14 day regimen is a problem for **adherence**
  -> Shorter regimens might be better
- Demonstrate feasibility of DOTS
How can we improve treatment adherence?

- Guidance materials from WHO (or subgroup in APMEN?) on how to manage and follow up radical cure
- **Better communication:**
  - Some malaria requires 14 day regimen vs 3 day regimen (pf.)
  - Need to communicate full treatment needed
- Need to identify context specific sustainable solutions equivalent to DOTs, through community engagement models.
- Develop sustainable **reporting systems** for adverse reactions to treatment
- Use Mobile phone apps/sms to remind health care workers and patients
- Monetary incentives for health care workers treating cases
- Invite patients to stay in hospital for observed therapy if they are from far away (but loss of income to the patient)
What will be the challenges rolling out TQ?

- G6PD tests need to be available for roll out of TQ
- If no PoC available other solution (e.g only hospitals) might be an option/what options?
- Country specific registration (which countries?)
- Inclusion in WHO treatment guidelines
- At what level will testing and administration of Tqbe done (physican level vs health workers)
- Training and logistics
- Recording of results (re-test?)
- How to reach mobile populations
What kind of tests do we need for routine G6PD testing?

• Format should be quantitative under the condition of an universal cut off activity for PQ/ TQ
• Combined device with Hb and without further calculations
• Ideally “smart biosensor” which provides recommendation on PQ/TQ treatment scheme
• Alternatively 2 qualitative with cut off at 30% and 70% to use in series