

TREATMENT OF UNDERNUTRITION QUESTIONS AND ANSWERS

RISK OF NOSOCOMIAL INFECTIONS AND ANTIBIOTIC RESISTANCE IN HOSPITALIZED CHILDREN WITH SEVERE ACUTE MALNUTRITION

KERSTIN HANSON, Independent/MSF

By educating hospital staff about the importance of screening, can you maybe benefit from a ripple effect in the community?

Are you saying that some children do not need to be admitted but are nevertheless hospitalized? We had a similar suspect, when we looked at admissions and saw that many of those admitted at triage were green. However, even in this case, many of them did deteriorate. So it is important that we look deeper into this, also because triage protocols used today are not SAM specific.

Have you studied the roots of nosocomial diseases, given their importance in prevention?

In terms of prevention, another important component of this study was hygiene, specifically among hospital staff but also mothers because we know this issue is very relevant, especially when it comes to resistance patterns.

HIGH PREVALENCE OF CRITICAL HYPOKALEMIA FOUND IN SEVERELY MALNOURISHED, HOSPITALIZED CHILDREN AND POSSIBILITIES FOR POTASSIUM CORRECTION: RESULTS FROM AN OBSERVATIONAL STUDY IN NIGER, CHAD, AND NIGERIA

ANTOINE MAILLARD, ALIMIA

Did you look at the outcomes of hypokalemia, especially in terms of eventual links between hypokalemia and mortality?

There are no associations between hypokalemia and mortality; however, we take charge of hypokalemia, so we can't rule them out.

THERE IS NO TURNING BACK. SCALING UP OF SEVERE ACUTE MALNUTRITION TREATMENT WITH COMMUNITY HEALTH WORKERS.

PILAR CHARLE CUELLAR? ACTION AGAINST HUNGER - SPAIN

I would like to know more on the complementarity of the community approach with other levels of the health system. In addition, I have a question concerning treatment in hospitals with regard to the very high rate of nosocomial diseases. How many children are treated outside the hospital to protect them from nosocomial diseases?

If we are closer to these communities, children will be admitted earlier and cases will generate fewer complications. This year, our studies will focus exactly on this point, to determine if there is an actual decrease in complicated cases both at health center and hospital level in areas where community health agents work. When we talk about community work, we always do it in view of integration within the health system.

The system in Mali is a bit special. CHWs are better trained, and present in each village. The profiles are very different. Is the health system in Niger and Mauritania comparable to that of Mali?

It is important to remark that human resources are indeed one of the most important resources for this kind of intervention. In Mali, community health workers have a fairly high profile. It is for good reason that we chose this country in 2014-2016 for the pilot. Subsequently, we decided to continue the experiment in other countries. In Niger, the structure of the health system is relatively similar to that of Mali. The human resources profiles are also good and the performances has been high. On the other hand, the profile of Mauritania is completely different. The quality of human resources training is low. Therefore, in the first pilot study, we carried out trainings, which and gave positive results. But our challenge now is to scale up. In Mauritania, we started scaling up at district level in September. It is a question of adapting the training and the tools used, in order to maintain this same quality achieved before. Generally speaking, in our research, we need a minimum level of quality in each country where we operate. Then, we need to adapt our intervention to each context

QUESTION FOR KERSTIN HENSON AND ANTOINE MAILLARD

Do you have different results depending on different admission criteria for children?

Hanson: We actually worked with many different criteria of admission. Children admitted with more serious conditions began to show signs of deterioration before others, and a higher risk of mortality. However, the risk of bacteremia was not always higher.

Maillard: There was no association between anthropometric criteria and electrolytic indicators. My intervention focused on results for children suffering from SAM, but non-SAM children displayed the same electrolyte profile.