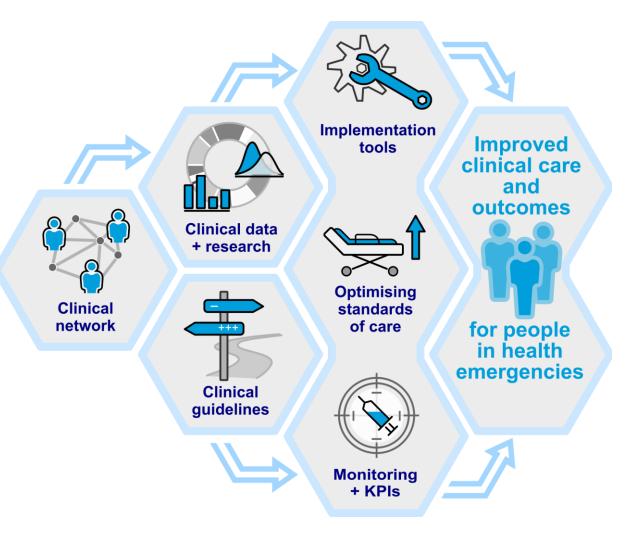
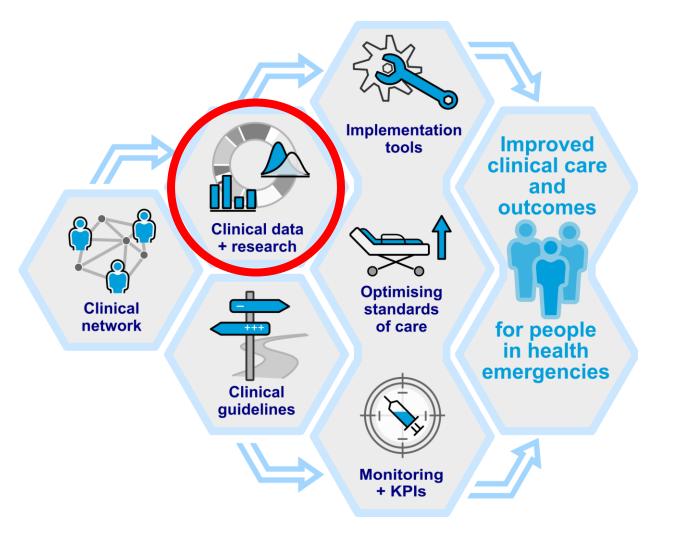
Improving Clinical Management With Data: The Malawi Experience

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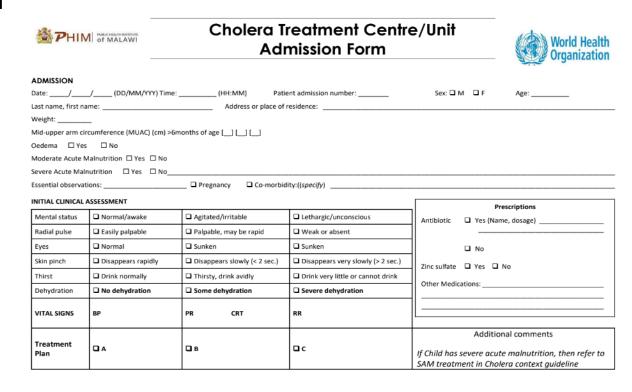
Introduction and Objectives

- Malawi registered 58 730 cholera cases
- National case fatality rate of 3.0% (1759 deaths)
- Epidemiological data is the usual focus
- Clinical data on patients can complement and be used to enhance care

Objective: determine the feasibility of collecting patient level data during the Malawi cholera outbreak.

Methodology

- Data collection from patients admitted with cholera
- in 3 high burden cholera treatment units
 - in Lilongwe, Malawi
- Information from patient notes, and asking questions
- Entered into a WHO standardized forms on portable electronic devices

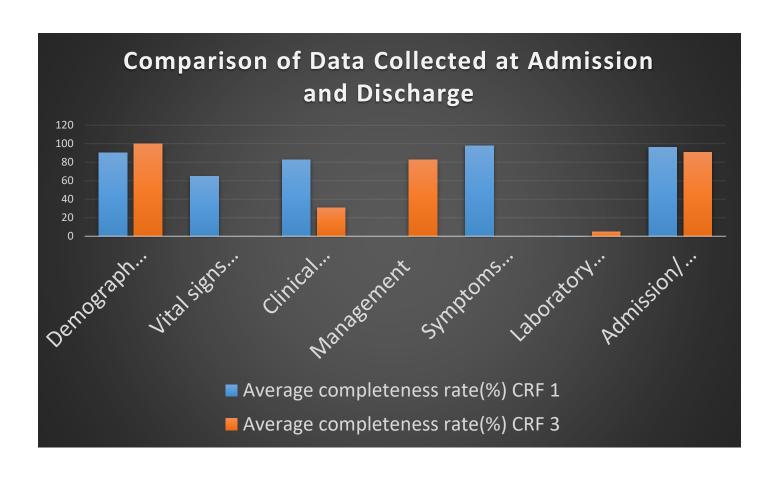


Results: How much data was collected?

Quality of data collected

- Data collected at 3 time points
- A total of 258 variables
- Overall 74% (in baseline form) compared with 62% in total

Average completion rate > studies conducted in emergency departments in hospitals (53%,50%:Iran)

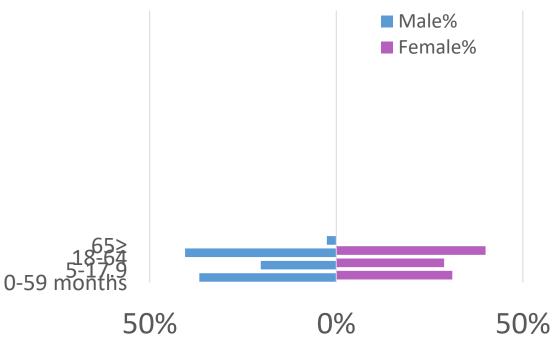


Results: What does the data show?

Demographics

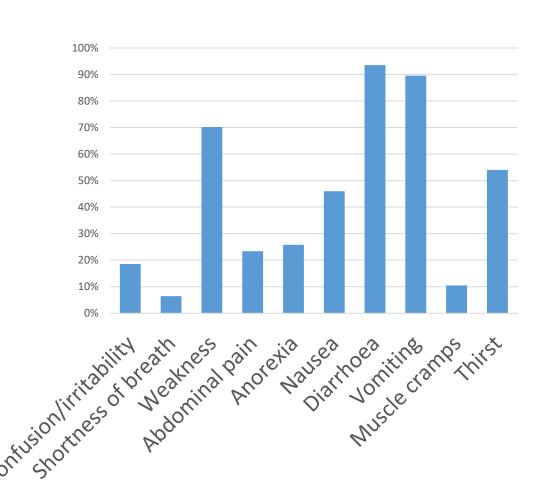
- Age
- Gender
- Recent vaccination

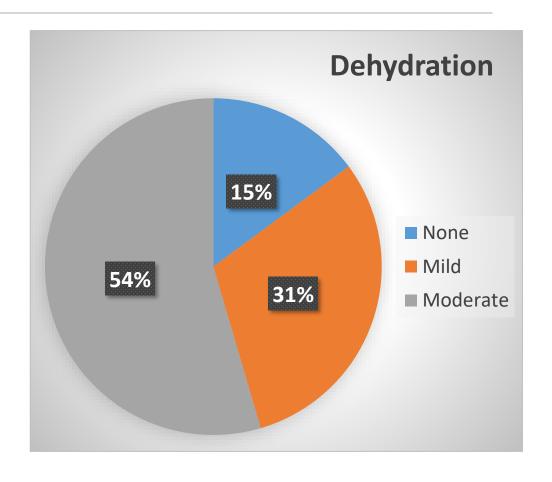




Vital signs and clinical presentation

At arrival at the treatment centre

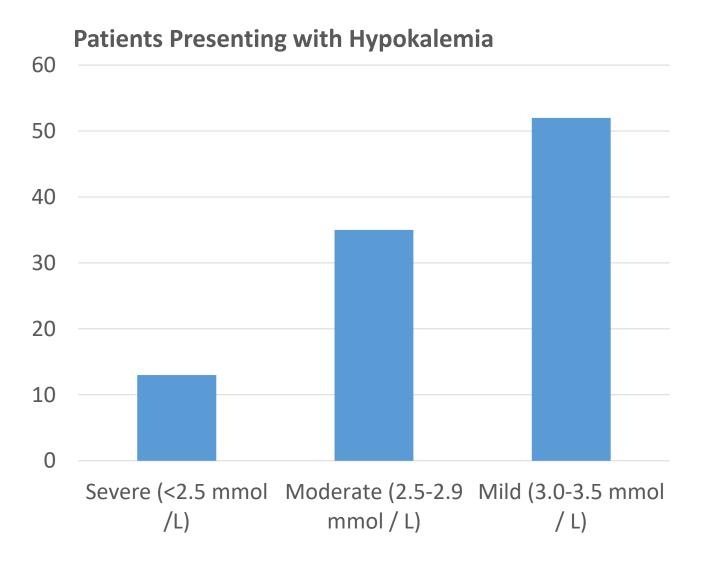




Laboratory Investigations

Serum electrolyte imbalances

- Severe (4/26)
- Moderate (11/26)
- Mild (16/26)



Therapeutic management



Antibiotics (88%) azithromycin (50%) doxycycline(33%)



Oral rehydration solution therapy (92%)



Intravenous fluid (90%)

Key Messages

 Data can be collected but requires additional people which can be difficult with a stretched workforce

 Simple clinical insights can direct future enquiry, and improve patient care and outcomes

 Follow-up data capture, and real-time presentation of data is more complex, and are areas of focus for future outbreaks

THANK YOU!!