GUIDANCE ON MALARIA PREVENTION AND TREATMENT IN SCHOOLS

What is Malaria?

- Malaria is a febrille illness caused by a parasite, plasmodium.
- It is the most common cause of illness and kills about 16 people everyday.
- Malaria can be prevented, it is treatable and curable.

What are the symptoms for Malaria?

- Fever, chills, headaches, weakness, body pains, dizziness, vomiting, diarrhea, joint pains, loss of appetite amongst others.

How is Malaria transmitted?

- Malaria is transmitted through the bites of an infected female Anopheles mosquitoes.
- Mosquitoes generally feed at night but also at other times of the day.
- Preventing mosquito bites is the best way to avoid malaria.

Who is at most risk of getting Malaria?Everyone in Uganda is at risk.
The most vulnerable groups include; children under 5 years, pregnant women, immunocompromised persons (Cancer, Diabetes, HIV/AIDS), Sickle Cell warriors, and non-immune travelers from areas where there is little malaria or no malaria

- In the recent years, it has been noted that school aged children (5 and 19 years) are at high risk of malaria

How can Malaria affect me?

- School absenteeism and drop outs
- Poor performance and low grades by the Learner
- Severe Malaria can lead to complications like brain damage
- Malaria can cause death if it is not treated early

How can you prevent Malaria?

- Dormitories, classrooms, libraries, dining room, staff houses should be sprayed with recommended chemical ahead of each school term.
- All school-age children should sleep under Insecticide Treated Nets every night.
- Schools should routinely keep their environment clean and free of breeding sites (stagnant water, broken pots, empty tyres, bushes, plastic containers, polythene bags)
- Schools should plant mosquito repellent plants.
- Encourage learners to wear long clothing especially in the evening (after 6pm) and apply repellents (creams, sprays) on exposed body parts.
- Schools should install screens on ventilators, windows, doors to reduce the number of mosquitoes entering sleeping spaces, and close windows and doors by 6.00 pm.
- Learners travelling from low to high burden areas (sports events, holidays, school trips) should be given prophyaxis for Malaria.
- Learners that are more vulnerable to Malaria (immunocompromised persons and Sickle Cell warriors) should consistently take their Malaria prophylaxis.

How is Malaria treated?

If correct treatment is not started immediately, the illness can quickly progress to severe Malaria which is life-threatening and can even lead to death.

- **Early recognition:** Teach learners, teachers, and caregivers to recognize symptoms of Malaria like fever, chills, headaches, weakness, body pain, dizziness, vomiting, diarrhea, joint pains, loss of appetite amongst others.
- **Early Care seeking:** Learners should seek care immediately they feel unwell.
- **Testing:** All learners with symptoms of Malaria should have a diagnostic test done at the sickbay or nearby health facility. (Rapid Diagnostic Test or Microscopy).
- **Treatment:** All learners with confirmed Malaria should receive the recommended treatment within two hours of diagnosis. The school nurse may treat mild cases, but refer learners with signs of severe disease.
- **Adherence:** All Malaria treatment doses should be administered under direct observation by the nurse/ caretaker. Complete the full course of Malaria treatment.
- **Referral:** Severe Malaria is a medical emergency; appropriate care must be given within 2 hours of diagnosis to save life. Identify and immediately refer learners presenting with danger signs of severe Malaria to the nearest health facility or hospital for further care.
- **Ambulance**: Schools may access ambulance services through the Ministry of Health Emergency Medical Services toll-free line 912 or the nearby Health Facility

Avoid self medication, sharing of medicines, non-completion of medication, or starting Malaria medicines without testing

What are the signs of severe Malaria?

- Altered level of consciousness, mental confusion, extreme weakness, excess vomiting, failure to eat or drink, reduced urine output, passing dark colored urine (tea colored/ frank blood), difficulty in breathing, bleeding, convulsions, cold extremities (hands and feet), very high temperature, yellow eyes/ body, pale palms and tongue.

- These signs and symptoms show that Malaria has started to affect organs and tissues like the kidney, brain, heart, lungs, liver, and blood cells.

- Without emergency care, a patient can quickly deteriorate and die.

Is there a vaccine against Malaria?

Yes. The Malaria vaccine is avalaible as part of the routine immunization schedule. The vaccine is given to children aged 6 to 18 months of age.
Children are given 4 doses for full protection at 6, 7, 8, 18 months of age.

THE REPUBLIC OF UGANDA
MINISTRY OF EDUCATION AND SPORTS

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

School to Health Facility Referral, Linkage and Facility Form

Name of School _____

Parish _____

Sub County/Division _____

District / City _____

INSTRUCTION GUIDE

Purpose: To document all referrals made by the school to the health facilities and track linkages for all health conditions of learners that cannot be managed at school level.

Features: Duplicate form with a perforation for feedback. A copy of the form is issued to the Learner/Staff and presented to a health facility. The attending health worker fills in the feedback section and gives it back to Learner/staff; to be taken back to school. The feedback is documented in the School Health Register and feedback slip filed.

Person in Charge: School nurse/Designated School Health Focal Persons

DESCRIPTION OF VARIABLES

REFERRAL SECTION

1. **Date:** write the date when the referral is made
2. **Name:** Write the name of the Learner/staff as registered at school
3. **LIN/NIN**: Insert the Learner Identification Number (if learner) and National identification Number (if staff)
4. **Age**: Write age of person referred
5. **Sex:** write the sex of person referred. Write F if female and M if male.
6. **Religion:** Write the religion of person referred
7. **Name of School**: This is the name of the school referring the learner to the facility.
8. **Next of Kin**: A trusted person responsible for the learner at School. Write all the contact details for the next of kin
9. **Known allergies/ Special health conditions**: List all known conditions
10. **Type of Help/ First Aid given at school**: Write initial help/support provided at school before making the referral
11. **Being Referred to (Name of Health Facility):** Insert name of the health facility where referral is being made
12. **Reason for Referral**: State clearly the reason why referral is being made
13. **Referred by:** Write Full name and signature of the person referring
14. **Designation / Position**: Write the position/job title of the person referring
15. **Tel Contact**: write the telephone contact of the person referring

Date……

Name……

LIN/NIN: …… Age……

Class: …… Sex: …… Religion: ……

Name of School……

Name of Next of Kin: …… Age…… Occupation……

Tel contact for Next of Kin……

Sub County…… Village……

Relationship with the Learner……

Next of Kin Informed…… ……Yes/ No……

Known allergies/ Special health conditions (list here)

……

……

Type of Help/ First Aid given at school……

……

Being Referred to (Name of Health Facility) ……

……

Reason for Referral……

……

Referred by…… Designation / Position…… Tel Contact……

XXXXXXXXXXXXXXX TEAR FROM HERE *XXXXXXXXXXXXXXXXXX*

…TO BE COMPLETED AT THE REFERRED SITE (HEALTH FACILITY) …

Name of Learner (Client)……

Name of School……

Date of Arrival……

Support/ Treatment given……

Remarks/ Recommendations……

Name of Health Service Provider…… Position/ Designation……

Tel Contacts…… Sign……

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

HMIS SH 001: TERMLY MEDICAL ASSESSMENT FORM FOR LEARNERS

LEARNER'S BIO DATA

Name of School:_____ District /City: _____ Subcounty: _____LIN: _____

Name of Learner: First name: _____ Surname:_____Nationality:_____

Date of Birth: (dd/mm/YY):_____Gender:_____Age:_____Class/stream:_____

Name of Parent or Guardian: _____

Home Address: _____ Parent/Guardian Telephone contact: _____

HISTORY AND EXAMINATION

Any condition that requires emergency action (seizures or allergies): Yes ☐ No ☐

If yes, mention the condition or allergen(s): _____

History of Chronic Health Conditions:

Asthma	☐	Skin conditions	☐	Anaemia	☐	Chronic cough	☐
Heart Disease	☐	Epilepsy	☐	Menstrual disorders	☐	Respiratory infection	☐
Diabetes Mellitus	☐	Migraine	☐	Sickle cell disease	☐	Kidney disease	☐

Mental disorder	☐	Specify Diagnosis of Mental disorder: _____
Substance use	☐	Specify substance used: _____
Cancer	☐	Specify type of Cancer: _____
Nutritional Disorder	☐	Specify type of Nutritional disorder: _____
Disability: Yes ☐	No ☐	Specify type of disability: _____

History of systems findings:

i)Abdomen

iii) Cardio Vascular System

v) Genito-urinary system

ii)Central Nervous System

iv) Musculoskeletal

Any prescription medicines, either daily or occasionally (Specify): _____

History of any operations or hospitalization: Yes ☐ No ☐

If yes, state: Type of illness/ significant injury _____ Date and place of treatment: _____

Any physical problem that prevents the learner from participating in Physical Activity: Yes ☐ No ☐

This form is free of charge.

If yes, specify the condition and type of contraindicated Physical activity: _____

Any other general concerns about Learner's health: _____

GENERAL EXAMINATION

Vitals: BP_____Pulse rate;_____Temperature:_____Respiratory rate;_____

Height(m)_____Weight (kgs)_____BMI (kgs/m^2)_____

MUAC *(tick where applicable)*: Green ☐ Yellow ☐ Red ☐

Nutrition Status: Normal ☐ Mild malnutrion ☐ Moderate malnutrition ☐ Severe malnutrition ☐

General physical examination findings:_____

SCREENING

Screening for symptoms of selected disease conditions: Refer to section A for instruction (on the last page)
To be done before term begins or on admission.

Condition screened	**Result**		**Not applicable (n/a)**
	Negative	Positive	
Malaria			
Typhoid			
Pregnancy			
Tuberculosis			
STI/UTI			

Screening for disease symptoms of Ear, Nose, Throat. Refer to section B for instruction (on the last page)
To be done once a year or on admission.

Condition to be Screened	Results and Comments
Vision	
Hearing	
Oral health	

VACCINATION RECORD (10 year old learners and above)

Part 1: Fully Immunized ☐ (b) Partially Immunized ☐ Not immunized at all ☐

Part 2:

TD1 ....dd.. /..mm.... /...yr...	TD4..... /..... /.....	HPV 1 ..... /..... /.....
TD2 ...../..... /.....	TD5..... /..... /.....	HPV 2 ..... /...../.....
TD3 ..... /..... /.....	TD (SIAs) ..... /..... /.....	

Name of Health Facility: .....

Cadre of examining Clinician: .....

Name of Clinician: ..... **Date of Assessment:** .....

Stamp and Signature: .....

This form is free of charge.

NOTES ON COMPLETING THE MEDICAL ASSESSMENT FORM FOR LEARNERS
(For clinician's/physician's use only)

Objective: To gather health-related information, ensure well-being, and facilitate early treatment and management of learners in primary and secondary schools before reporting to school.

Use:

i. The school shall provide a single copy of the assessment form to every learner before the start of every school term or upon enrollment.
ii. Learner assessment shall be conducted, and the form filled by a certified personnel at the level of Clinical officer or above from an accredited Health facility.
iii. The duly filled, signed and stamped form shall be presented to the school administration at the beginning of every school term.
iv. The school Nurse shall collect and record the health status of all learners in the School Health Register at the start of every school term or upon enrollment.

SECTION A
Description of screening

1. Malaria Screening:
Clinical Criteria: Fever (axillary temperature ≥ 37.5°C or a history of fever in the past 48 hours).
Additional Criteria: Chills, sweating, headache, muscle aches, or fatigue.
Note: A learner with one symptom from the clinical criteria with or without any of the Additional criteria shall be suspected to have Malaria. A rapid diagnostic test (RDT) or blood smear for malaria parasites should be done.

2. Typhoid screening:
Clinical criteria: Fever (axillary temperature ≥ 37.5°C or a history of fever in the past 72 hours), Generalized Abdominal pain or tenderness, Headache or Disorientation (confusion), Rash or rose spots on the chest or abdomen, history of exposure to contaminated food or water.
Note: A learner with one symptom from the clinical criteria should be referred to a nearby health facility for further diagnosis and treatment.

3. Pregnancy screening:
Clinical Criteria: Missed menstrual period in a sexually active female learner.
Additional Criteria: Nausea/vomiting, Breast tenderness, Fatigue, Increased urinary frequency, Abdominal cramping
Note: ONLY conduct a confirmatory Urine test for pregnancy in female learners who meet the Clinical criteria with or without any additional criteria. Also conduct a confirmatory test where there is a high index of suspicion for pregnancy.

4. Tuberculosis (TB) Screening:
Clinical Criteria: Prolonged cough (lasting for more than two weeks)
Additional Criteria: Unexplained weight loss of more than 10% in the previous six months, Persistent fever, night sweats, Hemoptysis (coughing up blood), and history of close contact with a known confirmed tuberculosis case.
Note: A learner shall be a TB suspect if He / She meets the Clinical and additional criteria. Refer learners for further evaluation and management i.e. **(HIV testing, Tuberculin Skin Test, Chest X-ray, Sputum Microscopy or GeneXpert test for Mycobacterium tuberculosis).**

5. STI/UTI
Clinical Criteria: Genital discharge (urethral or vaginal), Genital ulcers or sores, Genital itching or burning Dysuria (painful urination), Increased frequency or urgency of urination, Lower abdominal pain or discomfort.
Additional Criteria: History of sexual intercourse or risky sexual behaviours.
Note: A learner shall be suspected to have STI/UTI if He/She meets any of the Clinical criteria. Evaluate further to confirm the diagnosis and treat promptly.

Section B
Screening for Vision, Hearing and Oral Health

	Vision	**Hearing**	**Oral Health**
Assessment Components	● Visual acuity ● eye alignment ● eye movement ● color vision ● Refractive errors ● cataracts ● trachoma and other eye infections Refer to an ophthalmologist for suspected visual problems	● Screen for hearing loss. ● Ear infections. ● Wax impaction ● other ear conditions that may affect communication and learning. Refer to an ENT for learners with suspected hearing problems.	● Oral hygiene. ● Dental caries. ● Gingivitis. ● Periodontitis. ● Oral lesions. ● Other oral diseases causing pain, discomfort and or malnutrition. Refer to a dentist for any suspected dental problems.