Evidence Update

Malaria Series July 2004

Do insecticide-treated bed nets reduce deaths in children?

Insecticide-treated bed nets reduce mortality and malaria illness episodes in children.

Inclusion criteria

Studies:

Individual and cluster randomized controlled trials.

Participants:

Children and adults living in rural and urban malarial areas.

Intervention:

Bed nets or curtains treated with synthetic pyrethroid insecticide.

Outcomes:

All cause and malaria-specific child mortality; severe malaria; uncomplicated clinical episodes; parasite prevalence; high parasitaemia; anaemia; splenomegaly; anthropometric measures.

Results

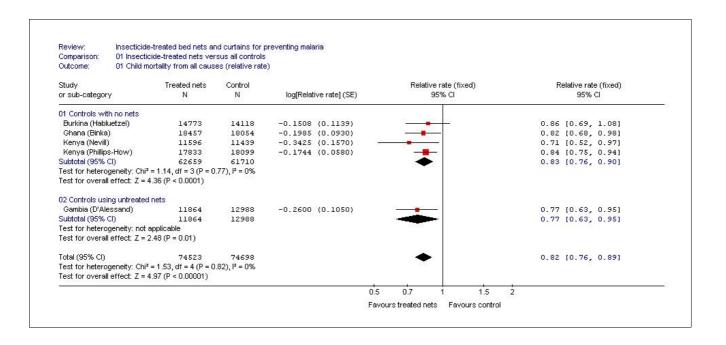
- Fourteen cluster randomized and 8 individually randomized controlled trials were included; 16 were adequately concealed.
- Five trials showed that insecticide-treated bed nets compared to no nets reduce deaths (relative rate 0.83; 95% CI 0.76 to 0.90). Treated nets compared to plain nets were also protective (relative rate 0.77; 95% CI 0.63 to 0.95).
- About 5.5 lives (95% CI 3.39 to 7.67) can be saved each year for every 1000 children with treated nets.
- In areas with stable malaria, treated nets reduced uncomplicated malarial episodes by 50% compared to no nets, and 39% compared to untreated nets.
- In areas of stable malaria, treated nets reduce severe malaria, parasite prevalence, high parasitaemia, splenomegaly, and increase average haemoglobin.





Adapted from Lengeler C. Insecticide-treated bed nets and curtains for preventing malaria (Cochrane Review). In: The Cochrane Library, Issue 2, 2004. Chichester, UK: John Wiley & Sons, Ltd.

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Reviewer's conclusions

Implications for practice:

Insecticide-treated bed nets are effective in reducing childhood mortality and morbidity from malaria. Wide-spread access to treated nets is currently being advocated by Roll Back Malaria, but universal implementation will require major financial, technical, and operational inputs.

Implications for research:

The beneficial impact of treated nets has been largely demonstrated under trial conditions; given the consistency of the results for different outcomes and different areas of the world it is unlikely that more trial data are required.