Locally produced ready-to-use supplementary food is an effective treatment of moderate acute malnutrition in an operational setting *(Ann Trop Pediatr June 2010, 103).*

Typical treatment of moderate acute malnutrition. in sub-Saharan Africa consists of dietary counseling and/or general or targeted distribution of corn/soy-blended flour. This study evaluated operational effectiveness of treating moderate acute malnutrition with ready-to-use supplementary food (RUSF) in Malawian children aged 6-59 months. Each child received 65 kcal/kg/d from locally produced soy/peanut RUSF. Additional rations of RUSF were distributed every two weeks upto eight weeks if the child remained wasted. Study participation lasted up to 8 weeks. Of the 2417 children enrolled, 80% recovered, 4% defaulted, 0.4% died, 12% remained moderately wasted and 3% developed severe acute malnutrition. Weight, length and MUAC gains were 2.6 g/kg/d, 0.2 mm/d and 0.1 mm/d respectively. Cost per child treated was $5.39. This intervention proved to be robust, maintaining high recovery rates and low default rates when instituted without the additional supervision and beneficiary incentives of a research setting.

Lactose intolerance among severely malnourished children with diarrhea. *(BMC Pediatr 2010; 10: 31)*

The standard management of severe malnutrition involves nutritional rehabilitation with high energy milk based formula. However, some of these children may be lactose intolerant, possibly contributing to the high rate of unfavorable treatment outcomes. A descriptive cross sectional study from Mulag involving 196 severely malnourished children (aged 3-60 months) with diarrhea. reported 26% prevalence of lactose intolerance. It occurred more commonly in children with kwashiorkor (27/75; 36%) than marasmic-kwashiorkor (6/25; 24%) and marasmus (17/96; 18%). Edematous malnutrition, perianal skin erosion, high mean stool frequency and having ≥2 diarrhea episodes in the previous 3 months were the independent predictors of lactose intolerance.

Global, regional, and national causes of child mortality in 2008: a systematic analysis *(Lancet, 2010, 1969)*

Up-to-date information on the causes of child deaths is crucial to guide global efforts to improve child survival. The authors report new estimates of the major causes of death in children younger than 5 years. Proportional causes of death for 193 countries were estimated, and by application of these proportions to the country-specific mortality rates and birth rates, the numbers of deaths by cause were calculated. Of the estimated 8·8 million deaths in under-five children worldwide in 2008, infectious diseases caused 68%, with the largest percentages due to pneumonia (18%), diarrhea (15%) and malaria (8%). Forty one percent of deaths occurred in neonates, and the most important causes were preterm birth complications (12%), birth asphyxia (9), sepsis (6%) and pneumonia (4%). Forty nine percent of child deaths occurred in five countries: India, Nigeria, Democratic Republic of the Congo, Pakistan, and China.

5 day Albendazole for treating Giardiasis *(PLoS Negl Trop Dis 4(5): e682)*

Metronidazole is the most commonly used drug for the treatment of giardiasis in humans. In spite of its therapeutic efficacy, low compliance and side effects. This meta-analysis included eight randomized clinical trials (including 900 patients) comparing the effectiveness of albendazole with that of metronidazole in treatment of giardiasis. The effectiveness of albendazole, when given as a single dose of 400 mg/day for 5 days, was comparable to that of metronidazole. Patients treated with albendazole tended to have fewer side effects compared with those who took metronidazole. The authors concluded that given the safety, effectiveness, and low costs of albendazole, this drug may be considered a potential alternative and/or a replacement for metronidazole in the treatment of giardiasis in humans.

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