Diagnosis, prognosis and treatment of severe falciparum malaria in African children
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Citation for published version (APA):

1. Artesunate should replace quinine for the treatment of severe malaria everywhere in the world. (this thesis)

2. Plasma PfHRP2 can distinguish severe malaria from severe febrile illness with coincidental peripheral blood parasitaemia in moderate to high malaria transmission settings. (this thesis)

3. The total body parasite burden including the sequestered parasite burden is one of the key determinants of severity and fatal outcome of severe falciparum malaria. (this thesis)

4. Rapid diagnostic tests based on PfHRP2 should replace microscopy for the diagnosis of severe malaria in Africa. (this thesis)

5. HIV testing is relevant in the assessment and treatment of the patient with clinically suspected severe malaria in malaria-endemic settings with a high HIV prevalence. (this thesis)

6. All young children with severe malaria should also be treated with parenteral antibiotics. (this thesis)

7. The lack of important pharmacokinetic information in young children with severe malaria carries the risk of antimalarial drug underdosing, with detrimental consequences for outcome of this vulnerable group, and the development of antimalarial drug resistance. (this thesis)

8. The establishment of local well-equipped research facilities may subject the studies to the Hawthorne effect, which confounds the results. Clinical trials in severe malaria are thus better executed in real life resource-limited settings.

9. The ethical conduct of clinical studies in Africa depends more on the study design and intention of the researchers, than on the length of the participants’ informed consent form.

10. If there is no struggle, there is no progress. (Frederick Douglass)

11. There is no medicine like hope, no incentive so great and no tonic so powerful as expectations of something better than tomorrow. (Orioso Swett Marden)