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The effects of short-term iron supplementation on iron status in infants in malaria-endemic areas.

Menendez C, Schellenberg D, Quinto L, Kahigwa E, Alvarez L, Aponte JJ, Alonso PL.

Center for International Health y Departamento de Bioquimica Clinica Institut d'Investigacions Biome'diques August Pi i Sunyer Hospital Clinic, Villarroel 170, E-08036, Barcelona, Spain. cmenende@medicina.ub.es

Iron deficiency and Plasmodium falciparum malaria are the two main causes of anemia in young children in region endemic for this disease. The impact on iron status of prophylactic oral iron supplementation (2 mg/kg/day from two to six months of age) and the duration of this effect were assessed in a group of 832 Tanzanian infants exposed to P. falciparum malaria. Iron parameters and red blood cell indices were assessed at 2, 5, 8, and 12 months of age. Infants who received iron supplements had a significantly lower prevalence of iron deficiency ($P < 0.01$ at 5 months and $P < 0.001$ at 8 and 12 months). Red blood cell indices (mean corpuscular volume, mean cell hemoglobin, and mean cell hemoglobin concentration) were increased in children receiving iron supplementation and they did not differ between those protected and unprotected against malaria. The prevalence of ferropenia was similar in children protected against malaria and in those who were not protected and did not receive iron supplements (34.7% versus 37.3% at 12 months of age). We concluded that iron supplementation between the ages of 2-6 months improves iron status at least up to 12 months of age. Malaria infection does not contribute to iron deficiency.

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