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Consultoria de Serviços e Pesquisas–COSEP Lda., Consultoria de Gestão e Administração em Saúde–Consaúde Lda. [Angola], and Macro International Inc. 2007. *Angola Malaria Indicator Survey 2006-07.* Calverton, Maryland: COSEP Lda., Consaúde Lda., and Macro International Inc.

Date of correction	Correction
October 24, 2013	**Section 4.6.1, including Table 4.10,** in the original report mistakenly used all de facto children in the household as the denominator of the calculations in Table 4.10. The denominator should be restricted to de facto children who were tested for malaria and for whom there was a test result. The report on the website has been updated to incorporate the corrected text and table data. Corrections to the text and table data are indicated below. Incorrect text is shown by strikethroughs, and new text is highlighted.

4.6.1 Children under Age Five

Among all children age 6-59 months, ~~20~~ 21 percent were found to have malaria using the rapid diagnostic test (Table 4.10). The prevalence of malaria increases with the age of the child. For example, children under the age of one year are almost half as likely as those age 36-59 months to test positive for malaria.

The prevalence of malaria in young children is more than four times higher in rural areas (~~31~~ 33 percent) than in urban areas (~~7~~ 8 percent). As would be expected, the prevalence of malaria in children is highest in the Hyperendemic region (~~29~~ 31 percent) and lowest in Luanda (6 percent).

Levels of malaria in children are also highest among the poorest households. Children from the poorest quintile are ~~almost~~ six times more likely to test positive for malaria than those from the wealthiest quintile (~~40~~ 43 percent compared with 7 percent).

Overall, four percent of children were found to be seriously anemic. In contrast to malaria, the prevalence of serious anemia tends to decline with the age of the child. Children age 48-59 months are ~~half~~ almost one third as likely to have anemia below 8 g/dL as those age 6-23 months. The prevalence of this serious form of anemia is almost twice as high in rural areas (5 percent) as urban areas (3 percent); it is higher in the Mesoendemic Stable and Mesoendemic Unstable regions (4 percent and 5 percent, respectively) than the other regions (3 percent); and it is more than twice as high in the two poorest ~~two~~ quintiles (over 4 percent) as in the wealthiest quintile (2 percent).

Table 4.10 Malaria and anemia in children

Among children age 6-59 months, percentage positive for malaria using a rapid diagnostic test (RDT), and percentage with anemia <8 grams/deciliter, by background characteristics, Angola MIS 2006-07

Background characteristic	Percentage positive for malaria	Number of children tested	Percentage of children with anemia <8 g/dL	Number of children tested
Age (in months)				
6-11	~~12.0~~ 13.7	262	~~5.0~~ 5.6	~~300~~ 269
12-23	~~14.4~~ 14.9	544	~~5.4~~ 5.5	~~574~~ 552
24-35	~~21.3~~ 22.7	476	~~3.9~~ 3.5	~~508~~ 481
36-47	~~23.1~~ 24.8	542	~~2.3~~ 2.4	~~583~~ 549
48-59	23.6 26.4	478	~~1.9~~ 2.0	~~534~~ 496
Residence				
Urban	~~7.2~~ 7.8	1,072	~~2.6~~ 2.5	~~1,182~~ 1,099
Rural	~~30.6~~ 32.7	1,230	~~4.5~~ 4.6	~~1,316~~ 1,248
Region				
Hyperendemic	~~28.8~~ 30.6	480	2.6	~~514~~ 487
Mesoendemic Stable	~~25.3~~ 26.4	843	~~4.2~~ 4.1	~~880~~ 861
Mesoendemic Unstable	~~18.7~~ 21.1	373	~~4.4~~ 4.9	~~421~~ 375
Luanda	~~5.5~~ 6.2	605	~~3.2~~ 3.1	~~682~~ 624
Wealth quintile				
Lowest	~~39.5~~ 42.9	532	~~4.5~~ 4.7	~~578~~ 537
Second	~~24.7~~ 26.1	549	~~4.2~~ 4.4	~~586~~ 561
Middle	~~11.4~~ 12.3	545	~~3.2~~ 2.9	~~586~~ 550
Fourth	~~6.1~~ 6.7	396	~~3.5~~ 3.4	~~439~~ 409
Highest	~~6.7~~ 7.3	280	~~1.7~~ 1.9	~~309~~ 289
Total	~~19.5~~ 21.1	2,302	3.6	~~2,497~~ 2,347