Introduction Malaria is a parasitic disease (Plasmodium) transmitted by Anopheles mosquitoes. The diagnosis is made after a positive result in the rapid diagnostic test or the presence of the parasite in the blood smear. Complicated malaria, classified with clinical and laboratory criteria, is a medical emergency and presupposes injectable treatment. In endemic countries it is a serious problem of public health and resource consumption. The objective of this study was intended to the reality of Paediatrics of a hospital in Mozambique.

Material and Methods Retrospective and descriptive review of hospitalizations in paediatric age (0–14 years) for malaria in a general hospital of an underdeveloped and endemic country from July/2017 to June/2018.

Results Five hundred and fifty-one children were admitted - 22% of hospitalizations in the pediatric ward, 54% were male, with 3 years of median ages. They presented with complications 53.4% of patients - mainly cytopenias and convulsive episodes - and 17.4% with other concomitant infections. Initially, artesunate intravenous was administered to all patients, they were discharged, on average 3 days later, with oral therapy; registered 10 cases of drug resistance. One patient was transferred to the central hospital (cerebral malaria). There were no deaths.

Discussion Data obtained are concordant with published epidemiology, reinforcing the impact of this pathology in the health services. Paediatric age is one of the risk groups, which always requires hospitalization under 5 years. Non-endemic countries should take advantage of recently updated strategies of the World Health Organization and Public Health departments of high-prevalence countries to do properly in imported cases.

Methods Emergency department records were used to retrospectively identify patients with acute sore throat who had a throat culture taken over a three month period. This was followed by interventions in the form of education sessions and visual reminders placed in the emergency department on the modified center criteria clinical scoring system for GAS. We then re-audited throat cultures taken over a one month period.

Results In the initial three month audit period 53 throat cultures were taken. Of these one (1.8%) was positive for GAS. Following the interventions 31 throat cultures were taken in the one month period of which four (12.9%) were positive for GAS.

Conclusion Throat cultures were used in the assessment of children with acute sore throat despite their limited assistance in clinical decision making in the emergency department setting. There was a very low yield of positive throat culture results in these patients. Raised awareness of clinical scoring systems did increase the yield of positive throat culture results. Further interventions are needed to reduce the rate of negative throat cultures before the benefit of introducing rapid antigen tests can be assessed.