

Drugs most commonly used for Malaria Prevention (Only adult doses are given)

Travellers must always, through discussion with their surgery or pharmacist, make sure they use a drug which they can tolerate (only the more common side effects are given here) and one which is appropriate for their destination(s). No drug is 100% effective.

In Britain, chloroquine and proguanil can be purchased from local pharmacies or chemists. All other drugs require a doctor's prescription.

Chloroquine (licensed for prophylaxis in UK)

- Preparations available: Avloclor® (Zeneca) and Nivaquine® (Rhône-Poulenc Rorer). Adult dose is 2 tablets (each containing 150mg chloroquine as base) taken once a week. Nivaquine is available in syrup form.
- Consider a trial course before departure, if using this regime for the first time, to detect if you are likely to get side effects (e.g. for two weeks). Otherwise, when possible, chloroquine should be started one week before exposure (to ensure adequate blood levels), throughout exposure and for 4 weeks afterwards.
- Nausea and sometimes diarrhoea can occur which may be reduced by taking tablets after food.
- Headache, rashes, skin itch, disturbance of visual accommodation (often expressed as blurred distance vision which may take up to 4 weeks to reverse) or hair loss may warrant changing to alternative drugs.
- Retinopathy (eye changes) which can be permanent is unlikely to occur until 100g have been consumed (i.e. over 5 years treatment at prophylactic doses).
- Caution in liver and renal disease.
- Can aggravate psoriasis and very occasionally causes a convulsion so it should not normally be used in those with epilepsy.
- Chloroquine is very toxic in overdose - parents must take special care to store the tablets safely.
- It is generally accepted, as a result of long usage, to be safe in pregnancy.

Proguanil (licensed for prophylaxis in UK)

- Preparations available: Paludrine® (Zeneca). Adult dose is 200mg daily.
- Can normally be used continuously for a period of up to 5 years.
- One or two doses should be taken before departure. It should be continued throughout exposure and for 4 weeks afterwards.
- Anorexia, nausea, diarrhoea and aphthous (simple) mouth ulcers can occur.
- Can delay the metabolism of the anticoagulant, warfarin, and result in bleeding. Those planning to take warfarin must discuss this with their doctor before starting any treatment.
- Caution in renal impairment.
- Considered to be safe in pregnancy, but folate supplement is advised.

Mefloquine® (licensed for prophylaxis in UK)

- Preparations available: Lariam® (Roche). Adult dose is 250mg weekly.
- One dose should be taken a week before departure and it should be continued throughout exposure and for 4 weeks afterwards however three (3) doses at weekly intervals prior to departure are advised if the drug has not been used before - this can often detect, in advance, those likely to get side effects so that an alternative can be prescribed.
- Not licensed in Britain for use for more than 1 year (in countries where it is licensed for more than 1 year, additional side-effects are rare).
- Nausea, diarrhoea, dizziness, abdominal pain, rashes and pruritis can occur.
- Headache, dizziness, convulsions, sleep disturbances (insomnia, vivid dreams) and psychotic reactions such as depression have been reported. These reactions most commonly begin within 2-3 weeks of starting the drug and may be worse if alcohol is taken around the same time as the mefloquine.
- Avoid in epilepsy, if there is a close family history of epilepsy (e.g. parents or siblings) or if there is a history of psychiatric illness.
- Caution, and avoid if alternatives are available, in severe renal or liver failure and those with heart rhythm defects. Also caution in those taking digoxin, beta or calcium channel blockers when arrhythmias and bradycardia can occur.
- Although there is no evidence to suggest that mefloquine has caused harm to the foetus it should normally be avoided during the first trimester of pregnancy or if pregnancy is considered possible within 3 months of stopping prophylaxis.

Doxycycline (licensed for prophylaxis in UK)

- Preparations available: Doxycycline (non-proprietary), Vibramycin® (Invicta). Adult dose is 100mg daily.
- Can normally be used continuously for a period of at least 6 months - be guided by your doctor.
- Consider a trial course before departure, if you are using this regime for the first time, to detect if you are likely to get side effects (e.g. for one week). Otherwise doxycycline need only be started just before exposure (e.g. 2 days), continued through exposure and for 4 weeks afterwards.
- When other tetracyclines are being already used for acne this will provide protection against malaria so long as an adequate dose is taken (you can change to 100mg doxycycline per day if your doctor agrees).
- Erythema (sunburn) due to sunlight sensitivity can occur. Use of sunscreens is especially important and if severe, alternative prophylaxis should be used.
- Heartburn is common so the capsule should be taken with a full glass of water and preferably while standing upright.
- Contraindicated in pregnancy (including one week after completing the course), breast feeding, in those with systemic lupus erythematosus, porphyria and children under 12 years because permanent tooth discoloration can occur.
- It may reduce the effectiveness of the oral contraceptive pill, you should discuss this with your family planning advisor.
- Occasionally anorexia, nausea, diarrhoea, candida infection and sore tongue (glossitis) have been reported and rarely hepatitis, colitis and blood dyscrasias.

Malarone® (licensed for prophylaxis in UK)

- Adult dose is one tablet daily - each tablet contains 250mg atovaquone plus 100mg proguanil.
- **DO NOT confuse with Maloprim®** which is not now advised for prophylaxis since more effective alternatives are available.
- Should be taken for 1 or 2 days before entering the malarious area, throughout exposure, and for 7 days after leaving the infected area. Licensed for trips of up to 28 days but there is no evidence of increased side-effects if used for longer.
- Malarone need only be commenced one or two days before exposure.
- Abdominal pain, headache, anorexia, nausea, diarrhoea, coughing and aphthous (simple) mouth ulcers can occur.
- Absorption may be reduced in diarrhoea and vomiting, and blood levels are significantly reduced with concomitant use of tetracyclines, metoclopramide and especially rifampicin or rifabutin
- The proguanil component can delay the metabolism of the anticoagulant, warfarin, and result in bleeding. Those planning to take warfarin must discuss this with their doctor before starting any treatment.
- Caution in renal impairment.
- Lack of experience in pregnancy and during breast feeding means that it should be avoided in these circumstances unless there is no suitable alternative.
- The high cost makes popular for short trips.

This information is taken from the travel information at:

www.fitfortravel.scot.nhs.uk