

Travel Medicine Centre Perth

ANTI MALARIAL MEDICATION – PREVENTION

The choice of antimalarial medication will depend on where you are going, the type of trip you have planned, medical conditions and allergies.

NO ANTIMALARIAL IS 100% EFFECTIVE

It is essential to take steps to avoid mosquito bites.

DOXYCYCLINE			
<u>Common, mild side effects</u>	<u>Advantages</u>	<u>Disadvantages/Precautions</u>	<u>Instructions</u>
Nausea or indigestion	90% effective in all malaria areas	Should be taken with food	Take 1 tablet daily with food. Start 1 day before arriving in malarial area and continue for 4 weeks after leaving the area. Do not lie down for 2 hours after taking the tablet.
Vaginal or oral thrush	Provides some protection against intestinal infections	Carry anti thrush cream if you have a history of thrush	
Sunburn & sun sensitivity		Use a sunscreen	
Rash or itching		Decrease effectiveness of pill Consider alternative contraception for first 2 weeks	
		Not for use by pregnant women and children < 8	
MEFLOQUINE (LARIAM)			
Headache & dizzy	90% effective in majority of malarial areas	Trial period recommended before use	Take 1 tablet weekly after your main meal. Start taking _____ week/s before arriving in malarial area and take 1 per week on the same day while there. Continue to take for 4 weeks after leaving the area Avoid alcohol on the day and the day after taking tablet
Nausea or loss of appetite	Weekly tablet easier for long term travel	Not recommended for pilots, SCUBA divers or people operating dangerous machinery	
Rash, aching muscles or weakness		Cannot be used if history of depression, epilepsy, or anxiety	
Vivid dreams			
Depression, anxiety & confusion			
Fits or psychosis (rare)			
CHLOROQUINE			
Headache, dizzy & nausea	Cheap	Less effective in Africa and Southeast Asia	Take 2 tablets weekly with or after food on the same day every week starting 1 week before arriving in malarial area and continue for four weeks after leaving the area.
Blurred vision	Few side effects	Tastes bitter	
Itchy skin	Safe for use by pregnant women and children	May make psoriasis worse	
Hair loss		Cannot be used if history of epilepsy	Chloroquine and Paludrine are often used in combination.
PALUDRINE (PROGUANIL)			
Nausea & headache	Safe for use by pregnant women and children	Same as chloroquine	Take 2 tablets daily after food at the same time each day. Start 1 day before arriving in malarial area and continue for 4 weeks after leaving the area.
Mouth ulcers			
ATOVAQUONE + PALUDRINE (MALARONE)			
Side effects are rare, nausea, abdominal discomfort	>90% effectiveness in all malarial areas	Expensive. Not for use if pregnant or breastfeeding	Take 1 tablet daily with food. Start 1 day before arriving in a malarial area, while there continue taking it daily and for 7 days after leaving the area.
Headache	Less side effects	Cannot be used if patient has severe renal impairment	

TREATING MALARIA

Self-treatment should be considered if travelling to remote areas where medical attention is not readily available. If symptoms develop and there is no medical access for 24 hours you should start treating your self immediately.

FANSIDAR: Take 3 tablets as a single dose. Do not take if allergic to sulphur.

LARIAM: Take 2 tablets at once, followed 6 hours by a further 2 tablets. As lariam can cause nausea and vomiting, it is suggested you take stemetil 5-10mg (1-2 tablets) _ hour before each dose of lariam to prevent nausea and vomiting.

Do not take lariam for the treatment of malaria if using it for prevention.

MALARONE: Take 4 tablets daily for 3 days. Should be taken with food to maximise absorption.

RIAMET: Take 4 tablets when diagnosed, then 4 tablets at 8, 24, 36, 48 and 60 hours thereafter. Take with meals to maximise absorption.

Long term travellers to remote areas should consider taking malaria testing kits.

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