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Malaria Chemoprophylaxis

There are currently four drug regimens available in the UK for the prevention of malaria. Detailed information on each one, together with country recommendations, and interim updates, can be found in the [Guidelines for malaria prevention in travellers from the United Kingdom 2007](#).

Updates to the malaria guidelines can be found on the HPA website at:

http://www.hpa.org.uk/infections/topics_az/malaria/guidelines.htm

The choice of drug should be determined following a malaria risk assessment. It should be determined in consultation with the traveller and take into account potential medical contraindications to individual agents.

In addition to appropriate malaria chemoprophylaxis, travellers should be advised on methods of [insect bite avoidance](#) and the importance of prompt medical assistance should symptoms suggestive of malaria develop.

Table 1 provides a summary of the advantages and disadvantages of each regimen.

The adult and paediatric dosages can be found in [Tables 2 and 3](#).

Advice on malaria chemoprophylaxis for women who are pregnant or breastfeeding can be found in the [FAQ](#) section.

Table 1. Advantages and Disadvantages of Malaria Chemoprophylactics

Chemoprophylaxis drug	Presentation	Advantages	Disadvantages
Proguanil	Paludrine® tablets	Low cost Well tolerated	Increasing resistance of <i>P. falciparum</i> to chloroquine
Chloroquine	Nivaquine® syrup Avloclor® tablets	Suitable for pregnant or breastfeeding women	Large number of tablets required if taken in combination
Mefloquine	Lariam® tablets	Weekly dose Effective for most areas of the world Can be used in the last 2 trimesters of pregnancy	Needs to be commenced 2 to 3 weeks prior to departure May cause neuro-psychiatric adverse events
Doxycycline	Capsule	Low cost Generally well tolerated Can be commenced close to departure date	May cause photosensitivity May cause vaginal yeast infections in women Unsuitable for children under 12 years
Atovaquone/proguanil	Malarone® tablets	Well tolerated Can be commenced close to departure date Short course	Expensive

Table 2. Adult Dosage of Anti-Malarials

Regimen	Tablet Size	Adult Dose
Proguanil	100 mg	2 tablets daily, begin 1 wk before travel and continue for 4 wk after travel
Chloroquine phosphate	250 mg salt (155 mg base)	2 tablets weekly, begin 1 wk before travel and continue for 4 wk after travel
Mefloquine	250 mg salt (228 mg base)	One tablet weekly, begin 2-3 wk before travel and continue for 4 wk after travel*
Doxycycline	100 mg	One tablet daily, begin 1 to 2 d before travel and continue for 4 wk after travel
Atovaquone/proguanil	250 mg atovaquone/ 100 mg proguanil	One tablet daily, begin 1 to 2 d before travel and continue for 7 d after travel

* Mefloquine is ideally begun 2 - 3 weeks before departure to reach effective blood levels, and evaluate for adverse effects. This is particularly important for first time users

Table 3. Paediatric Dosage of Anti-Malarials

The dosage of malaria chemoprophylaxis for children should always be adjusted according to the weight of the child.

Dosages for children can be found in the table below.

Weight (kg)	Chloroquine 155mg base	Proguanil 100mg	Mefloquine 250mg	Doxycycline 100mg
Under 6kg	¼ tablet	¼ tablet	Not recommended	Not recommended
6.0 - 9.9	½ tablet	½ tablet	¼ tablet	Not recommended
10.0 - 15.9	¾ tablet	¾ tablet	¼ tablet	Not recommended
16.0 - 24.9	1 tablet	1 tablet	½ tablet	Not recommended
25.0 - 44.9	1½ tablets	1½ tablets	¾ tablet	Adult dose from 12 years of age 1 tablet
45 and over	2 tablets (adult dose)	2 tablets (adults dose)	1 tablet (adult dose)	1 tablet (adult dose)

Paediatric dosage of atovaquone/proguanil (Malarone®)

Weight (Kg)	Number of paediatric tablets
Under 11	Not recommended
11.0 - 20.9	1 paediatric tablet
21.0 - 30.9	2 paediatric tablets
31.0 - 40.0	3 paediatric tablets
Over 40.0	4 paediatric tablets, or 1 adult tablet