



MALARIA PREVENTION



Malaria is a common and life-threatening disease caused by parasites in many tropical and subtropical countries. These parasites are transmitted by mosquitoes that bite mainly between sunset and sunrise. Malaria is an acute febrile illness with an incubation period of at least 7 days. The most common symptoms are: FEVER – HEADACHE – MUSCULAR ACHES AND WEAKNESS

The **first line of defense** against malaria is preventing mosquito bites.

The following measures are strongly recommended :

- Wear protective clothing (trousers and long sleeves), in a pale colour if possible
- Use repellent on all exposed skin (from dusk to dawn)
- Sleep under an insecticide-treated net if there is no air conditioning
- Use insecticides (sprays, coils, etc,...) from dusk to dawn.



CHEMOPROPHYLAXIS

Any traveler who develops severe side-effects to an antimalarial should stop taking the drug and seek immediate medical attention. This applies particularly to neurological or psychological disturbances experienced with mephoquine prophylaxis.



Depending on the region and/or country visited, one of the following protocols is recommended :

CHLOROQUINE + PROGUANIL	<p>NIVAQUINE: 3 tablets of 100 mg once a week, starting <u>one week before departure</u> and continued for <u>four weeks after the return.</u></p> <p>+ PALUDRINE: 2 tablets of 100 mg once a day, starting <u>the day before departure</u> and continued for <u>four weeks after the return.</u></p> <p>To be taken always at the same time, during a meal if possible to avoid a bitter taste in your mouth.</p>
MEFLOQUINE	<p>MEPHAQUIN: 1 tablet of 250 mg once a week starting <u>one to three weeks before departure</u> and continued for <u>four weeks after the return.</u></p> <p>Transient mild side-effects such as dizziness or gastric disturbances may be experienced at the beginning of the prophylaxis, which resolve spontaneously. If they continue, and are intolerable please change to another protocol.</p> <p>Contra-indicated during the first three months of pregnancy, in case of a history of epilepsy, psychiatric disorders or cardiac conduction problems.</p>
DOXYCYCLINE	<p>DOXYCYCLINE: 1 tablet of 100 mg once a day starting <u>one day before departure</u> and continued for <u>four weeks after the return.</u></p> <p>Always take with plenty of fluids.</p> <p>Contra-indicated during pregnancy and breast feeding.</p>
ATOVAQUONE + PROGUANIL	<p>MALARONE: 1 tablet once a day starting <u>one day before departure</u> and continued daily for <u>one week after the return.</u></p> <p>For <u>short missions only</u>, as experience with this drug is still limited.</p> <p>Not recommended for pregnant or breast feeding women.</p> <p>NB: if the Malarone daily regimen is prematurely interrupted, the causal prophylactic effect is lost, in which case it should also be continued for 4 weeks upon return.</p>



No prophylaxis is 100% effective alone

⚠ Very important ⚠

In case of a very high temperature, consult a doctor immediately. If it is impossible to see a doctor and get a diagnosis in 24 hours, you are advised to follow the appropriate protocol listed below and seek medical assistance as soon as possible.

TREATMENT of uncomplicated malaria

Depending on the prophylaxis used, please identify and start the appropriate treatment listed below :

ARTEMETHER + LUMEFANTRINE	COARTEM: 3- Days course of 6 doses total, taken at 0, 8, 24, 36, 48 and 60 hours. Each dose consists of 4 tablets (total 24 tablets). Take with fatty food to improve absorption.
ATOVAQUONE + PROGUANIL (if Mephloquine or Doxycycline as prophylaxis)	MALARONE : 4 tablets once per day during 3 days (total : 12 tabs)
QUININE + DOXYCYCLINE (if Mefloquine as prophylaxis)	QUININE: 2 tablets of 300 mg, 3 times a day, at 8 hour intervals, for 7 days. + DOXYCYCLINE: 2 tablets of 100 mg each, taken 12 hours apart on the first day, followed by one tablet of 100 mg daily for 6 days.
QUININE (if Doxycycline as prophylaxis)	QUININE: 2 tablets of 300 mg, 3 times a day, at 8 hour intervals, for 7 days. Only medicine without danger for the treatment of pregnant or breast feeding women.
MEFLOQUINE (if Doxycycline as prophylaxis)	MEPHAQUIN: 6 tablets of 250 mg spread over two occasions (4 + 2 tablets) at 8 hour intervals taken with a meal. Contra-indicated during the first three months of pregnancy, in case of a history of epilepsy, psychiatric disorders or cardiac conduction problems. It is preferable that this treatment be medically supervised.