

## Chimioprofilaxy in malaria

Anti-malaria chimioprofilaxy is recommended according the country (where is required) and only on medical prescription. No anti-malaria treatment prescribed as prophylaxis offers a complete protection against malaria BUT a good prophylaxis does reduce the mortality risk by malaria.

### Main principles for prescribing chimioprofilaxy:

- For children – the measuring is done according to the body weight
- Anti -malaria treatment which must be taken each day – the first dose shall be taken one day before traveling to the endemic area
- Anti -malaria treatment which must be taken weekly:
  - Clorochin – the first dose shall be taken one week before the departure
  - Meflochin – the first dose shall be taken at least one week before the departure (preferable 2-3 weeks earlier)
- Anti -malaria pills shall be taken with water, while eating
- All anti-malaria pills for prophylactic treatment shall be regularly taken during the whole stay in the risk area and for 4 weeks after leaving the area. Exception from this rule Proguanil/ Atovaquone which shall be interrupted one week after the departure from endemic area.
- Travelers in endemic countries shall be warned on the late begin of the disease for P. Vivax and P. Ovale species.

According to the risk degree for malaria, in some countries is recommended only the protection against mosquitos' bites, protection against bites and/or prophylaxis.

### 4 types of prophylaxis are recommended:

	<b>Risc for malaria</b>	<b>Prevention type</b>
Type I	Limited risk for transmitting malaria	Prevention of mosquito bites
Type II	Risk for P.vivax or for P.falciparum completely sensitive to Clorochin	Prevention of mosquito bites + Chimioprofilaxy with Clorochin
Type III	Risk for transmitting malaria resistant to Clorochin	Prevention of mosquito bites + Chimioprofilaxy with Clorochin and Proguanil
Type IV	Increased risk for P. Falciparum with low or moderate resistance or Lower/moderate risk with P.Falciparum drugs resistant	Prevention of mosquito bites + Meflochin, Doxiciclin or Atovaquone (one of them for which there is no resistance)

All anti-malaria drugs have contraindications and maybe side effects.

Contraindications must be observed in order to reduce the risk for side effects.

**Long time effects of chimioprofilaxy:**

- For those taking Cloroquin in 300 mg dose weekly for more than 5 years, an examination of the retina shall be done each 6 months;
- For those taking daily one dose of 100 mg of Cloroquine an examination of the retina shall be done after 3 years;

**Meflochin and Doxyciclin must constitute reserve prophylaxis for the areas with infestation risk with clorochino parasite – resistant.**

In Europe, Atovaquone /Proguanil is registered to be recommended on limited time from 5 weeks to 3 months. It has no restrictions in USA.

In the tables below we present you anti malaria treatment, the dose, contraindications, side effects etc. hoping they are useful for you and they will help with reducing malaria cases.

Generic name	Recommended dose	Duration of prophylaxis	Pregnancy	Breastfeeding	Children	Major contraindications	Comments
Atovaquone - proguanil (combined pills)	More than 40 kg: daily 250 mg atovaquone and proguanil	It is started 1 day before leaving and continued for 7 days after return	Not recommended	Not recommended	Not for children below 11 kg. The pediatrician shall be consulted.	Hypersensitivity for one on the drugs. Severe renal insufficiency	It is prescribed on limited term – from 5 weeks to 3 months.
Cloroquin	Adults: 300 mg per week in unique dose OR 600 mg per week in doses of 100 mg daily with one day break	It is started 1 week before leaving and continued for 4 weeks after return	It is safe	It is safe	It is safe	Hypersensitivity to cloroquin; Antecedents of epilepsy and psoriasis	May lower the immunity answer after administration of intra-dermic anti-rabic vaccination
Cloroquin	More than 50	It is started 1	It is safe	It is safe	Not for children	Hypersensitivity for	May lower the

and Proguanil (combined pills)	kg: Daily 100 mg Cloroquina and 200 mg Proguanil	day before leaving and continued for 4 weeks after return			under 50 kg	one on the components. Renal and hepatic insufficiency. Antecedents of epilepsy and psoriasis	immunity answer after administration of intra-dermic anti-rabic vaccination
Doxiciclin	Adults: 1 pill of 100 mg daily	It is started 1 day before leaving and continued for 4 weeks after return	Not recommended	Not recommended	Not for children under 8 years old	Hypersensitivity for tetracycline. Hepatic dysfunctions.	Predisposes to hypersensitivity for UV rays; it is recommended to use sun protection cream. May favor vaginal candidiasis
Meflochin	Adults: 1 pill of 250 mg once a week		Not recommended for the first pregnancy semester		Not recommended under 5 kg weight	Sensitivity to meflochin. May cause psychiatric disorders and neurological -motoric coordination disorder	It is not administered 12 hours after chinin. It is administered only under observation when taken with cardiac medication. Vaccination with live attenuated germs shall be made at least 3 days before the treatment with Meflochin.
Proguanil	Adults: 2 pills of 100 mg daily		It is safe	It is safe	It is safe	Hepatic and renal dysfunctions.	It is used only in combination with Cloroquine . May interfere with live attenuated typhous vaccination.

### Drugs recommended for malaria prophylaxis