

Downing Street Group Practice

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Malaria Medication

Malaria medication history:

I have previously taken the following malaria medication:

- Proguanil (Paludrine) - taken every day
- Chloroquine - taken once a week
- Proguanil and Chloroquine taken together as above
- Larium - taken once a week
- Doxycycline - taken every day
- Malarone - taken every day
- Other / Can't remember the name but travelled to:

When I took the malaria medication:

- I had no problems and took it regularly
- I stopped taking it before I was advised
- I had the following side effects:

RECOMMENDATIONS TO REDUCE MALARIA RISK:

Country	Chloroquine or Proguanil	Chloroquine & Proguanil	Mefloquine, Doxycycline or Malarone	Protection not medication

Different areas of the world require different malarial medication. You may wish to read this prior to making decisions about which medication to take with your healthcare professional.

Proguanil 200mgs (1 tablet daily) PALUDRINE:

Take 2-7 days before travel, throughout stay in malarial area and for 4 weeks after leaving malarial area.

Proguanil cannot be taken if you have history of porphyria, kidney impairment or psoriasis, if you are taking warfarin or hydroxchloroquine or if you are pregnant unless otherwise advised.

Chloroquine 300mgs (1 tablet weekly) AVOCLOR:

Take 2-7 days before travel, throughout stay in malarial area and for 4 weeks after leaving malarial area.

Chloroquine cannot be taken if you have a history of kidney or liver impairment or if you are pregnant unless otherwise advised. Long-term use of Chloroquine to be discussed with GP.

Possible side effects of Proguanil or Chloroquine:

Headache, nausea, vomiting, itching, hair discolouration or hair loss, convulsions, mood or behavioural changes, changes in your blood, rash, mouth ulcers and transient eye problems.

Available over the counter at the chemist. 2-week course approx. £15.49.

Mefloquine 250mgs (1 tablet weekly) LARIUM:

Take 1-3 weeks before travel, throughout stay in malarial area and for 4 weeks after leaving malarial area.

Swallow whole with plenty of fluid, preferably after a meal. Avoid pregnancy during and for up to 3 months after completing the course.

Discuss use if you suffer from heart trouble, high blood pressure, blood-clotting disorders, diabetes, if you are taking anti-histamines, or if you have had a recent oral vaccine.

Avoid if weight is less than 5kg, if you are pregnant or breast-feeding, if you have any mental health problems or depression, or if you have epilepsy.

Possible side effects:

Common: headache, abdominal pain, diarrhoea, nausea, vomiting, dizziness, loss of balance, sleep disorders, abnormal dreams.

Uncommon: fever, anorexia, depression, mood changes, anxiety, confusion, hallucination, panic attacks, restlessness, forgetfulness, paranoia, convulsions, visual/hearing impairment, chest pain, palpitations, rash, hair loss, rare reports of suicidal tendencies.

Private prescription only – £5 charge. 2-week course from £18.

Doxycycline (1 tablet daily):

Take 1-2 days before travel, throughout stay in malarial area and for 4 weeks after leaving malarial area.

Stay upright for at least half an hour after taking.

May reduce effect of oral-contraception. Alcohol may decrease the effectiveness.

Discuss use if you have systemic lupus erythematosus (SLE), porphyria, achlorhydria, if you are taking warfarin, penicillin drugs, barbiturates, carbamazepine or phenytoin, methoxyflurane, certain retinoids, digoxin, lithium or diuretics.

Avoid if under 12 years of age, if you are pregnant or breast-feeding unless otherwise advised, if you are allergic to tetracycline antibiotics or if you have intolerance to fructose, glucose-galactose malabsorption or sucrose-isomaltase deficiency.

Possible side effects:

Headache, abdominal pain, nausea, vomiting, anorexia, anaemia, rash, flaking of skin, exaggerated sunburn, mouth ulcers, indigestion, loss of appetite, thrush or soreness and itching of the genital area, blurred vision, worsening on SLE, anaphylactic shock, tinnitus or discolouration of teeth.

Private prescription only – £5 charge. 2-week course from £27.

Proguanil and atovaquone 100mgs (1 tablet daily) MALARONE:

Take 1-2 days before travel, throughout stay in malarial area and for 7 days after leaving malarial area.

Take with food at the same time each day. Repeat the dose if you vomit within 1 hour. A children's preparation is available.

Discuss use if in a malarial area for more than 4 weeks, or if you are taking metaclopramide, tetracycline, rifampicin, rifabutin or indinavir.

Avoid if weight is less than 11kg, if you are pregnant or breast-feeding, unless otherwise advised.

Possible side effects:

Common: headache, abdominal pain, diarrhoea.

Uncommon: Fever, nausea, vomiting, anorexia, cough, anaemia, insomnia, dizziness, breathlessness, rash or hair loss.

Private prescription only – £5 charge. 2-week course from £50.