

## User friendly reference guide to some key facts on malaria chemoprophylaxis

**Very Important:** refer to [UK Malaria Guidelines](#) - see below for details, [BNF](#) & Summary of Product Characteristics ([SmPCs on the emc](#)) for further details, especially on contra-indications, caution in use, special notes, precautions and less common side effects for all drugs. Links to individual drugs found below. © Jane Chiodini. Updated November 2023

Generic Name	Chloroquine	Mefloquine	Doxycycline	Atovaquone / Proguanil
<b>Trade Name</b> <i>Click on drug names for SmPC</i>	<a href="#">Avloclor</a> ® <a href="#">Malarivon</a>	<a href="#">Lariam</a> ®	<a href="#">Doxycycline</a> (non-proprietary) <a href="#">Vibramycin</a> ®	<a href="#">Malarone</a> <a href="#">Malarone Paediatric</a> <a href="#">Atovaquone/Proguanil</a> (Non-proprietary)
<b>Available forms</b>	Tablet (Avloclor) Malarivon Syrup for children	Tablet only.	Capsules, generic doxycycline Dispersible tablet form, Vibramycin only.	Tablet only (Paediatric dose tablets available for those 40 kgs in weight and lower).
<b>Most common side effects</b> <i>(but see SmPC – section 4.8 for more detail)</i>	GI disturbances and headache Itching especially in those of African descent	Gastrointestinal disturbances Headache Loss of balance, dizziness N.B. See <a href="#">Risk Management Materials on the emc</a>	Oesophagitis (unless taken correctly) Vaginal candidiasis Photosensitivity may occur which is mostly mild & transient	Headache Abdominal pain Diarrhoea
<b>More serious side effects</b>	<b>Important to refer to section 4.8 of the SmPC for each individual drug.</b> <b>Note: CHLOROQUINE and MEFLOQUINE are CONTRAINDICATED in those with EPILEPSY. Also see the Chemoprophylaxis section in the <a href="#">Malaria Guidelines</a> page 27</b>			
<b>Dosage and administration</b>	310 mgs base (2 tablets) weekly  <b>Refer to UK Malaria Guidelines or current BNF for child doses for these prophylactic antimalarials – useful charts are in the <a href="#">UK Malaria Guidelines</a> – pages 38-39. Weight better guide in decision of doses than age in children over six months of age. NaTHNaC chart <a href="#">here</a>.</b>	250mg (1 tablet) weekly	100mg (1 capsule) daily Take capsules after food in an upright position, do not lie down afterwards for at least 1 hour after ingestion to reduce likelihood of oesophageal irritation and ulceration.	Combined tablet of atovaquone / proguanil (1 tablet) taken daily with food or milky drink at the same time each day.  Paediatric tablets given for persons 11 - 40 kgs in weight however UK malaria guidelines discuss use from 5kgs [off license] in special circumstances.
<b>Commencement of medication</b>	1 week before entering malarious area	2-3 weeks before entering malarious area.	1 or 2 days before entering malarious area.	1 or 2 days before entering the malarious area.
<b>Duration of course</b>	All time in malarious area and for 4 weeks after leaving on same day each week.	All time in malarious area and for 4 weeks after leaving. Take on the same day of the week each time.	All time in malarious area and for 4 weeks after leaving.	Take daily taking during period of stay in malarious area and for 7 days after leaving malarious area.
<b>Duration of long term use – see table 10 (p76) in malaria guidelines</b>	Several years Consider ophthalmic exam at 6 yrs use onwards.	UK Malaria Guidelines suggest up to three years in the absence of side effects.	UK Malaria Guidelines suggest at least up to 2 years and longer use possible if justified by risk of exposure.	UK Malaria Guidelines state ‘can be used confidently for travel up to one year. Longer term use possible if justified by the risk of exposure to malaria’.
<b>Prescribing information</b>	Available OTC for malaria chemoprophylaxis.	Available only on private prescription. Local policy may vary.	Available only on private prescription. Local policy may vary.	Available only on private prescription. However, one brand <a href="#">Maloff Protect</a> can be supplied in a pharmacy as a <a href="#">P medicine</a> (needing no prescription).

**PLEASE NOTE:** not covered on this chart but for **PREGNANCY, BREAST FEEDING** and **PLANNED PREGNANCY whilst travelling to a malarious area** – the UK Malaria Guidelines should **ALWAYS** be referred to – please see especially pages 55-57.

AND for help with any complex queries contact the [UKHSA Malaria Reference Laboratory](#) (see further details this e mail service - click [HERE](#)) or ring the [NaTHNaC helpline](#).