

MALARIA PREVENTION CHECKLIST

STEP 1. ASSESS MALARIA RISK TO DETERMINE INDICATION FOR CHEMOPROPHYLAXIS

A. Fill in malaria risk information and recommended primary prophylaxis by country from <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/malaria-risk-information-and-prophylaxis.aspx>

Country	Travel Dates	Areas with Malaria	Drug Resistance	Malaria Species	Recommended Primary Chemoprophylaxis
	Departure ___/___/___ Return ___/___/___		<input type="checkbox"/> None <input type="checkbox"/> Chloroquine <input type="checkbox"/> Mefloquine	___ % <i>P. falciparum</i> ___ % <i>P. vivax</i> ___ % <i>P. malariae</i> ___ % <i>P. ovale</i>	<input type="checkbox"/> Atovaquone/Proguanil <input type="checkbox"/> Doxycycline <input type="checkbox"/> Mefloquine <input type="checkbox"/> Chloroquine

B. Will the traveler:
 Travel to a region with relapsing malaria species (*P. vivax* or *P. ovale*)?
 Have prolonged exposure to malaria-endemic region (e.g., expatriates, missionaries, Peace Corps volunteers)?
 If both boxes are checked, consider **Terminal Prophylaxis with primaquine.**

STEP 2. ASSESS PATIENT AND, IF INDICATED, SELECT APPROPRIATE CHEMOPROPHYLAXIS⁴

	Atovaquone/Proguanil (Malarone)	Doxycycline	Mefloquine (Lariam)	Chloroquine	Primaquine
Usage	Prophylaxis in all areas	Prophylaxis in all areas	Restricted in parts of SE Asia due to resistance	Severely restricted due to drug resistance	Terminal Prophylaxis to treat dormant liver forms (hypnozoites) of <i>P. vivax</i> and <i>P. ovale</i> to prevent relapse
Contraindications	<ul style="list-style-type: none"> • Creatine Clearance <30ml/min • Caution in patients on coumadin (warfarin) 	Tetracycline allergy	<ul style="list-style-type: none"> • Anxiety/Depression history • Psychiatric disease • Seizure disorder • Cardiac conduction abnormality • Known hypersensitivity 	Epilepsy and psoriasis	Glucose 6 Phosphate Dehydrogenase (G6PD) deficiency must be ruled out by appropriate lab testing prior to use
Convenience of Administration	Daily Dosing	Daily Dosing	Weekly Dosing	Weekly Dosing	
Start	1-2 days before travel	1-2 days before travel	2 weeks before travel	1-2 weeks before travel	Upon departure from malaria-endemic region
Stop	7 days after return	4 weeks after return	4 weeks after return	4 weeks after return	14 days of daily therapy
Adverse Effects	Very well tolerated. Adverse effects rare. Most common adverse effects reported include: <ul style="list-style-type: none"> • abdominal pain • nausea/vomiting • headache 	Adverse effects include: <ul style="list-style-type: none"> • photosensitivity • vaginal candidiasis • esophagitis • nausea, vomiting 	0.5%-1% risk of mild/moderate neuropsych events such as: <ul style="list-style-type: none"> • sleep disturbance • emotional lability • anxiety • cognitive changes 1/10000 risk of severe reactions such as: <ul style="list-style-type: none"> • seizures • psychosis • hallucinations⁹ 	Adverse effects at chemoprophylaxis dosing includes: <ul style="list-style-type: none"> • GI disturbance • headache • dizziness • blurred vision • insomnia • pruritus 	G6PD deficient: potentially fatal hemolysis
Safety in Pregnancy/Lactation	Undetermined / Contraindicated	Contraindicated	Contraindicated in 1st trimester	Undetermined	Contraindicated unless G6PD deficiency has been ruled out in breast-fed infant
Safety in Children	Contraindicated in children <5kg	Contraindicated in children <8 years old	Contraindicated in children <5kg		
Pediatric Dose	Peds tabs contain 62.5mg atovaquone and 25mg proguanil hydrochloride. <ul style="list-style-type: none"> • 5-8kg: 1/2 peds tab daily • 8-10kg: 3/4 peds tab daily • 10-20kg: 1 peds tab daily • 20-30kg: 2 peds tabs daily • 30-40kg: 3 peds tabs daily • >40kg: adult dose 	≥8 years old; 2mg/kg up to adult dose of 100mg	Tabs contain 228mg base (250mg salt) <ul style="list-style-type: none"> • ≤9kg: 4.6mg/kg base (5mg/kg salt) orally once/week • >9-19kg: 1/4 tab once/week • >19-30kg: 1/2 tab once/week • >31-45kg: 3/4 tab once/week • ≥45kg: 1 tab once/week 	5mg/kg base (8.3mg/kg salt) orally once/week, up to maximum adult dose of 300mg base	0.5mg/kg (0.8mg/kg salt) up to adult dose orally daily for 14 days after departure from malaria-endemic area
Adult Dose	1 adult tab orally daily (Adult tabs contain 250mg atovaquone and 100mg proguanil)	100mg orally daily	Tabs contain 228mg base (250mg salt); 1 tab orally once/week	300mg base (500mg salt) orally once/week	30mg base (52.6 mg salt) orally daily for 14 days after departure from the malaria-endemic area
Other Considerations	Pediatric tablets available	Requires pregnancy prevention counseling for women of childbearing age	Most effective, worst reputation	Best used for prolonged trips through Central America	

STEP 3. PATIENT COUNSELING AND EDUCATION

<input type="checkbox"/> Mosquito Bite Prevention <ul style="list-style-type: none"> • Insect repellent (e.g., DEET) • Proper skin-covering clothing • Insecticide-treated bed nets • Minimize outdoor exposures at dusk and dawn <input type="checkbox"/> Stress Medication Compliance	<input type="checkbox"/> Provide Example Symptoms of Malaria and Advice on When to Seek Immediate Medical Care <ul style="list-style-type: none"> • High fevers • Flu-like illness • Jaundice (Yellow eye and skin discoloration) <input type="checkbox"/> Review Potential Medication Adverse Effects	<input type="checkbox"/> Educate Regarding Risk of Counterfeit and Substandard Chemoprophylactic Agents Purchased Abroad <input type="checkbox"/> Stress Importance of Travel/Emergency Medical Evacuation Insurance <input type="checkbox"/> Provide Patient with CDC Written Malaria Info. Preventing Malaria in Travelers: A Guide for Travelers to Malaria-Risk Areas. Available at http://www.cdc.gov/malaria/resources/pdf/travelers.pdf
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