

Chloroquine and Proguanil Malaria Prophylaxis

Liverpool School of
Tropical Medicine



CHLOROQUINE

Adult dose is 2 tablets taken once weekly.
Other name Avloclor (155mg base)

Child dosage of Chloroquine is according to weight. Chloroquine is available in a liquid form.

Chloroquine is unsuitable if you have:

- Had epilepsy or fits, now or in the past
- Psoriasis
- Certain eye problems e.g. retinopathy
- A blood condition called porphyria
- Myasthenia gravis
- An allergy to Chloroquine or related products e.g. Quinine
- Caution is necessary if you have kidney or liver problems

Drug interactions include: amiodarone, zyban®, ciclosporin, praziquantel, cimetidine, antacids, digoxin, mefloquine, moxifloxacin, hydroxychloroquine and kaolin.

Side effects: Gastro-intestinal symptoms e.g. nausea, vomiting and stomach upset. There is also the possibility of headaches and blurred vision. It may cause itching in people of African descent.

PROGUANIL

Adult dose is 2 tablets (200mg) taken daily. Other name Paludrine.

Child dosage of Proguanil is according to weight

- If you are pregnant or trying for a baby, and taking Proguanil, it is advised to take folic acid 5 mg daily.
- Caution with some kidney problems
- Unsuitable if allergic to Proguanil

Drug interactions include: warfarin, oral magnesium salts, pyrimethamine

Side effects include: mild nausea, stomach upset and diarrhoea. Occasionally mouth ulcers, skin reactions and hair loss.

Notes for both drugs:

- **Commence Chloroquine and/or Proguanil** 1 week before going to a malarious area and continue whilst there and for 4 weeks after leaving. Considered safe for long term use. Regular eye test recommended after six years use of Chloroquine due to low risk of retinopathy.
- **No antimalarial drug is 100% effective**, careful anti-mosquito bite measures are essential. You should use a mosquito net and an effective repellent to avoid getting bitten. A selection of repellents and mosquito nets can be bought at clinic reception.
- Any flu like illness or fever, (a week or more into your trip and up to a year after leaving a malarious area), needs reporting to a doctor and a malaria blood film sought urgently. Your GP can refer you to our Travel Clinic at the Liverpool School of Tropical Medicine if you develop these symptoms.
- Chloroquine and Proguanil are normally recommended for the Indian subcontinent. They are not usually recommended for travel to sub-Saharan Africa.
- If you are unable to tolerate Chloroquine or Proguanil you should change to a suitable alternative drug for malaria prevention.

You must discuss your own particular needs and contraindications to Chloroquine and Proguanil during your travel consultation or with your own GP or Practice Nurse.