

Doxycycline and Malarone Malaria Prophylaxis

Liverpool School of
Tropical Medicine



Doxycycline

Adult dose 100 mgs, 1 capsule daily

Available on private prescription only.

Doxycycline should be taken 2-3 days before you arrive in a malarious area, continue whilst you are there and for 4 weeks after you leave.

Doxycycline is **unsuitable** if you:

- Are pregnant or breast feeding
- Are under the age of 12 years
- Are allergic to Tetracycline antibiotics
- Have Systemic Lupus Erythematosus (SLE), Myasthenia Gravis or Porphyria
- Have liver or kidney problems
- Have Achlorhydria (a lack of stomach acid).

Drug interactions: warfarin, ciclosporin, antacids, iron and zinc, retinoids (acitretinoin, isotretinoin, tretinoin), methotrexate, methoxyflurane, malarone (atovaquone), quinipril, barbiturates, lithium and digoxin.

Doxycycline may interfere with the combined hormonal contraceptive pill and patch. Additional contraceptive precautions, such as condoms, should be used for the first 3 weeks after starting Doxycycline. If the pill or patch free interval coincides with the first 3 weeks of Doxycycline use, the pill or patch free interval should be omitted.

- **Effectiveness:** Doxycycline is very effective at preventing severe (falciparum) malaria. For effective prevention you must take the full course of capsules. It can be taken safely for up to at least 2 years.
- **Side effects:** In a few people (approx 3%), Doxycycline may cause a skin rash due to sun exposure – usually mild and transient (use a sun screen minimum SPF15). Doxycycline may cause some indigestion. You are advised to take the capsule with food, swallowing it with a large glass of water whilst sitting up/standing. Use may also result in vaginal thrush - consider travelling with treatment for thrush. Should headaches associated with eye sight problems start while taking Doxycycline, seek medical advice urgently.

Malarone tablets

Adult Dose: 250 mgs Atovaquone and 100mgs Proguanil Hydrochloride, 1 tablet daily.

Available on private prescription only.

Malarone should be taken 1 or 2 days before you arrive in a malarious area, continue whilst you are there and for 7 days after you leave. Tablets should be taken at the same time each day ideally with food or a milky drink.

Malarone is **unsuitable** if you:

- Are travelling for more than 12 months
- Are pregnant or breast feeding.
- Are allergic to Proguanil (Paludrine) or Atovaquone.
- Have kidney problems.
- Taking Warfarin
- Weigh less than 40kg

Malarone is licensed for trips up to 4 weeks. However, it is considered safe to use for trips up to 12 months according to UK malaria guidelines and possibly longer in certain circumstances.

Drug interactions include: metoclopramide (maxolon), tetracycline, rifampicin, rifabutin, indinavir and warfarin.

- **Effectiveness:** Malarone is very effective at preventing severe (falciparum) malaria. For effective prevention you must take the full course of tablets.
- **Side effects include:** abdominal pain, headache and diarrhoea. Other problems may include nausea, vomiting, skin rashes and mouth ulcers.
- **If you are unable to tolerate Malarone,** you should change to a suitable alternative drug for malaria prevention.
- **Children** can be prescribed paediatric Malarone tablets on an individual basis. The dose is calculated according to weight (minimum weight is usually 11kg).

No antimalarial drug is 100% effective, careful anti-mosquito measures are important and if you have any “flu like illness” or fever (a week after you arrive in a malarious area and for 1 year after you return) it is important to seek medical advice and a blood film obtained urgently.

You must discuss your own particular needs and contraindications to either Doxycycline or Malarone during your travel consultation or with your own doctor or nurse.