

Emergency Standby Treatment for Malaria

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About Malaria

- Malaria is a disease that can be fatal within a few days. The most serious form of malaria can start to cause illness 7 days or more after arriving in a malarious area and up to a year (especially the first 3 months) after leaving.
- Preventive anti-malarial tablets are important when you are at high risk, but are never 100% effective. Break through infection may occur.
- Emergency standby treatment is recommended for travellers taking prophylaxis and going to remote places where access to medical care is unlikely to be within 24 hours.

The symptoms

- **Malaria almost always starts with fever or “flu” like illness.**
- The illness usually begins with marked shivering, fever and sweating. Muscle pains, headache and vomiting are common and diarrhoea or cough may also occur.
- Untreated malaria can rapidly progress to severe malaria with confusion, drowsiness and coma, jaundice (a yellow colour first seen in the white of your eyes), breathing difficulties and collapse.
- If you have developed a fever of 38°C or more, with or without any of the other symptoms listed above, you should assume it is malaria unless proved otherwise. If you are unable to get within 12 hours to medical attention with malaria blood testing facilities, then you should start your emergency standby treatment and continue to try to reach medical attention as soon as possible. This is to ensure that your treatment has been adequate and that no other illness is involved.

Emergency standby treatment

The drug prescribed for emergency treatment should be a different drug to that being used for malaria prevention. None of the drugs are licensed for use as standby emergency treatment.

Atovaquone plus Proguanil combination (250mg/100mg)

Dose for adults:

4 adult tablets given as a single dose daily for 3 consecutive days.

The most common adverse effects reported in people using Atovaquone / Proguanil combination for prophylaxis or treatment are abdominal pain, nausea, vomiting, and headache.

Option Two: Riamet® (Co-artemether, a fixed combination of artemether and lumefantrine)

Dose for adults and children over 12 years, with body weight over 35kg: A total of 24 tablets over 60 hours. 4 tablets initially followed by 5 further doses of 4 tablets. These should be taken at 8, 24, 36, 48 and finally 60 hours after the first dose. Tablets should be taken with food.

The side effects may include abdominal pain, nausea, diarrhoea, headache and muscle pain, cough and headache.

Remember:

- To take a thermometer on holiday with you (usually malaria causes a fever of 38° C or more)
- If the illness has started less than 7 days after entering a malaria area for the first time, then it is not malaria
- That it is usually safer to take treatment unnecessarily than risk becoming seriously ill when no medical facilities are available

For further information about emergency standby treatment and other standby treatment options please refer to the Public Health England

<p>How to take your 'Emergency Standby Medication'</p> <ul style="list-style-type: none"> ▪ First take medication (usually Paracetamol) to lower your fever. ▪ Without delay, take the first dose of your emergency standby antimalarial medication. Stop your regular malaria prevention whilst taking standby medication. ▪ If you vomit within 30 minutes of taking the antimalarial drugs, repeat the first dose (but do not repeat the Paracetamol). ▪ If you vomit 30-60 minutes after the first dose, repeat the treatment, but take only <u>HALF</u> the first dose. ▪ Continue the treatment as instructed. ▪ Resume your regular preventative antimalarial tablets 7 days after the first treatment dose, unless malaria treatment is still being taken, when antimalarials should be resumed after the end of treatment. 	<p>guidelines for malaria prevention in travellers available at: https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk</p>	
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