## Doxycycline and Atovaquone/Proguanil Malaria Prophylaxis

## **Liverpool School of Tropical Medicine**



## Doxycycline

### Adult dose 100 mgs, 1 capsule daily

Doxycycline should be taken 1 to 2 days before you arrive in a malarious area, continue whilst you are there and for 4 weeks after you leave as recommended by the UK Advisory Committee on Malaria Prevention for UK travellers and https://bnf.nice.org.uk/

#### Doxycycline is unsuitable if you:

- Are pregnant (occasionally offered if travel is unavoidable and no other alternative available and the entire course can be completed before 15 weeks' gestation)
- Breast feeding
- Are under the age of 12 years
- Are allergic to Tetracycline antibiotics
- Systemic Lupus **Erythematosis** (SLE), Myasthenia Gravis or Porphyria
- Have liver or kidney problems: caution is advised
- Have achlorhydria (a lack of stomach acid).

**Drug interactions include** warfarin, ciclosporin, bismuth, antacids, iron and zinc, rifampicin, retinoids, methotrexate, methoxyflurane, malarone (atovaquone), quinapril, paracetamol, phenobarbital, phenindione, phenytoin, lithium, carbamazepine, ergotamine, methysergide, statins, sulphonylureas, and the oral typhoid vaccine - this list is not exhaustive: please check

https://bnf.nice.org.uk/interaction/

- Effectiveness: For effective prevention you must take the full course of capsules. It can be taken continuously for up to 2 years. There is no evidence of harm in long term use.
- Side effects: Approximately 3% develop a skin rash due to sun exposure – usually mild and transient (use a sunscreen minimum SPF 30, UVA 4-5 stars) 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. Doxycycline is an antibiotic and can predispose those who are susceptible to vaginal thrush - consider travelling with treatment for thrush. Should headaches associated with eye-sight problems start while taking Doxycycline, seek medical advice urgently.

Leaflet Name: Doxycycline and Atovaquone & Proguanil Leaflet Lead Name: J Rowles

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# Atovaquone/Proguanil

Adult Dose: a combination of 250mg Atovaquone and 100mg Proguanil hydrochloride, 1 tablet daily

Atovaquone/Proguanil should be taken 1-2 days before you arrive in a malarious area, continue whilst you are there and for 7 days after you leave as recommended by the UK Advisory Committee on Malaria Prevention for UK travellers. Tablets should be taken at the same time each day ideally with food or a milky drink.

Atovaquone/proguanil is unsuitable if you:

- Are pregnant or breast feeding (although occasionally offered if no suitable alternative)
- Are allergic to Proguanil (Paludrine) or atovaquone
- Weigh less than 40kg
- Have severe kidney problems or have renal dialysis treatment

Atovaquone/Proguanil is licensed for trips up to 4 weeks. However, it is considered safe to use up to 12 months according to UK malaria guidelines and possibly longer in certain circumstances. There is no evidence of harm in long term use.

Drug interactions include: magnesium salts, pyrimethamine, metoclopramide (maxolon), tetracycline, rifampicin, rifabutin, efavirenz, zidovudine, boosted protease inhibitors (HIV drugs), etoposide, warfarin and acenocoumarol (nicoumalone)- this list is not exhaustive: check: <a href="https://bnf.nice.org.uk/interaction/">https://bnf.nice.org.uk/interaction/</a>

- **Effectiveness:** atovaquone/proguanil is effective at preventing severe (falciparum) malaria. For effective prevention you must take the full course of tablets.
- Side effects include: abdominal pain, sleep disorders, decreased appetite, cough, depression, dizziness, fever, headache and nausea, vomiting, diarrhoea and skin rashes.
- If you are unable to tolerate atovaquone/proguanil, you should change to a suitable alternative drug for malaria prevention.
- **Children** can be prescribed paediatric atovaquone/ proguanil tablets on an individual basis. The dose is calculated according to weight. The child should weigh at least 5kg.

No antimalaria tablet is 100% effective, careful mosquito bite preventions are important. If you have any flu like illness or fever a week after arriving in a malarious area and for up to 1 year later, it is important to seek medical advice and a blood test obtained urgently the same day.

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