

## Louth: Antimicrobial Guidelines - Louth Hospitals: Antimicrobial Guidelines: Malaria

### Indication

Malaria - Severe

> 2% of red blood cells parasitised or end organ damage

*P. falciparum*

### Antimalarial Treatment

#### First Line Therapy:

Artesunate IV 2.4mg/kg at 0h, 12h, 24h, then daily

**Switch to oral therapy after at least 24 hours of IV therapy, once patient improving and can tolerate oral medication:**

Artemether-Lumefantrine (Riamet®) 20mg/120mg, 4 tablets at 0h, 8h, 24h, 36h, 48h and 60h

**N.B. Please note the timing of Riamet® doses** relates to time from time zero – see worked example below:

- Time Zero = 18.00 on 12/8/19
- Next dose due at 8 hours from time zero = 02.00 on 13/8/19
- Next dose due at 24 hours from time zero = 18.00 on 13/8/19
- Next dose due at 36 hours from time zero = 06.00 on 14/8/19
- Next dose due at 48 hours from time zero = 18.00 on 14/8/19
- Next dose due at 60 hours from time zero = 06.00 on 15/8/19
- It will take 60 hours total (2.5 days) for administration of full course.

**N.B. Contact Pharmacy Department prior to discharge** to ensure continuity of supply as Riamet® is not readily available in the community.

**OR**

Quinine Sulphate 600mg TDS PO to complete total of 7 days **PLUS** start Doxycycline 100mg BD PO for 7 days (substitute Clindamycin 450mg TDS PO for 7 days if pregnant).

### Comments

**Malaria is a medical emergency. Always discuss with ID team or clinical microbiologist.**

Diagnostic tests:

Send EDTA blood (FBC bottle) to haematology laboratory for malaria antigen test and malaria blood film (contact haematology scientist on call if out of hours)

Send repeat 12 - 24 hours later if initial test is negative.

Admit patient medically if *P. falciparum* suspected or confirmed. Start treatment after laboratory confirmation except in severe disease with strong clinical suspicion. Patients who have taken malaria chemoprophylaxis should not receive the same drug for treatment.

Please see HPSC Clinical Guidelines on the Management of Suspected Malaria for further information, available at [www.hpsc.ie](http://www.hpsc.ie).

Always document travel history for the past 12 months – countries and locations visited, travel dates, prophylaxis taken, prior history of malaria and co-morbidities. Malaria prophylaxis is not 100% effective and having taken prophylaxis does not rule out the possibility of malaria infection. The incubation period may be from 8 days up to 1 year.

### Duration of Treatment

Duration of each agent as listed in the dosing section.

<b>Indication</b> Malaria – "Uncomplicated" (patient able to tolerate oral intake)  Malaria species not identified or <i>P. falciparum</i> : If "species not identified" is subsequently diagnosed as <i>P. vivax</i> or <i>P. ovale</i> , see relevant table regarding treatment with primaquine.  <b>Antimalarial Treatment</b>  Artemether-Lumefantrine (Riamet®) 20mg/120mg, 4 tablets at 0h, 8h, 24h, 36h, 48h and 60h  <b>N.B. Please note the timing of Riamet® doses</b> relates to time from time zero – see worked example below: <ul style="list-style-type: none"><li>• Time Zero = 18.00 on 12/8/19</li><li>• Next dose due at 8 hours from time zero = 02.00 on 13/8/19</li><li>• Next dose due at 24 hours from time zero = 18.00 on 13/8/19</li><li>• Next dose due at 36 hours from time zero = 06.00 on 14/8/19</li><li>• Next dose due at 48 hours from time zero = 18.00 on 14/8/19</li><li>• Next dose due at 60 hours from time zero = 06.00 on 15/8/19</li><li>• It will take 60 hours total (2.5 days) for administration of full course.</li></ul> <b>N.B. Contact Pharmacy Department prior to discharge</b> to ensure continuity of supply as Riamet® is not readily available in the community.  <b>OR</b>  Quinine Sulphate 600mg TDS PO <b>PLUS</b> Doxycycline 100mg BD PO for 7 days (Doxycycline contra-indicated if pregnant, substitute Clindamycin 450mg TDS PO for 7 days)  <b>OR</b>  Primaquine-Atovaquone (Malarone®) 100mg/250mg, 4 tablets daily PO for 3 days  <b>Comments</b>  Malaria is a medical emergency. Always discuss with ID team or clinical microbiologist.  Diagnostic tests: <ul style="list-style-type: none"><li>• Send EDTA blood (FBC bottle) to haematology laboratory for malaria antigen test and malaria blood film (contact haematology scientist on call if out of hours)</li><li>• Send repeat 12 - 24 hours later if initial test is negative.</li></ul> Admit patient medically if <i>P. falciparum</i> suspected or confirmed. Start treatment after laboratory confirmation except in severe disease with strong clinical suspicion. Patients who have taken malaria chemoprophylaxis should not receive the same drug for treatment.  Please see HPSC Clinical Guidelines on the Management of Suspected Malaria for further information, available at <a href="http://www.hpsc.ie">www.hpsc.ie</a> .  Always document travel history for the past 12 months – countries and locations visited, travel dates, prophylaxis taken, prior history of malaria and co-morbidities. Malaria prophylaxis is not 100% effective and having taken prophylaxis does not rule out the possibility of malaria infection. The incubation period may be from 8 days up to 1 year.  <b>Duration of Treatment</b>  Duration of each agent as listed in the dosing section.
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