## Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Malaria

## Malaria

Discussion with Infectious Diseases or Microbiology recommended.

Species of infecting parasite is frequently uncertain .

Severe malaria is a medical emergency. After rapid clinical assessment, a diagnostic test should be sent. In patients with clinically severe malaria <u>or</u> high parasitaemia (2% or greater) first line treatment is intravenous Artesunate which should be started within one hour of assessment. Intravenous Quinine (Unlicensed) may be used if Artesunate is unavailable for any reason.

Follow-on therapy Note for some kinds of malaria additional follow on therapy with **Primaquine** is required to eradicate the persistent liver stage. All cases must be discussed with Infectious Diseases or Microbiology.

**Discharge prescriptions** There are frequent problems with availability and medical card coverage of oral treatment on discharge. Please contact ward and community pharmacy at least 24hrs prior to discharge to arrange supply.

multimether	Malaria Treatment				
Indication	Oral Antimalarials		Comment		
	1 <sup>st</sup> Line	2 <sup>nd</sup> & 3 <sup>rd</sup> line			
Non-severe malaria	Riamet® PO (over 35kg body	Second line:	Avoid quinine if hypersensitive		
	weight) 4 tablets at				
Non-Pregnant Adult	0,8,24,36,48,60 hours (total 24	Malarone® PO 4 tablets every 24 hours for 3 days			
	tablets over 60 hours)	24 hours for 5 days			
	(Four tablets of	Four tablets of			
	Riamet® contain 80mg of	Malarone® contain 1g of			
	Artemether & 480mg of	Atovaquone & 400mg of			
	Lumefantrine)	Proguanil)			
	Editionalitation	-			
		OR			
		Third line option -			
		non-pregnant adult only:			
		Quinine PO 600mg			
		(Unlicensed) every 8 hours			
		+			
		Ŧ			
		Doxycycline PO 200mg every			
		24 hours			
		Duration 7 days			
Non-severe malaria	All Trimesters :	Duration 7 days Second line:			
Non-Severe maiaria	An Trimesters :	Second line:			
Pregnant Adult	Riamet® PO (over 35kg body	Quinine PO 600mg every 8			
Freghant Adult	weight) 4 tablets at	hours			
	0,8,24,36,48,60 hours (total 24				
	tablets over 60 hours)	+			
		Clindamycin PO 450mg every			
	(Four tablets of	8 hours			
	Riamet® contain 80mg of	bilduis			
	Artemether & 480mg of	Duration 7 days			
	Lumefantrine)	-			
Severe Malaria		seriously ill or unable to take		Comment	
Treat as a medical	1 <sup>st</sup> Line	2 <sup>nd</sup> line (if artesunate not av	ailable). Avoid quinine if		
emergency. See notes		hypersensitive.			
above.	Artesunate IV 2.4mg/kg at 0,	Quinine IV infusion (Unlicense	d)	Give intravenous antimalarial	
	12, 24 hours, then every 24	Loading dose* : 20mg/kg (ma	ximum 1.4a) infused over 4	in the treatment of severe	
	hours until oral treatment can	hours, followed 8 hours after st		malaria for a minimum of 24	
	be substituted (see below).			hours -irrespective of the	
			(maximum 700mg) IV Infusion	patient's ability to tolerate ora medication earlier.	
		(over 4 hours) every 8 hours		medication earlier.	
				Quinine toxicity: ECG	
		Reduce maintenance dose to	5		
		Reduce maintenance dose to		monitoring required in the	
			g) every 8 hours in severe rena	monitoring required in the	
		Reduce maintenance dose to 5 to 7 mg/kg (maximum 700mg	g) every 8 hours in severe rena pairment, or if IV treatment	monitoring required in the elderly and patients with cardiac disease	
		Reduce maintenance dose to 5 to 7 mg/kg (maximum 700mg impairment, severe hepatic imp continues for more than 48 hou	g) every 8 hours in severe rena pairment, or if IV treatment urs.	monitoring required in the elderly and patients with cardiac disease Significant risk of	
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	A full course of oral treatment	Reduce maintenance dose to 5 to 7 mg/kg (maximum 700mg impairment, severe hepatic imp continues for more than 48 hou <b>Do NOT give loading dose</b> if or mefloquine in previous 12 ho	g) every 8 hours in severe rena pairment, or if IV treatment urs. i patient has received quinine purs e below.	monitoring required in the elderly and patients with cardiac disease Significant risk of hypoglycaemia with IV quinine. Monitor blood glucos	
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- 1. WHO Guidelines for Malaria October 2023
- 2. Lalloo et al UK malaria treatment guidelines 2016 Journal of Infection 72:635-649
- 3. The Sanford Guide to Antimicrobial Therapy Digital update March 2024

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