

Every year many hundreds of travellers from the UK catch malaria and in tens of cases it is fatal.

Symptoms can start rapidly. The right anti-malaria tablet is essential to prevent infection. Avoiding mosquito bites and seeking early medical advice for symptoms are also essential. No anti-malaria tablet 100% effective.

Malaria tablets are normally not supplied through the NHS. Most travellers who require malaria tablets will also need to be up-to-date with travel vaccines. Consult a doctor or travel clinic if your Pharmacist is unable to supply you with anti-malaria tablets or vaccination is required.

This leaflet deals with the supply of Malarone, doxycycline or Lariam. You will be asked to complete a short form before these tablets can be supplied. Depending on the part of the world you plan to visit, other anti-malaria tablets may be recommended and supplied by your Pharmacists, some without the need to complete a form.

Your Pharmacist

Your Pharmacist will consult up-to-date information to find the right tablets for the area you plan to visit. Different anti-malaria tablets are effective in different parts of the world.

Your pharmacists will help you decide which tablet to choose and make sure the tablet is suitable for you. Side-effects vary between one tablet and another. Details about side effects and other important information can be found in the information leaflet supplied with your tablets.

Differences between Malarone - atovaquone/proguanil, doxycycline and Lariam

Note: Malarone is a brand name for atovaquone/proguanil. Medically they are the same. Your pharmacist may supply either tablet.

Doxycycline, Malarone, Lariam are equally effective in preventing malaria (no anti-malarial is 100% effective).

Lariam is NOT suitable for people who are prone to depression or emotional and/or psychiatric disorders or people with a history of fits and epilepsy. Lariam is more likely than Malarone or doxycycline to impair motor skills, including the ability to drive. Side effects of Lariam can be prolonged, sometimes persisting for months, even after stopping medication.

Doxycycline can cause sensitivity to sunlight. People taking doxycycline are advised to avoid strong sun, and should use high factor sun creams. Doxycycline is more likely to cause gastrointestinal side effects such as nausea and indigestion. Doxycycline is an antibiotic. It can cause gastrointestinal upset and reduce the effectiveness of the contraceptive pill.

Dose and Children

Doxycycline and Malarone tablets are taken once daily, Lariam once weekly on the same day each week. Doxycycline and Malarone are started 2-3 days prior entering a malarious area. Lariam should be started 10 days before departure (i.e. first intake 10 days before departure and 2nd intake 3 days before departure). Doxycycline and Lariam are continued for 4 weeks after leaving a malarious area, Malarone for one week after.

Doxycycline or Malarone can be supplied to adults for up to 12 weeks. Malarone can be supplied for children under 16 years for up to 4 weeks. Doxycycline is not available from Pharmacists to under 16s.

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Malarone can be supplied for children from 11kg upwards (approx 12 months old), Lariam for children from 6kg upwards (approx 3 months old). Doxycycline is not available to under 16s.

Lariam can be supplied for adults and children for up to a year.

Your Pharmacist will make sure you have the right number of tablets for the length of your trip. This will include the tablets to take before entering a malaria area and after leaving the area.

Malarone is usually more costly than doxycycline or Lariam (pricing is at discretion of pharmacies).

How to take

Malarone and doxycycline tablets should be taken at the same time each day, Lariam on the same day each week. Take tablets preferably with or after a meal or a milky drink. Low dose Malarone paediatric tablets and part tablets of Lariam for children can be crushed and mixed with food or drinks. If vomiting occurs within one hour of taking a tablet, the dose should be repeated.

Symptoms of Malaria

No anti-malaria tablet is 100% effective. It is still possible, although unlikely, to contract malaria whilst taking anti-malaria tablets.

Malaria symptoms at the beginning are similar to flu. Symptoms include fever, shivers, sweating, backache, joint pains, headache, vomiting, diarrhoea & sometimes delirium.

Most cases of malaria start within 3 months although there can be a delay of up to 12 months.

- Seek medical advice for malaria symptoms; even if you have been taking anti-malarial tablets.
- Delays in seeking advice can be fatal.

Avoiding bites

Mosquitoes can bite at any time of day, although they most often bite in the evenings.

- Wear long-sleeved clothing and long trousers if you are out at night.
- Use insect repellent on exposed skin and under thin clothing.
- Insecticide sprays, mosquito coils and heating insecticide impregnate tablets all reduce the risk of bites.
- Where possible sleep in screened rooms and use a mosquito net, preferably one impregnated with insecticide (Permethrin)
- Ultrasound devices, garlic and Vitamin B **do not** prevent bites.

People travelling in remote areas for prolonged periods may need to carry a malaria treatment with them. This is best discussed with your GP.

Up-to-date information about malaria and malaria prevention can be found at the **NHS Choices** website and the **NHS Fit for Travel** website.

- www.nhs.uk/conditions/malaria
- www.fitfortravel.nhs.uk

Patient Survey

We would greatly value your feedback on this service. You could also win £100 in our prize draw!

Visit www.pharmacypgd.co.uk/survey or scan the QR code with your smartphone.

