

Medication	Usage of prophylaxis	Cost estimation	When to take the tablets	Considerations
Chloroquine & proguanil	Only in parts of central America, N Africa, Middle East.	£0.71/week	1 week before travel, 4 weeks after	Not recommended for those with epilepsy. It may worsen psoriasis and myasthenia gravis.
Mefloquine (Iarium)	Most countries other than areas of Thailand, Laos, Cambodia, Burma.	£1.81/week	3 weeks before travel, 4 weeks after	Not recommended for those with epilepsy or mental health disorders. Please discuss with your doctor if you are pregnant, breastfeeding, or planning to undertake scuba-diving.
Doxycycline	Prophylaxis in all areas	£0.94/week	2 days before travel, 4 weeks after	Avoid excessive exposure to the sun. Not recommended for pregnant women and children aged <8 years.
Atovaquone-proguanil (malarone)	Prophylaxis in all areas	£14.71/week	2 days before travel, 1 week after	Please discuss with your doctor if you are pregnant. Tablets are available for children.

Patient Advice and Liaison Service

If you need general information or advice about Trust services, please contact the Patient Advice and Liaison Service (PALS) on 020 3594 2040 or visit www.bartshealth.nhs.uk/pals.

Alternatively please contact staff who are providing your care if you require clinical advice.

Large print and other languages

For this leaflet in large print, please ring 020 3594 2040 or 020 3594 2050.

For help interpreting this leaflet in other languages, please ring 020 7377 7280.

Reference: BH/PIN/493

Publication date: June 2016

All our patient information leaflets are reviewed every three years.

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Patient information

Malaria



What is Malaria?

Malaria is a serious illness which is common in many tropical countries. It is spread by mosquitoes that mostly bite at night (from dusk till dawn). Symptoms often include fever, tiredness and muscle aches. Malaria can develop quickly and it can kill you if not treated promptly.

Who is at risk?

Anyone visiting a malarious area – even people who grew up or lived in tropical countries – are at risk of malaria when they return to visit friends and family. No one has full immunity to malaria. Any partial protection you may have from being brought up in a malarious country is quickly lost. Certain travellers are at increased risk of severe malaria such as: pregnant women, those with weakened body defences, children and older travellers.

How can you prevent malaria?

Use the **ABCD** approach.

A. be **A**ware of the risks

See your doctor, nurse or pharmacist providing travel health services to get malaria prevention advice. Seek their advice 6-8 weeks before your trip, if possible, but remember it is never too late to seek advice. Even last-minute travellers can get useful protection.

B. use **B**ite prevention

All the methods described below are available in pharmacies or travel and camping shops:

- use an insect repellent containing DEET, which is suitable for all individuals over the age of 2 months (unless allergic). When both sunscreen and DEET-based repellent are required, DEET should be applied after the sunscreen.
- cover up with trousers and long-sleeved clothes after sunset.
- use knockdown sprays or coils to kill any mosquitoes before you go to bed.
- sleep in a properly screened, air conditioned room or under a mosquito net that has been treated with insecticide.

Homoeopathic or herbal remedies, electronic buzzers, garlic and vitamins do not protect against mosquito bites.

C. take **C**hemoprophylaxis (malaria tablets)

Your medical professional will help advise which type of anti-malarial tablet is best for you, according to where you are going and your own medical health. Some tablets may not work against the disease due to resistance in certain areas so make sure you seek help. Ensure you understand how and when to take your tablets. You need to start taking them before you go, continue all the time you are away and also for a period of time when you return. Remember – it is vital that you finish the course when you return to ensure you are properly protected. Homoeopathic or herbal remedies do not protect against malaria and must not be used in place of antimalarial tablets.

See overleaf for details on anti-malarial drugs.

D. seek early **Diagnosis** if you become unwell. Although preventing malaria is very important, no method of prevention is 100% sure. If you or any of your family has a fever or flu-like illness after being in a malarious country you must see your doctor urgently. Tell them where you have been and mention malaria. Remember you could still have malaria, even a year after a trip to a malaria-risk region.

Useful online resources:

- The National Travel Health Network and Centre (NaTHNaC):
www.nathnac.org
- Health Protection Scotland website for travel and international health:
www.fitfortravel.scot.nhs.uk
- To find your nearest clinic for pre-travel advice, you can visit
www.travelhealth.co.uk/travelclinics/

Our contact details:

Returned Traveller/Infectious Diseases Clinic
Ground Floor, GP out of hours' area
Royal London Hospital
Whitechapel
London
E1 1BB

Tel: 020 3594 5700
Fax: 020 3594 3220

Clinic days: Tuesdays and Thursdays from 09:30 am to 12:30 pm