

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

****Please note Quinine IV is no longer available (Jul 2019)****

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 Consultant or Consultant Microbiologist.

Diagnostic tests:

- Blood for stained thick and thin films – three samples at least 12 hours apart
- Request percentage parasitaemia on thin blood film.

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.

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.

<p>Indication</p> <p>Malaria – Uncomplicated (patient able to tolerate / retain tablets)</p> <p>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.</p> <p>Antimalarial Treatment</p> <p>First Line Therapy:</p> <p>Artesunate IV 2.4mg/kg at 0h, 12h, 24h, then daily</p> <p>**Please note Quinine IV is no longer available (Jul 2019)**</p> <p>Switch to oral therapy after at least 24 hours of IV therapy, once patient improving and can tolerate oral medication:</p> <p>Artemether-Lumefantrine (Riamet®) 20mg/120mg, 4 tablets at 0h, 8h, 24h, 36h, 48h and 60h</p> <p>N.B. Please note the timing of Riamet® doses relates to time from time zero – see worked example below:</p> <ul style="list-style-type: none"> • 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. <p>N.B. Contact Pharmacy Department prior to discharge to ensure continuity of supply as Riamet® is not readily available in the community.</p> <p>OR</p> <p>Quinine Sulphate 600mg TDS PO PLUS Doxycycline 100mg BD PO for 7 days (Doxycycline contra-indicated if pregnant, substitute Clindamycin 450mg TDS PO for 7 days if pregnant).</p> <p>OR</p> <p>Primaquine-Absorzone (Malarone®) 100mg/250mg, 4 tablets daily PO for 3 days</p> <p>Comments</p> <p>Malaria is a medical emergency. Always discuss with ID Consultant or Consultant Microbiologist.</p> <p>Diagnostic tests:</p> <ul style="list-style-type: none"> • Blood for stained thick and thin films – three samples at least 12 hours apart • Request percentage parasitaemia on thin blood film. <p>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.</p> <p>Please see HPSC Clinical Guidelines on the Management of Suspected Malaria for further information, available at www.hpsc.ie.</p> <p>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.</p> <p>Duration of Treatment</p> <p>Duration of each agent as listed in the dosing section.</p>
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