

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 **or** 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.

Malaria Treatment			
Indication	Oral Antimalarials		Comment
	1 st Line	2 nd & 3 rd Line	
Non-severe malaria Non-Pregnant Adult	Riamet® PO (over 35kg body weight) 4 tablets at 0,8,24,36,48,60 hours (total 24 tablets over 60 hours) Four tablets of Riamet® contain 80mg of Artemether & 480mg of Lumefantrine	Second line: Malarone® PO 4 tablets every 24 hours for 3 days. (Four tablets of Malarone® contain 1g of Atovaquone & 400mg of Proguanil) OR Third line option - non-pregnant adult only: Quinine PO 600mg (Unlicensed) every 8 hours + Doxycycline PO 200mg every 24 hours Duration 7 days	Avoid quinine if hypersensitive
Non-severe malaria Pregnant Adult	All Trimesters : Riamet® PO (over 35kg body weight) 4 tablets at 0,8,24,36,48,60 hours (total 24 tablets over 60 hours) Four tablets of Riamet® contain 80mg of Artemether & 480mg of Lumefantrine	Second line: Quinine PO 600mg every 8 hours + Clindamycin PO 450mg every 8 hours Duration 7 days	
Severe Malaria Treat as a medical emergency. See notes above.	Intravenous Antimalarials: If seriously ill or unable to take tablets 1st Line Artesunate IV 2.4mg/kg at 0, 12, 24 hours, then every 24 hours until oral treatment can be substituted (see below). A full course of oral treatment should always follow IV artesunate (see below). This applies even if the duration of IV treatment was for 2 days or more. When the patient has had at least 24 hours of IV artesunate (doses at 0, 12, 24 hours) and the patient is able to swallow and absorb medication, give Riamet® PO, starting at least 4 hours after the final dose of IV artesunate. Riamet® PO (over 35kg body weight) 4 tablets at 0,8,24,36,48,60 hours (total 24 tablets over 60 hours) Four tablets of Riamet® contain 80mg of Artemether & 480mg of Lumefantrine	2nd line (if artesunate not available). Avoid quinine if hypersensitive. Quinine IV infusion (Unlicensed) Loading dose* : 20mg/kg (maximum 1.4g) infused over 4 hours, followed 8 hours after start of the loading dose by Maintenance dose : 10mg/kg (maximum 700mg) IV Infusion (over 4 hours) every 8 hours Reduce maintenance dose to 5 to 7 mg/kg (maximum 700mg) every 8 hours in severe renal impairment, severe hepatic impairment, or if IV treatment continues for more than 48 hours. *Do NOT give loading dose if patient has received quinine or mefloquine in previous 12 hours Oral switch after 24 hours: see below. Switch to oral therapy after the first 24 hours (3 doses) to complete a full oral course when the patient is able to swallow AND retain oral medication by giving a course of: Riamet® PO (over 35kg body weight) 4 tablets at 0,8,24,36,48,60 hours (total 24 tablets over 60 hours) (Four tablets of Riamet® contain 80mg of Artemether & 480mg of Lumefantrine)	Comment Give intravenous antimalarials in the treatment of severe malaria for a minimum of 24 hours -irrespective of the patient's ability to tolerate oral medication earlier. Quinine toxicity: ECG monitoring required in the elderly and patients with cardiac disease Significant risk of hypoglycaemia with IV quinine. Monitor blood glucose regularly (about every 2 hours) in the acute situation.

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*