

Treatment and Prevention of Malaria in Kenya.

If you live in Kenya, it is better to prevent malaria and when this fails, to attempt treatment within 2-3 days of getting fever and other symptoms. There is no malaria without fever. Get a laboratory test done where possible.

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Chunge CN

RBM recommended combination therapy options

- Artemether + lumefantrine
- Artesunate + Amodiaquine
- **Artesunate + S-P**

- Amodiaquine + S-P (but only where efficacy to both remains high)

- Artesunate + Mefloquine (reserved for low transmission areas)

Newest ACT = Duo-Cotecxin

- DihydroArtemisinin
Piperaquine phosphate
(DUO – COTEXCIN 3x1 3days)

Prophylaxis

- Chemoprophylaxis (drugs)
- Barrier methods (nets-ITNs, wire mesh...)
- Self protective measures (repellents, clothing)

Which drugs are currently recommended for prophylaxis?

Drug	Adults	Lowest Age	Pregnancy
Malarone	Yes	11kg (1Yr)	Not yet
Mefloquine	Yes	3 Months	≥4 Months
Doxycycline	Yes	8 Years	Never
Sulfur-Pyrimethamine	Yes**	2 Months	Intermittent
Quinine			
Amodiaquine			
Halofantrine			
Coartem			

Durations of Prophylaxis

The only reason to start medicine early before travel is to assess the possibility of side effects.

Mefloquine 1 wkly & for 3-4 wks after returning

Malarone 1 daily & for 1wk after returning

Doxycycline 1daily & for 3-4 wks after returning

S-P 2wkly & for 3-4 wks after returning

(ITP Schedules in pregnancy)

[Primaquine is to be used only for eradicated treatment except in CATMAT recommendations]