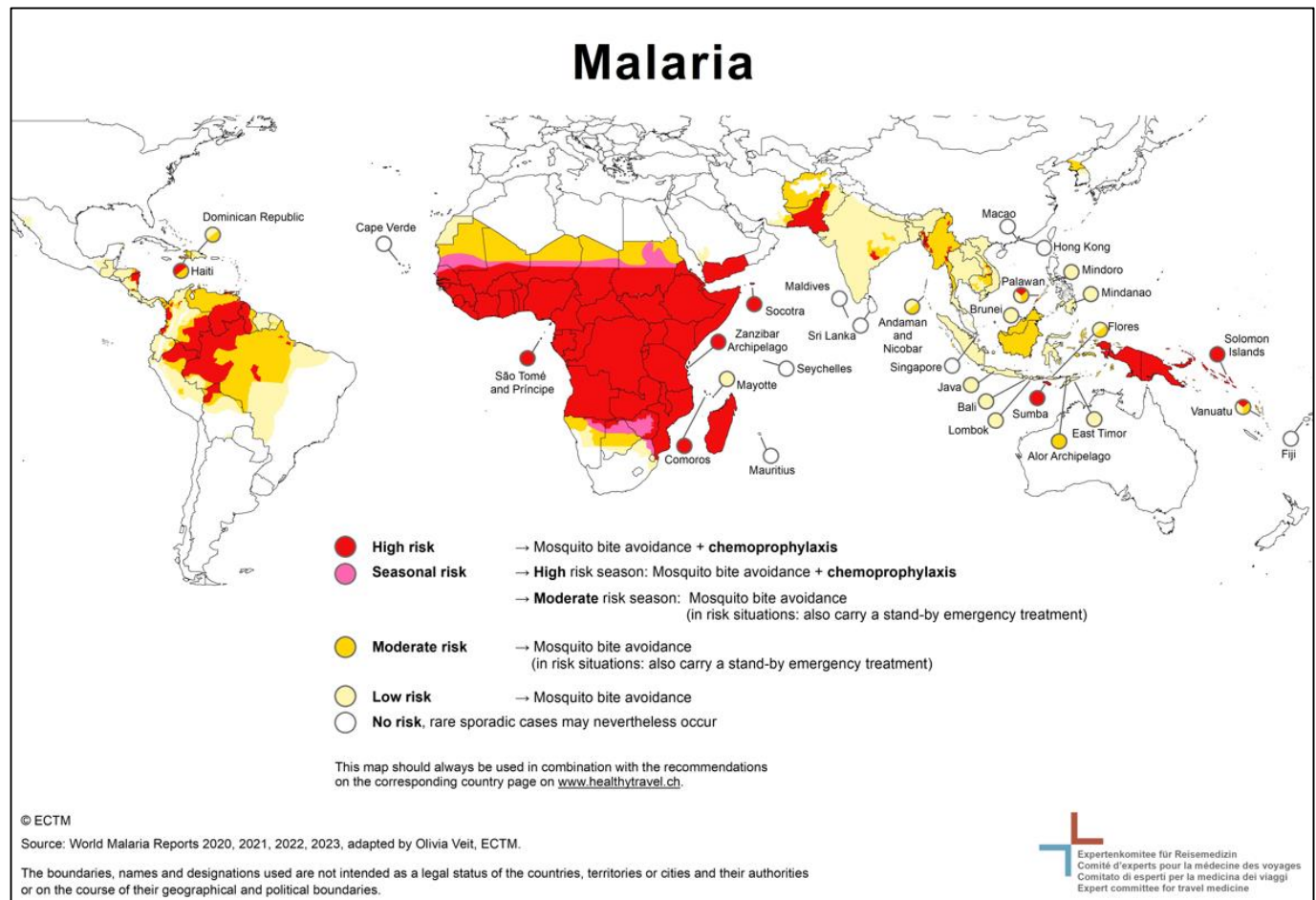


Key Points

- Malaria is a life-threatening infection, which is transmitted by mosquitoes that bite **from dusk to dawn**.
- Great care should be given to preventive **mosquito protection in all malaria risk areas**.
- In **high-risk areas**, it is recommended to take chemoprophylaxis which is medication to prevent malaria.
- For stays in **moderate risk areas**: discuss with a travel health advisor about the possible need for medication for emergency self-treatment.
- If you belong to a **special risk group** (pregnant women, small children, senior citizens, persons with pre-existing conditions and/or with immune deficiency): seek expert medical advice before the trip as malaria can quickly become very severe.
- **If you have a fever** >37.5°C on axillary or tympanic measurement (a functioning thermometer is indispensable!) during or after the trip, see a doctor / hospital immediately and have a blood test done for malaria! This applies regardless of whether you have used chemoprophylactic medication or not!

Worldwide occurrence of malaria



How can I protect myself?

Malaria prevention requires a combination of measures:

1. **Diligent mosquito-bite protection** (see [LINK](#)) is recommended in all areas with malaria, even in regions with low risk of malaria transmission.
2. **Chemoprophylaxis** is recommended additionally for travel in all high-risk regions.
3. **Carrying a standby emergency treatment (SBET)**, drugs used to self-treat malaria) with you is recommended for special risk situations when traveling to moderate risk regions.

MALARIA

PREVENTION / PROPHYLAXIS

Mosquito protection at night

1. **Clothing:** Wear light-colored, long-sleeved clothes. For additional protection, impregnate the clothes beforehand with insecticides containing the active ingredient permethrin (e.g. *Nobite®* Textile, *MükoRex®*).
2. **Mosquito repellents:** Apply a mosquito repellent to uncovered skin (e.g., Anti Brumm Forte® or other repellents, see factsheet mosquito and tick bite protection, see [LINK](#)).
3. **Sleeping room:** Sleep in rooms with running air conditioning or under an **impregnated** mosquito net.

Chemoprophylaxis (= preventive medication in areas with high malaria risk that needs to be taken regularly)

Atovaquone/Proguanil (Malarone®, Atovaquon Plus Spirig HC®)	Mefloquin (Mephaquin®)	Doxycycline (e.g. Supracyclin®)
1 Tab. daily	1 Tab. (250 mg) per week	1 Tab. (100 mg) daily
Start: 1 days before travel	Start: 1-2 weeks before travel	Start: 1-2 days before travel
Continue during travel !	Continue during travel !	Continue during travel !
End: 7 days after travel	End: 4 weeks after travel	End: 4 weeks after travel
Contraindication		
Pregnancy (relative)	Epilepsy, any past or present psychiatric disorder	Pregnancy, Children <8 years

- Antimalarial drugs are available on **prescription** only. Tablets should be taken **with** or **after** food.
- The above dosages apply to adults. Please discuss the correct dosage for children with your doctor. As malaria poses a higher risk to mother and the unborn child during pregnancy, specific guidelines apply to malaria prophylaxis or therapy in pregnant women.
- In case of adverse drug reactions, especially skin rashes, dizziness, depression, or anxiety reactions (see package leaflet): Stop taking the medication and consult a doctor.

Important:

- **Malaria may occur from 7 days on after entering a malaria endemic area.**
- **Malaria infection must always be considered in case of fever in the second week of stay in a malaria area until months after return** despite correct prophylactic measures (mosquito repellent/medication)!

In case of **fever > 37.5° C (use a thermometer!)**: if the fever persists for more than 24 hours or recurs: it is essential to have a **blood test as soon as possible (within 24 hours)** to rule out malaria, regardless of what prophylactic measures you have taken. To do so, consult a doctor or a clinic. If the result is negative or uncertain, the examination should be repeated.

Emergency Self-Treatment

If you have been prescribed stand-by emergency self-treatment (SBET) for malaria, please proceed as follows: If you have a **fever >37.5°C that persists for more than 24h or recurs: please seek immediate medical advice** from a doctor/hospital and get a malaria blood test. However, if this is not possible, reduce the fever (paracetamol, physical), take fluids and please start taking the SBET medication as prescribed:

Artemether/Lumefantrine (Riamet®)	Atovaquone/Proguanil (Malarone®/Atovaquone Plus Spirig HC®)
24 Tablets in 6 doses over 3 days:	12 Tablets in 3 doses over 3 days:
► Immediately: 4 tablets; 4 tablets 8 hours later	► Immediately: 4 Tablets (take all at once)
► Day 2. + 3.: 4 tablets each in the morning and evening	► Day 2. + 3.: 4 tablets each (take all at once)

The tablets should be taken **with** or **after food** that contains some fat.

The above dosages are for adults. Please discuss children's dosages with a specialist.

Important: Even after taking an emergency self-treatment, always seek out medical attention or a hospital as soon as possible. Why? It is possible that the malaria infection has not yet been eliminated or that another cause of fever must be ruled out.

This leaflet was handed out by this specialist department: