

MALARIA TABLET INFORMATION

This leaflet contains information about the MALARIA TABLETS we recommended following discussion with you about your forthcoming trip abroad to the malaria risk destination(s): _____

MEFLOQUINE 250 mgs (1 tablet) WEEKLY¹

- The tablets should be **started two and a half weeks before your travel to the malarious area, continued all the time you are there and for 4 weeks after** leaving the malarious area
- If you suffer flu like symptoms up to a year after returning and particularly in the first three months, you should see a doctor without delay and say you have been abroad and may have malaria
- No anti-malarial tablet is 100% effective and it is therefore equally important that you prevent yourself getting bitten by mosquitoes
- If you experience any side effects after commencing this tablet, please seek medical advice
- If you are planning a pregnancy after this trip, please discuss this with your nurse or doctor.

HOW CAN YOU OBTAIN YOUR MALARIA TABLETS?

If a child or pregnant woman is travelling to a malaria risk area, a GP surgery would usually provide a private prescription and more details will be given to you. This prescription is private and a fee can be charged.

OTHER WAYS A TRAVELLER CAN OBTAIN MALARIA TABLETS:

- You can purchase your malaria tablets from a pharmacy where many will now assess your trip in relation to where you're going, your health risks and any other medication you may be on and then have a method of prescribing the drugs for you. Prices do vary so it may be worth 'shopping around'
- You can also purchase malaria tablets online, where an assessment will need to be carried out based on information you provide before you are given a prescription. If you are using this method, you should only use a website that has the logo as illustrated below and in the bottom right corner of the webpage. Click on it when you see it if you are buying medicines over the internet, to confirm that the website you are using has been authorised to sell medicines online by MHRA, the UK medicines regulator. Visit medicine-seller-register@mhra.gov.uk for more information and to navigate your way to an authorised online retailer
- Travellers are always advised to obtain their malaria tablets before they go abroad. Many of the drugs sold abroad could be fake drugs which would then not protect you and could be very dangerous if you get malaria.



See <https://medicine-seller-register.mhra.gov.uk/> and <https://goo.gl/uxs4Ss>

1. Chiodini PL, Patel D, Whitty CJM and Laloo DG. Guidelines for malaria prevention in travellers from the United Kingdom, 2017. London: Public Health England; October 2017 <https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>

MALARIA PREVENTION ADVICE

Malaria is a serious illness that is common in many tropical countries. Symptoms can develop rapidly and the disease if severe can kill you, but if you take the correct precautions you can greatly reduce your risk of catching it. The disease is spread by mosquitoes that bite at night (dusk to dawn). You can protect yourself against malaria, and you must do so every time you visit a country with malaria. This is very important, even if you grew up or lived there and are now returning to visit your friends or 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 when you live in countries with no malaria so everyone needs to take precautions to avoid getting this disease. Your family are at risk as well. Babies and children, especially those born outside the tropics, can get very sick with malaria very quickly. It is also particularly dangerous for pregnant women, who should avoid visits to malarious areas. Use the ABCD approach to protect yourself.

A – be **Aware** of the risks. Malaria is common in many parts of Africa, Asia, the Indian subcontinent, South America and some areas in the Far and Middle East. The risk is particularly high in sub Saharan Africa. It is advisable to seek advice from a travel health adviser each time you travel to a malaria risk area preferably 6-8 weeks before the trip, but remember it is never too late to seek advice. Even last-minute travellers can get useful protection.

B – use **Bite** prevention. Use an insect repellent containing DEET. Guidance in the UK advises up to 50% content DEET in anyone over the age of two months. Other effective repellents are Picaridin and lemon eucalyptus but few are as effective as high concentrations of DEET. Products are available in pharmacies or camping and travel shops or online. Remember to reapply insect repellent frequently and to follow the manufacturers recommendations particularly when applying repellents to young children. Sun cream if appropriate, should be applied before DEET products if they are used in the daytime. Cover up with trousers and long-sleeved clothes after sunset. Treat clothing with insecticides. 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. Plug in vaporisers are also useful. Homoeopathic or herbal remedies, electric buzzers, garlic and vitamins do not protect against mosquito bites. For more details see an illustrated booklet about bite prevention at <http://www.janechiodini.co.uk/help/tar/>

C – take **Chemoprophylaxis** (malaria tablets). Tablets to prevent malaria play a very important role in protecting you. Make sure 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 of tablets when you get back to make sure you are properly protected. Homoeopathic or herbal remedies do not protect against malaria and must not be used in place of antimalarial tablets.

D – seek early **Diagnosis** if you become unwell. Although modern prevention methods are highly effective and can greatly reduce your risk of dying from this dangerous disease, they do not give 100% protection. If you or any of your family has a fever or flu like illness after being in a country with malaria 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.

The information on this page was adapted from the leaflet “*Malaria: information for people travelling overseas*”, with kind permission from the Director of the PHE Malaria Reference Laboratory, Professor PL Chiodini. See <https://www.gov.uk/government/publications/malaria-information-for-people-travelling-overseas>