

General Anti-malarial Drug Information

Atovaquone/proguanil (brand name: Malarone)

Directions:

Once a day, 1 to 2 days before travel and 7 days after travel, take at the same time each day with food or milk

Side Effects and Warnings:

The most common side effects reported by travelers taking atovaquone/proguanil are stomach pain, nausea, vomiting, and headache. Most people taking this drug do not have side effects serious enough to stop taking it; if you cannot tolerate atovaquone/proguanil, see your health care provider for a different anti-malarial drug.

Doxycycline (many brand names and generic drugs are available)

Directions:

Once a day, 1 to 2 days before travel and 4 weeks after travel, take on a full stomach with a full glass of liquid.

Side Effects and Warnings:

One of the most common side effects reported by travelers taking doxycycline include sun sensitivity (sun burning faster than normal). To prevent sunburn, avoid midday sun, wear high SPF sun-block, long-sleeved shirts, long pants and a hat. Doxycycline may cause nausea and stomach pain. Take the drug on a full stomach with a full glass of liquid. Do not lie down for 1 hour after taking the drug to prevent reflux of the drug. Women may develop a vaginal yeast infection on doxycycline. Treat vaginal discharge or itching with either an over-the-counter yeast medication or ask your health care provider for a prescription pill or cream.

Mefloquine (brand name Lariam and generic)

Directions:

Once a week, 1 week before travel and 4 weeks after travel, take on a full stomach with a full glass of liquid.

Side Effects and Warnings:

The most common side effects reported by travelers taking mefloquine, include headache, nausea, dizziness, difficulty sleeping, anxiety, vivid dreams, and visual disturbances. Mefloquine has rarely been reported to cause serious side effects, such as seizures, depression, and psychosis. These serious side effects are more frequent with the higher doses to treat malaria; fewer occurred at the weekly doses used to prevent malaria. Mefloquine is eliminated slowly by the body and thus may stay in the body for a while even after the drug is discontinued. Therefore, side effects caused by mefloquine may persist weeks to months after the drug has been stopped.

Travelers Who Should Not Take Mefloquine:

- Persons with active depression or a recent history of depression
- Persons with a history of psychosis, generalized anxiety disorder, schizophrenia, or other major psychiatric disorders
- Persons with a history of seizures (does not include the type of seizure caused by high fever in childhood)
- Persons allergic to mefloquine
- Mefloquine is not recommended for persons with cardiac conduction abnormalities (ie irregular heartbeat)

Chloroquine

Unfortunately, Chloroquine is not an effective anti-malarial drug in many countries due to built up resistance. Areas include much of Africa as well as some areas of Latin America. There has been resistance recorded in Asia as well. Because of this, the other options (doxycycline, mefloquine and proguanil) are recommended. Ask your doctor about the possibility.