

Standby Emergency Treatment for Malaria

Patient Information Leaflet

Standby emergency treatment for malaria is recommended for those taking chemoprophylaxis and visiting remote areas where access to medical treatment may not be possible within 24 hours.

It is intended for those travellers who believe that they may have malaria and is not a replacement for antimalarial chemoprophylaxis.

The following written information should be followed.

Incubation Period of Malaria

The minimum period between being bitten by an infected mosquito and developing symptoms of malaria is 8 days, so a febrile illness starting within the first week of your arrival in a malarious area is not likely to be due to malaria.

Symptoms and Signs of Malaria

Malaria usually begins with a fever. You may then feel cold, shivery, shaky and very sweaty. Headache, feeling sick and vomiting are common with malaria and you are also likely to experience aching muscles. Some people develop jaundice (yellowness of the whites of the eyes and the skin). It is not necessary for all these symptoms to be present before suspecting malaria as fever alone may be present at first.

When to Take Standby Emergency Treatment for Malaria

If you develop a fever of 38°C [100°F] or more, more than one week after being in a malarious area, please seek medical attention straight away. If you will not be able to get medical attention within 24 hours of your fever starting, start your standby medication and set off to find and consult a doctor.

How to Take Standby Emergency Treatment for Malaria

- First, take medication (usually paracetamol) to lower your fever. If your fever is controlled, it makes it less likely that you will vomit your antimalarial drugs.
- Then, without delay, take the first dose of your emergency standby antimalarial medication.

- If you vomit and it is within 30 minutes of taking the antimalarial drugs, repeat the first dose of them (but do not repeat the paracetamol). If you vomit 30–60 minutes after taking the first dose of the antimalarial drugs, repeat the treatment, but take only HALF the first dose.
- Continue the treatment as instructed for the particular drugs prescribed for you.
- Please remember that this emergency standby medication has been prescribed based on your particular medical history and should be taken only by you as it may not be suitable for others.
- Once you have completed your emergency standby medication you should restart your malaria prophylactic drug(s) one week after you took the first treatment dose of emergency standby medication.
- If your preventive medication consists of mefloquine and your standby treatment included quinine, you should wait at least twelve hours after completing the course of quinine before you restart mefloquine.