



Anti-Malarial Medications

No drug is guaranteed to prevent malaria; the aim is to lessen the risk of severe malaria. Please read the information below and indicate which would be your preference if travelling to a zone where there may be a risk of malaria.

Doxycycline – (Tetracycline antibiotic)

- Doxycycline prophylaxis should be commenced 2 days prior to entering a malarious area, at the same time daily during travel and for 28 days after leaving the malarious area.
- It cannot be taken by:
 - Those who have a allergy to tetracycline's
 - During pregnancy
 - Children <12yrs of age in NZ
- Side effects:
 - Nausea (this can be reduced by taking with food)
 - Increased frequency of vaginal yeast infection
 - Photosensitivity (need to avoid prolonged exposure to the sun & use sun block) - rare

This is the least expensive of anti malarial medications available.

Malarone Adult & Malarone Junior – (Atovaquone- Proguanil)

- Malarone prophylaxis should be commenced 1 day prior to entering a malarious area, at the same time daily during travel and for 7 days after leaving the malarious area.
- It cannot be taken by:
 - Children weighing <5kg
 - During pregnancy
 - Women breastfeeding infants weighing <5kg.
 - People with severe renal impairment (kidney disease)
- Side effects: generally well tolerated and side effects are less common.
 - Minor abdominal side effects
 - Nausea (lessened if taken with food)
 - Headache
 - Mouth ulcers

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