



CLINICAL GUIDELINE

Malaria Treatment in Adults 18 years and over

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Approval Group:	Antimicrobial Utilisation Committee

Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

NHS Greater Glasgow and Clyde recommendations for Treatment of Malaria in Adults ≥ 18 years



Malaria should be suspected in any patient with a fever/ history of fever who has returned from or previously visited a malaria endemic area even if they have taken malaria prophylaxis. It is essential to obtain information on the country and area of travel (including any stop-overs) and details of any malaria prophylaxis regimen (including drug choice, dose, adherence etc.).

Presentation

Symptoms may include; fever/ sweats/ chills, lethargy, malaise, nausea, vomiting, abdominal pain, diarrhoea, myalgia, hepatomegaly and splenomegaly.

Indicators of **severe malaria** include; jaundice, reduced GCS, seizures, acute renal impairment, acidosis, hypoglycaemia (glucose < 2.2 mmol/L), respiratory distress, low haemoglobin (Hb < 80 g/l), haemoglobinuria and parasitaemia > 10 % (although > 2 % may indicate increased risk of developing severe disease).

Investigations

- Malaria blood test via haematology (thick and thin blood smears by microscopy) and Malaria parasites/ antigen test via Trakcare.
- If there is high clinical suspicion of malaria but initial blood films are negative, repeat the malaria blood test after 12 – 24 hours and again at 48 hours.
- Urea and Electrolytes, Full Blood Count, Blood Glucose, Liver Function Tests and Blood cultures should also be obtained.

Treatment of Malaria (please see flow diagram on next page)

Refer all patients with suspected/ known malaria to the Infectious Disease Team at the Queen Elizabeth University Hospital (contact via switchboard Ext 1000 or 0141 201 1100 or bleep 15295).

Recommended drug doses are based on normal renal and hepatic function.

Additional prescribing points (these are not exhaustive; See BNF, Summary of Product Characteristics or contact pharmacy for more information and for additional warnings and cautions):

Riamet*	<ul style="list-style-type: none">• Riamet* may prolong the QTc interval. Avoid in patients with other risk factors for QTc prolongation.• Take Riamet* with food or drinks rich in fat such as full fat milk.• Riamet* may be used in pregnancy (all trimesters)• See protocol on HEPMA for prescribing
Chloroquine	<ul style="list-style-type: none">• Chloroquine may prolong the QTc interval. Use with caution in patients with other risk factors for QTc prolongation.
Doxycycline*	<ul style="list-style-type: none">• Avoid in all trimesters of pregnancy• See Cation interactions 1094-oral-tetracycline-and-fluoroquinolone.pdf (scot.nhs.uk)
IV Artesunate and IV Quinine dihydrochloride	<ul style="list-style-type: none">• See the Adult Intravenous Medicine Monographs for further information on administration of IV Artesunate and IV Quinine dihydrochloride. (Adult Intravenous Medicine Monographs (sharepoint.com))• IV Artesunate and IV Quinine dihydrochloride are unlicensed medicines (ULM). Please inform pharmacy and complete an unlicensed medicines eform. (GGC Medicines: Non-Formulary Information). These drugs may be obtained out of hours from Ward 5C at QEUH and the Emergency Cupboards at QEUH, RAH, IRH and GRI via the on-call Pharmacist.

References:

- 1 Lalloo DG et al. UK Malaria Treatment Guidelines 2016. Journal of Infection, 2016; 72: 635 – 649.
- 2 World Health Organisation. Guidelines for the Treatment of Malaria 2023 [WHO-UCN-GMP-2023.01-eng.pdf](#)

NHS Greater Glasgow and Clyde recommendations for Treatment of Malaria in Adults ≥ 18 years

