In 2008, there were 247 million cases of malaria and nearly one million deaths mostly among children living in Africa. In Africa a child dies every 45 seconds of Malaria, the disease accounts for 20% of all childhood deaths. Children are at special risk as they can become seriously ill with malaria very rapidly. Babies and young children under the age of five years should not be taken into malaria areas unless it is absolutely essential.

### Awareness of malaria risk

- Malaria occurs in limited areas in South Africa, mainly in the low altitude areas of Limpopo, Mpumalanga and Northern Eastern Kwa-Zulu Natal. Malaria is distinctly seasonal in South Africa, with the highest risk being during the wet summer months.

### Avoidance of mosquito Bites

- Mosquito repellents containing DEET (N,N-diethyl-3-methylbenzamide), are useful for protection during outdoor activities. They should be applied to exposed skin surfaces and repeated after 4-6 hours according to the manufacturers’ instructions. In infants and young children, insect repellents should be applied to exposed skin sparingly for a number of reasons, including the relatively large body surface area compared to the body weight in this age group. The American Academy of Paediatrics recommends that insect repellents containing equal to or less than 10% of DEET be used for children.

- Long (preferably light coloured) clothing should be worn to minimize the amount of exposed skin.
- Spray inside with an insecticide spray, after closing windows and doors.

### Compliance with Chemoprophylaxis

- **Chloroquine Plus Proguanil**
  - Considerably less effective than doxycycline or mefloquine in areas where it has been tested where chloroquine resistance has been reported such as Southern Africa.
  - Recommended dose every 7 days, starting 1 week before entering the area, once weekly while in the area, and once weekly for 4 weeks after leaving the area.
  - Not recommended for children who are less than 3 months old or who weigh less than 5kg or patients with a history of epilepsy, depression and conditions such as ADHD.
  - **Weight (kg)** | **Dosage**
  - 5 - 20 | ¼ tablet
  - 21 - 30 | ½ tablet
  - 31 - 45 | ¾ tablet
  - >45 | 1 tablet (250mg)
  - Mefloquine can be used for long-term (up to a year) malaria chemoprophylaxis.

- **Doxycycline**
  - Recommended dose once daily (after a meal) starting one day before entering the area, continuing daily while in the area, and daily for 4 weeks after leaving the area.
  - Contraindicated in children less than 8 years.
  - **Age (years)** | **Weight (kg)** | **Dosage**
  - 8 - 15 | 31-45 | 2 mg/kg
  - >15 | >45 | Adult dose (100mg)
  - The long-term use of doxycycline for malaria chemoprophylaxis is limited to less than 4 months.

- **Atovaquone-proguanil**
  - Should be taken 1 day before exposure, continued daily during exposure and for 7 days after the last exposure to malaria.
  - 1 paediatric tablet = 62.5 atovaquone plus 25mg proguanil
  - **Weight (kg)** | **Dosage**
  - 11 - 20 | 1 paediatric tablet daily
  - 21 - 30 | 2 paediatric tablets daily
  - 31 - 40 | 3 paediatric tablets daily
  - >40 | 1 adult tablet daily
  - There is limited data concerning long-term use of atovaquone-proguanil.

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1. Adapted from the GUIDELINES FOR THE PREVENTION OF MALARIA IN SOUTH AFRICA published by the South African Department of Health.
4. Every effort is made to ensure the accuracy of the content of this document. Full prescribing information in the package insert of each drug should be consulted before prescribing any product.