

Treatment and prevention of Plasmodium falciparum malaria.

Abstract:

Malaria is the most prevalent and devastating public health problem in Africa despite much research and control effort over the last two decades. In most parts of Africa, individuals should take 200 mg of Proguanil daily together with chloroquine 5 mg/kg per week as prophylaxis. Pregnant women and individuals with underlying disease such as sickle cell making them susceptible to severe or complicated malaria, however, should take just 200 mg Proguanil daily. In hard-core multi-drug resistance areas, mefloquine 250 mg once weekly together with chloroquine 300 mg weekly is recommended as prophylaxis. Since no anti-malarial drug confers absolute protection against infection, however, using mosquito nets impregnated with permethrin, insecticides, and mosquito repellents is also advocated for those at high risk of severe malaria. The need also exists to treat cases of malaria when prevention is unsuccessful. Chloroquine in total dose 25 mg/Kg over three days is the first choice treatment of uncomplicated malaria in 4-aminoquinoline sensitive areas. Amodiaquine 25 mg/Kg over three days is the second line treatment, while pyrimethamine/sulphonamide combinations are useful in areas where there is resistance to 4-aminoquinolines. Finally, quinine 10 mg/kg every eight hours for seven days is the treatment of choice for severe and complicated malaria.