

## Malaria prevention:

Agent	Adult dose <sup>a</sup>	Contraindications	Application	Notes
Atovaquone-proguanil	250/100mg x1/day with food	Insufficient data in pregnancy	Prophylaxis for areas with CQ resistance, 2 days prior to up until 7 days post travel	expensive
Doxycycline	100mg daily	Pregnancy & < 12 years old	2 days prior to up until 7 days post travel	Photosensitivity & oral thrush may occur
Mefloquine	275mg weekly	Cardiac conduction, neurological or psychiatric conditions	1wk before, during and 4 wk after travel	May be best option in pregnancy
Primaquine	30mg daily	Pregnancy, G6PD deficiency	1wk before, during and 4 wk after travel	Main use if prolonged exposure in endemic area
Chloroquine	500mg weekly	CQ resistant areas	1wk before, during and 4 wk after travel	Obsolete in most regions due to resistance

<sup>a</sup> source = The Sanford Guide to Antimicrobial Therapy. Gilbert *et al.*

**NB** antimalarial prophylaxis is not completely protective. It must be complemented by additional measures including regular application of insect repellent, protective clothing and permethrin-impregnated bed nets. Chloroquine now unsuitable for almost all areas.

Advice available via [www.cdc.com](http://www.cdc.com)

## Treatment of malaria:

Agent	Adult dose	Contraindications	Application	Notes
Chloroquine	1g po then 0.5g at 6h, then 0.5g daily x 2 days	<i>P falciparum</i> infection, known R P vivax. RA – retinopathy if prolonged use	Blood film pos for P vivax or P ovale. Combine with Primaquine to prevent relapse	Safe in pregnancy. Can be used for P falciparum infection where no CQ resistance
Primaquine	26.3mg po daily x 14 d	Pregnancy. G6PD deficiency. Do not use without Chloroquine	To prevent relapse of P vivax or P ovale Infection.	
Quinine sulphate	650mg po x3 per day x 14 days	Cardiac conduction defects	With doxycycline 100mg/day. Check ECG and blood sugar at start	Standard for P falciparum. Some R. Beware side Fx incl tinnitus
Atovaquone/ proguanil	1g/400mg po x 3 days	Uncertain in pregnancy	Alternative to quinine/ doxycycline	Suitable for emergency self-medication of <i>P falciparum</i>
Mefloquine	750m po then 500mg 12hr later	Cardiac conduction, neurological or psychiatric conditions	Alternative to quinine/ doxycycline	Less suited to self-medication. Some resistance
Artemisinin/Lumefantrine	20mg/120mg in 6 doses at increasing interval over 3 days	Severe malaria	First line Rx of malaria	Fixed combination oral medication now widely available in Australia
Artesunate	4mg/kg/day	Cardiac conduction defects	In combination with 2 <sup>nd</sup> agent = alternative to quinine/ doxycycline	Limited availability in Aus. Large hospitals, suitable for possible R <i>P falciparum</i>

## Other extra-intestinal parasite infections

Agent	Adult dose	Contraindication	Applications	Notes
Pentamidine	iv	(measure of desperation)	Amoebic meningitis. Early sleeping sickness. Pneumocystis	In combination with other agents
Pentostam	Solution of 30-34% antimonial	Antimony R avoid comb with amphotericin B	Visceral or mucocutaneous leishmaniasis	Limited availability. Alt = liposomal amphotericin(expensive)
Co-trimoxazole Praziquantel	2 tabs/day x 28d Po. Dose & duration vary with infection	Pneumocystis pneumonia Generally well tolerated due to short course Rx	Alt = dapson + trimethoprim Schistosomiasis, & various flukes (Clonorchis, Fasciola, Paragonimus) cysticercosis	Usually same does in children. Cures up to 90% infections.

### Enteric parasite & miscellaneous infections

Agent	Adult dose	Contraindication	Application	Notes
Metronidazole	400mg po x3/day x 7d	Fits, peripheral neuropathy	Giardia, Entamoeba, Trichomonas	Alt = tinidazole
Albendazole	Dose & duration varies	Pregnancy - teratogenic	Intestinal nematodes, Echinococcus	Hepatotoxicity with prolonged use
Ivermectin	varies		Strongyloidiasis. Onchocerciasis. scabies	Well tolerated due to short course

## Antifungal agents:

Agent	application	Adult dose	cautions	Notes
Clotrimazole, Econazole etc	Dermatophyte infection, cutaneous candidiasis	Topical cream	Continue at least 1 wk after apparent cure. Address precipitating cause	Intrinsic & acquired resistance variable
Fluconazole	Mucocutaneous candidiasis, candidaemia, cryptococcosis	Dose, duration & route vary with infection	Liver function. Resistant yeasts	Difference between suppressive & therapeutic Rx
Voriconazole	Candidaemia & scedosporium infections	Varies: loading & maintenance	Generally well tolerated	Second line agent for some serious fungal infections
Amphotericin B	Invasive yeast & filamentous fungal infections incl candidaemia & aspergillosis, mucormycosis	0.8-1.0 mg/kg/d IV	Start infusion slowly. Electrolyte disturbance, renal toxicity. thrombophlebitis	Alt = liposomal amphi B. expensive
Caspofungin	Candidiasis, aspergillosis	IV 70mg day 1, then 50mg daily	Liver function	expensive
Terbinafine	Tinea capitis, corporis, unguium	250mg po daily, duration varies with infection	Compliance for long period need to ensure cure	Some indications not on PBS

Other agents used for fungal infections include: ketoconazole, itraconazole, griseofulvin, nystatin, potassium iodide salt