

FROM: BILL WALLACE

DATE: 24TH AUGUST 1982

TO: ALL EO DRIVERS

RE: MALARIA PROPHYLAXIS AND E.O.

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It has become very apparent over the last few months that the risk of contracting malaria on EO trips is an increasing one. The latest information that I have is from a pamphlet issued by the Ross Institute in London.

The main consideration which one must take into account, is whether or not the area one is in has malaria which is of a strain resistant to Chloroquine or not.

The resistant areas which affect EO are:-

BOLIVIA

BRAZIL

COLUMBIA

ECUADOR

PANAMA

INDIA (NE)

NEPAL

KENYA

TANZANIAN COASTAL AREAS ( EAST AFRICA GENERALLY )

In all these areas the recommended prophylaxis is 1 Tablet Maloprim or Fansidar per week and 300 mg base chloroquine per week.

NOTE: There are various tablets which contain chloroquine in varying amounts. Reference must be made to the specification to decide what the quantity of base chloroquine is in any particular type of tablet.

Where it is available, Fansidar is slightly more recommended than Maloprim.

In most cases the tablet containing chloroquine is unlikely to have exactly 300 mg and in this case it is better to exceed the dose rather than reduce it.

In areas other than those above, the recommendation is either 300 mg base chloroquine weekly or proguanil 200 mg daily.

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Prophylaxis in all cases must be started one week prior to and continued for 6 weeks after visiting the area.

In addition to the above discussion about chemical prophylaxis an equally important areas of malaria prevention is that of physical prevention of bites.

It is the responsibility of each and every one of us to ensure that all possible effort is made by the use of Mosquito nets, long sleeved shirts and trousers and Insect Repellents to prevent mossaie bites.

Malaria can appear with an incredibly diverse number of symptoms therefore when any illness appears on the road or soon after a trip, malaria must be suspected.

To quote the Ross Institute pamphlet:

"Malaria must be considered in any sick individual who has visited an endemic area".

SUMMARY:-

In the following areas BOLIVIA, BRAZIL, COLUMBIA, ECUADOR, PANAMA, INDIA(NE) & NEPAL and EAST AFRICA the recommended dosage is:-

1 Fansidar or Maloprim + 300 mg base Chloroquine/week

In areas other than above:-

either 300 mg base Chloroquine per week  
or 200 mg Proguanil daily

Bill Wallace

BW:sjm