Paludrine®
(tablet of 100 mg proguanil)

Take 2 tablets a day. Start on the day of arrival in the malaria area and continue until 4 weeks after leaving the area.

Paludrine® has few side effects. Possible side effects are: nausea and oral ulcers. Mild and temporary hair loss occurs, but is rare.

Extra caution should be taken if you use Paludrine® and you wish to become pregnant. The current advice to take folic acid (foliumzuur) in the recommended dosage is even more important.

Paludrine® is safe during pregnancy and breast-feeding.

Children
Paludrine® is safe for children of all ages. Dosage depends on your child’s body weight.

< 11 kg: ¼ tablet a day
11-20 kg: ½ tablet a day
21-30 kg: 1 tablet a day
31-45 kg: 1½ tablets a day
>45 kg: 2 tablets a day

Note: Always read the information in the medication instruction leaflet (‘bijsluiter’).

Chloroquine
(tablet of 100 mg)

Take 3 tablets once a week. Start on the day of arrival in the malaria area. Continue to take 3 tablets once a week until 4 weeks after leaving the malaria area. During the first week the dose should be taken twice: once on the first day and once on the second day.

Chloroquine has few side effects. Possible side effects are: nausea, itch, dizziness, or blurred vision during the first hours after taking the tablet.

Chloroquine use is safe during pregnancy and breast-feeding.

Children
Chloroquine is safe for children of all ages. The dosage you should give your child, depends on its body weight.

< 11 kg: ½ tablet a week
11-20 kg: 1 tablet a week
21-30 kg: 1½ tablets a week
31-45 kg: 2½ tablets a week
>45 kg: 3 tablets a week

During: the first week, the above doses should be taken twice: once on the first day and once on the second day.

Note: Always read the information in the medication instruction leaflet (‘bijsluiter’).

Dengue

What is dengue?
Dengue is a disease caused by a virus, which can be transmitted by mosquitoes. These mosquitoes can be found in tropical and subtropical areas, mainly in and near cities.

Dengue is characterised by sudden onset of severe flu-like symptoms with joint pain. Some patients have pain behind the eyes or a rash. Dengue is usually self-limiting. However, it can also present as a severe, sometimes fatal disease with internal bleeding and shock. This is not common.

How can dengue be prevented?
No vaccine or medicine is available. You can reduce the risk of acquiring dengue by avoiding mosquito bites. More information on this can be found in the brochure entitled “Fit for travel”.

Dengue mosquitoes prefer to feed on humans during the daytime, especially the few hours after daybreak and before dark.

What to do in case of dengue?
Seek professional medical care if you think you have dengue fever. Paracetamol (acetaminophen) is safe to use for managing pain or fever. Avoid painkillers which may decrease blood clotting, such as aspirin, diclofenac or ibuprofen. However, if you have already been using such medication for a different condition on doctor’s orders, you can continue to use them.

Malaria

What is malaria?
Malaria is a serious disease caused by parasites, which can be transmitted to humans by mosquitoes. The parasites enter your body with the bite of an infected mosquito. At first, these parasites hide in the liver. Then, they spread out and infect your red blood cells, causing symptoms.

There are four different types of malaria. Tropical malaria is the most dangerous. It can be fatal if not treated in time. Every year, travellers die of malaria.

What are the signs and symptoms of malaria?
Malaria symptoms usually develop 8-10 days after the bite of an infected mosquito. Symptoms are flu-like: high fever, fatigue, headache and muscle pain. One may also have diarrhoea, vomiting, coughing and shortness of breath.

How can malaria be prevented?
No vaccine is available, but you can reduce the risk of malaria by taking preventive measures:
• Protect yourself against mosquito bites.

More information on this can be found in the brochure entitled “Fit for travel”. Keep in mind that malaria mosquitoes prefer to feed on humans in the evening and at night.
- Use anti-malarial medication (prophylaxis) according to the healthcare provider’s advice. The tablets you require depend on the destination, the length of stay and your health condition. Therefore, your prescription may differ from that of your travelling companions and you should not share medications. Because malaria-parasites hide in the liver for a while before causing symptoms, you may develop malaria just after you have returned home. That is why you have to continue the anti-malarial medication for a while after leaving the malaria area.

- It is important to use the anti-malarial medication as prescribed. In case of vomiting within one hour after taking the tablet(s), a new dose should be taken.

Carefully applying these measures will help to prevent malaria. However, no method is 100% effective; you still can get the disease. If so, the prophylaxis will delay dangerous complications and allow more time to seek medical care. Always seek medical attention if you develop malaria-like symptoms on a trip or in the first months after your return. Inform your doctor at home that you have been in a malaria area.

The risk of malaria and the effectiveness of anti-malarial medication in a country may change over time. Therefore, get up-to-date travel health advice before every journey.

- **Malarone®**
  (tablet of proguanil 100 mg and atovaquon 250 mg)
  Take 1 tablet a day. Start 1 day before arrival in the malaria area and continue until 7 days after leaving the area. Take Malarone® with your evening meal to improve digestion and to minimise side effects.

  Side effects of Malarone® are rare and usually mild. They may include: stomach ache, nausea, diarrhoea, headache, oral ulcers and temporary hair loss.

  Do not use Malarone® if you:
  - are pregnant;
  - are breast-feeding;
  - have severe renal failure;
  - use HIV protease inhibitors.

  **Children**
  Children can use Malarone® Junior tablets. These contain a quarter of the dose of an adult tablet. Dosage depends on your child’s body weight.

  - < 11 kg: do not use.
  - 11-20 kg: 1 Junior tablet a day
  - 21-30 kg: 2 Junior tablets a day
  - 31-40 kg: 3 Junior tablets a day
  - > 40 kg: 1 adult tablet a day

  Note: Always read the information in the medication instruction leaflet ('bijsluiter').

- **Lariam®**
  (tablet of 250 mg mefloquine)
  Take 1 tablet once a week. Start 3 weeks before arrival in the malaria area and continue until 4 weeks after leaving the area. Take it with a meal to minimise side effects.

  Possible side effects of Lariam® are:
  - nausea, stomach ache or dizziness. Some people have restlessness, insomnia or bad dreams. Serious psychiatric side effects are possible but extremely rare.

  Do not use Lariam® if you:
  - are suffering or have been suffering from epilepsy or a psychological disorder or psychological symptoms;
  - have severe liver failure.

  **Extra caution** should be taken if you use Lariam® and you:
  - use HIV-medication;
  - are pregnant for 12 weeks or less.

  Lariam® is safe to use if you are pregnant for 13 weeks or more or breast-feeding.

  **Children**
  Dosage depends on your child’s body weight.

  - < 5 kg: do not use.
  - 5-10 kg: 5mg/kg a week
  - 11-20 kg: ¼ tablet a week
  - 21-30 kg: ½ tablet a week
  - 31-45 kg: ¾ tablet a week
  - > 45 kg: 1 tablet a week

  Note: Always read the information in the medication instruction leaflet ('bijsluiter').

- **Doxycycline**
  (tablet of 100 mg)
  Take 1 tablet a day. Start on the day of arrival in the malaria area and continue until 4 weeks after leaving the area. Do not take the tablets just before going to bed. Swallow the tablet with a full glass of water in a sitting or upright position.

  Possible side effects of doxycycline are abdominal complaints such as stomach ache, nausea or diarrhoea, allergic reactions or vaginal yeast infection. Avoid blazing sunlight. This may cause a rash. Use high-factor sunscreen lotion.

  Do not use doxycycline if you:
  - are pregnant;
  - are breast-feeding.

  **Children**
  Doxycycline is not safe for children younger than 8 years. Children older than 8 years can use doxycycline in a dosage adjusted by a doctor.

  Note: Always read the information in the medication instruction leaflet ('bijsluiter').