RESCHEDULING OF ATOVAQUONE & PROGUANIL

Atovaquone-proguanil combination medicines registered with the MCC for the purpose of chemoprophylaxis of malaria in patients weighing 11kg or more have been rescheduled from Schedule 4 to Schedule 2.

Malaria

Information courtesy of the National Institute for Communicable Diseases (NICD):

The early increase in malaria cases has continued in Limpopo and Mpumalanga Provinces, including cases being reported from the Kruger National Park and some of the surrounding private lodges. The very mild winter conditions experienced in the region has been favourable to ongoing mosquito breeding. The annual indoor residual spraying programme is due to commence shortly and will hopefully result in a decrease in transmission.

There should be heightened awareness for malaria in any person living in or with recent travel to a malaria area who presents with a fever or flu- like illness. This is especially important to note given a prolonged influenza season and overlapping symptoms, and a number of recent misdiagnoses of malaria as influenza. Urgent malaria tests are required, and repeated if negative.

The 2017 National Malaria Treatment Guidelines and 2017 Guidelines for the Prevention of Malaria (final draft version) can be accessed on the NICD website http://www.nicd.ac.za/ Artesunate has replaced quinine as the treatment of choice for severe malaria and will be available from October 2017 as the registered product GARSUN®. The section 21 application and reporting is no longer required. Compared to parenteral quinine, artesunate reduces death from severe malaria by 39% in adults and 24% in children. Its advantages include: 1) rapid action with activity from early to late stages of the parasite life cycle, preventing the complication-causing sequestration of parasite-infected red cells, 2) administration as a slow intravenous injection over several minutes rather than requiring a slow rate-controlled intravenous infusion over 4-6 hours, 3) a favourable safety profile and without causing hypoglycaemia, and 4) not requiring dosage adjustment in renal failure. Artesunate can be used in all trimesters of pregnancy (see malaria guidelines for discussion), and there is no lower age or weight limit. It can also be administered intramuscularly if intravenous administration not possible. The dosage of artesunate is 2.4mg/kg for patients weighing > 20kg – stat, and at 12 and 24 hours and then daily until patients can take oral treatment. For patients weighing < 20kg, the dose is 3mg/kg stat following the same schedule. Artesunate must be given for at least 24 hours (i.e. 3 doses), and should be followed by a full course of artemether-lumefantrine (Coartem®) to avoid recrudescence.

Further details on administration can be found at https://www.mmv.org/access/tool-kits/injectable-artesunate-tool-kit