

In Clinical Pearl

Malaria 2022 Management Guidelines-

- All cases of suspected malaria should have a parasitological test (microscopy or RDT) to confirm the diagnosis.
- Uncomplicated malaria- (Falciparum, d P. vivax, P. ovale, P. malariae or P. knowlesi malaria) **ACT (Artemisinin-based combination therapy for 3 days)**. Children and adults with uncomplicated P. falciparum malaria (except pregnant women in their first trimester) may be treated with one of the following ACTs: Artemether + lumefantrine (Lumerax 80) OR Artesunate + amodiaquine OR Artesunate + mefloquine OR dihydroartemisinin + piperazine OR Artesunate + sulfadoxine–pyrimethamine (SP) OR Artesunate + sulfadoxine–pyrimethamine (SP)- Larinate Kit OR Artesunate + pyronaridine. • **Artemisinin based Combination therapy (ACT)*** • **Artesunate 4 mg/kg body weight daily for 3 days Plus** • **Sulphadoxine (25 mg/kg body weight) – Pyrimethamine (1.25 mg/kg body weight) on first day. And** • **Primaquine 0.75 mg/Kg body weight on day 2.**
- To prevent relapse, P. vivax or P. ovale malaria in children and adults (except pregnant women, infants aged < 6 months, women breastfeeding infants aged < 6 months, women breastfeeding older infants and people with G6PD deficiency) with a **14-day course of primaquine** in all transmission settings.
- **Severe Malaria-** Adults and children with severe malaria (including infants, pregnant women in all trimesters and lactating women) treated with intravenous or intramuscular artesunate for at least 24 h and until they can tolerate oral medication. Once a patient has received at least 24 h of parenteral therapy and can tolerate oral therapy, complete treatment with 3 days of ACT. **Artesunate: 2.4 mg/kg body weight IV or IM given on admission (time=0h); then at 12 h and 24 h and then once a day. (or)** • **Artemether: 3.2 mg/kg body weight IM given on admission and then 1.6 mg/kg body weight per day. (or)** • **Artemether: 150 mg IM daily for 3 days in adults only (not recommended for children). (or)** • **Quinine: 20 mg/kg body weight on admission (IV infusion or divided IM injection) followed by maintenance dose of 10 mg/kg body weight 8 hourly. The infusion rate should not exceed 5 mg salt/kg body weight per hour.**
- If artesunate is not available, use artemether in preference to quinine for treating children and adults with severe malaria.
- Complete Reference- *WHO Guidelines for Malaria (3 June 2022) - World | ReliefWeb, Microsoft Word - Treatment Guidelines.doc (nrhmhp.gov.in)*

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