

## MALARIA PREVENTION INFORMATION RIFT VALLEY ACADEMY

Because of the high altitude, there is not a risk of acquiring malaria at Rift Valley Academy. Most of our students, however, come from malaria areas, visit malaria areas at mid-term and often other weekends during the term, and sometimes go to malaria areas on RVA sponsored trips such as interim, band/choir tour, senior safari, etc. So although people don't acquire malaria at RVA, several of our students come down with malaria at RVA each term, and they are among the sickest we take care of here at the student health service. Malaria is by far the most common life-threatening illness we see among our students. Medication to prevent malaria must be taken before, during, and for a period of weeks after exposure to be effective. As you can see, for many of our students that includes most if not all of the time they are at RVA.

### MEDICATIONS

All medications need to be taken before, during and after exposure to be effective. See individual medication information for recommended schedules.

1. **Chloroquine weekly alone.** Advantages: Weekly medication; minimal serious side effects in many years of use at the weekly dosage given here; low cost. (Relatively safe in pregnancy for your information unrelated to RVA students). Disadvantages: Significant chloroquine resistance developing in Falciparum malaria (the most serious and most common form) in East Africa. Approximate weekly cost: KSh 3/. To be taken: During exposure, 1 week before and 4 weeks after.
2. **Proguanil (Paludrine) daily with Chloroquine weekly.** Advantages: Fairly effective against all forms of malaria; minimal serious side effects in many years of use. (Relatively safe in pregnancy for your information unrelated to RVA students). Disadvantages: May cause mouth sores which can be prevented with Vitamin B and Folic Acid; complication of remembering to take 2 medicines including a daily medication. Approximate weekly cost: KSh 80/. To be taken: See above and below.
3. **Proguanil (Paludrine) daily alone.** Advantages: Fairly effective against Falciparum malaria, the most serious and most common form; minimal serious side effects in many years of use. (Relatively safe in pregnancy for your information unrelated to RVA students). Disadvantages: May cause mouth sores which can be prevented with Vitamin B and Folic Acid; not effective against the milder, less common forms of malaria. Approximate weekly cost: KSh 77/. To be taken: During exposure, 1 day before and 3 weeks after.
4. **Doxycycline (related to tetracycline) daily.** Advantages: Probably the most effective; low cost; can help control acne if taken long term; helps prevent "traveler's diarrhea". Disadvantages: In a few people increases sun sensitivity, needing more sunscreen or rarely stopping the doxycycline; should not be used under age 8 or in pregnancy (some sources advise against giving under age 12); daily medication; can cause nausea and vomiting if taken on an empty stomach. Approximate weekly cost: KSh 15/. To be taken: During exposure, 1 day before and 2 weeks after.
5. **Mefloquine (Lariam) weekly.** Advantages: Weekly medication; quite effective. Disadvantages: Most common side effects are nightmares, strange dreams and sleep disturbances; most serious are psychosis and aggravation of heart arrhythmias; relatively new medication so side effects are not as thoroughly identified, not proven safe in pregnancy. Approximate weekly cost: KSh 125/. To be taken: During exposure, 2 weeks before and 4 weeks after.

### OTHER MALARIA PREVENTION MEASURES

Taking medications is not a substitute for avoiding mosquito bites as much as possible, though is usually necessary when exposure cannot be avoided completely. The following measures help reduce mosquito bites and therefore the risk and severity of malaria. We strongly recommend that your children use as many of these as possible when in malaria areas:

- Sleeping under mosquito nets, especially impregnated with insecticide like permethrin
- Keeping doors and windows closed and/or screened at night
- Insect repellent evenings and nights
- Insecticide sprays
- Mosquito coils or chips
- Wearing long clothing covering arms and legs evenings and nights
- Fans in sleeping areas

MALARIA MEDICATION CHOICE  
RIFT VALLEY ACADEMY  
Boarding Students

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Please read carefully and choose the option you feel is best for your child to help prevent malaria while a student at Rift Valley Academy. We encourage you to consult your nearby medical personnel concerning what is recommended for the malaria in your area. One form for each child, please.

Proguanil (Paludrine), Chloroquine, Doxycycline, and Mefloquine (Lariam) can be supplied through the RVA infirmary. Information on these medications is on the accompanying paper. If you choose for your child to take another medication you need to send it with him/her.

Check only one of the following (unless you're choosing a combination of Chloroquine and Paludrine). Fill in appropriate information in blanks completely:

- Chloroquine all term
- Chloroquine 4 weeks at beginning of term and 1 week before end of term
- Proguanil (Paludrine) all term
- Proguanil (Paludrine) 3 weeks at beginning of term and 1 day before end of term
- Proguanil (Paludrine) 3 weeks at beginning of term and after mid-term, 1 day before end of term and mid-term
- Doxycycline all term (probably the best schedule to have much impact on acne)
- Doxycycline 2 weeks at beginning of term and 1 day before end of term
- Doxycycline 2 weeks at beginning of term and after mid-term, 1 day before end of term and mid-term
- Mefloquine (Lariam) all term
- Mefloquine (Lariam) 4 weeks at beginning of term and 2 weeks before end of term
- Other medication specify: \_\_\_\_\_ ; to be taken all term \_\_\_\_\_ OR to be taken \_\_\_\_\_ weeks at the beginning of term, \_\_\_\_\_ weeks after mid-term, \_\_\_\_\_ days at the end of term, and \_\_\_\_\_ days before mid-term. When medication is not one of those listed above, parents need to send it.
- Because of the nature of the malaria risk in our area and/or the precautions taken at home to prevent mosquito exposure, I request that my child take no malaria preventive medication regularly at RVA. If he/she goes to a malaria area on a trip from RVA, I prefer that \_\_\_\_\_ be used. (If not specified, the RVA medical department will choose at the time.)

Also, check the following which apply:

- We will supply all malaria medication from home
- Please supply the above malaria medication for use at school (the ones printed in the list above are those which RVA can supply)
- Please also supply the above malaria medication for use at home during vacation (remember, the medicine needs to be taken before, during and after exposure)

Be sure to let us know when your situation changes or if some adjustments are needed on a temporary basis.

Signed \_\_\_\_\_  
Parent or Guardian