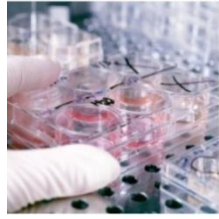
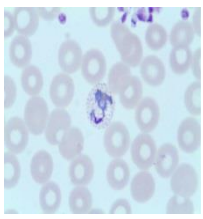
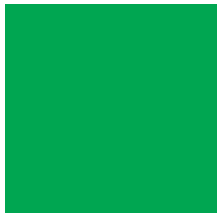
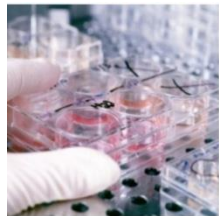
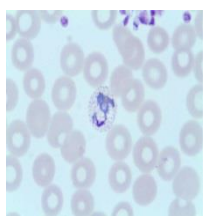


# Chemoprophylaxis Reimagined: Role of Doxycycline in Malaria Elimination

Knowledge Hub Webinar  
28<sup>th</sup> August 2025



- Malaria rapidly progresses to severe disease
  - Critical to take measures to reduce the chances of being infected
    - Non-pharmaceutical measures (insect repellants, long-sleeved and long trousers, screened windows/doors)
    - Pharmaceutical measures
  - Malaria risk and medical advice guide what measures to use
-



- Chemoprevention has also been part of South Africa Guidelines to Prevent Malaria
- Three regimens are recommended in the current guidelines

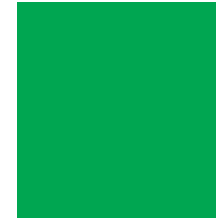
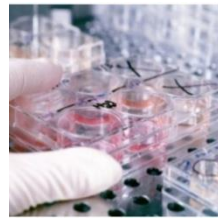
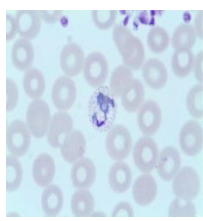
### Summary box 3

Page 15 Guidelines for the Prevention of Malaria in South Africa

#### Recommended prophylactic regimens

- Mefloquine (weekly). Start at least one week before entering a malaria area, take once weekly while there and for four weeks after leaving the malaria area, OR
- Doxycycline (daily). Start one day before entering a malaria area, take daily while there and for four weeks after leaving the malaria area, OR
- Atovaquone-proguanil (daily). Start one to two days before entering malaria area, take daily while there and for seven days after leaving the area.

See **Table 1** for a comparison of the benefits and risks of these prophylactic regimens.



- Significant challenging ensuring universal access to malaria preventative measures
  - Requirement of prescriptions
  - Costs
- Advocacy and motivation by the National Malaria Programme with support the South African Malaria Elimination Committee got both doxycycline and artemether-lumefantrine (standard treatment for uncomplicated malaria) downregulated from Schedule 4 to Schedule 2
- In 2021 was added to the Essential Medicines List

## MEDICINE TREATMENT

### Prophylaxis

#### CAUTION

Immunocompromised patients, pregnant women and children <8 years of age should avoid visiting malaria-endemic areas, as they are more prone to the serious complications of malaria.

However, if this cannot be avoided, malaria chemoprophylaxis should be considered (as recommended by the National Guidelines for the Prevention of Malaria (2018) found at: [https://www.nicd.ac.za/wp-content/uploads/2019/03/National-Guidelines-for-prevention-of-Malaria\\_updated-08012019-1.pdf](https://www.nicd.ac.za/wp-content/uploads/2019/03/National-Guidelines-for-prevention-of-Malaria_updated-08012019-1.pdf))

However, as only doxycycline is provided in the public sector, alternative options for pregnant women and children <8 years of age need to be purchased in the private sector.)

#### Non-pregnant adults:

- Doxycycline oral, 100 mg daily.

2020-4\_Version 1.1\_20 January 2025

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## CHAPTER 10

## INFECTIONS AND RELATED CONDITIONS

- Take from 2 days prior to entering endemic area until 4 weeks after exiting the endemic area.

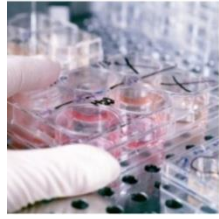
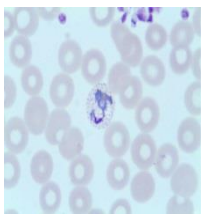
#### Children ≥8 years of age:

LoE:IIIb<sup>4</sup>

- Doxycycline oral, 2 mg/kg/dose daily.
  - Take from 2 days prior to entering endemic area until 4 weeks after exiting the endemic area.

LoE:IVb<sup>5</sup>

**Note:** Doxycycline is contra-indicated in pregnant women, and in children <8 years of age.



- Despite these simplifying mechanisms, uptake of this policy has been limited
  - Safety concerns
  - Regulatory concerns
  - Costs
  - Confusion regarding implementation

