

42 PULSE SERVICES TRAVEL VACCINATIONS & MALARIA PROPHYLAXIS

Destination	Malaria										Recommended regimen	Alternative regimen	Main parasitic hazards		
	Hepatitis A	Cholera	Polio	Tuberculosis	Diphtheria	Hepatitis B	Yellow fever	Tick-borne encephalitis	Japanese encephalitis	Risk areas and seasons					
Abu Dhabi	S	R				S	S	S					No		Le
Afghanistan	R	R	S	R	R	S	S	S	C				Yes, below 2,000m, May-Nov	ME or DO or MON	PC
Albania	S	R				S	S	S	C				No		Le
Algeria	R	R				S	S	S	C				Yes, low risk vivax in South	W	Sh Le
Angola	R	R	S	R	R	S	S	S	M				Yes, high risk	ME or DO or MON	PC
Antigua & Barbuda	S	R				S	S	S	C				No		Le
Argentina	S	R				S	S	S					Yes, rural areas near NE border with Bolivia and NW border with Brazil and Paraguay. Other areas very low	C	P
Armenia	S	R				S	S	S					No	W	
Australia									C	S			No		
Austria										S			No		
Azerbaijan	S	R				S	S	S					Variable risk at SW border Jun-Oct	C	P
Bahamas	R					S	S	S	C				No		Le
Bahrain	S	R				S	S	S	C				No		Le
Bali	R	R	S	R	R	S	S	S	C	S			Yes, low risk	W	
Bangladesh	R	R	S	R	R	S	S	S	C	S			Yes, SE and Chittagong Hill Tracts. Elsewhere, low risk	ME or DO or MON	PC
Barbados	S	R				S	S	S	C				No		
Belarus	R					S	S	S		S			No		
Belize	S	R				S	S	S	C				Variable risk in south, low risk Belize City	C	P
Benin Republic	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Bermuda	S	R				S	S	S					No		Sh Le
Bhutan	R	R	S	R	R	S	S	S	C	S			Yes, southern districts	ME or DO or MON	DRF
Bolivia	R	R				R	S	S	S	R			Yes, high risk in Amazon basin. Variable risk on Paraguayan and Argentine borders	ME or DO or MON	PC
Borneo	R	R	S	R	R	S	S	S	C	S			Low risk, coastal areas of Malaysian Sarawak and Saba. Indonesian Kalimantan, high risk all areas	W	PC
Bosnia	R					S	S	S	S				No		Le
Botswana	R	R	S	R	R	S	S	S	C				Yes, northern half only Nov-June	ME or DO or MON	PC
Brazil	S	R				S	S	S	S	R			High risk in NW half in Amazonia states. Elsewhere, very low	ME or DO or MON	PC
Brunei	R					S	S	S	C	S			No		Sh Le Tc
Bulgaria	R					S	S	S	S				No		
Burkina Faso	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Burundi	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Cambodia	R	R	S	R	R	S	S	S	C	S			Yes	DO or MON	PC
Cameroon	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Canada													No		Sh Ta
Cape Verde Islands	R	R				S	S	S	C				Yes, very low risk Aug-Nov	W	Le
Cayman Islands	S	R				S	S	S					No		
Central African Rep.	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Chad	R	R	S	R	R	S	S	S	R	S			Yes, high risk	ME or DO or MON	PC
Chile	S	R				S	S	S					No		Tc
China (Mainland)	S	R	S	R		S	S	S	C	S			Yes, in Yunnan and inland Hainan. Elsewhere, very low/no risk	ME or DO or MON	PC
China (Hong Kong)	R					S	S						No		Sh
China (Macao)	R					S	S						No		
Colombia	S	R				S	S	R					Yes, high Eastern half. Variable risk elsewhere <1,600m. Very low around Medellin, Bogota & Cartagena	ME or DO or MON	PC
Comoros	R	R	S	R	R	S	S	S	S				Yes, high risk	ME or DO or MON	PC
Congo	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Congo-Dem. Rep.	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Cook Islands	R					S	S	S					No		Le
Costa Rica	R					S	S	S	C				Small variable risk area on East coast. Rest of country, low risk	C	P
Croatia	S	R				S	S	S					No		Le
Cuba	R					S	S						No		
Cyprus	S	R				S	S						No		Le

Key

M = immunisation mandatory
R = immunisation recommended as risk of infection is substantial
S = immunisation sometimes recommended:
 - for more than three visits in a one-year period
 - a stay of more than three months in a rural area
 - for high-risk occupational groups
 - for backpackers staying more than one month
 - when entering the limited geographical risk area for the target disease
C = See Yellow fever, next column

Where **S** appears for cholera, it indicates that only high-risk travellers, usually healthcare workers in areas of known epidemics, should be immunised.

Vaccinations information

Tetanus
 Five tetanus doses are considered protective for life by the DH, although there is no evidence base for this. Travellers at risk of tetanus-prone wounds should be given 10-yearly boosters if they are going to poorer countries in Africa, Asia and South America where specific immunoglobulin may be unavailable.

Polio
 All travellers should have completed the British vaccination schedule for polio immunisation in childhood or as adults.

Yellow fever
 An international certificate of vaccination may be required for those entering from, or transiting through airports in YF endemic countries where **C, S, R** or **M** appears indicated in the yellow fever column. For details consult: <http://www.wnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/yellow-fever-and-malaria-information-by-country.htm#seldyfm298>

M = Mandatory generally indicates that all travellers aged >12 months should carry an international certificate of vaccination. Country specific ages are indicated in the web site above.

Information source and updates
 This chart is based on information from the UK TRAVAX website and other databases. TRAVAX is an information service provided by Health Protection Scotland (www.travax.scot.nhs.uk; telephone 0141 300 1130).

The chart is updated regularly. Readers are advised to use the latest chart only, to ensure that their practice reflects the most recent advice.

Travel vaccinations and malaria information author
 Dr Michael Jones, consultant physician, Regional Infectious Disease Unit, Western General Hospital, Edinburgh

Specialist advice

For advice on complex itineraries and other queries, use the following helplines:
Birmingham 0121 424 0357/ 3354/2357
Edinburgh, Western General Hospital 0131 537 2822
National Travel Health Network and Centre (Monday to Friday, 9am-12pm, 2pm-4.30pm) 0845 602 6712 (local call rate)



Although every effort is made to ensure that information in these pages is correct, the compilers and Pulse cannot accept responsibility for the consequences of errors. © PULSE 2012

Destination	Malaria										Recommended regimen	Alternative regimen	Main parasitic hazards		
	Hepatitis A	Cholera	Polio	Tuberculosis	Diphtheria	Hepatitis B	Yellow fever	Tick-borne encephalitis	Japanese encephalitis	Risk areas and seasons					
Czech Republic	S	R				S	S	S					No		Le
Djibouti	R	R	S	R	R	S	S	S	C				Yes, high risk	ME or DO or MON	PC
Dominican Republic	R	R	S	R	R	S	S	S					Yes, high risk along Haitian border, variable risk elsewhere	C	P
Dubai	S	R				S	S	S					No		Le
East Timor (Timor Leste)	R	R	S	R	R	S	S	S	C	S			Yes, high risk	ME or DO or MON	PC
Ecuador	R	R				S	S	S	R				Yes, moderate risk coastal provinces, substantial on Peru and Columbian border. Elsewhere low risk	ME or DO or MON	PC
Egypt	R	R				S	S	S	C				No		Tc
El Salvador	R	R				S	S	S	C				Yes, low risk	W	
Equatorial Guinea	R	R	S	R	R	S	S	S	R				Yes, high risk	ME or DO or MON	PC
Eritrea	R	R	S	R	R	S	S	S	C	S			Yes, high risk (no risk in Asmara)	ME or DO or MON	PC
Estonia	S	R				S	S	S					No		Sh Ta
Ethiopia	R	R	S	R	R	S	S	S	R	S			Yes, high risk below 2,000m (No risk in Addis Ababa)	ME or DO or MON	PC
Falklands (Tristan da C.)													No		
Fiji	S	R				R	S	S	C				No		Le
Finland										S			No		
France													No		Le
French Guiana	S	R				S	S	S	M				High risk inland and border areas, coast and islands/low no risk	ME or DO or MON	PC
French Polynesia	R					S	S						No		Sh Tc
Gabon	R	R	S	R	R	S	S	S	M				Yes, high risk	ME or DO or MON	PC
Gambia	R	R	S	R	R	S	S	S	R	S			Yes, high risk	ME or DO or MON	PC
Georgia	S	R				S	S	S					Yes, v. low risk SE villages July-Oct	W	Sh Ta
Germany										S			No		Sh Ta
Ghana	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Goa	R	R	S	R	R	S	S	S	C	S			Yes, variable risk	PC	DRF
Greece and Islands	S	R				S	S	S		S			No		Le
Greenland	R					S	S	S					No		
Grenada	S	R				S	S	S	C				No		
Guadeloupe	S	R				S	S	S	C				No		
Guam	R					S	S						No		
Guatemala	S	R				S	S	S	C				Yes, some risk below 1,500m	C	P
Guinea	R	R	S	R	R	S	S	S	R	S			Yes, high risk	ME or DO or MON	PC
Guinea Bissau	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Guyana	S	R				S	S	S	R				Yes, high risk al areas except coastal strip	ME or DO or MON	PC
Haiti	R	R	S	R	R	S	S	S	C				Yes, high risk throughout country	ME or DO or MON	PC
Hawaii										S			No		Sh Le
Honduras	R	R				S	S	S	C				Yes, risk variable	C	P
Hungary										S			No		Le
India	R	R	S	R	R	S	S	S	C	S			Yes, high risk Assam. Yes, low risk in southern states, Delhi, Jaipur, Agra, Mumbai. Yes, elsewhere	ME or DO or MON	PC
Indonesia	R	R	S	R	R	S	S	S	C	S			Yes, high in Lombok. Very low in Bali and cities. Yes, variable elsewhere	ME or DO or MON	PC
Iran	S	R	S	R	R	S	S	S	C				Yes, rural SE provinces Mar-Nov	ME or DO or MON	PC
Iraq	R	R	S	R	R	S	S	S	C				Yes, v. low risk rural north May-Nov	W	Sh Le
Israel	R					S	S	S					No		Le
Italy	S	R				S	S	S		S			No		Le
Ivory Coast	R	R	S	R	R	S	S	S	M	S			Yes, high risk	ME or DO or MON	PC
Jamaica	R					S	S	S	C				No		Ta
Japan										S			No		Sh
Jordan	S	R				S	S	S	C				No		Le
Kazakhstan	R					R	S	S	C				No		Le
Kenya	R	R	S	R	R	S	S	S	R	S			Yes, high risk (Nairobi and highlands low risk)	ME or DO or MON	PC
Kiribati	S	R				S	S	S	C				No		Sh Le Ta
Korea (North)	R	R				S	S	S	C	S			Yes, limited risk extreme south	W	
Korea (South)	S	R				S	S	S		S			Yes, limited risk extreme north	W	
Kosovo	R					S	S	S		S			No		Le
Kuwait	S	R				S	S	S					No		
Kyrgyzstan	S	R	S	R	R	S	S	S	C	S			Yes, low risk some S & W areas	W	Le
Laos	R	R	S	R	R	S	S	S	C	S			Yes, high risk (minimal risk Vientiane)	ME or DO or MON	PC
Latvia	S	R				S	S	S		S			No		

Parasitic infections

Short-term travellers staying in good conditions are usually at low risk of acquiring parasitic infections. Schistosomiasis is common and potentially serious. Leishmaniasis and trypanosomiasis are less common but potentially lethal. Expatriates in remote areas at risk of other rare diseases are not shown in this chart.

Sh = schistosomiasis. Travellers should avoid swimming in freshwater lakes and rivers in endemic areas.

Ta = African trypanosomiasis (sleeping sickness). Transmitted by tse-tse flies, and a risk in some African game parks and rural areas. Travellers should use insect repellents, close windows if fly swarms approach and seek medical attention for any signs of infection around bites one to three weeks later.

Tc = South American trypanosomiasis (Chagas' disease). Transmitted by reduviid bugs that feed at night and reside in the thatch and crevices of rural dwellings. Travellers should avoid sleeping in huts.

Le = Leishmaniasis. Transmitted by sandflies in arid areas (including Mediterranean coastal areas), mostly at night. Travellers should use insecticide-impregnated mosquito nets and insect repellent.

Travel medicine update

Polio
 Polio is resurgent in Nigeria, which has already reported more cases than the 62 in 2011. By late August, new wild-type virus cases, including both serotype 1 and 3, totalled 77 in 2012. Immunisation mop-up days will be held in late September and the possibility of conducting immunisation campaigns in Niger across the border from Katsina State is being explored. Transmission continues in Afghanistan, with a total of 17 cases in 2012. The World Health Organization goal of global polio eradication remains frustratingly elusive, although no cases have been reported from India this year and early indications are that the global number of cases in 2012 will be less than the 650 in 2011.

West Nile virus (WNV)
 WNV has been causing problems in Europe and North America. Forty-three states in the US have reported infections, with a total of 693 human cases in 2012 including 26 deaths and 59% classified as neuro-invasive. This is the highest number of infections reported to the Centers for Disease Control and Prevention since WNV was first detected in the US in 1999. Southern states have been hit hardest and almost half the cases are from Texas.

Canada has also seen an increase in WNV, with 49 cases in Ontario, of which 60% occurred in Toronto. Smaller numbers have been reported from neighbouring provinces.

A total of 57 cases have been reported in

Destination	Malaria										Risk areas and seasons	Recommended regimen	Alternative regimen	Main parasitic hazards				
	Typhoid	Hepatitis A	Cholera	Polio	Tuberculosis	Diphtheria	Hepatitis B	Rabies	Yellow fever	Mening/ACWY					Tick-borne encephalitis			
Lebanon	S	R														No	Le	
Lesotho	R	R	S													No	Sh	
Liberia	R	R	S	R	S	S	S	S	M						Yes, high risk	ME or DO or MON	PC Sh Ta	
Libya	S	R													No risk		Le	
Liechtenstein															S	No		
Lithuania															S	No		
Macedonia	R														S	No	Le	
Madagascar	R	R														Yes, high risk	ME or DO or MON	PC Sh
Madeira	S															No		
Malawi	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Ta
Malaysia	R	R	S												S	Yes, high risk Sabah and deep forests of peninsular Malaysia	ME or DO or MON	PC
Maldives	R	R														No		
Mali	R	R	S	R	R	S	S	S	M	S						Yes, high risk	ME or DO or MON	PC Ta
Malta and Gozo																No	Le	
Martinique																No	Sh	
Mauritania	R	R	S	R	R	S	S	S	R	S						Yes, high risk all year in south Low risk in far north	ME or DO or MON	PC Sh Le
Mauritius																No	W	
Mayotte	R	R														Yes, high risk	ME or DO or MON	PC Le
Mexico	R	R														Yes, southern rural areas only Elsewhere and tourist areas	C	P Tc
Moldova	S	R														No		
Mongolia	S	R														No		
Montenegro	R															No	Le	
Montserrat																No		
Morocco	R	R														No	W	
Mozambique	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Ta
Myanmar (Burma)	R	R	S	R	R	S	S	S	C	S						Yes, Kayin and East Shan state Yes, elsewhere Low/no risk Mandalay & Rangoon	DO or MON	PC PC
Namibia	R	R	S													Yes, NE third only Elsewhere low risk	ME or DO or MON	PC Sh
Nepal	R	R	S	R	R	S	S	S	C	S						Yes, below 1,500m (no risk in Kathmandu)	PC	DRF Le
Neth Antilles																No		
Netherlands																No		
New Caledonia	S	R														No		
New Zealand																No		
Nicaragua	R	R														Yes, variable risk in north, low risk in south	C	P Le Tc
Niger	R	R	S	R	R	S	S	S	M	S						Yes, high risk	ME or DO or MON	PC Sh Ta
Nigeria	R	R	S	R	R	S	S	S	R	S						Yes, high risk	ME or DO or MON	PC Sh Ta
Norway																No		
Oman	S	R														Sporadic imported risk	W	Sh Le
Pakistan	R	R	S	R	R	S	S	S	C	S						Yes, significant below 2,000m	ME or DO or MON	PC PC
Panama	R	R														Yes, high risk NE coast & Colombia border Variable risk east & west of Canal	ME or DO or MON	PC P
Papua New Guinea	R	R	S													Yes, high risk below 1,800m	ME or DO or MON	PC
Paraguay	R	R														Yes, extreme eastern areas, Oct-May	C	P Le Tc
Peru	R	R														Yes, high risk in Amazonian Loreto Dept. Variable risk SE area bordering Brazil & Bolivia, and around Tumbes & Piura	ME or DO or MON	PC Le Tc
Philippines	R	R	S													Yes, many rural areas below 600m No risk - Cebu, Bohol, Catanduanes	PC	DRF Sh
Poland																No		
Portugal																No		
Puerto Rico	R															No	Sh Le	
Qatar	S	R														No	Le	
Reunion	R															No	Sh	
Romania	S	R														No		
Russian Federation	S	R														No		
Rwanda	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Ta
Sabah	R	R	S													Yes, high risk inland Low risk coastal area and Kota Kinabalu	ME or DO or MON	PC

Destination	Malaria										Risk areas and seasons	Recommended regimen	Alternative regimen	Main parasitic hazards					
	Typhoid	Hepatitis A	Cholera	Polio	Tuberculosis	Diphtheria	Hepatitis B	Rabies	Yellow fever	Mening/ACWY					Tick-borne encephalitis				
Samoa	S	R														No			
Sao Tome	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Le	
Saudi Arabia	S	R														Yes, SW region, rural areas of W region Elsewhere (no risk Mecca, Medina)	ME or DO or MON	PC Sh Le	
Senegal	R	R	S	R	R	S	S	S	R	S						Yes, high risk	ME or DO or MON	PC Sh Ta	
Serbia																No	Le		
Seychelles	S	R														No			
Sierra Leone	R	R	S	R	R	S	S	S	M							Yes, high risk	ME or DO or MON	PC Sh Ta	
Singapore																No			
Slovakia																No			
Slovenia																No			
Solomon Islands	R	R														Yes, high risk	ME or DO or MON	PC	
Somalia	R	R	S	R	R	S	S	S	R							Yes, high risk	ME or DO or MON	PC Sh Le	
South Africa	S	R	S													Yes, NE rim bordering Zimbabwe, Mozambique & Eastern Swaziland, including Kruger, Kosi Bay & Jozini	ME or DO or MON	PC Sh Ta	
Spain																No			
Sri Lanka	R	R														Yes, far north and NE, north of Anuradhapura & Polonnaruwa Elsewhere	PC	ME, DO DRF	
St Helena & Ascension																No			
St Kitts & Nevis																No			
St Lucia																No			
St Vincent & Grenadines																No			
Sudan	R	R	S	R	R	S	S	S	R	S						Yes, high risk	ME or DO or MON	PC Sh Le	
South Sudan	R	R	S	R	R	S	S	S	R	S						Yes, high risk	ME or DO or MON	PC Sh Le	
Surinam	S	R														Yes (except Paramaribo and coast)	ME or DO or MON	PC Sh Le	
Swaziland	R	R	S													Yes, high risk, eastern areas	ME or DO or MON	PC Sh	
Sweden																No			
Switzerland																No			
Syria	S	R														No	Sh Le		
Taiwan	R															No			
Tajikistan	R	R	S													Yes, Jun-Oct variable on NW & SW borders	PC	ME, DO or MON	
Tanzania	R	R	S	R	R	S	S	S	R							Yes, high risk	ME or DO or MON	PC Sh Ta	
Thailand	S	R	S													Yes, on extreme fringe of international borders Elsewhere	DO or MON		
Tibet	S	R	S	R	R	S	S	S	C	S						No			
Tobago																No	Tc		
Togo	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Ta	
Trinidad																No	Tc		
Tunisia	R	R														No	Le		
Turkey	S	R														Yes, Syria border May-Oct Elsewhere	C	W P Le	
Turkmenistan																No			
Uganda	R	R	S	R	R	S	S	S	R	S						Yes, high risk	ME or DO or MON	PC Sh Ta	
Ukraine	S	R														No			
United Arab Emirates	S	R														No	Le		
Uruguay	R															No	Tc		
USA																No			
Uzbekistan	S	R														Yes, very low risk extreme SE	W	Le	
Vanuatu	S	R														Yes, high risk	ME or DO or MON	PC	
Venezuela	S	R														Yes, high risk to south of Orinoco River Variable/low risk north of Orinoco No risk Caracas or Margarita	ME or DO or MON	PC LE Tc	
Vietnam	R	R	S													Low risk in cities, coast between Ho Chi Minh & Hanoi, Mekong Delta Elsewhere	W	ME or DO or MON	PC
Virgin Islands																No			
West Papua (formerly Irian Jaya)	R	R														Yes, high risk below 1800m	ME or DO or MON	PC Sh Ta	
Yemen	R	R	S	R	R	S	S	S	C							Yes, but no risk in Sana'a city	PC	DRF Sh Le	
Zambia	R	R	S													Yes, high risk	ME or DO or MON	PC Sh Ta	
Zimbabwe	R	R	S													Yes, high risk Zambezi valley Yes, elsewhere below 1,200m Nov-Jun Negligible risk Harare and Bulawayo	ME or DO or MON	PC Sh Ta	

Key to malaria prophylaxis regimens

Regimen MON
Malarone (atovaquone/proguanil), one tablet daily. Begin 1-2 days before departure, continue while in malarious area and for 7 days after return. ACMP suggest Malarone is safe for periods in continuous use of at least 1 year and possibly longer. Safety in pregnancy has not been established, and use in pregnancy should only be considered if benefit to the mother outweighs risk to foetus. Children use paediatric tablets.

Regimen PC
Proguanil (Paludrine) 200mg daily plus chloroquine 300mg or 310mg base weekly (=Avloclor 2x250mg). Begin 1 week before travel and continue for 4 weeks after return.

Regimen ME
Mefloquine, 1x250mg tablet weekly. ACMP suggest it is safe in continuous use for periods of at least 3 years. Begin at least 212 weeks before travel (at least 3 doses before arriving in malarious area). Avoid in first trimester of pregnancy and do not start pregnancy until 3 months after stopping mefloquine. Inadvertent use in first trimester is not an indication for termination. If pregnant women must travel to chloroquine-resistant falciparum area, seek expert advice and conduct careful risk-benefit analysis. Use in any trimester may be justified.

Regimen C
Chloroquine 300mg or 310mg base

weekly (=Avloclor 2x250mg). Begin 1 week before travel and continue for 4 weeks after return.

Regimen P
Proguanil (Paludrine) 200mg daily. Proguanil 1-2 days before travel and continue for 4 weeks after return.

Regimen W
No chemoprophylaxis but be aware of risk. Avoid mosquito bites and carry standby treatment if going to be far from medical facilities.

Regimen DO
Doxycycline, 1 tablet of 100mg daily. Begin 1-2 days before travel and continue for 4 weeks after return. Not for children or pregnant women. Be aware of oesophageal ulceration, photosensitivity and very rare intracranial hypertension risk. Take with food or milk and avoid ingestion in late evening.

Regimen DRF
In the alternative regimen column, DRF is Drug-Resistant-Falciparum regimen. DRF = ME or DO or MON

Primaquine
A causal prophylactic that may be used when G6PD deficiency has been excluded in travellers with contra-indications to other anti-malarials. Active against all species. Adult dose 30mg daily. Start 1-2 days before departure and continue for 7 days after return.

Children's doses of antimalarial prophylactics

Weight in kg	Chloroquine Proguanil	Mefloquine	Age
Under 6.0	0.125 adult dose ¼ tablet	not recommended	term to 12 weeks
6.0 to 9.9	0.25 adult dose ½ tablet	0.25 adult dose ¼ tablet	3 months to 11 months
10.0 to 15.9	0.375 adult dose ¾ tablet	0.25 adult dose ¼ tablet	1 year to 3 years 11 months
16.0 to 24.9	0.5 adult dose 1 tablet	0.5 adult dose ½ tablet	4 years to 7 years 11 months
25.0 to 44.9	0.75 adult dose 1½ tablets	0.75 adult dose ¾ tablet	8 years to 12 years 11 months
45kg and over	Adult dose 2 tablets	Adult dose 1 tablet	13 years and over

Doxycycline only above 12 years and the adult dose is given

Children's doses

Weight in kg	Number of tablets daily
11-20	1 paediatric tablet
21-30	2 paediatric tablets
31-40	3 paediatric tablets
Above 40	1 adult tablet

Specialist advice

For malaria advice
Malaria Reference Laboratory
020 7636 3924 (health professionals only)
Birmingham 0121 424 0357/ 3354/2357
Edinburgh 0131 537 2822
Glasgow 0141 300 1130
Liverpool 0151 708 9393
Oxford 01865 225 214

TIP OF THE MONTH

Hajj 2012

This year, the Hajj is