STANDARD OPERATING PROCEDURE

Management of Uncomplicated Vivax Malaria (Adult)

Special Region (1)

Union of Myanmar

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Approved by: **Internal Medicine**

1. Introduction

Currently, *Plasmodium vivax* is the dominant parasite causing malaria in the north-east region of Myanmar. Although severe vivax malaria is rare, uncomplicated vivax malaria (vivax malaria without severe features) is common in daily out-patient visits. Diagnosis is readily made by blood film examination and rapid diagnostic test. Chloroquine and artemisinin-based combination therapy are meant to target blood stage infection. Because vivax malaria can often relapse (8-80%), primaquine is essential for radical cure to eliminate hypnozoites.

2. Recommended Treatments

First line treatment	**Chloroquine**	**Primaquine**
Second line treatment	Dihydroartemisinin + Piperaquine Or Artemether + Lumefantrine	Primaquine

3. Chloroquine (Chloroquine base 150 mg)

Chloroquine base for 3 days followed by primaquine for 7-14 days (total duration is 10-17 days to complete the vivax malaria treatment).

		Day 1	**Day 2**	**Day 3**
Chloroquine base 150 mg	BW based	10 mg/kg	10 mg/kg	5 mg/kg
Non-BW based	4 tabs	4 tabs	2 tabs	
Primaquine 7.5 mg (after completion of chloroquine): 0.25 mg/kg/day OD or 15 mg OD for 14 days (if G6PD deficiency cannot be screened); 1 mg/kg/day OD for 7 days (if G6PD deficiency can be excluded)				

Note: Chloroquine base 150 mg ≈ Hydroxychloroquine 200 mg ≈ Chloroquine phosphate 250 mg

4. Dihydroartemisinin/Piperaquine (DHA/PPQ) (40/320mg)

DHA/PPQ for 3 days followed by primaquine for 7-14 days (total duration is 10-17 days to complete the vivax malaria treatment).

	Body weight	Dosage and duration
DHA/PPQ	36 to < 60 kg	3 tab 40/320 mg OD on D1, D2, D3
	60 to < 80 kg	4 tab 40/320 mg OD on D1, D2, D3
	>80 kg	5 tab 40/320 mg OD on D1, D2, D3
Primaquine 7.5 mg (after completion of DHA/PPQ): 0.25 mg/kg/day OD or 15 mg OD for 14 days (if G6PD deficiency cannot be screened); 1 mg/kg/day OD for 7 days (if G6PD deficiency can be excluded)		

5. Artemether/Lumefantrine (AL) (20mg/120mg)

AL for 3 days followed by primaquine for 7-14 days (total duration is 10-17 days to complete the vivax malaria treatment).

	Body weight	Dosage and duration
AL	15 to <25 kg	2 tab BD on D1, D2, D3
	25 to <35 kg	3 tab BD on D1, D2, D3
	>35 kg	4 tab BD on D1, D2, D3
Primaquine 7.5 mg (after completion of AL): 0.25 mg/kg/day OD or 15 mg OD for 14 days (if G6PD deficiency cannot be screened); 1 mg/kg/day OD for 7 days (if G6PD deficiency can be excluded)		

6. Notes

- Bodyweight-based dosage regimen is preferable to non-body weight-based dosage regimen.
- **Contraindication for primaquine:** pregnant women, infants aged < 6 months, women breastfeeding older infants unless they are known not to be G6PD deficient, and people with G6PD deficiency.

7. Severe Features of Malaria

- Impaired consciousness: GCS < 11
- Multiple convulsions: More than two episodes within 24 h
- Prostration: Generalized weakness so that the person is unable to sit, stand or walk without assistance
- Hb <80 g/L
- AKI (oliguria <0.4 mL/kg/h, creatinine >265 μmol/L)
- Spontaneous bleeding/DIC
- Jaundice: Plasma or serum bilirubin > 50 μmol/L (3 mg/dL)
- Shock (BP <90/60) = 'Algid malaria'
- Acidosis (pH <7.3, a base deficit of > 8 mEq/L, a plasma bicarbonate level of < 15 mmol/L or venous plasma lactate ≥ 5 mmol/L)
- Hypoglycemia (<2.2 mmol/L)
- Hemoglobinuria
- Pulmonary oedema/ARDS
- Parasitemia >10%

8. References

1. World Health Organization. Guidelines for Malaria. Geneva: WHO; 2015.
2. World Health Organization. Guidelines for Malaria. Geneva: WHO; 2022.
3. Diagnosis and Management of Malaria, MSF guideline accessed on 24th October 2024.
4. Oxford Handbook of Clinical Medicine 10th Edition.