National Anti-Malaria Drug Policy in Cambodia

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Dates of change in anti-malarial treatment policy for P.F. in Cambodia

~1993 Chloroquine

1993 Quinine + tetracycline

1994 Mefloquine monotherapy

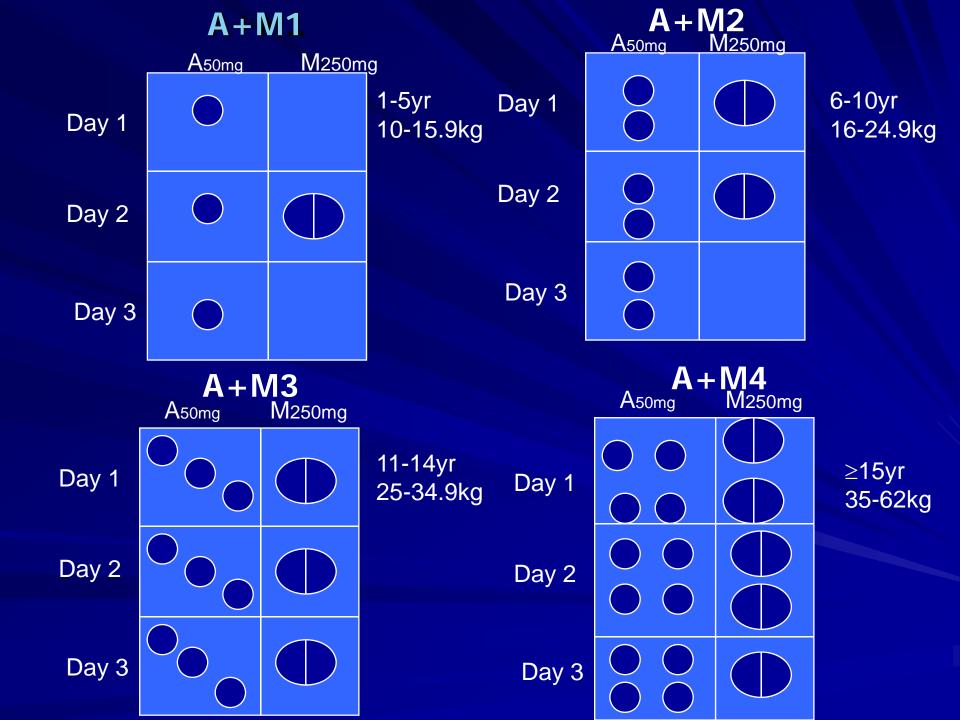
1999 Artesunate and Mefloquine

for second line treatment

(free combination without packaging)

2000 Artesunate and Mefloquine

for first line treatment



1st line treatment for pregnant women

1 st trimester of pregnancy	Quinine 30 mg/kg /day for 7 days	
2 nd & 3 rd trimester of pregnancy)	Artesunate 4mg/kg/day	Mefloquine 25mg/kg
	Day1-Day3	D1

1st line treatment for severe/complicated P.falciparum malaria

D1	D2-D5	D6
Artemether I/M 3,2 mg/kg	Artemether I/M 1,6mg/kg/day	Tab mefloquine 25mg/kg single dose (maximum 1000mg)

If patient can swallow tablets before D5 of IM treatment, always give A+M₄.

1st trimester of pregnancy: IV quinine alone followed by per oral treatment for at least 7 days. 2nd & 3rd trimester pregnancy: Artemether+ MFQ.

2nd line treatment for uncomplicated P.falciparum malaria

	Quinine	Tetracycline
Adult	30mg/kg/day for 7days	25mg/kg/day for 7days
Children <8yrs & pregnant women	30mg/kg/day for 7days	

Pre-referral treatment

Artemesinin suppository: 200mg for adult.

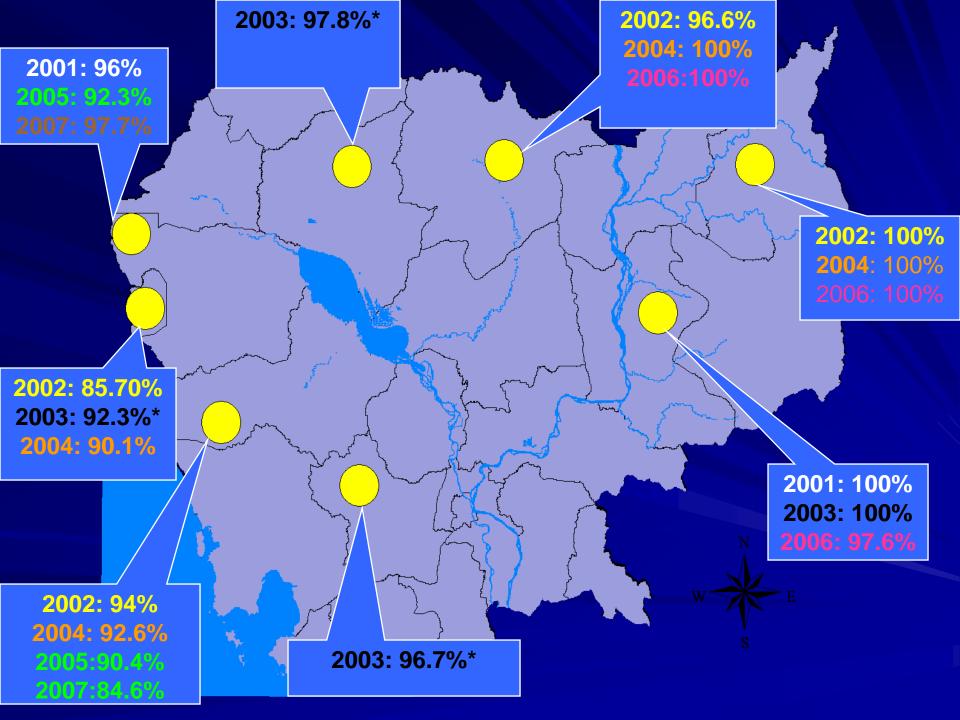
Treatment for P. vivax or P. malariae:

D1-D3
10 mg/kg single dose/day

Treatment for Mixed infections with P. falciparum: It's a type of malaria where infection by P. falciparum occurs with P. vivax +/- P. malariae.

The 1st and 2nd line treatment same as p. faiciparum infection

EFFICACY OF **ARTESUNATE + MEFLOQUINE** TO P. FALCIPARUM (in vivo test) FROM 2001-2007 (Artesunate 12mg/kg (over 3 days) + Mefloquine 25mg/kg D1) Follow up for 28 days



Thank you!

