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Malarone for malaria prophylaxis – differences in national recommendations across Europe

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Since the late 1990s, the combination of atovaquone and proguanil has been commercially available as a fixed antimalarial compound (*Malarone*; GlaxoSmithKline). Clinical studies undertaken so far have shown that it is well tolerated and effective against multidrug resistant *Plasmodium falciparum* isolates (1). The European Network for Surveillance of Imported Infectious Diseases (TropNetEurop, http://www.tropnet.net) has recently conducted a survey of prescription policies of *Malarone* across Europe, and the results are presented below.

With growing international travel and the continued spread of antimalarial drug resistance, the new fixed dose combination is recognised to be an agent that is not only effective for the prophylaxis of malaria but may be better tolerated than other commonly used antimalarial drugs (2). Compared with mefloquine, travellers receiving *Malarone* have been shown to have a lower frequency of both treatment related neuropsychiatric adverse events and treatment related events that caused prophylaxis to be discontinued (3).

Both atovaquone and proguanil have causal prophylactic activity against the hepatic stages of *P. falciparum*, which allows prophylaxis to be stopped seven days after leaving a malaria endemic area. For these reasons, *Malarone* is a frequently used prophylactic agent by short term travellers to malaria endemic areas.

In travellers who are prepared to pay the high price, the drug combination is also attractive for long term prophylaxis. Since initial studies were limited to 28 days of intake, the European licence was granted for this time period. There is no current evidence suggesting long term use may result in adverse events or toxicity, and the recommendation for its extended use is currently being examined by experts. In order to summarise the current practise regarding *Malarone* and its long term use, TropNetEurop conducted a survey of officials in its 46 member countries.

For table click here

Table. *Malarone* for long term malaria prophylaxis: Differences in national recommendations. Data gained from a poll conducted among TropNetEurop members in January 2004

As seen from the table, 15 nations responded. The recommendations for the long term use of *Malarone* varied widely. Expert committees in several countries adhere to the 28 days as detailed in the product information throughout Europe, while others recommend it for longer periods. The United States Food and Drug Administration approval did not restrict the long term use of *Malarone* (4). Experience of longer term use is now becoming available (5,6). Across Europe, despite access to similar information, expert bodies have different interpretations of the data.

A uniform European recommendation for malaria prophylaxis would be an ideal, however a start would be comparable recommendation for the use of *Malarone* for all European Union citizens. These recommendations need to be formulated by a non-commercial organisation staffed by regional experts from across Europe. Established networks including TropNetEurop could support such an organisation and information flow across European advisory committees and travel clinics.

Competing interests: none declared.

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