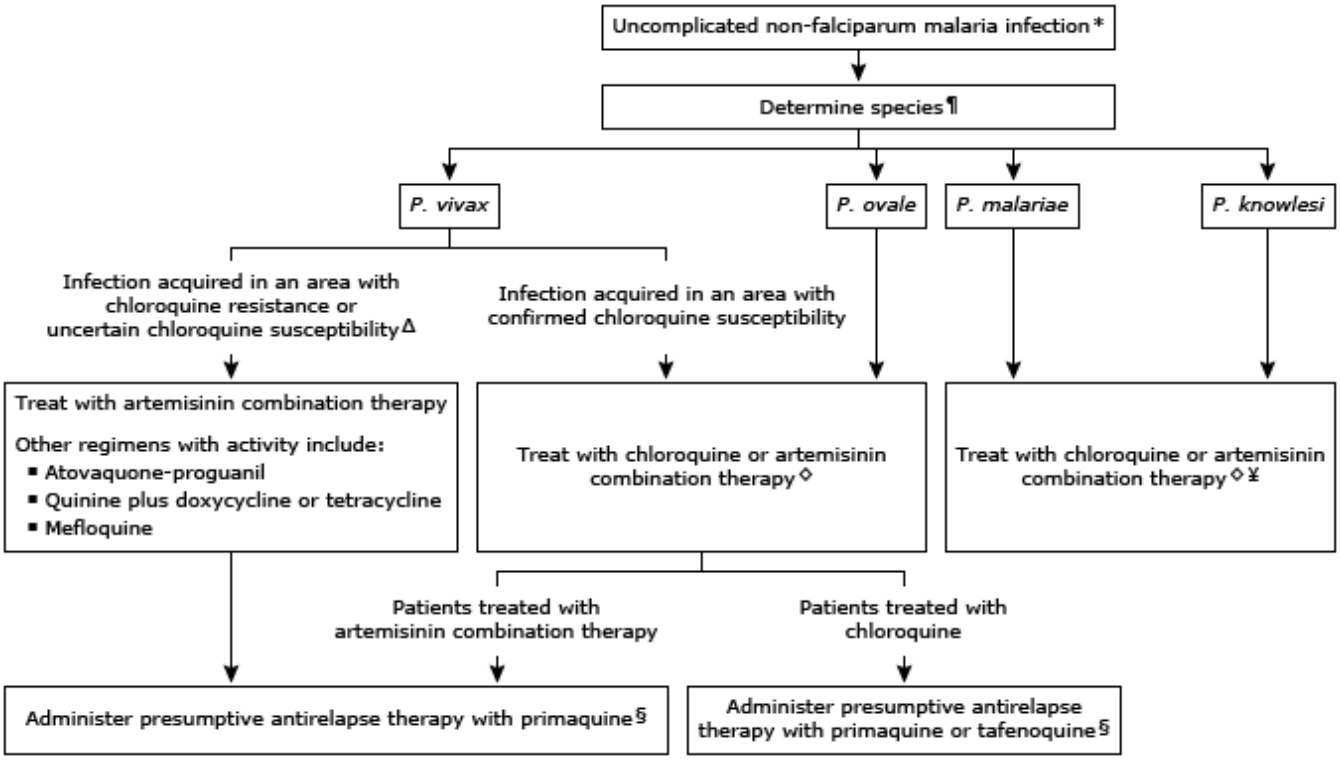
Treatment of uncomplicated malaria caused by non-falciparum *Plasmodium* species in nonpregnant individuals



Uncomplicated non-falciparum malaria refers to malaria infection caused by a non-falciparum *Plasmodium* species in the absence of hemodynamic instability, pulmonary edema, hemolysis, severe anemia, coagulopathy, hypoglycemia, metabolic acidosis, renal failure, hepatic dysfunction, altered mental status, focal neurological deficits, or seizures.

Antimalarial drug dosing is presented separately; refer to related UpToDate text and tables.

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* Patients with mixed infections that include both non-falciparum and *P. falciparum* species should be treated as for *P. falciparum*. If mixed infection includes *P. vivax* or *P. ovale*, presumptive antirelapse therapy i also needed; refer to the related UpToDate topics and tables for further discussion.

¶ The species may be determined by microscopy, rapid diagnostic tests, or molecular tools. Refer to the UpToDate topic on diagnosis of malaria for further discussion.

Δ Refer to the UpToDate topic for further discussion regarding areas with chloroquine-resistant *P. vivax*. If chloroquine susceptibility is uncertain, chloroquine resistance may be assumed for purposes of selecting an antimalarial regimen for treatment of *P. vivax* infection. Additional information regarding malaria endemic countries with evidence of reduced chloroquine efficacy may be found at: http://www.wwarn.org/vivax/surveyor/.

◇ The choice between chloroquine and artemisinin combination therapy should be made based on drug availability and local treatment guidelines. In some regions, a universal policy of treatment with artemisinir

combination therapy for all species of malaria is favored. Use of artemisinin combination therapy should be implemented in areas where the chloroquine treatment failure rate at day 28 is >10%.

§ The life cycles of *P. vivax* and *P. ovale* include a hypnozoite liver stage, which is a dormant stage that can reactivate weeks, months, or years after the initial infection, causing relapse. Therefore, presumptive antirelapse therapy with primaquine or tafenoquine is required to eradicate the hypnozoites of these species. Tafenoquine may be used only following treatment with chloroquine; primaquine may be used following treatment with any of the antimalarial agents. Primaquine and tafenoquine are contraindicated for patients deficient in glucose-6-phosphate dehydrogenase (G6PD). Refer to the UpToDate topic on non-falciparum malaria for further discussion of antirelapse therapy.

¥ Treatment of *P. knowlesi* infection with artemisinin combination therapy may be associated with faster parasite clearance than chloroquine; refer to the UpToDate topic for further discussion.

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