

1 - General Issues

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Patient Medical

A purple stethoscope is positioned over a clipboard. The clipboard has a white sheet of paper with the text 'Patient Medical History' written in a black, serif font. The stethoscope's chest piece is visible in the lower-left quadrant, and its tubing loops across the top and right sides of the page. The background is a light, neutral color.

Patient Medical History

1. General Issues

The ACMP prophylaxis guidelines are intended for UK-based visitors to malaria endemic areas and may not be appropriate for use by those residing in endemic areas.

Whilst these guidelines deal with malaria, malaria prevention is only one aspect of pre-travel advice. An overall risk assessment-based package of travel health advice should be provided.

In these guidelines, which have been specifically developed for travellers from the UK, there are a small number of instances where the advice given differs from that in guidelines from other countries or the World Health Organisation. This is because travellers from the UK do not usually visit all possible localities of malaria-endemic countries and may not visit the same localities as travellers from other countries. Many travellers from the UK who enter malaria-endemic countries are visiting friends and relatives in localities from which people tend to migrate to the UK. They do not therefore suffer exactly the same patterns of malaria exposure as permanent residents or visitors from other cultures.

1.1 How to give the advice

Emphasise to the traveller the ABCD of malaria prevention:

Awareness of risk
Bite prevention
Chemoprophylaxis
prompt **D**agnosis and treatment

- Emphasise that whilst no regimen is 100% effective, the **combination** of preventive measures advised will give significant protection against malaria.
- Make use of visual aids, especially malaria distribution maps and show examples of the preventive measures advised, such as aids to bite prevention.
- Discuss the choices of chemoprophylaxis regimens and their individual advantages and disadvantages, including cost.
- Provide the traveller with written information on malaria and its prevention. The Department of Health has an information leaflet available in 11 different languages (see chapter 9).

1.2 Medical history of the traveller

It is essential that a full clinical history is obtained, to include current medication, significant health problems and any known drug allergies.

Safe and effective malaria prevention requires a sound knowledge of the medical history of the traveller. When their patients seek pre-travel advice in primary care, this information will be available from their own practice records but in the case of specialist travel clinics malaria prevention advice may be sought at the first attendance. The General Medical Council (2001)¹ states “If you provide treatment or advice for a patient, but are not the patient's general practitioner, you should tell the general practitioner the results of the investigations, the treatment provided and any other information necessary for the continuing care of the patient, unless the patient objects.”

ACMP suggests that a hand-held record of the malaria prevention measures advised is given to the traveller so that they may pass it on to their GP.

1.3 Template for risk assessment and summary of advice given

This template is suggested for use in gathering information required for risk assessment when advising on malaria prevention. It may be downloaded for use from the Health Protection Agency website at www.hpa.org.uk or adapted for the particular circumstances of individual clinics.

Name

Age

Sex

Underlying condition:

Condition		Yes/No
Pregnancy	Actual	
	Planned while on trip	
Sickle cell	Disease	
	Carrier	
Thalassaemia	Disease	
	Carrier	
Epilepsy	Patient	
	First degree relative*	
Depression requiring medication		
Psychosis	Patient	
	First degree relative*	
Liver disease		
Renal failure		
Diabetes mellitus		
Cardiovascular	Ischaemic heart disease	
	Arrythmias	
	Other	
Immunocompromise		
Psoriasis		

* note first degree relatives are included in risk assessment as a precaution since risk of epilepsy and major depression is higher in first degree relatives of those in whom these conditions have been diagnosed.

A condition in a first-degree relative may not contraindicate the use of an antimalarial, but may influence the choice of drug.

Allergies

Give details of allergies to drugs or other below

Medication

Current medication	Yes/No	Comments
Antiarrhythmics		
Anticonvulsants		
Anticoagulants		
Antiretrovirals		
Corticosteroids		
Oral contraceptives		
Bupropion (Zyban [®])		
Other		

Previous antimalarial chemoprophylactic agent taken	Describe any problems

Area to be visited

See country tables and maps

Destination	Length of stay	Risk of malaria	Urban/rural/ both	Prophylaxis advised from country table**

** If the recommended regimens differ between the countries to be visited, see note on multi-trips in chapter 7.

Purpose of visit and type of accommodation: tick those that apply

Visiting friends and relatives	<input type="checkbox"/>	Safari	<input type="checkbox"/>	Backpacking	<input type="checkbox"/>		
Business/work	<input type="checkbox"/>	Study	<input type="checkbox"/>	>6 months	<input type="checkbox"/>	<6 months	<input type="checkbox"/>
House	<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Tent	<input type="checkbox"/>
Oil Rig	<input type="checkbox"/>	Cruise ship	<input type="checkbox"/>	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>
Other	<input type="checkbox"/>	please give details below					

Advice given

Bite Prevention Please tick measures advised

Repellent	<input type="checkbox"/>	Clothing spray	<input type="checkbox"/>	Bed net	<input type="checkbox"/>
Coils / Electric vapourisers	<input type="checkbox"/>	Insecticide sprays	<input type="checkbox"/>		

Chemoprophylaxis

Warning: do NOT rely on homoeopathic or 'natural' antimalarial prophylaxis

Antimalarial	Tick regimen advised	Dose	Duration	No. pills or volume of syrup
Chloroquine				
Proguanil				
Chloroquine/Proguanil				
Mefloquine				
Doxycycline				
Atovaquone/Progaunil				
Other (please specify)				
No chemoprophylaxis		Awareness of risk including bite prevention must still be recommended. Give advice to seek medical attention for any suspicious symptoms (up to about a year later)		

Standby Emergency Medication

For the vast majority of travellers standby emergency antimalarial medication is neither required nor recommended. Please undertake a risk assessment including information on the distance and time away from medical facilities which apply in each case.

Standby emergency medication advised? Yes / No *Please circle*

If standby emergency medication is recommended, please tick the regimen advised

Atovaquone plus proguanil

Co-artemether

Quinine plus doxycycline

Quinine plus clindamycin

Standby emergency medication advice leaflet given Yes / No *Please circle*