

CHLOROQUINE



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[Additional information](#) [interactions \(Chloroquine\)](#).

Cautions

Chloroquine

may exacerbate psoriasis, neurological disorders (avoid for prophylaxis if history of epilepsy, see [Epilepsy \(antimalarial drugs\)](#)), may aggravate myasthenia gravis, severe gastro-intestinal disorders, G6PD deficiency (see [section 9.1.5](#)); ophthalmic examination with long-term therapy; avoid concurrent therapy with hepatotoxic drugs—other **interactions**: [Appendix 1 \(chloroquine\)](#)

Hepatic impairment

use with caution in moderate to severe impairment

Renal impairment

manufacturers advise caution; see also [Prophylaxis Against Malaria](#)

Pregnancy

benefit of prophylaxis and treatment in malaria outweighs risk; see also [Non-falciparum Malaria \(treatment\)](#) and [Prophylaxis Against Malaria](#)

Breast-feeding

amount in milk probably too small to be harmful; see also [Prophylaxis Against Malaria](#)

Side-effects

gastro-intestinal disturbances, headache, skin reactions (rashes, pruritus); also hypotension, diffuse parenchymal lung disease, convulsions, extrapyramidal symptoms, visual disturbances, depigmentation or loss of hair, drug rash with eosinophilia and systemic symptoms; rarely bone-marrow suppression, hypersensitivity reactions such as urticaria and angioedema; other side-effects (not usually associated with malaria prophylaxis or treatment), see under hydroxychloroquine side-effects in Antimalarials, [section 10.1.3](#); very toxic in **overdosage**—immediate advice from poisons centres essential (see also [Emergency Treatment of Poisoning](#))

Indications and dose

Prophylaxis of malaria

- **By mouth**

Dose (expressed as chloroquine base) started 1 week before entering endemic area and continued for 4 weeks after leaving (see [Prophylaxis against malaria \(Infections\)](#))

Child up to 6 weeks, body-weight under 4.5 kg 25 mg once weekly

Child 6 weeks–6 months, body-weight 4.5–8 kg 50 mg once weekly

Child 6 months–1 year, body-weight 8–11 kg 75 mg once weekly

Child 1–3 years, body-weight 11–15 kg 100 mg once weekly

Child 3–4 years, body-weight 15–16.5 kg 125 mg once weekly

Child 4–8 years, body-weight 16.5–25 kg 150 mg once weekly (or 155 mg once weekly if tablets used)

Child 8–13 years, body-weight 25–45 kg 225 mg once weekly (or 232.5 mg once weekly if tablets used)

Child over 13 years, body-weight over 45 kg 310 mg once weekly

Counselling

Warn travellers about **importance** of avoiding mosquito bites, **importance** of taking prophylaxis regularly, and **importance** of immediate visit to doctor if ill within 1 year and **especially** within 3 months of return. For details, see [Prophylaxis against malaria \(Infections\)](#)

Treatment of non-falciparum malaria see [Non-falciparum malaria \(treatment\) \(Infections\)](#)

Note

Chloroquine doses in BNFC may differ from those in product literature

Sub-sections

▶ **Avloclor® (1) (Alliance)** (PoM)

Tablets, scored, chloroquine phosphate 250 mg (≡ chloroquine base 155 mg). **Net price** 20-tab pack = £7.95. Label: 5, counselling, prophylaxis, see above

▶ **Malarivon® (2) (Wallace Mfg)** (PoM)

Syrup, chloroquine phosphate 80 mg/5 mL (≡ chloroquine base 50 mg/5 mL), **net price** 75 mL = £30.00. Label: 5, counselling, prophylaxis, see above

▶ **Nivaquine® (3) (Sanofi-Aventis)** (PoM)

Syrup, golden, chloroquine sulfate 68 mg/5 mL (≡ chloroquine base 50 mg/5 mL), **net price** 100 mL = £4.60. Label: 5, counselling, prophylaxis, see above

▶ **With proguanil**

For cautions and side-effects of proguanil see [Proguanil](#); for dose see [Chloroquine and Proguanil](#)

▶ **Paludrine/Avloclor® (1) (Alliance)**

