TYPE OF DISEASE OR TREATMENT	REGIMEN(S)
Uncomplicated Malaria	
Known chloroquine-sensitive strains of *Plasmodium vivax, P. malariae, P. ovale, P. falciparum*[b]	Chloroquine (10 mg of base/kg stat followed by 5 mg/kg at 12, 24, and 36 h *or* by 10 mg/kg at 24 h and 5 mg/kg at 48 h) *or* Amodiaquine (10–12 mg of base/kg qd for 3 days)
Radical treatment for *P. vivax or P. ovale* infection (prevention of relapse)	In addition to chloroquine or amodiaquine or ACT, primaquine (0.5 mg of base/kg qd in Southeast Asia and Oceania [total dose 7 mg/kg] and 0.25 mg/kg elsewhere [total dose 3.5 mg/kg]) should be given for 14 days to prevent relapse.[c] In mild G6PD deficiency, 0.75 mg of base/kg should be given once weekly for 8 weeks. Primaquine should not be given in severe G6PD deficiency.
P. falciparum malaria[c]	Artesunate[d,e] (4 mg/kg qd for 3 days) *plus* sulfadoxine (25 mg/kg)/pyrimethamine (1.25 mg/kg) as a single dose ***or*** Artesunate[d] (4 mg/kg qd for 3 days) *plus* amodiaquine (10 mg of base/kg qd for 3 days)[d,e] *or* Artemether-lumefantrine[d] (1.5/9 mg/kg bid for 3 days with food) ***or*** Artesunate[d] (4 mg/kg qd for 3 days) *plus* mefloquine (24–25 mg of base/kg—either 8 mg/kg qd for 3 days or 15 mg/kg on day 2 and then 10 mg/kg on day 3)[f] ***or*** DHA-piperaquine[d] (target dose: 4/24 mg/kg qd for 3 days in children weighing <25 kg and 4/18 mg/kg qd for 3 days in persons weighing ≥25 kg) *or* Artesunate-pyronaridine[d] (4/12 mg/kg qd for 3 days)
Second-line treatment/treatment of imported malaria	Artesunate[e] (2 mg/kg qd for 7 days) *or* quinine (10 mg of salt/kg tid for 7 days) *plus 1 of the following 3:* 1. Tetracycline[f] (4 mg/kg qid for 7 days) 2. Doxycycline[f] (3 mg/kg qd for 7 days) 3. Clindamycin (10 mg/kg bid for 7 days) *or* Atovaquone-proguanil (20/8 mg/kg qd for 3 days with food)
Severe Falciparum Malaria[g,h]	
	Artesunate[e] (2.4 mg/kg stat IV followed by 2.4 mg/kg at 12 and 24 h and then daily if necessary; for children weighing <20 kg, give 3 mg/kg per dose) ***or, if unavailable,*** Artemether[e] (3.2 mg/kg stat IM followed by 1.6 mg/kg qd) ***or, if unavailable,*** Quinine dihydrochloride (20 mg of salt/kg[i] infused over 4 h, followed by 10 mg of salt/kg infused over 2–8 h q8h[i])

[a]In endemic areas where malaria transmission is low, except in pregnant women and infants, a single dose of primaquine (0.25 mg of base/kg) should be added as a gametocytocide to all falciparum malaria treatments to prevent transmission. This addition is considered safe, even in G6PD deficiency. [b]Very few areas now have chloroquine-sensitive *P. falciparum* malaria. [c]Recent large studies indicate that these total doses can be condensed into 7-day primaquine regimens. [d]In areas where the partner drug to artesunate is known to be effective. Fixed-dose co-formulated combinations are available. The World Health Organization recommends artemisinin combination regimens as first-line therapy for falciparum malaria in all tropical countries and advocates use of fixed-dose combinations. [e]Artemisinin derivatives are not readily available in some temperate countries. [f]Tetracycline and doxycycline should not be given to pregnant women or to children <8 years of age. [g]Oral treatment should be substituted as soon as the patient recovers sufficiently to take fluids by mouth. [h]Artesunate is the drug of choice when available. The data from large studies in Southeast Asia showed a 35% lower mortality rate than with quinine, and very large studies in Africa showed a 22.5% reduction in mortality rate compared with quinine. The doses of artesunate in children weighing <20 kg should be 3 mg/kg. [i]A loading dose should not be given if therapeutic doses of quinine have definitely been administered in the previous 24 h. [j]Infusions can be given in 0.9% saline and 5–10% dextrose in water. Infusion rates for quinine should be carefully controlled.

Abbreviations: ACT, artemisinin combination therapy; DHA, dihydroartemisinin; G6PD, glucose-6-phosphate dehydrogenase.

The World Health Organization (WHO) recommends artemisinin-based combination therapy (ACT) as first-line treatment for uncomplicated *P. falciparum* malaria in malaria-endemic areas. ACT is also the recommended first-line treatment for *P. knowlesi* infections, and either chloroquine or an ACT is recommended for the other malarias. The choice of ACT partner drug depends on the likely sensitivity of the infecting parasites. Artemisinin-based combinations are sometimes unavailable in temperate countries, where treatment recommendations are limited to the registered available drugs. Despite increasing evidence of chloroquine resistance in *P. vivax* (from parts of Indonesia, Oceania, eastern