

Intended Indications for the use of primaquine to interrupt malaria transmission

- Mass Drug Administration (MDA)/ Mass screen and treat (MSAT): Community-wide treatment with (MSAT)* or without screening (MDA) of individuals for malaria elimination. This is unlikely to be a one-off intervention, a series of repeated rounds of MDA may be required for maximal effect and optimal coverage. However there are limitations to the total number of rounds achievable due to the potential for drug resistance, cost, community acceptability and logistics
- Mini-MDA/ MSAT*: An MDA/ MSAT that is not conducted community-wide, but is targeted to transmission hotspots, i.e., select geographical areas of higher transmission intensity
- Micro-MDA/ MSAT*: An MDA/ MSAT that is conducted in individual households associated with high transmission or recently-/actively-infected individuals
- Epidemic control: Treatment to control an epidemic and prevent people from exporting gametocytes to new regions.
- Response to drug resistance: Treatment in the setting of drug resistance, where killing gametocytes will reduce the spread of drug resistant strains.
- Addition to 1st line antimalarial treatment of symptomatic individuals. Whilst the use of a 45mg dose of primaquine in addition to first-line antimalarial treatment is current policy in a number of settings, this should not be widely recommended until evidence demonstrates safety and efficacy. There may be special circumstances where this may be advantageous such as in areas of very low endemicity, as well as situations where antimalarial treatment is used for the prevention of reintroduction of infection e.g. treatment of migrants or where treatment should have a specific aim to contain the spread of resistant parasites.

*This indicates a derivative approach using screening of the target group or population with a highly sensitive parasite detection tool and treatment with an alternative ACT to the first-line ACT together with primaquine.