

**Table 2 Weight-Based Recommendations for Drugs and Immune Globulin in Pediatric Travelers**

DRUGS* and IG		WEIGHT		kg																																															Comments								
				5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	> 50									
		lb		11	13.2	15.4	17.6	19.8	22	24.2	26.4	28.6	30.8	33	35.2	37.4	39.6	41.8	44	46.2	48.4	50.6	52.8	55	57.2	59.4	61.6	63.8	66	68.2	70.9	72.6	74.8	77	79.2	81.4	83.6	85.8	88	90.2	92.4	94.6	96.8	99	101.2	103.4	105.6	107.8	110	> 50									
Immune globulin IM (IGIM) (Also refer to Table 1 listing of Hepatitis A and IGIM)	Short-term travel (< 3 mo)	< 23 kg (50 lb): 0.5 mL																	23 kg (50 lb) – 45 kg (100 lb): 1.0 mL																	> 45 kg (100 lb): 2.0 mL	Dose volume depends on body weight and length of stay. Dosages of IGIM for protection against hepatitis A are provided. For long-term travel, repeat dose every 5 mo while at risk, or consider HAV vaccine (see Table 1). IG should be administered deep into a large muscle mass.																						
	Long-term travel (3–5 mo)	< 10 kg (22 lb): 0.5 mL							10 kg (22 lb) – 22 kg (49 lb): 1.0 mL										23 kg (50 lb) – 45 kg (100 lb): 2.5 mL										> 45 kg (100 lb): 5.0 mL																														
Chloroquine phosphate† Tablet available as salt 250-mg salt = 150-mg base (generic; scored) 500-mg salt = 300-mg base (Aralen™) (not scored) Liquid formulations available in some countries (not in the US)	CDC	5 mg/kg base (8.3 mg/kg salt) once weekly (same day each week); maximum, 300 mg base																																															Second row provides dosages recommended by WHO (5 mg/kg base or 8.3 mg/kg salt once weekly) based on the administration of the commonly used tablet containing 150-mg base. Begin 2 wk before travel and continue for 4 wk after last exposure. Administer with food and 8 ounces of water. Note: Aralen™ 500-mg salt contains dye (D & C Red No. 27); chloroquine phosphate (generic); 250-mg salt (150-mg base) does not contain dyes.										
	WHO	5–6 kg & < 4 mo 37.5-mg base (¼ tab) weekly	7–10 kg & 4–11 mo 75-mg base (½ tab) weekly	11–14 kg & 1–2 y 75-mg base (½ tab) weekly	15–18 kg & 3–4 y 112.5-mg base (¾ tab) weekly	19–35 kg & 5–10 y 150-mg base (1 tab) weekly										36–50 kg & 11–13 y 300-mg base (2 tabs 150-mg base or 1 tab 300-mg base) weekly										>50 kg & ≥14 y 300 mg base weekly																																	
Doxycycline (Vibramycin™)† Available in various salt formulations; 50-mg caps, 100-mg tabs (not scored) and caps (several generics available), powder for oral suspension (25 mg/5 mL) (once reconstituted, discard unused portion after 2 wk; no refrigeration required) and syrup (50 mg/5 mL); no refrigeration required.	< 25 kg & < 8 y of age: Not recommended																	2 mg/kg/day (maximum 100 mg/day)																	Not recommended in children < 8 y. CDC and FDA approved recommended prophylactic dosage is provided in this row. WHO recommended malaria prophylactic dosage is 1.5 mg/kg salt daily. Begin 1–2 days before exposure and continue for 4 weeks after last exposure. Note: Vibramycin™ tablet contains dye (Yellow 6 lake), Vibramycin™ powder for oral suspension contains dye (Blue 1 and Red 28), and Vibramycin™ syrup contains no dyes. Drink fluids liberally along with doxycycline to reduce the risk of esophageal irritation or ulceration; may take with food or milk. Space apart administration of antacid laxatives or iron containing products by 2 hr. Absorption of tetracyclines is reduced when taking bismuth subsalicylate.†5 If concurrent use cannot be avoided, the tetracycline should be taken at least 2 to 3 hr before the bismuth subsalicylate dose. Doxycycline may cause photosensitivity (avoid prolonged direct sunlight; use highly protective sunscreen or sunblock and wear protection clothing).																								
Hydroxychloroquine sulfate (Plaquenil sulfate™)† Tablet available as salt (not scored) 200-mg salt = 155-mg base 400-mg salt = 310-mg base	5 mg/kg base once weekly (same day each week)																																															CDC- and WHO-recommended prophylactic dosage is provided in this row. Alternative to chloroquine. Begin 2 weeks before exposure and continue for 4 weeks after last exposure. Note: Plaquenil sulfate™ tablet contains no dyes. Administer with food and 8 ounces of water.											
Malarone™ (atovaquone and proguanil hydrochloride [HCl]).† Available in pediatric (62.5-mg atovaquone and 25-mg proguanil HCl per tablet) and adult (250-mg atovaquone and 100-mg proguanil HCl per tablet) strength forms.	< 11 kg Currently not FDA approved; studies in progress							11–20 kg 1 pediatric tablet daily										21–30 kg 2 pediatric tablets daily										31–40 kg 3 pediatric tablets daily										> 40 kg 1 adult tablet daily										Pediatric prophylactic dosage is provided in this row. Begin 1 to 2 days before travel and continue for 7 days after last exposure. Administer daily dose at the same time each day with food or milk. Malarone™ also FDA-approved for treatment of uncomplicated malaria caused by <i>Plasmodium falciparum</i> ; refer to: <a href="http://www.cdc.gov/travel/diseases/malaria/malarone.htm">http://www.cdc.gov/travel/diseases/malaria/malarone.htm</a>											
Mefloquine HCl (Lariam™)† Tablet available in US as salt (scored) 250-mg salt = 228-mg base (US formulation)	CDC	< 15 kg 5 mg/kg salt or 4.6 mg/kg base weekly																	15–19 kg ¼ tab weekly										20–30 kg ½ tab weekly										31–45 kg ¾ tab weekly										> 45 kg 1 tab weekly										Although mefloquine is not licensed by the FDA for children weighing < 15 kg, recent recommendations from the CDC allow the use of the drug to be considered in children without weight restrictions when travel to chloroquine-resistant <i>P. falciparum</i> areas cannot be avoided. Prophylactic recommendations by WHO relate to the commonly used tablet in the UK and other countries outside of the US that contains 250-mg base (approximately equivalent to 274 mg of mefloquine hydrochloride) to be taken at a dosage of 5 mg/kg weekly (same day each week). Note: patients prescribed the salt formulation in the US, which contains 228-mg base, should take the same number of tablets but will receive a slightly lower weekly dose of the drug in terms of base. Begin 2 wk before travel and continue for 4 wk after last exposure. Note: Lariam™ tablet contains no dyes. Administer with food and 8 ounces of water.
	WHO	5–6 kg & 3 mo ¼ tab weekly	7–8 kg & 4–7 mo ¼ tab weekly	9–12 kg & 8–23 mo ¼ tab weekly	13–16 kg & 2–3 y 0.33 tab weekly	17–24 kg & 4–7 y ½ tab weekly										25–35 kg & 8–10 y ¾ tab weekly										36–50 kg & 11–13 y 1 tab weekly										>50 kg & ≥14 y 1 tab weekly																							
Primaquine phosphate† Tablet available as salt (not scored) 26.3-mg salt = 15-mg base	0.3 mg/kg base (0.5 mg/kg salt) daily for 14 days (not to exceed 15 mg base or 26.3 mg salt daily)																																															CDC terminal prophylaxis regimen is provided in this row. Given post travel to persons with prolonged exposure in areas with <i>Plasmodium vivax</i> and <i>Plasmodium ovale</i> . Screen for G6PD deficiency prior to initiation of therapy. Note: primaquine phosphate™ does not contain dyes. Administer with food and 8 ounces of water.											
DRUGS* and IG		WEIGHT		kg																																																							
		lb		11	13.2	15.4	17.6	19.8	22	24.2	26.4	28.6	30.8	33	35.2	37.4	39.6	41.8	44	46.2	48.4	50.6	52.8	55	57.2	59.4	61.6	63.8	66	68.2	70.9	72.6	74.8	77	79.2	81.4	83.6	85.8	88	90.2	92.4	94.6	96.8	99	101.2	103.4	105.6	107.8	110	> 50									

**Table 2**

DRUGS	WEIGHT	kg																																																	Comments							
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	> 50										
Proguanil HCl or chloroguanide HCl (common trade name: Paludrine™) The dosage recommendations in this table refer to 100-mg proguanil HCl tablets. Currently available only in combination with atovaquone as Malarone™ in US		5–8 kg & < 8 mo ¼ tab (25 mg) daily	9–16 kg & 8 mo–3 y ½ tab (50 mg) daily										17–24 kg & 4–7 y ¾ tab (75 mg) daily										25–35 kg & 8–10 y 1 tab (100 mg) daily										36–50 kg & 11–13 y 1½ tab (150 mg) daily										>50 kg & ≥ 14 y 2 tabs (200 mg) daily	WHO recommended prophylactic dosage is 3 mg/kg daily (provided in this row) in combination with weekly chloroquine. See Table 1 for CDC-recommended prophylactic dosage. Prophylaxis should begin at least 24 hr before entering a malarious region and continue for 4 wk after last exposure. Administer daily with food and 8 ounces of water.														
Pyrimethamine-sulfadoxine <sup>1</sup> (Fansidar™); tablet (scored): 25 mg pyrimethamine and 500-mg sulfadoxine	CDC	5–10 kg ½ tab										11–20 kg 1 tab										21–30 kg 1½ tabs										31–45 kg 2 tabs										> 45 kg 3 tabs										Avoid if history of sulfa allergy. Not recommended in infants < 2 mo. Used only for presumptive treatment (1-time dose) when medical care is not available within 24 hr. <b>Not for prophylaxis.</b>						
		WHO	5–6 kg & 2–3 mo ¼ tab					7–10 kg & 4–11 mo ½ tab					11–14 kg & 1–2 y ¾ tab					15–18 kg & 3–4 y 1 tab					19–29 kg & 5–9 y 1½ tabs					30–39 kg & 10–11 y 2 tabs					40–49 kg & 12–13 y 2½ tabs					≥ 50 kg & ≥ 14 y 3 tabs																				
Acetazolamide (Diamox™ or Dazamide™™); oral formulations available as tablet (i.e., Diamox™ 125-mg and 250-mg scored and sustained release capsule (Diamox Sequels™, 500 mg)		No published studies exist on use for altitude sickness in infants and children. The following doses have been suggested by some authors: 5–10 mg/kg/day, up to 500 mg total in two divided doses (see comments).																																																	Avoid if history of sulfa allergy. To treat and prevent high altitude sickness. <sup>16</sup> Suggested dose based on clinical experience of 5–10 mg/kg/day, up to 500 mg total in 2 divided doses, beginning 24 hr prior to ascent and continuing for 48 hr at altitude. <sup>17–19</sup> Many clinicians use lower dosages in adults (i.e., 125 mg BID) and use similar dosages in children. Diamox™ tablet contains no dyes; Diamox Sequels™ contains dyes (FD & C Blue No. 1, FD & C Yellow No. 6).							
Azithromycin (Zithromax™™); available as 250-mg tablets (scored) & oral suspension, 100 mg/5 mL & 200 mg/5 mL; store constituted suspension between 5° to 30°C (41° to 86°F).		No published studies for travelers' diarrhea to date. Pediatric dosage for other infections: 10 mg/kg as a single dose on day 1 (not to exceed 500 mg/day) followed by 5 mg/kg on days 2 through 5 (not to exceed 250 mg/day).																																																	Administer oral suspension at least 1 hr before or 2 hr after a meal (not to be taken with food). Tablets can be taken with or without food. Zithromax™ tablets contain D & C Red #30 aluminum lake and suspension contains FD & C Red #30. <sup>20</sup>							
Furazolidone (Furoxone™)† Tablets: 100 mg (scored) Liquid: 50 mg per 15 mL (no refrigeration required)		Pediatric dosage: 5 mg/kg/day in four divided doses.																																																	Avoid in infants < 1 mo. For empiric treatment of diarrhea during travel. Broad antibacterial spectrum covering majority of gastrointestinal pathogens; FDA indication: specific and symptomatic treatment of bacterial or protozoal diarrhea and enteritis caused by susceptible organisms. Avoid ingestion of alcohol during or within 4 days after therapy since a disulfiram-like reaction may occur in some patients. In general, monoamine oxidase inhibitors, tyramine-containing foods, and indirectly acting sympathomimetic amines are contraindicated or should be used with caution.							
Loperamide HCl <sup>1</sup> ; available in US without a prescription in generic and brand name (Imodium A-D™); several other brands and generics may be available worldwide. Liquid formulation: each 5 mL (tsp) contains loperamide HCl 1 mg (no refrigeration required). Caplet (scored) contains 2 mg of loperamide HCl.		11–21 kg (24–47 lb) & 2–5 y: 1 tsp (5 mL) after first loose bowel movement, followed by 1 after each subsequent loose bowel movement. Do not exceed 3 tsp (15 mL) a day.										22–27 kg (48–59 lb) & 6–8 y: 2 tsp (10 mL) or 1 caplet after first loose bowel movement, followed by 1 tsp (5 mL) or ½ caplet after each subsequent loose bowel movement. Do not exceed 4 tsp (20 mL) or 2 caplets a day.										28–43 kg (60–95 lb) & 9–11 y: 2 tsp (10 mL) or 1 caplet after first loose bowel movement, followed by 1 tsp (5 mL) or ½ caplet after each subsequent loose bowel movement. Do not exceed 6 tsp (30 mL) or 3 caplets a day.										See Table 1 for children ≥ 12 y and adults.										Manufacturer does not recommend the use of loperamide in children < 2 y. Loperamide can be taken concomitantly with an antimicrobial. Avoid taking loperamide alone if diarrhea is bloody or associated with fever. Liquid formulation contains no dyes, but contains alcohol as an inactive ingredient. Caplet contains dyes (FD & C Blue #1 and D & C Yellow #10).																
Trimethoprim/sulfamethoxazole (TMP/SMX) or co-trimoxazole (various trade names: Bactrim™, Septra™, Cotrim Pediatric™, and generics). <sup>1</sup> Single strength (ss) tablet (scored): 80-mg TMP/400-mg SMX; double strength (DS) tablet (scored): 160 mg TMP/800-mg SMX; oral suspension: 40-mg TMP/200 mg SMX per 5 mL (no refrigeration required).	Oral suspension	4 mg/kg TMP/20 mg/kg SMX every 12 h																																																	Avoid if history of sulfa allergy. Not recommended in infants < 2 mo. For empiric treatment of diarrhea during travel. Dosage is expressed in terms of the TMP content in the fixed combination containing 5-mg SMX to 1-mg TMP. Take each oral dose with a full glass of water. (1 tsp = 5 mL).							
		5 kg											10 kg											15 kg											20 kg											30 kg											≥ 40 kg	20 mL
	Tablets	2.5 mL											5.0 mL											7.5 mL											10 mL											15 mL											1½ ss tabs	2 ss tabs or 1 DS tab
DRUGS	WEIGHT	kg																																																	> 50							
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	> 50										

<sup>1</sup>Sulfa, penicillins, and many other antimicrobials are available without prescriptions in many countries and may be sold in combination with other agents and labeled with terms or foreign language that would not suggest the presence of these drugs. Patients with history of severe allergies to penicillin, sulfa, or other agents should be cautioned not to buy drugs in other countries.  
<sup>2</sup>Medication may not be routinely stocked in local pharmacies; patient should call in advance to assess availability and request an order to be placed if not in stock.  
<sup>3</sup>Medication is likely to be routinely stocked in local pharmacies, although patients should call in advance to assess availability of some of the less commonly stocked formulations (i.e., Vibramycin™ syrup and pediatric oral suspension).  
IM = intramuscular; mo = month; y = year; hr = hour; wk = week; WHO = World Health Organization; CDC = Centers for Disease Control and Prevention; FDA = Food and Drug Administration; BID = twice daily.