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Trop Med Int Health. 2009 Oct;14(10):1266-71.

# Molecular assessment of Plasmodium falciparum resistance to antimalarial drugs in China.

Zhang GQ, Guan YY, Zheng B, Wu S, Tang LH.

National Institute of Parasitic Diseases, Chinese Center for Disease Control and Prevention, WHO Collaborating Center for Malaria, Schistosomiasis and Filariasis, Shanghai 200025, China.

OBJECTIVE: In China, Chloroquine (CQ) and sulfadoxine-pyrimethamine (SP) were abandoned for the treatment of falciparum malaria 20 years ago due to resistance. Subsequent field studies showed a trend of declining CQ and SP resistance in the country. The main purpose of this study was to analyse the molecular markers of antimalarial resistance and thereby to assess the possibility of reintroduction of CQ or SP for falciparum malaria treatment. METHODS: Plasmodium falciparum field isolates were collected in 2006-2007 from Hainan and Yunnan provinces, China. Nested PCR-sequencing assays were applied to analyse the SNPs in four genes: P. falciparum chloroquine resistance transporter (pfcrt) gene, multi-drug resistance 1 (pfmdr1) gene, dihydrofolate reductase (dhfr) gene and dihydropteroate synthetase (dhps) gene. RESULTS: We found the widespread presence of point mutations in the dhfr and dhps genes which are associated with SP treatment failure. The molecular analyses also showed the fairly high prevalence of point mutation in the pfcrt gene which is linked to CQ resistance. CONCLUSION: The results of the present study indicate that CQ and SP should not be reintroduced for falciparum malaria

treatment in the near future in China.

PMID: 19772548 [PubMed - in process]



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Curr Pharm Des. 2009;15(25):2970-85.

## <sup>9.</sup> Hybrid drugs for malaria.

#### Walsh JJ, Bell A.

Panoz Institute, Trinity College Dublin, Ireland. jjwalsh@tcd.ie

Malaria continues to devastate much of the tropics and sub-tropics in spite of the availability of a number of antimalarial drugs. Part of this problem is due to the disadvantages of the drugs in use, which include (depending on the drug) side effects, reduced efficacy due to resistance, and high cost. Multiple traditional and novel approaches to the discovery and design of new antimalarial agents are likely to be





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The number of *Plasmodium vivax* malaria patients in the Republic of Korea and North Korea since the re-emergence of malaria in 1993 is estimated to be approximately one million. To cope with this situation, the Army of the Republic of Korea has performed chemoprophylaxis with hydroxychloroquine and primaquine since 1997. The cumulative number of soldiers in the Army of the Republic of Korea given chemoprophylaxis exceeded 1.4 million by 2007. Extensive chemoprophylaxis contributed to preventing a rapid increase of malaria patients in the Army of the Republic of Korea, but increased the possibility of the occurrence of chloroquine (CQ)–resistant *P. vivax* strains. In this study, treatment responses of *P. vivax* malaria patients in the Republic of Korea monitored during 2003–2007, and CQ resistance was confirmed in 2 of 484 enrolled patients. Our results are the first report of CQ-resistant *P. vivax* in a temperate region of Asia. Continuous surveillance is warranted to monitor the change in CQ resistance frequency of *P. vivax* in the Republic of Korea.

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Short Report: Chloroquine-resistant Plasmodium vivax in the Republic of Korea

Kkot Sil Lee,<sup>†</sup> Tae Hyong Kim,<sup>†</sup> Eu Suk Kim, Hyeong-Seok Lim, Joon-Sup Yeom, Gyo Jun, and Jae-Won Park<sup>\*</sup>

Department of Internal Medicine, Kwandong University College of Medicine, Seoul, Republic of Korea; Department of

Internal Medicine, Soonchunhyang University College of Medicine, Seoul, Republic of Korea; Department of Internal Medicine, Dongguk University College of Medicine, Secul, Republic of Korea; Department of Pharmacology, Ulsan University

College of Medicine, Seoul, Republic of Korea; Department of Internal Medicine, Kangbuk Samsung Hospital,

Sungkyunkwan University School of Medicine, Seoul, Republic of Korea; Departments of Microbiology and Biochemistry, Graduate School of Medicine, Gachon University of Medicine and Science, Incheon, Republic of Korea

Abstract. The number of Plasmodium vivax malaria patients in the Republic of Korea and North Korea since the

re-emergence of malaria in 1993 is estimated to be approximately one million. To cope with this situation, the Army of the Republic of Korea has performed chemoprophylaxis with hydroxychloroquine and primaquine since 1997. The

cumulative number of soldiers in the Army of the Republic of Korea given chemoprophylaxis exceeded 1.4 million by 2007. Extensive chemoprophylaxis contributed to preventing a rapid increase of malaria patients in the Army

of the Republic of Korea, but increased the possibility of the occurrence of chloroquine (CQ)-resistant P. vivax

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strains. In this study, treatment responses of *P. vivax* malaria patients in the Republic of Korea monitored during 2003–2007, and CQ resi *P. vivax* in a temperate frequency of *P. vivax* in Here is a PDF document. To downloa

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Plasmodium vivax mala Korean Peninsula for man re-emerged in 1993 in the I prevalent area has been o the Demilitarized Zone (D re-emergence, and malaria Korea has been directly i

malaria in the region of North Korea located near the DMZ.<sup>1-3</sup> The total number of malaria patients in the Republic of Korea and North Korea since the re-emergence likely approaches one million.<sup>1-4</sup> To cope with the situation, the Army of the Republic of Korea has performed chemoprophylaxis with hydroxychloroquine (HCQ) and presumptive anti-relapse therapy with primaquine since 1997.<sup>5</sup> The cumulative number of the soldiers in the Army of the Republic of Korea given chemoprophylaxis exceeded 1.4 million by 2007. This extensive chemoprophylaxis campaign has helped prevent a rapid increase of malaria patients in the Army of the Republic of Korea. However, this success is tempered by the increased possibility of chloroquine (CQ)–resistant *P. vivax* strains.<sup>5</sup>

In this study, 484 patients from 6 hospitals in the Republic of Korea (5 in the malaria-prevalent region and 1 in Seoul) were enrolled during 2003–2007. Blood samples were collected from all patients before HCQ treatment and 24 hours after completion of treatment. Treatment responses were monitored by investigation of fever clearance time and par-

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had not been in malaria-prevalent areas in other nations during the two years prior to their present hospitalization.

Patient A was a 26-year-old man (civilian) who had been discharged from the military in May 1998. Chemoprophylaxis was not performed during his military service. He was admitted to hospital I located in Goyang, a malaria-prevalent area in Kyonggi Province, on July 30, 2003. Plasmodium vivax malaria was confirmed and he was administered 2,000 mg of HCQ over a three-day period. More specifically, on day 0, he was given 800 mg of HCQ, with doses of 400 mg administered 6 hours and 24 hours later (day 1), and 48 hours later (day 2). Despite administration of the first cycle of HCQ treatment, fever did not subside until day 6 and P. vivax trophozoites were evident in a peripheral blood smear obtained on day 6. Parasite density on day 0 (before the treatment) and day 3 (24 h after completion of HCQ treatment) were 3,500/μL. and 300/µL, respectively. Gene amplification by speciesspecific primers for small subunit ribosomal RNA<sup>4</sup> showed that Plasmodia in the patient's peripheral blood was P. vivax.

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Hydroxychloroquine has been reported to be as active as CQ against malaria parasites. <sup>15,16</sup> and 400 mg of HCQ is the molar equivalent of 309.6 mg of HCQ base and 295.0 mg of CQ base. Therefore, a CQ concentration of 10 ng/mL in plasma, which is the minimum effective concentration against CQ-susceptible *P. vivax*, is equivalent to an HCQ concentration of 10.5 ng/mL of plasma. In this study, treatment with 2,000 mg of HCQ over a three-day period was not effective in 2 (0.4%) of 484 patients. For these two patients, plasma concentrations of HCQ 24 hours after completion of HCQ treatments were much higher than the minimum effective concentration of CQ against *P. vivax*. <sup>17</sup> For the 482 patients with successful therapeutic outcomes, the mean and the standard deviation of plasma concentrations of HCQ 24 hours after completion of HCQ treatments were 220 ng/mL and 121 ng/mL, respectively, which were in not distinct from the two patients in whom HCQ treatment failed. This indicates that HCQ was absorbed and metabolized normally in the two patients, precluding the possibility that the treatment failure was caused by personal factors. In the two patients, parasitemias were reduced markedly, but not cleared, by HCQ administration. Patient A was cured by additional administration of HCQ; this success may have been the result of the infecting *P. vivax* being exposed to an increased trough concentration of HCQ for an extended period because of the cumulative dosage.

The present observations are the first report of CQ-resistant *P. vivax* from a temperate region of Asia. Surveillance activity should be strengthened to monitor the change of CQ susceptibility of *P. vivax* in the Republic of Korea.

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rublic of Korea (A030075), and a grant from the Korea

1-1-dong, Namdong-gu, Incheon 405-760, Republic of

These authors contributed equally to this work.

Authors' addresses: Kkot Sil Lee, Department of Internal Medicine, Kwandong University College of Medicine, 697-24, Hwajeong-dong, Deokyang-gu, Goyang-si, Kyonggi-do 412-270, Republic of Korea. Tae Hyong Kim, Department of Internal Medicine, Soonchunhyang University College of Medicine, 657, Hannam-dong, Yongsan-gu, Seoul 140-743, Republic of Korea. Eu Suk Kim, Department of Internal Medicine, 814, Siksa-dong, Ilsandong-gu, Goyang-si, Kyonggi-do 411-773, Republic of Korea. Hyeong-Seok Lim, Department of Pharmacology, Ulsan University College of Medicine, 388-1, Pungnap-2-dong, Songpa-gu, Seoul 138-736, Republic of Korea. Joon-Sup Yeom, Department of Internal Medicine, Kangbuk Samsung Hospital, Sungkyunkwan University School of Medicine, 108, Pyung-dong, Chongno-gu, Seoul 110-746, Republic of Korea. Gyo Jun, Department of Biochemistry, Graduate School of Medicine, Gachon University of Medicine and Science, 1198, Kuwol-1-dong, Namdong-gu, Incheon 405-760, Republic of Korea. Jae-Won Park, Department of Microbiology, Graduate School of Medicine, Gachon University of Medicine and Science, 1198, Kuwol-1-dong, Incheon 405-760, Republic of Korea.

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- 3. Veom IS Kim TS Ob S Sim IB Barn IS Kim HI Kim VA Abn SV Shin MV Voo IA Park IW 2007 Plasmodium vivar malaria in the Republic of Korea.

selective advantage great enough to become the dominant P.falciparum type in Guinea-Bissau. This is most likely due to the efficacy of high-dose chloroquine as used in Guinea-Bissau, combined with a loss of fitness associated with pfcrt 76T.

PMID: 19718439 [PubMed - in process]

PMCID: 2729929



#### Trop Med Int Health. 2009 Oct;14(10):1251-7. Epub 2009 Aug 25.

### <sup>15.</sup> Monitoring for multidrug-re analysis of pyrimethamine

Menegon M, Pearce RJ, Inojosa WO, DC, Roper C, Severini C. Department of Infectious, Parasitic and Im

OBJECTIVES: To assess the extent test whether the dhfr triple mutant all Seventy-one samples of blood from Hospital in 2004 were screened for in RESULTS: Mutations in pfcrt (codon (codons 436, 437) were common. A

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genetic information 13.7% carried all seven of these mutations. Flanking microsatellite analysis revealed the triple mutant pfdhfr was derived from the southeast Asian lineage, while the N51I+S108N double mutant pfdhfr alleles are a local origin. pfATPase6 mutations were rare and S769N was not found. CONCLUSION: The parasite population of Uige Angola has high frequency mutations in pfcrt, dhfr and dhps associated with resistance to chloroquine and sulphadoxine pyrimethamine, reflecting past reliance on these two drugs which were the mainstay of treatment until recently. Our findings show that drug resistance in Uige has occurred through a combination of local drug pressure and the regional and international dispersal of resistance mutant alleles.

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Many thanks, Pietro Pala

Dr. Pietro Pala Medical Research Council (I Uganda Virus Research Inst P.O. Box 49, Entebbe, Ugar

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# **Thank You**

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