Short Report

Absence of any adverse effect of inadvertent ivermectin treatment during pregnancy

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Although ivermectin is safe and well tolerated when distributed through mass treatment, pregnancy remains the major contraindication. PACQUÉ et al. (1990) considered that about half of the women in the first trimester of pregnancy might be treated inadvertently during community-based distribution of ivermectin, and stated that rates of miscarriage, stillbirth or major congenital malformation were not significantly different between treated and untreated women.

During a mass treatment campaign for onchocerciasis in the Vina valley, North Cameroon, 2710 women from 15 to 45 years old received ivermectin. Of 1495 women questioned in 1990, 225 were pregnant and were not treated. In 1991, 176 of 1215 women were pregnant and did not receive ivermectin. Every 3 months following the drug distribution, each woman was questioned about her pregnancy by a medical doctor. All abnormal events were recorded and checked at every subsequent survey. The date of delivery permitted determination a posteriori of the duration of pregnancy when the ivermectin was distributed. If delivery occurred within 40 weeks of ivermectin distribution, treatment was considered as having been given during pregnancy. Pathological events such as abortion, miscarriage, or stillbirth were recorded. Children born between 2 surveys were examined by a medical doctor to detect any malformation or abnormality in developmental status. The histories of 2580 women were sufficiently documented to be included in the study.

Ivermectin was not given to 401 pregnant women. Among the 2179 treated women, 110 were subsequently found to have been pregnant when they received ivermectin inadvertently. The prevalence of abnormal obstetric events occurring in treated women was not significantly different from that in untreated women ($\chi^2=3.08$, 3 degrees of freedom, $P>0.37$; Table 1). Most of the women reporting their pregnancy were in the first trimester of pregnancy. Again, the prevalence of abnormal obstetric events did not differ significantly between the 2 groups ($\chi^2=2.43$, 5 degrees of freedom, $P>0.48$; Table 2).

This study confirmed the observations of PACQUÉ et al. (1990), that ivermectin did not induce any major specific congenital malformation, nor did it increase the rate of abortion and miscarriage, even if treatment was given during the very early stages of the pregnancy when the risk of complications is greatest. Considering the benefits of ivermectin treatment for people heavily infected with Onchocerca volvulus, and the hypothetical nature of the risks of its administration during pregnancy, the large-scale mass distribution of ivermectin must be encouraged. The precaution of avoiding its administration to women notifying a pregnancy should be adequate.

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Reference


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