type. Both sexes were equally infected (p>0. 05). The highest number of people with active lesions was recorded in the 0 to 15 years age group which signifies that the disease is endemic in the focus. The highest monthly prevalence (0.18%) was reported in October. Most active lesions were found in students. The localization of lesions and scars on the body was considered in the study and provided the following repartition : 43.16% on the upper limbs, 21.05% on the head, 28.42% on the lower limbs and 7.37% on the trunk. A regimen of amphotericin B (ointment) and metronidazole (per os) was administered for 21 days to eight

vaccin antipalustre. D'autre part, l'immunité naturelle et les facteurs d'hôte restent les principaux mécanismes de protection contre le paludisme en zone d'endémie, et devraient être pris en compte lors d'enquêtes épidémiologiques.

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CL.8

T CELL REACTIVITY AGAINST *P. FALCIPARUM* GAMETOCYTE ANTIGEN PFS45/48

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In addition to vaccine development based on molecules of asexual stage parasites or sporozoites there is development of transmission blocking vaccines based on sexual stage molecules. One of the candidate molecules is Pfs48/45, which is exclusively found in sexual stages. Experimental and indirect evidence from field and patient studies show that antibodies to Pfs48/45 can block transmission. Such antibodies in sera from field studies and in patients that are followed after treatment can compete with mouse monoclonal antibodies against 5 different epitopes of Pfs48/45. The competition titers observed correlate with transmission blocking immunity(TBI) and in patient material with the TBI titer.
In a field study T cell reactivity is measured in PBMC from gametocyte carriers. PBMC are stimulated with recombinant Pfs48/45 and with 20-mer peptides of Pfs48/45 with a 5 AA overlap. PPD and con-A are used as positive controls. T cell reactivity is compared to TBI as measured by a feeder assay. This study may help to define T cell reactivity against Pfs48/45 in relation to TBI and to define T-cell epitopes in Pfs48/45 that can play a role in a Pfs48/45 based vaccine.

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CL.9

VERTICAL TRANSMISSION OF HIV-1 IN CAMEROON

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Although it is now admitted that HIV-1 contamination of the infants occurs mainly during delivery, a remaining risk of transmission during breast feeding and pregnancy still exists. In utero transmission was demonstrated by detection of HIV-1 in fetal tissue and seems to be related to a more severe and rapid progression of AIDS. There is today accumulating evidences for the role of maternal viral load and maternal antibodies as well in the transmission of the virus to the infant. The influence of biological parameters on the in utero passage of the virus and the mechanisms involved in such a passage are still unknown. To approach these mechanisms, we started to establish a cohort of seropositive pregnant women in Cameroon and are currently studying blood and placental samples. 4100 pregnant women have already been screened in Cameroon with their informed consent. 173 were found HIV-1 positive as confirmed by Western Blot, indicating a seroprevalence of 4,22% (95% CI : 3.60% - 4.83%) in these cameroonese population. Those

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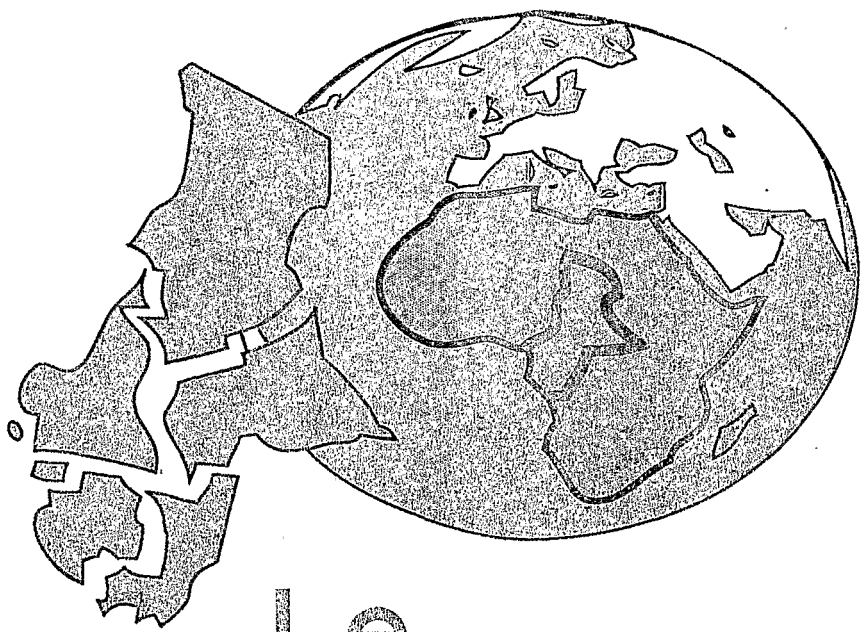

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