pyrimethamine and followed for 5 weeks by microscopy and collection of filter paper blood samples. At day 0, 52 subjects had asymptomatic low parasitemia while 57 had no parasitemia. Parasite DNA was extracted from filter papers and analyzed by PCR for the presence of DHFR mutations at amino acid positions 108, 51, 59 and 164. After beginning pyrimethamine prophylaxis 8 subjects (15%) showed a persistent parasitemia and 52 breakthrough infections (positive malaria smear following initial clearance of parasitemia) occurred in 46 subjects. The overall prophylaxis failure rate was 47%. The prevalence rate of DHFR mutations rose from 10% at day 0 to 90% in infections occurring after initiation of pyrimethamine. The relative risk of DHFR mutations for persistent or

Prénoms des AUS sur cet exp.

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