

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 breakthrough infections was 1. DHFR mutations were not predictive of pyrimethamine prophylaxis failure. All

VOLUME 57

SEPTEMBER 1997

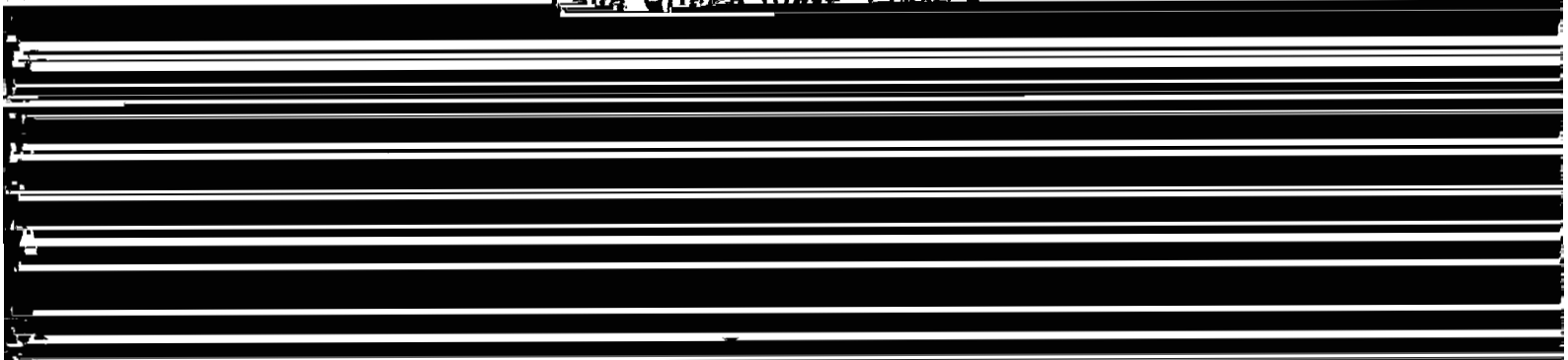
*Prénoms des AUS sur
cet exp.*

NUMBER 3

PROGRAM AND ABSTRACTS OF THE 46TH ANNUAL MEETING
OF THE AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE

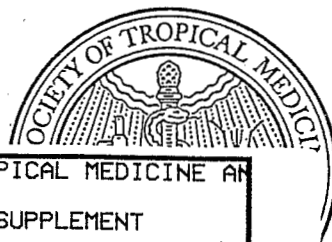
Disney's Coronado Springs Resort


Lake Buena Vista, Florida



December 7-11, 1997

Supplement to
THE AMERICAN JOURNAL OF
TROPICAL MEDICINE AND HYGIENE



01678	AMERICAN JOURNAL OF TROPICAL MEDICINE AND HYGIENE
09706237376009	1997 VOLUME 57 ISSUE 3 SUPPLEMENT
SWETS	SISAC
	
	0002-9637(1997)57:3+;1-S
046233	53024567

bx 11655 a-11683 ex 1