

**S 6 . E - Epidémiologie des parasitoses à vecteurs.**  
**- Epidemiology of vector transmitted parasites.**

S 6 . E 7 4

P.

OBSERVATIONS SUR UN NOUVEAU FOYER DE SCHISTOSOMOSE A *S. MANSONI*  
 DANS LA VALLEE DU FLEUVE SENEGAL

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*Schistosoma mansoni* - *Biomphalaria pfeifferi* - Richard Toll - Sénégal

Aucune observation antérieure ne fait état de *Schistosoma mansoni* dans la vallée du fleuve Sénégal. Un an et demi après la mise en service du barrage de Diama, un premier cas de bilharziose intestinale a été identifié à Richard Toll (population estimée = 50 000). En 1988 et 1989, 1935 examens directs de matières fécales sur 3926 analyses sont recensés positifs en *S. mansoni*. La progression des examens positifs est rapide dans tous les quartiers de Richard Toll : 1,9 % d'examens positifs au premier trimestre 1988, 71,5 % au dernier trimestre 1989.

Plusieurs prélèvements malacologiques organisés de février 1989 à janvier 1990 en 3 points régulièrement observés, ont permis de recueillir 1998 *Biomphalaria pfeifferi*. Une émission de furcocercaires de *S. mansoni* est déterminée pour 44 *B. pfeifferi* sur 953 mollusques (4,61 %) examinés durant cette période.

Une situation évolutive de ce type est nouvelle au Sénégal et implique la nécessité d'une intervention rapide.

S 6 . E 7 5

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P.

ASSESSMENT OF THE INCIDENCE AND PREVALENCE OF CLINICAL MALARIA IN AFRICAN CHILDREN EXPOSED TO LOW SEASONAL TRANSMISSION: PRELIMINARY OBSERVATIONS

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Malaria - Morbidity - Models - Africa - Senegal

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In order to determine the incidence and prevalence of clinical malaria under typical conditions of hypoendemicity, two longitudinal studies were carried out in June and November 1987 among 313 and 397 schoolchildren aged 7-12 years in Pikine, a suburb of Dakar where malaria transmission is low and seasonal. It was established from other data that these two periods of the year are those where clinical malaria incidence is minimum and maximum. The two studies lasted for 13 and 15 days, respectively. Each included: (1) daily clinical questioning and axillary temperature recording (except on Wednesday and Sunday); (2) two thick smears at 10-day interval; (3) extra thick smears in cases of fever or other symptoms; (4) home visits for each absence from school.

In June, the average parasite rate was 5.1%. 17 infections were observed during the study period (5.4% of children). 15 of these children were positive at both surveys, one child was positive at the first survey only, and one child was positive at the second survey only. Of these 17 children, 3 had a clinical attack during the study (one primary attack and two probable recurrences). Other infections were asymptomatic. For the study population, malaria caused eight days of sickness and one day of absence from school.

In the November study, the average parasite rate was 5.8%. 34 children were found to be infected during the study period (8.6%). 15 of these children were positive at both surveys, 8 children were positive at the first survey only, 6 children were positive at the second survey only, and 4 children who were negative at both surveys were positive at other periods during follow-up. Of these 34 children, 21 had a clinical attack during the study (11 primary attacks, 2 recurrences, 8 attacks which started before the beginning of the study period). For these children, malaria caused 81 days of sickness and 21 days of absence from school.

Our observations indicate that almost all new infections provoke clinical disease.

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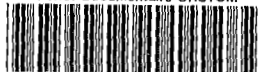
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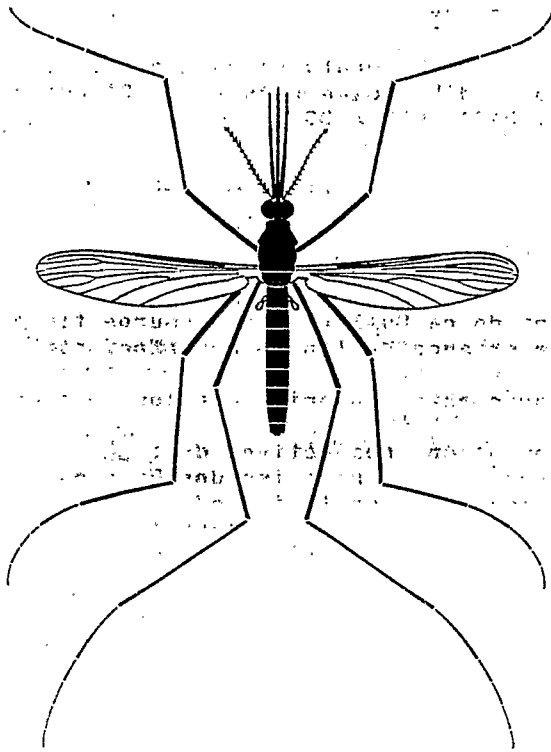
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Résumés.- Abstracts

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