

Malaria chemosuppression during pregnancy.

VI. Some epidemiological aspects of malaria in infants.

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Abstract

The possible influence of maternal malaria prophylaxis on infancy malaria was assessed in 241 infants. Mothers of 91 infants (PROG-cohort), 99 infants (CQ-cohort) and 51 infants (CQ+PROG-cohort) had received prophylaxis with daily proguanil, once weekly chloroquine, and the two drug combination respectively. Blood smears of infants were examined for parasitaemia once fortnightly. Parasitaemias were treated with either amodiaquine, Fansidar, or Fansidar-quinine combination. In all cohorts, the incidence of malaria parasitaemias within 3 months of age was high (overall mean = 63%). Chloroquine released from its tissue bound form in the CQ and CQ+PROG-cohorts did not have significant chemosuppressive effects on the parasitaemias. Acknowledging that the CQ-prophylaxis group simulated the hypothetical control group, the cohorts similarity in the pattern of parasitaemias suggested that effective maternal malaria chemoprophylaxis during pregnancy did not significantly influence infancy malaria. A sharp rise in incidence around 3 months was indicative of the waning effect of passive immunity. Sole dependence on sub-optimal active immunity led to another sharp rise in incidence from 9 months onwards. The high incidence of infancy malaria parasitaemias calls for increased vigilance in their early detection and effective treatment. Social-cultural factors within the communities may constrain effective disease management.