Molecular Surveillance for **Drug and Diagnostic Resistance in South and Central America** Kumar V. Udhayakumar, Ph.D Malaria Branch **Division of Parasitic Diseases Centers for Disease Control and Prevention**, Atlanta, USA



Talk Outline

- Progress in Peru, Venezuela and Brazil
- Central America
- Training and capacity building
 HRP2 RDT Failures and HRP2/3 genetic deletion



Molecular Markers

- Chloroquine (CQ)–Pfcrt
- Mefloquine (MQ) and other ACT—*Pfmdr-1* Copy number variation
- Sulfadoxine_Pfdhps
- Pyrimethamine—*Pfdhfr*
- Artesunate/Artemisinin—no good markers
- Microsatellite markers
- P. vivax Better markers are needed



There are some differences in the molecular patterns of drug resistant markers and population structure of parasites in South and Central America as compared to other regions



Monitoring Resistance in S. America

 Drug resistant parasites are evolving independently in SA

• ACT has been in use since 2001

 Molecular surveillance is valuable and complementary to other tools



Preliminary Results



Peru Studies

- Peruvian National Institute of Health (INS)
 - Nancy Arrospide
 - Wilmer M. Quezada and others
 - Trent Ruebush
 - Naval Medical Research Center Detachment
 - David Bacon and colleagues



Peru Questions

- What are the molecular pattern of resistant genotypes in different parts of Peru?
- What is the ancestral relationship between the resistant genotypes in different parts of Peru?
- What happened to the resistant genotypes as a result of policy change to introduce ACT?



Dual drug policy in Peru

- Coast and West Amazon 1999: CQ resistant, SP sensitive 1999-2001: CQ to Artesunate+SP
- Peruvian Cent. Amazon
 1999: CQ and SP resistance
 1999-2001: SP to Artesunate+Mefloquine
- What is the molecular pattern of CQ, SP and other resistance markers in different regions?





Summary from Peru

- CQ resistant genotype is fixed in all sites tested with two genotypes of different origins.
- SP resistant genotypes were high in the Central Amazon (1999) but declined (2006) after SP removal
- SP resistant genotypes were not found in coast and Western Amazon



Summary from Peru

- Two major Pfmdr1 genotypes found
- No evidence for copy number increase in this gene (marker for MQ)
- Regional difference exist consistent with different drug policy
- Bottled necked population of parasites based on genetic evidence



Evolution of Multi Drug Resistant Parasites in Venezuela



Dr. Ananias Escalante, Arizona State Univ Dr. Leopoldo Villegas, Venezuela



Drug Resistance in Venezuela

 CQ banned by National Program of Malaria Therapeutics in 1986

SP stopped in 1998

 MQ monotherapy selectively used till the adoption of ACT from 2002



Investigations on samples from Venezuela

- Bolivar state
- non-immune adults with *P. f*, 2003-2004 (N=97)
- Genotyped Pfcrt, dhfr and dhps and mdr1 CNV





Summary From Venezuela

- Multidrug resistant genotypes are accumulating and no decline in CQ and SP resistant genotypes after policy change
- Multiple copy pfmdr1 was found in 14% of samples (2003-2004).
- Further testing for mdr-1 copy number increase in the region (Venezuela, Guyana, Suriname, and Brazil) is warranted







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Molecular Surveillance for Drug Resistance in Brazil

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Brazil Study Sites



Vigilânsia em Saúde



Summary From Brazil

- CQ resistant genotypes are SVMNT genotypes and fixed
- SP resistant genotypes are fixed
- >85% of parasites with quadruple pfmdr1 mutation
- Copy number increase in pfmdr1 needs to be tested

(M. Povoa et al un published)



Monitoring for Chloroquine and SP Resistance in Central America (CQ is still used for primary treatment)





Further discussion is needed for incorporating molecular data for policy changes especially in the context of Haiti

Partnership and collaboration with Worldwide Antimalarial Resistance Network (WWARN)



Training and Capacity Development

- Mergiory Y Bracho Garrido (Malti Adhin's lab,) Institute of Biomedical Sciences, Suriname (01/13/09 to 02/24/09)
- Betzabe Mara Rodriguez, Molecular Diagnosis Lab, Ministry of Health, Nicaragua (8/24/2009 to 9/25/2009)
- Katherine Jessica Torres-Fajardo, (Dioni's lab) IMTAH, Univ. Cayetano, Peru (7/20/09 to 9/18/2009)



Training and Capacity Development (cont.)

- Claribel Murilo Solano, Cali, Colombia (02/08/10 to 02/26/10)
- Maru and Lucia from Norma Padilla lab, Univ. Guatemala (03/15/10 to 04/15/10)
- Molecular training workshop in Brazil



Future Directions

A comprehensive molecular surveillance strategy is needed for the region
Alex is working on a protocol



HRP2/3 Gene Deletion Studies

- HRP2 is the antigen detected my most rapid diagnostic tests (RDT)
- HRP2 is present only in P. falciparum
- During the recent evaluation of RDTs (WHO/FIND/CDC) it was discovered that some parasites in Peru were missing HRP2 and HRP3 genes
- HRP2 RDTs fail to detect these parasites



Genes of Interest (HRP2)

- HRP2:
 - Located on chromosome 7 (same chromosome as *Pfcrt* gene)
 - Contains numerous histidine repeats (key trait exploited by RDTs for detection)
 - Mal7P1_230 and Mal7P1_228 are the immediate upstream and downstream genes respectively





Genes of Interest (HRP3)

• HRP3:

- Located on chromosome 13 near the telomeric region.
- Also contains numerous histidine repeats.
- Mal13P1_485 and Mal13P1_475 are the immediate upstream and downstream genes respectively.





Genotype Profiling



Sample Collection Sites



Peru HRP2 Gene Deletion Prevalence

Peru HRP2 Gene Deletion Prevalence (272 samples)





Peru HRP3 Gene Deletion Prevalence

HRP3 Gene Deletion Prevalence (258 samples)



Gene Presence or Absence



HRP2/3 Gene Deletion Studies

- Preliminary data shows 5-10% of parasites in Brazil lack HRP2 gene (Para and Rondonia)
- Colombian Amazon region has high level of deletion and other sites are being investigated
- Other countries?



HRP2/3 Gene Deletion Studies

- Suriname-Malti Adhin
- Guyana-Nicolas Ceron
- Bolivia-Arletta Anez
- Ecuador-Raul Veloz Perez



Acknowledgements

- Nancy Arrospide/INS
- David Bacon/US Navy Peru
- Leopoldo Villegas
- Ananias Escalante
- Trent Ruebush
- Wilmer M. Quezada
- Malti Adhin
- Mergiory Bracho

- Marinete Marin Povoa
- Giselle M. Rachid Viana
- Cesar Bedoya
- Betzabe Rodriguez
- Norma Padila
- Jaime Chang
- Keith Carter
- Alex Macedo de Oliveira
- Many others



Acknowledgements

Sean Griffing (NSF) Tonya Mixson Luke Syphard Ira Goldman Pauline Abdallah John Barnwell Andrea McCollum Sankar Sridaran Amanda Poe Cecilia Nelson Naomi Lucchi Larry Slutsker

USAID, AMI, RAVREDA, PAHO
CDC Antimicrobial Resistance Working Group
CDC ASM and EID Fellowships

