

CURRENT SITUATION OF RESISTANCE TO ANTIMALARIAL DRUGS IN AMAZONIA

PAST AND CURRENT DRUGS

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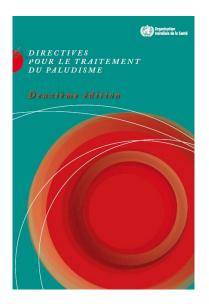


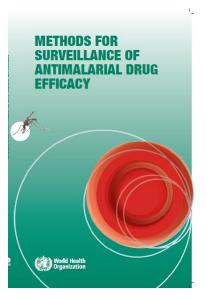
POUR LA RECHERCHE, POUR LA SANTÉ, POUR DEMAIN

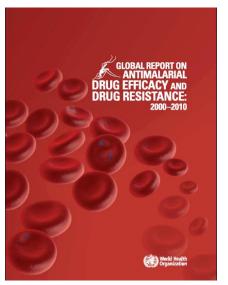


1. Why should we monitor parasite resistance?

- To quickly detect emergence
- To adapt therapeutic recommendations
- To adapt control strategies











2. Tool box: Methods and outputs

••• Therapeutic efficacy studies (TES)

- Therapeutic responses on Day 28 or 42
- Parasite clearance time

••• In vitro / ex vivo drug testing

- Standard method: inhibitory concentration 50%
- Ring survival assay after 6 hours of exposure to DHA

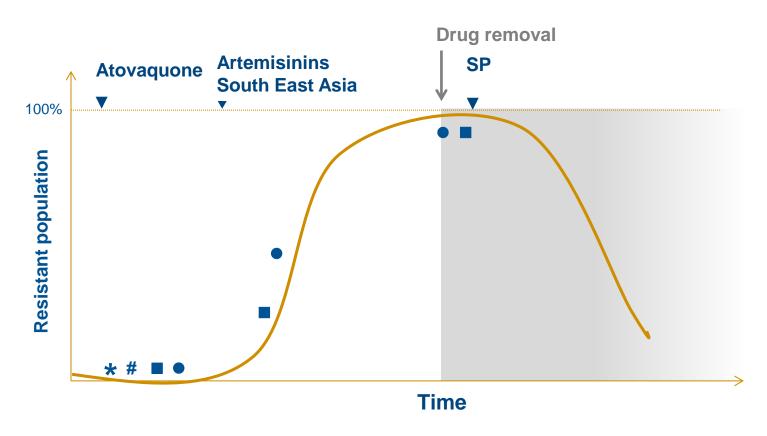
Molecular marker of resistance

- Validated genes
- Microsatellites and SNP polymorphisms around



3. Resistance and genotype

Adapted from Wiesh 2011, Lancet 11:236-247



Mutations emerge, are selected or not, and spread



4. Resistance and molecular marker for resistance

• Advantages

- Easy to analyze
- Easy for monitoring of resistance
- Useful to determine the resistance origin

Limitations

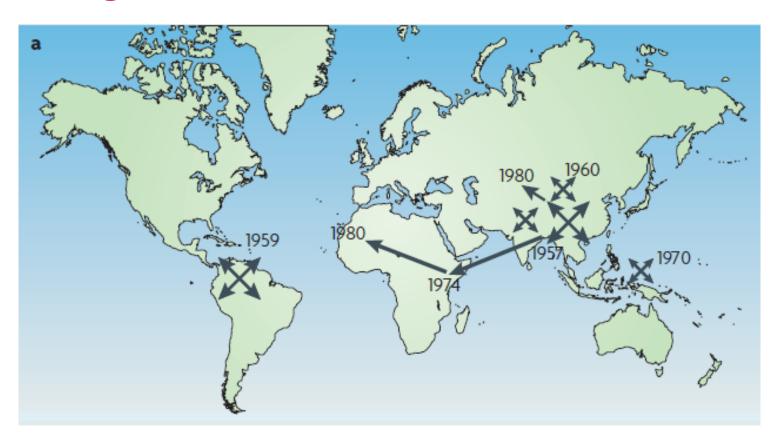
- Should be carefully linked to resistance
 - ✓ Therapeutic efficacy studies
 - ✓ In vitro testing
- Are they informative for ever?



5. Chloroquine resistance

Dondorp 2010, Nature Rev Microbiol

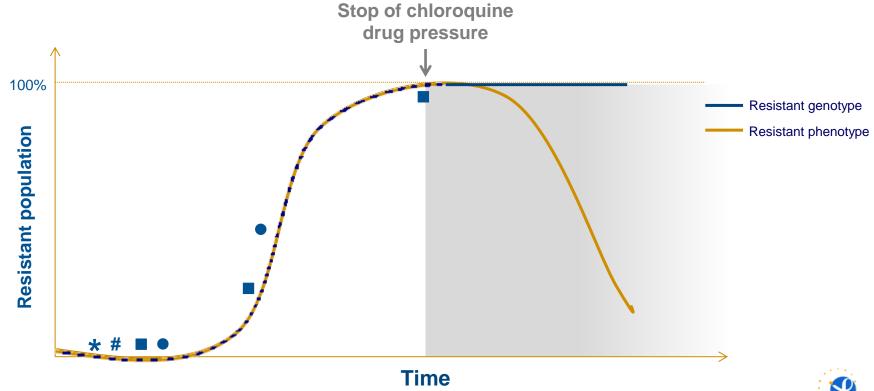
• Emergence : SEA and South America





6. The historical perspective regarding chloroquine

- Chlroquine resistance evolution in French Guiana
 - Fixation of pfcrt alleles associated with resistance
 - Discordance between genotype and phenotype, Why?



7. Fixation of standard drug-resistance allele

Legrand 2012, Antimicrob Agents Chemother

Chloroquine was abandonned in 1995

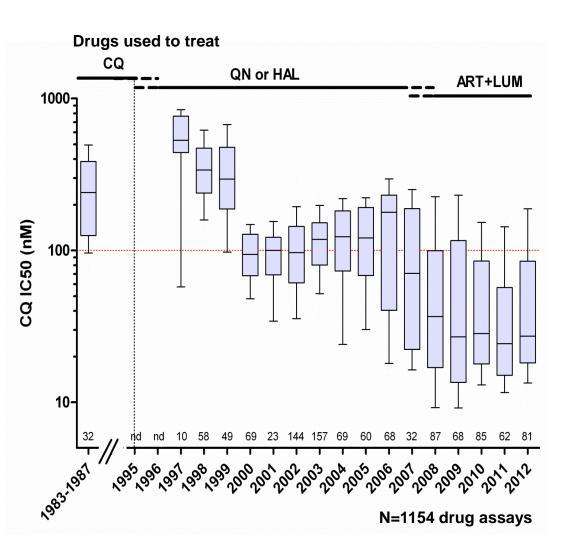
Resistant marker prevalence between 1997 and 2012

Gene	Haplotype	Prevalence %	n	
Pfcrt	<u>S</u> VMN <u>T</u>	97.5%	1028 / 1054	~90% of imported cas (Haiti, Africa)
codons 72-76	CVMNK	1.6%	17 / 1054	
	CV <u>IET</u>	0.9%	9 / 1054	
Pfmdr1	NFCDY	90.7%	701 / 773	
codons 86,184,1034,1042,1246	N <u>F</u> S <u>DY</u>	8.7%	67 / 773	



8. Evolution of chloroquine susceptibilities

Legrand E. et al. Antimicrob Agents Chemother, 2012 **Dedet JP**. et al. Bull Soc Path Exot, 1988



Prevalence of CQR isolates :

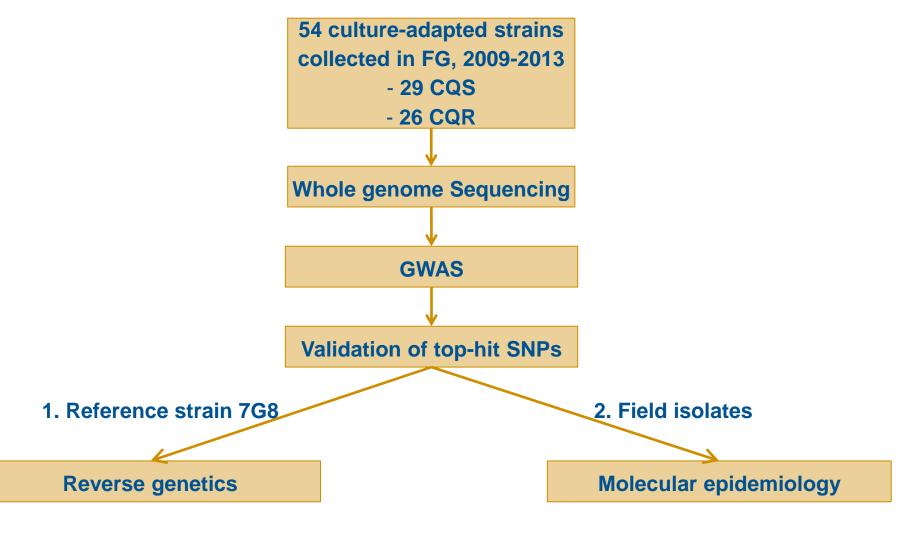
- 1990s: >90%

- 2012 : 25%

→Standard molecular markers (pfcrt K76T) are uninformative

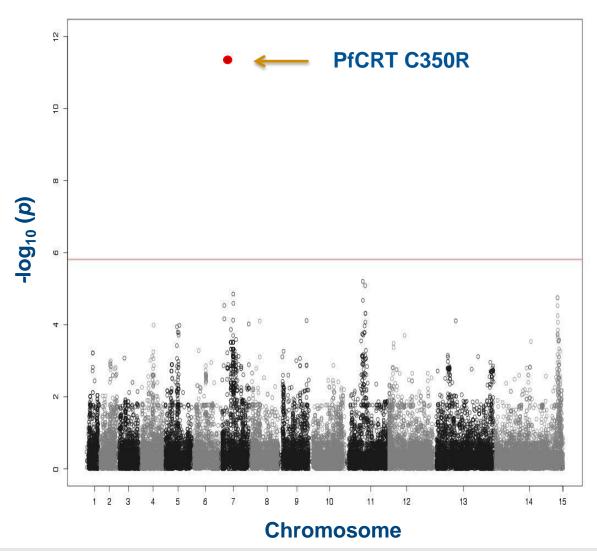


9. Process to identify the genetic markers





10. GWAS results



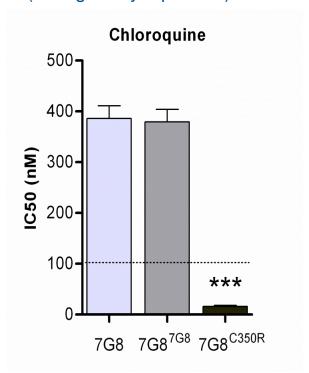


11. C350R validation

1. Reverse genetics

In the CQR Brazilian strain 7G8

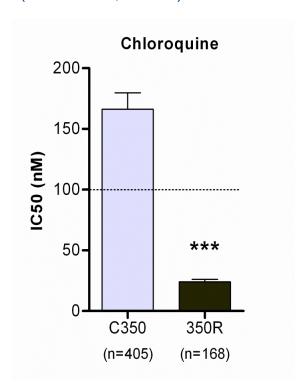
(8 drug assay replicates)



2. Molecular Epidemiology

In field isolates from FG

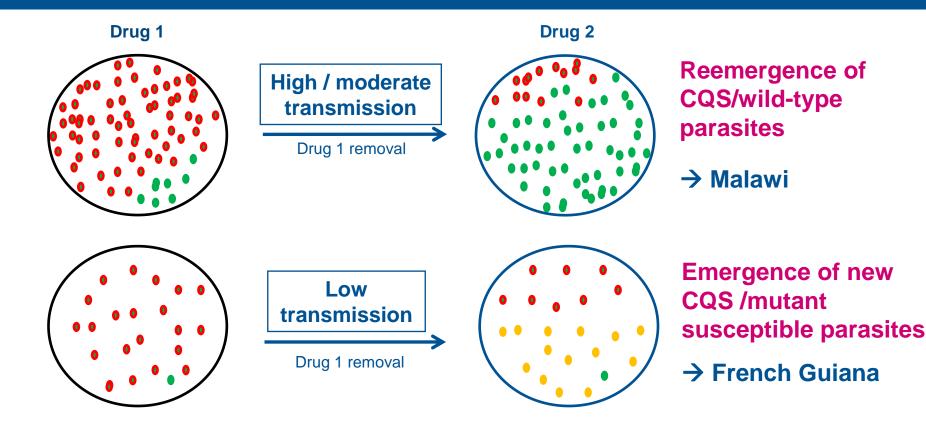
(1997-2012, n=573)



- → K76T alone is no more a molecular marker for resistance
- → Standard molecular markers might not be informative after drug removal



12. Genetic evolution after policy change



In low transmission settings:

→ Phenotypic tests and/or efficacy studies should regularly confirm the usefulness of the molecular markers



13. Artemisinine resistance, where are we now?

••• Emergence: SEA



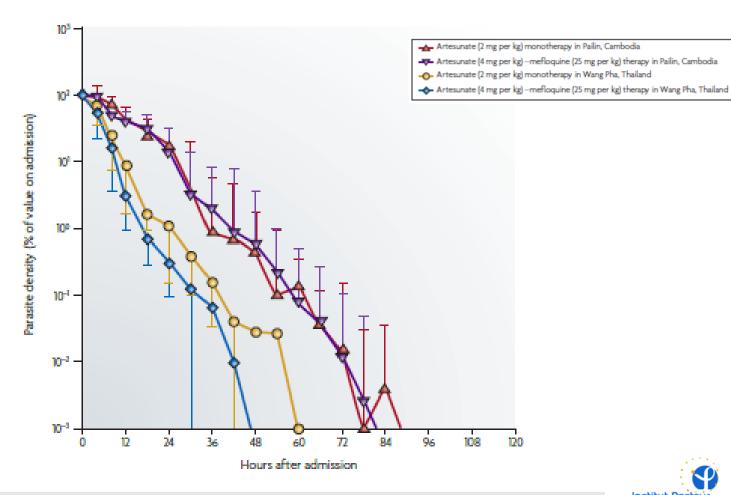
Adapted from **Dondorp** 2010, Nature Rev Microbiol



14. In vivo phenotypic profile

White 2008, Science

A delay parasite clearance time

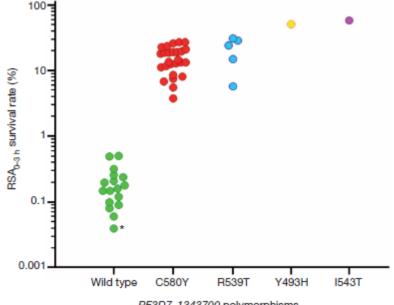


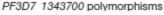
15. Genotype: mutations in active site of gene K13

Ariey et al., 2014, Nature Straimer et al., 2015, Science



In vitro phenotype







16. Is artemisinine resistance emerged on the Shield?

- Suriname: 7.9% D3 positive 63% PCT >5h
- Guyana: 0% D3 positive PCT ND
- French Guiana: 5.7% D3 positive PCT ND
- Brazil: 0 to 58% D3 positive



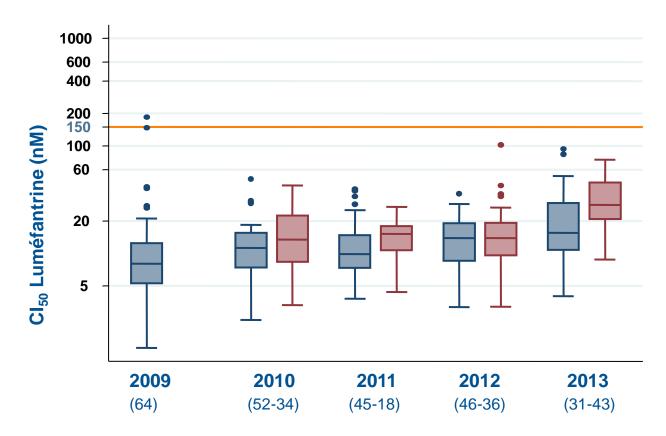
17. Is artemisinine resistance emerged on the Shield?

- French Guiana
 - 312 samples genotyped
 - No mutations in the active site
- Guyana
 - 73 samples from the last therapeutic efficacy studies (2014)
 - No mutations in the active site
- ••• Brazil, Manaus
 - 133 samples
 - None of the five mutations
 - > Probably, not yet at a large extend

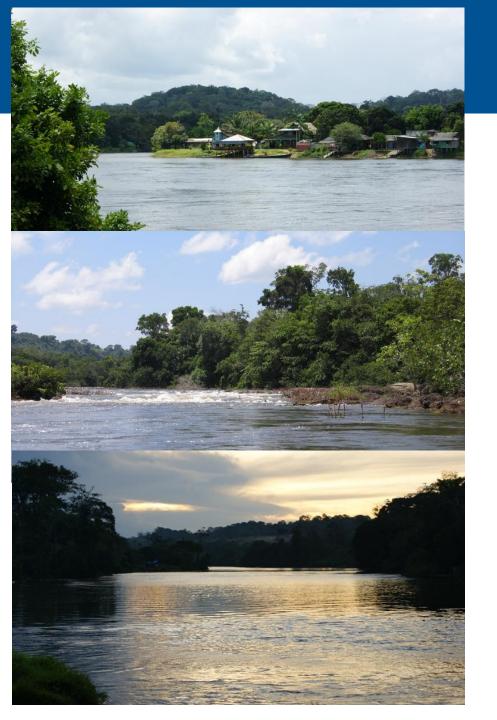


18. Resistance to partner drugs

→ Parasites susceptibles to partner drugs in French Guiana







Thank you for your attention

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