

BA 441
Examen de rattrapage Année académique 2007-2008

Question 1 - Donnez le thème principal des deux articles suivants 2 Pts

Question 2 - Donnez la classe et l'embranchement, la classe et le vecteur, des parasites concernés 6 Pts

Question 3 - Quels en sont les modes de prévention les plus courants

Question 4 - Quelles en sont les méthodes de diagnostic ? Citez 2 stades présents chez l'homme

Am J Trop Med Hyg. (2004 Mar;70(3):245-50.

Molecular epidemiology of malaria in Cameroon. XIX. Quality of antimalarial drugs used for self-medication. **Basco LK.**

Substandard and counterfeit pharmaceutical products are increasingly circulating and distributed around the world, in particular in less developed countries. These low-quality or counterfeit products often involve drugs that are in high demand for the prevention and treatment of highly prevalent diseases, such as antimalarial drugs in endemic countries. Self-medication for presumed malarial infections with drugs purchased from unofficial drug vendors is a common practice in Africa. The aim of the study was to investigate the quality of chloroquine, quinine, and sulfadoxine-pyrimethamine obtained from the illegitimate sector in urban and rural areas in Cameroon and analyze the impact of these drugs on patients. We collected 284 samples of three antimalarial drugs from 132 different sources in 16 villages and cities throughout the country. We also collected antimalarial drugs that were used for self-medication by malaria-infected patients. Drug quality was assessed by a simple color reaction test and semi-quantitative thin-layer chromatography. Fifty (38%) of 133 chloroquine, 52 (74%) of 70 quinine, and 10 (12%) of 81 antifolates had either no active ingredient, an insufficient active ingredient, the wrong ingredient, or unknown ingredient(s). Self-medication with antimalarial drugs purchased from unofficial vendors is not a reliable strategy to diminish morbidity and mortality. These counterfeit drugs contribute to the spread of drug-resistant malaria parasites and may lead to increasing therapeutic failure and medical expense.

Med Trop (Mars). 2008 Feb;68(1):11-6. Links

Organizing an active screening campaign for human African trypanosomiasis due to *Trypanosoma brucei gambiense*]
[Article in French]

Louis FJ, Kohagne Tongue L, Ebo'O Eyenga V, Simarro PP.

Organization of an active screening program for human African trypanosomiasis in an outbreak area is subject to strict guidelines that must take into account the size of the population, the specificity and sensitivity of the diagnostic techniques used, and the cost of screening. Numerous parameters can affect the outcome including accessibility of the outbreak area (road conditions, rainy season); awareness of village populations and of local administrative, traditional, and religious personalities; quality of local health-care facilities and personnel; possibility of referring patients to a health care institution able to provide treatment, etc. For these reasons the cost of screening programs can be high in terms of human, physical, and financial resources. Careful planning and preparation is necessary to ensure worthwhile results. The model described in this article allows screening of 300 to 600 persons a day in areas in which the endemic disease prevalence is higher than 1%. A variant for areas with lower endemicity allows screening of up to 1500 persons a day.