

# Sulfadoxine-pyrimethamine resistant molecular markers in *Plasmodium falciparum* from Eastern and Central Nepal

Megha Raj Banjara  
Faculty of Tropical Medicine  
Mahidol University

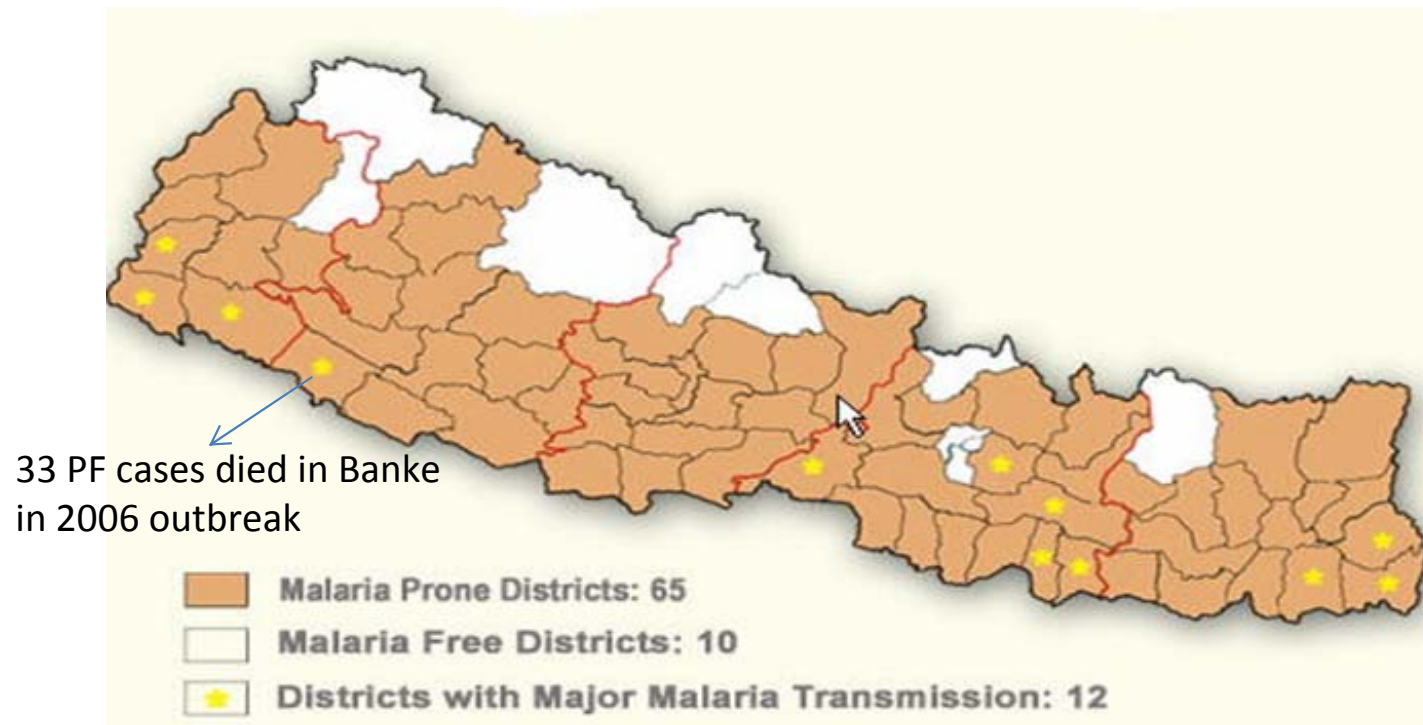
Banjara MR<sup>1, 2</sup>, Rattaprasert P<sup>1</sup>, Petmitr S<sup>1</sup>, Imwong M<sup>1</sup>, Joshi AB<sup>2</sup>,  
Chavalitsheewinkoon-Petmitr P<sup>1\*</sup>

<sup>1</sup> Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

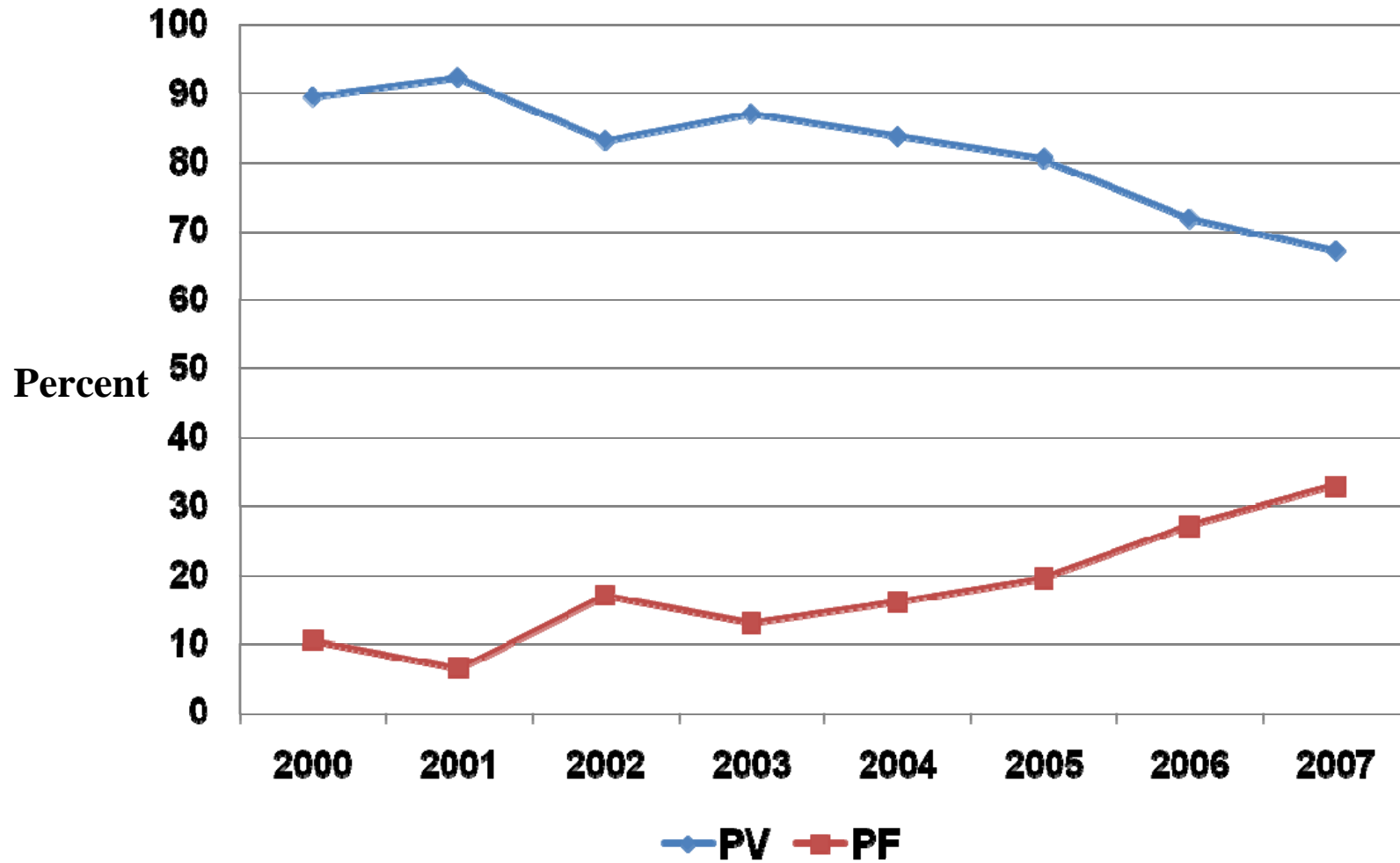
<sup>2</sup> Institute of Medicine, Tribhuvan University, Kathmandu, Nepal

# Malaria in Nepal

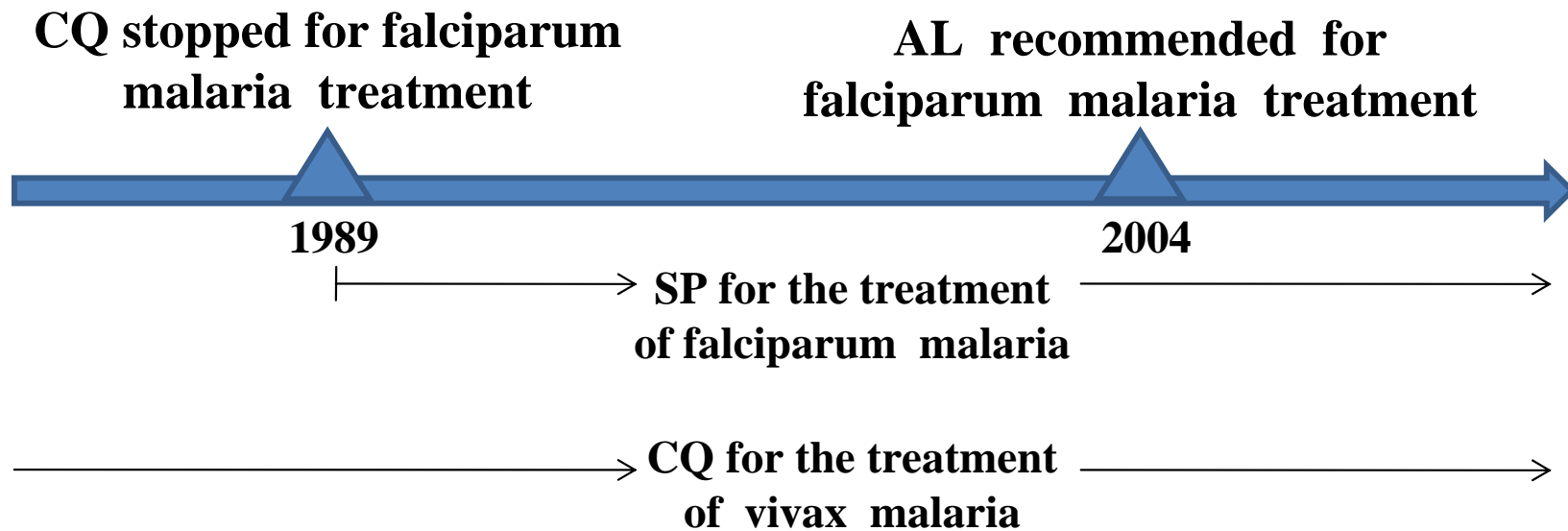
- Annual malaria cases : 8,000-10,000
- *Plasmodium vivax* : 80%  
*P. falciparum* :15-20%



□ *P. falciparum* cases are increasing over the recent years



# Antimalarials used in Nepal



# Rationale

Two *in vivo* drug efficacy studies in the Eastern region:

Thapa et al., 2007

Wijeyaratne et al., 2005

} Contrasting  
results

Malaria cases:

In Eastern region- importation and local transmission

In Central region- considered indigenous

No study in the Central region

# Rationale

SP for treatment - > 20 years

Limited information on:

- molecular markers to assess drug resistance
- population structure of *P. falciparum* in Nepal

## Hypothesis

Difference in prevalence of molecular markers of *P. falciparum* resistant to SP in the Eastern and Central Nepal

## Objective

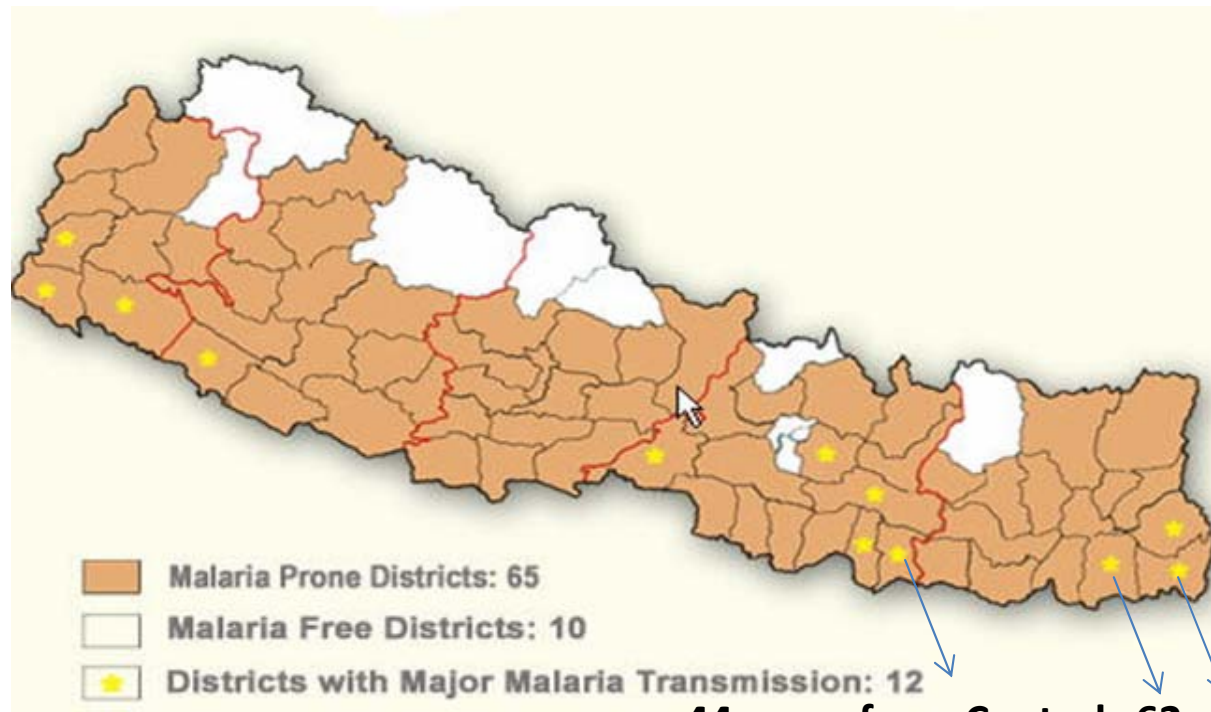
To determine the prevalence of SP resistant molecular markers of *P. falciparum* from the Eastern and Central region of Nepal

# Methods

Cross-sectional comparative study

Health facility based study:

- Jhapa and Morang - Eastern region
- Dhanusha - Central region



44 cases from Central  
Nepal: Dhanusha

62 cases from Eastern  
Nepal: Jhapa, Morang



# Patient Selection and Sample Collection

Patient with clinically suspected malaria examined by Clinicians



Microscopy of blood smear



Positive for vivax malaria/  
Negative for malaria



Treatment according to  
hospital protocol

Parasitemia count,  
gametocyte record,  
Hb measurement

Positive for falciparum malaria

**Informed Consent**



Blood sample collection in filter paper



Patient information sheet, and  
malaria related questionnaire



Treatment according to  
national protocol

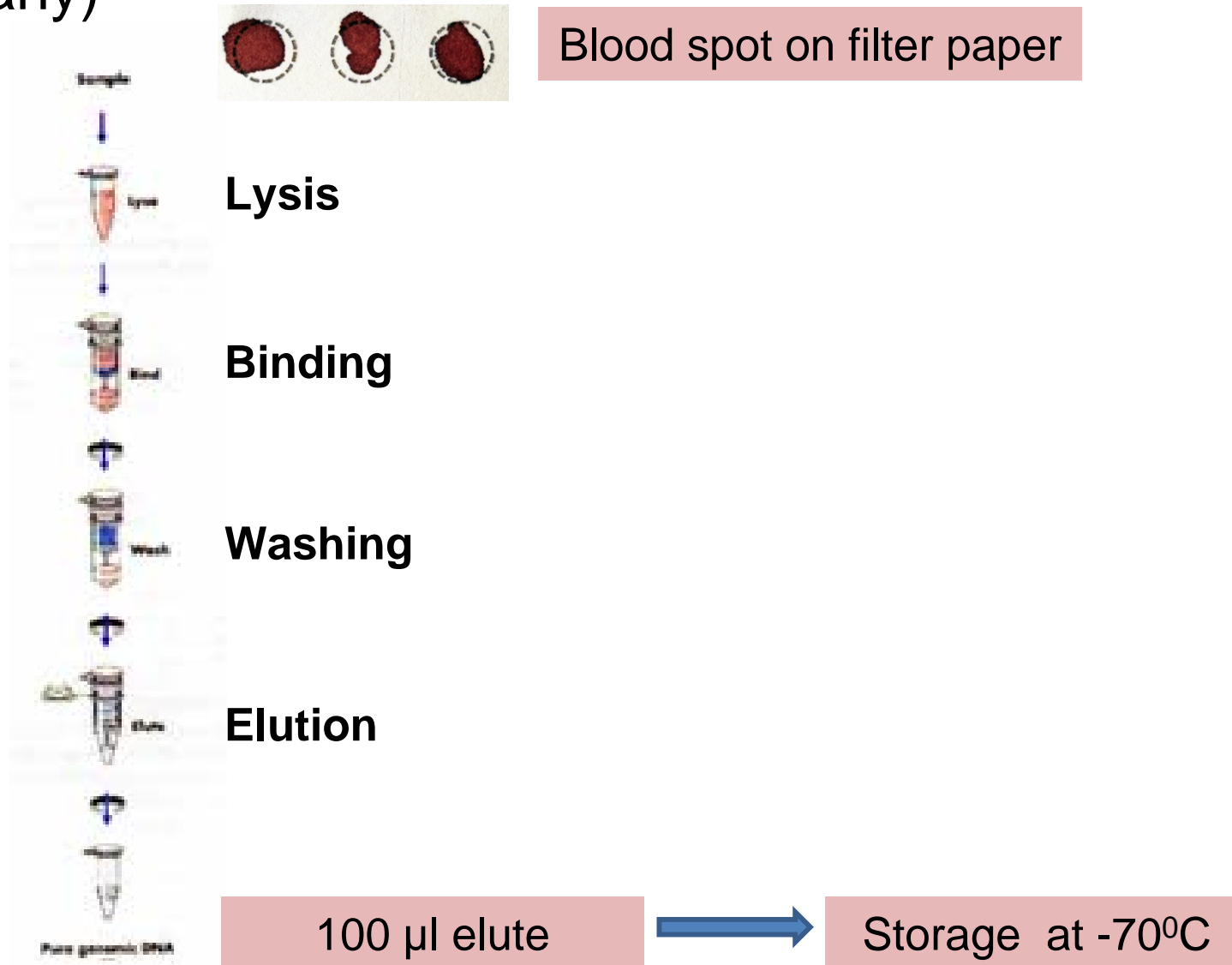
## **Protocol review and ethical approval:**

EC Faculty of Tropical Medicine, Mahidol University

IRB Institute of Medicine, Tribhuvan University

# DNA Extraction

DNA extracted using QIAamp DNA Mini Kit (QIAGEN, Hilden Germany)



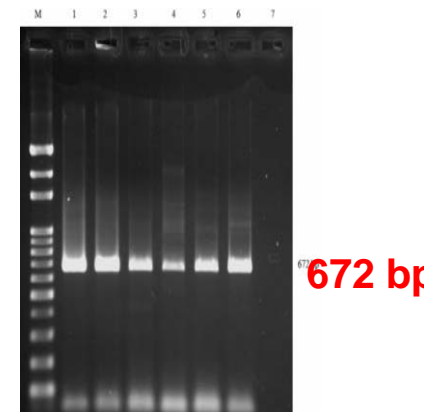
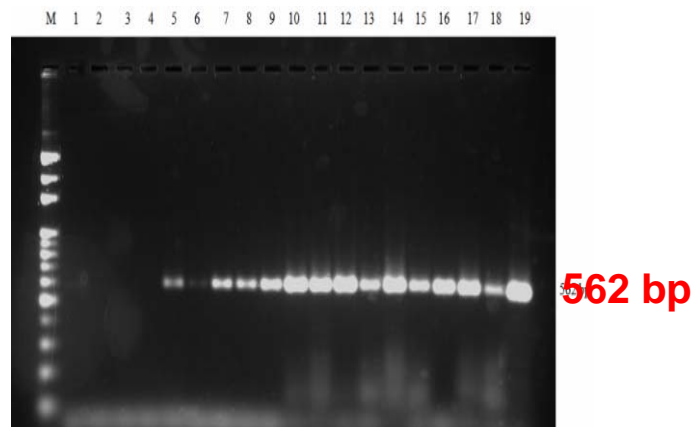
# PCR of *dhfr* and *dhps*

Primers (Nair *et al.*, 2002)



Primers - 0.3  $\mu$ M each  
KAPPA HiFi GC rich buffer with 2mM  $Mg^{2+}$ -1X  
dNTPs- 0.3 mM  
HiFi Taq polymerase – 0.5U  
DNA template- 5  $\mu$ l  
Total volume- 50  $\mu$ l

Initial denaturation- 95°C (5 min.), 98°C (3 min.)  
Annealing- 57°C (15 sec.)  
Extension- 72°C (30 sec.)  
Final extension- 72°C (1 min.)  
Cycles- 40

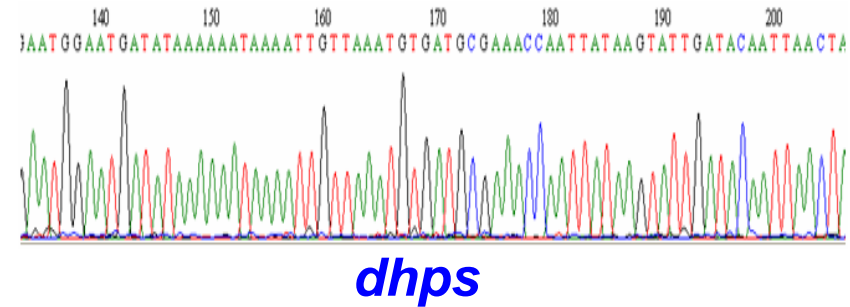
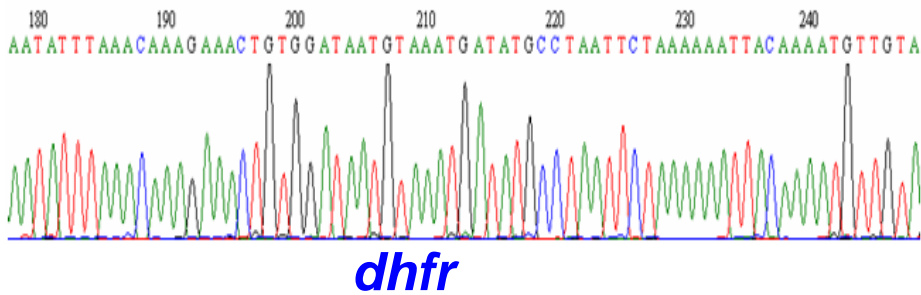


Gel electrophoresis  
1.5% gel

Purification of PCR product  
using Nucleospin Extract II Protocol (Macherey-Nagel)

# Sequencing and Identification of Mutations

Direct sequencing  
ABI 3100 Genetic Analyzer



ExPASy DNA Translate Tool

Amino acid sequences

Alignment with reference by Bio-edit software

	10	20	30	40	50	60	70	80	!
NP5	.....	.....	.....	.....	.....	.....	.....	.....	.....
dhfr ref	MMEQVCDVFDIYAICACCKVESKNEGKKNEVFNNYFRGLGNKGVL	PKNSLDMKYFRAVPTTVVNESKYEKLYKRCKYLNKETVDNV							
NP5	VVVMGRTNWESIPKFKPLSNRINVLRSRLKKEDFDEDVYIINKVEDLIVLLGKLNYYKCFIIGGSVVYQEFLEKLIKKIYFTRINS								
dhfr ref	VVVMGRTSWESIPKFKPLSNRINVLRSRLKKEDFDEDVYIINKVEDLIVLLGKLNYYKCFIIGGSVVYQEFLEKLIKKIYFTRINS								

*Dhfr: 51, 59, 108, 164*

	540	550	560	570	580
NP5	HTMDKLTNYDNLVYDIKNYLEQRLNFLVVLNGIPRYRILFDIGLGF	FAKKHD			
dhfr ref	HTMDKLTNYDNLVYDIKNYLEQRLNFLVVLNGIPRYRILFDIGLGF	FAKKHD			

*Dhps: 436, 437, 540, 581*

## Data analysis

SPSS version 11.5 software

Chi-square and Fisher Exact Test

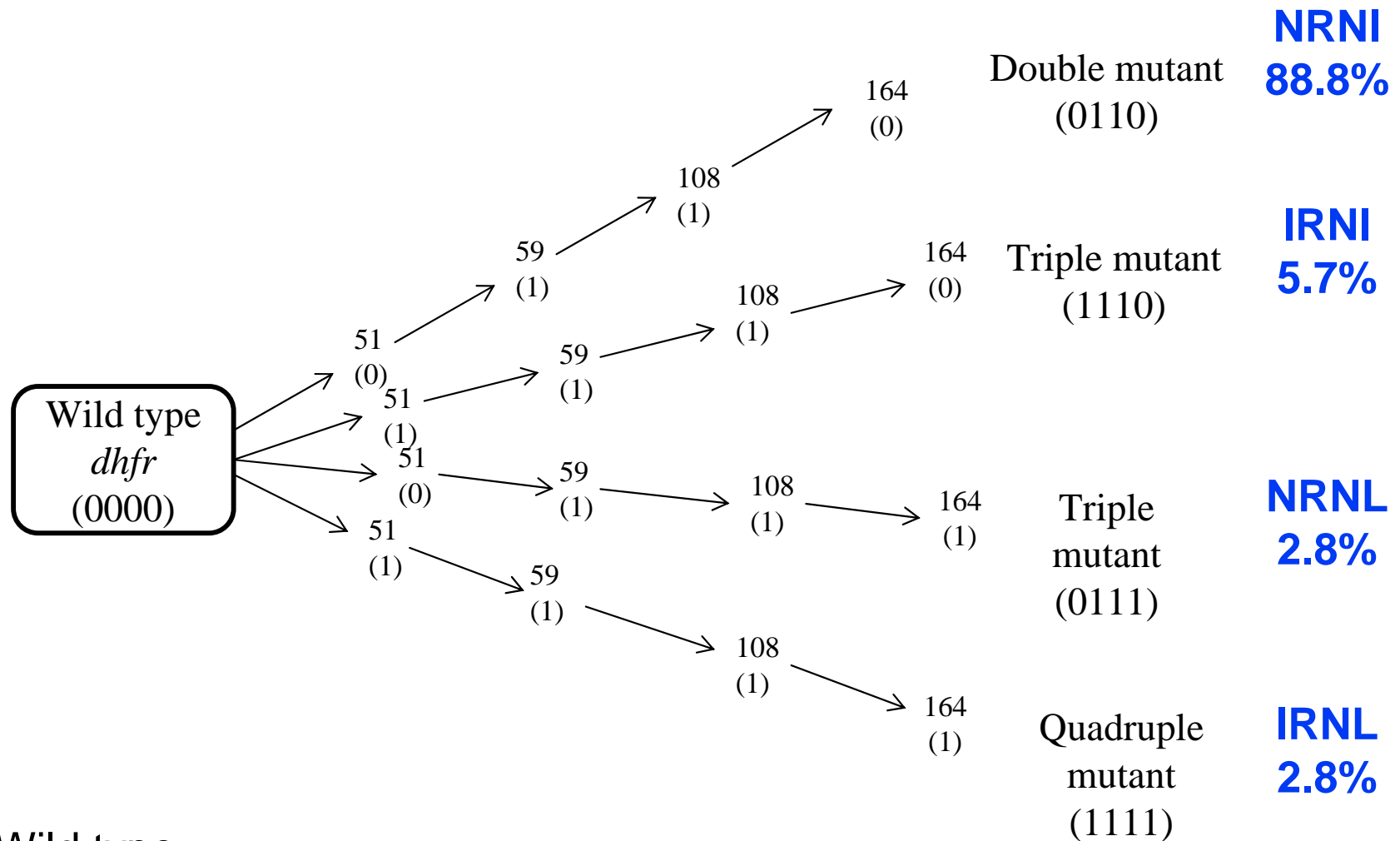
# **Results and Discussion**

# Mutations at *dhfr*

Positions	Types	Eastern region	Central region	p-value
51 (n=70)	Wild type-N	30 (90.9)	34(91.9)	1.000*
	Mutant type-I	3 (9.1)	3 (8.1)	
59 (n=72)	Wild type-C	0 (0.0)	0 (0.0)	-
	Mutant type-R	33 (100.0)	39 (100.0)	
108 (n=72)	Wild type-S	0 (0.0)	0 (0.0)	-
	Mutant type-N	33 (100.0)	39 (100.0)	
164 (n=72)	Wild type-I	29 (87.9)	39 (100.0)	0.040*
	Mutant type-L	4 (12.1)	0 (0.0)	

Mutations at 108 and 59 positions- fixed and saturated

# Dhfr Mutant Alleles Found in Nepal



0- Wild type  
1- Mutant type

Triple and quadruple mutants still low although SP used >20 years



# Regional Distributions of *dhps* Genotypes

Genotypes	No. of mutations	Eastern region (n=31)	Central region (n=35)	Total (n=66)
SAKAA(wild type)	0	7 (22.6)	1 (2.9)	8 (12.1)
S <b>G</b> KAA	1	9 (29.0)	33 (94.2)	42 (63.6)
S <b>G</b> K <b>G</b> A	2	5 (16.1)	0 (0.0)	5 (7.6)
S <b>G</b> EAA	2	0 (0.0)	1 (2.9)	1 (1.5)
<b>A</b> GEAA	3	10 (32.3)	0 (0.0)	10 (15.2)

Mutation at 437 position is high in Central region, but other mutations are very low or none.

# Distribution of *dhfr-dhps* Two Locus Genotypes

<b>Genotypes</b> <i>Dhfr-dhps</i>	<b>No. of mutations</b>	<b>Eastern region (n=30)</b>	<b>Central region (n=34)</b>	<b>Total (n=64)</b>
NRNI-SAKAA	2 (2, 0)	7 (23.3)	0 (0.0)	7 (10.9)
IRNI-SAKAA	3 (3, 0)	0 (0.0)	1 (2.9)	1 (1.6)
NRNI-SGKAA	3 (2, 1)	8 (26.7)	30 (88.2)	38 (59.4)
NRNI-SGEAA	4 (2, 2)	0 (0.0)	1 (2.9)	1 (1.6)
NRNI-SGKGA	4 (2, 2)	5 (16.7)	0 (0.0)	5 (7.8)
IRNI-SGKAA	4 (3, 1)	0 (0.0)	2 (5.8)	2 (3.1)
NRNI-AGEAA	5 (2, 3)	6 (20.0)	0 (0.0)	6 (9.4)
NRNL-AGEAA	6 (3, 3)	2 (6.7)	0 (0.0)	2 (3.1)
IRNL-AGEAA	7 (4, 3)	2 (6.7)	0 (0.0)	2 (3.1)

# Mutations Associated with SP Resistance

Mutations	Eastern region n (%)	Central region n (%)	Total n (%)	p-value
Triple mutations in <i>dhps</i> (436A+437G+540E)	10/31 (32.3)	0/35 (0.0)	10 (15.2)	<0.001
Triple mutations in <i>dhfr</i> (51I+59R+108N)	1/33 (3.0)	3/37 (8.1)	4 (5.7)	-
Quadruple mutations in <i>dhfr</i> (51I+59R+108N+164L)	2/33 (6.1)	0/37 (0.0)	2 (2.8)	0.219
Quadruple mutation (triple <i>dhfr</i> + <i>dhps</i> 437G)	2/30 (6.7)	1/34 (2.9)	3 (4.7)	0.596
Quintuple mutation (triple <i>dhfr</i> +double <i>dhps</i> )	2/30 (6.7)	0/34 (0.0)	2 (3.1)	0.216

# Conclusion

## Regional bias in mutations:

- *Dhfr* double (S108N+C59R) mutation- fixed and saturated in both the regions
- *Dhfr* triple mutation – relatively low in both the regions
- *Dhfr* quadruple mutation – only in Eastern region
  
- A437G mutation at *dhps*- high in both regions
- Mutations at other positions of *dhps*- low or none in Central region

## Regionwise different antimalarial policy can be used

- Quintuple (*dhfr*+*dhps*) mutation – only in Eastern region but not in Central region
- AL drug in Eastern region for falciparum malaria treatment

# Acknowledgements

- Patients who provided blood samples and information/data
- Physicians and laboratory technicians of health services from Jhapa, Morang and Dhanusha
- WHO/TDR for financial support to the study

**THANK YOU**