brought to you by CORE

- Furtado MR, Callaway DS, Phair JP, et al. Persistence of HIV-1 transcription in peripheralblood mononuclear cells in patients receiving potent antiretroviral therapy. N Engl J Med 1999; 340:1614–22.
- Chun TW, Justement JS, Pandya P, et al. Relationship between the size of the human immunodeficiency virus type 1 (HIV-1) reservoir in peripheral blood CD4⁺ T cells and CD4⁺: CD8⁺ T cell ratios in aviremic HIV-1–infected individuals receiving long-term highly active antiretroviral therapy. J Infect Dis 2002; 185: 1672–6.
- Kostrikis LG, Touloumi G, Karanicolas R, et al. Quantitation of human immunodeficiency virus type 1 DNA forms with the second template switch in peripheral blood cells predicts disease progression independently of plasma RNA load. J Virol 2002; 76:10099–108.
- Riva E, Pistello M, Narciso P, et al. Decay of HIV-1 DNA and development of drug-resistant mutants in patients with primary HIV-1 infection receiving highly antiretroviral therapy. AIDS Res Hum Retroviruses 2001; 17: 1599–1604.
- StataCorp. Stata Statistical Software: release 7.0. College Station, TX: Stata Corporation, 2001.

^a Study group members are listed after the text.

Reprints or correspondence: Dr. Guido Antonelli, Dept. of Experimental Medicine and Pathology, Virology Section, University "La Sapienza," Viale di Porta Tiburtina n. 28, 00185 Rome, Italy (guido.antonelli@uniroma1.it).

The Journal of Infectious Diseases 2003;187:1826–8 © 2003 by the Infectious Diseases Society of America. All rights reserved. 0022-1899/2003/18711-0020\$15.00

High Prevalence of Double *Plasmodium falciparum dhfr* Mutations at Codons 108 and 59 in the Sistan-Baluchistan Province, Iran

To the Editor—In Iran, transmission of *Plasmodium falciparum* malaria mainly occurs in the Sistan-Baluchistan province,

where >90% of the annual cases are observed [1]. Chloroquine is recommended as the first-line antimalarial treatment, and sulfadoxine-pyrimethamine (SP) is recommended as the second-line treatment. SP appears to be effective in the region, although findings of in vivo and in vitro resistance in some small-scale, local drug resistance studies have already been documented [2]. However, SP resistance has been consistently reported among Afghan refugee settlements along the western border of Pakistan [3], a region from which human migration recently has increased substantially. This raises the concern that SP-resistant malaria parasites are now invading the nearby regions of Iran.

Mutations in the *P. falciparum dhfr* and *dhps* genes represent a valuable tool for epidemiological surveillance of SP resistance in the region, as has been suggesed elsewhere for another setting in which malaria is endemic [4]. This is supported by a positive correlation between mutations in the *dhfr* and *dhps* genes and in vivo SP resistance observed in a preliminary study in the Iranian coastal province of Hormozgan [5].

To evaluate the present status of these genes in the Sistan-Baluchistan province, we have studied the *dhfr* (Ser108Asn, Asn51Ile, and Cys59Arg) and *dhps* (Ala437Gly and Lys540Glu) single-nucleotide polymorphism (SNP) frequencies in 101 symptomatic patients with microscopically confirmed *P. falciparum* malaria attending the Chahbahar Health Center. The patients were all permanent residents in the province; a large fraction of them were foreigners, mostly of Afghan origin. Blood samples were obtained after written consent was given. DNA was extracted through phenol-chloroform–based protocols. Established polymerase chain reaction–restriction fragment–length polymorphism methods [6, 7] were performed for the analysis of the selected SNPs.

Most patients (97%) were found to simultaneously carry the Ser108Asn and Cys59Arg pyrimethamine resistance–associated mutations, mainly in "pure form" [4], while retaining a wild-type mutation at position 51 (table 1). The Asn51Ile mutation was present in only 6 samples (6%). A similar pattern was also found in another small study of blood samples from Pakistan [8], which suggests that a regional mutation selection profile exists, with Cys59Arg mutations preceding alterations in codon 51 toward the triple mutant.

P. falciparum dhps Ala437Gly–carrying alleles were found in 17% of the patients, mostly in mixed form. This result was in contrast to previous observations of no mutations in *P. falciparum dhps* in a region of Pakistan [8], which suggests that these are recent mutation selection events, possibly specific to Iranian malaria settings. Of note, the 437Gly mutation was significantly more frequent among Iranians (13/42 patients [30.9%]), compared with patients of Afghan origin (3/54 sam-

 Table 1. Frequencies of Plasmodium falciparum dhfr and dhps genotypes of malaria patients in the Sistan-Baluchistan Province, Iran.

	Total no. of patients	F score (95% CI)	Genotype, no. of patients							
Codon analysis scheme (Pfdhfr/Pfdhps)			108R 51S 59S 437S 540S	108R 51S 59R/S 437S 540S	108R/S 51S 59R 437S 540S	108R 51S 59R 437S 540S	108R 51R/S 59R 437S 540S	108R 51S 59R 437R/S 540S	108R 51S 59R 437R 540S	108R 51R/S 59R 437R/S 540S
Single/wild	3	0.030 (0.062–0.854)	3	0	0	0	0	0	0	0
Double/wild	78	0.772 (0.0690–0.854)	0	2	4	72	0	0	0	0
Triple/wild	4	0.040 (0.011–0.098)	0	0	0	0	4	0	0	0
Double/single	15	0.149 (0.079–0.218)	0	0	0	0	0	14	1	0
Triple/single	1	0.009 (0.003–0.054)	0	0	0	0	0	0	0	1

NOTE. The codon analysis scheme follows the proposal of Kublin et al. [3]. CI, confidence interval; R, resistance-associated allele; R/S, mixed allele; S, sensitivity-associated allele.

ples [5.5%]; $\chi^2 = 9.219$; P < .01). The absence of mutations at the 540 position on *P. falciparum dhps* reinforces the view that these mutations represent, in most cases, a last step toward the quintuple mutant, recently considered to be a landmark of SP resistance [4].

In conclusion, these molecular data suggest that the high prevalence of mutations in the *dhfr* and *dhps* genes might lead toward a development of SP resistance in the southeastern Iranian provinces. The remoteness of these regions, which is associated with the potential for rapid establishment of SP resistance, stresses the need for continuing epidemiological surveillance, including the use of molecular methods, as proposed elsewhere [4].

Sedigheh Zakeri,¹ J. Pedro Gil,^{2,3} Sandor Bereckzy,² Navid D. Djadid,¹ and Anders Bjorkman²

¹Department of Biotechnology, Malaria Research Unit, Pasteur Institute of Iran, Teheran, Iran; ²Department of Medicine, Malaria Research Unit, Karolinska Hospital, Karolinska Institute, Stockholm, Sweden; ³Centre for Molecular and Structural Biomedicine, Faculdade de Ciências e Tecnologia, Universidade do Algarve, Algarve, Portugal

References

- Zakeri S, Najafabadi S, Zare A, Djadid N. Detection of malaria parasites by nested PCR in south-eastern, Iran: evidence of highly mixed infections in Chahbahar district. Malar J 2002; 1:2.
- Edrissian GH, Afshar A, Sayedzadeh A, Mohsseni G, Satvat MT. Assessment of the response in vivo and in vitro of *Plasmodium falciparum* to sulfadoxine-pyrimethamine in the malarious areas of Iran. J Trop Med Hyg **1993**; 96:237–40.
- Rowland M, Durrani N, Hewitt S, Sondorp E. Resistance of falciparum malaria to chloroquine and sulfadoxine-pyrimethamine in Afghan refugee settlements in western Pakistan: surveys by the general health services using a simplified in vivo test. Trop Med Int Health 1997; 2:1049–56.
- Kublin JG, Dzinjalamala FK, Kamwendo DD, et al. Molecular markers for failure of sulfadoxine-pyrimethamine and chlorproguanil-dapsone treatment of *Plasmodium falciparum* malaria. J Infect Dis **2002**; 185:380–8.
- Eskandarian AA, Keshavarz H, Basco LK, Mahboudi F. Do mutations in *Plasmodium falciparum* dihydropteroate synthase and dihydrofolate reductase confer resistance to sulfadoxine-pyrimethamine in Iran? Trans R Soc Trop Med Hyg **2002**; 96:96–8.

- Duraisingh MT, Curtis J, Warhurst DC. *Plasmodium falciparum*: detection of polymorphisms in the dihydrofolate reductase and dihydropteroate synthetase genes by PCR and restriction digestion. Exp Parasitol **1998**; 89:1–8.
- Masimirembwa CM, Phuong-dung N, Phuc BQ, et al. Molecular epidemiology of *Plasmodium falciparum* antifolate resistance in Vietnam: genotyping for resistance variants of dihydropteroate synthase and dihydrofolate reductase. Int J Antimicrob Agents 1999; 12:203–11.
- Wang P, Lee CS, Bayoumi R, et al. Resistance to antifolates in *Plasmodium falciparum* monitored by sequence analysis of dihydropteroate synthetase and dihydrofolate reductase alleles in a large number of field samples of diverse origins. Mol Biochem Parasitol **1997**; 89:161–77.

Reprints or correspondence: Dr. Sedigheh Zakeri, Malaria Research Unit, Dept. of Biotechnology, Pasteur Institute of Iran, PO Box 13164, Tehran, Iran (azad@institute.pasteur.ac.ir).

The Journal of Infectious Diseases 2003;187:1828–9 © 2003 by the Infectious Diseases Society of America. All rights reserved. 0022-1899/2003/18711-0021\$15.00