TREATMENT OF THE ACUTE ATTACK OF MALARIA CAUSED BY *Plasmodium falciparum* : COMBINATION OF QUININE PLUS EITHER FANSIDAR OR TETRACYCLINE

Principal Investigators : Kenneth E. Dixon, LTC, MC
Ronald G. Williams, LTC, MC
Utit Pitaktong, M.D.
Tanawat Pongsupat, 2LT, MC, RTN
Phung Phintuyothin, MG, MC, RTA (RET)

OBJECTIVE : To determine the effect of several therapeutic regimens upon *P. falciparum* asexual parasitemia in naturally infected humans.

BACKGROUND : Falciparum malaria is becoming increasingly resistant to Fansidar in southeastern Thailand. Mefloquine is not yet available commercially and quinine therapy is effective, but expensive. This study is an effort to determine the efficacy of short term quinine combined with another, cheaper antimalarial in areas of Fansidar resistance.

METHODS : This study is being carried out as a companion effort to that dealing with Fansidar treatment of falciparum malaria, the results of which are described elsewhere in this annual report. The conditions and methods of patient selection are described in that report. Patients covered in this report were assigned to one of the following therapeutic regimens :

1. Quinine sulfate 650 mg Tid x 7 days plus tetracycline 250 mg qid x 10 days.

2. Quinine sulfate 650 mg Tid x 7 days plus Fansidar, 3 tablets.

3. Quinine sulfate 650 mg Tid until the parasite count became zero, plus Fansidar, 3 tablets.

RESULTS : Twelve patients were treated with quinine, 650 mg. Tid for 7 days plus tetracycline, either 250 mg. qid or 500 mg. bid for 10 days. All were cured and remained free of parasitemia until day 28.

Eight patients received quinine, 650 mg. tid for 7 days plus 3 tablets of Fansidar. All were cured.

Four patients received quinine, 650 mg. tid until the parasite count became zero, with 3 tablets of Fansidar either at the beginning or at the end of the course of quinine. All showed RI resistance.