Dedication

To my dear family who provided me with great love and incredible support.

ACKNOWLEDGEMENT

Miskelyemen A/Atti A/Alla for her advice and encouragement to conduct this study. My thanks are also due to Dr. Tarig A/Agader, malaria combating program Coordinator in Sudan for his assistance and support while conducting my study. I also wish to thank all the laboratory staff members of Wad Medani Teaching Hospital for their co-

ABSTRACT

This study was carried out in Wad Medani in Algezera state between Nov. 2008 and Nov. 2009. The aim the of study was to blood film (microscopy) with the immunochromatography test (ICT) histidine –rich protein -2 (HRP-2) and parasite lactate dehydrogenase (PLDH) antigen based test in the diagnosis of malaria parasite to find out an alternative method which is sensitive, simple, cheap and accurate in detecting malaria parasite. In the first part of the study, 150 samples were examined by ICT composed of histidine -rich protein -2 (HRP-2) and parasite lactate dehydrogenase (PLDH) antigens based test and microscopic examination. Demographic data of the patient was collected including clinical symptoms due to infection. Out of the 130 samples examined 30 samples were collected as negative controls and one handred samples were found to be positive by microscopy while only 57 samples were found positive by histadine –rich protein -2 (HRP-2) and parasite lactate dehydrogenase (PLDH) antigens based test. The sensitivity of histadine –rich protein -2 (HRP-2) and parasite lactate dehydrogenase (PLDH) antigen based test was 57% and the specificity was 100%. All the (ICT) negative microscopy positive 43 samples were of low parasitaemia represented as one cross (+).

The study showed that history of fever and headache was good indicators for malaria infection. The frequency of fever was found to be 80% and headache 92% compared to uninfected individuals. Also fever during the follow up period decreased significantly from 100% to complete absence.

أجريت هذه الدراسة في الفترة من نوفمبر 2008 وحتى نوفمبر 2009 فى مستشفي ودمدني التعليمي بولاية الجزيرة

أستخدمت الدراسة طرد قة جدددة لتشخيص طفيل ألملاردا بانواعه ألاربعة وهي التشخيص المناعي الكروماتوغرافي و قد قورنت نتائجها مع نتائج التشخيص المجهري لشرائح دم سميكة ورفيعة صبغت بصبغة جيمسا من مرضي يعتقد انهم مصابون بطفيل الملا ردا بناء على الأعراض السريرية التي حضروا بها للمستشفى

تم فدص شدص بواسطة التفاعل المناعي الكروماتوغرافي والمجهر وتطاب قت نتائج التشخيص الايجابي بالطري قتين في 57 عينة والسلبية في 30 عينة كانت نتائج حساسية التفاعل المناعي الكروماتوغرافي للطفيلي 100 عينة كانت نتائج حساسية التفاعل 857% وخاصة التقنية 100

أشارت الدراسة ألي العلاقة الوثيقة بين الحمى والإصابة بالملاريا. حيث وضدح انه الحمى هي العرض الثابت بنسبة 80% بالمصابين بالملاريا. . تتناقص الحمى خلال فترة تتبع العلاج تدريجيا الي ان تختفي تماما

List of contents

Page No.	Contents
I	Dedication
II	Acknowledgment
III	Abstract (English)
V	Abstract (Arabic)
VI	List of contents
X	List of figures
XI	List of tables

List of Figures

Figures	Page No
Figure 1: Life cycle of human malaria	7
Figure 2: Geographic Distribution of Malaria	11
Figure 3: Malaria situation in the Sudan Figure 4: Negative one line' c" in result window Figure 5: Positive 1-p.f positive: two color bands (p.f test	23 28 29
line and" C" control line or three color bands (p.f, "pan"	
test line and"C"control line	

List of Tables

TABLE	Page No
Table 1: overall infection rate (prevalence rate) for the	
130 samples and for different technique	32
Table 2: Distribution of study participants according to age group	33
Table 3: Distribution of study participants according to sex	35
Table 4: Relationship between parasite density	
and (ICT) Table 5: Sensitivity and specificity of	37
ICT	38
Table 6: Correlation between fever and	
malaria	39

Chapter One

1.1 Introduction	
1.2 Rationale	
1.3 Objectives	
1.3.1 General objective	
1.3.2 Specific objective	
Chapter two	
Literature review	
2.1Malaria	
2.2 Life cycle of human malaria	
2.2.1. Life cycle in human	
2.2.2 Life cycle in the mosquito	
2.3 The vector	
2.4 Epidemiology of malaria	
2.5 Pathogen city	-
2.6 Immunity to malaria	-
2.6.1 Natural immunity	-
2.6.2 Acquired immunity	-
Laboratory diagnosis of malaria	-
2.7.1 Clinical diagnosis of malaria	1
2.7.2 Microscopical examination	1
2.7.3-Non-microscopal examination	1

	2.7.4 Detecting biochemical substances of the parasite	
b	y (ICT)	17
	2.7.4.1 Histidine –rich protein -2 (HRP-2)	18
	2.7.4.2 Parasite lactate dehydrogenase (PLDH)	
	•••••	18
	2.8 Malaria chemotherapy	19
	2.8.1 Sulfadoxine /pyrimethamine (fansidar)	19
	2.8.2 Artemisinin and its derivatives	20
	2.8.3 Artesunate +SP	20
	2.8.4 Artemether	20
	2.8.5 Quinine	20
	2.9 Global malaria control system	22
	2.10 Malaria situation in the Sudan (figure 3)	23
	Chapter Three	
	Material and methods	25
	3.1 Study design	25
	3.2 Study areas	25
	3.3 Study population and sampling	25
	3.4 Ethical consideration	25
	3.5 Data collection	26
	3.6 Methods	26
	3.6.1 Microscopical diagnosis	2
	3.6.1.1 Preparation of blood films	2

3.6.1.4 E	examination of the thin blood film	27
3.6.1.5 M	27	
3.7 Imm	unochromatographic test (ICT	28
3.7.1 Inte	erpretation of the test	29
	Chapter Four	
	Resut	
31	General d	escription 4.1
	4.2 Overall infection rate (preva	lence rate) fo
31	different techniques	•••••
31	malaria infection	and age 4.3
32	malaria an	d gender 4.4
	Relationship between parasite densi	ty and 4.5
32	•••••	((ICT
32	Sensitivity and specifi	city of ICT 4.0
	Malaria in relevance to other clinica	ıl 4.7
32		symptoms

3.6.1.2 Staining of blood films.....

27

3.6.1.3 Examination of blood films...

Chapter Five

Discussion	4
Conclusion	
Recommendation	
References	
Appendix	