

Research

Open Access

## Reduced susceptibility to pyrethroid insecticide treated nets by the malaria vector *Anopheles gambiae s.l.* in western Uganda

Rubaihayo John\*<sup>1</sup>, Tukesiga Ephraim<sup>2</sup> and Abaasa Andrew<sup>3</sup>

Address: <sup>1</sup>Public Health Department, Mountains of the Moon University, P.O.Box 837, Fort-Portal, Uganda, <sup>2</sup>Vector Control Division, Medical Department, Kabarole District, Uganda and <sup>3</sup>Medical Research Council, Entebbe, Uganda

Email: Rubaihayo John\* - rubaihayoj@yahoo.co.uk; Tukesiga Ephraim - etukesiga@yahoo.com; Abaasa Andrew - maxandy555@yahoo.com

\* Corresponding author

Published: 26 May 2008

Received: 7 February 2008

*Malaria Journal* 2008, **7**:92 doi:10.1186/1475-2875-7-92

Accepted: 26 May 2008

This article is available from: <http://www.malariajournal.com/content/7/1/92>

© 2008 John et al; licensee BioMed Central Ltd.

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

### Abstract

**Background:** Pyrethroid insecticide-treated mosquito nets are massively being scaled-up for malaria prevention particularly in children under five years of age and pregnant mothers in sub-Saharan Africa. However, there is serious concern of the likely evolution of widespread pyrethroid resistance in the malaria vector *Anopheles gambiae s.l.* due to the extensive use of pyrethroid insecticide-treated mosquito nets. The purpose of this study was to ascertain the status of pyrethroid resistance in *An. gambiae s.l.* in western Uganda.

**Methods:** Wild mosquitoes (1–2 days old) were exposed in 10 replicates to new nets impregnated with K-othrine (Deltamethrin 25 mg/m<sup>2</sup>), Solfac EW50 (Cyfluthrin 50 mg/m<sup>2</sup>) and Fendona 6SC (Cypermethrin 50 mg/m<sup>2</sup>) and observed under normal room temperature and humidity (Temperature 24.8°C–27.4°C, Humidity 65.9–45.7). A similar set of mosquitoes collected from the control area 80 km away were exposed to a deltamethrin 25 mg/m<sup>2</sup> impregnated net at the same time and under the same conditions. The 10-year mean KDT<sub>50</sub> and mortality rates for each of the three pyrethroid insecticides were compared using the Student *t*-test.

**Results:** A significant increase in the mean knockdown time (KDT<sub>50</sub>) and mean mortality rate were observed in almost all cases an indication of reduced susceptibility. The overall results showed a four-fold increase in the mean knockdown time (KDT<sub>50</sub>) and 1.5-fold decrease in mortality rate across the three pyrethroid insecticides. There was a significant difference in the 10-year mean KDT<sub>50</sub> between deltamethrin and cyfluthrin; deltamethrin and cypermethrin, but no significant difference between cyfluthrin and cypermethrin. The 10-year mean difference in KDT<sub>50</sub> for mosquitoes exposed to deltamethrin from the control site was significantly different from that of mosquitoes from the intervention site ( $p < 0.05$ ,  $t = 3.979$ , 9df). The 10-year mean difference in mortality rate between deltamethrin (84.64%); cyfluthrin (74.18%); cypermethrin (72.19%) and the control (90.45%) showed a significant decline in mortality across all the three insecticides.

**Conclusion:** Generally the results showed a trend of increase in mosquito resistance status with cross-resistance against all the three pyrethroid insecticides. This study reveals for the first time the development of pyrethroid resistance in *An. gambiae s.l.* in Western Uganda. It is therefore strongly recommended that the impact of this development on malaria control efforts be closely monitored and alternative fabric treatments be considered before this problem curtails community wide implementation of this malaria control strategy in Uganda.

## Background

In Africa, malaria is still the leading cause of childhood and maternal ill health and death [1]. In Uganda the burden of malaria is unacceptably very high being accountable for 20–40% of out-patient attendance at health facilities, 14% of in-patient deaths and 20–23% of childhood mortality [2]. The Ministry of Health in Uganda estimates 70,000–110,000 malaria-specific deaths every year and US\$24.7 annual per capita expenditure on malaria treatment [2]. The problem has been compounded by the evolution of both drug and insecticide resistance to the commonly used antimalarials and insecticides respectively [3][4][5][6][7]. A number of novel technologies have been developed to combat malaria including insecticide treated nets (ITNs) and malaria vaccines but the vaccines have shown limited efficacy and need further development [3]. Pyrethroid insecticides being cost-effective, highly insecticidal at low dosage and highly biodegradable with low mammalian toxicity were recommended by WHO Pesticides Evaluation Scheme (WHO-PES) for large-scale use on mosquito bed nets for malaria prevention [4]. Trials of pyrethroid-impregnated mosquito bed nets demonstrated protective efficacy in the range of 20–70% with potential to alleviate the burden of malaria in sub-Saharan Africa [5–7]. Pyrethroid-impregnated nets are therefore being massively scaled-up in Africa, but there is serious concern about the likely evolution of widespread pyrethroid resistance. In Kenya, as early as 1991, there was a reduction in permethrin susceptibility in *Anopheles gambiae* one year after introduction of small-scale pyrethroid treated nets, but not from villages without the nets [8]. Pyrethroid resistance in *An. gambiae* s.s. has also been widely reported in West and Central Africa [9–13]. This resistance is mainly associated with target site insensitivity arising from a single point mutation in the sodium channel gene, often referred to as knock-down resistance (*kdr*) characterized by a leucine-phenylalanine mutation in West Africa [14] and leucine-serine mutation in East Africa [15]. Both West and East African *kdr* mutations have recently been reported in a population of *An. gambiae* s.s. from Central Africa [11,12]. In view of the above reports and the fact that no such a study had ever been conducted in Uganda, a cross-sectional survey was conducted in Kamwenge District of western Uganda, where donor-funded integrated malaria control programmes involving distribution of free pyrethroid-treated nets have been going on since 1998. The purpose of this study was to determine the prevalence of pyrethroid insecticide resistance in malaria vectors in this region.

## Materials and methods

Kamwenge District in western Uganda was purposefully selected because previous malariometric surveys showed that the district is holoendemic for malaria and as such it had benefited from the German Technical Coopera-

tion (GTZ) funded Basic health malaria control programmes and many other malaria programmes under various NGOs funded by the Global Funds for HIV/AIDS, Malaria and TB. The design of the study was a multi-stage cross sectional survey with time taken for the median mosquito to be knocked down by each of the three pyrethroid insecticides and the 24 hrs post-exposure mortality rate being the units of observation once every year. Mosquito pupae were collected from roadside water pools from five parishes, namely Butemba, Kiziba, Rukooko, Masaka and Nkongoro, and raised to adults in the laboratory. All the mosquitoes collected were identified using morphological keys [16] and they all belonged to *An. gambiae* complex. One to two days old adult mosquitoes were exposed to new nets impregnated with K-othrine (Deltamethrin 25 mg/m<sup>2</sup>), Solfac EW50 (Cyfluthrin 50 mg/m<sup>2</sup>) and Fendona 6SC (Cypermethrin 50 mg/m<sup>2</sup>) and observed under normal room temperature and humidity (temperature 24.8°C–27.4°C, humidity 65.9–45.7) for the time taken for the median mosquito (50%) to be knocked down and for the 24 hrs post-exposure mortality rate. Each year, new nets were bought and cut into pieces and wrapped on locally made mosquito cages and thereafter a batch of eleven mosquitoes introduced into the cages in 10 test replicates for each of the three insecticides. A similar set of mosquitoes collected from the control area 80 km away were exposed to a deltamethrin 25mg/m<sup>2</sup> impregnated net at the same time and under the same conditions. The control area was purposively selected, with hypo-endemic malaria, relatively cool and had no mosquito control bed net project because of low malaria prevalence. The bed net usage in the control area was estimated at < 5% while in the intervention area at 80% as malaria prevalence was very high (70–80% of OPD attendance). All knocked down mosquitoes were removed from the cages by use of a mouth aspirator, put in recovery cups provided with glucose soaked in cotton wool and mean mortality rate after 24 hrs recorded. The mean values for the KDT<sub>50</sub> and mortality rates for the three pyrethroid insecticides were compared using the Student *t*-test. It was assumed that if 10 measurements with a sample of 110 mosquitoes per year are made for each insecticide with an alpha error of 0.05 and standard deviation of 8.0 (from previous studies), a comparison of the mean knockdown times for the three insecticides would give a power to detect a 8% increase in knockdown time per year of 80.43%. Therefore, a sample of 110 mosquitoes per insecticide per year was considered sufficient to detect the desired effect i.e. a significant decline in pyrethroid effect over time.

## Results

The susceptibility of adult mosquitoes (reared from larval collection) to deltamethrin, cyfluthrin and cypermethrin from 1998–2007 is presented in Table 1.

**Table 1: Mean mortality rate and mean knockdown time (min) for the median (50%) in a batch of 11 Anopheles mosquitoes in 10 replicates exposed to K-othrine (Deltamethrin 25 mg/m<sup>2</sup>), Solfac EW50 (Cyfluthrin 50 mg/m<sup>2</sup>) and Fendona 6SC (Cypermethrin 50 mg/m<sup>2</sup>) impregnated mosquito nets.**

Year	Deltamethrin		Cyfluthrin		Cypermethrin		Control*	
	KDT <sub>50</sub> mortality	%	KDT <sub>50</sub> mortality	%	KDT <sub>50</sub> mortality	%	KDT <sub>50</sub> mortality	%
1998	19.2	100	21.7	90.2	20.3	88.7	19	100
1999	23.9	100	22.6	89.14	24.2	86	21.2	100
2000	25.4	100	28.1	82.7	27.6	78	20	100
2001	33.6	89.1	42.3	80.7	40.8	74.5	22	100
2002	38.5	90.2	51.5	77	52.8	72.5	23.2	80
2003	46.2	82	56.7	74	61.7	67.3	22	90
2004	50.8	76.1	62.9	66	67.4	69.5	21.4	89
2005	62.1	74	72.4	64.5	74.6	66.2	22.5	85.5
2006	65.9	69.8	77.3	61	83.2	60.8	25	80
2007	72.7	65.2	90.2	56.6	88.4	58.4	24.5	80
<b>Mean</b>	<b>43.83</b>	<b>84.64</b>	<b>52.57</b>	<b>74.18</b>	<b>54.10</b>	<b>72.19</b>	<b>22.08</b>	<b>90.45</b>

\* Deltamethrin

The resistance status of the mosquitoes was based on the increase in the mean knockdown time (KDT<sub>50</sub>) and decrease in the mean mortality rates. The overall results showed a four-fold increase in the mean knockdown time (KDT<sub>50</sub>) and 1.5-fold decrease in mortality rate across the three cyano-pyrethroids from 1998–2007. The 10-year mean KDT<sub>50</sub> for mosquitoes exposed to deltamethrin from the intervention site was 43.83 (95%CI = 30.37–57.28) which showed a significant increase over the 10-year period ( $p < 0.05$ ,  $t = 7.4$ , 9df) while that of cyfluthrin was 52.57 (95%CI = 35.5–69.6) and cypermethrin was 54.1 (95%CI = 36.2–71.9) both of which showed a significant increase over the 10 year period ( $p < 0.05$ ,  $t = 6.9$ , 9df). The 10-year mean KDT<sub>50</sub> for mosquitoes exposed to deltamethrin from the control site was 22.08 (95%CI = 20.75–23.41) which was significantly different from that of mosquitoes from the intervention site ( $p < 0.05$ ,  $t = 3.979$ , 9df). The 10-year mean difference in mortality rate for mosquitoes in the intervention site exposed to deltamethrin 84.64% (95%CI = 75.25–94.03); cyfluthrin 74.18% (95%CI = 65.76–82.60); cypermethrin 72.19 (95%CI = 65.08–79.30) and mosquitoes from the control site exposed to deltamethrin 90.45 (95% CI = 84.06–96.84) was significant ( $p < 0.05$ ) and showed a significant decline in mortality across all the three pyrethroid insecticides.

## Discussion

Pyrethroid insecticides are neurotoxins and share many characteristics with DDT including a negative temperature coefficient, a rapid knockdown effect followed by a lethal effect [17]. Neurophysiological studies show that the knockdown effect is caused by poisoning of the peripheral nerves [18,19] and the lethal effect is due to an irreversible damage to both the peripheral and central neurons which occurs when poisoning takes long [20]. At the molecular

level, this poisoning tend to interfere with the sodium channels, GABA (gamma-aminobutyric acid) activated chloride channels and membrane bound ATPase causing permanent depolarization of the peripheral and central neurons [18,19]. Preferential heavy use of pyrethroids has as earlier predicted resulted in extensive selection for resistance in many agricultural pests and various disease vectors [21,22]. Insecticide target site alteration conferred by the *kdr* gene and metabolic resistance due to amplification of oxidative detoxifying enzymes (acetylcholinesterases or glutathione-s-transferases) and co-factors, e.g. cytochrome P450 [17,23,24], have been widely reported in *An. gambiae s.l.* due to selection pressure as a result of extensive use of pyrethroid insecticides for malaria control and pest control in Agriculture [9–13,23]. However, most studies have shown that reduced susceptibility to pyrethroid insecticides by *An. gambiae s.l.* is mainly due to increased target site insensitivity caused by the *kdr* allele [9,14,24,25]. Increase in the knockdown time as well as reduction in mortality rate have been accepted as an indicator of decline in the pyrethroid effect in *An. gambiae s.l.* [8,9,13,25]. A comparative analysis of the mean knockdown time (KDT<sub>50</sub>) and the mean post-exposure 24 hrs mortality rate for the three pyrethroid insecticides showed a significant increase in the mean KDT<sub>50</sub> and a significant reduction in the mean mortality rate over the 10 year-period, an indication of the existence of knockdown resistance conferred by *kdr* alleles and/or metabolic resistance in *An. gambiae s.l.* in western Uganda. Although the 24 h post-exposure mortality rate using deltamethrin showed a slight decrease compared to cyfluthrin and cypermethrin, the overall reduction in the mean mortality rate across all the three cyano-pyrethroids over the 10 year period suggests cross-resistance to all pyrethroids. The slight decline in mortality rate and increase in KDT<sub>50</sub> observed in the control mosquitoes could be explained by

the possibility of *kdr* alleles as a result of preferential use of pyrethroid agro-chemicals in agriculture [21,25]. However, follow up studies need to investigate this possibility. This means that the fight against pyrethroid resistance needs concerted effort by all stakeholders and alternate use of pyrethroid insecticides with other types of insecticides in both public health and agricultural production is urgently needed in order to eliminate any differential advantage of the resistant individuals to pyrethroid insecticides.

There were some limitations in this study. First, Molecular differentiation of sibling species in *Anopheles gambiae* complex was not done which means that sibling species composition may differ between the intervention and control study sites.

Secondly it was not possible to use a laboratory susceptible colony for the control test because it was not available anywhere in Uganda. This would be an ideal comparison as it would ensure consistent 100% mortality and a constant  $KDT_{50}$  in the control mosquito population.

### Conclusion and recommendations

Generally the results showed a trend of increase in mosquito resistance status with cross-resistance against all the three pyrethroid insecticides. This study reveals for the first time the development of pyrethroid resistance in *An. gambiae s.l.* in western Uganda. However, there is need for a molecular confirmation of the existence of the *kdr* alleles or to establish the type of resistance and extend the research to others areas in Uganda. At operational level, there is great need for continuous pyrethroid susceptibility testing in monitoring the efficacy of pyrethroid insecticide treated-mosquito nets. In addition, other alternative chemical compounds with little likelihood of cross resistance need to be developed before ITNs use in Uganda is curtailed by widespread pyrethroid insecticide resistance.

### Declaration of competing interests

The authors declare that they have no competing interests.

### Authors' contributions

RJ Developed the study design, participated in data collection, analysis and manuscript writing

TE Participated in data collection and data entry

AA Developed the data analysis plan, was responsible for data analysis and participated in manuscript writing

All authors read and approved the final manuscript.

### Acknowledgements

We wish to thank Prof. Chris Curtis of London School of Hygiene and Tropical Medicine for his comments and suggestions on our earlier manu-

script. We also wish to extend our since thanks and appreciation to Dr. Albert Kilian (GTZ consultant) for the technical and logistical support during the study.

### References

1. World Health Organisation: **Africa Malaria report**. WHO Geneva; 2003.
2. **Uganda Ministry of Health on line** [<http://www.health.go.ug/>]
3. Collins , Paskewitz : **Malaria: Current and future prospects for control**. *Annu Rev Entomol* 1995, **40**:195-219.
4. World Health Organisation: **The use of Insecticide impregnated bednets and other materials for vector borne disease control**. In *WHO/VBC/89.981* WHO Geneva; 1989.
5. Choi HW, Breman JG, Teutsch S, Hightower AW, Sexton JD: **The effectiveness of insecticide impregnated bednets in reducing cases of malaria infection: A meta-analysis of published results**. *Amer J trop med & hyg* 1995, **52**:377-382.
6. Trape JF, Rogier C: **Combating malaria morbidity and mortality by reducing transmission**. *Parasitol Today* 1996, **12**:236-240.
7. Nahlen BL, Clark JP, Alnwick D: **Insecticide-treated bed nets**. *Am J Trop Med Hyg* 2003, **68**:1-2.
8. Vulule JM, Beach RF, Atieli FK, Roberts JM, Mount DL, Mwangi RW: **Reduced susceptibility of *Anopheles gambiae* to permethrin associated with the use of permethrin impregnated bednets and curtains in Kenya**. *Med & Vet Entomol* 1994, **8**:71-75.
9. Elissa N, Mouchet J, Riviere F, Meunier JY, Yao K: **Resistance of *Anopheles gambiae s.s.* to pyrethroids in Cote D' Ivoire**. *Ann Soc Belg Med Trop* 1993, **73**:291-4.
10. Chandre F, Darrier F, Manga L, Akogbeto M, Faye O, Mouchet J, Guillet P: **Status of pyrethroid resistance in *Anopheles gambiae sensu lato***. *Bulletin of the World Health Organization* 1999, **77**:230-4.
11. Etang J, Manga L, Chandre F, Guillet P, Fondjo E, Mimpfoundi R, Toto JC, Fontenille D: **Insecticide susceptibility status of *Anopheles gambiae s.l.* (Diptera:Culicidae) in the Republic of Cameroon**. *J Med Entomol* 2003, **40**:491-7.
12. Pinto J, Lynd A, Elissa N, Donnelly MJ, Costa C, Gentile G, Caccone A, Do Rosario VE: **Co-occurrence of East and West African *kdr* mutations suggests high levels of resistance to pyrethroid insecticides in *Anopheles gambiae* from Libreville, Gabon**. *Med Vet Entomol* 2006, **20**:27-32.
13. Awolola TS, Oduola AO, Oyewole IO, Obansa JB, Amajoh CN, Koekemoerd LL, Coetzee M: **Dynamics of knockdown pyrethroid insecticide resistance alleles in a field population of *Anopheles gambiae s.s.* in southwestern Nigeria**. *J Vect Borne Dis* 2007, **44**:181-188.
14. Martinez-Torres D, Chandre F, Williamson MS, Darriet F, Berge JB, Devonshire AL, Guillet P, Pasteur N, Pauron D: **Molecular characterisation of pyrethroid knockdown resistance (*kdr*) in the major malaria vector *Anopheles gambiae s.s.*** *Insect Mol Biol* 1998, **7**:179-84.
15. Ranson H, Jensen B, Vulule JM, Wang X, Hemingway J, Collins FH: **Identification of a point mutation in the voltage-gated sodium channel gene of Kenyan *Anopheles gambiae* associated with resistance to DDT and pyrethroids**. *Insect Mol Biol* 2000, **9**:491-7.
16. Gillies MT, De Meillon B: **The Anophelinae of Africa South of the Sahara (Ethiopian Zoogeographical Region)**. *The South African Institute of Medical Research Johannesburg* 1968.
17. Miller TA: **Mechanisms of resistance to pyrethroid insecticides**. *Parasitology Today* 1988, **4**:S8-13.
18. Salgado VL, Irving SN, Miller TA: **The importance of nerve terminal depolarization in pyrethroid poisoning of insects**. *Pestic biochem physiol* 1983, **20**:169.
19. Miller TA, Salgado VL: **The mode of action of pyrethroids on insects**. In "*The Pyrethroid Insecticides*" Edited by: Leahey JP. Taylor & Francis LTD., London; 1985.
20. Gammon D, Casida JE: **Pyrethroids of the most potent class antagonize GAMA action at the cryfish neuromuscular junction**. *Neuroscience letter* 1983, **S40**:163-8.
21. Elliott FM, Janes NF, Potter C: **The future of pyrethroids in insect control**. *Ann Rev entomol* 1978, **23**:443-69.
22. Zerb E: **Insecticidal activity of pyrethroids on insects of medical importance**. *Parasitology today* 1988, **4**:S3-S7.
23. Jeffrey G: **Investigating the mechanism of insecticide resistance: methods, strategies and pitfalls**. In *Pesticide resistance in*

*arthropods* Edited by: Roush RT, Taabashnik B. Chapman & Hall New York & London; 1990.

24. Akogbeto M, Yakoubou S: **Resistance of malaria vectors to pyrethroids used for impregnated bednets in Benin West Africa.** *Bull Soc Pathol Exot* 1999, **92**:123-30.
25. Stump AD, Atieli FK, Vulule JM, Besansky NJ: **Dynamics of the pyrethroid knockdown resistance allele in western Kenyan populations of *Anopheles gambiae* in response to insecticide-treated bed net trials.** *Am J Trop Med Hyg* 2004, **70**:591-596.

Publish with **BioMed Central** and every scientist can read your work free of charge

*"BioMed Central will be the most significant development for disseminating the results of biomedical research in our lifetime."*

Sir Paul Nurse, Cancer Research UK

Your research papers will be:

- available free of charge to the entire biomedical community
- peer reviewed and published immediately upon acceptance
- cited in PubMed and archived on PubMed Central
- yours — you keep the copyright

Submit your manuscript here:  
[http://www.biomedcentral.com/info/publishing\\_adv.asp](http://www.biomedcentral.com/info/publishing_adv.asp)

