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Abstract (oral session)

Efficacy of intermittent preventive treatment with mefloquine in pregnancy against *Schistosoma haematobium* infection in Gabon: a nested randomized controlled assessor-blinded clinical trial

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Background: Urogenital schistosomiasis is a major public health problem in sub-Saharan Africa and routine programs for screening and treatment of pregnant women are not established. Mefloquine - currently evaluated as a potential alternative to sulfadoxine-pyrimethamine as intermittent preventive treatment (IPTp) against malaria in pregnancy - is known to exhibit activity against *Schistosoma haematobium*. In this study we evaluated the efficacy of mefloquine IPTp against *S. haematobium* infection in pregnant women. Methods: Pregnant women with *S. haematobium* infection presenting at two antenatal health care centres in rural Gabon were invited to participate in this nested randomized controlled, assessor blinded clinical trial comparing sulfadoxine-pyrimethamine with mefloquine IPTp. Study drugs were administered twice during pregnancy with a one month interval after completion of the first trimester. Results: Sixty five pregnant women were included in this study. *S. haematobium* egg excretion rates showed a median reduction of 98% (70-100%) in the mefloquine group compared to an increase of 20% (-186-75%) in the comparator group. More than 80% of patients showed at least 50% reduction of egg excretion and overall cure rate was 47% (36-70%) 6 weeks after the second administration of mefloquine IPTp. Conclusion: Mefloquine - when used as IPTp for the prevention of malaria - shows promising activity against concomitant *S. haematobium* infection leading to an important reduction of egg excretion in pregnant women. Provided that further studies confirm these findings, the use of mefloquine may transform future IPTp programs into a two-pronged intervention addressing two of the most virulent parasitic infections in pregnant women in sub-Saharan Africa.