016 A

PREVALENCE OF *WUCHERERIA BANCROFTI* MICROFILARAEMIA AND ANTIGENAEMIA IN COLOMBO, SRI LANKA

We assessed the prevalence of antigenaemia and microfilaraemia (mf) of bancroftian filariasis in the Divisional Secretariat of Colombo by means of a cross-sectional, randomized field study conducted from January to May 2001.

Seven Grama Sevaka divisions were randomly selected in which 202 households were randomly selected from the householders list. All consenting individuals (n=714)

aged .10 years were clinically examined for symptoms of filariasis and a detailed history taken using a pre-tested questionnaire. The immunochromatographic card test (ICT, Binax, Inc. U.S.A.) and the traditional 60 µl thick blood smear were used to obtain the antigenaemia and microfilaraemia rates respectively.

The overall prevalence of antigenaemia and microfilaraemia were 10.8% and 0.6% respectively. The mf rates among those who had taken and not taken treatment were 0% and 0.87% respectively, whereas the antigenaemia rates were 8.95% and 11.82% respectively. The frequency of clinical manifestations were scattered with no marked occurrence in any one area. Circulating Filarial Antigen (CFA) positivity was significantly higher in hydrocoele cases (66.7%) than in patients with lymphoedema/elephantiasis (22.2%). All microfilaraemics were antigen positive. The CFA was detected among 14.1% of males and 7.7% of females. The age group 30-39 years consisted 32.5% of the antigen-positives and all mf positives.

As the prevalence of antigenaemia is about 18 times higher then the prevalence of microfilaraemia, it indicates that majority of individuals were Ag+/mf-. Therefore mf rates based on single thick smears are gross underestimates of the true prevalence of infection. These results suggest that amicrofilaraemic and asymptomatic W. bancrofti infections are relatively common in endemic areas.