

- [21] Wei NM, Sadrzadeh SMH. Enhancement of hemin-induced membrane damage by artemisinin. *Biochem Pharmacol*, 1994, 48: 737—741.
- [22] Yang YZ, Little B, Meshnick SR. Alkylation of proteins by artemisinin. *Biochem Pharmacol*, 1994, 48: 569—573.
- [23] Yang YZ, Asawamahasakda W, Meshnick SR. Alkylation of human albumin by the antimalarial artemisinin. *Biochem Pharmacol*, 1993, 46: 336—339.
- [24] Tanaka Y, Kamei K, Otaguro K, et al. Heme-dependent radical generation: possible involvement in antimalarial action of non-peroxide microbial metabolites, nanaomycin A and radicicol. *J Antibiot*, 1999, 52: 880—888.
- [25] Bhisutthibhan J, Pan XQ, Hossler PA, et al. The *Plasmodium falciparum* translationally controlled tumor protein homolog and its reaction with the antimalarial drug artemisinin. *J Biol Chem*, 1998, 273: 16192—16198.
- [26] Kamchonwongpaisan S, Chandrangam G, Avery MA, et al. Resistance to artemisinin of malaria parasites (*Plasmodium falciparum*) infecting α-thalassemic erythrocytes *in vitro*: competition in drug accumulation with uninfected erythrocytes. *J Clin Invest*, 1994, 93: 467—473.
- [27] Vattanaviboon P, Wilairat P, Yuthavong Y. Binding of dihydroartemisinin to hemoglobin H: role in drug accumulation and host-induced antimalarial ineffectiveness of α-thalassemic erythrocytes. *Mol Pharmacol*, 1998, 53: 492—496.
- [28] Berman PA, Adams PA. Artemisinin enhances hemin-catalysed oxidation of lipid membranes. *Free Radic Biol Med*, 1997, 22: 1283—1288.
- [29] Gu HM, Warhurst DC, Peters W. Uptake of [³H] dihydoroartemisinin by erythrocytes infected with *Plasmodium falciparum* *in vitro*. *Trans R Soc Trop Med Hyg*, 1984, 78: 265—270.
- [30] Lauer SA, Rathod PK, Ghori N, et al. A membrane network for nutrient import in red cells infected with the malaria parasite. *Science*, 1997, 276: 1122—1125.
- [31] Akompeng T, VanWye J, Ghori N, et al. Artemisinin and its derivatives are transported by a vacuolar-network of *Plasmodium falciparum* and their anti-malarial activities are additive with toxic sphingolipid analogues that block the network. *Mol Biochem Parasitol*, 1999, 101: 71—79.
- [32] Pandey AV, Tekwani BL, Singh RL, et al. Artemisinin, an endoperoxide antimalarial, disrupts the hemoglobin catabolism and hemodetoxification systems in malarial parasite. *J Biol Chem*, 1999, 274: 19383—19388.
- [33] Asawamahasakda W, Ittarat I, Chang CC, et al. Effects of antimalarials and protease inhibitors on plasmoidal hemozoin production. *Mol Biochem Parasitol*, 1994, 67: 183—191.
- [34] Wu WM, Yao ZJ, Wu YL, et al. Ferrous ion induced cleavage of the peroxy bond in qinghaosu and its derivatives and the DNA damage associated with this process. *Chem Commun*, 1996, 2213—2214.
- [35] Wu YL, Chen HB, Jiang K, et al. Interaction of biomolecules with qinghaosu (artemisinin) and its derivatives in the presence of ferrous ion an exploration of antimalarial mechanism. *Pure Appl Chem*, 1999, 71: 1139—1142.
- [36] Aboul-Enein HY. Evidence that the antimalarial activity of artemisinin is not mediated via intercalation with nucleotides. *Drug Des Deliv*, 1989, 4: 129—133.

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【简报】

许昌市 48 年疟疾防治工作回顾

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河南省许昌市辖 2 市 3 县 1 区, 共 96 乡镇(办事处)2 433 行政村(居委会)。面积 4 996 km², 人口约 437.3 万。年平均气温为 14.4 ℃, 年平均降雨量为 658 mm。交通便利, 经济繁荣, 人口流动较大。1980 年前, 疟疾长期位居我市报告传染病发病之首。市、县、乡经过疟疾专业人员连续不懈地努力, 逐步得到控制。

据疫情资料记载, 我市 1953~2000 年 48 年间疟疾平均年发病率为 1 163.71/10 万, 1964、1970 年两次大流行, 发病率分别为 7 454.81/10 万和 8 355.78/10 万。1980 年前, 按发病情况划分高、中、低 3 类疟疾发病区分类管理。在一般防治措施基础上, 集中人力、物力选择高、中度疟区突击开展疟疾防治措施: 高疟区全民服药, 药物灭蚊和休止期全民治疗; 中疟区疟疾流行休止期全民服药治疗和药物灭蚊。很快改变了疟区的性质, 控制了疟疾流行趋势。80 年代后期至今, 发病率控制在 1/10 万左右, 逐步实现了全市基本消灭疟疾的目标。

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我市疟疾传播媒介为中华按蚊, 流行间日疟, 属于有传播休止期的可变性低疟区, 居民抗体水平低, 外来传染源高于本地传染源。1986 年达到消灭疟疾标准。1987~2000 年疟疾患者 293 例(其中, 症状诊断 46 例, 血检确诊 247 例), 年平均发病率为 0.48/10 万, 其中 1993~1995 年发病 178 例, 形成一个发病小高峰, 主要原因是当时我市及邻近市、县相继组建了献血站, 献血员及受血者通过血液传染的病例增多。1996 年以后, 县级血站撤销, 疟疾血传感染很快得到控制, 全市疟疾呈现偶发状态。我市及时调整控制策略, 将工作重点转入加强监测、重点人群管理和对偶发病例所在地的“疫点”处理上, 有效地制止了疟疾回升趋势。

在监测管理阶段, 针对外来人口多、流动性大的特点, 对流动人口中的发热病人进行疟原虫检查, 与市公安、民政等部门配合, 重点对 5~9 月份来自疟疾疫区的建筑、煤炭、陶瓷、花卉等行业流动人口, 由各乡镇卫生院防疫保健所负责查清登记, 预防性服药, 严防输入性疟疾发生, 保持和巩固了消灭疟疾的成果。

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