



# Determination of Plasmodial Species Prevalence among Patients Received at Cotonou Boni Clinic during Rainy Season in the Year 2022

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## Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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## ABSTRACT

**Aims:** Malaria is a life-threatening disease caused by parasites transmitted by bites from infected female *anopheles*. It is a preventable and treatable illness. It remains a recurring disease among public health diseases that exposes many people to a risk of infection, including children under the age of 05 in Benin.

**Methods:** To determine the prevalence of malaria and different plasmodial species at the Dr Pierre BONI Clinic, we performed venous and capillary samples on 731 patients for the realization of thick drops and blood smears between June and July 2022.

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**Results:** Three plasmodial species were identified in 228 patients (31%) as malaria of the 731 patients included in the study with 3 species of plasmodium found: *Plasmodium falciparum* (95.5%), *Plasmodium malariae* (2.85%), *Plasmodium ovale* (1.65%). Mixed or double species was also recorded in some patients: *Plasmodium falciparum*+ *Plasmodium malariae* and *Plasmodium falciparum*+ *Plasmodium ovale*. The majority of patients have the presence of trophozoites at *Plasmodium falciparum*, 95.5%. The parasitic density of *P. falciparum* is higher than that of *P. malariae* and that of *P. ovale*.

**Conclusion:** Although evaluated during a period of low transmission, malaria remains a real public health problem. The distribution of the disease is closely related to the presence in the blood of plasmodial species.

**Keywords:** Malaria; *plasmodium ovale*; *plasmodium falciparum*; *plasmodium malariae*; cotonou.

## 1. INTRODUCTION

Malaria remains a major cause of disease and mortality in the majority of tropical areas. It is endemic in 106 countries around the world. It is an endemic-epidemic parasitosis. In 2020, out of a total of 241 million malaria cases compared to 229 million in 2019, the annual number of malaria-related deaths, estimated at 627,000, is observed in Africa, mainly affecting children under five (86%) [1]. It is characterized by the presence in the body of a unicellular parasite (protozoa) of the genus *Plasmodium*, transmitted to humans by the bite of the female of a haematophagous mosquito of the group of infected anophelid vectors associated with clinical signs. *Plasmodium* infects the liver cells of infected subjects and then circulates in the blood by colonizing the red blood cells and destroying them. It is caused by five parasitic species of the genus *Plasmodium*: *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium ovale*, *Plasmodium malariae* and *Plasmodium knowlesi*. Two of these five species of plasmodia responsible for human malaria are particularly dangerous: *P. falciparum*, the parasite causing the most death which is also the most widespread on the African continent, and *P. vivax*, the dominant species in most countries outside sub-Saharan Africa [2].

In Benin, malaria represents 44.2% of the causes of health care use in health facilities and is the major disease affecting communities [3]. Based on 2021 data, 45.5% of visits and hospitalizations were related to this condition. 2,521,966 isolated cases of malaria have been reported with 197,642 serious cases. The number of deaths in 2021 is 3,509 [4]. Indeed, in areas endemic to malaria in Africa, the majority of clinical malaria attacks are attributed to *Plasmodium falciparum*. While *P. malariae* and *P. ovale* are reported to be widely distributed

throughout Africa and other endemic regions around the world. Their epidemiology remains much less studied than that of *P. falciparum*. Although generally considered benign, *P. malariae* and *P. ovale* have the potential to cause significant morbidity [5].

It is for this purpose that we have taken an interest in this study, carried out at the Boni clinic in Cotonou with the aim of evaluating the profile of plasmodial species in patients with malaria in the said clinic in rainy periods.

## 2. MATERIALS AND METHODS

### 2.1 Study Site

Our study was conducted at the Akpakpa district of the Dr Pierre BONI Clinic (6°21'55.68'N 2°27'10.07'E). It is located in the municipality of Cotonou at PK2, Porto-Novo road on the right. It is next to the Société Béninoise de Brasserie (SOBEBRA) and opposite the Cid Super Décor. This study is a descriptive cross-sectional study based on direct observations of the Thick Drops slides of patients in the clinic.

### 2.2 Sample Collection

Our study population consisted of 731 people suspected of malaria (fever with or without other symptoms) regardless of age or sex. Thus, patients who went to the laboratory of the Dr Pierre Boni clinic for an examination of Gout Epaisse/Blood smear were included in the study.

### 2.3 Sample Processing

We possessed at a venous sample on EDTA tube and then we made a thick drop and a blood smear on a holder blade. The prepared blades were then dried, fixed and coloured in Giemsa (Cypress Diagnostics, Hulshout, Belgium) diluted

to 1/10th for 10 minutes. The reading was done using the Olympus® CX23 optical microscope (Olympus, Granges, Switzerland) at the X100 lens with a drop of immersion oil. When a parasite is identified in the microscopic field, the result is positive. If, on the contrary, after covering 100 microscopic fields with no parasites, the examination is considered negative [6].

## 2.4 Data Analysis

The data was analyzed by the chi-square and Kruskal Wallis test using Microsoft Excel 2016 software. Results are expressed in mean standard deviation form. The variations were considered significant at 5%.

## 3. RESULTS

### 3.1 Distribution of the Population by Sex

731 people have been diagnosed with malaria in the study period. Fig 1 shows the distribution of this population by sex.

Fig. 1 shows that male are in the majority with 52.8% compared to 47.2% for female. The sex ratio is 1.11 in favor of the male sex.

### 3.2 Age Distribution of the Study Population

Fig. 2 shows the age distribution of subjects examined. This breakdown shows that patients aged [20-30[ years are 21.5%; those aged [30-40[ years are 21.05%; those aged [10-20[ years are 18.86%; those aged [0-10[ years are 15.35%;

those aged [40-50[ years are 12.72%; those aged [50-60[ years are 7.89%; and those aged [60-90] years are 2.63%. Note that the most represented range is [20-30]years.

### 3.3 Distribution of Patients by Percentage of Positive and Negative Cases

Fig. 3 shows the proportion of positive and negative cases. Of the 731 patients received, 228 were diagnosed with thick-drip. Thus, patients diagnosed with malaria accounted for 31.19% and patients diagnosed with no malaria accounted for 68.81%.

### 3.4 Proportion of *Plasmodium* Species Identified

The proportion of *Plasmodium* species identified is shown in Fig. 4. Of the 228 malaria patients, three *Plasmodium* species were identified. Then *Plasmodium falciparum* is majority with a percentage of 94% against 5.7% for *Plasmodium malariae* and 1.33% for *Plasmodium ovale*.

### 3.5 Distribution of *Plasmodium* Species by Age Group

Table 1 shows the distribution of *Plasmodium* species by age group. From Table 1 it can be seen that the [20-30] year old is most affected by *Plasmodium falciparum* with a percentage of 21.5% while the one most affected by *Plasmodium malariae* is in the age range of [0-10]years and those most affected by *Plasmodium ovale* is in the age range [10-20].

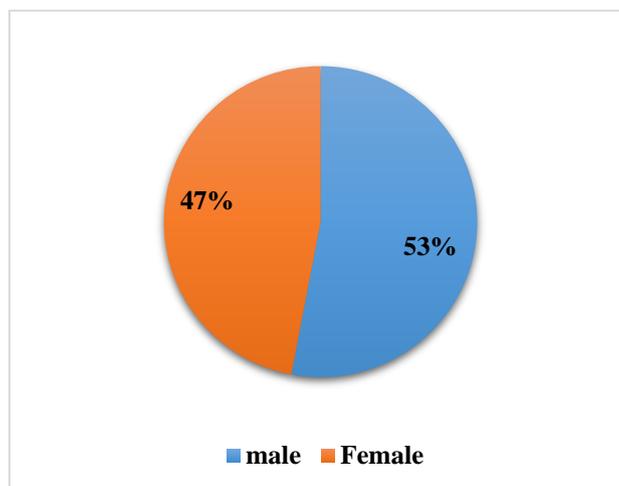


Fig. 1. Distribution of subjects examined by sex

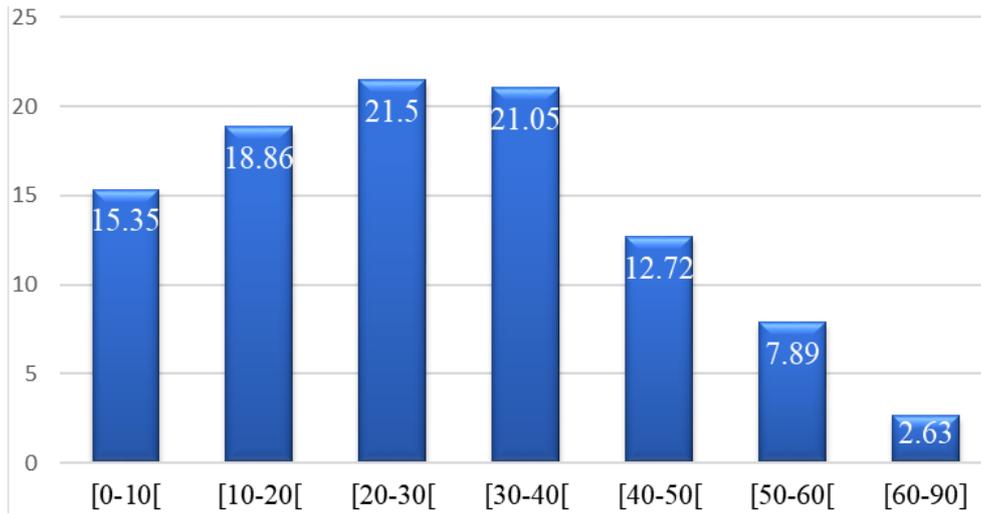


Fig. 2. Age distribution of patients examined

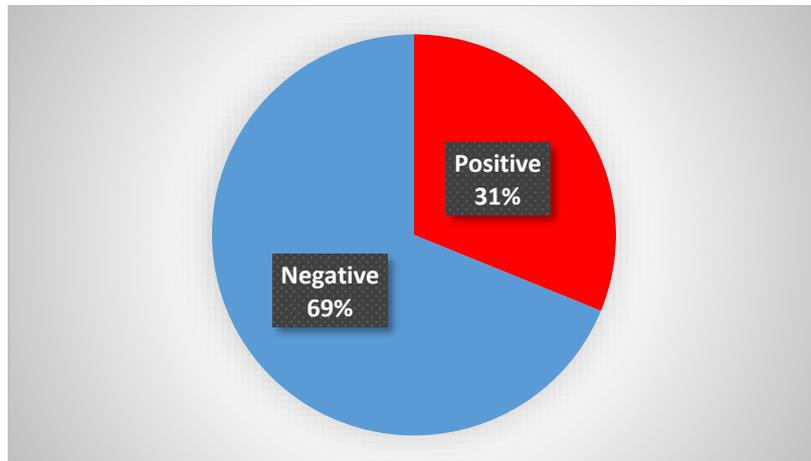


Fig. 3. Proportion of positive and negative cases

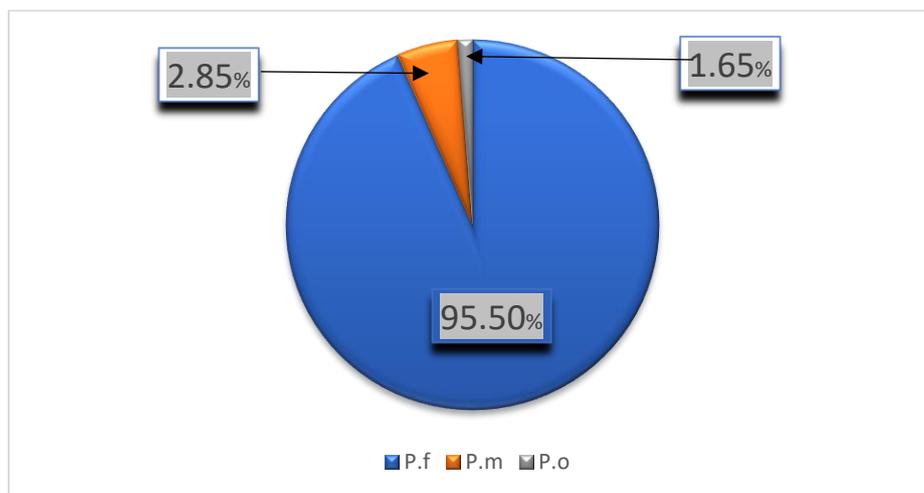


Fig. 4. Distribution of subjects by identified *Plasmodium* species

Legend: P f: *Plasmodium falciparum*, P m: *Plasmodium malaria*, P o: *Plasmodium ovale*

**Table 1. Distribution of *Plasmodium* species by age group**

Age (years)	P. f (%)	P. m (%)	P/O (%)	P. f +P. m (%)	P. f +P. o (%)
[0-10]	35(15.35)	4(1.75)	00(00)	4(1.75)	00(00)
[10-20]	43(18.86)	3(1.32)	2(0.88)	3(1.32)	2(0.88)
[20-30]	49(21.50)	3(1.32)	00(00)	3(1.32)	00(00)
[30-40]	48(21.05)	2(0.88)	00(00)	2(0.88)	00(00)
[40-50]	29(12.72)	00(00)	00(00)	00(00)	00(00)
[50-60]	18(7.89)	00(00)	1(0.44)	00(00)	1(0.44)
[60-90]	6(2.89)	1(0.44)	00(00)	1(0.44)	00(00)
TOTAL	228(100)	13(3.64)	3(1)	13(3.64)	3(1)

Legend: P f: *Plasmodium falciparum*, P m: *Plasmodium malariae*, P o: *Plasmodium ovale*

### 3.6 Distribution of *Plasmodium* Species by Sex

Table 2 shows the distribution of *Plasmodium* species by sex. Table 2 shows that out of all 228 positive cases, the male sex is the majority at the level of *Plasmodium falciparum* and *Plasmodium malariae* with respectively 116 cases out of 228 representatives 50.87% and 8 cases out of 13 representatives 3,51%, while at the level of *Plasmodium ovale* it is the female sex that dominates with 2 cases out of 3 representatives 0.88%.

### 3.7 Different Values of Parasitic Densities (DP) According to *Plasmodium* Species

Table 3 shows the distribution of PD by *Plasmodium* species. From Table 3, it appears that at the level of *P. falciparum*, parasitic densities vary from 7 to 929578 Parasites/ $\mu$ L of blood with a median of 464796 P/ $\mu$ L. At the *P. malariae* level, parasitic densities range from 5626 to 107658 Parasites/ $\mu$ L of blood, the median being 56652 Parasites/ $\mu$ L and at the *Plasmodium ovale* level, parasitic densities range from 13088 to 60878 Parasites/ $\mu$ L of blood with a median of 36983 Parasites/ $\mu$ L of blood. The mean parasitic density of *P. falciparum* is higher than that of *P. malariae* and *P. ovale*.

## 4. DISCUSSION

This study, conducted in the laboratory of the Dr Pierre BONI clinic in Cotonou, determined the frequency of *Plasmodium* species identified in

malaria patients from June to July 2022. In this study, 731 patients were diagnosed with malaria, 228 of whom were positive, a prevalence of 31.19%. Indeed, this is greater than the number of patients received by Olafa, who received 421 patients, 150 of whom were positive, in three months in the same clinic [7]. On the other hand, the prevalence we obtained is much lower than that of Boko in 2021, at 82.56%. This difference can be due to the study period. We observed that the majority were male, with a percentage of 52.80% as against 47.20%, and that the sex ratio was 1.11 in the male's favor. Similar rates to ours were observed by Boko in 2021 with 54.92% male versus 47.67% female, Sall in 2006 with 58.6% male, Niambélé in 1999 with 55% male and Doumbia with 53.6% male in 2012 in the Gabriel Touré CHU pediatric ward [8,9,10,11]. In addition, people in the age group [20-30] years are most received for the diagnosis of malaria with a percentage of 21.5%. The minimum age of patients was D1 and the maximum age was 90. In characterizing the positive cases obtained, men were the majority with 50.67% of positive cases compared to 49.33% of women, but no link was found between sex and the positive character of malaria. These results could be explained by a wider distribution of men. However, our results differ from those obtained by Olafa at the Dr Pierre BONI clinic, which shows a clear predominance of the female sex with 56.67%. These results could be explained by the study period and by the sample size.

Three parasites species and dual-species patients were identified in the 228 patients testing positive with a high prevalence of 95.5%

**Table 2. Distribution of *Plasmodium* species by sex**

Sex	P. f (%)	P. m (%)	P/O (%)	P. f + P. m (%)	P.f +P. o (%)	Total
Masculine	116(50.87)	08 (3.51)	1(0.44)	08 (3.51)	01 (0.44)	125
Feminine	99 (43.42)	05 (2.19)	2(0.88)	05 (2.19)	2(0.88)	106

Legend: P f: *Plasmodium falciparum*, P m: *Plasmodium malariae*, P o: *Plasmodium ovale*

**Table3. Degrees of Infestation by *Plasmodium* Species**

<i>Plasmodium</i> species	Positive topics	Scope of the RFP	Median
<i>P. falciparum</i>	228	7 to 929578 P/ $\mu$ L	464796P/ $\mu$ L
<i>P. malariae</i>	13	5626 to 107658P/ $\mu$ L	56642P/ $\mu$ L
<i>P. oval</i>	3	13088 to 60878P/ $\mu$ L	36983P/ $\mu$ L

Caption: *P. falciparum*: *Plasmodium falciparum*, *P. malariae*: *Plasmodium malariae*, *P. ovale*: *Plasmodium ovale*

*Plasmodium falciparum*. These were: *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale* and dual species (*Plasmodium falciparum* associated with *Plasmodium malariae*) and (*Plasmodium falciparum* associated with *Plasmodium ovale*). Indeed, these results we obtained are similar to those obtained by Atchade in 2014 who had worked on blood bags (2515 blood bags) collected in three Departmental Blood Transfusion Centers (CDTS) in Benin: Atlantique-Littoral, Ouémé-Plateau and Mono-Couffo [12]. He found three species of *Plasmodium*: *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale*. He also found mixed infections (*Plasmodium falciparum* associated with *Plasmodium malariae*) and (*Plasmodium falciparum* associated with *Plasmodium ovale*) with a high prevalence of *Plasmodium falciparum* at 95.0%. These results are also similar to those obtained by Damien and colleagues in 2010 [13]. They worked on samples from asymptomatic and sick children. They also identified three species of *Plasmodium*: *Plasmodium falciparum*, *Plasmodium malariae*, *Plasmodium ovale*. There were also mixed infections (*Plasmodium falciparum* associated with *Plasmodium malariae*), (*Plasmodium falciparum* associated with *Plasmodium ovale*) and (*Plasmodium falciparum* associated with *Plasmodium malariae* and *Plasmodium ovale*). The annual prevalence rate of *Plasmodium falciparum* infection, at 21.80%, is much lower than ours. This prevalence of *Plasmodium falciparum* can be explained by the fact that it is the most widespread and dangerous species in the world. People aged [20-30] were more affected by *Plasmodium falciparum*, with 21.50%. Similarly, people aged [0-10] were more affected by *Plasmodium malariae* (1.75%). People aged [10-20] made up the majority of our study, i.e. 0.88% for *Plasmodium ovale* out of a total of 95.50% *Plasmodium falciparum* species, 2.85% *Plasmodium malariae* and 1.65% *Plasmodium ovale*. *Plasmodium malariae* was not identified in people aged between 50 and 90. These

results are similar to those obtained by Yman et al in 2019 in Tanzania [14], who found 90% *Plasmodium falciparum* species and 10% *Plasmodium malariae*. *Plasmodium malariae* is characterized by a longer incubation period (15-20 days) and, above all, by its ability to cause very late epidemics.

## 5. CONCLUSION

At the end of the study, three species of *Plasmodium* were identified: *Plasmodium falciparum*, *Plasmodium malariae* and *Plasmodium ovale*. Species associations were also identified (*Plasmodium falciparum* associated with *Plasmodium malariae*) and (*Plasmodium falciparum* associated with *Plasmodium ovale*). *Plasmodium falciparum* recorded the highest prevalence of 95.50%. A total prevalence of 31.19% was recorded among patients. This result underlines the need to carefully monitor the prevalence of all species of the *Plasmodium* genus. Eliminating malaria therefore requires accurate detection of infection and discrimination of *Plasmodium* species, using highly skilled microscopists, good quality microscopes and improved tools for effective monitoring of all *Plasmodium* species.

## CONSENT AND ETHICAL APPROVAL

The study was submitted to the Institutional Ethics Committee of the Cotonou Entomological Research Center, which gave its approval (Agreement N° 04 of July 07, 2017).

Written consent was obtained from patients included in the study. Confidentiality and anonymity of data were respected. An information note presenting the objectives, benefits, risks and disadvantages of the study was read to participants.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. World Health Organization. World malaria report World Health Organization; 2021. Available:<https://apps.who.int/iris/handle/10665/350147>
2. World Health Organization. World malaria report 2020: 20 years of global progress and challenges. World Health Organization; 2020. Available:<https://apps.who.int/iris/handle/10665/337660>
3. Ministère de la santé du Bénin. Annuaire des Statistiques Sanitaires 2019 des Départements du Benin; Ministère de la santé du Bénin: Cotonou, Benin; 2020.
4. Ministère de la santé du Bénin. Annuaire des Statistiques Sanitaires 2021 des Départements du Benin; Ministère de la santé du Bénin: Cotonou, Benin; 2022.
5. Razafindrakoto Patrick: Interactions between species in mixed infections, Madagascar; 2004.
6. Microscopy for the detection, identification and quantification of malaria parasites on stained thick and thin blood films in research settings: Procedure - methods manual, WHO. Available:<http://apps.who.int/iris>
7. OLafa Méline: Identification of different species of *Plasmodium* in malaria patients received at the Dr Pierre BONI clinic in Akapka; 2020.
8. BOKO Ramielle: Evaluation of the prevalence of *plasmodium spp* and malaria in patients at the Lab campus polyclinic; 2021.
9. Sall H: Incidence and management modalities of severe and complicated malaria in the pediatric department of the Gabriel Touré University Hospital. Thèse Med. Bamako. 2006;74.
10. Niambélé MB. Epidemiological characteristics and temporospatial distribution of severe and complicated forms of malaria. 1999;62:89.
11. DOUMBIA Hawa SIDIBE: Epidemiological and clinical study of severe and complicated malaria in children aged 6 months to 15 years in the pediatric emergency department of Gabriel Toure University Hospital: 8.
12. Sossa Pascal ATCHADE: Use of Plasmodium biomarkers in the prevention of transfusional malaria in South Benin. 2014;102.
13. Georgia B Damien, Armel Djèntonin, Christophe Rogier, Vincent Corbel, Sahabi B Bangana, Fabrice Chandre, Martin Akogbéto, Dorothée Kindé-Gazard, Achille Massougbodji, Marie-Claire Henry: Malaria infection and disease in an area with pyrethroid-resistant vectors in southern Benin; 2010.
14. Yman victor, grace wandell, doreen danna, miglar asghar: persistent transmission of p. Malariae and p. Ovale species in a transmission area, declining p. Falciparum, tanzania; 2019.

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