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**Stronger activity of human immunodeficiency virus type 1 protease inhibitors against clinical isolates of Plasmodium vivax than against those of P. falciparum**

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### Abstract

Recent studies using laboratory clones have demonstrated that several antiretroviral protease inhibitors (PIs) inhibit the growth of *Plasmodium falciparum* at concentrations that may be of clinical significance, especially during human immunodeficiency virus type 1 (HIV-1) and malaria coinfection. Using clinical isolates, we now demonstrate the in vitro effectiveness of two HIV-1 aspartic PIs, saquinavir (SQV) and ritonavir (RTV), against *P. vivax* (n = 30) and *P. falciparum* (n = 20) from populations subjected to high levels of mefloquine and artesunate pressure on the Thailand-Myanmar border. The median 50% inhibitory concentration values of *P. vivax* to RTV and SQV were 2,233 nM (range, 732 to 7,738 nM) and 4,230 nM (range, 1,326 to 8,452 nM), respectively, both within the therapeutic concentration range commonly found for patients treated with these PIs. RTV was fourfold more effective at inhibiting *P. vivax* than it was at inhibiting *P. falciparum*, compared to a twofold difference in SQV sensitivity. An increased *P. falciparum* *mdr1* copy number was present in 33% (3/9) of isolates and that of *P. vivax* *mdr1* was present in 9% of isolates (2/22), but neither was associated with PI sensitivity. The inter-*Plasmodium* sp. variations in PI sensitivity indicate key differences between *P. vivax* and *P. falciparum*. PI-containing antiretroviral regimens may demonstrate prophylactic activity against both *vivax* and *falciparum* malaria in HIV-infected patients who reside in areas where multidrug-resistant *P. vivax* or *P. falciparum* is found. Copyright © 2008, American Society for Microbiology. All Rights Reserved.

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