VOLUME 11 NO 2 PP 129-135 FEBRUARY 2006

Short communication: Negative spatial association between lymphatic filariasis and malaria in West Africa

Louise A. Kelly-Hope¹, Peter J. Diggle², Barry S. Rowlingson², John O. Gyapong³, Dominique Kyelem⁴, Michael Coleman¹, Madeleine C. Thomson⁵, Valerie Obsomer⁶, Steve W. Lindsay⁷, Janet Hemingway¹ and David H. Molyneux⁸

- 1 Vector Research Group, Liverpool School of Tropical Medicine, Liverpool, UK
- 2 Department of Mathematics and Statistics, Lancaster University, Lancaster, UK
- 3 Health Research Unit, Ghana Health Service, Ministry of Health, Accra, Ghana
- 4 Division of Preventative Medicine, Ministry of Health, Ouagadougou, Burkina Faso
- 5 International Research Institute for Climate Prediction, Earth Institute at Columbia University, New York, NY, USA
- 6 Prince Leopold Institute of Tropical Medicine, Antwerpen, Belgium
- 7 School of Biological and Biomedical Sciences, University of Durham, Durham, UK
- 8 Lymphatic Filariasis Support Centre, Liverpool School of Tropical Medicine, Liverpool, UK

OBJECTIVE To determine the relationship between human lymphatic filariasis, caused by *Wuchereria bancrofti*, and falciparum malaria, which are co-endemic throughout West Africa. METHODS We used geographical information systems and spatial statistics to examine the prevalence of lymphatic filariasis in relation to malaria prevalence, mosquito species distributions, vegetation and climate.

RESULTS A negative spatial association between *W*. *bancrofti* and falciparum malaria prevalence exists. Interspecies competition between parasites, seasonality, differences in the distribution and vector competence of *Anopheles* vectors, agricultural practices and insecticide resistance may be factors driving current (and potentially future) spatial distributions.

CONCLUSION Further investigating these factors will become crucial as large-scale lymphatic filariasis and malaria control programmes are implemented in West Africa that may influence the epidemiology of both diseases.

keywords Anopheles, lymphatic filariasis, malaria, West Africa, epidemiology, transmission, climate, environment, geographical information systems, statistical modelling

Lymphatic filariasis (LF), caused by Wuchereria bancrofti, and falciparum malaria are significant causes of morbidity and mortality worldwide, making them priorities for elimination and control programmes (Molyneux & Zagaria 2002; Zagaria & Savioli 2002; WHO 2005). Both diseases are endemic throughout sub-Saharan Africa, where they are transmitted by a number of common mosquito species (Lamontellerie 1972; Brengues 1975; Lindsay & Thomas 2000). Infection with W. bancrofti can be asymptomatic but frequently may produce severe, disfiguring and intractable lymphoedema and genital pathology that has a major social and economical impact for millions of people (Zagaria & Savioli 2002). Plasmodium falciparum remains one of the most important public health problems in sub-Saharan Africa where the parasite is responsible for approximately 300 million acute infectious episodes and 1 million deaths per annum (WHO/UNICEF 2003; WHO 2005). The two parasites exist in Africa in a

parasite may have inadvertent and unforeseen consequences on the other. In this regard, an important question, especially within the implementation of control or elimination programmes, is the nature of the interactions between these co-endemic parasites. To address this question, we used a comprehensive and recently acquired database for the seroprevalence of *W. bancrofti* in West Africa (Gyapong *et al.* 2002) to examine the spatial relationship between LF and malaria, and co-modelled a range of potentially important entomological and environmental variables. LF seroprevalence data (with selective parasitological

complex and dynamic ecology; attempts to control one

validations) obtained from Gyapong *et al.* (2002), were systematically collected between June and September 2000, from 401 villages throughout Benin, Burkina Faso, Ghana and Togo (see Figure 1a), using a validated grid system (Gyapong & Remme 2001). The prevalence of

Summary





Malaria Prevalence



Figure 1 Distribution of *Wuchereria bancrofti* and *Plasmodium falciparum* malaria in Benin, Burkina Faso, Ghana and Togo.

W. bancrofti antigenaemia at each sampling site was determined by studying 50–100 individuals of at least 15 years of age, using commercial immunochromatographic card tests for filarial antigen (ICT Diagnostics, Sydney, Australia; Weil *et al.* 1997). The seroprevalence was validated by night blood film parasitology in some randomly selected sites to check the validity of the antigenaemia prevalence values. As direct measurements of malaria prevalence at each of the LF study sites were not available, estimates of P. falciparum parasitaemia were derived at each of these sites (Figure 1b), by using a prevalence map for West Africa that had been constructed from extensive data obtained from children aged 2-10 years in non-epidemic periods (Kleinschmidt et al. 2001). The prevalence map had been produced using a generalized linear mixed model, with spatial correlation structure estimated from the deviance residuals. Predictive accuracy was assessed by assigning predicted and observed prevalences at each surveyed location to categories corresponding to prevalences <10%, 10-30%, 30-70% and over 70%. This resulted in a 78% agreement between predicted and observed prevalence categories, with only three survey locations misclassified by more than one category (MARA/ARMA: http:// www.mara.org.za/).

In addition, we examined the distribution of a number of mosquito species, vegetation cover, average annual temperature, average annual precipitation and maximum absolute humidity to assess their possible influence on parasite distribution. Mosquito species data were derived from modelled probability maps of Anopheles arabiensis (Lindsay et al. 1998) and the Anopheles gambiae sensu stricto chromosomal forms of Bissau, Forest, Mopti and Savanna (Bayoh et al. 2001), which had been produced using non-linear and binary regression models. Vegetation data were based on the Normalized Difference Vegetation Index and obtained from SPOT Satellite Image Processing and Archiving Centre (Vito, Belgium) (http://www.vgt. vito.be). Land surface temperature data were obtained from GAC-Africa monthly composites databases from the Joint Research Centre, Ispra, Italy. Precipitation and humidity data were obtained from the Climate Research Unit, University of East Anglia (http://ipcc-ddc.cru.uea.ac.uk).

All data were imported into ArcGis 8.2 (ESRI, Redlands, CA, USA) and geo-referenced using the Africa boundary file map from the Africa Data Sampler (http://www. wristore.com/afdatsamgeor.html). The relationship between the prevalence of W. bancrofti antigenaemia at the 401 study sites and each of the study variables used in the spatial model are depicted in Figure 2. Subsequently, all the data corresponding to the longitude and latitude of each of these 401 sampling sites were extracted and examined using model-based geostatistics (Diggle et al. 1998). We analysed the effect of malaria prevalence on the spatial distribution of W. bancrofti, adjusting for the possible effects of mosquito species compositions, environmental variables and an overall spatial trend. The response variable (i.e. prevalence of W. bancrofti), Y, at each location was defined as the empirical logit of observed prevalence, assuming a sample size of 50; hence,



Figure 2 The spatial distributions of the explanatory variables at each LF sampled location. (a) Presence/absence of different mosquito forms (*Anopheles arabiensis*, *Anopheles gambiae* Bissau, Forest, Mopti and Savanna) and estimated malaria prevalence. (b) Vegetation and climate variables.

$$Y = \log\left\{\frac{PREV + 1}{101 - PREV}\right\}$$

where PREV is the prevalence expressed in percentage. The model assumes that responses Y_i at locations x_i are conditionally independent given an unobserved spatial stochastic process S(x), and that the conditional mean response μ_i at location x_i depends linearly on explanatory variables and on $S(x_i)$, hence $\mu_i = d_i\beta + S(x_i)$, where d_i is a vector of explanatory variables associated with the location x_i , β is a vector of regression parameters and S(x) is a Gaussian process with mean zero, variance σ^2 and correlation function $\rho(u) = \exp(-u/\varphi)$ where u denotes distance. Conditional on the μ_i and the Y_i are mutually independent Gaussian with mean values μ_i and variances $T^2\sigma^2$. The parameter $T^2\sigma^2$ represents the ratio between the sampling variance at each location and the spatial variance, σ^2 of the process S(x). We used Bayesian inference, in conjunction with direct Monte Carlo as implemented in the R package geoR (http://www.est.ufpr.br/geoR/). Prior specification was as follows: improper uniform for all regression parameters; reciprocal for σ^2 ; discrete uniform for φ over the range 0.2–9.0; discrete uniform for $T^2\sigma^2$ over the range 0.05-2.0. Posterior distributions were estimated from a Monte Carlo sample of size 10 000, which was sufficiently large to make the Monte Carlo variation negligible by comparison with the inherent statistical variation in the posterior distributions. The importance of each parameter was assessed graphically by inspection of its posterior distribution, and summarized in tabular form by its posterior mean and 95% Bayesian credible interval. A credible interval excluding zero is the Bayesian counterpart of rejecting, at the conventional 5% level of significance, the hypothesis that the corresponding parameter is zero.

Table I	Summaries	of posterior	distributions	for parameters	in the model	for empirical	logit of LF	prevalence
---------	-----------	--------------	---------------	----------------	--------------	---------------	-------------	------------

	Parameter	Posterior mean	Odds ratio	Bayesian 95% credible interval
Regression parameters				
Malaria prevalence	-0.009	0.991	0.982	1.000
Precipitation	-0.001	0.999	0.980	1.017
Normalized Difference Vegetation Index	0.693	1.999	0.346	11.491
Humidity	0.016	1.016	0.981	1.052
Temperature	-0.165	0.848	0.670	1.062
Anopheles arabiensis	0.268	1.307	0.856	1.979
Anopheles gambiae Bissau	-0.074	0.929	0.612	1.392
Forest	-0.039	0.962	0.432	2.122
Mopti	0.264	1.302	0.719	2.336
Savanna	-0.098	0.906	0.680	1.209
Trend surface parameters				
Intercept	-0.321		-10.597	10.044
Latitude	0.145		-0.413	0.636
Longitude	-0.145		-0.621	0.338
Latitude squared	0.025		-0.092	0.146
Longitude squared	-0.081		-0.203	0.041
Latitude times longitude	0.024		-0.111	0.161
Spatial covariance parameters				
σ^2	3.772		1.079	8.460
φ	4.479		1.300	9.000
$T^2\sigma^2$	0.165		0.050	0.450

In rows one to 10 the parameters are the regression coefficients associated with the named explanatory variables. Columns two and three give point estimates (posterior mean values) of the regression coefficient and its exponential, the latter being interpretable as an odds ratio. Columns four and five give the 95% Bayesian credible intervals on the odds ratio scale. In rows 11–16 the parameters are the coefficients, which collectively define the fitted trend surface. Column two again gives point estimates whilst columns three and four give the 95% Bayesian credible intervals on the untransformed scale; an odds ratio interpretation is inappropriate here, because there is no meaning to a unit change in one of the explanatory variables whilst holding the other explanatory variables constant. In rows 17–19 the parameters define the spatial covariance structure of the model. Columns two to four give point estimates and 95% Bayesian credible intervals.

The statistical relationship between each variable and the prevalence of W. bancrofti circulating antigen is summarized in Table 1. There was a positive association between the prevalence of W. bancrofti antigen levels and An. arabiensis, An. gambiae Mopti and vegetation although the 95% Bayesian credible intervals in each of these cases crossed zero. Importantly, there was a small but just conventionally significant negative association between the prevalence of malaria and LF (mean -0.009, odds ratio 0.991, 95% Bayesian credible interval 0.982-1.000). This association is robust in the sense that it holds after adjustment for environmental variables, mosquito species composition and both large-scale and small-scale residual spatial variation represented, respectively, by the fitted quadratic trend surface and the Gaussian process S(x). As the values available for the prevalence of P. falciparum are model predictions rather than direct measurements, it is likely that the estimate of the magnitude of the negative association between LF and malaria is in fact conservative because of a degree of misspecification for the malaria prevalence rates (Amexo et al. 2004).

This is the first time that the distributions of W. bancrofti and P. falciparum have been examined on such a scale. The study suggests that an intriguing relationship exists between the two parasites, whereby one parasite tends to dominate the other, despite sharing similar Anopheles vectors and environmental factors which support both replication and endemicity in this region. However, these findings can only provide a relatively limited view of a highly complex and dynamic system and we have had to use relatively crude measures of both the human infection burden and the associated environmental and entomological variables; consequently, the nature and magnitude of the interaction between W. bancrofti and P. falciparum may well vary with time and location, and different variables may assume importance at one time or another.

The reasons for the contrasting spatial distributions found in this study remain a matter for conjecture and could be influenced by additional factors that were not included in

this study. It is possible a degree of interspecies competition may exist between microfilaria and Plasmodium within Anopheles mosquitoes or the human host. Interactions between parasites can occur in vertebrate and invertebrate hosts, and a wide variety of environmental and hostdependent factors influence the structure, dynamics, seasonality and transmission success of parasite communities (Burkot et al. 1990; Albuquerque & Ham 1995; Petney & Andrews 1998; Petney 2001; Spiegel et al. 2003; Graham et al. 2005). In Tanzania, Muirhead-Thomson (1953) found mixed filarial-malarial infections rare in An. gambiae. The duration of transmission may also be important as evidenced by the high prevalence of W. bancrofti in Burkina Faso that coincides with a shorter, rather than longer malaria season (MARA/ARMA: http://www.mara.org.za/), suggesting that seasonal malaria may somehow effect the dominance of W. bancrofti, or conversely, perennial malaria may inhibit filarial development (Schmidt & Esslinger 1981). Another possible explanation for the distinct epidemiological patterns may be related to the differential distribution and vector competence of mosquitoes within the An. gambiae and An. funestus complexes, as these vary between species (Coluzzi et al. 1985; Appawu et al. 1994; Powell et al. 1999; della Torre et al. 2001; Coetzee & Fontenille 2004). Initial studies suggest that An. funestus, An. arabiensis and An. gambiae Mopti are potentially important for transmission of W. bancrofti (Dzodzomenyo et al. 1999; Appawu et al. 2001), with the latter species' success intrinsically linked to irrigated agriculture; a risk factor more associated with W. bancrofti (Lamontellerie 1972; Hunter 1992), than with increased malaria transmission in the region (Jjumba & Lindsay 2001). It may also be because An. gambiae Mopti frequently dominates irrigated areas, and is a relatively poor vector of malaria compared with other species such as An. gambiae Savanna (Coluzzi 1993; Carnevale et al. 1999). A further consideration is the impact of insecticide resistance on filarial worm development. Highly elevated esterases involved in insecticide-resistance inhibit development of microfilariae in Culex (McCarroll et al. 2000). A similar effect could occur in insecticide resistant Anopheles (Hemingway & Ranson 2000).

Differentiating between the various hypotheses will become crucial as large-scale LF and malaria control programmes are implemented in West Africa that may impact on the epidemiology of both diseases. Among the many testable hypotheses we feel the following deserve special emphasis: first, a further understanding of the vector competence of mosquitoes infected with one or both parasites would be of particular interest and could be addressed using a range of *in vitro* and *in vivo* models. Second, the relative exclusivity of one parasite in preference to the other may provide an insight into the immunobiology of the host-parasite interaction, whereby a particular host response to one parasite may facilitate or protect against the other. Third, and perhaps most importantly is the possibility that attempts to control one parasite may inadvertently lead to a change in prevalence of the other. This is a vital question given the efforts of elimination programmes and is directly testable using serial point prevalence studies.

Acknowledgements

We thank the participants and acknowledge the technical support of the national teams who undertook the field studies. The research was approved by the Liverpool School of Tropical Medicine Ethics Committee, and supported by grants to the Lymphatic Filariasis Support Centre in the Liverpool School of Tropical Medicine, UK, which is supported by grants from the Department for International Development and Glaxo Smith Kline and from the Bill and Melinda Gates Foundation and the Gates Malaria Partnership. This work was also supported by the UK Engineering and Physical Sciences Research Council through the award of a Senior Fellowship to Peter Diggle (grant no. GR/ S48059/01) and by the USA National Institute of Environmental Health Sciences (grant no. R01 ES012054).

References

- Albuquerque CM & Ham PJ (1995) Concomitant malaria (*Plasmodium gallinaceum*) and filaria (*Brugia pahangi*) infections in *Aedes aegypti*: effect on parasite development. *Parasitology* **110**(Pt 1), 1–6.
- Amexo M, Tolhurst R, Barnish G & Bates I (2004) Malaria misdiagnosis: effects on the poor and vulnerable. *Lancet* 364, 1896– 1898.
- Appawu MA, Baffoe-Wilmot A, Afari EA, Nkrumah FK & Petrarca V (1994) Species composition and inversion polymorphism of the *Anopheles gambiae* complex in some sites of Ghana, West Africa. *Acta Tropica* 56, 15–23.
- Appawu MA, Dadzie SK, Baffoe-Wilmot A & Wilson MD (2001) Lymphatic filariasis in Ghana: entomological investigation of transmission dynamics and intensity in communities served by irrigation systems in the upper east region of Ghana. *Tropical Medicine and International Health* **6**, 511–516.
- Bayoh MN, Thomas CJ & Lindsay SW (2001) Mapping distributions of chromosomal forms of Anopheles gambiae in West Africa using climate data. Medical and Veterinary Entomology 15, 267–274.
- Brengues J (1975) La filariose de Bancrofti en Afrique de L'Ouest. Thesis, ORSTOM, Paris, 299.
- Burkot TR, Molineaux L, Graves PM *et al.* (1990) The prevalence of naturally acquired multiple infections of *Wuchereria*

bancrofti and human malarias in anophelines. *Parasitology* **100**(Pt 3), 369–375.

Carnevale P, Guillet P, Robert V *et al.* (1999) Diversity of malaria in rice growing areas of the Afrotropical region. *Parassitologia* **41**, 273–276.

Coetzee M & Fontenille D (2004) Advances in the study of Anopheles funestus, a major vector of malaria in Africa. Insect Biochemistry and Molecular Biology 34, 599–605.

Coluzzi M (1993) Advances in the study of afrotropical malaria vectors. *Parassitologia* 35(Suppl.), 23–29.

Coluzzi M, Petrarca V & Di Deco M (1985) Chromosomal inversion intergradation and incipient speciation in *Anopheles* gambiae. Bollettino di Zoologia **52**, 45–63.

Diggle PJ, Moyeed R & Tawn JA (1998) Model-based geostatistics. Applied Statistics 47, 299–350.

Dzodzomenyo M, Dunyo SK, Ahorlu CK *et al.* (1999) Bancroftian filariasis in an irrigation project community in southern Ghana. *Tropical Medicine and International Health* **4**, 13–18.

Graham AL, Lamb TJ, Read AF & Allen JE (2005) Malaria-filaria coinfection in mice makes malarial disease more severe unless filarial infection achieves patency. *Journal of Infectious Diseases* 191, 410–421.

Gyapong JO & Remme JH (2001) The use of grid sampling methodology for rapid assessment of the distribution of bancroftian filariasis. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 95, 681–686.

Gyapong JO, Kyelem D, Kleinschmidt I et al. (2002) The use of spatial analysis in mapping the distribution of bancroftian filariasis in four West African countries. Annals of Tropical Medicine and Parasitology 96, 695–705.

Hemingway J & Ranson H (2000) Insecticide resistance in insect vectors of human disease. Annual Review of Entomology 45, 371–391.

Hunter JM (1992) Elephantiasis: a disease of development in north east Ghana. Social Science and Medicine 35, 627–645.

Ijumba JN & Lindsay SW (2001) Impact of irrigation on malaria in Africa: paddies paradox. *Medical and Veterinary Entomology* 15, 1–11.

Kleinschmidt I, Omumbo J, Briet O et al. (2001) An empirical malaria distribution map for West Africa. Tropical Medicine and International Health 6, 779–786.

Lamontellerie M (1972) Results of surveys on the filariasis in western Upper Volta (Cercle de Banfora). Annales de Parasitologie Humaine et Comparee 47, 783–838.

Lindsay SW & Thomas CJ (2000) Mapping and estimating the population at risk from lymphatic filariasis in Africa. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 94, 37–45. Lindsay SW, Parson L & Thomas CJ (1998) Mapping the ranges and relative abundance of the two principal African malaria vectors, Anopheles gambiae sensu stricto and An. arabiensis, using climate data. Proceedings of the Royal Society of London 265, 847–854.

McCarroll L, Paton MG, Karunaratne SH et al. (2000) Insecticides and mosquito-borne disease. *Nature* 407, 961–962.

Molyneux DH & Zagaria N (2002) Lymphatic filariasis elimination: progress in global programme development. Annals of Tropical Medicine and Parasitology 96(Suppl. 2), S15–S40.

Muirhead-Thomson RC (1953) Inter-relations between filarial and malarial infections in *Anopheles gambiae*. *Nature* **172**, 352–353.

Petney TN (2001) Environmental, cultural and social changes and their influence on parasite infections. *International Journal for Parasitology* **31**, 919–932.

Petney TN & Andrews RH (1998) Multiparasite communities in animals and humans: frequency, structure and pathogenic significance. *International Journal for Parasitology* 28, 377–393.

Powell JR, Petrarca V, della Torre A, Caccone A & Coluzzi M (1999) Population structure, speciation, and introgression in the *Anopheles gambiae* complex. *Parassitologia* **41**, 101–113.

Schmidt LH & Esslinger JH (1981) Courses of infections with *Plasmodium falciparum* in owl monkeys displaying a micro-filaremia. *The American Journal of Tropical Medicine and Hygiene* **30**, 5–11.

Spiegel A, Tall A, Raphenon G, Trape JF & Druilhe P (2003) Increased frequency of malaria attacks in subjects co-infected by intestinal worms and *Plasmodium falciparum* malaria. *Transactions of the Royal Society of Tropical Medicine and Hygiene* 97, 198–199.

della Torre A, Fanello C, Akogbeto M *et al.* (2001) Molecular evidence of incipient speciation within *Anopheles gambiae* s.s in West Africa. *Insect Molecular Biology* **10**, 9–18.

Weil GJ, Lammie PJ & Weiss N (1997) The ICT filariasis test: a rapid-format antigen test for diagnosis of Bancroftian filariasis. *Parasitology Today* 13, 401–404.

WHO (2005) World Malaria Report 2005. WHO/HTM/MAL/ 2005.1102. World Health Organization, Geneva, Switzerland. Available at: http://rbm.who.int/wmr2005/index.html.

WHO/UNICEF (2003) The African Malaria Report 2003. WHO/ CDC/MAL/2003.1093. World Health Organization/United Nations Children's Fund, Geneva, Switzerland/New York, USA. Available at: http://www.rbm.who.int/amd2003/amr2003/ amr_toc.htm.

Zagaria N & Savioli L (2002) Elimination of lymphatic filariasis: a public-health challenge. *Annals of Tropical Medicine and Parasitology* 96(Suppl. 2), S3–S13.

Corresponding Author Louise A. Kelly-Hope, Vector Research Group, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, UK. Tel.: +1 301 496 8735; Fax: +301 496 8496; E-mail:kellyhopel@mail.nih.gov

Association spatiale négative entre la filariose lymphatique et la malaria en Afrique de l'ouest

OBJECTIF Déterminer la relation entre la filariose lymphatique causée par Wuchereria bancrofti et la malaria falciparum, toutes deux endémiques en Afrique de l'ouest.

MÉTHODES Nous avons utilisé les systèmes d'information géographique et des statistiques spatiales pour examiner la prévalence de la filariose lymphatique en relation avec la prévalence de la malaria, la distribution des espèces de moustiques, la végétation et le climat.

RÉSULTATS Une association spatiale négative existe entre W. *bancrofti* et la prévalence de la malaria falciparum. La compétition inter-espèce des parasites, la saisonnalité, les différences dans la distribution et la compétence des vecteurs *Anopheles*, les pratiques agriculturales et la résistance aux insecticides peuvent être des facteurs responsables des distributions spatiales actuelles et probablement futures.

CONCLUSION Une investigation plus poussée de ces facteurs s'avérera cruciale avec l'introduction de programmes de contrôle à grande échelle de la filariose lymphatique et de la malaria en Afrique de l'ouest, qui peuvent influencer l'épidèmiologie de ces deux maladies.

mots clés Anopheles, filariose lymphatique, malaria, Afrique de l'ouest, épidémiologie, transmission, climat, environnement, systèmes d'information géographique, modélisation statistique.

Asociación espacial negativa entre filariasis linfática y malaria en Africa del Oeste

OBJETIVO Determinar la relación entre la filariasis linfática humana, causada por Wuchereria bancrofti, y malaria por Plasmodium falciparum malaria, las cuales son co-endémicas en todo África del oeste.

MÉTODO Utilizamos sistemas de información geográfica (SIG) y estadística espacial para examinar la prevalencia de filariasis linfática en relación a la prevalencia de malaria, la distribución espacial de los mosquitos, la vegetación y el clima.

RESULTADOS Existe una asociación espacial negativa entre W. *bancrofti* y malaria por *P.falciparum*. Los factores que podrían estar influenciando las distribuciones espaciales actuales (y potencialmente las futuras) son la competencia entre especies de parásitos, la estacionalidad, diferencias en la distribución y competencia de los vectores *Anopheles*, prácticas agrícolas y resistencia a insecticidas.

CONCLUSIONES Investigar más a fondo estos factores será crucial a medida que se implementen en África del Oeste, programas de control a gran escala para la malaria y la filariasis linfática, que puedan influenciar la epidemiología de ambas enfermedades.

Palabras claves Anopheles, filariasis linfática, malaria, África del oeste, epidemiología, transmisión, clima, medio ambiente, sistemas de información geográfica, modelaje estadístico