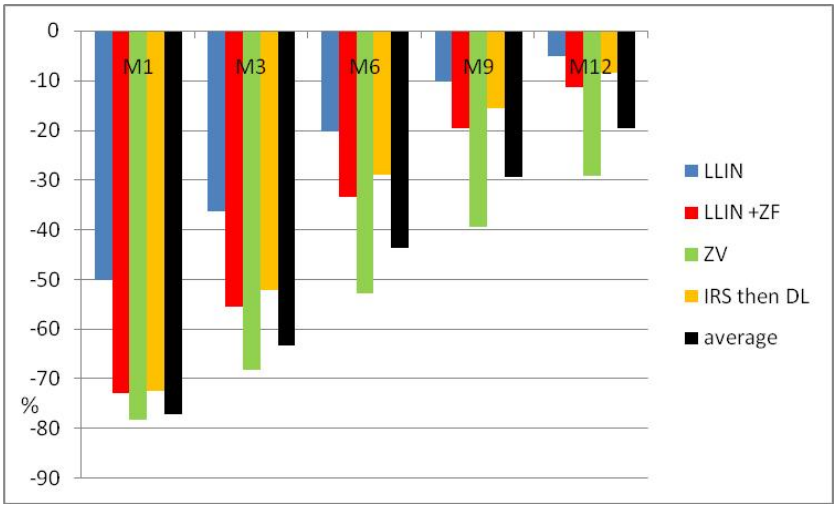
Table 5b Evolution of the monthly risks of receiving an infective bite of a main vector of malaria in a house before, and after, vector control, and the difference of risks.

	Before	After	Diff.
M1	55.6	12.7	-77.1%
M2	80.2	23.8	-70.3%
M3	91.2	33.5	-63.2%
M4	96.1	42.0	-56.3%
M5	98.3	49.4	-49.7%
M6	99.2	55.8	-43.7%
M7	99.7	61.5	-38.3%
M8	99.9	66.4	-33.5%
M9	99.9	70.7	-29.3%
M10	100.0	74.4	-25.6%
M11	100.0	77.6	-22.4%
M12	100.0	80.5	-19.5%

Table 6 Evolution, with time, of the protection afforded by each method of vector control. (M= number of months)

Diff (%)	LLIN	LLIN +ZF	ZV	IRS then DL	Average
M1	-50.2	-72.9	-78.1	-72.3	-77.1
M3	-36.4	-55.5	-68.1	-52.2	-63.2
M6	-20.3	-33.5	-52.7	-29.0	-43.7
M9	-10.3	-19.6	-39.5	-15.7	-29.3
M12	-5.1	-11.4	-29.2	-8.5	-19.5

The evolution of level of protection with duration of exposure was different according to the method of vector control (Graph 6). With time: six months “M6”; nine months “M9”, one year “M12”, the reduction of risks conferred by ITPS ZeroVector® (“ZV”) alone appeared clearly higher than the other methods (Graph 7).



Graph 7 Reduction of risk according to the method of vector control and duration of exposure. (M= number of months)

4 Discussion-Conclusion

The notion of “risks” appeared the article “Malaria Vectorial Capacity of a Population of *Anopheles gambiae*. An Exercise in Epidemiological Entomology” (Garrett-Jones and Shidrawi, 1969). “The index of inoculation risk was derived from the infective density by taking into account the mosquito's supposed biting-frequency and the