

# INTEGRATING NATIONAL PROGRAMMES TO ELIMINATE LYMPHATIC FILARIASIS AND ONCHOCERCIASIS

STRATEGIC AND TECHNICAL ADVISORY GROUP FOR NEGLECTED TROPICAL DISEASES SUBGROUP ON DISEASE-SPECIFIC INDICATORS

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## Integrating national programmes to eliminate lymphatic filariasis and onchocerciasis

Strategic and technical advisory group for neglected tropical diseases subgroup on disease-specific indicators

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### Abbreviations

APOC	African Programme for Onchocerciasis Control
CDTI	community-directed treatment with ivermectin
EU	evaluation unit
FTS	Filariasis Test Strip (Alere, Scarborough, ME, United States)
GPELF	Global Programme to Eliminate Lymphatic Filariasis
ICT	immunochromatographic test (BinaxNOW Filariasis ICT, Alere,Scarborough, ME, United States)
IU	implementation unit
MDA	mass drug administration
OEPA	Onchocerciasis Elimination Program for the Americas
TAS	transmission assessment survey
WHO	World Health Organization

#### 1. Background and opening session

Lymphatic filariasis and onchocerciasis are co-endemic in 28 countries of the World Health Organization (WHO) African Region. Both diseases are targeted for elimination and share the same strategy of preventive chemotherapy to interrupt transmission using ivermectin alone or in combination with albendazole. While many countries are progressively scaling up preventive chemotherapy interventions for either one or both of the diseases, there remain countries that are not on track to meet the elimination targets for each disease. Co-endemicity of loiasis with lymphatic filariasis and/or onchocerciasis is particularly challenging in affected African countries due to the risk of severe adverse events following mass treatment and the observed cross-reactivity of the immunochromatographic test (ICT).

Dr Gautam Biswas, Coordinator, Preventive Chemotherapy and Transmission Control, WHO Department of Control of Neglected Tropical Disease, opened the meeting. Dr Patrick Lammie was elected as the chair and Dr Tony Ukety and Dr Aya Yajima as the rapporteurs. All the invited experts completed a declaration of interests form for WHO experts, which was submitted to and assessed by the WHO Secretariat before the meeting. WHO concluded that all participants could contribute to the discussions of all technical sessions. *Annex 1* contains the meeting agenda and *Annex 2* the list of participants.

### 2. Purpose and objectives

Dr Jonathan King explained the need for clear procedures on how best to integrate and coordinate the activities recommended by WHO, including drug distribution, data reporting, and monitoring and evaluation, between lymphatic filariasis and onchocerciasis programmes to accelerate elimination. The specific objectives of the meeting were:

- to define the implementation units (IU) of mass treatment for lymphatic filariasis and onchocerciasis and harmonize the methods of coverage estimation in both programmes to facilitate coordinated and integrated reporting;
- to define the status of co-endemicity of lymphatic filariasis, onchocerciasis and loiasis at the district level and clarify the recommended intervention strategies for each situation;
- to discuss how best to integrate and coordinate drug distribution and reporting of treatment data between the two programmes; and
- to review the progress of operational research and the available evidence supporting integrated surveys and vector surveillance.

# **3.** Harmonizing the interpretation of implementation units, coverage indicators and reporting processes between lymphatic filariasis and onchocerciasis elimination programmes

Mr Honorat Zouré presented the proposed methodology of the African Programme for Onchocerciasis Control (APOC) for revising the boundaries of treatment with ivermectin within the context of elimination and clarified how different reporting indicators are defined in APOC's annual reporting formats. The original guidance classifies areas as hypo-endemic or non-endemic for onchocerciasis where the prevalence of nodules is less than 20% and mass treatment is not required. The revised methodology considers a nodule prevalence of 5% as a threshold below which it is assumed unlikely that local transmission can sustain itself and thus the area is considered non-endemic for onchocerciasis. It also aims to identify the remaining untreated hypo-endemic areas where local transmission might be sustaining itself in the absence of ivermectin treatment (that is, where the prevalence of nodules is equal to or greater than 5%) and thus treatment might be newly initiated.

Dr Yao Sodahlon presented differences and commonalities in definitions of IU, and the intervention goals and strategies of the Global Programme to Eliminate Lymphatic Filariasis (GPELF) and APOC. He questioned whether the IU defined for treatment of onchocerciasis should be changed from communities to districts. Although the methods of mapping both diseases differ, both programmes define an IU as the smallest (or lowest level) administrative unit responsible for implementing mass treatment within which all the eligible population is treated irrespective of individual infection status.

Where the entire population living in a given district is defined as the target population of community-directed treatment with ivermectin (CDTI) by mapping carried out by APOC, changing the IU from communities to districts is feasible. However, in Cameroon and Uganda, such a change would result in significant, unnecessary distribution of ivermectin. Additionally, in areas where lymphatic filariasis and onchocerciasis are co-endemic for loiasis, expanding the IU from communities to districts is considered contraindicated by the Mectizan Expert Committee owing to the risk of severe adverse events occurring in populations infected with *Loa loa* who are naive to treatment with ivermectin.

Mr Alexei Mikhailov summarized the current mechanism of drug application, review and data reporting of preventive chemotherapy medicines to WHO as well as the WHO definitions of the three main coverage indicators: geographical coverage, national coverage, and programme coverage.<sup>1</sup> He presented also an example of a well-integrated, coordinated data reporting form submitted by Burkina Faso for treatment of lymphatic filariasis and onchocerciasis. *Annex 3* lists the definitions of coverage indicators used by APOC and those recommended by WHO to monitor preventive chemotherapy.

#### 3.1 Discussion

#### Treatment boundaries

• Where the entire population living in a given district is defined as the population targeted for CDTI by APOC mapping, the district should be defined as the IU. The main concern is defining the IU where onchocerciasis is present only in part of the district. Transmission of onchocercal infection is closely associated with the location of vector breeding sites and the human behaviour of communities in river basin areas; typically, a transmission zone does not correspond with the administrative boundary of a district. Changing the IU from a transmission zone to a district might therefore have resource implications. Where only a part of a district is defined as a

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