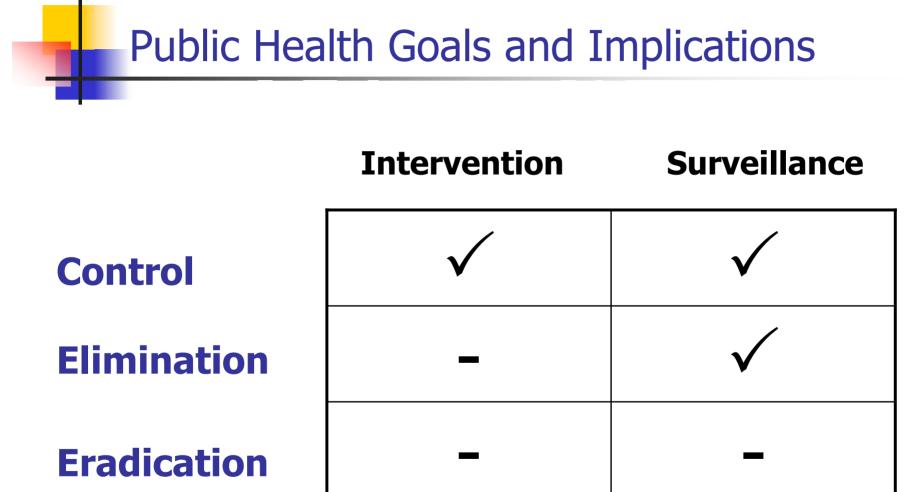
The Eradicability of Lymphatic Filariasis and Onchocerciasis

In TheoryIn Practice



Eradication: concepts

- Elimination vs. eradication
 - "regional eradication"
- Essentials for elimination / eradication
 - Effective intervention tools
 - Effective diagnostic tools
 - (effective strategy for using them)
- Tools vs. 'force of infection'



The problem of Lymphatic Filariasis

Lymphatic Filariasis (LF): clinical profile

Lymphoedema/ elephantiasis

Genital damage/ hydrocoele

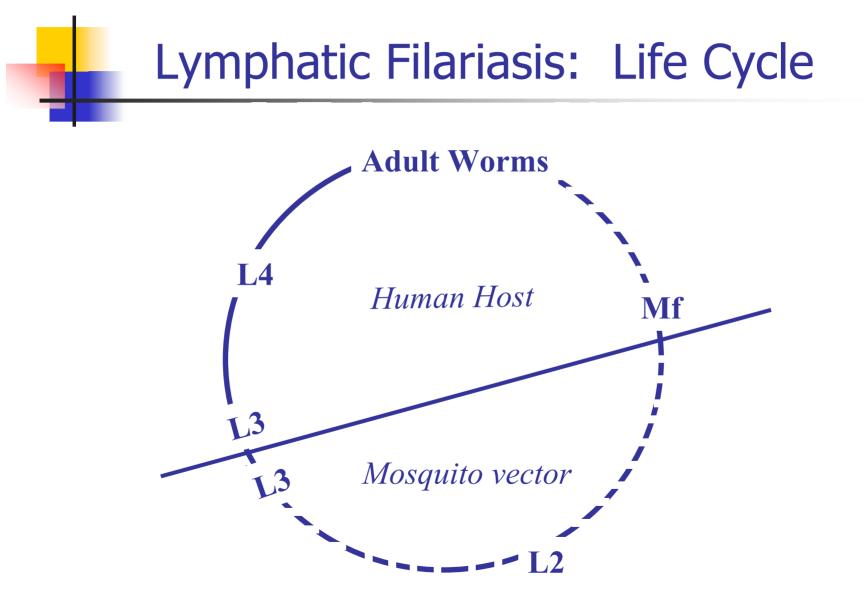


Lymphatic Filariasis (LF): epidemiological profile

- > 120 million people *infected* worldwide
- 40 million with overt disease; 80 million with hidden lymphatic and renal damage
- > 1.1 billion people *at risk* of infection
- 80 countries endemic in tropics and subtropics
- > Two species: W. bancrofti (90%); B. malayi
- Vector: mosquitos numerous species, both urban and rural

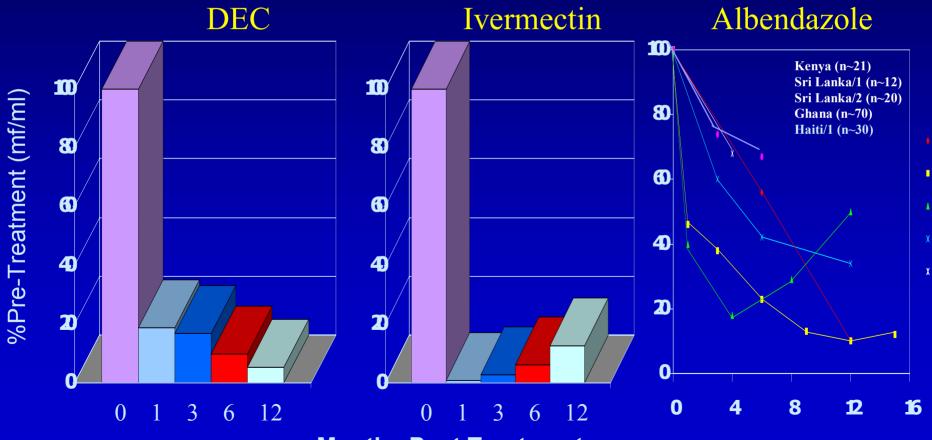


Essential tools for elimination



Drug interventions: *single-dose* effectiveness

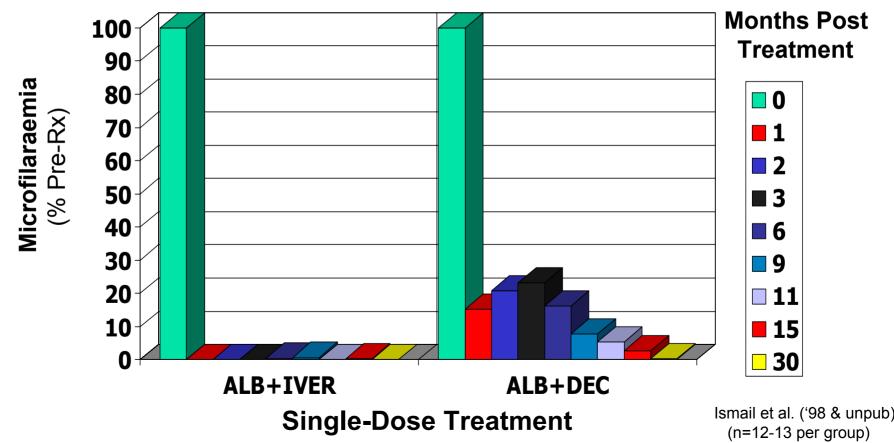
Blood microfilaria levels (W. bancrofti)

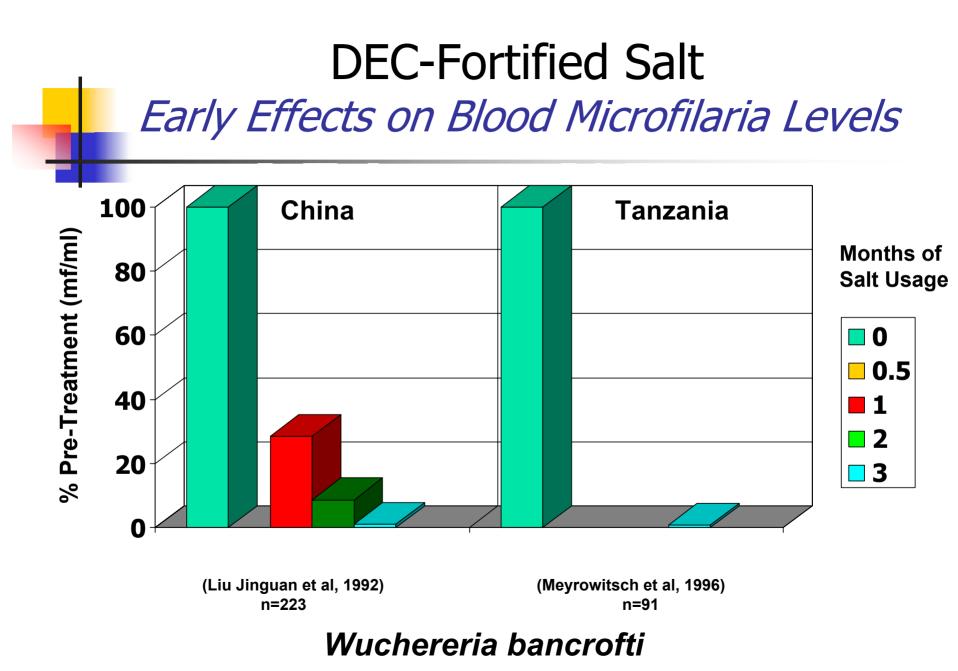


Months Post Treatment

Albendazole + Ivermectin *or* DEC: 2-Drug Regimens

Blood Microfilaria Levels (W. bancrofti)





LF elimination: *strategy*

> Interrupt transmission

- 'mass-drug-administration' (MDA) to entire
 'at risk' population *options:*
 - single-dose, once-yearly 2-drug regimen for 4-6 years
 - DEC-fortified table/cooking salt for 1 year

Traditional LF diagnostic: the blood film

- Microscopic examination for microfilariae (mf)
- Parasites occur in blood only at night



'New' diagnostic: antigen-detection test (*W.bancrofti*)

High sensitivity (>95%)

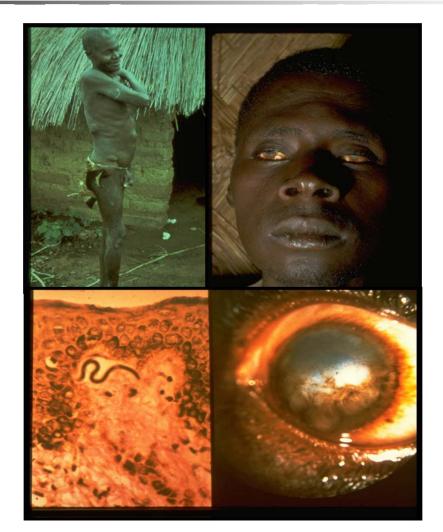
- High specificity (99%)
- Positive night and day
- Uses finger-prick blood
- Rapid (1-10 minutes)
- Field-useable
- Commercially available (cost: \$1.50/test for public health programmes)





The problem of Onchocerciasis

Onchocerciasis: clinical profile



Skin

Disease

Eye Disease

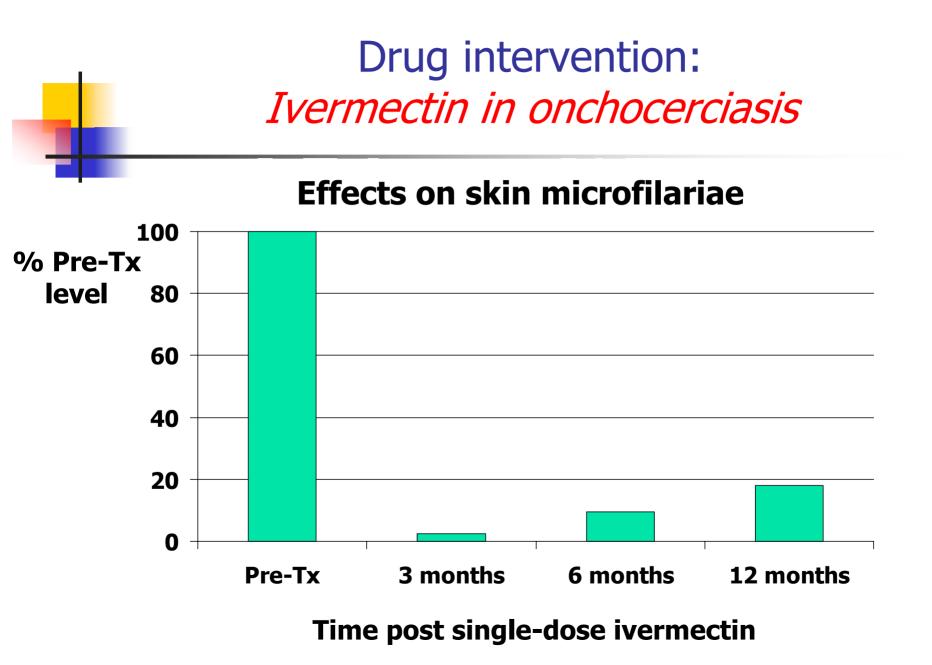
Onchocerciasis: epidemiological profile

- 18 million persons infected; 99% are in Africa
- 6.5 million with skin disease; 1/4 million blind
- 120 million persons at risk; 96% are in Africa
- > 36 countries endemic: 29 in Africa, 6 in the Americas & Yemen
- Vector: Blackflies (Simulium spp.) breeding in fast-running rivers or streams



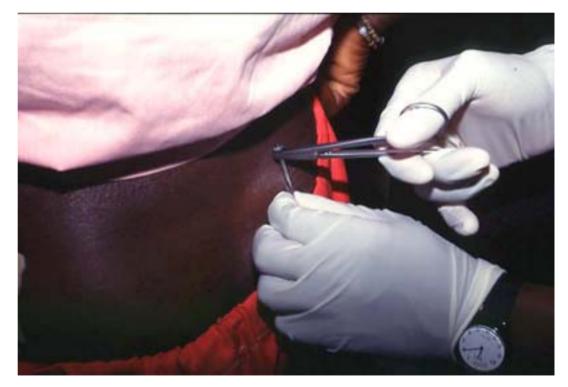


Essential tools for elimination

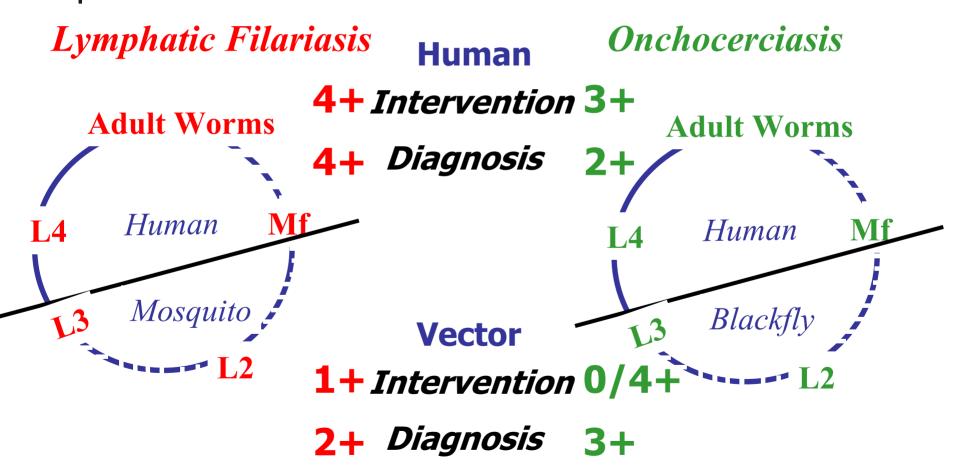


Traditional oncho diagnostic: the skin snip

> Skin snip > Microscopic exam for microfilariae (mf)



Comparison: tools for interrupting transmission



Essential steps to 'elimination'



- International commitment
- Political/social will
- Programme development
- Financial commitment



Lymphatic filariasis

LF Elimination: -international political commitment-

> 1997: World Health Assembly Resolution

• "Urges Member States.....to strengthen activities toward eliminating lymphatic filariasis as a public health problem....."

•"Requests the Director-General.....to mobilize support for global and national elimination activities."

LF Elimination: -financial commitment-

To donate all albendazole required for LF elimination; to support selected research and program activities



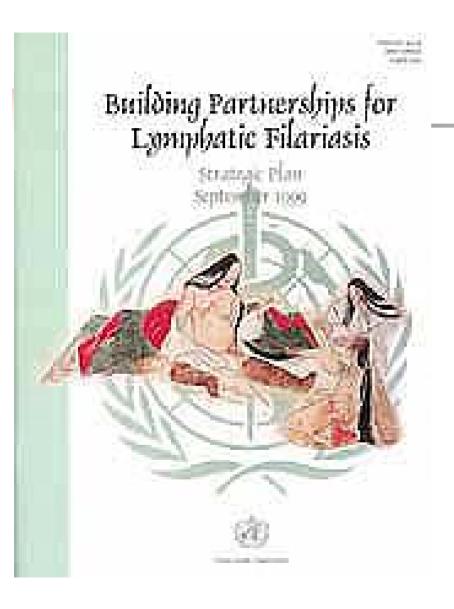
To expand Mectizan Donation Program to provide ivermectin for LF treatment where onchocerciasis co-exists





Arab Fund for Economic and Social Development Long-term support of programme development and intervention in the countries and globally, through WHO and the LF support centres

To support activities toward elimination of LF from all Arab Fund member countries



Global Alliance

Strategic Plan

- •Targets
- •Milestones
- •Roles of partners

Programs to Eliminate LF

Active in 2001 Projected in 2002

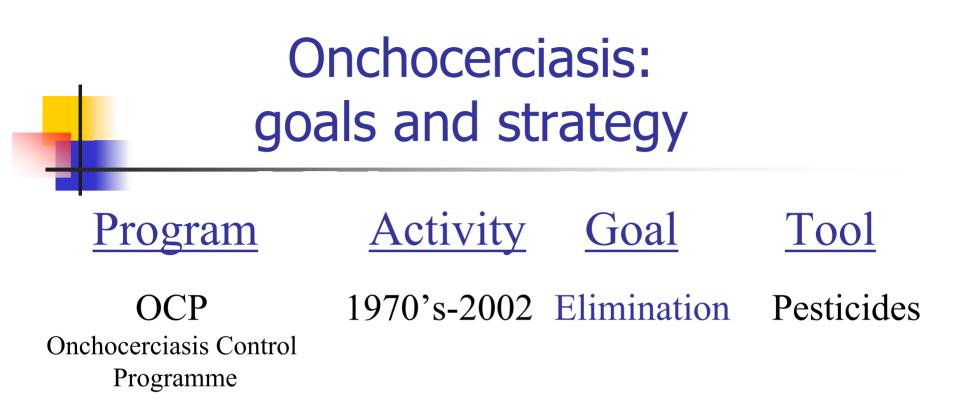
- Country programs2740
- Population treated 26 million 92 million

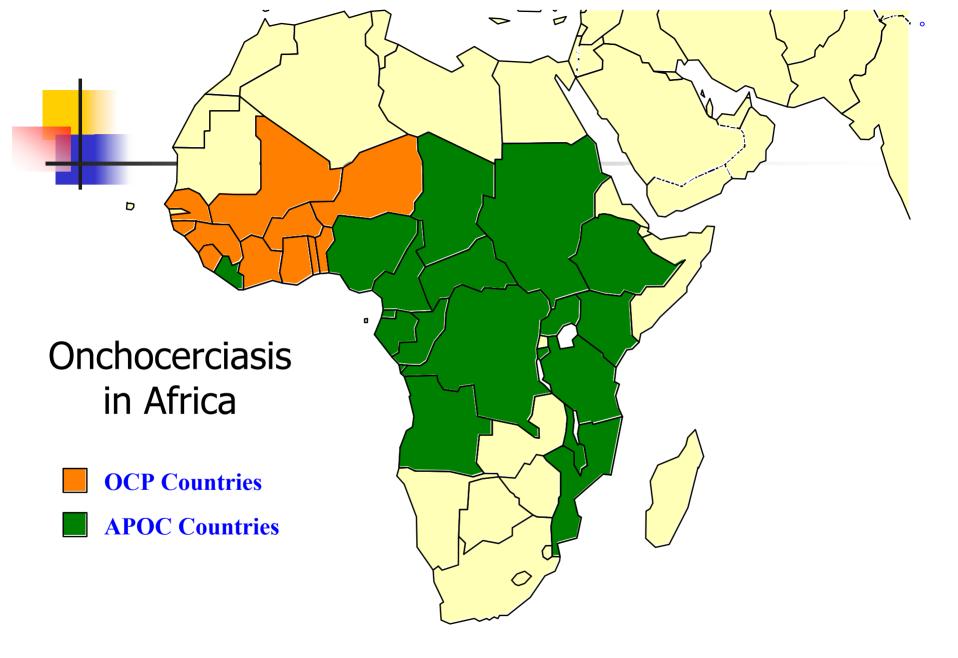


Onchocerciasis



Political will & international support 1974: World Bank, WHO, FAO, 20+ national development agencies > OCP







The blackfly vector is controlled by applying biodegradable larvicides to the rivers each week using helicopters... or fixed-wing aircraft (below)



Stocks of larvicide are maintained in caches strategically positioned throughout the Programme area...

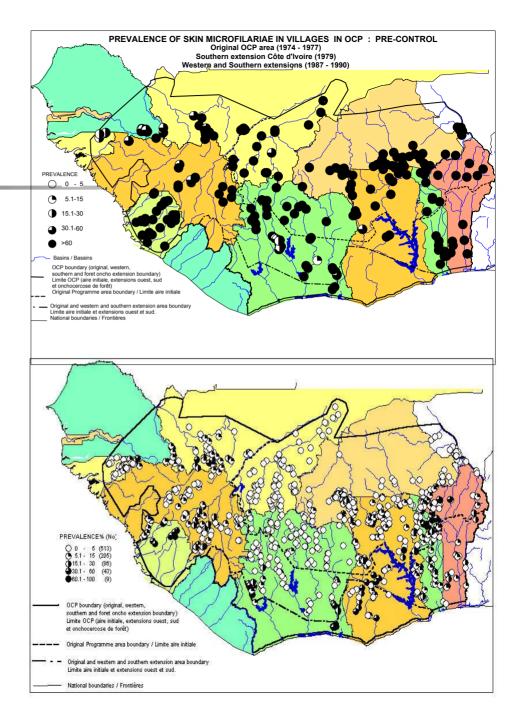


...along with fuel, so that the helicopters and fixedwing aircraft can regularly replenish their tanks

Effectiveness of OCP

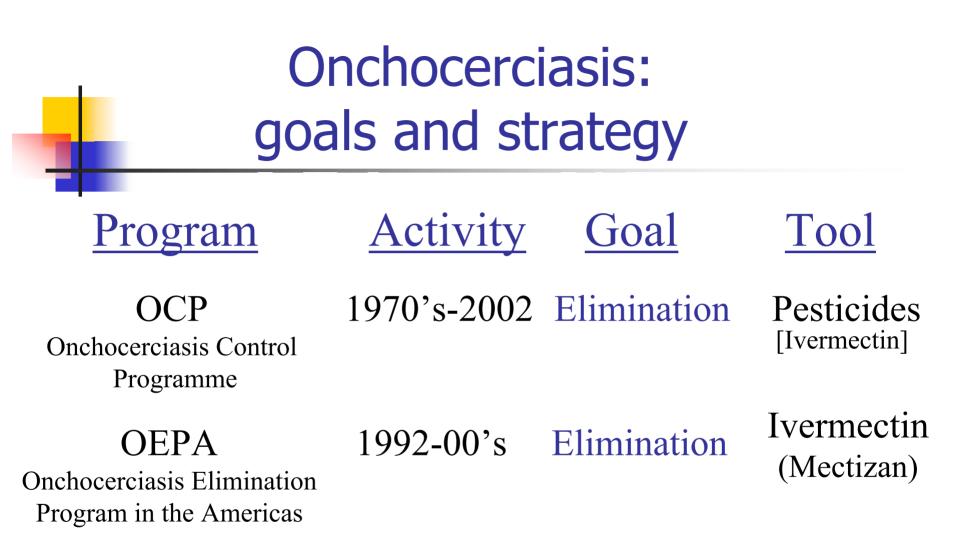
Pre-intervention (1975)

Post-intervention (1995)





- Political will & international support
 - 1974: World Bank, WHO, FAO, 20+ national development agencies > OCP
 - 1987: Merck & Co., Inc. (Mectizan Donation Program)



OEPA: Distribution of onchocerciasis in the Americas

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1. Oaxaca focus 2. Northern Chiapas focus 3. Southern Chiapas focus **GUATEMALA** 4. Huehuetenango focus 5. Solola-Suchitepequez focus 6. Escuintla focus 7. Santa Rosa focus VENEZUELA 8. North-central focus 9. North-eastern focus 10. Southern focus BRAZIL 11. Amazonas-Roraima focus COLOMBIA 12. Lopez de Micay focus 13. Narino focus ECUADOR 14. Esmeraldas focus

Endemic foci where morbidity may have been eliminated

Other endemic foci

Based on: Weekly Epidemiological Record 1996;71:278 WHO Technical Report 852, 1995

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- Political will & international support
 - 1974: World Bank, WHO, FAO, 20+ national development agencies > OCP
 - 1987: Merck & Co., Inc. (Mectizan Donation Program)
 - 1995: World Bank, WHO, national development agencies, NGOs > APOC

Onchocerciasis: goals and strategy Activity Goal Tool Program 1970's-2002 Elimination Pesticides OCP [Ivermectin] **Onchocerciasis** Control Programme Ivermectin 1992-00's Elimination **OEPA** (Mectizan) **Onchocerciasis** Elimination Program in the Americas Ivermectin 1995-00's APOC Control African Programme for (sustainable drug (Mectizan) **Onchocerciasis** Control delivery)

Eradicability of LF & Oncho: Conclusions

