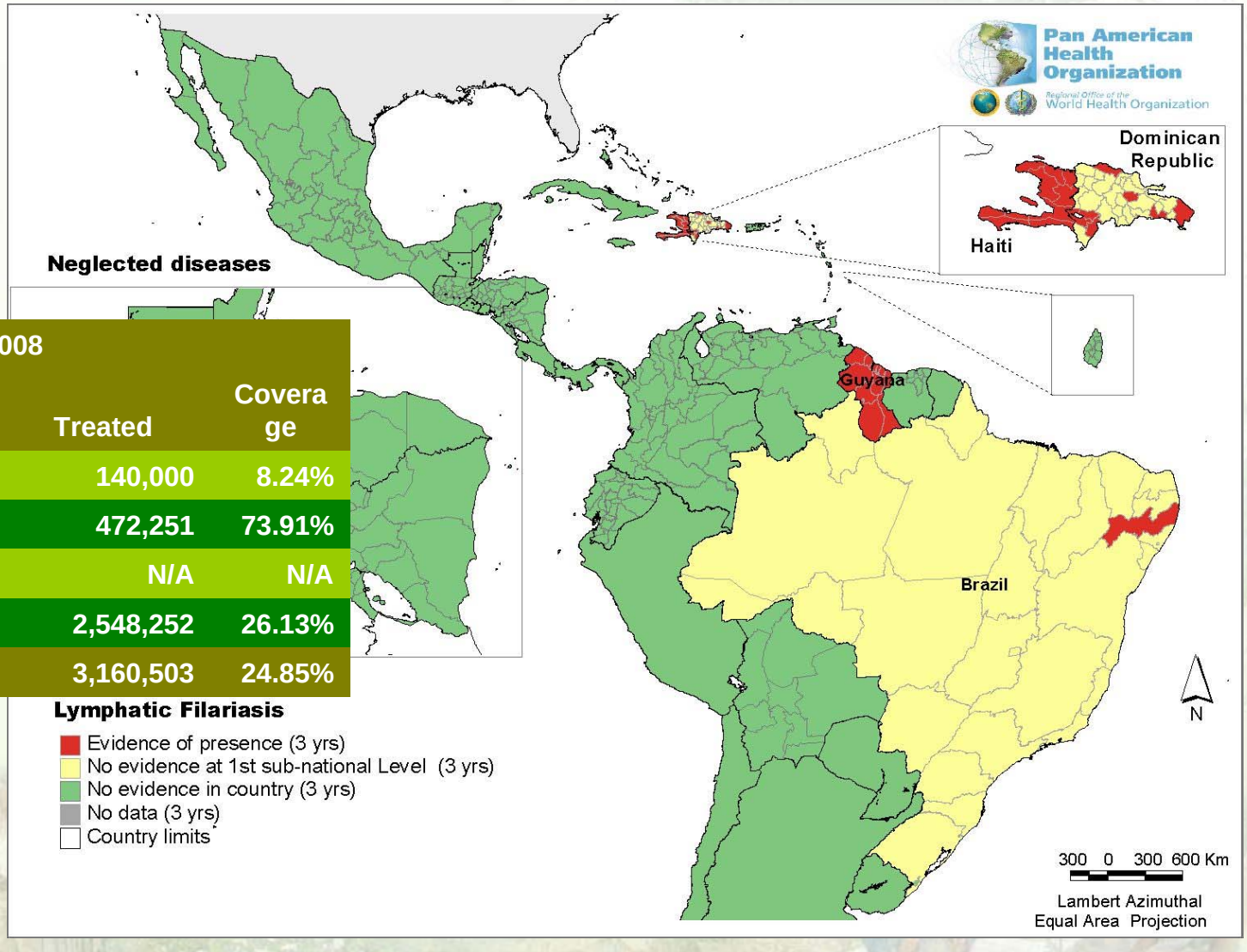
Elimination of Neglected Diseases and other Infectious Diseases related to Poverty

Lymphatic Filariasis

Lymphatic Filariasis

Presence at subnational level, 2005–2007

Country	2008 Estimated at risk pop	Treated	Coverage
BRA	1,700,000	140,000	8.24%
DOR	638,966	472,251	73.91%
GUY	630,000	N/A	N/A
HAI	9,751,434	2,548,252	26.13%
TOTAL	12,720,400	3,160,503	24.85%



Lymphatic Filariasis

Presence at subnational level, 2005–2007

Epidemiology

- 7 countries are considered to be endemic; Only 4 have active transmission
- 29 subnational units
- Approximately 12 million people at risk (90% in Haiti)

Strategy

- Massive Drug Administration (MDA) with albendazole and diethylcarbamazine once a year for 5 years, with a coverage of 75% of target population
- Option: Diethylcarbamazine-fortified salt (DEC) in daily diet
- Surveillance and case management by local health system

Goal

To eliminate LF as a public health problem (< 1% microfilaraemia in adults in sentinel sites) and to interrupt transmission (zero antigen-positive children 2 to 4 years old)

Resolution

WHA 50.29 (1997)

Indicators

Process indicators: "Effective" MDA

- 100% of Implementation Units had MDA
- 75% of population in these IU received the drugs

Elimination of FL as a public health problem Indicator:

- Prevalence of microfilaraemia < 1%, measured by night blood surveys in sentinel sites and spot-checks

Interruption of transmission Indicator:

- Antigenaemia surveys (with ICT cards, LQAS methodology) in about 3,000 children, school or community-based, prevalence = 0

Other Indicators:

- Prevalence of chronic morbidity related to LF (lymphoedema and hydrocele) in sentinel sites
- Vector infection prevalence (surveys), in order to evaluate the state of transmission
- Knowledge, Attitudes and Practices of the community (surveys)

Key documents

WHO/CDS/CPE/CEE/2000.15
Distribution: Limited
Original: English

Preparing and Implementing a National Plan to Eliminate Lymphatic Filariasis

FOR PROGRAMME MANAGERS

WHO/FIL/99/197
Distr. Limited
English only

Guidelines for Certifying Lymphatic Filariasis Elimination
(including Discussion of Critical Issues and Rationale)

Following from the WHO Informal Consultation on Epidemiologic Approaches to Lymphatic Filariasis Elimination: Initial Assessment, Monitoring, and Certification

Atlanta, Georgia, USA
2-4 September 1998

World Health Organization
Communicable Diseases Eradication and Elimination
Lymphatic Filariasis Elimination (CEE/FIL)

MONITORING AND EPIDEMIOLOGICAL ASSESSMENT OF THE PROGRAMME TO ELIMINATE LYMPHATIC FILARIASIS AT IMPLEMENTATION UNIT LEVEL

TIC FILARIASIS

WHO/CDS/CPE/PVC/2002.3
English only
Distr.: General

DEFINING THE ROLES OF VECTOR CONTROL AND XENOMONITORING IN THE GLOBAL PROGRAMME TO ELIMINATE LYMPHATIC FILARIASIS

Report of the Informal Consultation
WHO/HQ, Geneva, 29-31 January 2002

World Health Organization
Communicable Disease Control, Prevention and Eradication
Parasitic Diseases and Vector Control

Strategic Plan 2003–2005

Challenges of scaling up

Programme to Eliminate Lymphatic Filariasis
Department of Control, Prevention and Elimination
Communicable Diseases, World Health Organization
Geneva, 2004

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

FIFTIETH WORLD HEALTH ASSEMBLY — WHA50.29
Agenda item 20 — 13 May 1997

Elimination of lymphatic filariasis as a public health problem

The Fiftieth World Health Assembly,

Deeply concerned at the widening spread and increased distribution of lymphatic filariasis throughout the world in both urban and rural areas and concerned that it affects all ages and both sexes;

Appreciating with grave concern the human suffering, social stigma and costs to society associated with lymphatic filariasis morbidity;

Recognizing that there is a general lack of awareness concerning this disease and its impact on health status, and that there are insufficient data on its prevalence and distribution;

Welcoming the recent studies which have defined new, simplified, highly effective strategies;

Acknowledging that an international task force on disease eradication has recently identified lymphatic filariasis as one of only six "potentially eradicable" infectious diseases,

1. URGES Member States:

(1) to take advantage of recent advances in the understanding of lymphatic filariasis and the new opportunities for its elimination by developing national plans leading to its elimination, as well as for the monitoring and evaluation of programme activities;

(2) to strengthen local programmes and their integration with the control of other diseases, particularly at the community level, in order to implement simple, affordable, acceptable and sustainable activities based on community-wide treatment strategies, but supplemented where feasible by vector control and improved sanitation;

(3) to strengthen training, research, diagnostic laboratory, disease and data management capabilities in order to improve clinical, epidemiological and operational activities directed toward eliminating lymphatic filariasis as a public health problem;

(4) to mobilize support of all relevant sectors, affected communities and nongovernmental organizations for the elimination of the disease;

2. INVITES other specialized agencies of the United Nations system, bilateral development agencies, nongovernmental organizations and other groups concerned, to increase cooperation in the elimination of

Gaps

- 9 million people that need MDA are not covered by existing programs. It is necessary to scale-up coverage of MDA and prevalence surveys in Haiti, Dominican Republic and Guyana.
- In Recife (Brazil), extend MDA coverage and add albendazole to the DEC to scale-up elimination.
- Verify interruption of transmission in Maceió (Alagoas State) and other formerly endemic foci in Brazil.
- Work towards certification of elimination of LF as a public health problem in Costa Rica, Suriname and Trinidad & Tobago.
- Assess the role of vector control and improved basic sanitation in the Region.
- Scale-up interventions with a multi-disease focus, e.g.: LF with soil-transmitted helminthiasis and schistosomiasis in Dominican Republic; joint program for the malaria elimination in Hispaniola Island.

Quick wins

- Brazil: Expand MDA coverage in the Metropolitan Area of Recife (Pernambuco)
- Haiti: Expand MDA coverage to Port-au-Prince, thus encompassing the whole country
- Dominican Republic: Expand MDA coverage in some areas of the country; and assess to end MDA and verify interruption of transmission in other areas.
- Dominican Republic and Haiti: Integrated elimination programs for LF and malaria.

Discussion Points

- What would be the best strategy to *scale-up* the MDA coverage in countries with active transmission, especially in the urban centers?
- What is the added value to include vector control or integrated vector management activities in the elimination strategies? How can it be effectively integrated with the national Program for Elimination of LF (PELF)? And with other programs, e.g. malaria?
- Is it necessary to explicitly include the prevention of disability as part of the elimination programs? Is it feasible for all the countries to integrate this component into the PELF?
- How can we prepare to handle the *scale-down* of the elimination program in its last phase and post-treatment surveillance? These have costs.

Thank you very much