

# Overcoming COVID-19 threat to conduct lymphatic filariasis transmission assessment surveys (TAS) in 36 health districts in Cameroon



MINSANTE

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## Introduction

Cameroon declared the first COVID-19 positive case in March 6, 2020 when the National Program for Onchocerciasis Control (PNLO) was about to start the field activities for disease specific assessments (DSA) and mass drug administration (MDA). Due to the increase in COVID-19 positive cases in March 2020, the local Government implemented preventive measures to be respected throughout the national territory. Moreover, the World Health Organization (WHO) issued guidance suggesting countries suspend MDA and DSAs.

## Methods

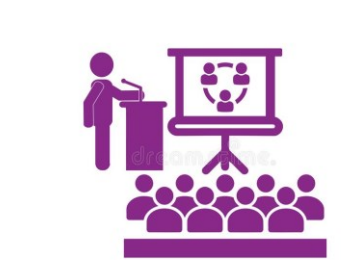
From April to August 2020, Helen Keller Intl through Act |West (as well as Sightsavers) provided technical assistance to the Ministry of Health (MOH) to do a risk assessment first and then to develop the Standard Operating Procedures (SOP) for restarting MDA and DSAs in the COVID-19 context.

## Results



### LOGISTICS PHASE

Helen Keller – Cameroon provided the materials for the TAS2 (including gloves) as well as the following items to constitute COVID-19 kits for each evaluation unit (EU): buckets with tap (handwashing devices), bottles of bleach, empty cans to carry water, and boxes of soaps and hand sanitizers-hydro-alcohol solutions. The NGO Good Neighbors provided the PNLO with a stock of disposable masks. WHO, CDC, UNICEF and Sightsavers provided technical and financial support for the development and the printing of COVID-19 information, education, and communication (IEC) materials which circulated in communities several weeks before the beginning of the survey. The PNLO with Helen Keller - support made all arrangements to provide each EU with a vehicle to ensure that COVID-19 kits as well as TAS2 specific materials were transported safely across the visited clusters.



### TRAINING PHASE

Helen Keller - Cameroon and the PNLO ensured that training sites were big enough to enable the physical distancing of at least 2 meters. They also ensured that COVID-19 prevention messages were disseminated and that all participants were wearing masks over the nose and mouth at all times. They verified that well-functioning hand-washing stations with soap were available for all training sessions.



### DATA COLLECTION PHASE

- ❑ Before going to the field, supervisors, lab technicians and drivers were tested to be sure they were COVID-19 negative.
- ❑ The National Program hired three community mobilizers per cluster to enforce social distancing and manage crowd control. These community mobilizers also assisted the heads of teams to disseminate messages about COVID-19 in communities.

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- ❑ Given that teams did not have security barriers, heads of teams drew marks on the ground to establish the boundaries of the survey site; the community mobilizers helped to ensure order and to avoid the crowding of the site by non-participants and to regulate traffic flow.
- ❑ In addition, the teams complied with the following instructions: **(1)** Systematic wearing of face masks for all participants. Parents provided their respective children with washable masks. In some communities where parents could not do it, each child to be tested was given one disposable mask by the survey team members who wore two disposable masks per day themselves. **(2)** Systematic hand washing before going into the survey testing area for any person. **(3)** Access to the survey site strictly reserved only for children whose parents had given their consent to the survey. **(4)** Heads of teams used bleach to disinfect survey testing area before the teams began the work and at the end of blood and data collection on the site. **(5)** Community mobilizers took groups of 10 children maximum to the survey testing area among those whose parents provided consent, in order to avoid congestion in the site and allow enough physical distancing. **(6)** Electronic Data Capture (EDC) used instead of recording data on paper. **(7)** Apart from selected children and the survey team, any person who wanted access to the testing area was asked to wear a face mask and to wash his/her hands or use hand sanitizer.



*Photo 1 : Children washing their hands before getting into the testing area during TAS2 in the Littoral region*

## Conclusion

Survey teams were apprehensive when going back to the field after so many weeks of inactivity. They were unsure if the population would participate in the survey especially due to numerous rumors that circulated about COVID-19. In addition, team members had to care about not contributing to the spread of the COVID-19. To avoid delaying the survey, the teams benefited from the support of Administrative, Traditional and Religious Authorities who were involved in sensitization of communities. All EUs recorded no positive case except three EUs that recorded one positive case each, all below the critical cut-off value. These results confirmed the sustained interruption of the LF transmission in these 36 HDs two years after stopping MDA.