Reaching the trachomatous inflammation follicular target and stopping MDA in all trachoma endemic health districts of Guinea
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Background
In Guinea, the Ministry of Health completed baseline trachoma mapping from 2011 to 2016. Thirty-one suspected health districts (HDs) were mapped. The results from the mapping showed that 18 HDs were eligible for MDA: 5 HDs were eligible for 5 rounds of MDA with Zithromax as they had a trachomatous inflammation – follicular (TF) prevalence of ≥ 30%; 4 HDs were eligible for 3 rounds (TF prevalence between 10 and 29.9%) and; 9 HDs were eligible for 1 round (TF between 5 and 9.9%). Between 2014-2020, 16/18 of these HDs completed the required rounds of MDA with effective treatment coverage.

Methodology (continued)
Study areas

Methodology
At least six months after the last treatment, trachoma impact surveys (TIS) were conducted to assess the prevalence of TF in children aged 1-9 years old and trachomatous trichiasis (TT) in adults aged ≥15 years. Two previously considered trachoma endemic HDs were remapped and found not to require treatment.

Conclusions
MDA for trachoma is no longer required in the 18 endemic districts. The MoH in Guinea will conduct trachoma surveillance surveys in the endemic districts to ensure that TF and TT thresholds are maintained. It will be necessary to continue encouraging populations in endemic districts to maintain good personal hygiene practices (hand and face washing), the use and maintenance of latrines, and sanitation in and around households.

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