

Reaching the trachomatous inflammation follicular target and stopping MDA in all trachoma endemic health districts of Guinea

Poster
#1638

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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 $\geq 30\%$; 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

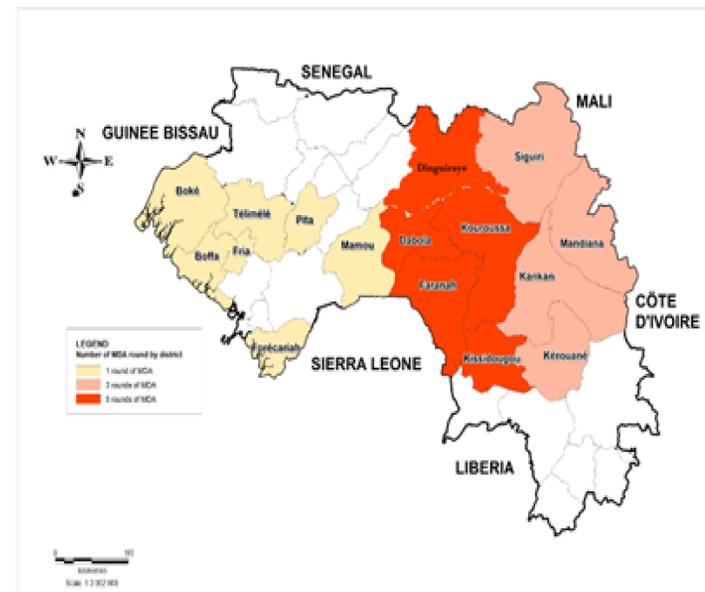


Fig 3. Study areas

- Survey protocols were developed and TIS were conducted with support from Tropical Data.
- 16 HDs were evaluated in one evaluation unit (EU) of 100,000 to 250,000 residents
- 20 villages and 30 households were randomly selected in each EU.
- Children aged 1-9 years were screened for TF and adults 15 years old and above for TT.
- TF and TT were diagnosed by clinical examination using the World Health Organization (WHO) simplified grading system.
- Household access to water, sanitation and hygiene (WASH) indicators were collected.
- Data were collected electronically using an Android device via Open Data Kit (ODK) platform
- Consent was first obtained from the heads of households, followed by individual participants, and then assent for minor participants.

Results

General data

A total of 63,442 people from 11,610 households in 380 clusters were screened (29,785 males and 33,657 females). 31,905 children aged 1-9 years and 27,643 adults were examined.

The results showed a significant reduction from the baseline: In Guinea, in the 16 HDs, the average TF prevalence decreased from 37.19% at baseline to 0.32%, and TT prevalence from 4.50% to 0.08%.

Therefore, one to five rounds of annual trachoma MDA with sufficient program coverage reduced TF prevalence to below 5% in all endemic HDs, reaching the criteria to stop MDA in Guinea. The persistently elevated TT prevalence in some districts highlights the need for continued systematic TT surgical outreach.

Household-level access to improved sanitation facilities was 63.4%. 80.1% of household-level had access to a source of water that was between a 30-minute and one-hour round trip walk. The data collected show that sources of water were available year-round in the villages surveyed. The survey results also indicated the presence of latrines that were used by those surveyed and were more or less well maintained.

Conclusion

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.



Acknowledgements

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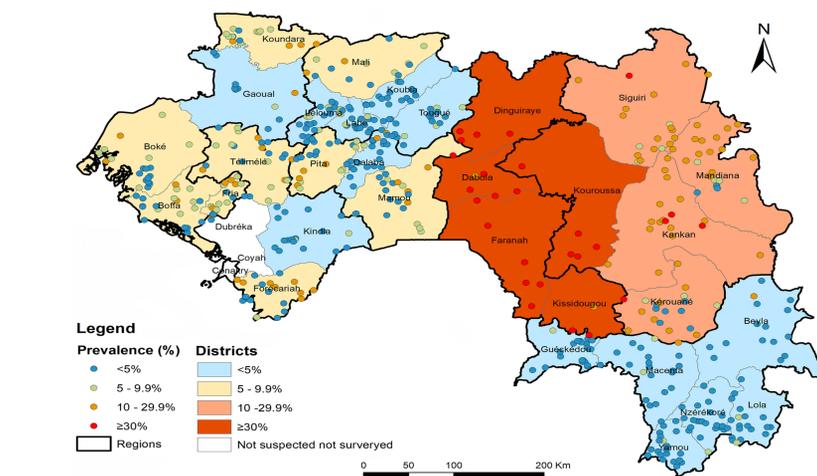


Fig 1. District level TF prevalence and cluster distribution at baseline

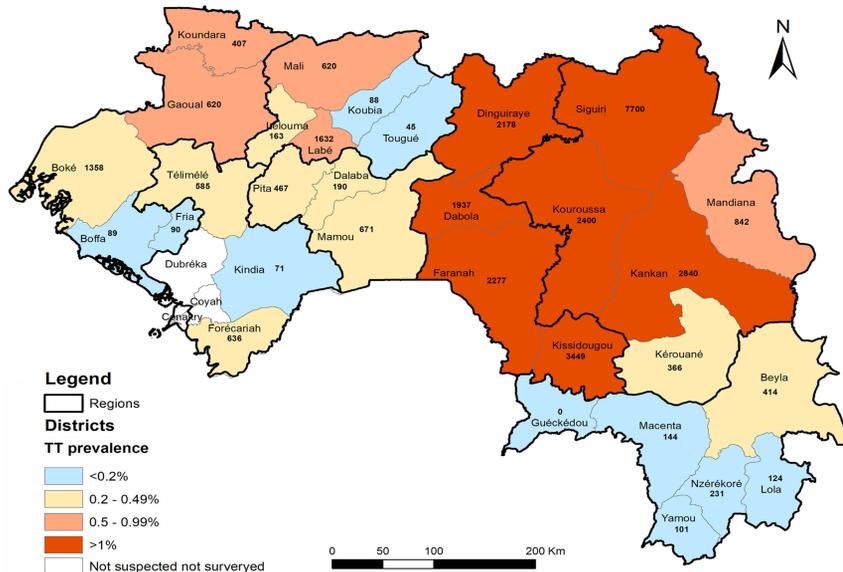


Fig 2. District level TT prevalence at baseline.

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.



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