



# Eye of the Eagle



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## OEPA Convenes 10th Onchocerciasis Elimination Conference

The 10th InterAmerican Conference on Onchocerciasis (IACO) met in Guayaquil, Ecuador, Nov. 7-9, 2000 to discuss ways to track and eliminate the disease. The Lions Clubs, The Carter Center, the Pan American Health Organization (PAHO), and the InterAmerican Development Bank supported the event.

IACO 2000 also discussed the criteria for certifying onchocerciasis elimination, following a similar meeting held at WHO headquarters in late September 2000 (see "WHO Meeting," Page 7).

Treatment figures from the

conference showed that at least 320,433 people received treatment in the region in 2000, up from 273,875 in 1999, a 17 percent increase (see Table 1, Page 1). Year 2000 treatments doubled compared to 1999 in Brazil, Guatemala, and Venezuela. However, more work is needed if the countries are to provide biannual treatments in all targeted areas. None of the countries is treating more than 85 percent of those eligible twice per year. Mexico is closest to this goal, providing 82 percent of the needed treatments as the graph shows.

IACO 2000's principal conclusions and recommendations include the need to:

- Provide biannual treatments to 85 percent of all eligible at-risk persons by the end of 2001 in the

## Ghana Begins Trachoma Survey

Facility-based surveys and rapid assessments suggest that blinding trachoma is widespread in northern Ghana. However, the actual extent of the problem is unknown.

From March through May 2000, Ghana's Ministry of Health (MOH), with support from The Carter Center, completed prevalence surveys of trachoma in the Northern and Upper West Regions. These epidemiological surveys imply that trachoma is a significant public health problem in both regions.

The surveys included two districts in the Northern Region (Tamale and Savelugu) and two districts in the Upper West Region (Wa and Sissala). A total of 82 villages and 8,043 people were included. All children between the ages of 1 and 10 and women 15 years and older were examined for trachoma in randomly selected

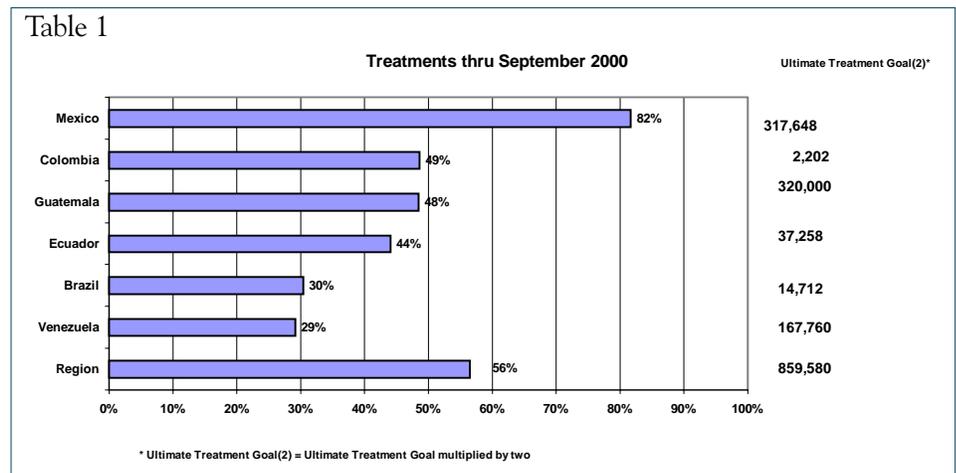
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Table 1



# River Blindness

## IACO 2000

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region and by the end of 2002 in southern Venezuela.

- Document absence of morbidity and transmission throughout the region by 2005.

- Certify the elimination of morbidity in the region by 2007.

The keynote speakers were Drs. Jose Rumbela Guzman of Ecuador's Ministry of Health and chair of the organizing committee for IACO 2000, Fernando Bustamante from the same Ministry of Health, and Elmer Escobar, Ecuador's PAHO representative.

Conference attendees included representatives from all six endemic countries in the Americas (Brazil, Colombia, Ecuador, Guatemala, Mexico, and Venezuela); Onchocerciasis Elimination Program for the Americas (OEPA) staff (Dr. Mauricio Sauerbrey, Dr. Guillermo Zea Flores, Dr. Carlos Gonzalez, Alba Lucia Morales, Luis Eduardo Monroy Cruz, and Luis Erchilla); Dr. B. Boatin, director, Onchocerciasis Control Program, World Health Organization (WHO); Werner Gumpel, past district governor, Lions Clubs; Manuel Carvajal, past international director, Lions Clubs; Dr. Phillippe Gaxotte, Merck & Co.; Dr. John Ehrenberg, PAHO; Dr. Mary Alleman, Mectizan Donation Program; Dr. Walter Gutbrod, Christoffel Blindenmission; and Dr. Tom Unnasch, University of Alabama. Dr. Donald Hopkins, Dr. Frank Richards, Rick Robinson, and Craig Withers attended from The Carter Center. ★

## Trachoma Survey Results

*continued from Page 1*

households and grouped according to the following trachoma stages:

- TFTI (trachomatous inflammation) — Follicles or intense inflammation of the tarsal conjunctiva.

- TS (trachomatous scarring) — Scarring of the tarsal conjunctiva.

- TT (trachomatous trichiasis) — At least one eyelash rubbing the eyeball.

- CO (corneal opacity) — Visible corneal opacity over the pupil.

The World Health Organization (WHO) considers trachoma to be a serious public health problem in villages that meet any of the following criteria:

- Prevalence of TFTI greater than 20 percent in children, ages 1-10

- Prevalence of TS greater than 30 percent in women, ages 30 and older

- Prevalence of TT greater than 1 percent in women, ages 40 and older

Table 2 below summarizes survey results, showing high TT levels in all four districts.

Although none of the districts exceeded the WHO thresholds for declaring TFTI or TS as a serious

health problem, many of the individual villages surveyed did. Among the villages surveyed, the prevalence of TFTI in children ranged from 0-64.4 percent; the prevalence of TS in women ranged from 0-68.8 percent; and the prevalence of TT in women ranged from 0-22.2 percent. Overall, 15 of 41 villages (36.6 percent) in the Upper West Region and 21 of 41 villages (51.2 percent) in the Northern Region exceeded the WHO standard for either TFTI or TS.

Ghana's program is preparing systematic interventions in these four districts and an additional district in the Northern Region. Workshops to mobilize political leaders and train health workers are scheduled for Jan. 9-12, 2001, in the Northern Region and Jan. 16-19, 2001, in the Upper West Region. Zithromax™ training also is planned for the same period.

The Carter Center received support for Ghana's program from the Conrad N. Hilton Foundation. Dr. Maria Hagan heads the Eye Care Unit with the MOH. ★

**Table 2 — Prevalence of TFTI, TS, and TT in Ghana's Upper West and Northern Regions, 2000**

Region District (total population)	TFTI <sup>a</sup> (%)	TS <sup>b</sup> (%)	TT <sup>c</sup> (%)
Upper West Sissala (127,000)	11.5	7.7	1.6
Wa (173,000)	16.1	10.2	2.6
Northern Savelugu (112,200)	9.7	29.3	4.5
Tamale (456,000)	4.7	27.7	4.9

*a: TFTI reported in children, ages 1-10*

*b: TS in women, ages 30 and above*

*c: TT in women, ages 40 and above*

# River Blindness

## River Blindness Treatments Exceed 25 Million

The Global 2000 River Blindness Program (GRBP) has assisted in 27,048,214 Mectizan® treatments since its launching in 1996.

Through November 2000, 5,871,514 Mectizan treatments were provided in 13,080 villages to eligible people in Cameroon, Nigeria, Sudan, Uganda, and six countries of the Americas. This represents 79 percent of the 2000 annual treatment objective (ATO) of 7,413,315 (Table 3 below).

The African programs have improved considerably over the severely retarded treatments reported in the previous edition of *Eye of the Eagle*. Uganda, Nigeria, Cameroon,

and Sudan have achieved 95 percent, 83 percent, 54 percent, and 65 percent of their ATOs respectively. ★

## APOC Sponsors Ivermectin Workshop

Preparations are under way for the 2001 launching of the first mass Mectizan® treatment programs in Ethiopia. The Ministry of Health, the African Programme for Onchocerciasis Control (APOC), and the Lions-Carter Center SightFirst Initiative support these treatment activities.

Dr. Frank Richards, technical director of The Carter Center's Global 2000 River Blindness Program (GRBP), visited officials in the Kaffa Shekka zone (Southern Nations Nationalities and People's Region — SNNPR) last October to help plan the treatment of about 250,000 people

during the first half of the New Year.

Dr. Richards also met with regional and central government health officials during a workshop held Oct. 31 through Nov. 4 in Awassa, SNNPR's capital. One objective of the workshop was to provide training on the details of the Community Directed Treatment with Ivermectin (CDTI) strategy to support the implementation of Mectizan distribution in Kaffa Shekka zone.

Iyob Odds, a member of the SNNPR Governing Council for Social Affairs, officially opened the workshop. Attendees included Dr. Mamoun Homeida, chairman of the APOC Technical Consultative Committee, and Pamela Drameh, nongovernmental development organization (NGDO) coordinator. ★

Table

Onchocerciasis: 2000 Mectizan treatment figures for Global 2000 River Blindness Program (GRBP)-assisted areas in Nigeria, Cameroon, Uganda, and collaborative programs in Latin America and Sudan

Country/Tx Category	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	% ATO	% ALL GRBP TX			
<b>NGERIA</b> *ATO(earp)=	4,586,800		ATO(ary)=		7,712													
TX(earp)	2,630	3,018	185,066	199,437	344,347	661,933	102,794	440,090	340,910	622,310	794,733	-	3,793,495	83%	65%			
TX(ary)			197	281	470	1,573	460	1,005	1,023	910	967		7,623	96%	56%			
TX(pv)													0	0%	0%			
<b>UGANDA</b> *ATO(earp)=	631,568		ATO(ary)=		1,391													
TX(earp)	12,536	960	778	156,414	97,624	160,267	109,757	60,853	134,964	41,665	18,448		664,807	96%	10%			
TX(ary)				460	162	339		134	221	544			1,660	100%	14%			
TX(pv)															0%			
<b>CAMERO</b> ATO(earp)=	1,028,938		ATO(ary)=		2,811													
TX(earp)					106,201	127,957	128,018	57,026	43,506				352,713	54%	9%			
TX(ary)					795	571	360	226	170				2,019	77%	15%			
TX(pv)					21	367	290	222	163				1,063	100%	100%			
<b>OEPA*</b> ATO(earp)=	411,644		ATO(ary)=		1,943													
TX(earp)			188,238			101,024			31,171				320,433	78%	5%			
TX(ary)			1,053			343			152				1,548	80%	12%			
<b>SUDAN</b> ATO(earp)=	488,232		ATO(ary)=		683													
TX(earp)	207	252	156,150	36,146	39,102	5,364							320,068	66%	5%			
TX(ary)																		
TX(pv)																		
<b>Totals</b> ATO(earp)=	7,438,383		ATO(ary)=		14,796													
TX(earp)	18,878	4,289	611,139	393,997	677,474	968,631	810,649	663,969	668,664	744,143	803,181	0	5,871,514	79%	100%			
TX(ary)	0	0	1,250	771	1,396	2,483	796	2,064	1,868	1,454	967	0	13,689	96%	100%			
TX(pv)	0	0	0	0	21	367	290	222	163	0	0	0	1,983					

GRBP Cumulative totals=

27,048,214

ATO: Annual Treatment Objective, TX: Number Treated, earp: Eligible At Risk Population, ary: At Risk Villages (mass Mectizan treatment is provided)  
pv: Passive Treatment Villages (clinic based treatment only)

\*OEPA figures reported quarterly

## World Bank Awards Bruce Benton

At its annual Awards for Excellence Ceremony held Nov. 1, 2000, in Washington, D.C., James Wolfensohn, president of The World Bank, presented a presidential award to Bruce Benton for his 25-year commitment to eliminating river blindness in Africa.

The bank's efforts, spearheaded by Benton, head of the Onchocerciasis Unit, and more than 70 partners, have helped:

- Protect 34 million people from river blindness infection.
- Prevent 600,000 cases of blindness by 2002.
- Add 5 million years of productive labor to the economies of 11 countries stricken by river blindness.
- Spare 12 million children born within endemic areas the risk of river blindness infection.
- Make available 25 million hectares of arable land that can feed 17 million people.

Benton's work with the Onchocerciasis Control Program (OCP) and more recently the African Programme for Onchocerciasis Control (APOC) exemplifies the power of widespread



Bruce Benton (left) receives the President's Award for Excellence for 25 years of river blindness dedication from World Bank president James Wolfensohn.

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## Carter, Ervin Visit Pfizer

During a Sept. 7, 2000, visit to New York City, President and Mrs. Jimmy Carter and former International Lions Clubs President Jim Ervin visited the world headquarters of Pfizer Inc.

The visit was primarily to thank Pfizer executives and their employees for the company's Zithromax™ donation. The two senior representatives of the Lions-Carter Center SightFirst Initiative also met with William Steere Jr., Pfizer chairman and chief executive officer, Henry McKinnell, president and chief operations officer, and other Pfizer senior management. President Carter also addressed a meeting of several hundred Pfizer employees.

In addition, President Carter presented Steere with a leather-bound photo album containing photos of the trachoma control activities launch in Sudan. Dr. James Zingeser, technical director of The Carter Center's Trachoma Control Program, had photographed the event about a month earlier. Pfizer's donation permitted the Sudanese program to begin after a Carter Center appeal. ★

## Trachoma Effort Starts in Sudan

The Sudan Technical Expert Committee began Sudan's Trachoma Control Program (TCP) in four villages around Malakal in southern Sudan Aug. 15, 2000.

To prepare for the program, community mobilization and health education were conducted to increase communities' awareness of trachoma and its prevention. As of November



Pfizer Inc.

President Carter visited William Steere (left), Pfizer chairman and CEO, at Pfizer's New York City headquarters last September, thanking the pharmaceutical company for its drug donation.

2000, 12,734 persons (78 percent of the eligible population) received Zithromax™ (azithromycin) treatment.

Professor Mamoun Homeida, Dr. Malik Ali Abdel-Gadir, and Carter Center staff played key roles in the launch's success. The donated antibiotic cleared customs in Khartoum in less than two hours, and within five days, patients in the endemic villages in Malakal area were receiving community-directed treatment with Zithromax.

Pfizer Inc. donated Zithromax via its International Trachoma Initiative (ITI). A grant from the Lions-Carter Center SightFirst Initiative provides the program's financial support.

The Sudanese TCP has applied for additional Zithromax from the International Trachoma Initiative (ITI). This application proposes to expand the program to include some trachoma-endemic areas in both northern and southern Sudan. Activities in areas supported through the Operation Lifeline Sudan/South (OLS/S) consor-

tium would be implemented in partnership with Christian Mission Aid and MEDAIR, two nongovernmental organizations (NGOs), which are well established and active in the target communities.

After reviewing the proposal on Sept. 19, 2000, in Morocco, the ITI Trachoma Expert Committee recommended that the ITI board of directors approve the Sudanese TCP donation at its next meeting. The board subsequently approved the proposal Oct. 3, 2000. ★

## Niger Aids Pilot Districts

led by National Coordinator Dr. Abdou Amza, Niger's Trachoma Control Program (TCP) launched intensified interventions in 31 endemic villages of Matameye and Magaria Districts in Zinder Region in

*continued on Page 6*

# Trachoma

Table 4

Line listing of selected communities with known active trachoma in Zinder Region of Niger, in descending order of prevalence of infection

Village	Subdistrict	District	% TF <sup>a</sup>	% TI <sup>b</sup>	% TITb	# of Households	# of Health education <sup>c</sup>	Clean Faces <sup>d</sup> (%)	# of latrines	Clean Water Source <sup>e</sup>	Antibiotic available	Eye surgery available
Kanya Mallam	Babban Tabli	Mirriah	79.7	21.9	2.0	480	21	100%	13	2+, 2-	No	Yes
Gatchira Sofowa	Mirriah	Mirriah	75.3	37.0	8.9	300	22	60%	1	3+	No	Yes
Guirari	Gouna	Mirriah	72.8	35.8	7.5	3000	19	100%	15	8+, 6-	Yes	Yes
Kalgo	Tirmini	Mirriah	53.4	15.1	3.8	73	15	71%	4	3+	No	Yes
Ganoua	Kantche	Matameye	45.9	11.8	3.8	200	33	90%	2	2+	No	Yes

a: TF and TI reported in children age < 10 years

b: TI in women age 15 years and above

c: Health education sessions for the past three months

d: Clean faces in children < 10 years

e: +: working safe water source, -: broken pump or well

## Niger Districts

*continued from Page 5*

August 2000.

Niger selected Matameye and Magaria as its TCP pilot districts. In addition, trachoma control activities are being conducted in 75 villages of Zinder's Mirriah District. Zinder Region had the highest percentage of 0- to 10-year-old children with trachomatous inflammation (TFTI), 62.7 percent, according to national surveys conducted in 1997-1999 with support from the European Union and The Carter Center.

Helen Keller Worldwide (HKW) has assisted trachoma health education in five Zinder districts since 1996 and helped conduct a Knowledge-Attitude-Practices (KAP) survey in Zinder in 1997. The intensified interventions in the two pilot districts are using health education materials based on that KAP survey, as well as tetracycline ointment. Table 4 above summarizes data from five of the 31 villages.

HKW and The Carter Center provided external assistance for these interventions. The Center also assisted the national program in conducting a

qualitative KAP study in Maradi and Diffa Regions, the second- and third-highest endemic regions that have children with TFTI, according to the October 2000 national survey. ★

## Morocco, Tanzania Cut Disease Spread

The International Trachoma Initiative (ITI) announced Dec. 4 that pilot projects in Morocco and Tanzania have reduced the prevalence of trachoma by more than 50 percent in one year.

Morocco reached almost 90 percent of its total eligible population, more than 630,000 people, with the first two rounds of Zithromax™ treatments. After the first treatment, trachoma prevalence fell from 28 percent to 6.5 percent among the 1.5 million people living in the target area. The second round of treatment was just completed.

In Tanzania, the entire target population of 70,000 was reached in the first treatment round, resulting in a reduction in prevalence between 50 percent and 83 percent among the 250,000 people in the program areas. All elements of the SAFE strategy –

surgery, antibiotics, face and hand washing, and environmental changes – are being implemented in both countries' pilot areas ITI's assistance.

Based on these favorable results, the ITI and its partner organizations will work together to identify additional candidate countries in which to expand activities. Currently, they assist Ghana, Mali, Morocco, Tanzania, Vietnam, and Sudan.

New support from the following organizations makes the expansion possible: Pfizer Inc., approximately 10 million doses of donated Zithromax valued at U.S. \$14 per dose and \$6 million in funding for ITI's operating expenses over three years; the Bill and Melinda Gates Foundation, \$20 million over five years; the Edna McConnell Clark Foundation, \$6 million over three years; and the United Kingdom's Department for International Development, \$1.45 million over one year. ★

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"Summary Proceedings of the First Annual Program Review of Carter Center-Assisted Trachoma Control Programs Ethiopia, Ghana, Mali, Niger, and Sudan, 10-11 February 2000," The Carter Center, Atlanta, GA. ★

## Meetings

**Uganda GRBP, Lions Clubs Host Workshops:** Following the Lions-Carter Center SightFirst Initiative announcement, Global 2000 River Blindness Program (GRBP) and the Lions Clubs of Uganda organized three regional workshops in Kampala (central region), Mbale (eastern region), and Mbarara (western region). The workshops' purpose was to familiarize the Lions with onchocerciasis and its control to help them participate in community-directed Mectizan® treatments and related health education activities. Sixty-one Lions attended the first workshop on April 8, 2000, in Kampala. The other two workshops were held in May and June. The GRBP resident technical advisor in Uganda, Moses Kataraba, is himself a Lion.

**World Health Organization (WHO) Meeting on Certification of Onchocerciasis Elimination:** WHO held a meeting on the certification of human onchocerciasis elimination Sept. 28-29, 2000, in Geneva. Dr. Jorge Mendez of the Mexican onchocerciasis elimination program chaired the event with more than 20 experts attending. Drs. Frank Richards, GRBP technical director, Mauricio Sauerbrey, Onchocerciasis Elimination Program of the Americas (OEPA) director, and consultant Richard Collins attended on behalf of The Carter Center. The forum focused on an OEPA-developed draft document of a certification process that suggests: maximizing programmatic function and Mectizan® treatment coverage to completely suppress transmission (as measured by an absence of PCR positivity in black-flies); having a WHO certification committee establish when to halt Mectizan distribution; and the elimi-

nation of morbidity from onchocerciasis should be defined solely on elimination of anterior segment ocular disease.

**International Trachoma Initiative (ITI) Trachoma Expert Committee:** Dr. James Zingeser attended the ITI Trachoma Expert Committee meeting Sept. 17-19, 2000, in Ouarzazatec, Morocco. He represented Dr. Donald Hopkins as the nongovernmental organization (NGO) liaison-elect to the committee. After a presentation in support of the Sudan Trachoma Control Program by Deputy Program Director Dr. Malik Abdel-Gadir, the committee recommended that the ITI board of directors accept the program's application for ongoing support. The board subsequently accepted the Sudan application on Oct. 3, making it the sixth ITI-supported national program.

**The Carter Center's Annual Programs Reviews:** These reviews for the Center's River Blindness and Trachoma Control Programs will be held at The Carter Center in Atlanta, Ga., Feb. 26-28 and March 1-2, 2001, respectively. The meetings will assess programs' activities since the February 2000 program reviews, identify program implementation problems, and discuss solutions. River blindness participants will include Cameroon, Ethiopia, Nigeria, Sudan, Uganda, and the OEPA. Trachoma participants will include Ethiopia, Ghana, Mali, Niger, and Yemen. The Carter Center's resident technical advisors, program donors, and partners, including representatives of the Conrad N. Hilton Foundation and Lions Club International, also will attend this meeting. ★

## 100,000+ Lymphatic Filariasis Treatments for Nigeria

As of October 2000, 109,780 people received health education and combined treatments of albendazole and Mectizan® (ivermectin) in Pankshin Local Government Area (LGA) of Plateau State and Akwanga LGA of Nasarawa State in central Nigeria. This count is 67 percent of the year 2000 annual treatment objective of 160,000 treatments for the new lymphatic filariasis program.

Program support is from the Federal Ministry of Health of Nigeria, SmithKline Beecham, Merck & Co., and The Carter Center.

The Ministry of Health in Plateau State launched the program in April 2000, using an active monitoring process established by the World Health Organization's new lymphatic filariasis elimination program. A total of 2,252 people received combined albendazole/Mectizan therapy and were monitored post treatment for two weeks. No severe reactions were recorded, but 5.6 percent of the participants reported adverse reactions, 86 percent of which were mild. The remainder was moderate. These reactions were "flu-like" in nature, consisting of headache, low-grade fever, and joint and muscle aches.

About 90 million of Nigeria's 120 million population are thought to be at risk of infection, making Nigeria the second most affected country in the world, after India. This initiative, which is built on the African Programme for Onchocerciasis Control (APOC)-assisted onchocerciasis program in both states, also has treated and educated more than 50,000 people for urinary schistosomiasis. ★



J.D. Scott

*Nigerian residents of Pankshin LGA show their swollen legs that resulted from an infection that causes lymphatic filariasis.*

## Gates Foundation Supports Revived Task Force

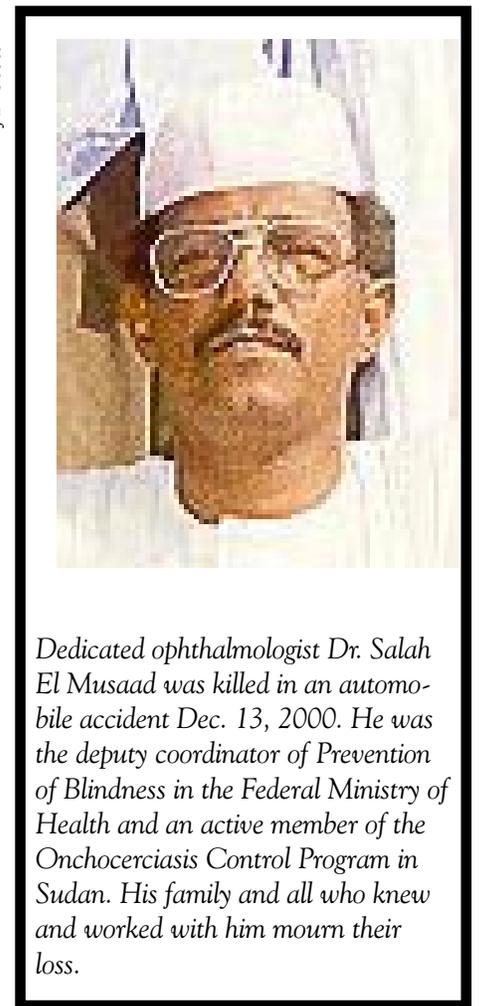
The Bill and Melinda Gates Foundation provided a \$741,000 grant to The Carter Center for the reactivation of the International Task Force for Disease Eradication (ITFDE).

Based at the Center, the ITFDE will re-review the most likely disease candidates for eradication and suggest research that could increase opportunities for eradicating and controlling selected diseases. The initial task force, which the Center also established, operated from 1989-1993 and identified six potentially eradicable diseases, including dracunculiasis (Guinea worm), polio, and lymphatic filariasis.

The 11 members of the original

task force, which was funded by the Charles A. Dana Foundation, were from The Centers for Disease Control and Prevention (CDC), the Dana Foundation, Harvard School of Public Health, the Institute of Medicine, the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the Swedish Academy of Sciences, The World Bank, World Health Organization, United Nations Development Program, and UNICEF.

The new task force will hold its first meeting in early 2001. ★



*Dedicated ophthalmologist Dr. Salah El Musaad was killed in an automobile accident Dec. 13, 2000. He was the deputy coordinator of Prevention of Blindness in the Federal Ministry of Health and an active member of the Onchocerciasis Control Program in Sudan. His family and all who knew and worked with him mourn their loss.*

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