



# Lymphatic Filariasis Elimination - RPRG Newsletter in the Americas

Pan American Health  
Organization/World  
Health Organization

Volume 1, Issue 1  
December 2002

## Welcome to the First Edition!

**Welcome** to the first issue of the newsletter for Lymphatic Filariasis Elimination - Regional Program Review Group (RPRG) in the Americas and our Partners. The concept of improved communications among the national and municipal program managers and their partners, and a proposed plan for improved communication, was presented to the region's six program managers and partners at the third Regional Program Managers Meeting during September 2002, at Port-au-Prince, Haiti. As proposed then, through this newsletter we shall share technical, operational and policy issues for the Americas, and share key information for planning and decision-making while minimizing the duplication of information from those websites devoted to lymphatic filariasis. We thank our colleagues who offered their suggestions on the formats and contents for our newsletter. This newsletter will be available and delivered in electronic and paper form. We hope also to see its evolution to a webpage during 2003, making it easier to update and provide more in-depth materials. We thank our various contributors to the first newsletter, in particular Dr. Eersel Marthelise of PAHO-Suriname whom contributed the memoriam of Prof. Dr. Oostburg. Contributions and suggestions for the next newsletter are welcome, and indeed critical for its success. Please pass them to Steven Ault, PAHO/WHO Brazil (see e-mail address on back page).



Dr. John Ehrenberg, PAHO/WHO Regional Advisor, thanking the Haiti LF national elimination program (Ministry of Health) and the Hopital Sainte Croix, Leogane for their hospitality and dedication, during the 3rd Annual LF Program Managers Meeting in Haiti, September, 2002.



## In Memoriam: Prof. Dr. Baltus Oostburg, Suriname

Our first issue is dedicated to the memory of Prof. Dr. Baltus F. J. Oostburg, whom passed away after a brief illness on 17 October this year. Prof. Oostburg was born on 20 August 1928. He received his medical degree in 1953 at the Medical School of Suriname. He worked most of his career at the Bureau of Public Health, Suriname. As a reward for his efforts in the control of a typhoid fever epidemic in 1961 he received a USAID scholarship to study Public Health in the USA. In 1963 he graduated Master of Science in Parasitology, Columbia University. From 1967-1969 he was Minister of Health in Suriname. In 1974 he obtained a doctoral degree in Medicine at the University of Leiden (Netherlands) studying "Wuchereriasis in Suriname". Prof. Oostburg's commitment to the control of Lymphatic Filariasis has contributed to the ultimate disappearance of this disease as a public health problem in Suriname. From 1975-1999 he was Professor of Parasitology at the Medical Faculty, University of Suriname. For his contributions in parasitology he received the Eykman Medallion of the Netherlands (1988). Though retired, Professor Oostburg was an advisor and key player in parasitology, public health and health care. The PAHO representation in Suriname elected him "Centennial Health Hero"; we celebrate this day, December 02, without him. Prof. Oostburg will be dearly remembered and sadly missed.

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Prof. Dr. Baltus F.J.  
Oostburg

## Review Article from LF Support Centre, Australia

*"How will poor countries, which are coping with war, civil unrest, famine, economic hardship, and other woes, prioritise a filariasis control program?" - Dr. WD Melrose, LFSC, James Cook University, Townsville Australia, Int J Parasitol 32: 947-960, 2002.*

Review Article: "Lymphatic filariasis: new insights into an old disease." - WD Melrose, Int J Parasitol 32: 947-960, 2002.

This article by Dr. Melrose of the Lymphatic Filariasis Support Centre, James Cook University, Townsville, Australia, covers several topics of current interest. He discusses new knowledge of the pathogenesis of LF in people from LF-endemic areas: those classified as endemic normals, the asymptomatic MF carriers, and those with chronic disease. He reviews new knowledge of the pathogenesis of acute attacks, and notes that asymptomatic LF is not a benign

phase since considerable tissue damage still occurs. LF also has an impact on other diseases, contributing to renal (kidney) disease and haematuria, proteinuria, and other conditions. Furthermore, he notes that LF is associated with respiratory signs and symptoms (e.g., tropical pulmonary eosinophilia), and rheumatic symptoms (arthritis of the knee or ankle joint), and possibly certain immunosuppressive effects. He discusses the newer diagnostic tools for LF, including improvements to the Knott's method: the ICT filarial antigen card test, enzyme characterization, ultrasonography,

and PCR for diagnosis of *W. bancrofti* DNA in blood, plasma, tissue sections and sputum. Regarding LF control, he discusses progress toward a vaccine, vector control, and chemotherapy with DEC, ivermectin and albendazole (including combined treatment). Chemotherapy is identified as the mainstay of LF control programs. He notes vector control can play a part in LF programs, and may be more cost-effective in areas where malaria transmission occurs; the role of insecticide-treated bed nets and repellents are noted. Contact: wayne.melrose@jcu.edu.au



Fiocruz-Recife: Washing the legs of a 46-year old woman who has elephantiasis, paying particular attention to nails and intertoe spaces where bacteria can enter the skin. She has had the disease for 18 years and has taken DEC regularly with no effect on her morbidity. After treatment with soap, water and antibiotics, she is expected to walk away from hospital within 50 days.

Source: TDR/WHO, 2002.

In the Americas region, National LF Elimination Programs have placed high priority on providing access to care for persons who suffer from the devastating clinical consequences of lymphatic filariasis. This emphasis has provided opportunities to educate communities about mass treatment, create community-level goodwill, and garner the support of health professionals for LF elimination. All four countries with [active] *Wuchere-*

## Morbidity Control

*ria bancrofti* transmission now have active programs for lymphedema management, in which an estimated 8,000 persons with lymphedema of the leg (~6% of the population affected) have been treated and educated. The morbidity program began in Brazil and Haiti at least 5 years ago. Surgical interventions for men with urogenital disease are now established in Brazil, Haiti, and the Dominican Republic. Additional work is needed to

expand these efforts and "scale up" these activities, and this is a priority for Program Managers in 2003. By Gerusa Dryer with David Addiss.

New study: Suma TK et al. Efficacy and sustainability of a footcare programme in preventing acute attacks of adenolymphangitis in Brugian filariasis. Trop Med Int Health. 2002 Sep;7(9):763-6.

## Program Portfolios and Partnerships: Partner GSK

GlaxoSmithKline (GSK) is proud to partner with the Americas Region and the Global Alliance to Eliminate Lymphatic Filariasis. The company supports global elimination efforts by donating the antiparasitic drug albendazole, one of three drugs that can help stop transmission of the disease, to every country that needs it until LF is eliminated as a public health problem. In addition to donating free albenda-

zole, the company provides significant financial resources and dedicated staff expertise to support coalition-building, advocacy, research, community mobilization, and educational initiatives. At a meeting of the Global Alliance in New Delhi, India in May 2002, JP Garnier, CEO of GSK, announced the donation of the first 100 million albendazole tablets since the inception of the global LF elimination effort four

years ago. And he further confirmed GSK's strong dedication to helping achieve the goal of elimination over the anticipated 20-year life of the program. To date approximately 1.6 million albendazole tablets have been shipped to the Americas for mass distribution activities in Haiti and the Dominican Republic. By Minnie Iwamoto.

## Links and References about Lymphatic Filariasis

[WHO LF Program and Global Alliance to Eliminate LF](http://www.filaria.org)

[www.filaria.org](http://www.filaria.org)

[Liverpool School of Tropical Medicine LF Support Centre](http://www.filaria.org)

[www.filaria.org](http://www.filaria.org)

[WHO/TDR on LF](http://www.who.int/tdr)

[www.who.int/tdr](http://www.who.int/tdr)

[WHO Health Topics on LF](http://www.who.int/health-topics/lymphfil.htm)

[www.who.int/health-topics/lymphfil.htm](http://www.who.int/health-topics/lymphfil.htm)

[Centers for Disease Control & Prevention \(CDC\)](http://www.cdc.gov/ncidod/dpdx/parasites/lymphaticfilariasis)

[www.cdc.gov/ncidod/dpdx/parasites/lymphaticfilariasis](http://www.cdc.gov/ncidod/dpdx/parasites/lymphaticfilariasis)

[ICMR Pondicherry India](http://www.pon.nic.in/fil-free/welcome.html)

[www.pon.nic.in/fil-free/welcome.html](http://www.pon.nic.in/fil-free/welcome.html)

[WHO Southeast Asia on LF](http://w3.whosea.org/lymphatic/pdf/lf.pdf)

<http://w3.whosea.org/lymphatic/pdf/lf.pdf>

[James Cook University \(Australia\) LF Support Centre](http://www.jcu.edu.au/school/sphtm/phtm/centers/lf/index.htm)

[www.jcu.edu.au/school/sphtm/phtm/centers/lf/index.htm](http://www.jcu.edu.au/school/sphtm/phtm/centers/lf/index.htm)

[Carter Center on LF](http://www.cartercenter.org/healthprograms/healthpgm.asp?submenu=healthprograms)

[www.cartercenter.org/healthprograms/healthpgm.asp?submenu=healthprograms](http://www.cartercenter.org/healthprograms/healthpgm.asp?submenu=healthprograms)

[GlaxoSmithKline \(GSK\)](http://www.gsk.com/filaria/index.htm)

[www.gsk.com/filaria/index.htm](http://www.gsk.com/filaria/index.htm)

[National Institute for Allergy and Infectious Diseases](http://www.niaid.nih.gov/newsroom/focuson/bugborne01/filar.htm)

[www.niaid.nih.gov/newsroom/focuson/bugborne01/filar.htm](http://www.niaid.nih.gov/newsroom/focuson/bugborne01/filar.htm)

[FIOCRUZ, Recife Brazil](http://www.cpqam.fiocruz.br/doencas/filariosepesq.htm)

[www.cpqam.fiocruz.br/doencas/filariosepesq.htm](http://www.cpqam.fiocruz.br/doencas/filariosepesq.htm)

[InterChurch Medical Assistance Inc. on LF](http://www.interchurch.org/)

[www.interchurch.org/](http://www.interchurch.org/)

[Ability \(an NGO\)](http://www.ability.org.uk/)

[www.ability.org.uk/](http://www.ability.org.uk/)

[Elephantiasis.html](http://www.binax.com/)

[BINAX](http://www.binax.com/) <http://www.binax.com/>

[Emory University LF Support Center](http://www.binax.com/) (pending)



Community health worker from Leogane, Haiti explaining the process of identifying and treating LF patients in the community.

Photo: Steven Ault, 2002

## Social Mobilization and IEC

In 1990 the Federal University of Alagoas in Northeast Brazil began epidemiological work on the LF focus of Maceió with the participation of students of Medicine, Biology, Nursing, Pharmacy, and Nutrition, the Municipal Health Secretary and National Health Foundation, seeking to eliminate LF transmission. So far, 492 university students have participated in the program in the 3 LF foci of Maceió. The students collaborate in commu-

nity education, giving exhibits for awareness of the population on the parasite, its vector, the disease and its prevention. They also collect blood samples of the population from 22:00 hours (due to the nocturnal periodicity of the mf), and mosquito capture in order to determine the indexes of natural infection in the area. During the 12 years of investigation they detected and treated 891 patients with mf. In this period, since adoption of

control measures the prevalence of filariasis in Maceió was reduced from 5.4% (1995) to 0.1% in 2002 (23,153 examinations done in 2002; only 20 new mf cases found). Maceió currently is close to eliminating LF disease transmission. The participation of the university students in research provides important scientific training, and raises their social commitment towards needy populations. By Eliana Rocha and Gilberto Fontes.



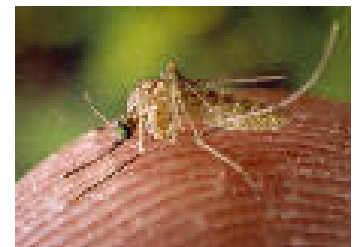
University—Community partnerships. Team of medical students of the Federal University of Alagoas in Maceió, Brazil and Dr. Gilberto Fontes, who work together with the Maceió Municipal Health Department to identify filariasis cases and do community education in the 3 endemic communities of Maceió. Photo: G. Fontes.

## Integrated Vector Management

In January 2002, WHO held an informal consultation to define the roles of vector control and xenomonitoring in the Global Programme for Elimination of Lymphatic Filariasis (GPELF). About 20 separate presentations were made covering themes such as: field applications of PCR for monitoring *W. bancrofti* in mosquitos, cost-effectiveness of combining MDA with vector control, use of insecticide-

treated bed nets and other materials, biological control and potential of *Wolbachia* to suppress filarial transmission, and physical control with polystyrene beads. Following up on this consultation, in our meeting in Haiti a small group of entomologists and others met to discuss the possible application of xenomonitoring (collecting individual blood-fed mosquitoes indoors shortly after feeding) combined

with PCR to identify mosquitoes with *W. bancrofti*. As a result of the meeting, Dr. David Chadde of Trinidad planned a field visit to the Dominican Republic (DR) to explore with the MOH the possibility of using xenomonitoring in the DR as a part of the entomological evaluation of the effectiveness of their control program. The results of their collaboration will be discussed in our next issue. By Steven Ault.



*Culex quinquefasciatus*, vector of LF in the Americas—controllable through integrated vector management. Photo courtesy CDC Image Library

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PAHO is based in Washington, D.C., and has scientific and technical experts at its headquarters, in its 27 country offices, and its nine scientific centers, all working with the countries of Latin America and the Caribbean to deal with priority health issues. The Organization's essential mission is to strengthen national and local health systems and improve the health of the peoples of the Americas, in collaboration with Ministries of Health, other government and international agencies, nongovernmental organizations, universities, social security agencies, community groups, and many others. Website: [www.paho.org](http://www.paho.org)

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## Announcements and Deadlines

15 February 2003. Submit the 2002 Annual Country Report on progress in elimination of lymphatic filariasis to Dr. John Ehrenberg, PAHO regional advisor on filariasis elimination, using the standardized WHO report format (available from Dr. Ehrenberg).

06-20 June 2003. 9th International Helminthological Symposium, Kosice, Slovakia. <http://www.saske.sk>.

September 2003. 4th Annual LF Program Managers Meeting, in Maceió, Alagoas state, Brazil.

WHO/TDR. Call for research grant applications for lymphatic filariasis, see <http://www.who.int/tdr/diseases/lymphfil/workplans.htm>.

WHO TDR Tropical Disease Drug Discovery and Development Projects, deadline 21 February 2003.

PAHO Research Grants Program, <http://www.paho.org/English/HDP/HDR/RPG/> or <http://www.paho.org/Spanish/HDP/HDR/RPG/>

NIH-Fogarty International Center research and training grants, at <http://www.nih.gov/fic/programs.html>.

NIH-Fogarty Global Infectious Disease Research Training Program, at <http://www.nih.gov/fic/programs/infectiousdisease.html>

NIH-Fogarty International Training and Research Program in Emerging Infectious Diseases (ITREID), which includes filariasis, at <http://www.nih.gov/fic/>

[programs/erid.html](#)

WHO Training Materials on Drug Distribution for LF (learner's guide and tutor's guide), available free, see [www.filaria.org](http://www.filaria.org)

WHO Annual Report on Lymphatic Filariasis 2001, available free at [http://www.filaria.org/docs/AnnualReport\\_2001.pdf](http://www.filaria.org/docs/AnnualReport_2001.pdf)

WHO RPRG for LF - American Program Review Group, at <http://www.filaria.org/index.pl?iid=2663>



Community Groups in Action: Official from the Leogane Mosquito Committee (KOLEMO) describing use of insecticide impregnated bed net (mosquito net) to kill adult mosquito vectors of Filariasis and malaria in Haiti. Photo: Steven Ault, 2002