

Neglected Infectious Diseases in Latin America and the Caribbean (Towards Elimination)

DISEASE	FOCI AS OF 2010	POPULATION AT RISK AS OF 2010	POPULATION INFECTED/ELIGIBLE FOR TREATMENT AS OF 2010	DRUGS AND FREQUENCY	TREATMENT COVERAGE AS OF 2010	STATUS AS OF 2010	REGIONAL TARGETS (Resolution PAHO CD49.R19)
Onchocerciasis	13 foci located in 6 countries: Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela	500,000	331,841 (114,104 in México, 124,498 in Guatemala, 93,239 in Venezuela)	Ivermectin at least Twice per year	>=85% in the foci that require treatment in Mexico, Guatemala, and the Yanomami population focus shared between Brazil and Venezuela.	Transmission eliminated in 3 foci (2 in Guatemala and 1 in Mexico), transmission interrupted in 5 foci (Colombia and Ecuador, 1 in Mexico, 1 in Guatemala and 1 in Venezuela) and interrupted transmission is suspected in 2 foci (1 in Mexico and 1 in Guatemala)	To eliminate ocular morbidity - 2012 (Resolution PAHO CD48/10) To interrupt transmission - 2012 (Resolution PAHO CD48/10)
Schistosomiasis	Foci in 4 countries: Brazil, Venezuela, Suriname and Saint Lucia. Transmission to be evaluated in Dominican Republic	25,000,000	1,000,000 to 3,000,000 (estimate for countries with transmission)	Praziquantel Once or twice per year	Brazil treated 39,868 people and Venezuela 1,470 (both countries conduct individual case management)	Brazil is finalizing national mapping, Suriname and St. Lucia have evidence of low transmission and Dominican Republic will develop epidemiological assessment	To reduce prevalence and parasite load in high transmission areas to less than 10% (prevalence as measured by quantitative egg counts) by 2015.
Lymphatic filariasis	Foci in 4 countries: Brazil, Dominican Republic, Haiti and Guyana	11,000,000	5,312,880 (327,586 in Brazil, 689,469 in Guyana and 4,295,825 in Haiti)	DEC+Albendazole ¹ Once per year	Haiti 3.9 million people treated, Brazil 154,115, 43,029 Guyana, the Dominican Republic is performing epidemiological assessment	Trinidad & Tobago, Suriname and Costa Rica have been removed from the list of endemic countries and are documenting the interruption of transmission. The 4 countries with foci are making mass drug administration in populations at risk	To eliminate the disease as a public health problem (less than 1% prevalence of microfilaria in adults in sentinel sites and spot-check sites in the each of the areas) for 2015. -Interrupt its transmission (no children between ages 2 and 4 are antigen positive). -To prevent and control disability
Trachoma	Foci in 4 countries: Brazil, Colombia, Guatemala and Mexico	50,000,000	400,000 in Brazil, 65 in Mexico, Colombia and Guatemala are developing mapping to define population to be treated	Azithromycin Once per year	Brazil treated 50,000 people, Mexico 86 (in both countries conduct individual case management)	Implementation of 'SAFE' ² strategy in progress in the four countries ² Mexico will document the possible interruption of transmission.	To eliminate new cases of blindness caused by trachoma (reduction in the prevalence of trachomatous trichiasis to less than 1 case per 1,000 (general population) and reduction in the prevalence of follicular or inflammatory trachoma (TF and TI) to less than 5% in children aged 1-9 years).
Soil-transmitted Helminthiasis-STH	30 countries with children at risk of infection	13,866,203 Pre-SAC 31,341,795 SAC ³	13,866,203 Pre-SAC 31,341,795 SAC	Albendazole or mebendazole Once or twice per year	4,800,000 Pre-SAC 37,400,000 SAC (2009 data)	Regular administration of preventive chemotherapy/(MDA) ⁴ for at least 75% of SAC at risk	To reduce prevalence among school-age children in high risk areas (prevalence >50%) to less than <20% prevalence as measured by quantitative egg count

¹DEC: Diethylcarbamazine, ²SAFE: Surgery, antibiotic, face cleanliness and environmental improvement, ³Pre-SAC: Pre-school Age Children, SAC: School Age Children, due to Lack of access to basic improved sanitation

⁴MDA: Mass Drug Administration

Group classification of LAC countries to address technical cooperation for control or elimination of onchocerciasis, schistosomiasis, lymphatic filariasis, trachoma and soil-transmitted helminths¹

*Bolivia is included on group 1, but has border in The Chaco area

GROUP	POPULATION AT RISK	APPROACH OF TECHNICAL COOPERATION TO NIDs	COUNTRIES
1	66.8% of Pre-SAC and 67.4% of SAC at risk for STH of total in LAC 421,000 for onchocerciasis (Targeted for elimination) 25 million for schistosomiasis (Targeted for elimination in Saint Lucia) 50 million for trachoma (Targeted for elimination) - More than 9 million for lymphatic filariasis (Targeted for elimination)	Countries that need technical cooperation to fully develop integrated, inter-programmatic and inter-sectoral plans to combat NIDs.	Bolivia, Brazil, Dominican Republic, Ecuador, Guatemala, Guyana, Haiti, Mexico, Peru, Saint Lucia and Suriname
2	26.8% of PreSAC and 26.1% of SAC at risk for STH of total in LAC 115,070 for onchocerciasis - A focus of schistosomiasis	Countries that need technical cooperation to improve inter-programmatic and inter-sectoral coordination and include STH into NIDs integrated actions.	Colombia, El Salvador, Honduras, Belize, Panama and Venezuela
3	5.4% of PreSAC and SAC at risk for STH of total in LAC	Countries that need technical cooperation to focus activities for NIDs at local level and rural areas	Nicaragua Argentina, Paraguay, Bolivia*: The Chaco area
4	1.03% of PreSAC and 1.1% of SAC at risk for STH of total in LAC	Countries that need technical cooperation on monitoring and evaluation	Antigua and Barbuda, Bahamas, Barbados, Chile, Costa Rica, Cuba, Dominica, Granada, Jamaica, Trinidad and Tobago, Uruguay, Saint Kitts and Nevis and Saint Vincent and Grenadines

¹ More information the document: Analysis of progress, priorities and lines of action for control and elimination of Neglected Diseases in Latin America and the Caribbean, 2010-2015

For **specific NIDs information** please contact Dr. Steven Ault at aultstev@paho.org or visit our website www.paho.org/neglecteddiseases