

**Summary of the Thirty-Second Meeting of the
International Task Force for Disease Eradication (ITFDE)
May 4-5, 2021**

The 32

annually of *P. vivax* are reported in travelers to the Dominican Republic from Guyana and Venezuela. Chloroquine (CQ) remains effective and is used in combination with a single dose of primaquine (PQ) as first line therapy for uncomplicated malaria in the Dominican Republic and Haiti.

For LF caused by the filaria parasite *Wuchereria bancrofti*, mass drug administration (MDA) with albendazole and diethylcarbamazine (DEC) remains highly effective for reducing *W.bancrofti* transmission; and a new tool, triple drug ivermectin-DEC-albendazole (IDA) treatment is more effective in reducing microfilaria counts over a longer period and shortens the number of rounds required to achieve the elimination goal.

The progress made in Hispaniola is indicated by the following four maps. The information was provided by the Ministries of Health and the date of the information used indicates when it was collected.

Figure 1. Lymphatic filariasis program status in Hnf7(is pDr-.2J-2ffatus lvr{prdbv thct,nt is motus)}cindic985 -1

mass drug administration (MDA) campaigns. In the Dominican Republic, LF was endemic in three primary foci: Southwest Focus, La Cienaga Focus, and East Focus. By the end of 2007, MDA had stopped in the Southwest and La Cienaga foci with ongoing post-MDA surveillance. The East Focus still needed MDA.



Figure 2. Lymphatic filariasis program status in Haiti and the Dominican Republic, by district, end of 2020.

Figure 2 illustrates the island-wide LF program status at the end of 2020. In Haiti, 19 of 140 communes have MDA ongoing, while 119 are continuing post-MDA surveillance transmission assessment surveys (TAS). Two communes, La Tortue and Saut d'Eau, have passed TAS-3. In the Dominican Republic, both the Southwest and La Cienaga foci have passed TAS-3, indicating LF transmission has been interrupted there, while post-MDA surveillance TAS are continuing in the East Focus.

Figure 4. Malaria incidence per 1000 persons in Haiti and the Dominican Republic, 2020.

Figure 4 illustrates the island-wide incidence of malaria reported in 2020. In Haiti, 13 of 140 communes have malaria incidence of ≥ 10 cases per 1000 persons reported, largely concentrated in the tip of the Tiburon peninsula in the departments of Grand'Anse and Sud. Sixteen communes had reported incidence $1 - <10$ cases per 1000 persons and 61 communes reported < 1 case per 1000 persons. No cases were reported in the Dominican Republic.

With 86% of districts under PTS, Haiti has the opportunity to maintain this momentum and focus efforts on the remaining few districts in need of MDA. In so doing, the country and its partners can demonstrate innovative ways to improve LF MDA coverage and scale-up triple drug IDA.

Dominican Republic. In the Dominican Republic, LF mapping was completed in the early 2000s and 19 districts that clustered into three distinct foci were found to be endemic and needed MDA. In 2008, two of the three foci had already completed MDA and were under PTS: Southwest focus and the small La Cienaga focus in urban Santo Domingo. By 2018, all three foci had stopped

Dominican Republic. In the Dominican Republic, 822 malaria cases were reported in 2020, representing a 55% reduction since 2008. The most important change in malaria transmission there is the epidemiological shift from mainly rural transmission to urban/peri-urban transmission. Cases have steadily declined in all areas outside Santo Domingo, where an outbreak that started in 2014 continues.

For malaria, elimination is within reach in the Dominican Republic, and the announcement in May 2021 that the country has been added to the list of the E-2025 countries (which are expected by WHO to reach elimination by 2025) bodes well for increased technical support and coordination to finish the job.

The story of malaria elimination in the Dominican Republic is one of great progress while the country prepares to “walk the final mile.” Autochthonous cases are due to *Plasmodium falciparum*, which still maintains susceptibility to CQ. The only vector incriminated in transmission is *Anopheles albimanus*. The binational commitment to eliminate malaria was reinforced when, in 2013, a declaration issued during the XX Meeting of the Council of Ministers of Central America and the Dominican Republic (COH5p5nd th2o. sh

result of the COVID-19 pandemic. In a survey conducted by WHO globally,² 49% (n=29) of countries from the Americas Region reported disruptions across different services, including immunization (55%), communicable diseases (49%), NTDs (47%), and reproductive, maternal, newborn, child and adolescent health and nutrition services (41%). HIV, TB and malaria programs experienced disruptions to TB diagnosis and treatment, HIV testing, HIV prevention services, and malaria diagnosis and treatment.

The evidence clearly indicates that IDA is effective, safe, and feasible to implement for combatting LF. However, a Guidelines Development Group convened by WHO warned that IDA is not a replacement for poor program delivery or poor community compliance. It is well known that impact in an ideal research setting may not be the same in the outside world. However, the evidence from India to Tuvalu is compelling, from 11,000 people nationwide in Tuvalu to the pilot in 4 districts in India with a total population of 10.7 million. Each country reached effective coverage with a single MDA campaign using IDA. To date, more than 45 million people have been treated with IDA.

Communities wanted to know the rationale for taking more pills, who needs treatment, what is it for, how to take the pills, when, and where to get the medicines. Instructions about where to get help with adverse events and messages on the advantages of new treatment were reported as influential for participation. Introducing ivermectin in areas using DA already will have collateral benefits. Albendazole and ivermectin are powerful in combination to cure soil transmitted helminth infections. Ivermectin also is effective against scabies and ectoparasites. Mass treatment with ivermectin is shown to provide immediate relief of symptoms and reduction of infection in the community.

WHO currently recommends conducting two rounds of MDA using IDA before assessing impact on LF. If programs are unable to obtain high coverage and address systematic non-compliance, then additional rounds of IDA will be required to reduce infection prevalence below elimination thresholds.

Conclusions and Recommendations

1. The ITFDE reaffirms, as it concluded in 2006, that elimination of malaria and LF from the island of Hispaniola “is technically feasible, medically desirable, and would be economically beneficial”.¹ It commends Haiti and the Dominican Republic for the substantial progress achieved toward elimination of both diseases over the past 15 years, including closer binational cooperation, despite many challenges. The ITFDE continues to strongly embrace the vision of a Caribbean Basin free of malaria and LF, which will become a reality only after the two

between their two elimination programs and with other vector-borne disease prevention activities.

3. The ITFDE strongly recommends that Haiti and the Dominican Republic make every effort for their elimination programs to support COVID-19 pandemic response activities and continue to adhere to WHO guidance on interventions. Increased collaboration and coordination, not only at the border, is critical. The pandemic may also present unique opportunities to explore how new technologies can assist national elimination programs to collect and disseminate information and strengthen surveillance systems.
4. Haiti is commended for substantially increasing LF MDA coverage nationwide and for taking steps recently to increase coverage in the towns of Leogane and Gressier, where 18 annual rounds of MDA campaigns have been held, but adequate coverage has not yet been achieved.
5. Haiti is also commended for its embrace of innov

10. The ITFDE recommends that the two countries continue to intensify their binational cooperation to achieve island-wide elimination of both diseases. The two governments should publicize support of the goal of elimination, the documented benefits of success, and financial and political support for the elimination programs. One lesson from the polio eradication program, that only a locally initiated and directed program will be a success, should be considered and applied.
11. The ITFDE stresses that adequate and sustained external funding is needed to help Haiti and the Dominican Republic achieve island-wide elimination of both diseases. An up-to-date and robust estimate of the cost of elimination is needed again.
12. The ITFDE strongly recommends that Haiti employ a full-time,