COR-NTD 2015
Philadelphia, PA, October 22-23

Breakout Group Summary Report

This document is intended to capture the key outputs of your breakout discussion, and to be representative of the group as a whole. Please denote your group's topic, presentations and research priorities before the start of the session, and dedicate the latter portion of your session to determining the key discussion points, knowledge gaps and recommended steps. Also, please indicate whether your group's recommendations align with the specified initial priority target. Your report will be shared on the NTD-SC website, and will inform future advisory panel discussions and donor priorities.

Section I

To be filled out before the session begins.

Breakout Topic:

2A: Lymphatic Filariasis and Onchocerciasis "Action Maps" in Loa Areas

Presentations:

1. M. Boussinesq for Test and Treat Group: Results and future work
2. M. Boussinesq: DOLF results from 2x yearly ALB treatments
3. A. Hopkins for Zoure: Mapping hypoendemic oncho areas
4. S. Wanji: Refining Loa loa mapping
5. Maria Robollo: Mapping tools for programme managers
6. Deidre Hollingsworth, Wilma Stolk, Louise Dyson: Modelling for hypoendemic oncho
7. Joseph Kamgno: Loiasis as an NTD ... should we treat it?
8. Adrian Hopkins: are we ready to adopt treatment algorithms?

Research priorities to be discussed:

- What is the impact of the test and treat results for future treatment strategies (or studies)?
- What is the impact for twice yearly albendazole (ALB) treatment for !lymphatic filariasis (LF) in co-endemic areas?
- Do we need other maps to decide on treatment in co-endemic areas?
- What questions do we need answered by modeling?
- What tools are needed to get to the point where we can talk about treating Loa?
- Are we ready to pilot the treatment algorithms presented?

Form continues on the next page.

COR-NTD 2015
Philadelphia, PA, October 22-23

Section II

To be filled out as the session concludes.

What were your group's key discussion points?

1. Test and Treat: What is the appropriate follow-up? Is it ready for wider roll-out, and how should that be implemented?
2. Refining Oncho (and Loa) mapping: A) If the goal is elmination, and we afford to leave ANY hypoendemic area untreated? If so, under what threshold (the 5% nodule prevalence, 10% microfiladermia level was never intended as a treatment threshold for elmination)?. B) Where treatment is necessary in Loa-endemic areas, how will this be safely done? C) How granular must the mapping be to ensure areas needing treatment are not missed?
3. Action tool discussion: How will this be integrated and updated?
4. Modeling discussion: OV16 was never intended as a individual test (not sensitive enough), but is appropriate for population-level decisions. Is it reasonable to have different implementation units for each disease (LF, onchocerciasis, Loa). What data do modelers need from the community and need to provide the community?

What knowledge gaps (if any) did your group identify?

1. Test and Treat: What are the longitudinal effects; for example: Can those treated in year 1 be retreated without testing next year? Will those excluded from treatment be eligible next year? Will the community be more accepting in subsequent years?
2. Oncho mapping: Appropriate thresholds under which hypoendemic area may not be treated (what prevalence by which test(s))? Appropriate strategy for safely treating Oncho in Loa-endemic areas?
3. How do we define the Loa prevalence threshold beneath which it is safe to treat (witout test and treat)?
4. Mapping: Many gaps. How granular does it need to be (for Oncho and Loa)? What mapping thresholds should be defined under which transmission is unsustainable in hypoendemic areas?
5. Loiasis as a disease: Needs to be recognized as its own problem, not just an inconvenience to Oncho and LF programs

What next steps does your group recommend?

1. Longitudinal follow-up of test and treat pilot area. Need to define important follow-up endpoints and protocol.
2. Twice yearly albendazole looks promising for LF in oncho areas
3. Ocho (and Loa) mapping. Research needs to define: A. Loa prevalence threshold beneath which ivermectin (IVM) treatment for Oncho is safe without further testing B. Oncho prevalence threshold beneath which no treatment is needed to achieve elimination (testing method and granularity of testing need to be defined) C. Appropriate, feasible strategy for treating hypo-endemic oncho in Loa areas needs to be developed.
4. Modelers need more data about transmission dynamics for Oncho and Loa to predict implications of different treatment algorithms.
5. Importance of Loaisis as a disease needing its own treatment needs to be recognized.

Do your recommended steps align with the research priorities identified on page 1? ◉ **Yes** ○ **No**