

Weekly epidemiological record Relevé épidémiologique hebdomadaire

13 AUGUST 2010, 85th YEAR / 13 AOÛT 2010, 85^e ANNÉE

No. 33, 2010, 85, 321–328

<http://www.who.int/wer>

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vention, the Bill and Melinda Gates Foundation, several universities, and the Mectizan Donation Program. The goal of the partnership is to eliminate onchocerciasis from the Region of the Americas by providing MDA with

country for 2009 were: Guatemala, 105 293 people eligible (31.3% of the regional UTG); Bolivarian Republic of Venezuela, 103 487 eligible (30.8%); Mexico, 102 310 eligible (30.4%); Ecuador, 16 113 eligible (4.8%); and Brazil, 8 880 eligible (2.7%). Since ivermectin treatment is provided twice a year in most of the foci, the treatment coverage denominator, termed the UTG(2) p

Ministry of Health has provided MDA coverage since 1990 (*Fig. 1*): 25 MDA rounds achieved coverage >85%, and there has been good semiannual treatment coverage for 8 of the past 9 years. Entomological data (>30 000 flies examined) showed that vector infection rates were significantly lower than 1 infective fly in 2000 flies. Transmission in the human population, as judged by testing for infection in 2012 children aged <8 years, was <0.1%. According to WHO guidelines, these results show that transmission of the parasite has been interrupted. In addition, evaluations of sentinel villages showed the prevalence of skin and eye infection in adults (judged by microscopic examination for microfilariae) was 0 (*Fig. 2*) (see Editorial note).

Guatemala

Guatemala has 4 endemic foci: the Central Endemic Zone, Escuintla–Guatemala, Huehuetenango, and Santa Rosa. In early 2007, Santa Rosa was the first focus in the Americas to declare that transmission had been interrupted and to suspend treatment. In 2008, MDA was stopped in Escuintla–Guatemala. In 2009, it was stopped in Huehuetenango. The Central Endemic Zone is the only focus that remains under treatment. The Ministry of Health surpassed the 85% coverage goal for the 8th consecutive year by providing 194 265 treatments in 2009, 92% of a UTG(2) of 210 586. Data from monitoring the impact of treatment suggest that transmission has been interrupted in the Central Endemic Zone, but additional evaluations are needed before a recommendation can be made by the Programme Coordinating Committee to suspend MDA.

a fourni les chiffres de la couverture des DMM depuis 1990 (*Fig. 1*): 25 tournées de DMM ont permis d'atteindre une couverture >85% et la couverture thérapeutique semestrielle a été bonne pour 8 des 9 dernières années. Les données entomologiques (>30 000 simules examinées) montrent que les taux d'infection vectorielle étaient nettement inférieurs à une simule infectante sur 2000. La transmission dans la population humaine, à en juger par les tests d'infection pratiqués sur 2012 enfants âgés de <8 ans, était <0.1%. Selon les lignes directrices de l'OMS, ces résultats montrent que la transmission du parasite a été interrompue. En outre, les évaluations de villages sentinelles ont montré que la prévalence de l'infection cutanée et oculaire chez l'adulte (d'après recherche microscopique des microfaires) était égale à 0 (*Fig. 2*) (voir Note de la rédaction).

Guatemala

Le Guatemala compte 4 foyers d'endémie: Central, Escuintla–Guatemala, Huehuetenango et Santa Rosa. Début 2007, Santa Rosa était le premier foyer des Amériques à déclarer que la transmission avait été interrompue et à suspendre le traitement. En 2008, les DMM ont été interrompues à Escuintla–Guatemala, et en 2009 à Huehuetenango. La zone d'endémie centrale est le seul foyer encore sous traitement. Le Ministère de la Santé a dépassé l'objectif de couverture de 85% pour la huitième année.

Overall, in 2009, the Bolivarian Republic of Venezuela provided 196656 treatments, 95% of its UTG(2) of 206974. Onchocercal eye disease and transmission continue throughout all Venezuelan foci, although in 2009 entomological indices suggested that transmission has been interrupted in the North-Central focus.

Other conclusions and recommendations

The conference recommended that programmes in the Yanomami Area be strengthened. Cooperation agreements between Brazil and the Bolivarian Republic of Ven-

ination of the disease; Ecuador is the second country, after Colombia, to suspend treatment, and its single focus is the 7th focus to do so.

Based on the progress made, it appears likely that the Yanomami Area (containing Brazilian and Venezuelan foci), and perhaps the North-east focus in Bolivarian Republic of Venezuela, will be the last in the region to

