

# Weekly epidemiological record

## Relevé épidémiologique hebdomadaire

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

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from Guyana and the Bolivarian Republic of Venezuela. Chloroquine remains effective and is used in combination with a single dose of primaquine as first-line therapy for uncomplicated malaria in the Dominican Republic and Haiti.

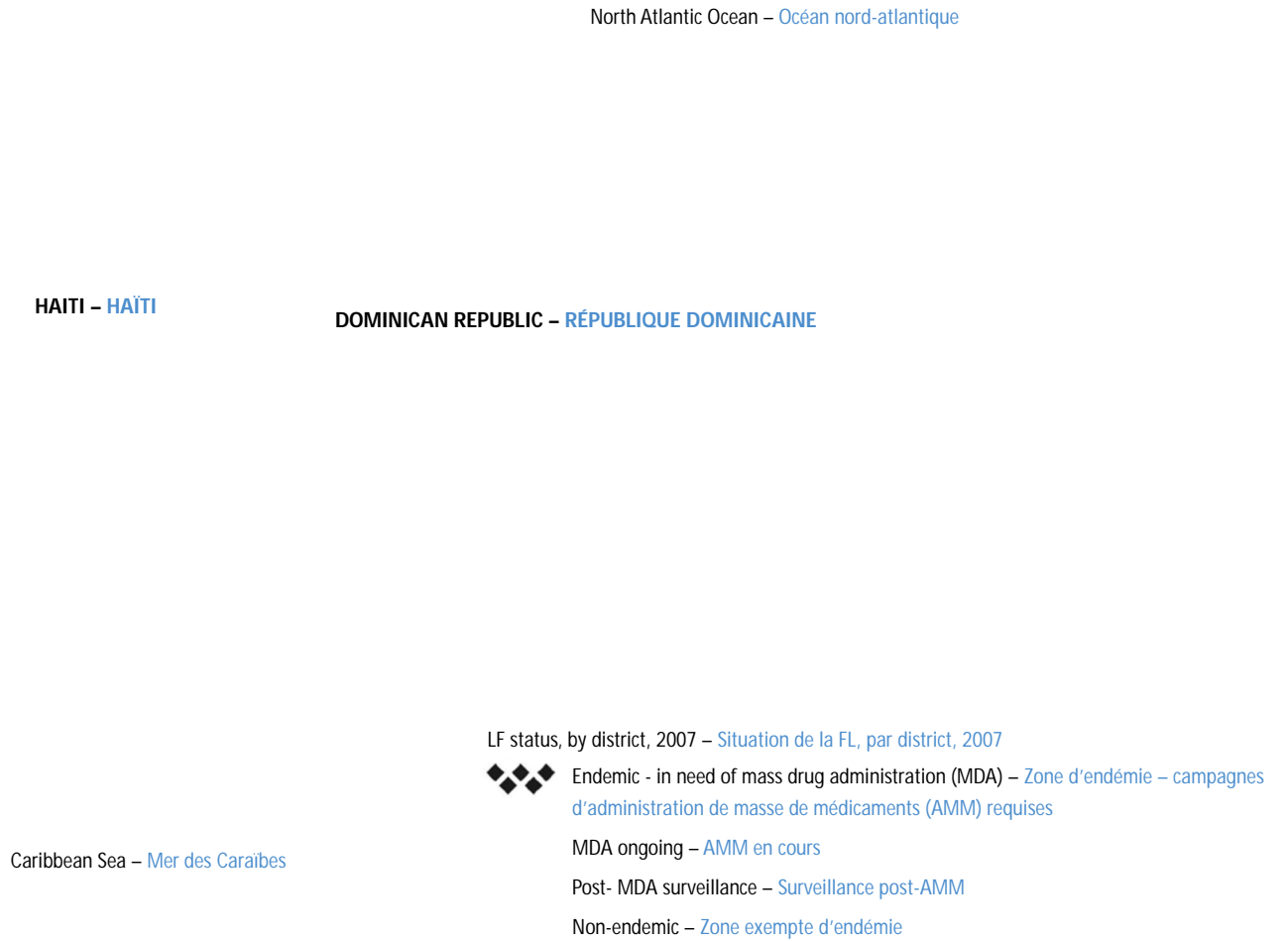
For LF caused by the flarial parasite *Wuchereria bancrofti*, mass drug administration (MDA) of albendazole and diethylcarbamazine remains highly effective in reducing *W. bancrofti* transmission, and a new tool, triple drug ivermectin–diethylcarbamazine–albendazole (IDA) treatment, is more effective in reducing microfilaria counts over a longer time and reduces the number of rounds necessary to achieve elimination.

The progress made in Hispaniola is indicated by the following 4 maps. The information was provided by the ministries of health, and the date indicates when it was collected.

*Map 1* illustrates the status of the island-wide LF programme at the end of 2007. In Haiti, the entire country was endemic for LF, and 24 of 140 communes had commenced LF MDA campaigns. In the Dominican Republic, LF was endemic in 3 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 required MDA.

*Map 2* illustrates the status of the island-wide LF programme at the end of 2020. In Haiti, 19 of 140 communes are receiving MDA, 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 South

Map 1  
Carte 1



Map 2  
Carte 1

HAITI – HAÏTI

DOMINICAN REPUBLIC – RÉPUBLIQUE DOMINICAINE


North Atlantic Ocean – Océan nord-atlantique


Caribbean Sea – Mer des Caraïbes

LF status, by district, 2020 – Situation de la FL, par district, 2020

Mass drug administration (MDA) ongoing – Administration de masse de médicaments (AMM) en cours

Post- MDA surveillance – Surveillance post-AMM

 Passed transmission assessment survey 3 – Résultats concluants au terme de l'enquête d'évaluation de la transmission TAS 3

 Non-endemic – Zone exempte d'endémie

Map 3 **Malaria incidence per 1000 people in Haiti and the Dominican Republic, 2012**  
Carte 3 **Incidence du paludisme pour 1000 habitants en Haïti et en République dominicaine, 2012**





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areas of the Nord and Nord-Est departments. In the Dominican Republic, malaria incidence remains endemic in 14 municipalities in 9 provinces plus the Distrito Nacional, each with a reported rate of < 1 case/1000 people. No cases were reported in 22 provinces in 2020.

A year after the 2010 earthquake, President and Mrs Carter visited Haiti to assist in post-earthquake recovery and to help launch the first MDA for LF in metropolitan Port-au-Prince. In the years that followed, The Carter Center sponsored regular meetings between the 2 countries and in 2014 increased its institutional support for malaria and LF elimination in both nations. In 2015 the 6-year Malaria Zero Project was launched with support from the Bill & Melinda Gates Foundation to accelerate malaria elimination. The Malaria Zero Consortium included the national malaria control programmes in Haiti, and, in the Dominican Republic, the CDC and the CDC Foundation, the Pan-American Health Organization, the Clinton Health Access Initiative, the Carter Center, Tulane University and the London School of Hygiene and Tropical Medicine. Although the Malaria Zero Project ended in March 2021, it achieved major results with the ministries of health in improving surveillance, conducting interventions, estimating the cost of elimination and synergizing its work with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Eliminating malaria and LF has been challenging. Since July 2018, in addition to the earthquake and climate-related catastrophes, Haiti has experienced social and political unrest, which has crippled the economy and travel. The COVID-19 pandemic has further disrupted economic activities, routine medical services and many public health programmes, including elimination work. The island also remains prone to catastrophic weather events, such as Hurricane Matthew in October 2016

Some of the challenges facing the malaria and LF eliminations, incl

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only 24 districts had launched MDA, while, by 2020, 121 (86%) of districts were under post treatment surveillance (PTS) and only 19 districts were still conducting MDA. Two districts in Haiti have now completed the full series of 3 TAS recommended by WHO for assessing the quality of PTS (*Map 2*).

Triple-drug therapy in LF MDA campaigns is a powerful new intervention, although the 3 drugs are anti-helminthic drugs that have been used for at least 5 decades. Each drug has microfilaricidal effects, but none kills adult worms. Before 2017, WHO recommended albendazole and diethyl-carbamazine in countries without onchocerciasis, albendazole and ivermectin in countries with onchocerciasis, or albendazole alone in areas with loiasis for use in MDA to eliminate LF. The combination of all 3 drugs in IDA appears to have a synergistic effect. In 2017, WHO recommended IDA in a new guideline for alternative regimens for MDA with the greatest potential benefit of reducing the time required to interrupt transmission. This recommendation was made on the basis of evidence about efficacy and safety.

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



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The achievements of the past decade were due to comprehensive programme strengthening that included: improving access to accurate diagnostics with rapid diagnostic tests; adapting the national policy to use of primaquine with chloroquine for a gametocytocidal effect; changing to case-based surveillance and better stratification of malaria incidence; extending malaria case detection and treatment through recruitment of additional community health workers; targeting distri-

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in 2020. Reduced incidence and even interruption of transmission have been observed in many rural areas that were endemic in the past due to binational trade at the border, agricultural activities and the construction industry. With the growing perception, especially since the end of 2014, that the disease is no longer a public health problem in border areas, surveillance has weakened, calling into question that validity of the public perception. Since 2015, transmission has been focused in urban and peri-urban areas, mainly in densely populated parts of Santo Domingo. The effects of recent decentralization of the national public health system are still being absorbed, leading to some inconsistencies in surveillance, investigation and response, and this is an important challenge to achieving the elimination of malaria.



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7. The ITFDE applauds the work of both countries to

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# Progress towards hepatitis B control – WHO European Region, 2016–2019

Nino Khetsuriani,<sup>a</sup> Liudmila Mosina,<sup>b</sup>





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Germany –



Poland – Pologne (1997)	Universal – Univer-selle	Universal – Univer-selle	B, 7-8 weeks, 7 months – N, 7-8 semaines, 7 mois	95	93	91	91	Yes – Oui	93	93	93	93	Yes – Oui	—	—
Portugal (1994)	Universal – Univer-selle	Universal – Univer-selle	B, 2, 6 months – N, 2, 6 mois	98	98	98	98	Yes – Oui	97	97	97	97	Yes – Oui	—	—
Republic of Moldova – République de Moldova (1995)	Universal – Univer-selle	Universal – Univer-selle	B, 2, 4, 6 months – N, 2, 4, 6 mois	90	89	94	94	No – Non	99	96	96	93	Yes – Oui	—	—
Romania – Roumanie (1995)	Universal – Univer-selle	Universal – Univer-selle	B, 2, 4, 11 months – N, 2, 4, 11 mois	90	92	93	90	Yes – Oui	93	36	68	99	No – Non	—	—
Russian Federation – Fédération de Russie (2000)	Universal – Univer-selle	Universal – Univer-selle	B, 1, 6 months – N, 1, 6 mois	97	97	97	97	Yes – Oui	NR – NC	NR – NC	NR – NC	NR – NC	NR – NC	—	—
San Marino – Saint-Marin (1995)	Universal – Univer-selle	Selective – Sélective	3, 5, 11 months – 3, 5, 11 mois	86	82	78	87								

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### **Antenatal screening and post-exposure prophylaxis**

The aim of the 30 countries that implement a selective HepB-BD policy is to prevent MTCT of HBV infection through antenatal HBV screening combined with post-exposure prophylaxis of infants born to HBsAg-positive mothers. Information on implementation of these interventions is not routinely reported to WHO. According to the responses to a survey conducted by WHO/Europe in 2018<sup>16</sup> and published reports, 29 (97%) of the 30 countries<sup>17</sup> conducted nationwide antenatal screening for HBsAg (*Table 1*). Coverage data were available for 20

### **Dépistage prénatal et prophylaxie postexposition**

Les 30 pays qui appliquent une politique d'administration sélective de la dose à la naissance de HepB ont pour objectif de prévenir la transmission mère-enfant de l'infection à VHB en s'appuyant sur un dépistage prénatal du VHB, doublé d'une prophylaxie postexposition des nourrissons nés de mères positives pour l'AgHBs. Les informations relatives à la mise en œuvre de ces interventions ne sont pas systématiquement communiquées à l'OMS. D'après les réponses recueillies lors d'une enquête menée en 2018 par le Bureau régional de l'OMS pour l'Europe<sup>16</sup> et les rapports publiés, 29 (97%) de ces 30 pays<sup>17</sup> assuraient un

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(69%) of these countries; 17 (85%) reported >90% coverage.<sup>18</sup> Among infants born to HBV-infected mothers in these countries, data on immunization coverage were available for HepB-BD in only 9 (31%) countries<sup>19</sup> and for HepB3 in 5 (17%);<sup>20</sup> HepB-BD coverage exceeded 90% in all 9 countries, and HepB3 coverage exceeded 90% in 4 of 5 countries.

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Table 2

**women during antenatal screening in selected countries – WHO European Region, 2003–2019**

[Tableau 2](#)







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## WHO web sites on infectious diseases – Sites internet de l’OMS sur les maladies infectieuses

	<a href="https://www.who.int/influenza/human_animal_interface">https://www.who.int/influenza/human_animal_interface</a>	<a href="#">Grippe aviaire</a>
Buruli ulcer	<a href="http://www.who.int/buruli">http://www.who.int/buruli</a>	<a href="#">Ulcère de Buruli</a>
Child and adolescent health and development	<a href="http://www.who.int/child_adolescent_health">http://www.who.int/child_adolescent_health</a>	<a href="#">Santé et développement des enfants et des adolescents</a>
Cholera	<a href="http://www.who.int/cholera">http://www.who.int/cholera</a>	<a href="#">Choléra</a>
COVID-19	<a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019">https://www.who.int/emergencies/diseases/novel-coronavirus-2019</a>	<a href="#">Maladie à coronavirus 2019 (COVID-19)</a>
Dengue	<a href="http://www.who.int/denguecontrol">http://www.who.int/denguecontrol</a>	<a href="#">Dengue</a>
Ebola virus disease	<a href="https://www.who.int/health-topics/ebola/#tab=tab_1">https://www.who.int/health-topics/ebola/#tab=tab_1</a>	<a href="#">Maladie à virus Ebola</a>