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**APPMG**

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# Solving neglected tropical disease challenges at the NHM



## Reference collections | Parasites & Vectors

- Globally accessed, freely available, collecting for tomorrow
- Specimens, frozen tissues, DNA, genomic

## Active research

- Soil-transmitted helminths
- Insect vectors
- Schistosomiasis

## International Collaboration

- WHO Collaborating Centre for Schistosomiasis



deworm<sup>3</sup>

BILL & MELINDA  
GATES *foundation*



# STH - the problem

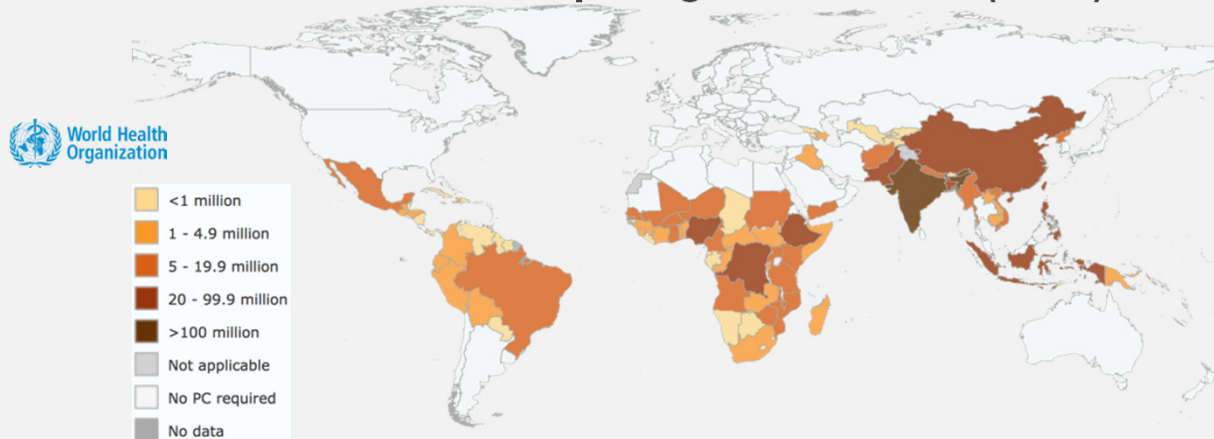
**Soil-transmitted helminths (or intestinal worms)** cause infections, that can be transmitted through **human faeces in soil**

Infections of moderate to heavy intensity cause various health problems, including **abdominal pain, blood and protein loss, and growth retardation**



Photo: ©Marcus Perkins for GSK

## Number of children requiring MDA for STH (2016)



**835m people at risk**  
**513m people infected**

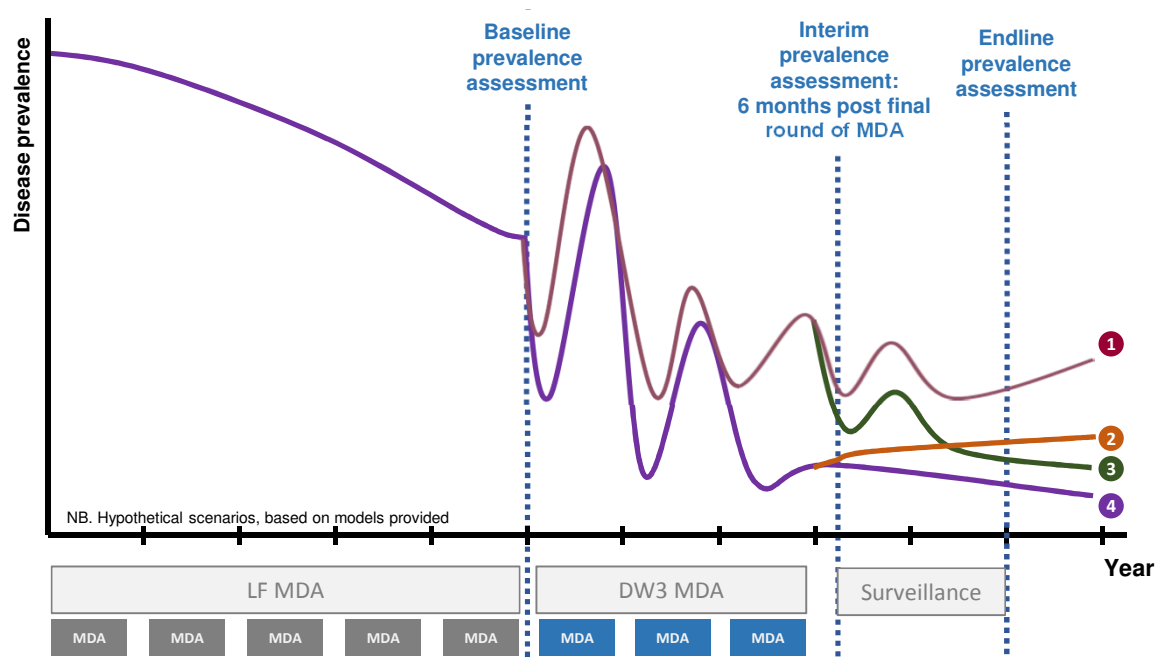
# Current status

Routine deworming, with low-cost drugs, generously donated by the pharmaceutical industry

Whilst STHs persist treatment must continue indefinitely to prevent reinfection

This requires continual investment including foreign aid and pharma support

What if soil-transmitted helminths could be eliminated?



## Scenario 1

Prevalence never falls below the  $\leq 2\%$  prevalence threshold

## Scenario 2: BOUNCEBACK

Prevalence falls below  $\leq 2\%$  six months post-MDA, but then increases above 2% over two years of surveillance

## Scenario 3: TRANSMISSION INTERRUPTION

Prevalence does not fall below  $\leq 2\%$  six months post-MDA, but falls below 2% over two years of surveillance

## Scenario 4: TRANSMISSION INTERRUPTION

Prevalence falls below  $\leq 2\%$  six months post-MDA, and maintains or continues to decrease over two years of surveillance

# The challenge

*can interruption of STH transmission be achieved with MDA ?*

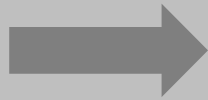
## Project Objectives

## Description

- |          |   |   |
|----------|---|---|
| <b>1</b> | <b>Define the goal</b>                                | <b>Develop epidemiologic and operational definitions of STH transmission interruption</b>   |
| <b>2</b> | <b>Evaluate intervention impact</b>                   | <b>Demonstrate the feasibility of interrupting STH transmission through MDA-based approaches in settings where LF programs have progressed to post-MDA surveillance</b> |
| <b>3</b> | <b>Develop a strategy for implementation at scale</b> | <b>Recommend a feasible and effective approach for scaling STH transmission interruption programs</b>   |

# What does DeWorm3 hope to achieve?

Objectives

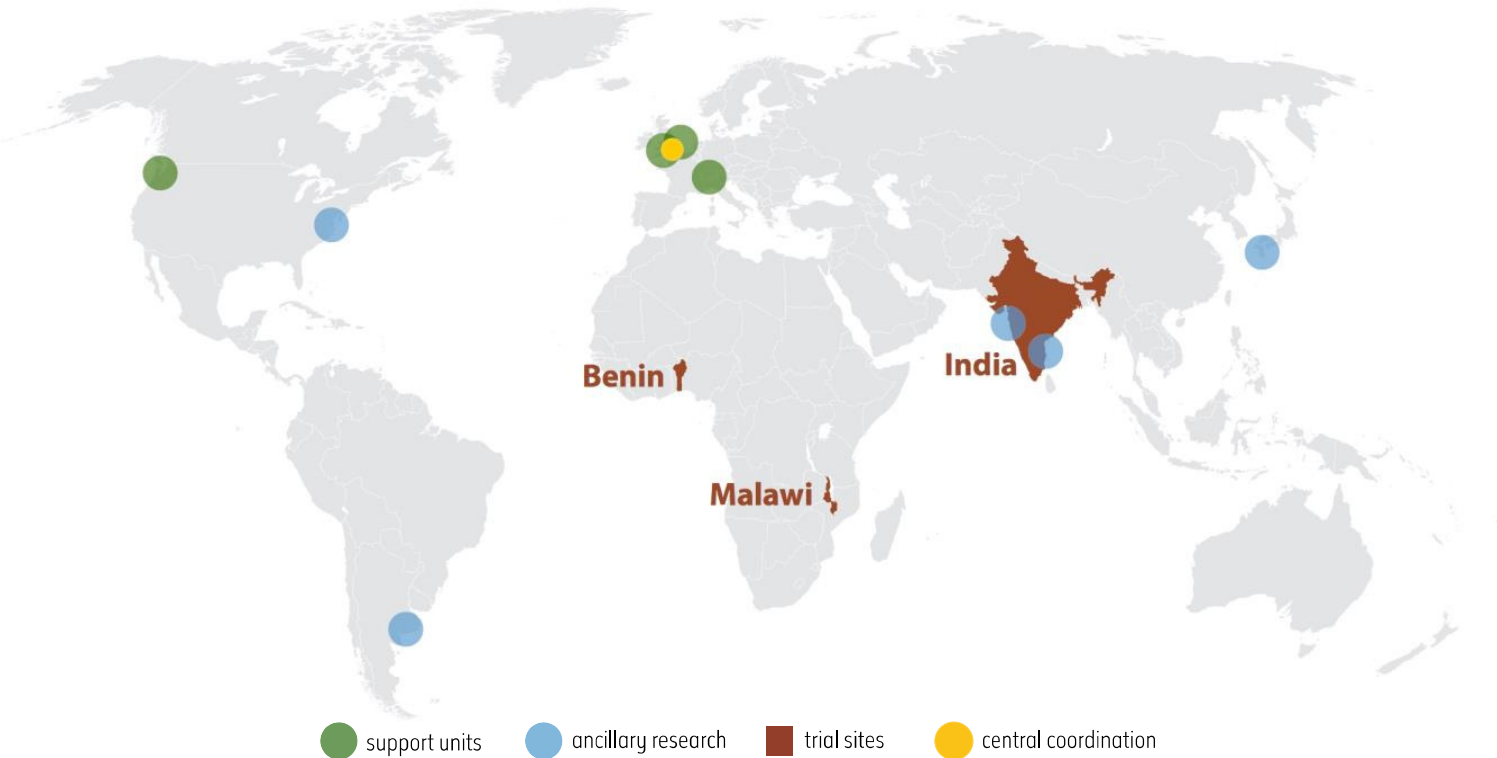


Evidence generation



Informing policies

2018 >



**Interruption of STH transmission is feasible at all DeWorm3 trial sites**

**Policy recommendation:**

Community-wide MDA should be included in the global guidelines to interrupt STH transmission

**Interruption of STH transmission is feasible at some sites only**

**Policy recommendation:**

MDA should be adjusted according to given characteristics

**Interruption of STH transmission is not feasible**

**Policy recommendation:**

Continue MDA targeting pre-SAC and SAC

deworm<sup>3</sup>

# How will DeWorm3 define policy?

## Interruption feasible at ALL sites

**Policy recommendation:** Community-wide MDA included in global guidelines to interrupt STH transmission

DeWorm3 will produce evidence for resulting MDA regime to be carried out in larger populations

Strategic partnerships with pharmaceutical industry and foreign governments to

**PUSH FOR ELIMINATION**

## Interruption at SOME sites only

**Policy recommendation:** MDA adjusted according to given characteristics

DeWorm3 will produce evidence for how MDA should be carried out under certain specifications

Strategic partnerships with pharmaceutical industry and foreign governments to

**PRIORITISE AREAS FOR ELIMINATION**

## Interruption NOT feasible

**Policy recommendation:** Continue MDA targeting pre-SAC and SAC

DeWorm3 will produce evidence to continue morbidity control

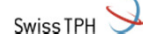
Strategic partnerships with pharmaceutical industry and foreign governments to

**DISCUSS FUTURE SUSTAINABILITY**

# deWorm<sup>3</sup>

## DeWorm3 evidence is positioned to support changes to helminth policy

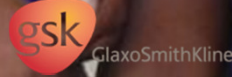
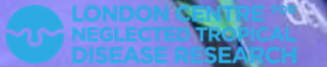
- (i) Providing the evidence base for successful disease intervention
- (ii) Collaboration involving expert partners led and coordinated by a neutral body linked to NTD research
- (iii) Open data, methodologies and models provide best value and a path to policy provides returns on investment





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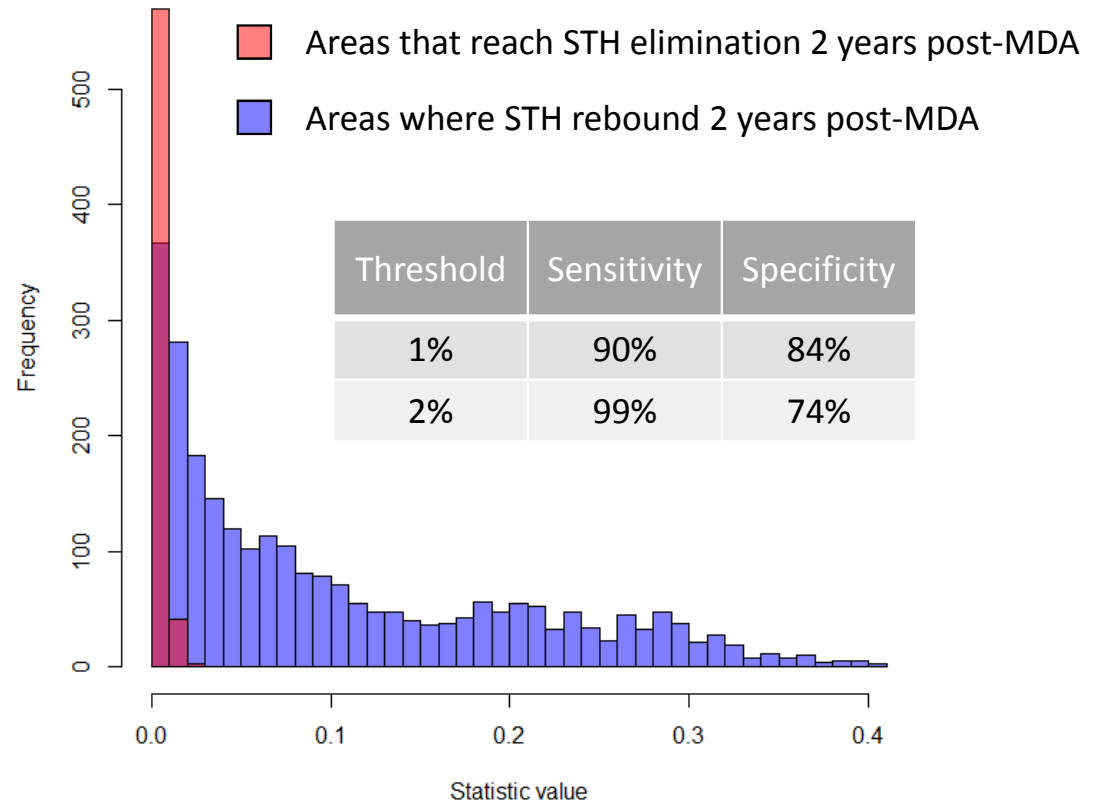
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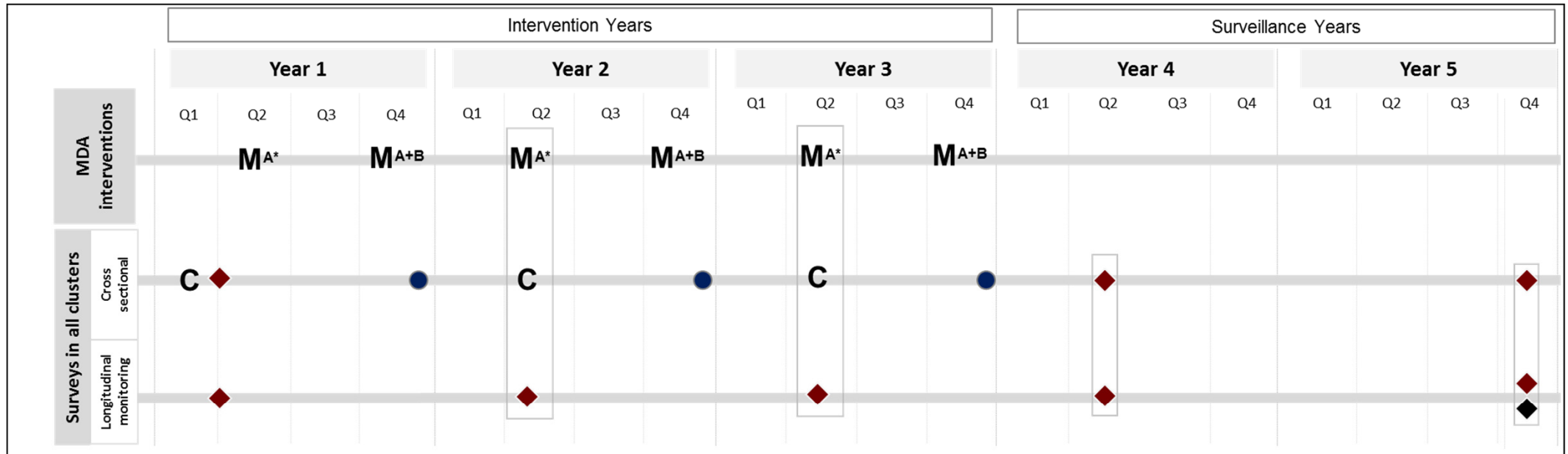
\*Principal Investigator

# Defining STH elimination

STH transmission models suggest reaching a **2% prevalence of STH (for any species) 24 months after stopping MDA reliably predicts** transmission interruption.



# DeWorm3 study timeline



- ◆ Stool collection
- ◆ Dry blood spot collection
- C Census
- M<sup>A\*</sup>** MDA in intervention arms (Arm A) only, unless local standard of care indicates biannual treatment of children
- M<sup>A+B</sup>** MDA in both intervention arms (Arm A) and control arms (Arm B)
- 48 hour post-MDA coverage validation survey in random sample of households