Abstract #492

Preliminary Results and Lessons Learned: Integrating Morbidity Management and Disability Prevention Patient Estimation into Routine Lymphatic Filariasis Programming in Haiti

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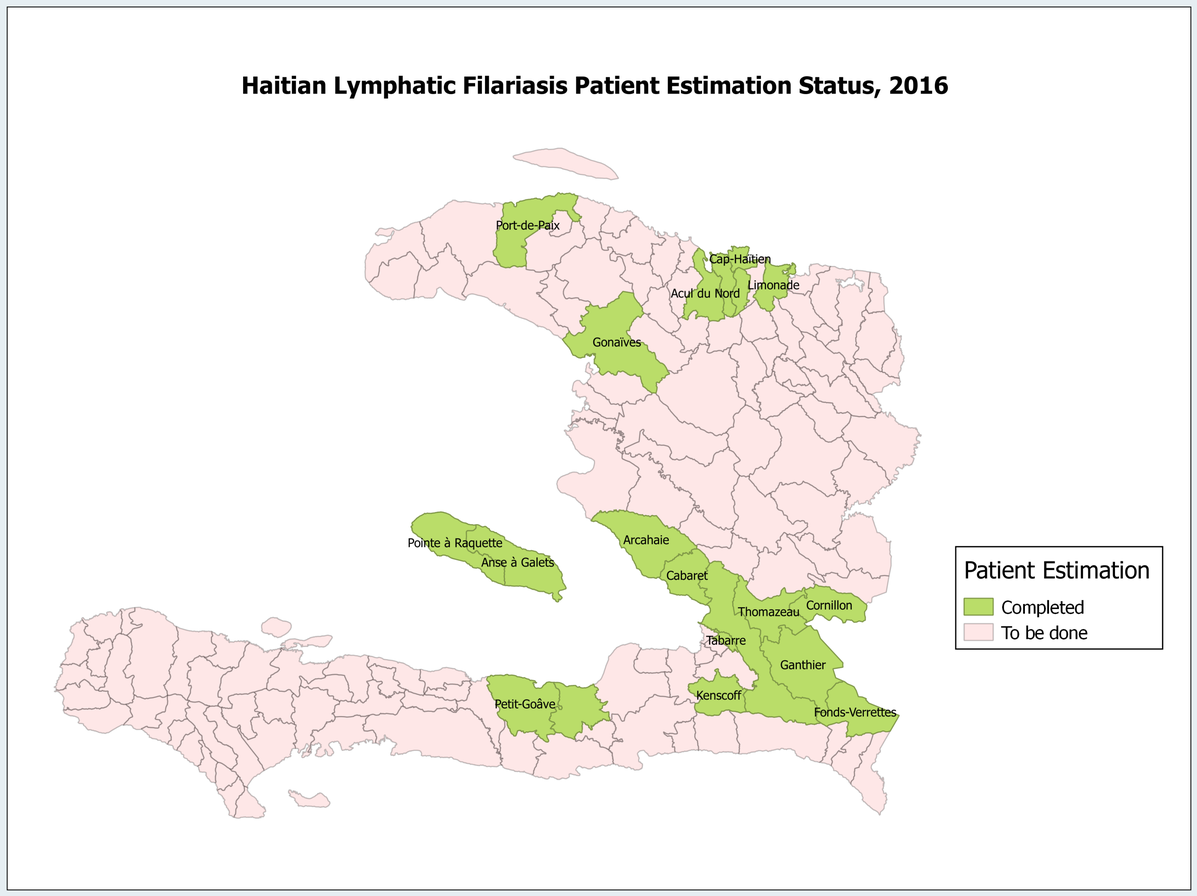
Introduction

Countries requesting validation of elimination of lymphatic filariasis (LF) as a public health problem from the World Health Organization (WHO) must submit a comprehensive dossier, including morbidity management and disability prevention (MMDP). One dossier component is estimates of the number of patients affected by hydrocele and lymphedema, two clinical manifestations of LF, by implementation unit (IU). Haiti is endemic for LF, and while the National Program to Eliminate LF (NPELF) has successfully scaled up mass drug administration (MDA), MMDP has lagged due to resource constraints and lack of concrete indicators.

Methods

To meet WHO dossier requirements, the NPEFL and partners began conducting LF patient estimations with the objective of estimating the number of hydrocele and lymphedema patients by IU. To maximize use of financial resources, questions were incorporated into ongoing LF activities. Two questions (one on hydrocele, one on lymphedema) were integrated into post-MDA coverage questionnaires in two IUs, and MDA reporting registers were revised to include two new indicators on lymphedema and hydrocele. Coverage survey interviewers and MDA volunteers were trained on signs and symptoms of lymphedema and hydrocele, how to ask adult community members about these conditions, and how to refer patients for care. Job aids were printed to assist volunteers and members to self-identify during MDA. No clinical verification of symptoms was carried out due to lack of human and financial resources and privacy concerns.



Results

In total, MMDP patient estimation questions were integrated into population based coverage surveys and MDA for a total of 20 out of Haiti's 140 IUs. The total population surveyed was 1,610,805. A total of 570 lymphedema cases and 701 hydrocele cases were reported.

Discussion

From September 2015-September 2016, the NPELF carried out patient estimation in 14% of endemic IUs at minimal additional cost to the program, and plans to continue MMDP integration into future MDA and other activities to inform implementation of MMDP programming. In areas that have already passed transmission assessment surveys and where no new coverage surveys or MDA are planned, patient estimation will be integrated into other household surveys (e.g. malaria) and generated by reviewing existing data from health facilities. As more patients are identified, there will be a need to integrate MMDP services into health facilities across the country. This novel, cost-effective approach to MMDP patient estimation can be replicated in other LF endemic countries.

Table 1: Number of Lymphedema and Hydrocele Cases Identified During MDA, 2016

Department	Number of implementation units	Total treated	Total women with lymphedema	Total men with lymphedema	Total men with hydrocele
Artibonite	2	261,470	2	3	23
North	5	431,632	120	119	154
Northwest	1	213,171	26	59	137
West	10	702503	109	112	379
Total	18	1,608,776	257	293	693

Table 2: Number of Lymphedema and Hydrocele Cases Identified During Post-MDA Coverage Survey, West Department, 2015

Implementation unit	Sample size	Total women with lymphedema	Total men with lymphedema	Total men with hydrocele
Croix-des-Bouquets	1,104	9	3	3
Thomazeau	925	10	10	5

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