DISEASE-SPECIFIC ASSESSMENTS for LYMPHATIC FILARIASIS (LF)
Goal: elimination of LF as a public health problem

Do I need MDA for LF in an IU?

Before MDA

- Mf or Ag < 1%: NO
- Mf or Ag ≥ 1%: YES

MAPPING

Am I ready to stop MDA in an IU?

PRE-TAS: After passing Pre-TAS

- Mf prevalence ≥1% or Ag prevalence ≥2%
  - at least 2 more rounds of MDA then Pre-TAS

TAS1: After passing Pre-TAS

- Number of positives above cut-off: EU fails
  - at least 2 more rounds of MDA then Pre-reTAS

STOPPING MDA

PRE-TAS and TAS1

- Conduct TAS1
- Number of positives at or below cut-off: EU passes
  - Stop MDA
  - Enter surveillance phase

SURVEILLANCE

TAS2 and TAS3

TAS2: 2-3 years after passing TAS1

- Number of positives above cut-off: EU fails
  - Consult with WHO to determine next steps

TAS3: 2-3 years after passing TAS2

- Number of positives above cut-off: EU fails
  - Consult with WHO to determine next steps

Should I continue in the surveillance stage?

- Number of positives at or below cut-off: EU passes
  - Move to TAS3

How do I claim elimination of LF as a public health problem and receive acknowledgement from WHO?

- Complete the WHO LF template dossier and submit to WHO for validation

METHODOLOGIES FOR EACH ASSESSMENT CAN BE FOUND ON THE BACK OF THIS JOB AID.
Sampling methodology: After defining the IU for MDA in the country, implement mapping by a) reviewing existing information and then b) conducting mapping surveys. Consult WHO if there is a need for remapping.

Diagnostics: Diagnostics are based on detecting the parasite. Use one of the following:

- **Night Blood Smears** (to detect Mf in Brugia spp.-endemic and/or *W. bancrofti*-endemic areas)
- **ICT Cards**
- **Filaria Test Strips** (to detect Ag in *W. bancrofti*-endemic areas)

If there is need for remapping, consult WHO.

**PRE-TAS**

Sampling methodology:
- Community-based, at least one sentinel and one spot check site per 1,000,000 population or per IU
- The same sentinel site assessed during mapping or baseline sentinel site data collection should act as the sentinel site during pre-TAS
- The pre-TAS spot-check site should be chosen as a high risk (e.g., low MDA coverage) site
- The sites should have stable populations that are not affected by migration, and have the same demographic characteristics as the IU
- Each site should have at least 500 individuals, such that at least 300 individuals of all ages >5 years old can be tested.
- If implementing a Pre-reTAS, two spot check sites should be chosen and in *W. bancrofti*-endemic areas FTS should be used.

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- **ICT Cards**
- **Filaria Test Strips** (to detect Ag in *W. bancrofti*-endemic areas)

**TAS1**

Sampling methodology:
- TAS is implemented in evaluation units (EUs) which are equal to IUs, part of an IU, or a collection of IUs.
- If the primary school enrollment rate is >75%, surveys should be school-based; if not, surveys should be household-based.
- Test 6- and 7-yr-old children.
- Sample size and sampling guidelines can be calculated using the Survey Sample Builder, a tool that also generates the critical cut-off values. Cut-off values depend on the parasite and vector combination.

Diagnostics: Diagnostics are based on detecting the parasite. Use one of the following:

- **Brugia Rapid Tests** (to detect filarial antibodies in Brugia spp-endemic areas)
- **ICT Cards**
- **Filaria Test Strips** (to detect Ag in *W. bancrofti*-endemic areas)

FTS are available at no charge to programmes for use during TAS upon request. Efforts can be made to incorporate other disease assessments into TAS, such as for STH, in order to make informed – and coordinated – decisions around stopping MDA and continuing PC for other diseases.

**TAS2 and TAS3**

Same methodology and diagnostics as TAS1 above.

Key resources


WHO Training in monitoring and epidemiological assessment of mass drug administration for eliminating lymphatic filariasis.