

**Summary of the Seventeenth Meeting of the
International Task Force for Disease Eradication (II)
October 12, 2010**

The Seventeenth Meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 8:30 am to 3:30 pm on October 12, 2010 to discuss elimination of blinding trachoma. The Task

risk factors most common

international meetings (P. Emerson, personal communication). Several other countries (Botswana, Djibouti, Laos, Rwanda, Sierra Leone, and the Pacific Island nations of Fiji, Kiribati, Nauru, and Vanuatu) may also be formerly endemic or still have only insignificant levels of disease. Seventeen countries ha

Comparison of impact data from implementing countries so far confirms the principle that hyper-endemic countries (e.g., Ethiopia) will require interventions for longer periods than hypo-endemic countries (e.g., Ghana), and therefore it is urgent that the global program identify and help begin implementing the full SAFE strategy in all of the hyper-endemic countries as soon as possible in order to eliminate blinding trachoma by 2020.

Among key research needs are efforts to help define when programs can safely stop mass drug administration without risking resurgence of transmission of infection, and how best to identify trachoma infection. Regarding the latter, the Task Force discussed needs for better training, as well as the potential utility of photography combined with the smart phone app “Google goggles” to improve diagnostic accuracy, pooled Polymerase Chain Reaction (PCR) tests to reduce costs, RNA-based PCR which would be more sensitive but also more expensive, and Point of Care rapid diagnostic tests which would yield immediate infection data without requiring elaborate laboratory procedures. It was suggested that an animal model would help to understand better the dynamics of trachoma infection and transmission.

Malaria and lymphatic filariasis elimination on Hispaniola

There has been significant

approved malaria funding for the Dominican Republic and for Haiti in 2009, Haiti's funds have not yet been released while administrative issues are being resolved, and the Dominican Republic does not have sufficient funding for its lymphatic filariasis activities. Donors are still approaching the two countries for these two diseases not as the epidemiological unit that they are, but by political boundary.

Conclusions and Recommendations

1. There has been significant progress towards elimination of blinding trachoma since the global program began after the World Health Assembly resolution (WHA51.11) in 1998. The estimated population at risk has been reduced from 540 million in 1997 to about 120 million, the number of people with active disease from 84 million to about 41 million, and an estimated 8-19 of the 57 countries which the World Health Organization (WHO) listed as endemic when the global program began appear to be endemic no longer.
2. Based on the progress achieved to date the ITFDE believes that blinding trachoma can be eliminated by 2020, as defined by the threshold levels set by WHO, meaning prevalence of trachomatous inflammation (follicular--TF) below 5% in 1-9 year olds *and* prevalence of trachomatous trichiasis (TT) below 0.1% in the total population.
3. In order to eliminate blinding trachoma by 2020, the pace and scale of interventions must be accelerated significantly over the next decade, especially over the next five years. Most urgent is the need for greater clarity on the remaining endemic countries and on the subset of those countries that are the most highly endemic, and to begin implementing the full SAFE strategy at scale in the latter countries by 2015. Ascertaining the status of active trachoma and trichiasis in China, India and Nigeria should be a high priority.
4. The ITFDE notes that surveillance and interventions for trachoma, both antibiotic treatment for active cases and trichiasis surgery service, will need to continue for several years, although at a lower level, after the threshold levels defined by WHO are achieved.
5. The ITFDE urges the World Health Organization to issue the report of its most recent Global Scientific Meeting on Trachoma Elimination, held in July 2010, including clarification of recommendations on certification of elimination of blinding trachoma, as soon as possible.
6. The World Health Organization and the International Trachoma Initiative (ITI) should work with endemic countries and other partners to publish an annual summary of the status of the Global Program to Eliminate Blinding Trachoma, including available data on prevalence of TF and TI and coverage with interventions of the SAFE strategy, in each of the endemic countries remaining, in WHO's *Weekly Epidemiological Record*, beginning in 2011 for the year 2010.
7. WHO, the ITI, endemic countries and other partners should establish a timeline and interim benchmarks as quickly as possible to serve as a road map for monitoring activities between now and 2020.
8. Although additional assessments, surveys and/or mapping are needed urgently in order to refine knowledge of the status of trachoma and to forecast the amount of Zithromax that will

