

or already enrolled in, a *Plasmodium falciparum* whole-sporozoite malaria vaccine trial on Bioko Island, Equatorial Guinea. All were adult males, ranging in age from 21-61 (mean=32) years. All were asymptomatic and had normal physical exams. Microfilariae were detected in one of the affected individuals on their first screening blood smear, but were not seen in the other four until their second (2), fourth (1) or fifth (1) smears, 2-12 weeks after the initial negative smear. Blood smears were generally done around mid-day (the period of highest sensitivity for microfilaria detection). Eosinophilia was common, ranging from 0.81 to 1.93 X 10³/mm³ (14.1-31.4%). Creatinine levels were all normal. The five men were referred to the national onchocerciasis control program, where the diagnosis of loiasis was confirmed by repeat blood smear and a 21-day course of diethylcarbamazine (DEC) prescribed per program guidelines. At the time of writing, one subject had completed a course of DEC and required a second course due to persistent microfilaremia. The other four subjects were either in treatment or had yet to begin it. The plan was to follow all subjects until microfilariae cleared. Three of the men had already received a malaria vaccine dose; they were deemed ineligible for additional doses of vaccine. The other two subjects were also excluded from the trial. Complete details will be presented, as well as a discussion of the rationale for treating incidental, asymptomatic loiasis discovered during an unrelated clinical trial.

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REPORT OF THE FIRST INTERNATIONAL WORKSHOP ON ONCHOCERCIASIS-ASSOCIATED EPILEPSY: A CHALLENGE TO THE SCIENTIFIC AND MEDICAL COMMUNITIES AND A RESEARCH AGENDA GOING FORWARDS

Robert Colebunders¹, Michel Mandro², Alfred K. Njamnshi³, Michel Boussinesq⁴, Joseph Kamgno⁵, Sarah O'Neill⁶, Adrian D. Hopkins⁷, Patrick Suykerbuyk¹, Maria-Gloria Basañez⁸, Richard Idro⁹

¹Global Health Institute, University of Antwerp, Antwerp, Belgium,

²Ministry of Health, Bunia, Democratic Republic of the Congo,

³Department of Neurology, University of Yaoundé I, Yaoundé, Cameroon,

⁴Institut de Recherche pour le Développement, Montpellier, France,

⁵Centre for Research on Filariasis and other Tropical Diseases, Yaoundé, Cameroon,

⁶Institute of Tropical Diseases, Antwerp, Belgium, ⁷Neglected and Disabling Diseases of Poverty Consultant, Gravesend, Kent, United Kingdom,

⁸Imperial College London and London Centre for Neglected Tropical Disease Research (LCNTDR), London, United Kingdom, ⁹Makerere University, Kampala, Uganda

From 12 to 14 October 2017, the first International Workshop on Onchocerciasis-Associated Epilepsy (OAE) will have been held in Antwerp, Belgium. This workshop follows the first conference on nodding syndrome (NS), organized in 2012 by the World Health Organization and the Ugandan Ministry of Health in Kampala, and the NS conference organized by Gulu University, Uganda in 2016. Since then, substantial progress has been made in understanding NS. Recent studies suggest that NS is only one of various clinical presentations of OAE and that *Onchocerca volvulus* (the parasite causing onchocerciasis) is potentially the aetiological trigger of this type of epilepsy. Although the exact pathophysiological mechanism(s) of OAE remain unknown, there is increasing epidemiological evidence indicating that by eliminating onchocerciasis, the incidence of this form of epilepsy will likely decrease. To this end, it is crucial that onchocerciasis control programmes be strengthened, especially as those already affected will continue suffering even after onchocerciasis elimination has been achieved. Consequently, more advocacy is needed to obtain funding to organize the treatment, care and support for persons with OAE. By joining forces and expertise through partnerships between communities, advocacy groups, health care workers, ministries of health, NGOs, pharmaceutical industry and funding bodies, we hope to prevent children from developing OAE and improve the affected patients' quality of life. It is urgent that the global scientific community joins this partnership to eliminate this major cause of epilepsy in resource-poor countries, specifically in Africa. A summary of recommendations of the

Antwerp workshop will be presented including a research agenda aimed to: (i) identify the pathophysiological mechanism(s) of OAE; (ii) prevent incidence of and improve surveillance for OAE; (iii) determine the disease burden caused by OAE; (iv) improve access to treatment/care for persons with OAE and their families and (v) fund an OAE policy plan (including prevention of stigma, discrimination and gender violence associated with OAE).

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ASSESSING THE AVAILABILITY, READINESS AND QUALITY OF MORBIDITY MANAGEMENT AND DISABILITY PREVENTION SERVICES FOR CLINICAL LYMPHATIC FILARIASIS IN BANGLADESH

Salim Choudhury¹, Hayley E. Mableson², AKM Fazlur Rahman¹, Sharmin Jahan¹, Mohammed J. Karim³, ASM Sultan Mahmood³, Hannah Betts², Mark Taylor², Louise A. Kelly-Hope²

¹Centre for Injury Prevention, Health Development and Research, Bangladesh, Dhaka, Bangladesh, ²Centre for Neglected Tropical Diseases, Department of Parasitology, Liverpool School of Tropical Medicine, Liverpool, United Kingdom, ³Filariasis Elimination and STH Control Program, Ministry of Health and Family Welfare, Communicable Disease Control, Directorate General of Health Services, Dhaka, Bangladesh

The Bangladesh Filarial Elimination Programme (FEP) has made great strides forward in the elimination of lymphatic filariasis (LF) infection, with the absence of transmission confirmed in all endemic districts where initially 70 million people were at risk. The FEP is now focussed on morbidity management and disability prevention (MMDP), and recent patient searching activities in endemic areas confirmed over 43,000 clinical cases of lymphoedema and hydrocele. To fulfil requirements of the Global Programme to Eliminate LF (GPELF), the Bangladesh FEP must provide evidence of the availability of the minimum package of care, and readiness and quality of services for MMDP in all areas of known patients. This work specifically aimed to address these requirements by conducting a series of patient and health system surveys including i) access to care of lymphoedema patients assessed through patient surveys ii) readiness and quality of lymphoedema care assessed through health facility inspections at community clinics iii) quality of MMDP training assessed through community health workers pre- and post-training surveys and iv) quality of hydrocele surgery assessed through patient pre-and post-surgery quality of life surveys. The work related to the access to- and readiness and quality of- lymphoedema care, and community health worker training (n=3468 trained) is being conducted in seven districts and the full results will be presented. The patient pre-and post- surgery survey was conducted in Panchagar District where a total of 143 men received surgery, and a subset of 39 men were assessed pre-and 3 months' post-surgery to determine change in quality of life across different aspects of their life. Results showed 85% of men experienced improvement in levels of pain, 92% in mobility and 100% in psychological aspects of life post-surgery. This work will provide evidence of the access, quality and readiness of services for patients with clinical LF in the most endemic districts in Bangladesh, and will support the FEP in the documentation of elimination of LF as a public health problem in Bangladesh.