PacELF HQ
Mataika House, Tamavua, Suva, Fiji
Tel/ 679 332 3346
Fax/ 679 332 3341
Email: pacelf1@connect.com.fj

facsimile transmittal

To:	**Dr Sergio Yactayo** Lymphatic Filariasis Elimination (CEE/FIL) Communicable Diseases Eradication and Elimination World Health Organization	Fax:	**4122 791 4777**
From:	**Dr Kazuyo Ichimori** PacELF Team Leader	Date:	24 February 2005
Re:	**LF Annual Report 2004 in PacELF**	Pages:	13 pages including this sheet

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Dr Sergio YACTAYO,

We are now faxing annual reports 2004 of Tuvalu out of 10 MDA countries in PacELF on 24 Feb 2005.

We will send the remaining 2 countries when we receive their annual reports as soon as possible before the deadline, 28 February 2005.

Please send back your acknowledgement of receiving LF annual reports of the following 7 countries in PacELF.

3 countries sent on 21 Feb 2005
French Polynesia (7 pages), Kiribati (11 pages), Vanuatu (12 pages)

2 countries sent on 22 Feb 2005
Tonga (12 pages), Wallis & Futuna (12 pages)

2 countries sent on 23 Feb 2005
American Samoa (11 pages), Cook Islands (10 pages)

Thank you for your attention.
Best regards,

****

Yoshio Furuya
for Dr Kazuyo Ichimori
PacELF Home Office
Tel:(679)3323346 / Fax:(679)3323341
pacelf1@connect.com.fj

Lasted revision December 2004

ANNUAL REPORT

for the

NATIONAL PROGRAMME TO ELIMINATE LYMPHATIC FILARIASIS

TUVALU

COUNTRY

Reporting Year (by calendar year):	01 / 01 /04 **to** 31 / 12 / 04 dd mm yy dd mm yy (e.g. 31.01.03 to 31.12.03)
Is this the FIRST annual report being submitted to WHO?	☐ yes no **X**
If NO, give the date of the last report	01 / 01 / 03 **to** 31/ 12 / 03 dd mm yy dd mm yy
Date of submission of this annual report	23 / 02 / 05 dd mm yy

This Annual Report must be completed and sent to the RPRGs through the WHO country office by 28 February of the following year

Submitted by
The National Programme to Eliminate Lymphatic Filariasis
Ministry of Health
(modify as necessary)

TUV-2/12

Annual Report

for the National Programme to Eliminate Lymphatic Filariasis (PELF)

Please, submit 1 copy of this form to the Regional Programme Review Groups (RPRGs) through the WHO Representative (WR) at the appropriate address provided below by February of the following year (e.g. Annual report for the period 01.01.02 to 31.12.02 to be submitted on 12 February 2003).

Americas	Africa	Eastern Mediterranean	Indian Subcontinent	Mekong Plus	Pac-CA RE
The World Health Organization Regional Office for the Americas / Pan American Health Organization (AMRO/PAHO) 525, 23rd Street, N.W. Washington, [illegible] 20037 USA Tel: +1 202 974 3894 Fax: +1 202 974 3688 Email: ehrenbej@paho.org	**The World Health Organization Regional Office for Africa (AFRO)** Medical School, C Ward, Parirenyatwa Hospital P.O. Box BE 773 Belvedere, Harare Zimbabwe Tel: +1 321 733 9244 Fax: +1 321 733 9005/6 Email: roungouj@whoafr.org	**The World Health Organization Regional Office for the Eastern Mediterranean (EMRO)** WHO Post Office Abdul Razzak Al Sanhouri Street, (opposite Children's Library) Nasr City Cairo 11371 Egypt Tel: +202 670 2535 Fax: +202 670 2492/4 ***Email:*** **postmaster@emro.who.int**	**The World Health Organization Regional Office for South-East Asia (SEARO)** World Health House Indraprastha Estate Mahatma Gandhi Road New Delhi 110002 India Tel: +91 11 233 70804 Ext 26117 Fax: +91 11 233 78412 Email: lobod@whosea.org	**The World Health Organization Regional Office for the Western Pacific (WPRO)** P.O. Box 2932 1000 Manila Philippines Tel: +632 528 9725 Fax: +632 521 10 36 Email: palmerk@who.org.ph	**The World Health Organization Regional Office for the Western Pacific (WPRO)** **PACELF** **Mataika House, Tamavua, Suva Fiji** Tel; +679 30 07 27 Fax: +679 30 04 62 ***Email:*** ichimorik@fij.wpro.who.int

For information and to obtain technical documents, you can consult the WHO website on lymphatic filariasis: www.filariasis.org

1. DETAILS CONCERNING THE REPORTING MINISTRY OF HEALTH

1.1 Division of the Ministry of Health responsible for reporting on the National Programme to Eliminate Lymphatic Filariasis:

Primary & Preventive Health Services

Reporting official (Programme Manager):
Name: Dr. Nese Ituaso-Conway
Title: Acting Chief Public Health
Address: c/o Ministry of Health, Princess Margaret Hospital, Funafuti
Country TUVALU
Telephone (688) 20480, 20765, 20749 Fax (688) 20481... E-mail...n_ituaso@yahoo.com

1.2. Programme Manager

Is the above Programme Manager the same one as last year? **Yes** X **No** ☐

1.3 Have members of the National Task Force (NTF) changed since last year? **Yes** ☐ **No** X

If yes, please give details

2. PROGRAMME RESOURCES

2.1 Please specify if there has been any change (increase/decrease) in financial or other resources to support PELF? **Yes** ☐ **No** **X**

Funding has been the same amount for the past few years.

2.2 If yes, briefly describe the change(s): .....

2.3 Has additional external financial support been obtained for the Programme? **Yes** ☐ **No** **X**

2.4 If yes, please provide details in the table below:

Name of organization	Type of organization	Geographical area of activity	Type of support/activity	Period of activity

3. REPORT ON PELF IMPLEMENTATION

3.1 Which level of the administrative unit has been designated as the MDA Implementation Unit (IU)?
National level based on Funafuti (capital of Tuvalu)

3.2 Please provide an update on mapping of the distribution of lymphatic filariasis in the table given below:

Name of region/province	No. of MDA implementation units (IUs)				
	Total	Endemic (red)	Population	Non-endemic (green)	Uncertain (grey)
TUVALU	**1**	**1**	**9,561**		
Total	**1**	**1**	**9,561**		
Sum of population in each category of IU	**1**	**1**	**9,561**		

[1] Definition of MDA implementation unit (IU): That level of the administrative unit in the country at which the decision to administer antifilarial drugs to its entire population is taken, if endemic.

3.2.1 Please list the endemic IUs, with population

Name of region/province	Name of the endemic IU	Total population	Source of population data	Year of first round of MDA
TUVALU	**All 9 islands of Tuvalu**	**9,561**	**Nov 2002 Census**	**2000**
Total				

3.2.3 Please attach or enclose a map of the country with the updated map of the IUs (showing their status as endemic, non-endemic or uncertain)**. Please note that all the 9 islands are endemic (same map as in the Re-Application form).**

3.3 Interruption of transmission

3.3.1 Please mention the choice of mass drug administration used in the country (tick whichever is applicable)

In countries where onchocerciasis is co-endemic:

☐ Single annual dose mass chemotherapy with ivermectin and albendazole

In countries where onchocerciasis is not co-endemic:

X **S**ingle annual dose mass chemotherapy with DEC and albendazole

☐ DEC-fortified salt

3.3.2 Has any change been made in the IUs targeted for mass drug administration since the last request for drugs was submitted? **Yes** ☐ **No** **X**

3.3.3 If yes, state the reasons why the change was necessary and attach a map of the revised programme area on a separate sheet, providing scale and coordinates.

3.3.4 What is the national geographical coverage of MDA? ……**100%**……
(Number of IUs under mass drug administration/total number of endemic IUs in country X 100)

3.5 How many IUs reported MDA to the national programme with coverage data? ……**All 9 islands of Tuvalu**……

3.3.6a Report of mass drug administration coverage by IUs

Region	Name of IU	MDA type	MDA period		In the IU				Total population of IU[1]	Eligible population of IU[2]	As reported by each IU						
												Reported coverage (%)[3]		Reported geographical coverage			
			Start date	End date	No. of villages in IU	Total population of villages[1]	No. of urban areas in IU	Total population in urban areas			No. of individuals who ingested the drugs[2]	% of total population who ingested the drugs[4]	% of eligible population who ingested the drugs[5]	No. of villages covered in IU	No. of urban areas covered in IU	% of total villages covered[6]	% of total urban areas covered[7]
1	2	3	4		5	6	7	8	9	10	11	12	13	14	15	16	17
e.g. (Ndoko)	(Ayacucho)	DEC + alb.			(200)	(60 000)	(4)	(40 000)			(54 000)	80 (65-95%)*					
TUVALU	Funafuti	X	Oct 04	Nov 04	9 islands	4,000+	1	5,000+	9,561	8,000+	8,000+	80-90%	80-90%	8 islands	1	100%	100%
TOTAL																	

* **Country coverage reported (% of variation of coverage.** Put in brackets the minimal and maximal coverage reported in the IU).
80-90% (~83.7%)

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[1] For the calculation of the overall coverage it is recommended to use the total population as the denominator. Census or estimation of total population enumerated by distributors can obtain this population.
[2] Eligible population: population which is eligible to take the drugs.
In areas where DEC and albendazole are administered it is = total population minus pregnant women, children under 2 years and the severely ill.
In areas where ivermectin and albendazole are administered it is = total population minus pregnant women, women in the first week of lactation, children under 90 cm or 15 kg and the severely ill.
[3] **Drug coverage definition**: the proportion of individuals who ingested the drugs. This coverage is evaluated by year and by MDA. It can be calculated for each IU from reports received from reporting units/drug distributors. The drug coverage is calculated for the total population as well as the eligible population.
[4] Drug coverage reported in total population by IU (12) = (No. of people who ingested the drug/total population in IU) X 100.
[5] Drug coverage reported in eligible population by IU (13) = (No. of people who ingested the drug/eligible population in IU) X 100.
[6] Geographical coverage in villages (16) = (No. of villages covered/total villages in IU) X 100.
[7] Geographical coverage in urban areas (17) = (No. of urban areas covered/total urban areas in IU) X 100.

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3.3.6b Surveyed coverage*:

IU Name	No. of clusters surveyed	No. of households surveyed	Population in the surveyed households from whom information could be elicited**		Population that ingested the drugs	Surveyed coverage (%)		Reasons for not taking the drugs					
								Not eligible			Eligible, but did not take the drugs		
			Total pop.	Eligible pop.		Total pop.	Eligible pop.	Age/ height	Pregnant/ lactating	Illness/ sensitivity	Refused	Did not know	Away

Please be advise that our midterm review covered the entire population of Tuvalu that are eligible to participate in the MDA. A total of more than 8,000 people were tested for ICT.

* Surveyed coverage is a measure which complements and expands reported coverage by using active, population-based cluster survey methods, and is defined as:
(total no. of individuals identified by household survey to have taken a dose/total no. of individuals residing in all the surveyed households from whom information on drug ingestion could be elicited) X 100.

It should be estimated by using the standard EPI cluster survey method (30 cluster of 10 households per cluster), with modifications to ensure that there is adequate simple size for any stratification needed.

** Population of the households from whom information on the ingestion was available during household interviews either obtained directly or by a reliable proxy.
Surveyed coverage should be undertaken and reported for as many IUs as funding will allow.

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3.3.7 Surveys in sentinel sites and spot check sites

Results of survey on microfilaraemia and disease prevalence carried out in the designated sentinel sites and spot check sites in the programme area should be indicated in the following table:

Region	Reference MDA IU	Name of survey site	Date of survey	Year of MDA[1]	Sentinel site	Spot check site	No. of people examined for micro-filaraemia	Micro-filaria-positive cases (No. and %)	Micro-filaria density by ml[2]	Coverage reported by drug distributors[3]	Coverage checked in sites %[4]	Hydrocele cases (No and %)	Lymphoedema cases (No. and %)	CFA (No. and %)[5]
e.g.[Ndoko]	[Ayacucho]	[Villa Rica]		1	X		[500]	[e.g. 111 - 23%]	(78)		[79]	[e.g. 40 - 21%]	[e.g. 10 - 9%]	[e.g. 10 - 9%]

[1] Year of MDA (i.e. 0 if before first MDA, 2 if after the second MDA etc.
[2] Coverage reported by drug distributors in sentinel sites (villages)
[3] Microfilaria density by ml: Volume of blood recommended for Mf samples: 60 microlitres (60 µl). If you take another volume you need to do some correction in the formula.
The population recommended to be evaluated is around 500 persons per site.
[4] Coverage checked = (Number of people who say they ingested the drug/population evaluated on site) X 100
This coverage must be done each year in each site (sentinel or spot check). Assessment of approximately 500 persons should be made within 7-21 days after the MDA to ascertain the number of individuals who actually ingested thd rug.
The population recommended to be evaluated is around 500 persons per site.
[5] Circulating filarial antigen tested using the ICT card.

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3.3.8 Treatment strategies/approaches

3.3.8.1 What drug distribution strategy was used for mass drug administration to achieve high coverage? (e.g. house-to-house, booth distribution, special population groups, areas of community gathering, etc.)
Please refer to the Guide for Programme Managers.[1]

House-to-house

3.3.8.2 Which method was used to determine the dose of DEC (*please check the appropriate box)*?

weight ☐
height ☐
age **X**

Complete table below with the dosage schedule recommended for DEC

Age	DEC	Albendazole
2-5 years	2	1
6-10 years	3	1
11-15 years	5	1
16-20 years	7	1
21-50 years	9	1
50+ years	8	1

3.3.9 IUs in which MDA has been discontinued, i.e. those which were covered until the year immediately prior to this calendar year, but not covered during the year

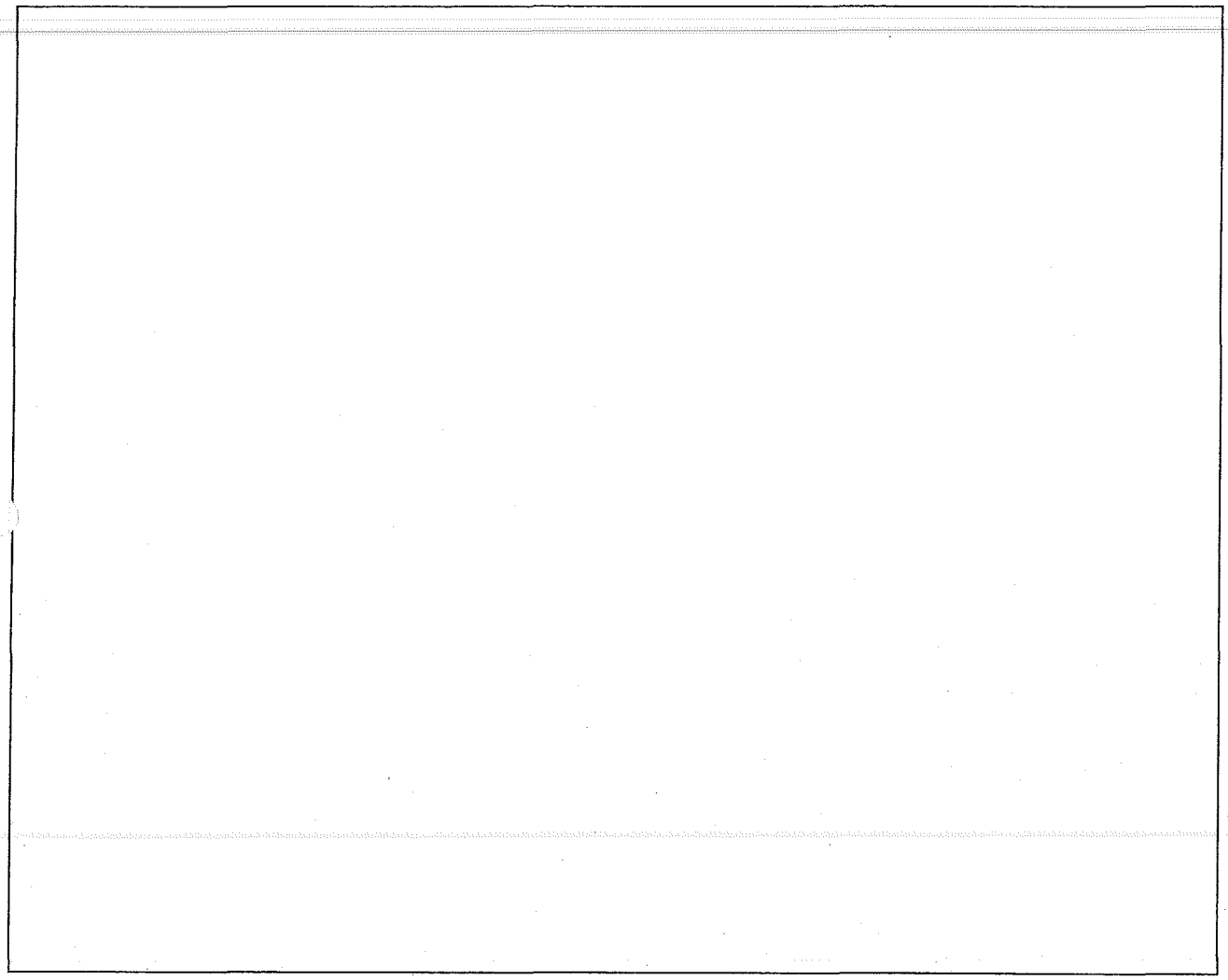
Region	Name of MDA IU	Total population of the IU	Number of rounds of MDA before this year	Whether criteria for interruption are met*	Other reasons for discontinuation
Total					

* as laid down in the guidelines for interruption of transmission, i.e. none of the sampled lot of 3000 children in the age group 1—5 years tested positive by ICT (or night blood smear in brugian areas)

[1] *Preparing and Implementing a National Plan to Eliminate Lymphatic Filariasis (in countries where onchocerciasis is not co-endemic) - A Guide for Programme Managers (WHO/CDS/CPE/CEE/2000.15)* or *Preparing and Implementing a National Plan to Eliminate Lymphatic Filariasis (in countries where onchocerciasis is co-endemic) - A Guide for Programme Managers (WHO/CDS/CPE/CEE/2000.16)*

3.3.10 Map of the country indicating IUs categorized into:

- IUs with MDA coverage more or equal to 80%, between 65 and 80 % and below 65%; and
- IUs that have achieved interruption of transmission
- **Please note that all the 9 islands of Tuvalu covered more than 80% of the population during the MDA in 2004. One particular island (Niulakita) has coverage of 100%.**



3.4 Disability management and prevention

Does the national programme have defined guidelines on preventing disability due to LF? Yes ☐ No X
No, not on papers as documented guidelines, but we have educated the general population through workshops, posters, pamphlets, etc on preventive measures.
If yes, since when? ……

How many endemic IUs applied the national guidelines on disability prevention? ……

Estimation of disability and number of surgical operations carried out

Name of IU	Estimated no. of lymphoedema sufferers	Estimated no. of hydrocele sufferersd	No. of hydrocele surgical operations carried out during the reporting year
Total			

3.5 Training of health staff for the Lymphatic Filariasis Elimination Programme

	Training on interruption of transmission		Training on disability prevention and control		Training on both interruption of transmission and disability prevention and control	
Administrative level	No. of courses organized	No. of staff trained	No. of courses organized	No. of staff trained	No. of courses organized	No. of staff trained
National level	1 per year	10	1	10	1	10
Provincial or regional level	NONE	NONE	NONE	NONE	NONE	NONE
District level	1 per year	20-30	1 per year	20-30	1 per year	20-30
Total						

3.6 Social Mobilization

3.6.1 Was a KAP (Knowledge Attitudes and Practice) survey carried out in the country? If so, briefly mention the results of the survey.
NONE SO FAR

6.2 Briefly describe the IEC (Information Education and Communication) campaign and activities carried out to mobilize the different communities towards achieving a high MDA coverage rate.

- **Health education using IEC materials (pamphlets, handouts, posters, etc)**
- **Workshops for the people in the community focusing on filariasis, MDA and midterm review**
- **Refresher workshops for nurses and other health professionals on advocacy and awareness programme on filariasis, MDA, ICT test kits**
- **Media programme on filariasis in general**

4. SERIOUS ADVERSE EXPERIENCES (SAEs)

In the event that any severe adverse experiences are encountered during treatment, a Severe Adverse Experience Report Form must be completed immediately and returned to WHO and GlaxoSmithKline. (In areas where albendazole is being used in conjunction with ivermectin [Mectizan®], the Mectizan® Expert Committee's Serious Adverse Experience Form must be completed and returned to that Committee).

No SAEs been recorded so far.

Region	No. of individuals who developed SAEs (Attach a copy of each such report)	Type of reactions	Clinical Outcomes	Required hospital care	No. of SAEs reported to WHO/GSK

5. SUMMARY OF DIAGNOSTICS AND LEFT-OVER DRUGS INVENTORY

Summary	ICT cards	Albendazole tablets (400 mg)	DEC tablets (50 mg)	DEC tablets (100 mg)	DEC tablets Other (specify)	Ivermectin tablets (3 mg)
Available at the start of the reporting period?						
Received during the reporting period	**10,000**	**9,000**	**100,000**			
Balance at the end of the reporting period	**1,000**	**1,000**	**5,000**			
Expiry date(s) of the remaining stock	**17 Feb 05**	**Aug 2008**	**March 2007**			

5.1 Was any stock destroyed on or before the expiry date? **Yes ☐ No X**

We have few ICT test kits that didn't work (i.e. unable to read result during the midterm review), otherwise all the stocks were received in good condition before the expiry date.

6. Was an independent evaluation carried out during the calendar year? Yes ☐ No X

6.1 If you answered yes, please give details with regard to:

6.1.1 who made up the teams that carried out the independent evaluation

6.1.2 the programme areas that were evaluated and what the main observations were on:
- interruption of transmission
- disability management and prevention
- training
- social mobilization or IEC campaign

7. What problems were encountered in reaching maximal coverage (actual ingestion of the drugs)? Were they general or specific to any areas?

7.1 How can each of these problems be overcome for the next round of MDA?

Region	Name of IU	Problems/Issues	Proposed solutions
TUVALU	All islands	• Mobile population i.e. movement of people from island to island during the MDA and miss out in the registration	• 1 week campaign before the MDA • Advice those people moving around during the MDA to register at the station where they are at during the MDA period
		• People not aware of the dates for the MDA programme	• Announce dates for MDA programme through radio to the whole population (1 week campaign with posters)
		• Misunderstanding amoung some that they only need to ingest once, i.e. not to take the tablets again for the next MDA • Most of the people think that they don't need to take it when they found out that they are ICT negative	• Educate the general population about that the MDA programme is yearly and people need to take the tablets every year • Educate the community on the nature of the disease, etc
		• Address side effects of the drugs	• Advise people about the side effects and to report them and treat accordingly

Signed: 23 FEB 2005

Acting Director of Health

National PELF Coordinator

MINISTRY OF HEALTH FUNAFUTI TUVALU