Summary of the Seventh Meeting of the ITFDE (II)
January 19, 2005

The Seventh Meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 9:00am to 3:30pm on January 19, 2005. The Task Force reviewed the prospects for control of trachoma, under the global initiative to "eliminate" blinding trachoma.

The Task Force members are Sir George Alleyne, Pan American Health Organization (PAHO); Dr. Pascal Villeneuve, UNICEF; Dr. Robert Hecht, The World Bank; Dr. Julie Gerberding, Centers for Disease Control and Prevention (CDC); Dr. David Heymann, World Health Organization (WHO); Dr. Donald Hopkins, The Carter Center; Dr. Adetokunbo Lucas, Nigeria; Professor David Molyneux, Liverpool School of Tropical Medicine; Dr. Mark Rosenberg, Task Force for Child Survival and Development; Dr. Harrison Spencer, Association of Schools of Public Health; Dr. Dyann Wirth, Harvard School of Public Health, and Dr. Yoichi Yamagata, Japan International Cooperation Agency (JICA). Seven of the Task Force members (Alleyne, Hopkins, Lucas, Molyneux, Rosenberg, Spencer, Yamagata) attended this meeting, and three others were represented by alternates (Dr. John Douglas for Gerberding, Dr. Olusoji Adeyi for Hecht, Dr. Kayode Oyegbite for Villeneuve).

Trachoma Control

The presentations on trachoma were given by Dr. David Mabey of the London School of Tropical Medicine and Hygiene; Drs. Jacob Kumaresan and Amos Sam-Abbenyi of the International Trachoma Initiative; Dr. Thomas Lietman of the Proctor Foundation/University of California at San Francisco, and Dr. Paul Emerson of The Carter Center.

Trachoma is a bacterial disease caused by repeated ocular infection with specific serovars (A,B,Ba,C) of *Chlamydia trachomatis*. The repeated infections cause scarring of the conjunctivae, resulting in the eyelids turning inward, and the eyelashes then scraping the cornea. If not corrected, the painful abrading of the cornea can eventually cause blindness by scarring the cornea (trichiasis, TT). The infection is transmitted from person to person by contaminated hands, and indirectly by contaminated cloth or flies. Active disease (intense or follicular trachoma, TI, TF) is most commonly seen in young children (especially 1-9 years old); while the blinding sequelae are commonest in adults. Adult women are three times more likely than men to be blinded by trachoma. Trachoma has no animal reservoir, but other serovars of *Chlamydia trachomatis* are widespread in humans.

Current estimates are that over 500 million persons are at risk of trachoma, about 150 million have active infections, about 7-10 million are in imminent danger of becoming

blind, and as many as 6 million persons are already blind from trachoma. Most infected persons live in sporadically distributed endemic clusters in poor arid areas of Africa, Asia and pockets of South America and Australia. Almost no data are available on the prevalence of trachoma in China and India. North America and Europe are essentially trachoma-free.

The previous ITFDE concluded in 1993 that “it appears scientifically feasible to eliminate blindness caused by trachoma—but not the infection or

Niger and Ethiopia, which are being assisted by The Carter Center and other nongovernmental organizations (NGOs), including the ITI, are two of the most highly endemic countries for trachoma. About 11.1 million persons are at risk in Niger, national prevalence of active trachoma in 0-9 year old children is 36%, and prevalence of trichiasis in women 15 years or older is almost 2%. Niger's program currently covers three of six regions that exceed WHO thresholds for defining trachoma as a "public health problem," but the full SAFE strategy is being implemented in only two districts of one region. The surgical backlog for TT surgeries is estimated at 102,000 cases, with

Much discussion concerned the need to fill these gaps in our knowledge and strengthen the evidence base, while moving to scale up interventions. A cumulative total of about 17 million antibiotic treatments with Zithromax were provided between 1998 and September 2004, but the total number of active cases is estimated at 84 million persons. It was suggested that the global effort should focus first on the most highly endemic areas, to the extent that they are already known. In addition to learning from the global campaigns to eradicate polio and eliminate lymphatic filariasis, the trachoma initiative could also learn from the efforts to control onchocerciasis (e.g., mass drug administration) and to eradicate dracunculiasis (e.g., village-based health education to promote changes in behavior, advocacy for water supplies) in Africa. There are some potential synergies between components of the SAFE Strategy and other interventions associated with other programs, for example integration of mass drug administration and possibly health education.

Conclusion and Recommendations

1. Trachoma cannot be eradicated, but blinding trachoma can be eliminated. That distinction is important and it should be stressed that the current global initiative is targeting blinding trachoma (GEBT 2020), not trachoma itself.
2. The global initiative has made significant progress to date, and should be congratulated.
3. Although much remains to be done to achieve the goal set for 2020, enough is already known to provide the basis for beginning to extend existing interventions to the most endemic areas as quickly as possible, while working to refine and expand the evidence base for interventions.
4. Surveys and other work are needed urgently in order to better understand the full geographic extent and clinical burden of trachoma. This should be given very high priority.
5. There is need to standardize a simplified method for obtaining accurate prevalence data rapidly and cheaply—a rapid assessment methodology.
6. Priority should also be given to developing a reliable, rapid, simple, and inexpensive diagnostic test for ocular chlamydial infection.
7. The optimal frequency, targeting and stragey for antibiotic treatment need to be investigated further and defined.
8. Ways to improve the low uptake rate for trichiasis surgery and to reduce the rate of recurrence after surgery need to be pursued.
9. More documentation is needed about the relative costs and comparative efficacy of each element of the SAFE strategy.
10. Targeted research is needed into sociological aspects of trachoma, its prevention, and treatment.

11. The expected costs of eliminating blinding trachoma by 2020 need to be estimated.
12. A vaccine for preventing blinding trachoma is unlikely to become available in any timeframe relevant to this initiative.