Uganda on course to eliminate Elephantiasis: 7.8 million people in 33 districts protected from the disease

**PRESS STATEMENT**

Uganda is on course to eliminate elephantiasis by 2020. With more than 10 years of programme implementation, the disease is nearing elimination. To date, 55 districts with a population of 78 million are free of parasites that cause Elephantiasis. The Programme to Eliminate Elephantiasis, also known as Lymphatic Filariasis (LF), was launched in Uganda in 2002, starting in the then districts of Katakwi and Lira. The programme later expanded to cover a total of 55 districts where parasites that cause elephantiasis and hydroceles were found to be rampant.

What is Lymphatic Filariasis or Elephantiasis?

Lymphatic Filariasis, commonly called elephantiasis, is a disease caused by tiny thread-like worms, found in infected individuals. It is transmitted from an infected individual to another person by Anopheles mosquitoes, the same type of mosquito that transmits malaria in Uganda. The disease manifests as swollen legs, arms or both, causing elephantiasis in men and women. In men, the common chronic sign in Uganda is the swelling of the scrotal sacs, commonly known as hydroceles, which is due to accumulation of fluids in the body. Infection with this disease occurs early in life but the signs appear after many years of repeated infections.

In all affected communities, the majority of infected individuals show obvious signs of the disease but are capable of infecting mosquitoes and perpetuating the disease because the parasites are in their blood. That is why the elimination programme treats all eligible individuals in a community, whether infected or not. It is important to note that both elephantiasis and hydroceles are debilitating conditions that cause great pain, ill health, stigma, divorce and perpetuating the disease because the infected individuals are unable to work and contribute to the family's income.

Elephantiasis caused by parasites is now known to occur in 55 out of the 116 districts in Uganda with a population of 16 million people estimated to be at risk or exposed at baseline. The Vector Control Division (VCD) has conducted surveys in all the districts of Uganda. These surveys provided information on the distribution, magnitude, manifestations and transmission of the disease. The most affected areas were found to be in Acholi, West Nile, Teso, Bugisu, Bundibugyo and Kasese districts, where the prevalence of LF is high.

According to World Health Organization (WHO) guidelines, only districts with LF parasite prevalence of 5% and above qualify for LF elimination interventions. The main elimination strategy is mass treatment or Mass Drug Administration of all the eligible individuals using a combination of two drugs, namely albendazole (ALB) and ivermectin (IVM), given once every year for at least five consecutive years. The medicines are given to all individuals aged 5 years and above. Children aged 4 years and above are given albendazole alone.

The medicines are distributed by teachers in schools and members of the Village Health Teams (Community Medicine Distributors) in all communities in affected districts. These medicines are donated by various donors, such as Albendazole by GlaxoSmithKline (UK), and ivermectin by Merck & Co. Inc. (USA), respectively, through their respective donation programs and coordinated by WHO. The rationale for mass treatment is to clear parasites from all infected individuals so that transmission of the disease by mosquitoes is no longer possible. Uganda is one of the affected (endemic) countries in the world that has made a commitment to eliminate elephantiasis in collaboration with partners by the year 2020.

Some of the key achievements include:

- Country-wide mapping completed in 2010.
- Launching the elimination programme in 2002 and scaling-up throughout the country.
- 33 out of 55 affected districts have interrupted transmission of the disease and have stopped mass treatment (yellow colour in map).

- A total of about 16 million people have been freed from the risk of contracting elephantiasis and hydroceles caused by parasites.

- More districts (blue colour) have been recently surveyed and the isolated cases may stop annual treatments.

- In a few districts (red colour), the programme is expected to be re-surveyed in 2017/18.

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The Programme has received tremendous support from various international and local partners such as Envision/RITI/USAID, which provided funds for capacity strengthening, technical support, mass treatments and impact surveys; WHO which provided some of the funds for mapping, developing the elimination strategies; and LF elimination treatments in 2002, advocacy, technical support, medical supplies and logistics.

The Programme has also received support from several partners as follows: Mectizan Donation Program (MDP); Envision/RTI/USAID, which provided funds for capacity strengthening of VCD/HoT; research on LF, baseline investigations and mapping LF in schools throughout the country, the support and cooperation of District Local Governments; and the Ministry of Education, Science and Technology, which provided funds for capacity strengthening of VCD/HoT; research on LF, baseline investigations and mapping LF in schools throughout the country.

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