

Ghana - Community-based trial of annual versus biannual single-dose ivermectin plus albendazole against *Wuchereria bancrofti* infection in human and mosquito populations: study protocol for a cluster randomised controlled trial

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## Identification

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### SURVEY ID NUMBER

NMIMR\_LYPHATIC\_FILARIASIS\_2007

### TITLE

Community-based trial of annual versus biannual single-dose ivermectin plus albendazole against Wuchereria bancrofti infection in human and mosquito populations: study protocol for a cluster randomised controlled trial

### COUNTRY

Name	Country code
Ghana	GH

### KIND OF DATA

sample survey data[ssd]

## Version

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### VERSION DESCRIPTION

v1

## Scope

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### NOTES

#### Abstract

Background: The Global Programme for the Elimination of Lymphatic Filariasis (GPELF) has been in operation since the year 2000, with the aim of eliminating the disease by the year 2020, following five to six rounds of effective annual mass drug administration (MDA). The treatment regimen is ivermectin (IVM) in combination with diethylcarbamazine (DEC) or albendazole (ALB). In Ghana, MDA has been undertaken since 2001. While the disease has been eliminated in many areas, transmission has persisted in some implementation units that had experienced 15 or more rounds of MDA. Thus, new intervention strategies could eliminate residual infection in areas of persistent transmission and speed up the lymphatic filariasis (LF)-elimination process. This study, therefore, seeks to test the hypothesis that biannual treatment of LF-endemic communities will accelerate the interruption of LF in areas of persistent transmission.

Methods: A cluster randomised trial will be implemented in LF-endemic communities in Ghana. The interventions will be yearly or twice-yearly MDA delivered to entire endemic communities. Allocation to study group will be by clusters identified using the prevalence of LF. Clusters will be randomised to one of two groups: receiving either (1) annual treatment with IVM+ ALB or (2) annual MDA with IVM+ ALB, followed by an additional MDA 6 months later. The primary outcome measure is the prevalence of LF infection, assessed by four cross-sectional surveys. Entomological assessments will also be undertaken to evaluate the transmission intensity of the disease in the study clusters. Costs and cost-effectiveness will be evaluated. Among a random subsample of participants, microfilaria prevalence will be assessed longitudinally. A nested process evaluation, using semi-structured interviews, focus group discussions and a stakeholder analysis, will investigate the community acceptability, feasibility and scale-up of each delivery system.

## Data Collection

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### DATA COLLECTION MODE

Household-level questionnaire

## Access policy

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### CONTACTS

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ACCESS AUTHORITY

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