Topics presented

- **Cross reactivity**: ICT cards in the presence of *Loa loa.*
- **Rap Loa maps**: strengthens and limitations. Need for micromapping. Focality of Loa loa.
- **Diagnostic tools for *Loa loa***: PCR and Cellscope.
- **Target area**: districts where Ivermectine has never been distributed that may be co-endemic for Loa loa, Oncho and/or LF.

Decisions that must be agreed

- the largest geographic unit acceptable for making tx decisions (implementation unit) based on *loa prevalence*: Community/Village?
- the highest prevalence of *loa* where MDA with ivermectin is acceptable
- the 'serologic equivalent' levels for *prevalence* of *loa, LF* and *oncho;*

Next steps: OR needed

- Define IU in the presence of Loa loa
- Define target area: number of districts where mapping is required for LF, Oncho and Loa (where Iver has never been distributed).
- Validate the diagnostic algorithm to map LF and Oncho in Loa coendemic areas (use Ab and PCR for Lf and Loa).
- Define the safety threshold for Loa loa prevalence below which is acceptable to distribute Iver.
- Define serological thresholds: Ov16, Wb123, Loa loa Ab.
- Develop treatment algorithm to manage systematically the target area per disease (including Lf, Oncho and Loa)