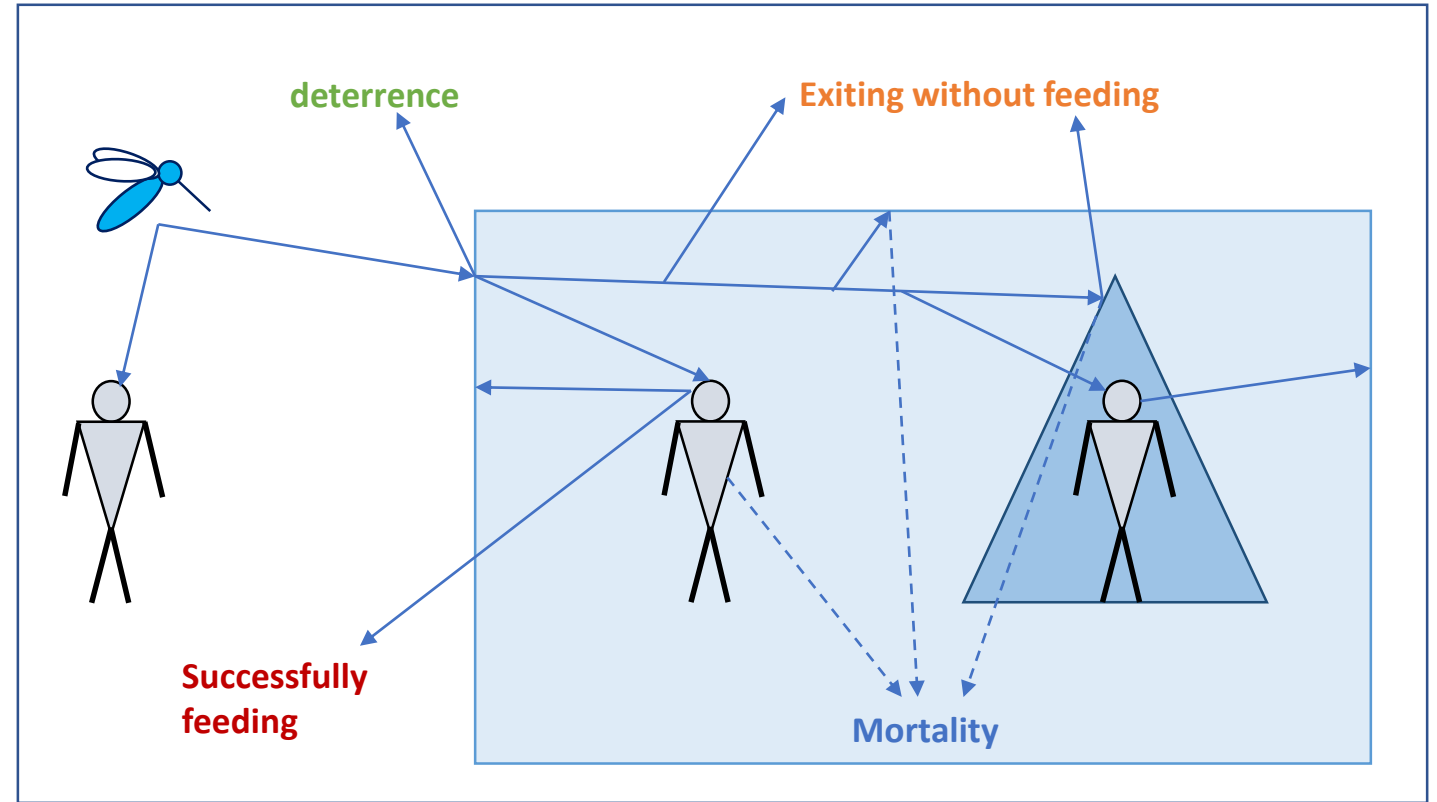


# Understanding the impact of IRS and complementary MDA interventions

Ellie Sherrard-Smith and Hannah Slater

# Understanding IRS impact

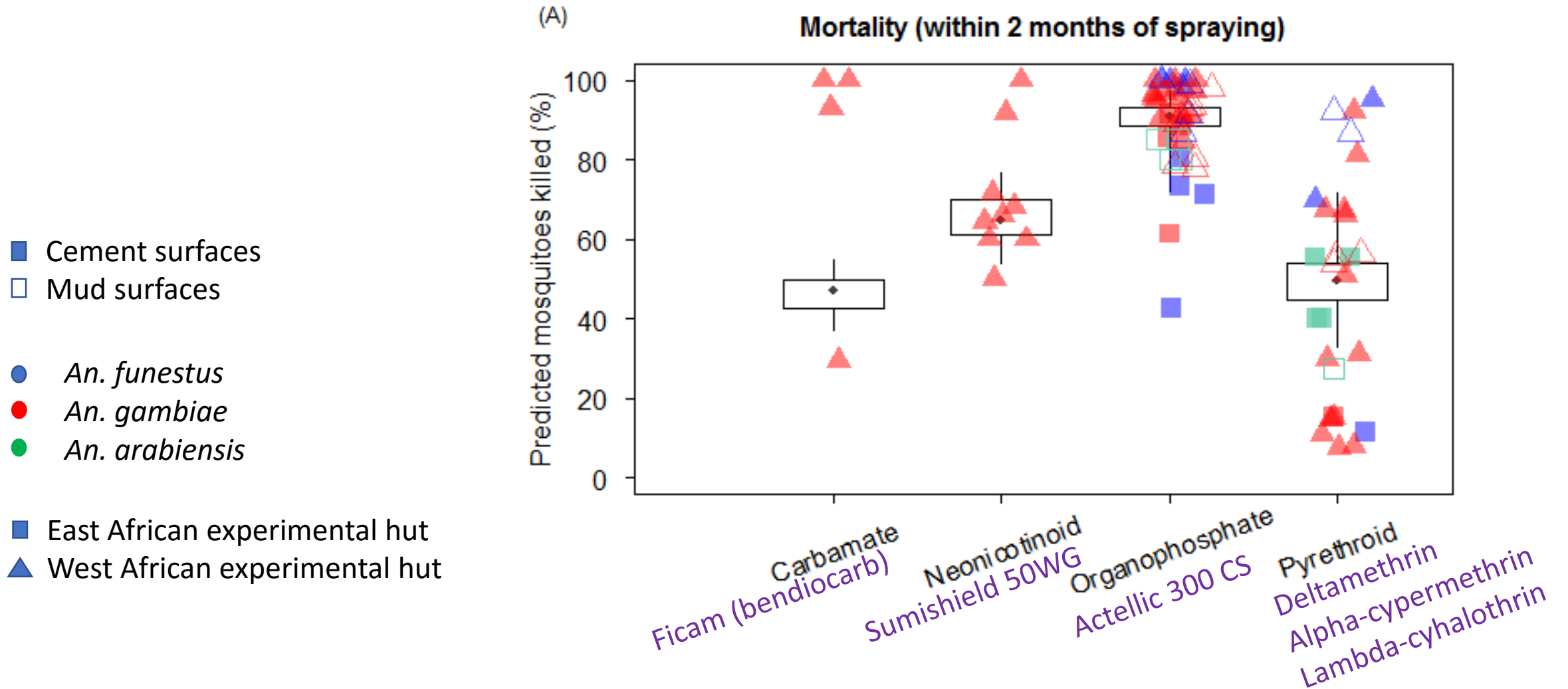


- Initial impact (optimal effect)
- Effect duration

# Understanding IRS impact

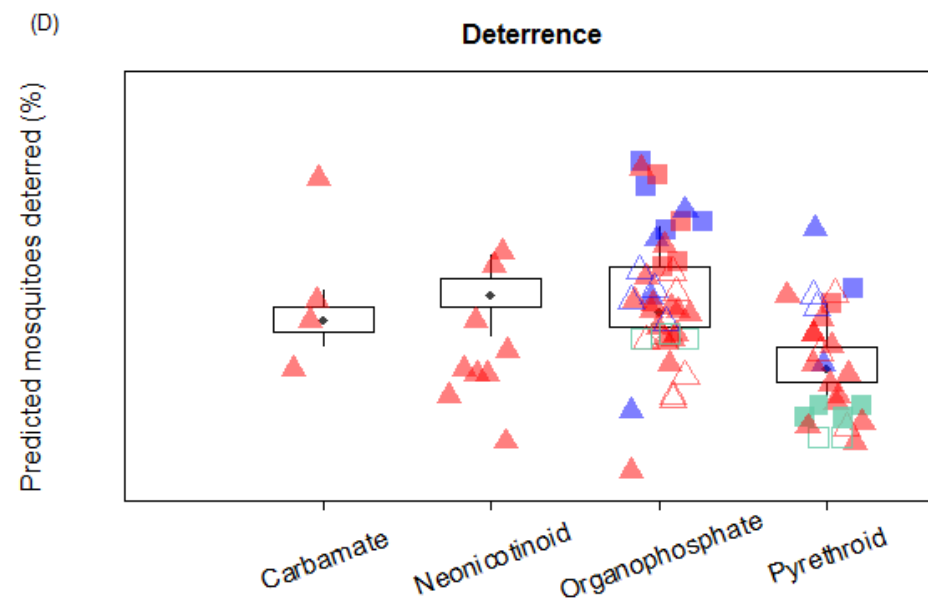
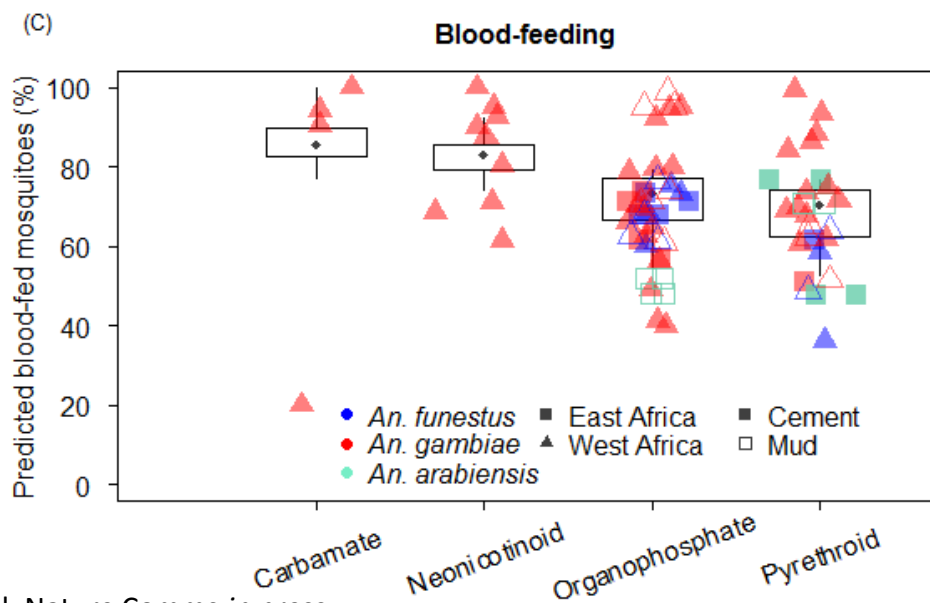
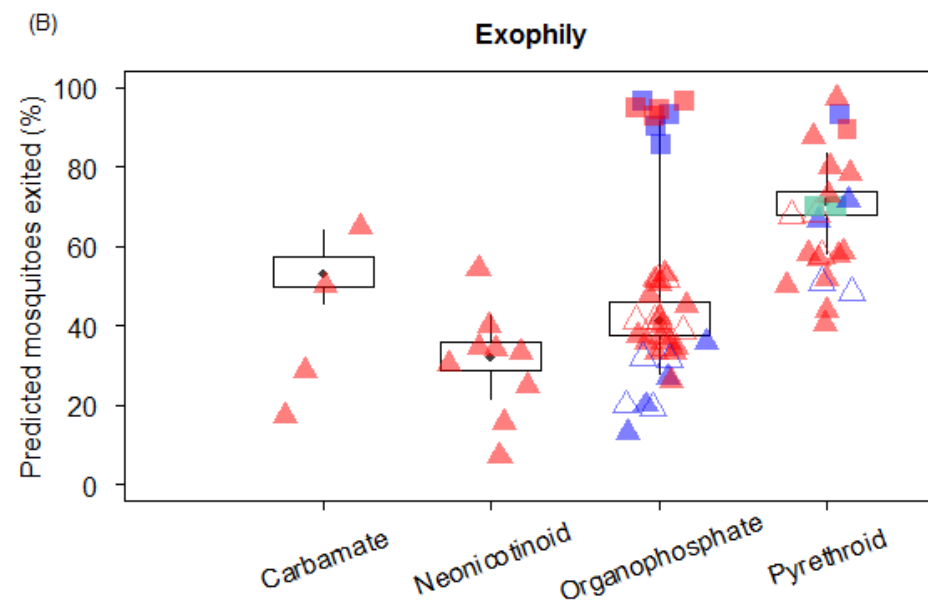
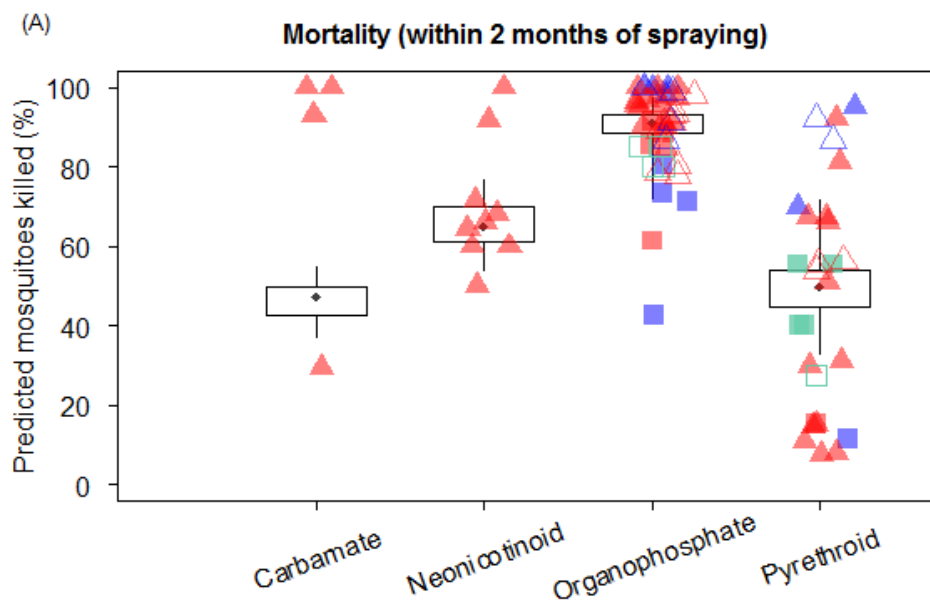
➤ Initial impact (optimal effect)

A tool box of different chemistries with different mechanisms of action



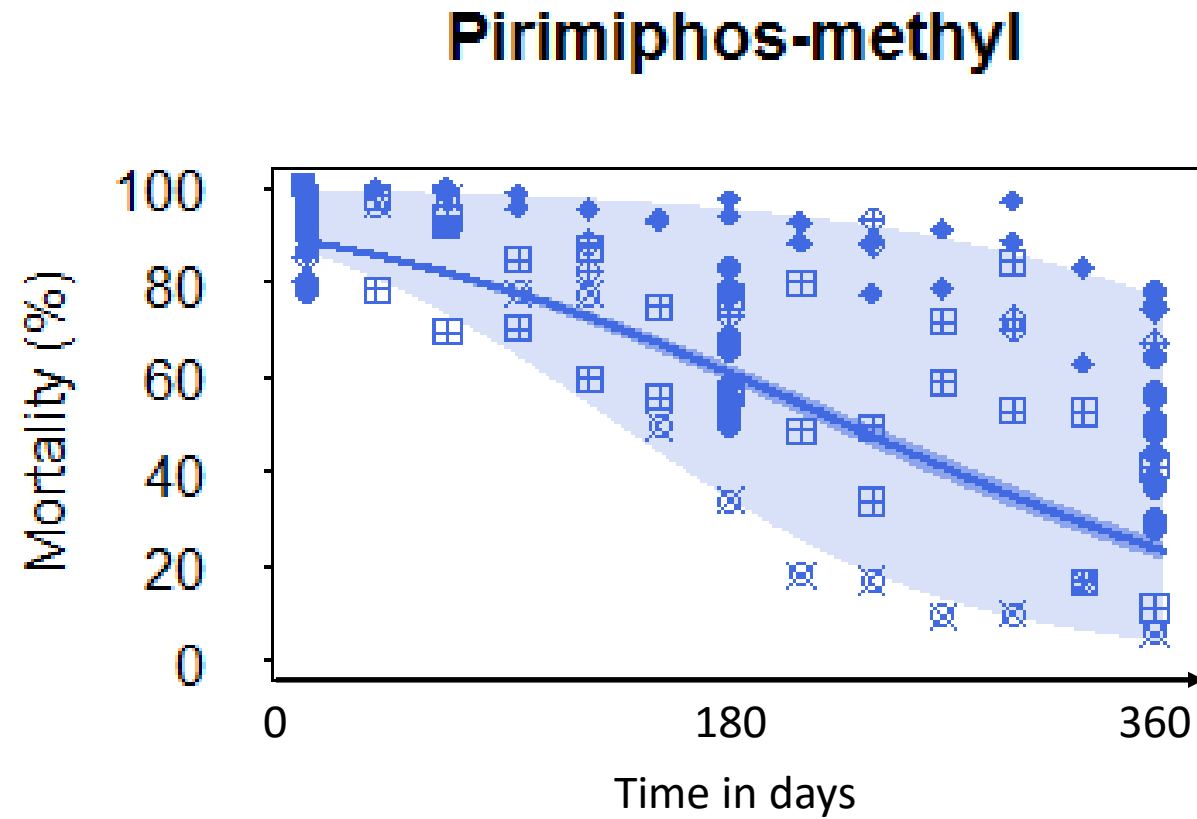
# Understanding IRS impact

➤ Initial impact (optimal effect)



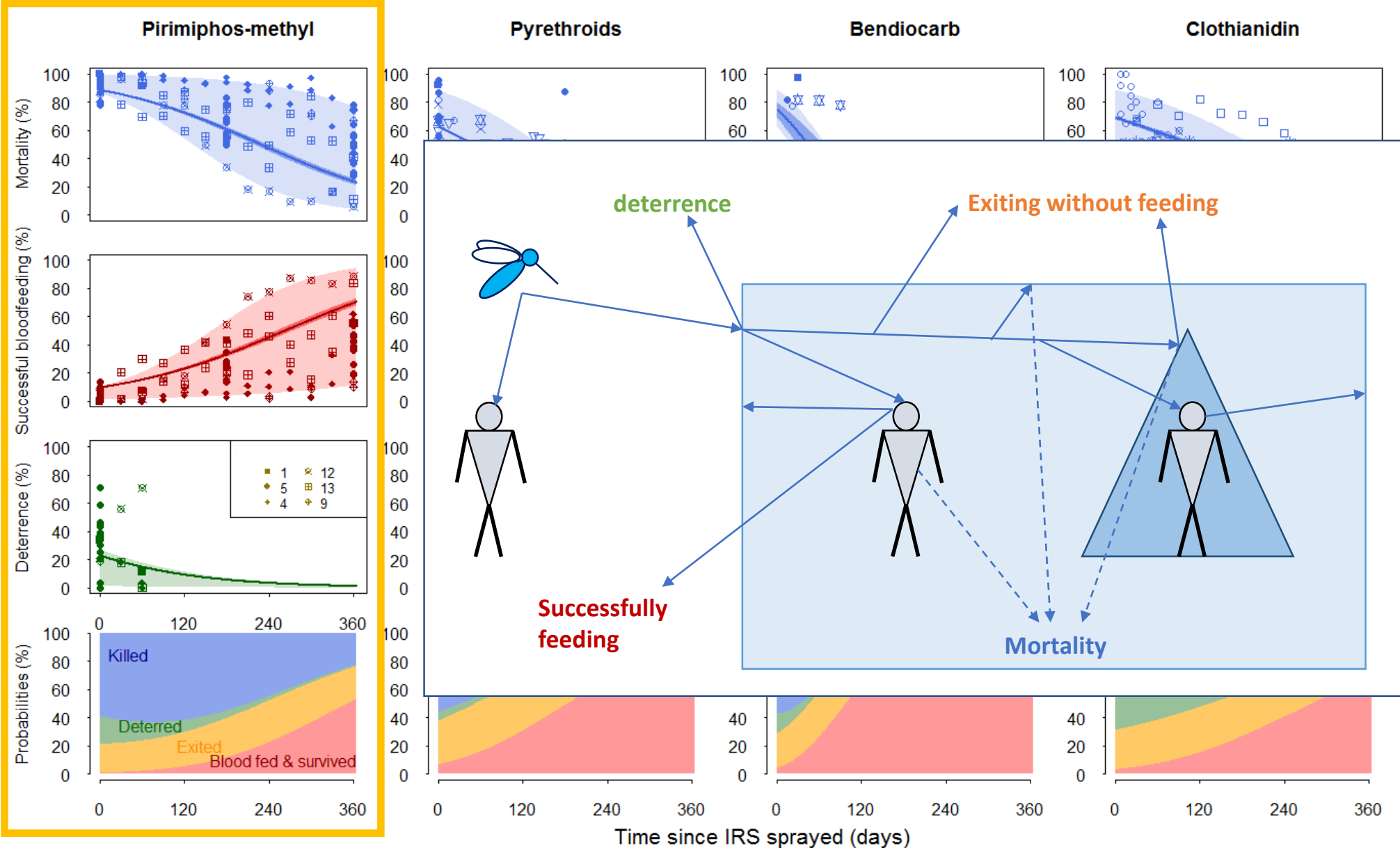
# Understanding IRS impact

➤ Effect duration

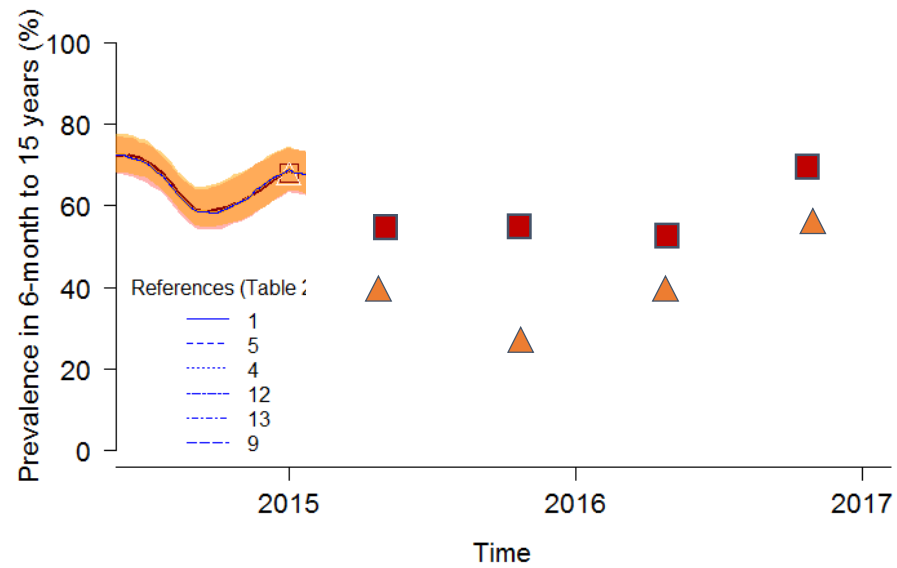


# Understanding IRS impact

➤ Effect duration

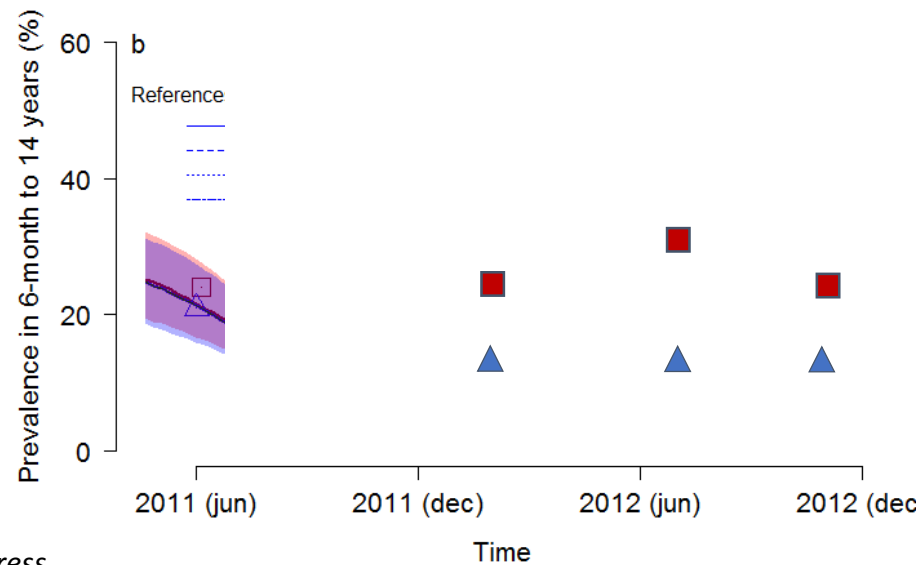


# The utility of models to predict IRS impact



**Nets only**

**Nets + IRS**

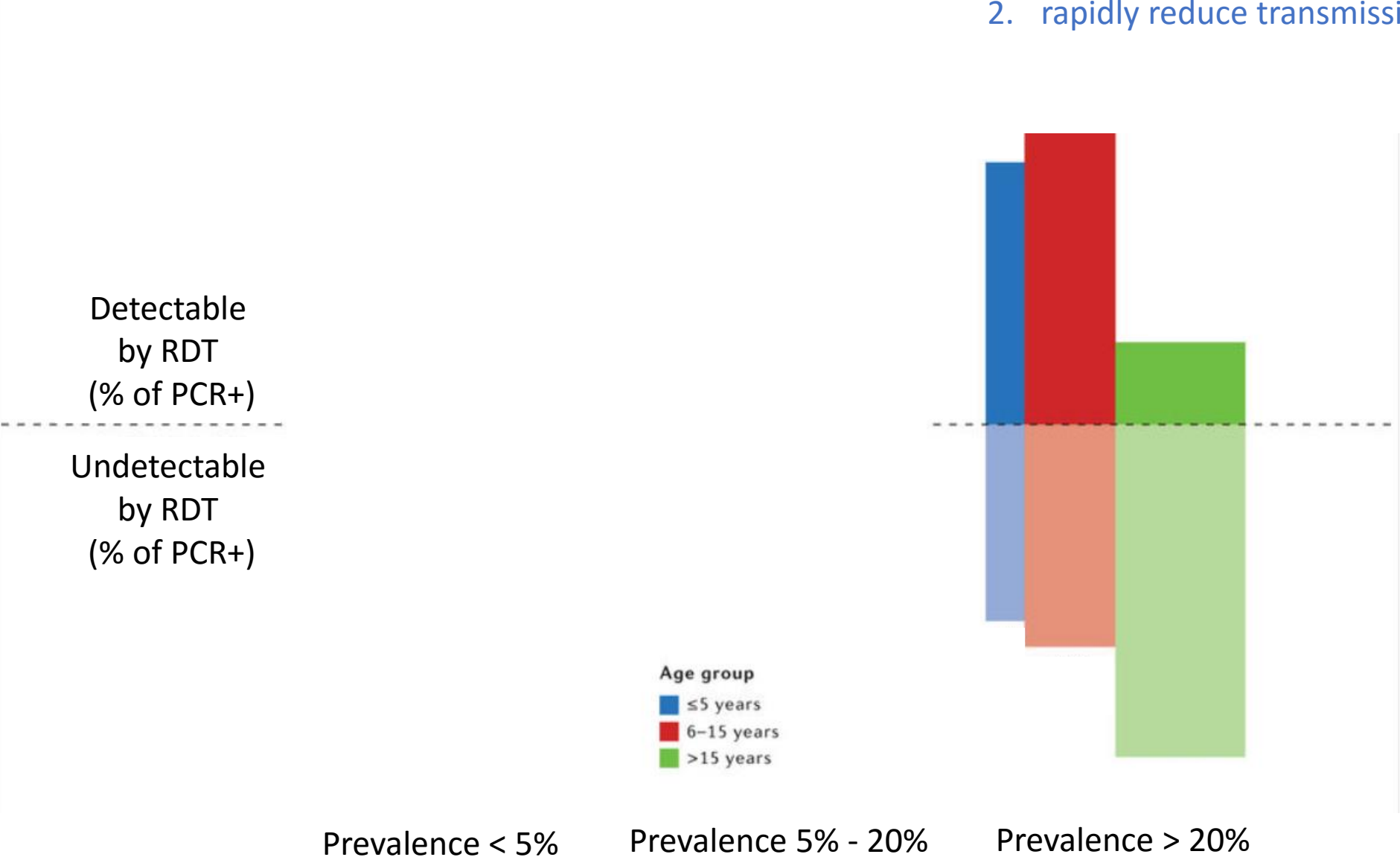


**Nets only**

**Nets + IRS**

# Detecting cases of malaria

- Mass drug administration to
- 1. clear chronic asymptomatic infections
- 2. rapidly reduce transmission

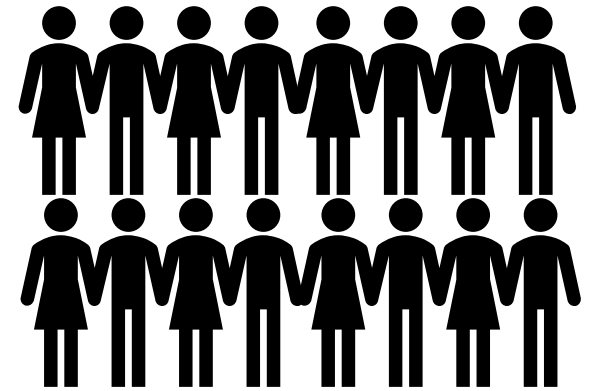
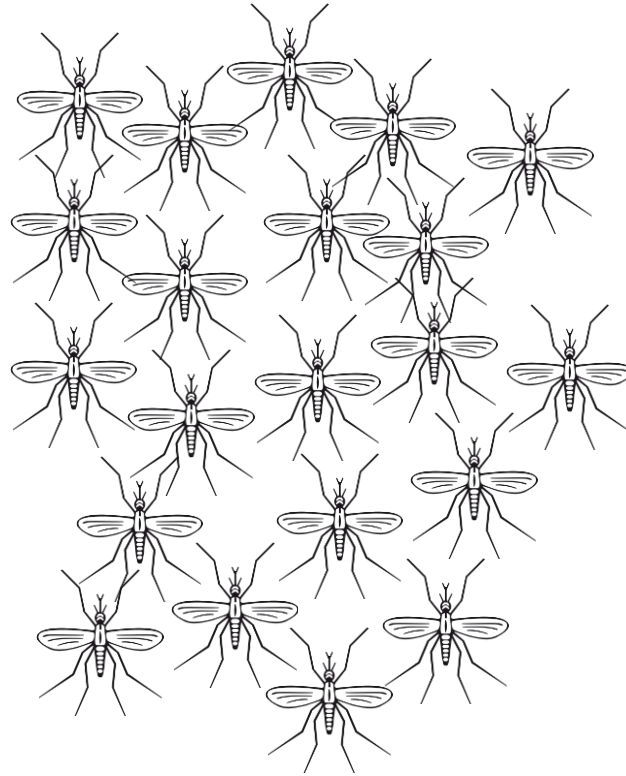
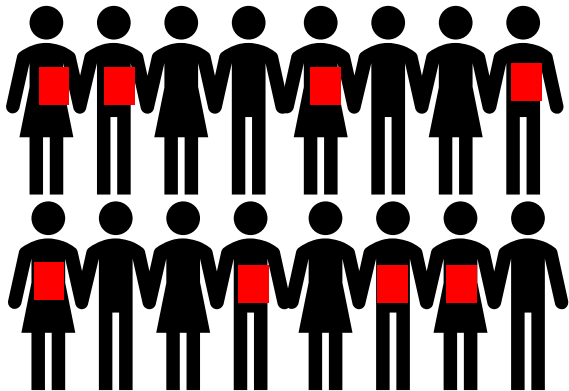


Rapid diagnostic tests (RDT)



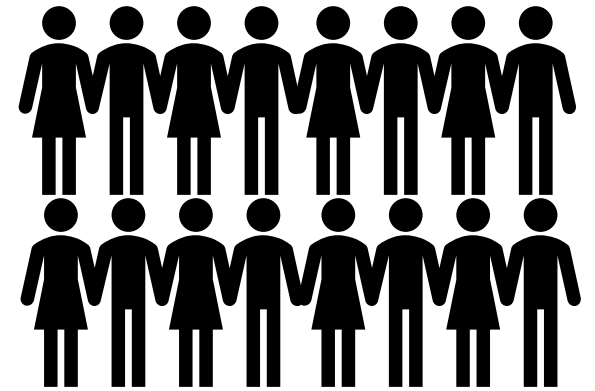
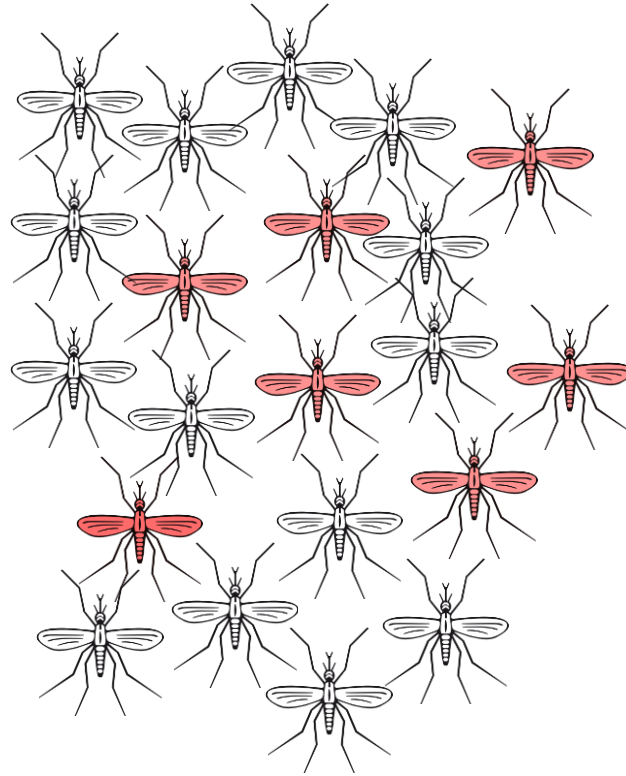
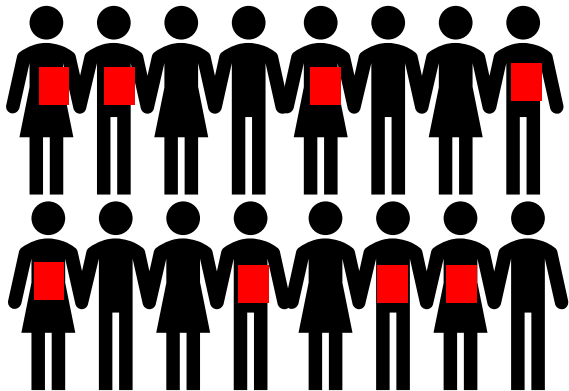
# Rationale for adding MDA to IRS

## 1) No intervention



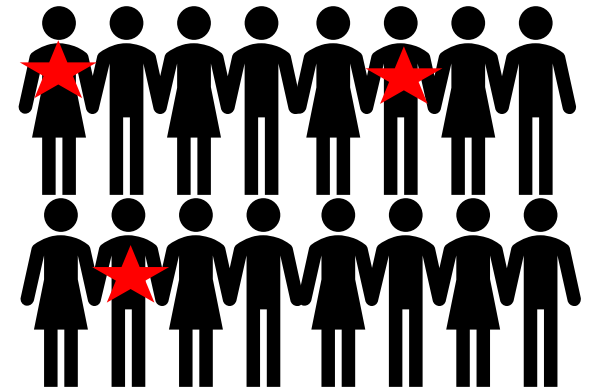
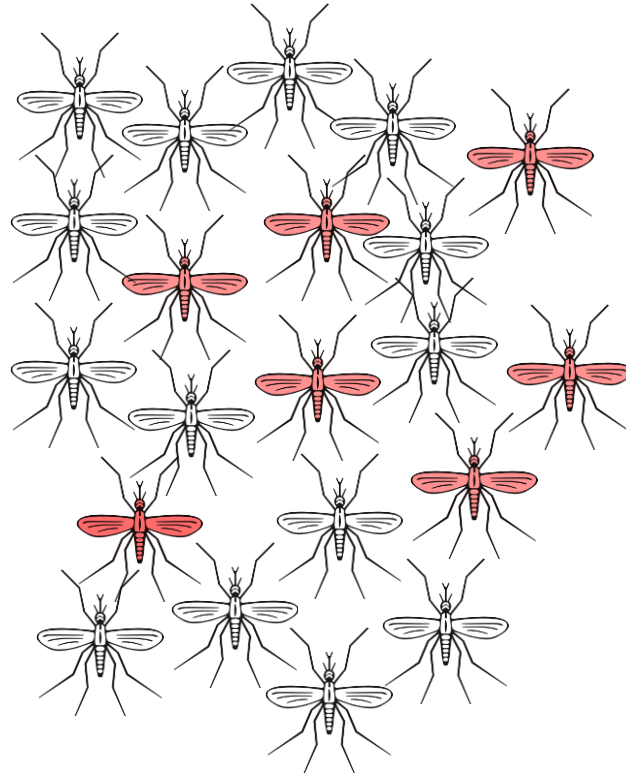
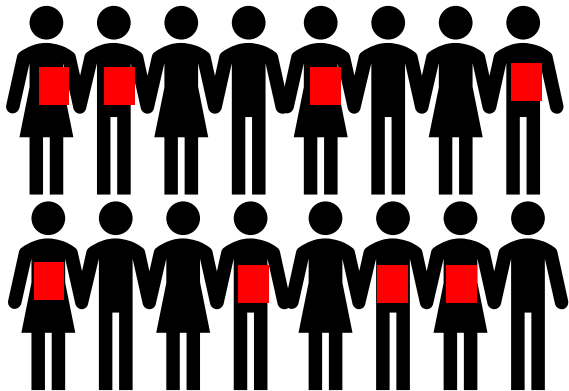
# Rationale for adding MDA to IRS

## 1) No intervention



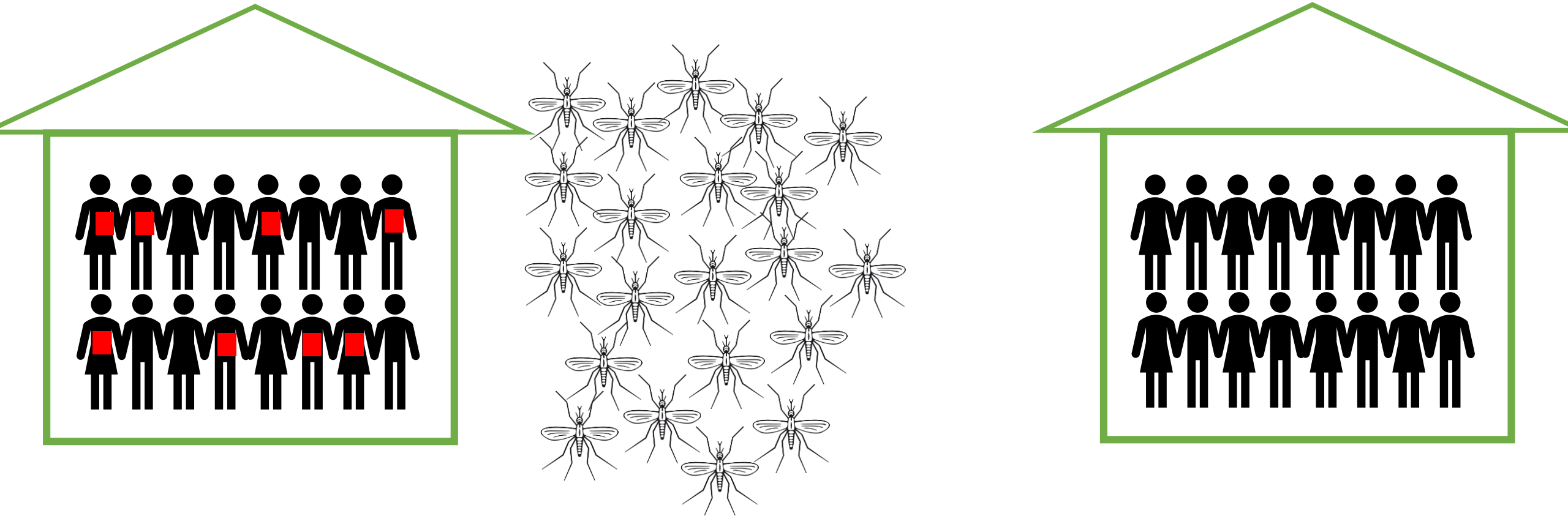
# Rationale for adding MDA to IRS

## 1) No intervention



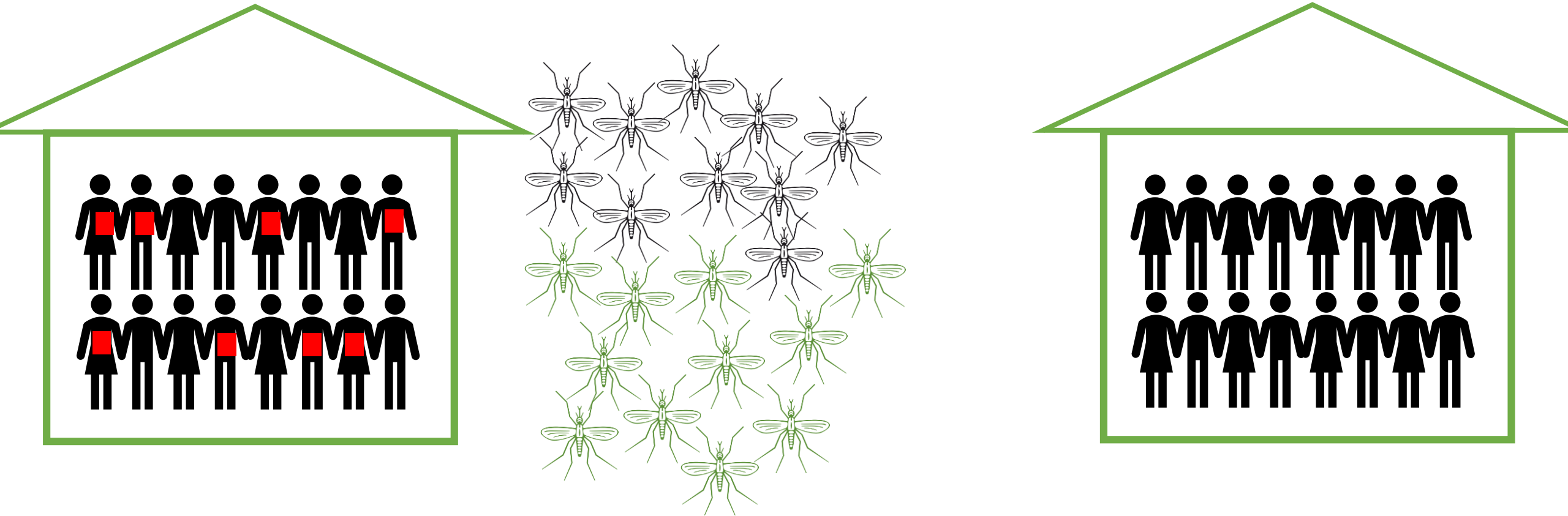
# Rationale for adding MDA to IRS

## 2) With IRS



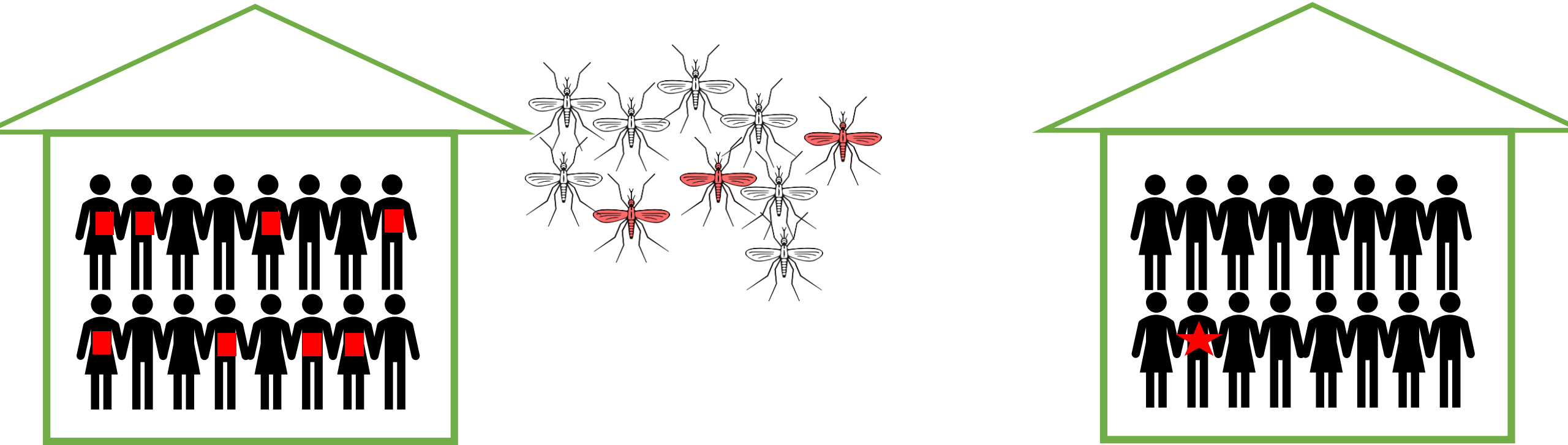
# Rationale for adding MDA to IRS

## 2) With IRS



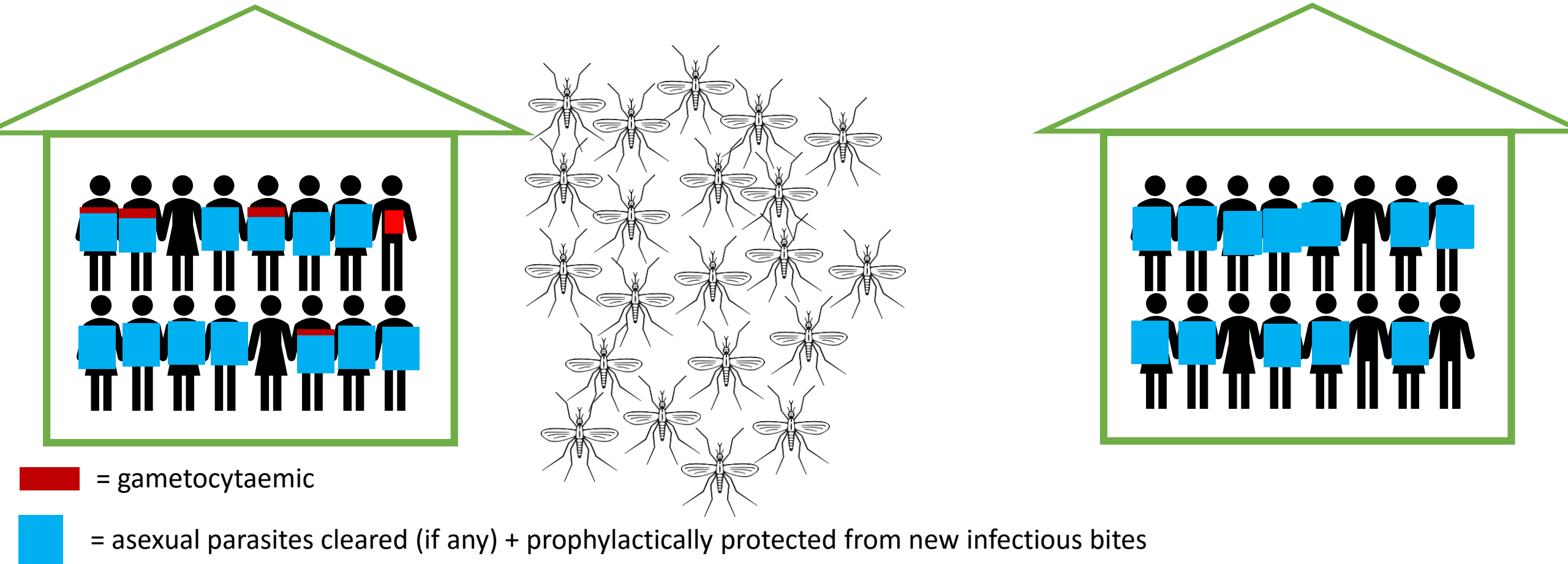
# Rationale for adding MDA to IRS

## 2) With IRS



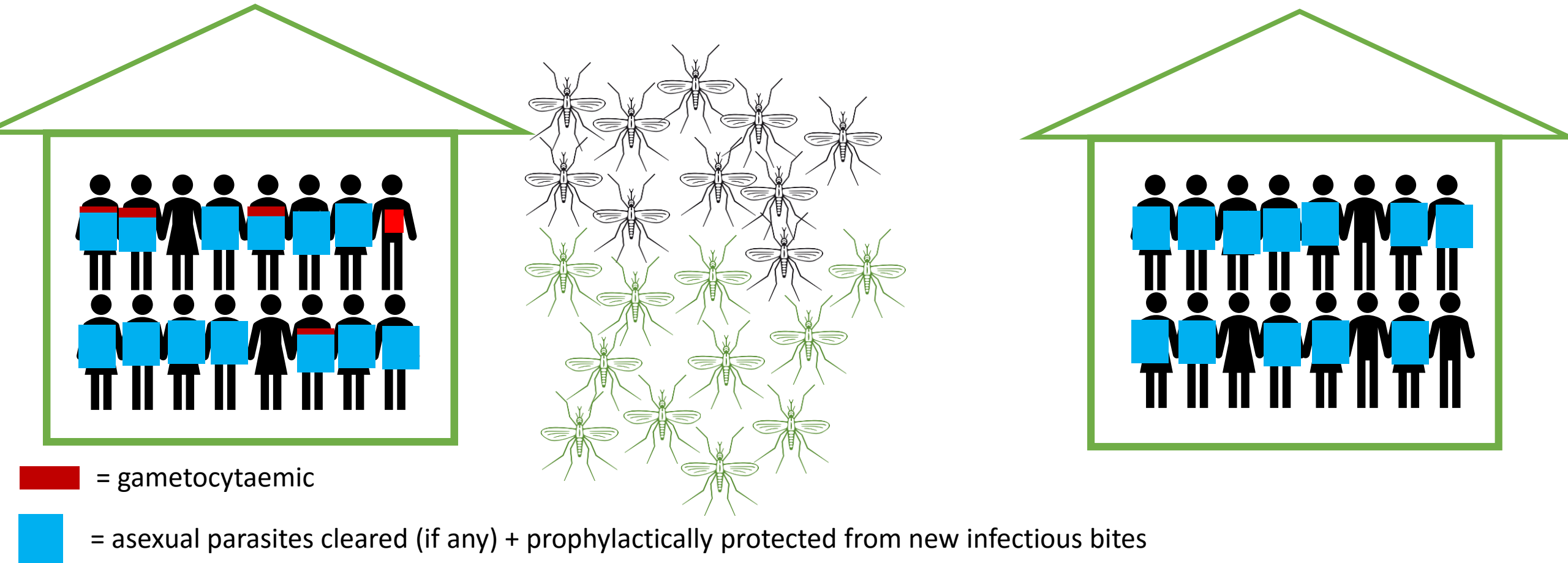
# Rationale for adding MDA to IRS

## 2) Adding MDA to IRS



# Rationale for adding MDA to IRS

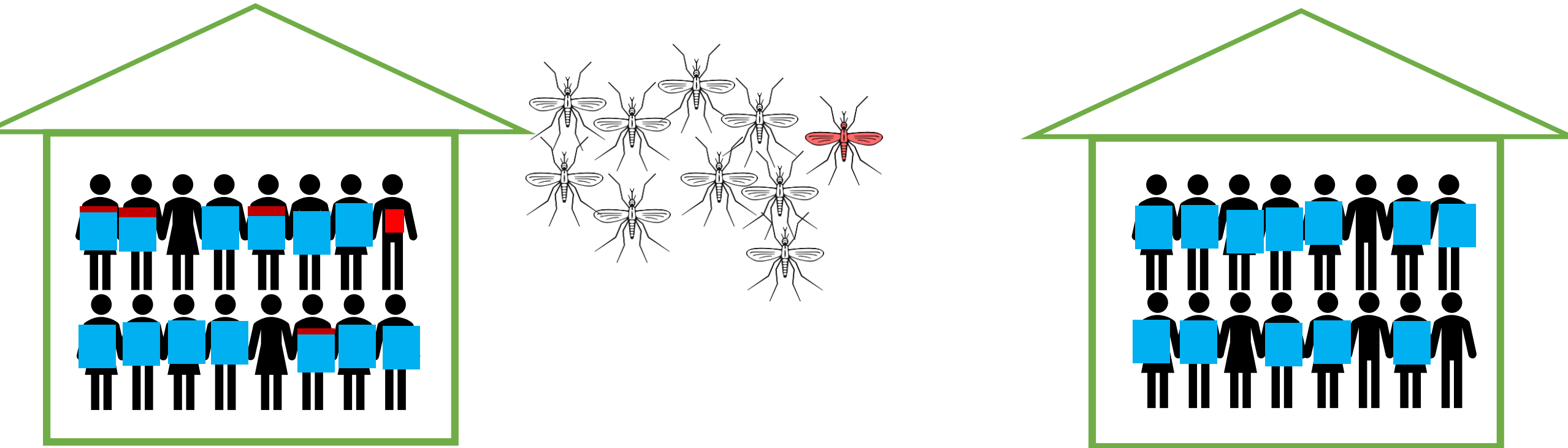
## 2) Adding MDA to IRS





# Rationale for adding MDA to IRS

## 2) Adding MDA to IRS



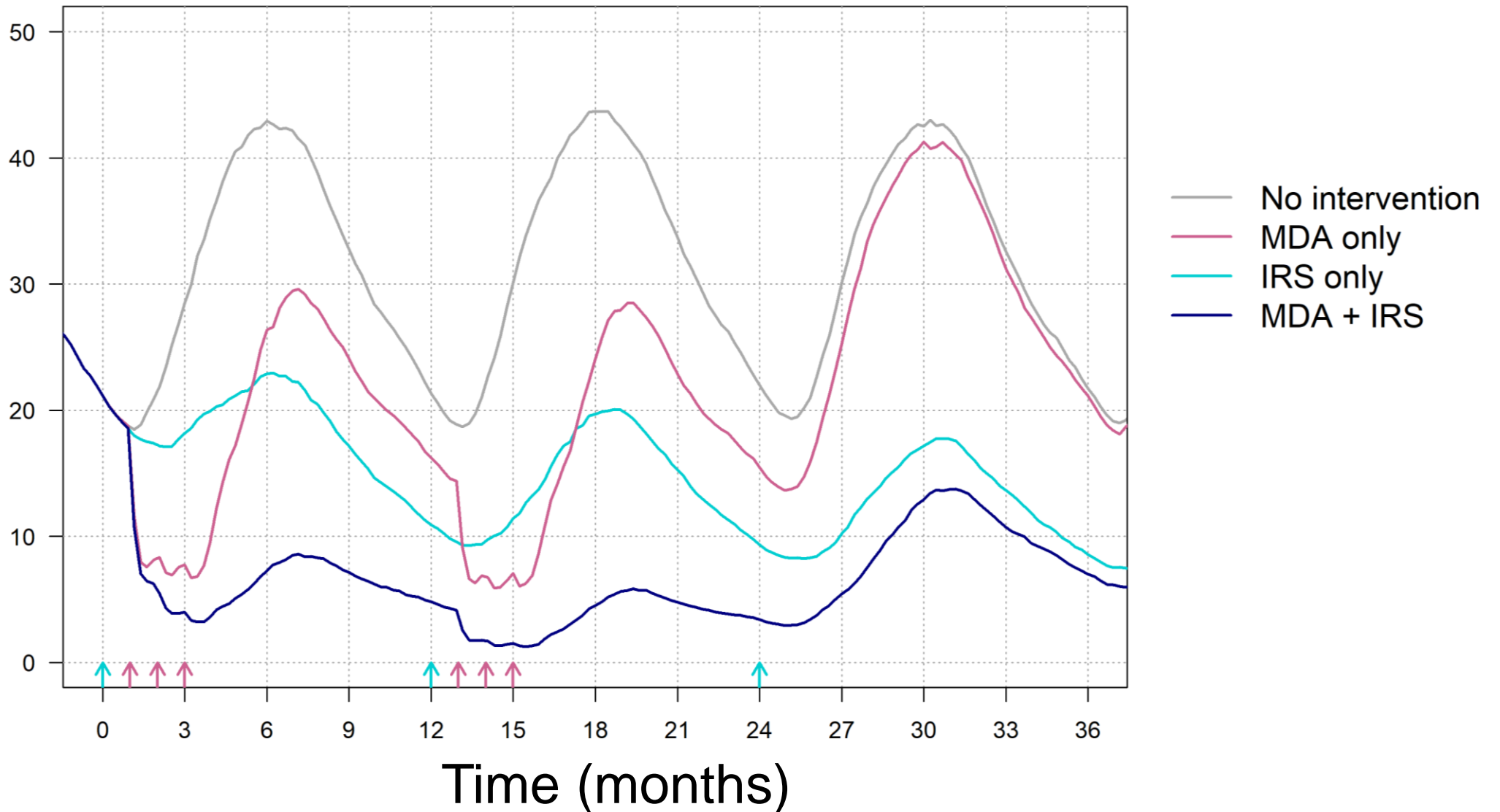
**NO NEW INFECTIONS**

# Would you expect to see a 'less than additive' impact of combining these two interventions?

- Use malaria transmission model to simulate the impact of MDA + IRS
  - Seasonal transmission setting with moderate transmission (based on Western Province, Zambia)
  - IRS coverage set at 20% pre-intervention, and increased to 60% during the intervention and has efficacy and duration based on Actellic
  - MDA coverage is 70%, 3 rounds are conducted starting at the end of the dry season and spaced 1 month apart, and drug given is DHA-P

# *Impact on prevalence of combining IRS and MDA*

Slide  
prevalence  
in 2-10s  
(%)



## Impact on mean prevalence in 2 years after start of intervention

	Mean slide prevalence in 2-10yr olds	Percentage reduction compared to no intervention	Percentage reduction compared to IRS only
No Intervention	32%	-	-
IRS only	16%	49%	-
MDA only	18%	43%	-
MDA + IRS	6%	85%	66%

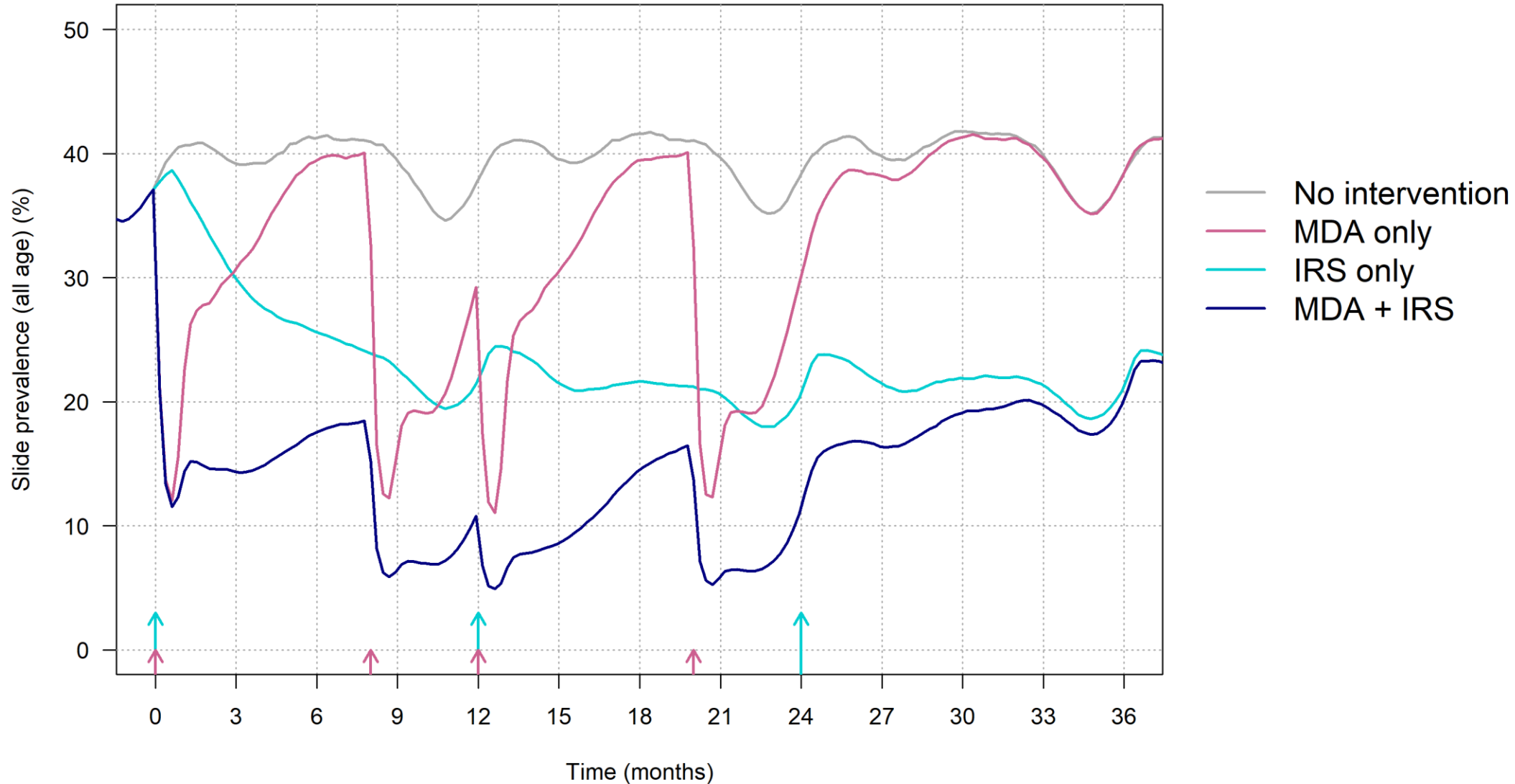
## Impact on treated clinical cases in 2 years after start of intervention

	Mean treated clinical cases per 1,000 per year	Percentage reduction compared to no intervention	Percentage reduction compared to IRS only
No Intervention	179	-	-
IRS only	40	78%	-
MDA only	87	51%	-
MDA + IRS	12	93%	71%

# Impact is lower and more transient in a setting with high and perennial transmission (i.e. Uganda, Dorothy Echodu)

Impact of combining these two interventions depends on (amongst many factors):

- seasonality
- transmission intensity
- timing
- frequency of rounds



# Key observations

- Mosquito populations are resistant to key chemistries – specifically pyrethroids – we need alternatives.
- IRS chemistries provide broader mechanisms of action but differ in performance
- Coupling indoor interventions with MDA has potential
  - MDA clears parasites in the human population
    - lower probability that a mosquito will become infected
  - IRS reduces the vector population
    - fewer mosquitoes to become infected, and mosquitoes dying before becoming infectious
  - MDA protects people through the prophylactic properties of the antimalarials
    - fewer people susceptible to new infections

= Theoretically sensible complementary interventions

Thank you to the ASTMH and Symposium organisers

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**PATH**

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Molly Robertson

Jason Wagman

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