

**CONCEPT NOTE FOR CLINICAL EXPERT MEETING ON LYMPHATIC FILARIASIS
NEW DELHI 2016**

Background

Lymphatic filariasis (LF) is the second leading cause of chronic disability in the world with a global burden attributable to the disease estimated at 2.7 million DALYs¹ in 2010. The number of infected cases have been estimated in 2012 to be 67.8 Million, with 36.1 million cases with clinical illness, 19.4 million with hydrocele, and 16.6 million with lymphedema.² This represent an important decline from the figures presented by the World Health Organization (WHO) in 2000 at the start of the Global Programme to Eliminate LF (GPELF), when 119 million were estimated to be infected in 1996 with 43 million showing clinical symptoms (hydrocele and lymphedema).

The target of the GPELF is the elimination of the disease as a public health problem by 2020. The recommended strategy is the preventive chemotherapy with safe anthelmintic given to the population at risk to prevent morbidity and prevent transmission. In 2014, 1103 million people required MDA in the world, 632 million in South East Asia (≈481 in India)³. However current treatments do not kill all adult worms and infected people remain at risk of developing the debilitating symptoms associated with the disease.

Additionally, patients with clinical manifestations of disease, such as acute attacks, lymphedema or hydrocele still present unmet medical needs, suffering the physical, psychological and socioeconomic consequences of LF.

The Drugs for Neglected Diseases initiative (DNDi) is a non-profit drug research and development (R&D) organization developing new treatments for neglected diseases. It initiated a filariasis clinical R&D program in 2014 to develop new treatments for filariasis patients, including onchocerciasis and LF patients.

A clinical experts meeting will be organized by DNDi in partnership with ICMR here in India, the country bearing the biggest burden of this disease. This meeting will gather clinicians, researchers, and public health experts working in the field of LF.

Objectives of this meeting:

- To identify the unmet medical needs for the treatment of LF patients
- Define the Target Product Profile (TPP) for LF case management in Asia.

An overview of the current burden, morbidity, diagnosis and treatment of LF in Asia will be presented. The unmet medical needs will be presented as well as ongoing research in this field.

In the last session, gaps in patient case management will be discussed and participants will define the TPP for LF case management.

¹ Murray CJ, Vos T, Lozano R, Naghavi M, Flaxman AD, Michaud C, et al. Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990–2010: a systematic analysis for the global burden of disease study 2010. *Lancet*. 2012; 380:2197–223.

² Ramaiah K, Ottesen EA Progress and impact of 13 years of the Global Programme to Eliminate Lymphatic Filariasis on reducing the burden of filarial disease. *PLOS NTD*. 2014; 8:e3319.

³ WHO. WER Global programme to eliminate lymphatic filariasis: progress report 2014. *WER* 2015; 90: 489-454

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Audience/speakers: Clinicians, researcher and program managers in the field of lymphatic filariasis, especially from India, WHO and DNDi representatives

LOGISTICS:

Date: 22-23 February 2016

Venue: ICMR, Conference Hall, ICMR, Ansari Nagar, N. Delhi 110029.

Estimated # of Attendees: 45-50

Overview Agenda Summary

Day 1: 22 February	Agenda
9:00 am – 10:30 am	Opening session and introduction
10:45 am - 12:30 pm	SESSION 1 - Burden of LF in 2015 and estimated projections 2020-2025
1:30 pm – 3:15 pm	SESSION 2: Pathogenesis, clinical manifestations and diagnosis in Asia
3:30 pm – 5:45 pm	SESSION 3 – Current Treatment practice and ongoing clinical trials
Day 2: 23 February	
9:00 am to 2:00 pm	SESSION 4 - TPP for LF case management