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among NICs. A regular opportunity for the NICs, officials from ministries of health and WHO to meet to share the experiences, successes and challenges is needed.

The first meeting of the NICs in these 2 regions was held in Melbourne, Australia on 1–4 May 2007.[2] A biregional 4-year workplan for strengthening national capacity for influenza surveillance was developed and endorsed during the meeting. The workplan was subsequently endorsed by the biregional Asia Pacific Technical Advisory Group for Infectious Diseases as a part of the workplan of the *Asia Pacific strategy for emerging diseases*.[3] The workplan requires WHO to take action to strengthen the capacity of NICs. One of the requirements is that WHO continue to organize annual meetings for NICs to provide opportunities for them to share their experiences, address common concerns and improve communication with WHO and WHO's collaborating centres.

The objectives of the meeting were to review accomplishments since the first meeting using the proposed actions described in the regional plan for strengthening national influenza surveillance capacity; to review and update information on the surveillance of seasonal and avian influenza as well as on the progress of vaccine development; to review, discuss and finalize generic protocols for studies of influenza disease burden and surveillance guidelines; to introduce a laboratory database for NICs; and to provide training on monitoring antiviral drug resistance.

The WHO Secretariat consisted of 10 representatives from headquarters, the regional offices for the Western Pacific and South-East Asia, and country offices (Mongolia and Viet Nam). Additionally, there were 15 observers from international public health agencies and laboratories (the United States Centers for Disease Control and Prevention, the National Institute of Infectious Diseases in Japan, the Japanese government, the Japan International Cooperation Agency, the Pasteur Institute and the University of Melbourne).

The first 3 days of the meeting consisted of 7 plenary sessions. Topics covered included regional reports on progress made since the 2007 meeting; regional and global updates on findings from seasonal influenza surveillance for 2007–2008; updates on influenza A(H5N1) epidemiology, virology and vaccine development; updates on global and regional pandemic preparedness; and updates on WHO's external quality assurance programme. A total of 7 countries with confirmed human cases of A(H5N1) influenza shared their experiences in

4) WHO's external quality assurance programme provides a means for monitoring and improving laboratory performance. NICs are encouraged to continue to participate in the programme.
5) Countries are encouraged to review and update their national pandemic preparedness plans based on the lessons learnt from their national pandemic preparedness exercises.
6) A review of influenza surveillance in the Asia Pacific area, which includes both the Western Pacific and South-East Asia regions, was proposed. A proposal will be drafted and presented at the next meeting in 2009. ■

4) Le programme OMS d'assurance de la qualité externe offre un moyen de surveiller et d'améliorer les résultats des laboratoires. Les NIC sont encouragés à continuer à y participer.
5) Les pays sont encouragés à passer en revue et à actualiser

2007

Onchocerciasis (river blindness) is caused by the vector-borne parasite *Onchocerca volvulus* and is endemic in 6 countries in WHO's Region of the Americas: Brazil, Colombia, Ecuador, Guatemala, Mexico and Venezuela. The Onchocerciasis Elimination Program for the Americas is a regional initiative with the goals of using the effective oral microfilaricide ivermectin (Mectizan, donated by Merck & Co.) to eliminate new ocular morbidity from onchocerciasis and to interrupt transmission of the parasite in the 13 endemic foci in the Region of the Americas. The elimination partnership includes the 6 endemic countries, the Pan American Health Organization, WHO, the Carter Center, Lions Clubs International, the United States Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation, the Mectizan Donation Program and Merck & Co.

The seventeenth annual Inter-American Conference on Onchocerciasis was held in Quito, Ecuador on 15–17 November 2007. More than 80 people attended; the meeting was organized by the Ministry of Health of Ecuador and members of local Lions Clubs. The theme of the meeting was the beginning of a new era; this theme was chosen based on conclusions made by the steering committee of the elimination programme that onchocerciasis transmission has been interrupted in 4 foci in 3 countries (Colombia, Guatemala and Mexico) and in a subfocus in Ecuador.

2007

The strategy of the elimination programme for the Americas aims to help the 6 national onchocerciasis elimination programmes provide mass treatment with ivermectin twice each year and to reach at least 85% treatment coverage; it also aims to sustain mass treatment until onchocerciasis transmission is interrupted. In 2007, the total number of people in the Region of the Americas eligible for ivermectin treatment (445 742) (representing the ultimate treatment goal or UTG) was determined using information from censuses conducted during the second treatment round in 2006 in each endemic community. Since the goal is to provide ivermectin treatment twice a year, treatment coverage was cal-

culated as the total number of treatments delivered during the year divided by twice the ultimate treatment goal (represented as UTG(2)), or 891 484 treatments. The percentage of the region's UTG by country are: Guatemala (38.1%), Mexico (32.4%), Venezuela (22.5 %), Ecuador (4.9%), Brazil (1.8%) and Colombia (<1%).

In 2007 the 12 foci that remained under treatment surpassed 85% coverage in both treatment rounds, distributing 843 095 (95%) treatments of the UTG(2)'s 891 484. Santa Rosa, Guatemala, the thirteenth focus in the Americas, is no longer undergoing treatment (see the Guatemala section below). Country-specific treatment activities are described individually.

Brazil's endemic population resides in a vast area (the Amazonas–Roraima focus) which is contiguous with Venezuela's South focus. The entire bi-national endemic zone (the Yanomami Area) has a combined UTG(2) of 26 858. Brazil provided 14 862 treatments in 2007, 93% of its UTG(2) of 16 040. Brazil has surpassed the 85% treatment coverage goal for the seventh consecutive year. In contrast, on the Venezuelan side, the coverage goal for the poorly accessible South focus in the Yanomami Area was reached for only the second consecutive year by delivering 10 184 treatments, 94% of its UTG(2) of 10 818. The South focus provided 4869 (90%) treatments during the first round and 5315 (98%) during the second. Overall, the Yanomami Area reached 93% of its UTG(2) (25 046 treatments of 26 858).

Colombia has a single endemic focus (López de Micay, Cauca). Its programme provided 2232 treatments in 2007, 93% of its UTG(2) of 2410. Colombia exceeded its goal for treatment coverage for the ninth consecutive year. Based on the 2007 conclusion by the programme's steering committee that transmission had been interrupted in Colombia, the Ministry of Social Protection resolved to halt ivermectin treatment in 2008 and begin the 3-year post-treatment epidemiological surveillance period for disease recrudescence that is required before parasite elimination can be declared.

Ecuador has a single endemic focus in Esmeraldas Province (the Esmeraldas–Pichincha focus). The programme achieved a treatment coverage of >85% for the seventh consecutive year, providing 42 112 treatments, 97% of the UTG(2) of 43 598. Following a recommendation made by the elimination programme's steering committee, the Ecuadorian onchocerciasis programme resolved to suspend treatment in the Río Santiago subfocus starting in January 2008.

Guatemala has 4 endemic foci: the Central endemic zone, Escuintla–Guatemala, Huehuetenango (bordering the Southern Chiapas focus in Mexico) and Santa Rosa. Santa Rosa has been under post-treatment epidemiological surveillance since January 2007. In the other foci, treatments surpassed the coverage goal for the sixth consecutive year by providing 320 112 ivermectin treatments in 2007, 94% of a UTG(2) of 339 976. In 2007, the elimination programme's steering committee concluded that onchocerciasis transmission had been interrupted in the Escuintla–Guatemala focus, and the Guatemalan Ministry of Health decided to halt treatment there in

a été calculée en divisant le nombre total de traitements administrés pendant l'année par 2 fois la valeur de l'OTF (OTF(2)), soit 891 484 traitements. Le pourcentage de l'OTF pour la Région se répartit entre les pays comme suit: Guatemala (38,1%), Mexique (32,4%), Venezuela (22,5%), Equateur (4,9%), Brésil (1,8%) et Colombie (<1%).

En 2007, les 12 foyers restant sous traitement ont dépassé les 85% de la couverture lors des 2 séries de traitement, en distri-

2008 and begin the 3-year post-treatment epidemiological surveillance.

Mexico has 3 endemic foci (Northern Chiapas, Oaxaca and Southern Chiapas) where >85% coverage was achieved for the seventh consecutive year by providing 273 897 treatments, 95% of the UTG(2) of 289 266. Since 2003, Mexico has also been providing ivermectin quarterly in 50 of its most highly endemic communities in the Southern Chiapas focus as part of a trial aimed at hastening onchocerciasis elimination. In 2007, the elimination programme's steering committee concluded that onchocerciasis transmission had been interrupted in the Northern Chiapas focus, and the Mexican Ministry of Health agreed to stop ivermectin treatment there in 2008 and begin the 3-year post-treatment epidemiological surveillance.

areas now that treatment has been halted. A 3-year post treatment surveillance period has been recommended in WHO's onchocerciasis certification guidelines before the parasite can be declared to have been eliminated from a focus.

Active transmission is believed to continue in 7 foci (all 3 foci in Venezuela, and in Brazil, Ecuador, Guatemala's Central endemic zone and Mexico's South Chiapas focus). In the other 2 foci (Huehuetenango in Guatemala and Oaxaca in Mexico), transmission has been suppressed; these foci are the subject of epidemiological and entomological evaluations, the data from which will be considered by the programme's steering committee to determine whether treatment withdrawal recommendations may be made by next year. Based on the progress being made, and the projections for interruption of transmission in each remaining focus, the conference declared 2012 as the last year for ivermectin treatment in the Americas, with 2015 being the expected last year for post-treatment surveillance (*Fig. 1*).