

MRC Centre for Global Infectious Disease Analysis Imperial College London

Estimating the potential impact of surveillance testand-treat posts to reduce malaria in border regions in sub-Saharan Africa: A modelling study

Hillary Topazian

IDM Annual Symposium, 2 October 2024

Background



MRC Centre for Global Infectious Disease Analysis

Imperial College London

Countries selected for the E-2025 initiative



Zeroing in on Malaria Elimination: Final Report of the E-2020 Initiative. (2021)

Background



MRC Centre for Global Infectious Disease Analysis

Imperial College London



Year	Age group years	Travelled to mainland EG in previous 8 weeks	Prevalence of <i>P. falciparum</i> infection % (N)	Odds ratio (95% Cl)
2013	2-14	No	26.4 (5,579)	1
	\longrightarrow	Yes	56.4 (252)	2.80 (2.14-3.67)
	>15	No	17.2 (6,322)	1
	\longrightarrow	Yes	27.8 (586)	1.65 (1.35-2.01)
2014	2-14	No	17.7 (6,810)	1
	\longrightarrow	Yes	41.7 (288)	3.33 (2.59-4.29)
	>15	No	11.7 (6,618)	1
	\longrightarrow	Yes	19.0 (626)	1.70 (1.37-2.10)

Tessema S et al. eLife. 2019; 8:e43510

Bradley J et al. Malar J. 2015; 14:1-7





MRC Centre for Global Infectious Disease Analysis

Imperial College

Two main strategies exist to limit the introduction of new infections from one country to another caused by human movement:

A) targeting the "source" population

B) intervening during migration or shortly after entry



Background



MRC Centre for **Global Infectious Disease Analysis**

Imperial College London



Malaria Border Health Post Evaluation Study. Elimination 8, SADC. (2020) Zu-rui L et al. BMC Infect Dis. 2021; 21:1-11



Objective



MRC Centre for Global Infectious Disease Analysis

Imperial College

London

Two main strategies exist to limit the introduction of new infections from one country to another caused by human movement:

A) targeting the "source" population

B) intervening during migration or shortly after entry

To estimate the effectiveness of border posts on total cases in malaria-endemic sub-Saharan Africa using an individual-based, mathematical metapopulation model of *P. falciparum*.



MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis Imperial College London



First sub-national administrative level units which touch an international border 44 countries represented



MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis

Imperial College London

mean P(overnight travel): 0.43 (range: 0.08 to 0.75)







Data from the Demographic and Health Surveys Program Data summarized for the last 12 months (admin1 mean of the cluster medians)



MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis

Imperial College London



Okell L et al. Nat Commun. 2012; 3:1237.



MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis

Imperial College London

14 14 0.75 case study 0.65 % of cases averted 0.55 *Pf*PR₂₋₁₀ unit 2 in unit 1 12 10 8 6 0.35 4 2 0.25 0.15 0.05 0.45 0.05 0.15 0.25 0.35 0.55 0.65 0.75 PfPR2-10 unit 1

Border posts reduced the highest percentage of cases in scenarios where a high transmission unit bordered a low-transmission unit



MRC Centre for Global Infectious Disease Analysis





MRC Centre for Global Infectious Disease Analysis



Conclusions



MRC Centre for Global Infectious Disease Analysis

- Border post interventions averted cases and reduced PfPR₂₋₁₀ in border areas, particularly among low-high pairings
- The difference in *Pf*PR₂₋₁₀ values on either side of a border has a large effect on the cases averted by the intervention
- Border posts will not allow a country to reach elimination in isolation
 - Only a small proportion of individuals are mixing at each time unit
 - RDTs are not as sensitive in low transmission areas

Conclusions



MRC Centre for Global Infectious Disease Analysis Imperial College London

Limitations

- Lack of data on implementation costs
- Lack of data on feasibility (mixed findings in the literature)
- Results cannot be interpreted as recommendations for specific settings
- Wide variability in admin1 unit land areas

Future work

- Assess border posts vs. resource sharing and synchronizing vector control campaigns
- Integration alongside other interventions (monitoring artemisinin resistance, HIV / TB / COVID-19 / dengue screening)

Acknowledgements



MRC Centre for Global Infectious Disease Analysis

Imperial College London



Giovanni D. Charles, Nora Schmit, Matteo Pianella, Katharina Hauck, Azra C. Ghani

John M. Marshall

Immo Kleinschmidt

Kim Lindblade



Wellcome Trust [reference 220900/Z/20/Z]

MRC Centre for Global Infectious Disease Analysis