



Field Guide for Lymphatic Filariasis Screening Program

1. Introduction

1.1 Background

The Nationwide Lymphatic Filariasis Screening Program will be conducted across the country from the 16th of February to 29th February 2024. Samples from locals and foreigners in all administrative Islands and from randomly selected non-administrative islands will be invited to take part in the screening program. All participants will be above 18 years.

Health facilities in each island, volunteers and staff from MRC, in coordination with local councils and employers, will do the fieldwork.

The screening will be conducted using Filaria Test Strips (FTS) kits. All individuals who test positive will be provided treatment according to standard guidelines.

1.2 Purpose

This is a guideline for field teams participating in the nationwide Lymphatic Filariasis Screening Program. The objectives of this screening program are:

- To assess the prevalence of LF among migrant populations
- To assess if local transmission due to the recent influx of migrants from endemic areas has occurred

All guidelines, documents, data formats, FAQs, IEC materials and presentations will be provided in the Google Drive created for this.

The Google Drive can be accessed via the following link [Filaria Screening 2024](https://bitly.ws/3cWen) (<https://bitly.ws/3cWen>)

2. Pre-Screening Preparation

2.1 Field Teams

Every island should have an LF task force led by the island health facility and council. In the Greater Malé Area, HPA will undertake the coordination role. Each field team should be assigned by the health facility and must consist of at least one individual assigned for data entry, one sample collector and one team leader. All team members should be trained on the screening protocol and their role. Sample collectors should be licensed health professionals and have completed training on using FTS kits.

2.1.1 Role of LF Island Taskforce

1. Ensure community preparation (awareness for public)
2. Coordinate with employers
3. Ensure field teams are trained
4. Supplies available
5. Protocol is adhered to
6. Sample size is reached
7. Plan deployment of teams as efficiently as possible
8. Arrange transportation for teams

2.1.2 Role of Team Leader

1. Introduce the team to the household and give introductory information
2. Ensure all data collection forms, sheets are completed
3. Ensure testing goes according to protocol
4. Assist teams while in the field to resolve issues that arise during field work
5. Brief teams before departure, ensure all equipment needed is being taken with the team
6. Assist with referrals or request additional assistance (e.g. from MRC)
7. Ensure that medication is provided to those who require it

2.1.3 Role of Data Entry Staff

1. Register or enroll participants
2. Enter data into all the required formats
3. Ensure all relevant details are complete

2.1.4 Role of Sample Collector

1. Explain the test procedure
2. Take sample
3. Conduct the test
4. Inform result to the data collector to enter the data

2.2 Equipment and Supplies

Ensure all the items on the list are available before starting fieldwork. Before leaving for field work, use the checklist below and ensure you have all the materials.

Always wear official identification (health facility ID card/ MRC card AND official screening program card along with the NID). The following are the materials that would be needed for field workers.

- | | | |
|--|--|---|
| <input type="checkbox"/> Clipboard | <input type="checkbox"/> Cotton + spirit/
Alcohol swabs | <input type="checkbox"/> Participant Tracker
sheet |
| <input type="checkbox"/> Pen | <input type="checkbox"/> FTS strips | <input type="checkbox"/> Tally sheet |
| <input type="checkbox"/> Fine point permanent
markers | <input type="checkbox"/> Infected waste
disposal bags | <input type="checkbox"/> Medicine chart |
| <input type="checkbox"/> Laptop or tablet | <input type="checkbox"/> Hard white paper to
place the strips | <input type="checkbox"/> CD Notification Forms |
| <input type="checkbox"/> Data SIM/ Connection
access | <input type="checkbox"/> Medication | <input type="checkbox"/> Map of island with
selected households/
sites marked |
| <input type="checkbox"/> Syringe | <input type="checkbox"/> Introductory
information sheet | <input type="checkbox"/> Digital timer |
| <input type="checkbox"/> Sharp box | | |
| <input type="checkbox"/> Gloves | | |
| <input type="checkbox"/> Surgical mask | | |

2.3 Community Preparation

Community preparation is key to the success of the screening program. The public should be made aware of the disease, the purpose of the screening and its benefits.

A presentation to provide information to the public will be included in Google Drive ([Filaria Screening 2024](#)) along with additional IEC materials. In addition, messages will be disseminated at the national level through HPA, MRC and other relevant stakeholder's social media channels and through traditional media such as TV, radio and news websites. IEC materials will be available in major languages spoken by foreign workers.

The materials can be used to inform the public through the channels most easily accessed by those living on the island. This could be island community Viber or Facebook groups, through council, school or other methods.

3. Sample Selection

3.1 Selection of screening sites/ households

Based on the 2022 census population, a sample size has been calculated for locals and foreigners separately, for each administrative island and the selected non-administrative islands.

In preparation for sample selection, a mapping exercise should be conducted in each island to map the foreigners residing on the island and their accommodations, and this information should be shared with HPA and MRC.

HPA in coordination with MRC will identify the sites for foreigners, based on the sample size for the island.

For locals, HPA will share the list of selected households for each Island.

For both foreigners and locals, additional households/ residences will be identified, in case some households are unoccupied or some refuse. Only those 18 years and above, living in selected households/residences can participate in the screening program. If the sample size is not reached even after all the selected households are contacted, HPA should be informed. Additional households will be shared after identifying any issues.

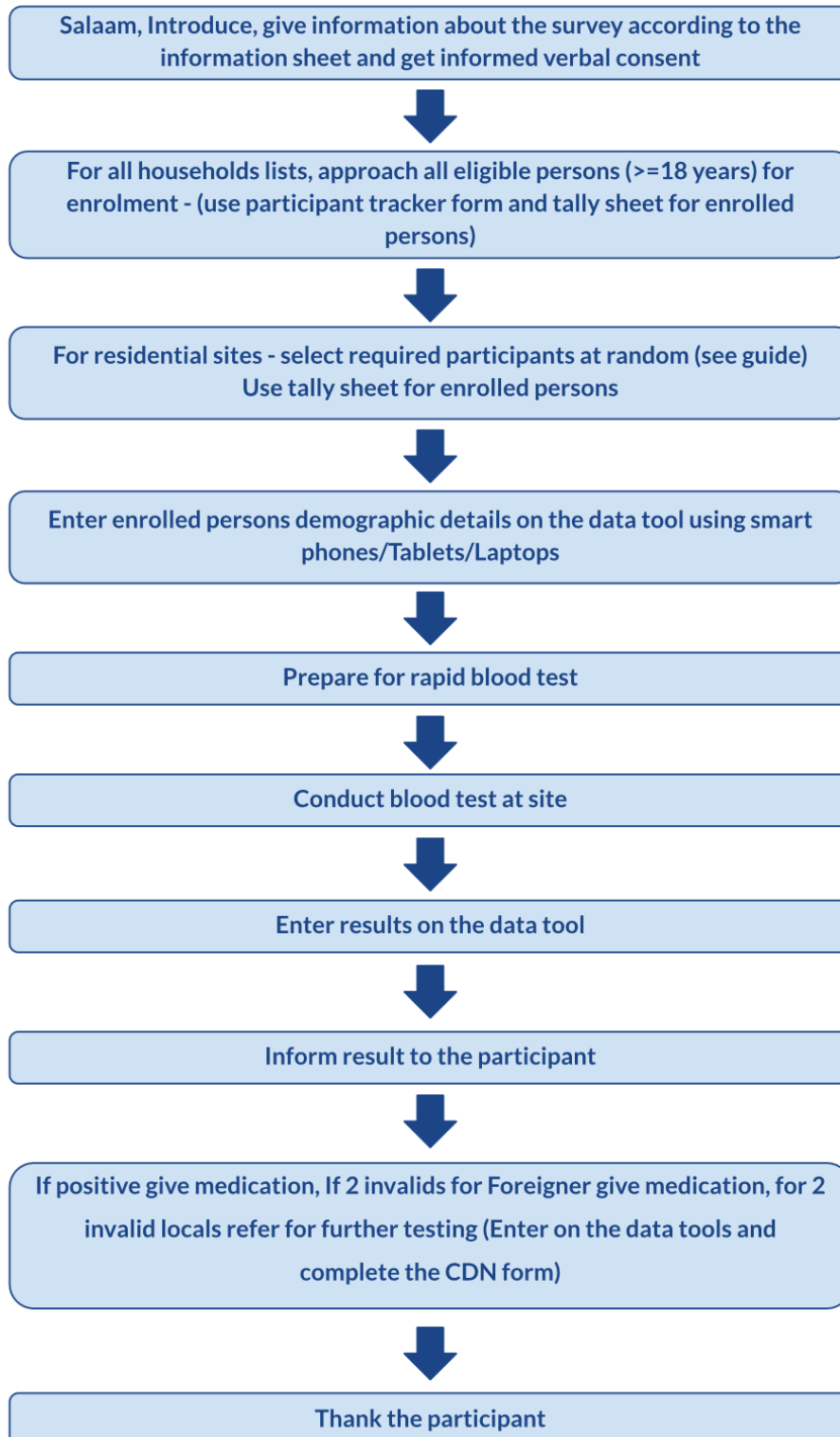
3.2 Selection of Participants:

- Visit each selected household, at a time which will be most convenient for the participants. The household can be contacted prior to the visit and inquire on the convenient timing.
- Or coordinate an alternative location and timing suitable for the participants selected at random.
- If the household is empty or could not be accessed or the full household refuses to participate, then record the name of the household and tick the appropriate column.
- Greet, introduce yourself and inform the purpose of the study. See appendix for the information sheet.
- Ask for and list all the resident locals above 18 years of the household (list only the people who have lived in the household for the past 6 months).
- All consenting eligible persons in the household are enrolled and entered to the participant tracker sheet. Enter the household name and the details of each member of the household. At the end of the visit, check to ensure that all members of the household have been listed and their status (tested, refused or not available) entered. For those who were not at home at the time of the visit, ask for their contact details and enter into the remarks column information on when they can be most easily reached.
- If a foreigner is living in the household of locals, include them if they are above 18 years of age and have been residing there for more than 6 months. However, they should be counted towards the foreign sample for the island and not in the total for the locals.
- A listing is not advised for residential sites such as dorms/barracks. But select participants at random. Use a random number generator application using the smart phone. If the site has 100 eligible people, ask the app to generate a number between 1 and 100. If the random number is 24, the first participant for the screening is the 24th person encountered at the

site. For identifying this person, you may obtain a list of names and select the 24th person or ask the residents to form a line and then select the 24th person. Then enroll the consecutive person till you reach the desired sample size (remember to obtain informed consent).

- In those households or residential site where some members were not available at the time of the screening or if the house was not accessed, make repeat visits to ensure all consenting enrolled participants are enumerated. At least two more visits (three visits in total) should be attempted.
- If the households or residential site selected is unoccupied at the time of field visits/or not able to access (locked or family away), or if all eligible participants refuse, approach the next household on the list. Continue until the sample size selected for the island is reached.
- Maintain a tally sheet to track the enrolment of the different demographic groups – male/female, age groups. Attempt will be made to get enrolment of men, women, different age groups and nationalities proportional to resident population on the island. See appendix for tally sheet template.
- In islands (PSUs) where the resident population is less than the minimum required sample size, all residents of the resident population will be enrolled.

3.3 Summary Field Steps



4. Testing for Filaria

4.1 Blood Sample Collection

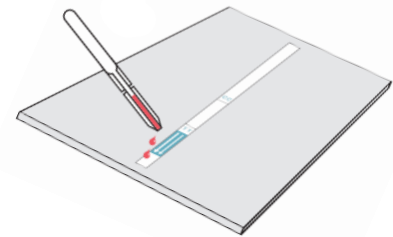
Sample Type – Venous blood to be collected using 1ml syringe

4.2 Rapid Testing using Filaria Test Strips (FTS)

BIOLINE™ FILARIASIS TEST STRIPS will be used for the screening. It is an in vitro, visually read, immunochromatographic test for the qualitative detection of circulating filarial antigen from *Wuchereria bancrofti*.

4.2.1 Procedure

- Withdraw Venous blood using a Syringe
- Slowly add 8 drops of the blood sample to the lower half of the sample pad.
- Set a timer for 10 -15 minutes or record the time when sample has been added to the strip.
- Read the test when the sample has migrated ALL the way up the strip.
- Discard the used materials in the proper waste containers.



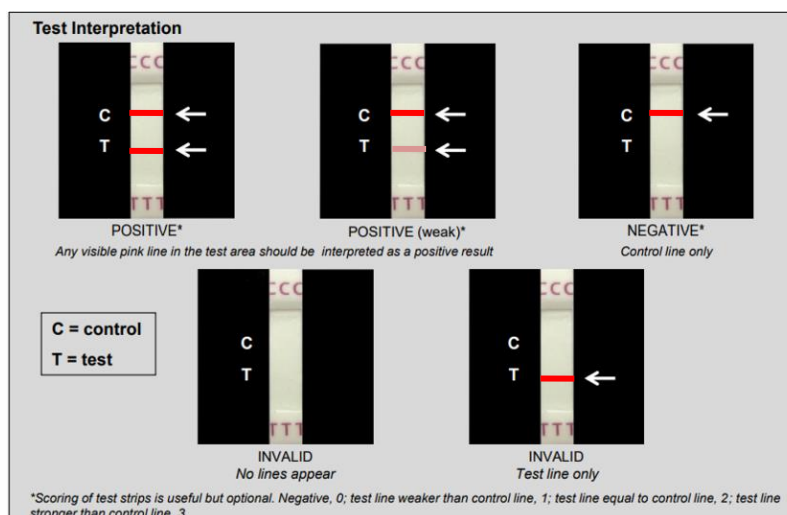
4.2.2 Interpretation

Record the test results, POSITIVE, NEGATIVE or INVALID

- If the Control line (C) and the Test line (T) are visible, the test is POSITIVE.
- Any faint visible colored test (T) line with the control line (C) should be read as POSITIVE.
- If only Control line (C) is visible, the test is NEGATIVE
- If the Control line (C) and the Test line (T) is not visible, and if only Test line (T) is visible, the test is INVALID

4.2.3 Invalid Results

- If the test is INVALID, repeat the test again. The test can be repeated immediately, with a new sample.
- If the second test gives invalid result, mark the result as invalid. If the person refuses to give a second sample, mark as refusal.
- For migrants from Endemic countries, medicine to be administered after 2 invalid results and complete the CD notification form (marked as a suspect case) and share with the Health Protection Agency.
- For locals with 2 invalid tests, medicine to be administered after further testing. Complete the CD notification form (marked as a suspect case) and share with the Health Protection Agency.



5. Data Collection and Entry

- All the relevant fields in the Filarial screening data tool must be completed for each participant.
- All the data entry staff/volunteers will be given login IDs for data entry
- Use mobile phones/ Tablets/ Laptops for real-time data entry to minimize errors and streamline the process.
- Record all the information, test results, and other relevant details.
- All participants must be provided with a Filaria Test/Medication card with all details filled out.
- For positive cases and those with 2 consecutive invalid results, CD notification form must be filled.

6. Drug Administration

All those who test positive or those who are from LF endemic countries and have an invalid test result must take medication. It should not be taken on an empty stomach. Medication should be administered under observation of the team. One member should ensure the patient has taken the medication.

Refer to the LF Treatment Guideline on how many tablets to administer.

7. Screening Coordination at Central Level

The following personal will be the coordinators for different areas of work.

#	Area of Work	Name	Contact Number
1	Greater Malé Area Coordination	Aishath Lubana Labeeb	977 3454
2	Atolls Coordination	Mohamed Hamzath	794 8536
3	Testing	Samahath Ahmed	784 7147
4	Data	Adam Rifau	997 7857
5	Screening Protocol	Sana Saleem	773 2917
6	Supplies (test kits/ medications)	Aminath Shihama	783 9567
7	IECs	Hawwa Sham'aa Hassan	761 1665
8	Maldivian Red Crescent	Mohamed Adeel	940 0016

Annex 1: Participant Tracker

PSU/Island Name:											
Field Staff Name:											
					Tick as appropriate			For those not Home		Tick as appropriate	
House Name	Name	Age	Gender	Nationality	Tested	Refused	Not Home	Contact No	Remarks	Everyone Refused	Unoccupied/ Locked

Annex 2: Participant Tally Sheet

PSU/ Island name:		
Team Leader name:		
Date:		
Maldivians: Enter number of people in each age group by sex completing the screening		
	Male	Female
Age group		
18-34		
35-64		
65 and above		

PSU/Island name:		
Field Staff name:		
Foreign: Enter number of people in each age group by sex and nationality completing the screening		
	Male	Female
Age group		
18-34		
35-64		
65 and above		



Annex 3: LF Endemic Countries

1. American Samoa
2. Angola
3. Bangladesh
4. Benin
5. Brazil
6. Brunei Darussalam
7. Burkina Faso
8. Cambodia
9. Cameroon
10. Central African Republic
11. Chad
12. Comoros
13. Congo
14. Cook Islands
15. Côte d'Ivoire
16. Democratic Republic of Congo
17. Dominican Republic
18. Egypt
19. Equatorial Guinea
20. Eritrea
21. Ethiopia
22. Federated States of Micronesia
23. Fiji
24. French Polynesia
25. Gabon
26. Ghana
27. Guinea
28. Guinea-Bissau
29. Guyana
30. Haiti
31. India
32. Indonesia
33. Kenya
34. Kiribati
35. Lao PDR
36. Liberia
37. Madagascar
38. Malawi
39. Malaysia
40. Mali
41. Marshall Islands
42. Mozambique
43. Myanmar
44. Nepal
45. New Caledonia
46. Niger
47. Nigeria
48. Niue
49. Palau
50. Papua New Guinea
51. Philippines
52. Samoa
53. Sao Tome & Principe
54. Senegal
55. Sierra Leone
56. South Sudan
57. Sri Lanka
58. Sudan
59. Tanzania
60. Thailand
61. Timor-Leste
62. Togo
63. Tonga
64. Tuvalu
65. Uganda
66. Vanuatu
67. Vietnam
68. Wallis and Futuna
69. Yemen
70. Zambia
71. Zimbabwe

Annex 4: Introductory Information – English

Introduction by the Enumerator when reaching households

Assalam Alaikum. We are here for the nationwide filarial screening program. (show card). Introduce team members, pointing out who will take sample. Your household has been selected randomly for participating in the screening. We would like to give you a brief introduction to Filaria and about the screening.

Would you like us to proceed? If yes, if possible, gather everyone above 18 in the household at the time and give everyone information together.

Filaria is a disease transmitted by mosquitoes. It used to be very common in Maldives but has been eliminated for some time. It takes many bites over a long time to get infected with filaria. For many years after infection, you may not see any symptom. The only way that can check whether you have been infected is by doing a test. After many years of infection, complications can develop, where legs, arms or other areas of the body is swollen. Other symptoms such as thickening of the skin, and repeated infections can also occur. The treatment for Filaria is a dose of medicines given once only. It can both treat the disease and prevent the transmission of infection.

Last year in December, some migrant workers in Maldives tested positive for Filaria. As a response to that, one of the things HPA and the health sector is doing is this screening to check how widespread the infection is among foreign workers from countries where filarial is endemic, and also to see if any transmission has occurred among locals. So this screening is conducted among both locals and foreigners. The data from this screening will help us decide if additional control measures are needed.

For locals, households have been randomly selected from each island. In the selected homes, everyone above 18 years are selected to participate in the screening. If you agree to participate, we will be taking some personal information such as name, ID number, address and birthdate, and then do a simple test. The test will be done by (sample collector) who is a registered health

professional and trained for this screening. This test will be done by taking a small amount of blood using a syringe. A small strip will be used for the test. It will take 10-15 minutes for the result to be available. We would need everyone who gave the sample to remain here until result is received.

Three types of results can be seen.

1. Negative: if negative, then no additional steps will be required
2. Positive: if someone is positive, then they will need to take the filarial medication.

We will be providing the medication and you have to take the medication in front of a healthcare professional.

The medicines are very safe. You will not need to take additional treatments unless you have symptoms. We will also ask some additional questions (e.g. travel history, residence in a foreign country).

3. Invalid: if the first result is invalid, we will take a second sample and repeat the test.
 - If the second sample is also invalid:
 - Locals and individuals from non-endemic countries: no need to take medicines, further testing will be carried out
 - for those from endemic countries: will need to take medicine

The data from the screening will only be compiled and analysed at HPA. It will not be shared with anyone else. The data from this will only be used anonymously. Results of individual islands/households will not be made public.

Participation in this screening is voluntary. We encourage everyone in the selected households to participate, as this data is important for the country.

Do you have any questions?

(use the filarial FAQs if they ask additional info)

Would you like to participate in the screening?

If Yes, to continue the screening process. And explain that if anyone from the household is not currently at home, we will still take their basic information and come later to collect sample.

Annex 5: Introductory Information – Dhivehi

(އަދަދު 18 ގެ ރިފަރެންސް ދަށުގައި ނުވަތަ ދަށުން ވާ ގޮތުން)

އިތުރު ތகާނެއް ގެ ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

(މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ.)

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ). ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ) ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ). ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

މި މަޢުލޯމާތު ފޯމުގައި ފުރުޞަތް ހުޅުވައި ދިނުމަށް ސަރުކާރުގެ ފަރާތުން ލަންޓު ދަނީ ހުޅުވައި ފޯމުގައި (ފޮތް ދަނީ).

