

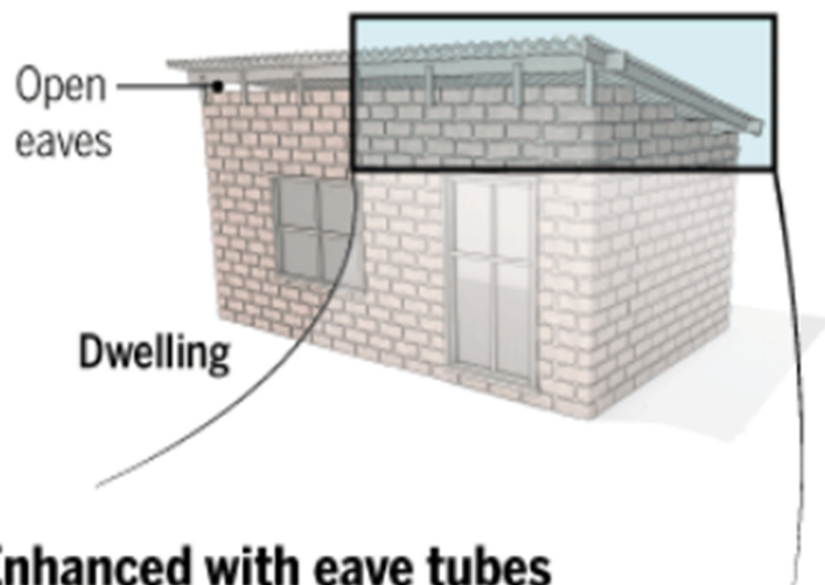
Progress on a Randomised Controlled Trial for evaluation of Eave Tubes

Matt Thomas

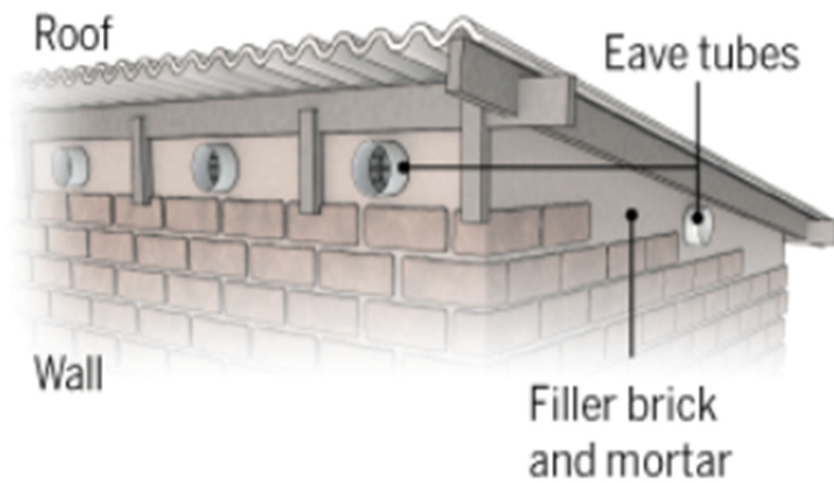
Penn State University

Eaves are the main entry point for anophelines

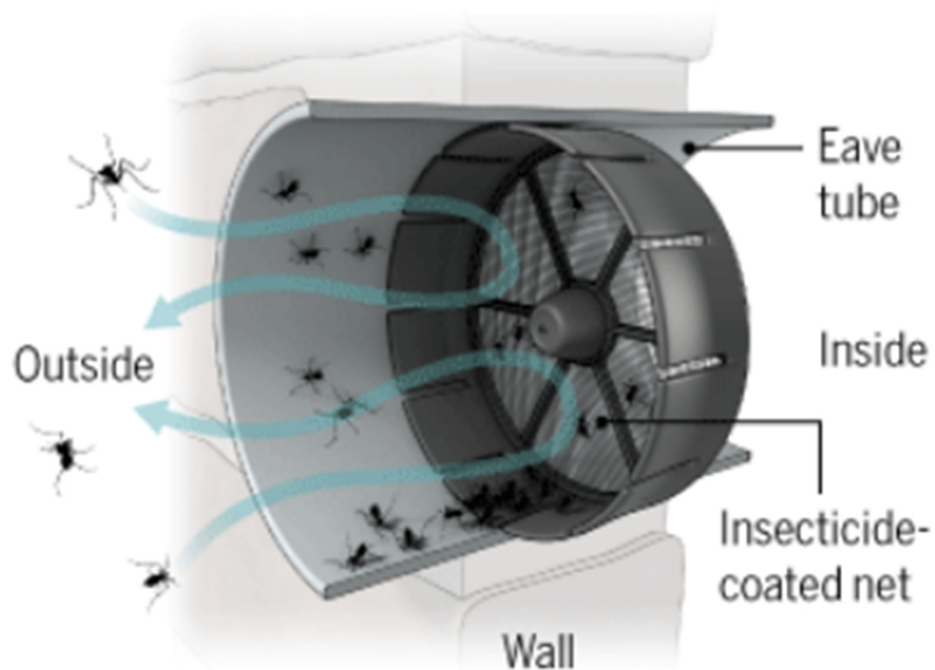




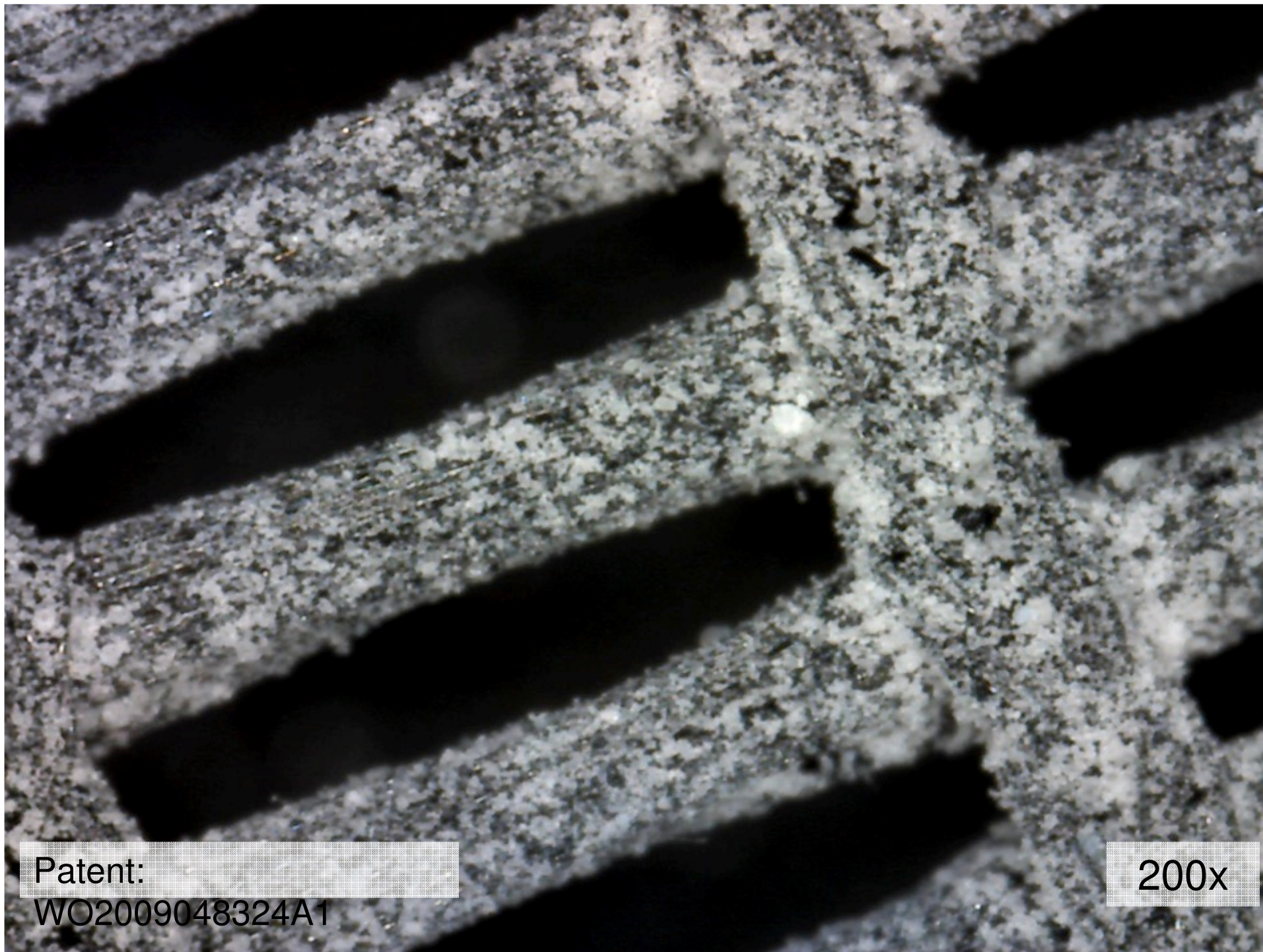
Enhanced with eave tubes



Eave tube







Patent:
WO2009048324A1

200x

RESEARCH

Open Access



Eave tubes for malaria control in Africa: initial development and semi-field evaluations in Tanzania

Eleanore D. Sternberg^{1*}, Kija R. Ng'habi^{2†}, Issa N. Lyimo², Stella T. Kessy², Marit Farenhorst³, Matthew B. Thomas¹, Bart G. J. Knols³ and Ladslaus L. Mnyone²

Malaria Journal

RESEARCH

Open Access



Eave tubes for malaria control in Africa: a modelling assessment of potential impact on transmission

Jessica L. Waite^{1*}, Penelope A. Lynch² and Matthew B. Thomas¹

Malaria Journal

COMMENTARY

Open Access



Electrostatic coating of insecticides and break in mosquitoes

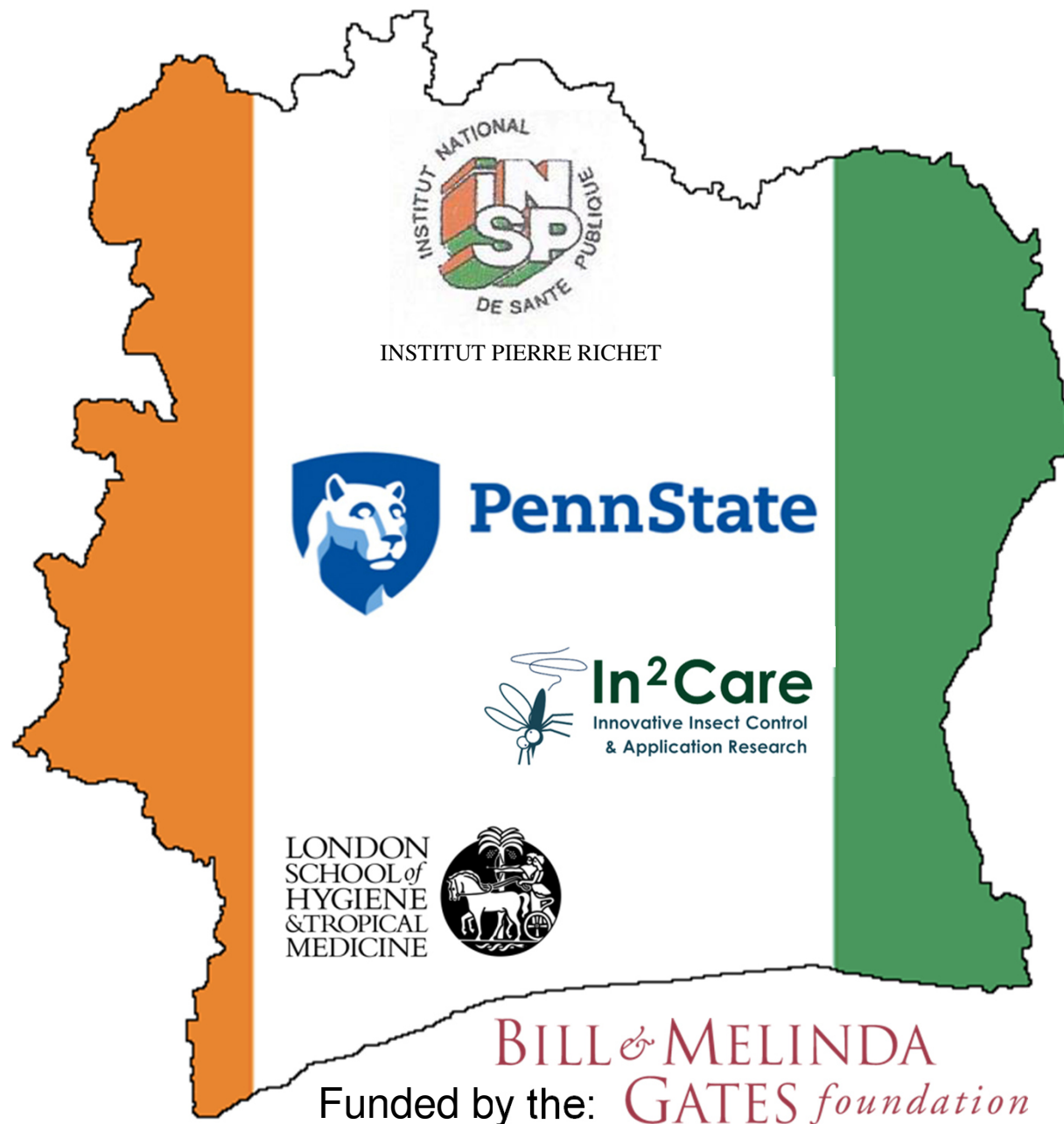
Eave tubes for malaria control in Africa: an introduction

Rob Andriessen^{a,1}, Janneke Snetselaar^{a,1}, Remco A. Suer¹, Anne J. Osinga¹, Johan M. H. Knols¹, Johan Deschietere², Kija R. Ng'habi³, Issa N. Lyimo³, Stella T. Kessy³, Valeriana S. Mayagaya³, Sergej Sperling⁴, Michael Cordel⁴, Eleanore D. Sternberg⁵, Patrick Hartmann², Ladslaus L. Mnyone², Basil D. Brooke^{d,e}, Hilary M. Bennett^f and Matthew B. Thomas¹

Bart G. J. Knols^{1*}, Marit Farenhorst¹, Rob Andriessen¹, Janneke Snetselaar¹, Remco A. Suer¹, Anne J. Osinga¹, Johan M. H. Knols¹, Johan Deschietere², Kija R. Ng'habi³, Issa N. Lyimo³, Stella T. Kessy³, Valeriana S. Mayagaya³, Sergej Sperling⁴, Michael Cordel⁴, Eleanore D. Sternberg⁵, Patrick Hartmann², Ladslaus L. Mnyone², Andreas Rose⁴ and Matthew B. Thomas⁵

^aIn2Care BV, Wageningen 6709 PG, The Netherlands; ^bCTF2000, Zele 9240, Belgium; ^cEnvironmental Health and Ecological Sciences Thematic Group, Ifakara Health Institute, Ifakara, Tanzania; ^dWits Research Institute for Malaria, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg 2050, South Africa; ^eVector Control Reference Laboratory, Centre for Opportunistic, Tropical and Hospital Infections, National Institute for Communicable Diseases, National Health Laboratory Service, Sandringham, Johannesburg 2131, South Africa; and ^fDepartment of Vector Biology, Liverpool School of Tropical Medicine, Liverpool L3 5QA, United Kingdom

Eave Tubes: From Concept to Implementation





Two armed randomized controlled trial (2016 – 2018):

- 20 villages will receive new LLINs + eave tubes and house screening.
- 20 villages will only receive new LLINs.

Outcomes:

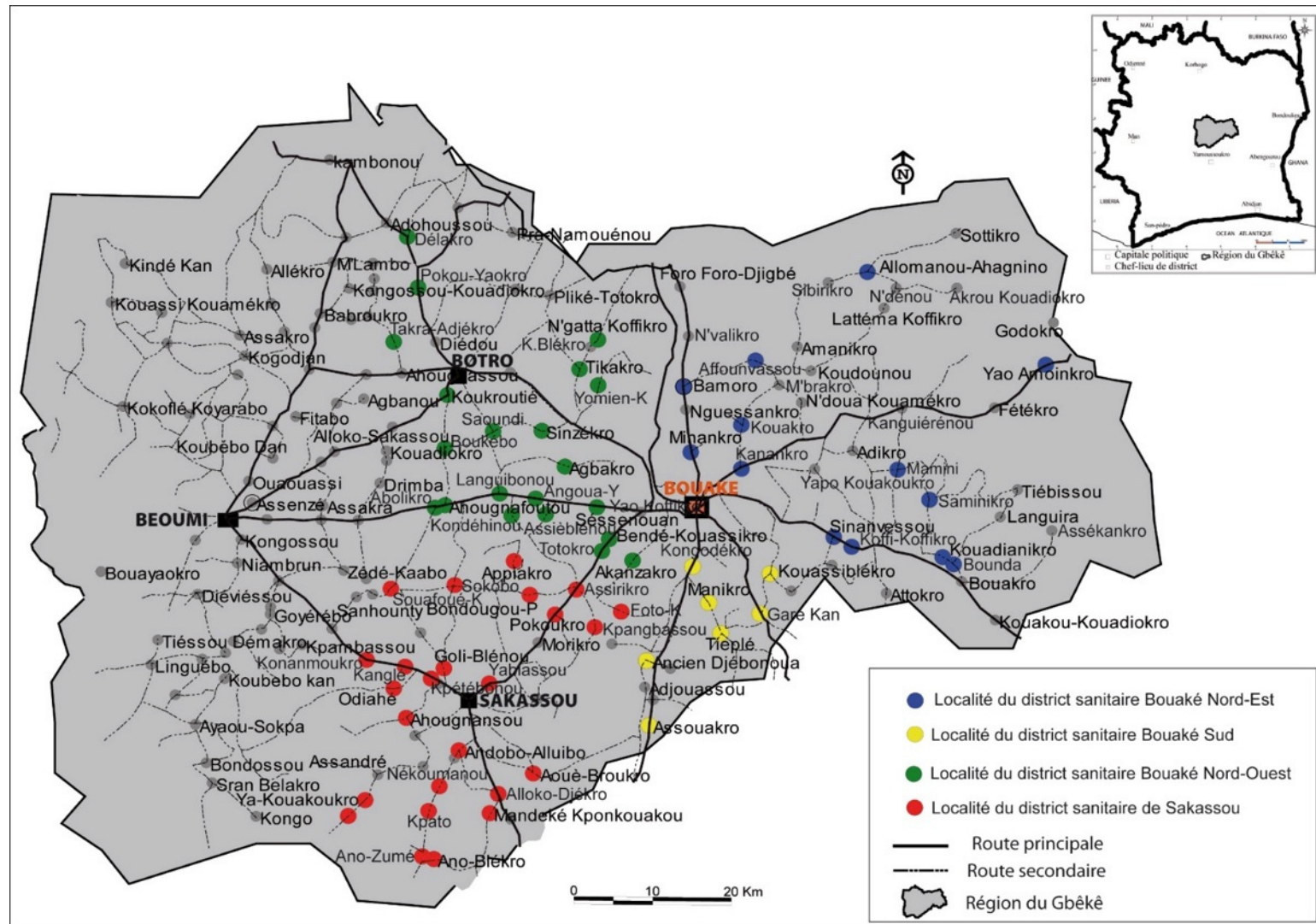
- Epidemiology
- Entomology
- Physical environment
- Social science
- Economic analysis.



Epidemiology

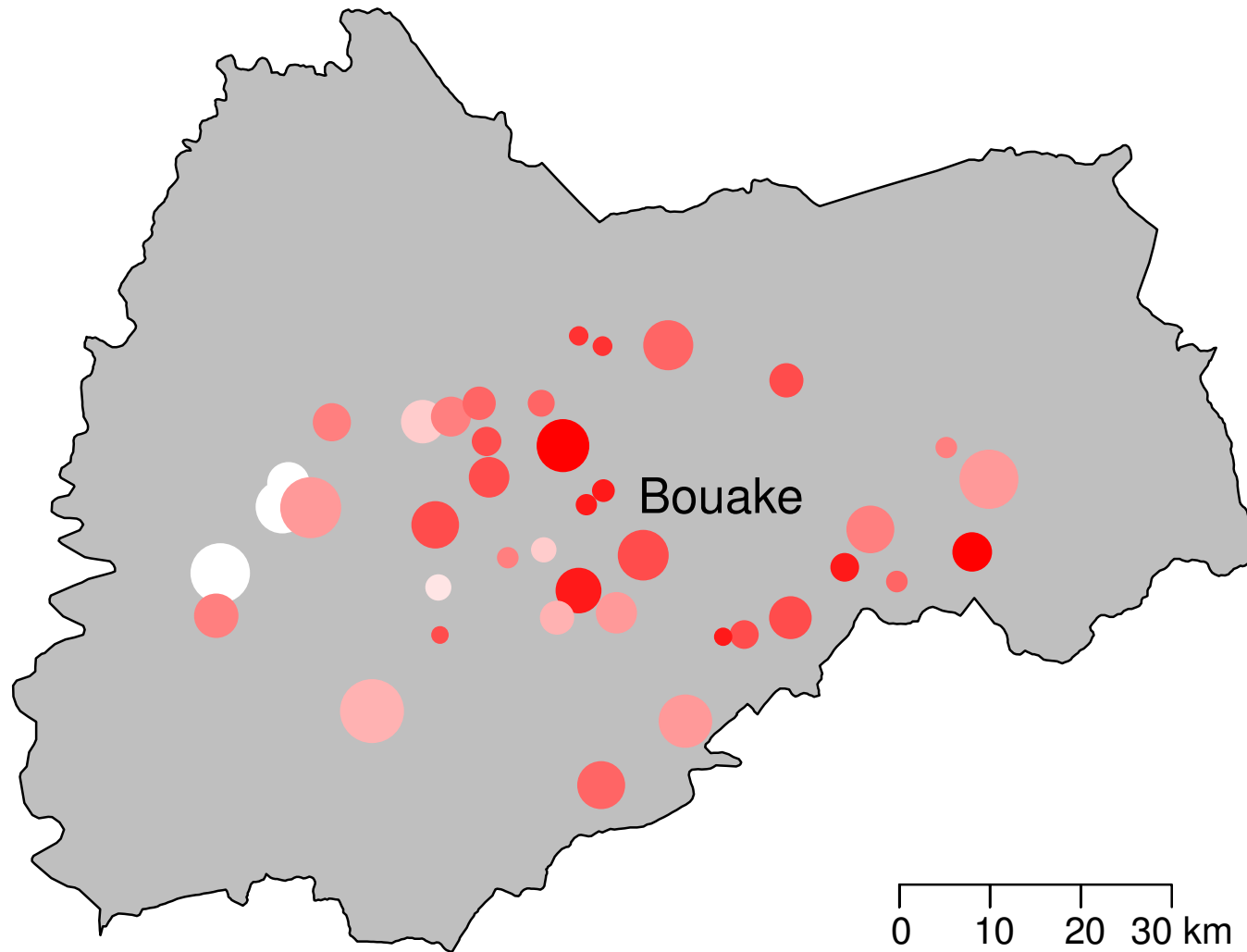
- Active infection detection in cohorts of 50 children from each village.
- Initial parasite clearance at start of trial and monitor time to first infection (blood smears and PCR). Repeated beginning year 2.
- Ongoing infection incidence (monthly or 2-weekly blood smears and PCR).
- Febrile children checked with RDT and positives referred to CHWs

Study region in central Côte d'Ivoire:

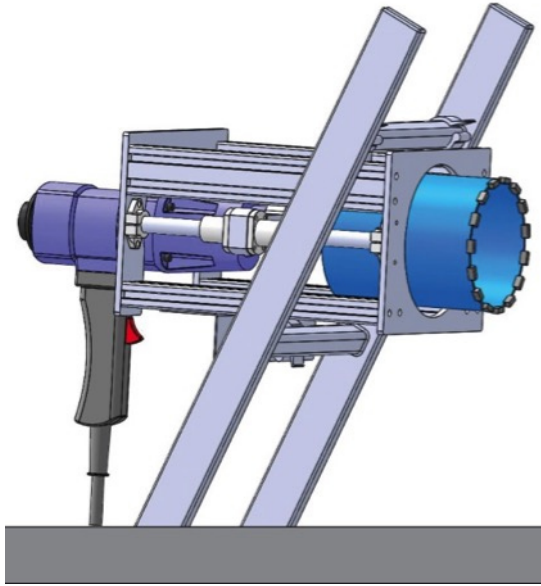


○ 90 ○ 150 ○ 250 ○ 364 Number of houses

● 45 ● 50 ● 55 ● 60 ● 65 ● 70 ● 75 ● 80 ● 85 ● 90 ● 95 % RDT+









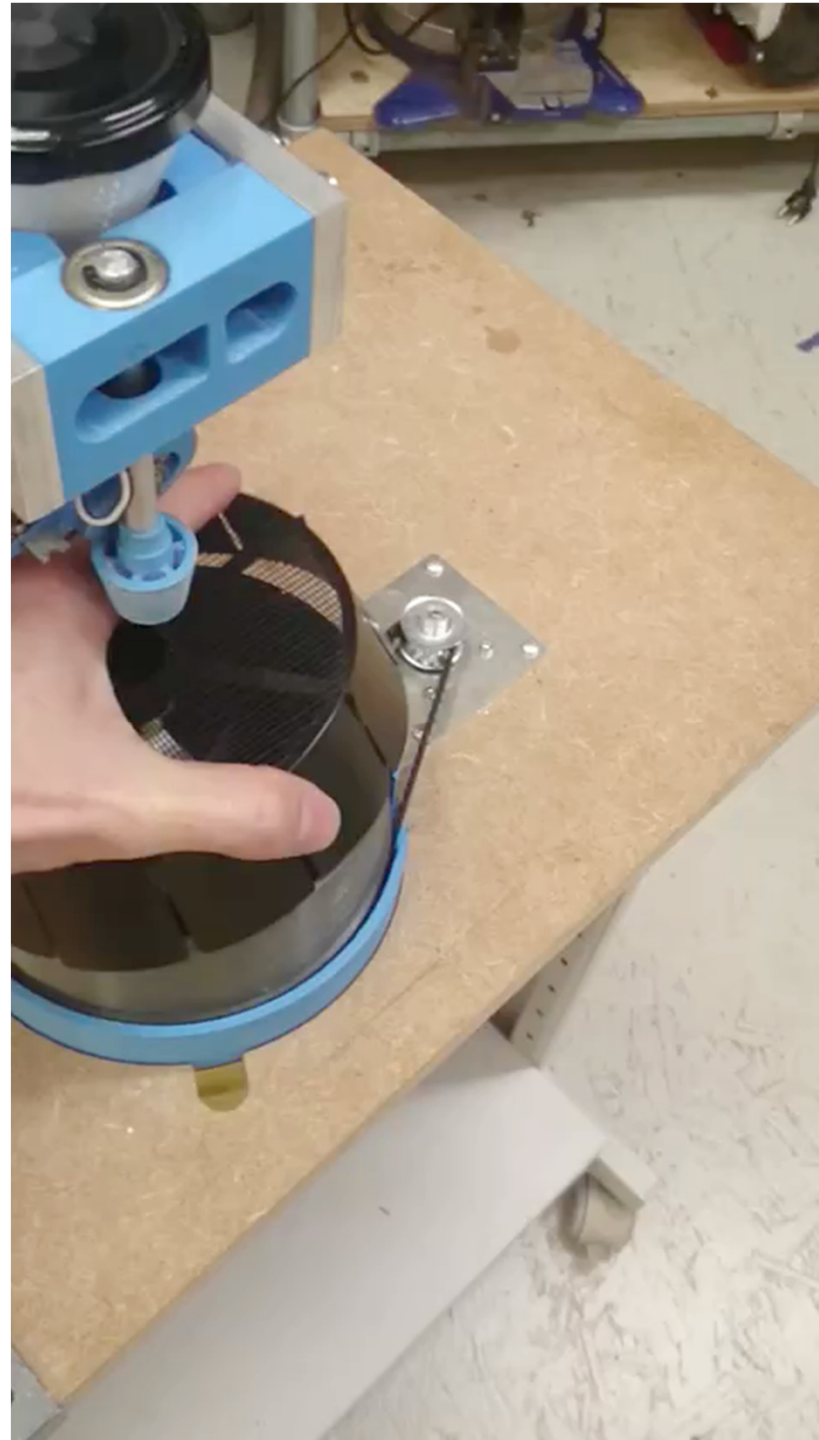


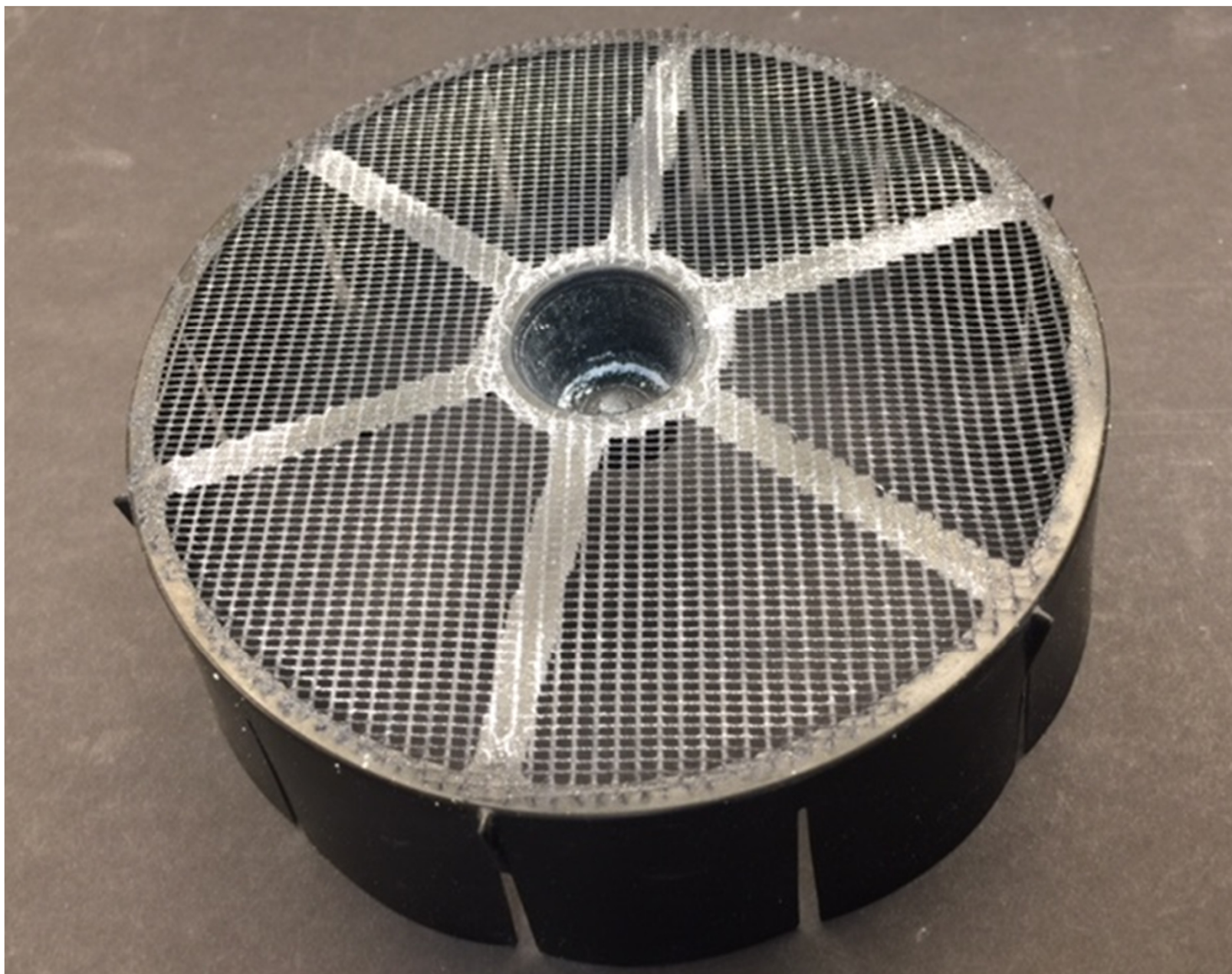




Village Code	Total number of houses	Number of houses consent	% Consent
AFOT	299	238	80
AKAN	287	277	97
APPI	112	89	79
ASDR	157	135	86
AYAS	364	342	94
FOTO	231	166	72
GBEH	160	123	77
GOLI	346	140	40
KOUA	282	250	89
LANG	226	157	69
MBRE	95	83	87
MAMI	113	90	80
NANG	136	117	86
PIBO	220	107	49
SAMI	335	249	74
SADI	183	143	78
SESS	120	107	89
SINA	269	220	82
SINZ	146	90	62
SOKO	141	104	74





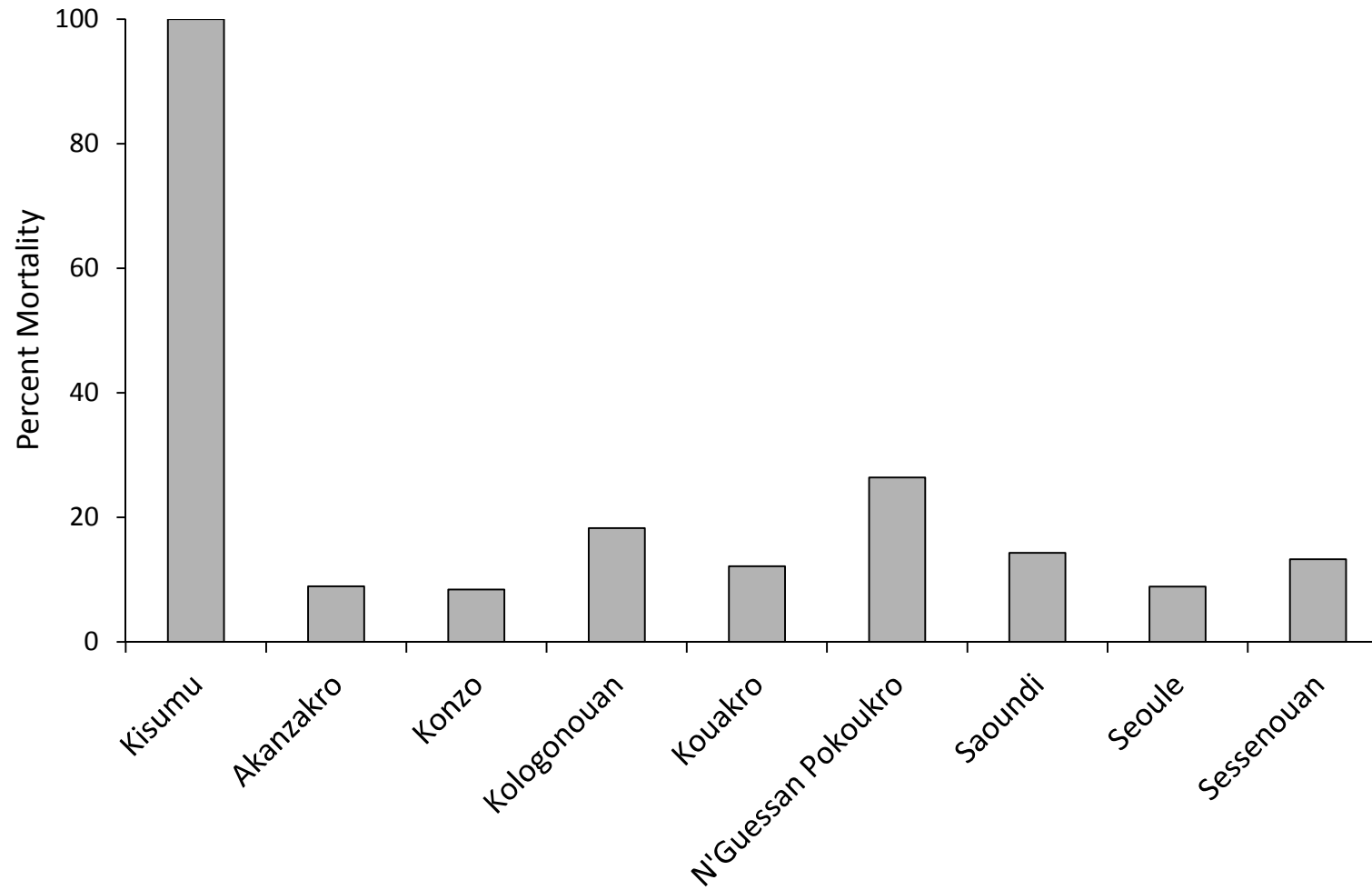


Resistance ratio of local populations from 8 villages to deltamethrin using CDC bottle assays

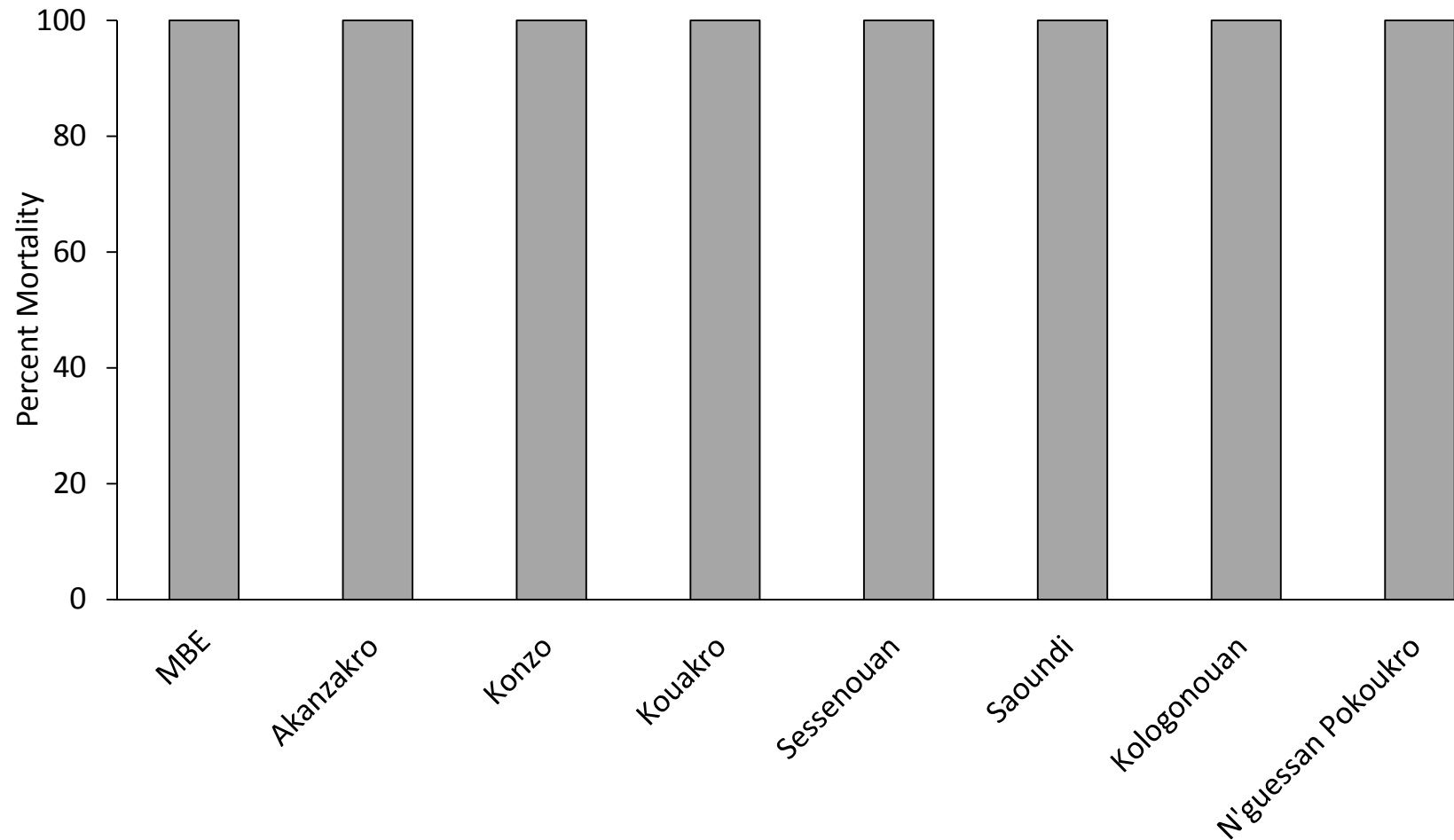
Strain	Slope (SE)	LD 50 (95% CI)	RR50 (95% CI)
Kisumu	1.3 (0.18)	0.01 (0.009-0.02)	-
Akanzakro	1.7 (0.18)	27.2 (20.3-35.2)	1873 (2424-1447)
Kologonouan	1.5 (0.15)	21.9 (15.8-28.5)	1504 (1117-2028)
Konzo	1.6 (0.13)	23.5 (19.1-28.3)	1617 (1221-2141)
Kouakro	1.7 (0.17)	22.4 (17.4-28.0)	1542 (1162-2046)
N'G. Pokoukro	2.1 (0.25)	33.7 (25.7-43.2)	2314 (1768-3027)
Saoundi	1.7 (0.12)	35.0 (28.9-41.9)	2405 (1875-3086)
Seoule	1.8 (0.14)	21.0 (17.2-25.0)	1441 (1067-1946)
Sessenouan	1.4 (0.13)	27.4 (20.8-34.8)	1883 (1446-2452)

LD50s are expressed in $\mu\text{g/mL}$

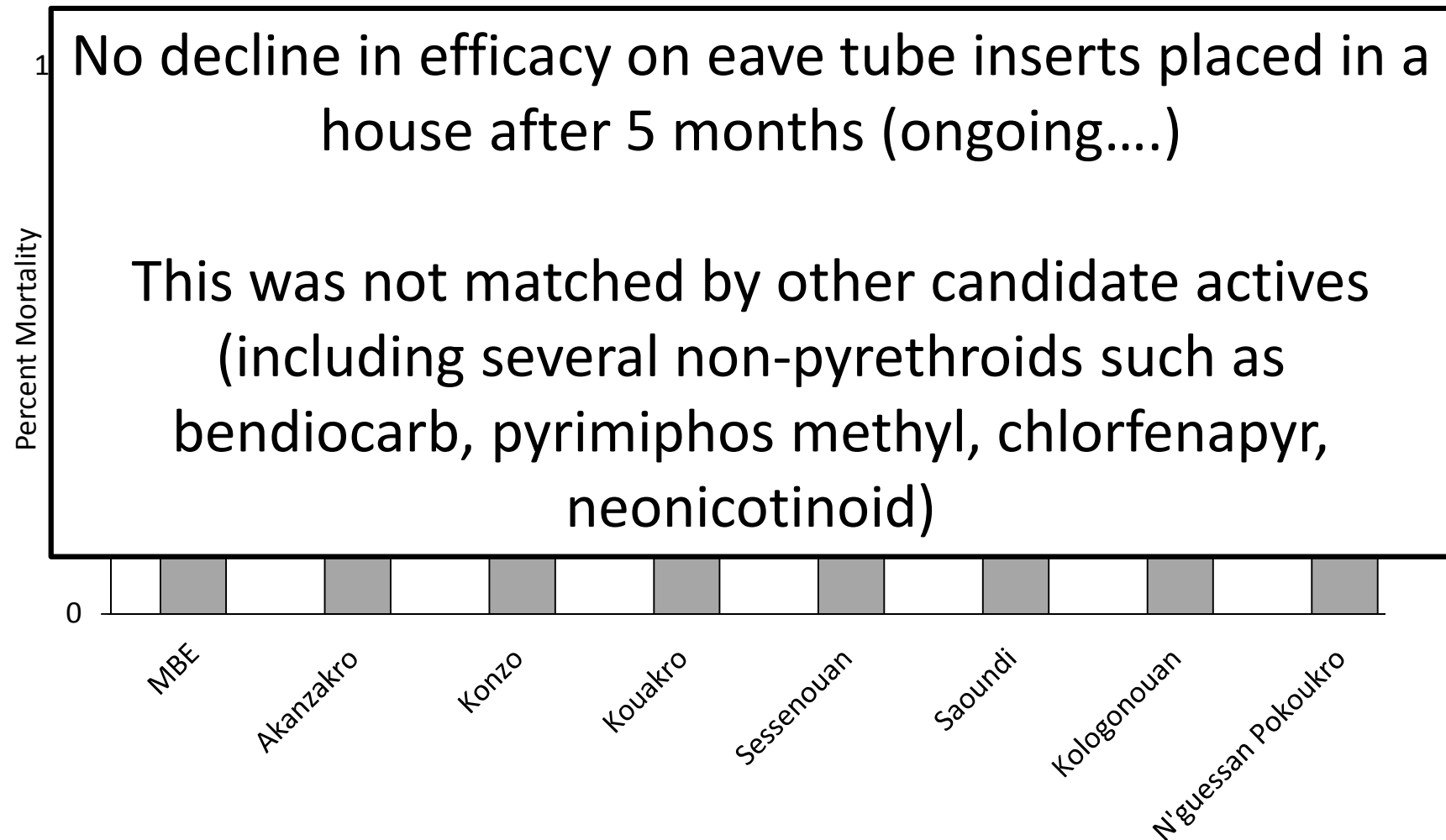
Percentage mortality of pyrethroid susceptible and resistant
Anopheles gambiae on PermaNet 2.0 LLIN in WHO cone bioassays



Percentage mortality of pyrethroid resistant *Anopheles gambiae*
on Eave Tube inserts treated with 10% Beta Cyfluthrin (Tempo 10
WP)



Percentage mortality of pyrethroid resistant *Anopheles gambiae* on Eave Tube inserts treated with 10% Beta Cyfluthrin (Tempo 10 WP)





- Installations completed in 20 villages
- Treatment of inserts and distribution of LLINs in next couple of weeks
- Monitoring then begins (detailed SOPs prepared for all activities, checked by QA monitor)
- Trial Steering Committee (approved study protocol, oversee progress, independent statistical analysis and advice on SAEs)
- Various additional entomological expts to help interpret RCT (including household level trial)