



MULTI-ARM IRS-ITNs COMPARISON IN THE DEMOCRATIC REPUBLIC OF CONGO

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auspices of the *Alliance
pour la Recherche Clinique
et Epidémiologique en RDC*
(ARCEAU)**



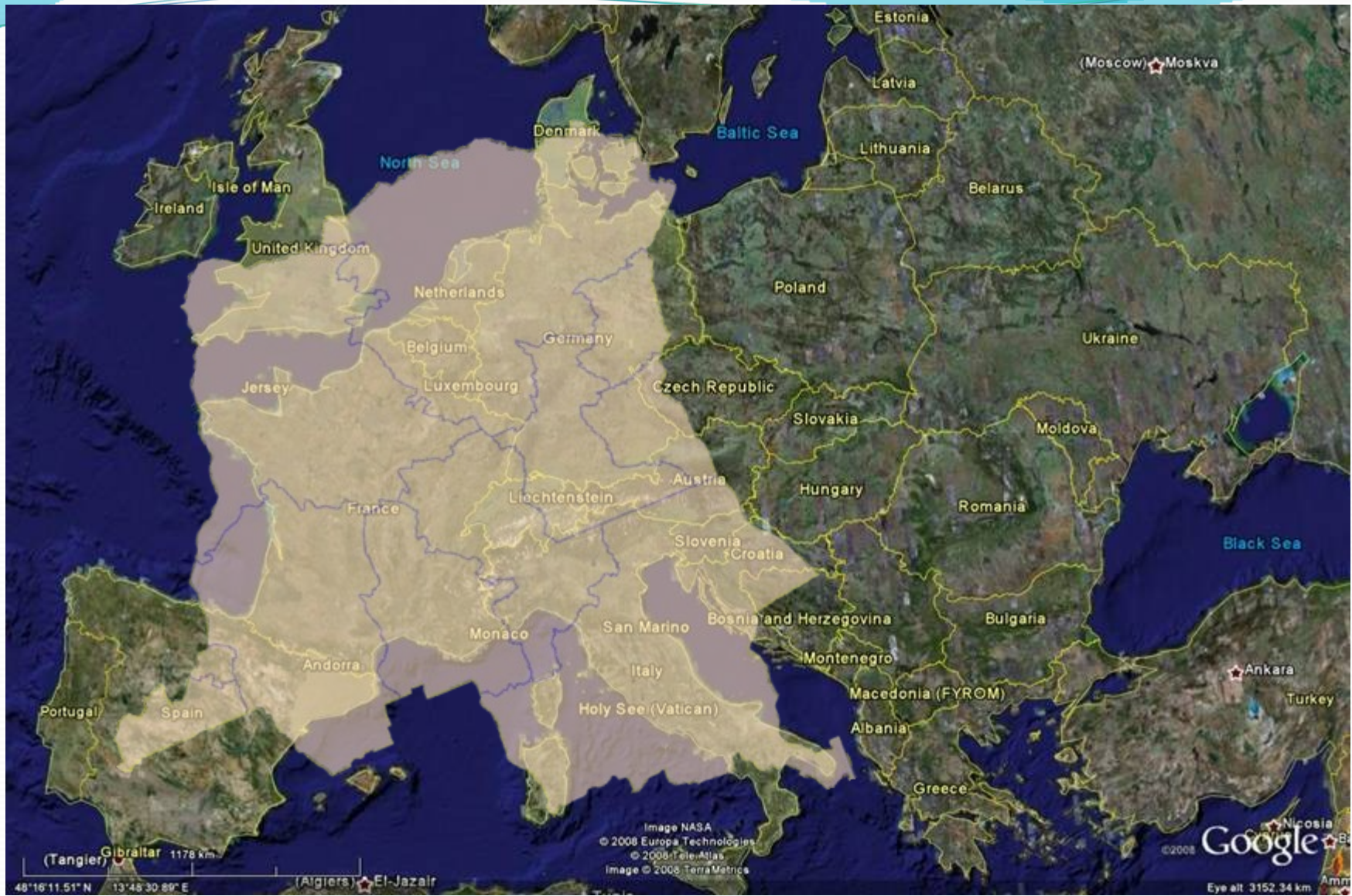
Study site

- **TBD within a radius of 200 Km from Kinshasa**
- **Accessibility / feasibility**
- **High malaria incidence rates at baseline**
- **Relatively low coverage with LLINs (DL and IRS groups)**
- **Collaborative local health services and health system**
- **Support by National Malaria Control Programme**
- **GLP-level laboratory available in Kinshasa (through ARCEAU)**



**A. Toko
UNICEF**

- Area: 2,345,409 km² (4 times the size of France)
- Population of 70 million
- Second most malarious country in the world
- Renewed malaria control efforts since 2008 (GFATM, WB and soon PMI)



(Tangier) Gibraltar 1178 km
48°16'11.51" N 13°48'30.89" E (Algiers) El-Jazair

Image NASA
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Nicosia
Eye alt 3152.34 km

Four different intervention arms (Cluster-randomized controlled trial):

- 1. Durable wall Lining (DL) alone**
- 2. Long-Lasting Insecticidal Nets (LLINs) alone**
- 3. Combination of DL and LLINs (“full protection group”)**
- 4. Conventional IRS (insecticide similar to the one used in DL)**

The six comparisons that are possible with a 4-arm trial

	DL	LLIN	Combination DL + LLINs	Conventional IRS
DL				
LLIN	X			
Combination DL + LLINs	X	X		
Conventional IRS	X	X	X	

- **Primary outcome:** incidence of documented clinical malaria, assessed by passive case detection (longitudinal study). Follow-up period would ideally be 3 years.
- **Secondary outcomes:** (children under age of 5 years): parasitaemia, mean haemoglobin, prevalence of fever, prevalence of hepato-splenomegaly (repeated cross-sectional studies including a baseline study)
- **Entomological outcomes:** mosquito resting density inside houses, indoor and outdoor biting rate as estimated by CDC light traps (continuous assessment).

Conducted as close as possible to GCP / GLP standards for non-regulatory trials