

**Ivermectin Treatment of Mansonellosis in
Blanchisseuse, Trinidad, West Indies**

*D.D. Chadee, C.C. Tilluckdharry, R. Doon, S.C. Rawlins,
V. Naraynsingh, D.C. Ariyanayagam, S. Teelucksingh and
P. Gaxotte*

*Insect Vector Control Division, Ministry of Health, Trinidad,
The Caribbean Epidemiology Centre (CAREC), the Port-of-
Spain General Hospital, and the Eric Williams Medical
Sciences Complex, University of the West Indies, Trinidad
and Merck Sharp and Dohme Interpharma, France*

The first double-blind-placebo field trial, using the drug ivermectin to control *M. ozzardi* microfilariae, was conducted in Blanchisseuse, North Trinidad. A preliminary trial indicated that there were no major constraints in administering the drug ivermectin within the community. In 16 patients before treatment, the microfilariae density ranged from 1 to 5,679 mf/ml, and the geometric mean was 697 mf/ml compared to 4 to 2,042 mf/ml and 362 mf/ml in the 14 patients given the placebo. Following treatment 87.5% (14/16) experienced side effects including fever and arthralgia (12 cases), myalgia (3 cases), headaches (11 cases) and chills (8 cases). All symptoms disappeared after 24 hours. Twenty-four hours after the ivermectin treatment the *M. ozzardi* microfilariae densities significantly ($p < 0.001$) declined to zero in 11 out of 16 cases (68.8%) while in 5 cases densities declined by $> 95\%$. One week post-treatment there were no microfilariae observed in 93.8% (15/16) of cases, with one patient not attending the clinic. Blood samples collected 1 and 5 months after ivermectin treatment revealed *M. ozzardi* microfilariae in 3 patients. These 3 patients were re-treated with 6 mg of ivermectin, but two patients demonstrated persistent parasitaemias in subsequent blood samples. Within the placebo group, fluctuating levels of microfilariae were observed.