

U.S. PRESIDENT'S MALARIA INITIATIVE

PMI VECTORLINK DEMOCRATIC REPUBLIC OF **CONGO** ENTOMOLOGICAL MONITORING ANNUAL REPORT

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CONTENTS

LIST OF FIGURES

LIST OF TABLES

ACRONYMS

EXECUTIVE SUMMARY

The President's Malaria Initiative (PMI) VectorLink Project conducted entomological monitoring in the Democratic Republic of Congo (DRC) from January to December 2019. Activities took place in 13 sentinel sites distributed nationwide. The project did monthly longitudinal monitoring of malaria vector biting rates, resting densities, and entomological inoculation rates (EIRs) in three sites (Kabondo, Lodja, and Kalemie). Indoor resting densities used pyrethrum spray catch (PSC) collections, and human landing catch (HLC) was done indoors and outdoors to determine biting rates. To inform the National Malaria Control Program's (NMCP's) choice of insecticide for future insecticide-treated nets (ITN) distribution campaigns, insecticide susceptibility tests were conducted in 10 other sites. Resistance intensity bioassays using *Anopheles gambiae* s.l. were conducted with permethrin, deltamethrin, and alpha-cypermethrin at 1, 5, and 10 times the diagnostic concentration, according to World Health Organization (WHO) protocols. The project did piperonyl butoxide (PBO) synergist bioassays with pyrethroids, and it did bottle bioassays to determine susceptibility status to the new insecticide chlorfenapyr.

An. gambiae s.l. was found to be the predominant malaria vector throughout the year in all three longitudinal surveillance sites. Its biting rates were particularly high in Kabondo and Lodja throughout the year, and much lower in Kalemie. In Kabondo, the mean *An. gambiae* s.l. biting rate was 18 bites per person per night indoors and 20 outdoors, with a malaria sporozoite rate of 3.2% (76/2,391). This equates to an annual EIR of 186 infectious bites per person in Kabondo. In Lodja, the mean sporozoite rate was slightly lower, 1.5% (36/2,400), but the annual EIR was still high at 103 infectious bites per person per year. In Kalemie, the mean *An. gambiae* s.l. biting rate was 3 bites per person per night indoors, with a sporozoite rate of 0.5% (2/416), giving a much lower EIR of 3.8 infectious bites per person per year. These results highlight that there is an extremely high year-round malaria transmission risk in Kabondo and Lodja. They also show that there is heterogeneity across the country, with Kalemie in Eastern DRC having a relatively low transmission risk.

In Kalemie, 60% of *Anopheles gambiae* s.l. captured were caught by PSC (with 40% captured by HLC), while PSC accounted for only 4% of the total catch in Lodja and 12% in Kabondo. This appears to indicate that *An. gambiae* s.l. exit houses early in the morning, before dawn, in Lodja and Kabondo, but rest indoors for longer in Kalemie.

Insecticide susceptibility tests showed that pyrethroid resistance is widespread. In all sites, *An. gambiae* s.l. were resistant to permethrin and alpha-cypermethrin, with resistance to deltamethrin in eight of 10 sites. Resistance intensity varied by site and by insecticide, but it was usually moderate or high. For example, permethrin resistance intensity was low in two sites, Mikalayi and Tshikaji; moderate in three sites, Kingasani, Binza-Meteo, and Muanda; and high (<98% mortality at ×10 dose) in five sites, Kimpese, Aketi, Buta, Pawa, and Nebobongo. Despite uncertainty regarding the impact of pyrethroid resistance, WHO states that, "when resistance is confirmed at the 5× and especially at the 10× concentrations, operational failure is likely." Throughout DRC, resistance to the three most common pyrethroids used on ITNs was common at the 5× and 10× concentrations, therefore making it highly likely that pyrethroid ITNs are no longer providing optimal protection against malaria. The high intensity of pyrethroid resistance indicates that the NMCP should consider new types of ITNs such as synergists or mixtures for future net distribution campaigns.

In seven of 10 sites, bioassays with permethrin following pre-exposure to PBO 4% in WHO tube tests showed an increase in mortality compared with permethrin alone. Despite this, mortality was still <90% in all 10 sites. There was a significant increase in mortality with deltamethrin following pre-exposure to PBO 4% in in all 10 sites; increases in mortality were particularly large in Buta, Aketi, Kimpese, Nebobongo, and Pawa. The general increase in mortality when a PBO synergist was used indicates that ITNs containing PBO may provide greater control, although susceptibility was not restored. A better option may be Interceptor G2 ITNs, as susceptibility to chlorfenapyr was recorded in all 10 sites; that said, the increased cost of those nets may be prohibitive.

To prevent delays in entomological laboratory analysis and to build local capacity, PMI VectorLink DRC bought equipment for polymerase chain reaction and ELISA (Enzyme-linked Immunosorbent Assay) testing for the National Institute of Biomedical Research (*Institut National de Recherche Biomédicale*). The dedicated entomology molecular laboratory should be established by mid-2020.

1. METHODOLOGY

1.1 STUDY AREA

This report details the results of entomological monitoring activities that the President's Malaria Initiative VectorLink Project conducted in 13 sites in the Democratic Republic of Congo (DRC) from January to December 2019 (Figure 1).

FIGURE 1. MAP SHOWING LOCATION OF SENTINEL SITES FOR ENTOMOLOGICAL MONITORING IN 2019

These activities were conducted according to the PMI VectorLink DRC work plan (Table 1).

TABLE 1. SCHEDULE FOR 2019 ENTOMOLOGICAL ACTIVITIES

Note: ELISA=Enzyme-linked Immunosorbent Assay, INRB=National Institute of Biomedical Research (*Institut National de Recherche Biomédicale*), ITN=insecticide-treated nets, *kdr*= knockdown resistance, PBO=piperonyl butoxide, PCR=polymerase chain reaction

Figure 2 shows rainfall and mean temperature for the three longitudinal monitoring sites. Lodja and Kalemie both have a dry season in the middle of the year that lasts approximately four months in Lodja and six months in Kalemie; the mean temperature is lower during this period. Kabondo has considerable rainfall for most of the year, with peaks in April/May and September/October. Temperature there is quite stable year round, with a mean of 25-27°C, providing perfect conditions for mosquito survival.

Source: Climatic Research Unit of University of East Anglia

Mosquitoes were collected monthly using Human Landing Catches and pyrethrum spray catches in Kabondo, Lodja, and Kalemie. See Table 2 for a summary of collection methods.

1.2 HUMAN LANDING CATCH

HLCs were performed to assess mosquito biting time, feeding behavior, and biting rates, and to monitor species composition and sporozoite rates. Trained residents collected adult mosquitoes during four consecutive nights in two different houses each night, with one person placed indoors and another placed outdoors in each selected house. Collectors rotated indoors and outdoors every hour. Houses were sampled in different villages each month to get a representative sample of the areas and HLCs were performed in two different houses over four consecutive nights.

All *Anopheles* mosquitoes collected by the HLCs were identified to species morphologically in the field, and cross-checked by INRB entomologists either in the field or in Kinshasa (depending on the supervision schedule). All *Anopheles* were preserved in 1.5 ml Eppendorf tubes on silica gel for further molecular analysis in Kinshasa by the INRB.

1.3 PYRETHRUM SPRAY CATCH

PSCs were conducted in the same areas as HLC to estimate the indoor resting density of mosquito species. Before the PSCs were performed, all occupants were asked to move out of the house. The rooms were sprayed with a commercially available aerosol containing pyrethroid and PBO to knock down mosquitoes resting inside the house. Twenty minutes after spraying, all mosquitoes knocked down were collected from a white sheet lying on the flat surfaces. Female *Anopheles* were classified according to the four abdominal stages (unfed, fed, halfgravid, and gravid). Each mosquito collected was properly labeled, stored in an Eppendorf tube with silica gel, identified to species morphologically in the field, and cross-checked by an INRB entomologist once back at the central lab.

1.4 INSECTICIDE SUSCEPTIBILITY, PBO SYNERGIST, AND RESISTANCE INTENSITY TESTING

Insecticide susceptibility and resistance intensity testing was conducted in 10 sentinel sites. Two sentinel sites per province were selected in coordination with the National Malaria Control Program (NMCP). These are listed in Table 2. Provinces were chosen based on ITN distribution campaigns scheduled for 2020 and 2021, in order to obtain insecticide susceptibility data to inform ITN procurement decisions. INRB entomologists traveled to each site to collect larvae and pupae, which were reared to adulthood before the susceptibility and resistance intensity tests were conducted. In addition to testing at the diagnostic dose, World Health Organization (WHO) intensity bioassays were also conducted, by testing pyrethroid papers treated with 5 and 10 times the diagnostic dose.

The insecticides tested in 2019 were:

- Deltamethrin $\times 1, \times 5, \times 10$ (0.05%, 0.25%, 0.5%)
- Permethrin $\times 1, \times 5, \times 10$ (0.75%, 3.75%, 7.5%)
- Alpha-cypermethrin $\times 1$, $\times 5$, $\times 10$ (0.05%, 0.25%, 0.5%)
- Deltamethrin 0.05% with pre-exposure to PBO 4%
- Permethrin 0.75% with pre-exposure to PBO 4%
- Chlorfenapyr 100µg/bottle (chlorfenapyr was tested in CDC bottle bioassays)

In all sites, susceptibility testing was conducted with adult *An. gambiae* s.l., following the WHO method (with the exception of chlorfenapyr). During the susceptibility tests, female adult mosquitoes were exposed for one hour to insecticide-treated filter papers provided by WHO (USM-Malaysia). Exposure tests were accompanied by negative control tests, in which mosquitoes were exposed to filter papers impregnated with oil or solvent. Testing was done according to WHO protocols, with mortality being the primary outcome measure. Four replicates of 25 *An. gambiae* s.l. were exposed to each concentration.

WHO susceptibility tests were conducted on permethrin and deltamethrin with pre-exposure to PBO over 60 minutes to determine the change in mortality rates with PBO exposure.

CDC bottle bioassays were completed in all sites to determine the susceptibility status of *An. gambiae* s.l. populations to chlorfenapyr. PMI VectorLink indicated that 100µg/bottle is considered the interim diagnostic concentration. Four replicates of at least 20 *An. gambiae* s.l. were exposed for 60 minutes to chlorfenapyr 100ug/bottle. The proportion of mosquitoes knocked down was recorded 60 minutes after the start of the test, while mosquitoes were still in the bottle. After 60 minutes of exposure, mosquitoes were removed from the bottle, transferred to paper cups, and supplied with a sugar solution. Mortality was recorded every 24 hours for three days following the 60-minute exposure.

TABLE 2. SITES FOR INSECTICIDE RESISTANCE MONITORING IN 2019

1.5 MOLECULAR ANALYSIS

Molecular analyses were conducted in the molecular laboratory of the INRB Parasitology Department, Kinshasa. The mosquito samples collected from sentinel sites were transported to the INRB for processing and analysis. Technicians conducted laboratory analyses under the supervision of the INRB focal point entomologist, Professor Francis Wat'senga, and PMI VectorLink Entomologist Dr. Rodrigue Fiacre Agossa, following the protocols described in Table 3.

TABLE 3. PROTOCOLS USED FOR LABORATORY ANALYSIS OF MALARIA VECTORS

Testing of sporozoite infection rate using ELISA was completed for all 2019 samples and is reported below in Section 3.6. PCR analysis for species identification and resistance mechanism detection is ongoing and will be shared by May 1, 2020. Delays in PCR analysis were primarily due to the infrequent access to the small PCR laboratory which is shared among several projects at INRB. This is being addressed by establishing a dedicated entomology PCR laboratory, which should be functional by July 2020. ELISA tests were conducted on a subsample of *Anopheles* collected through HLCs in Kabondo, Lodja, and Kalemie (targeted at a sample of 200 per month, or 2,400 total).

1.6 DATA ANALYSIS

The following formulas were used to calculate entomological indicators:

- The sporozoite rate $=$ (total ELISA positive/total number tested) x 100
- \bullet Human biting rate (HBR) = total # of each Anopheles species collected by HLCs during a specific period/total number of trap-nights
- \bullet Nightly EIR = Nightly HBR x sporozoite rate
- Monthly $EIR =$ Nightly mean EIR x the number of nights in the month

2. RESULTS

2.1 MALARIA VECTOR SPECIES COMPOSITION

Over the study period of January to December 2019, a total of 11,947 *Anopheles* were collected from the three routine monitoring sites through monthly HLC and PSC. Only three *Anopheles* species (*An. gambiae* s.l., *An. funestus* s.l., and *An. paludis*) were collected, with *An. gambiae* s.l. being the most common in all three sites. The species composition is presented by site and by collection method in Figures 3–5.

In Kabondo, the abundance of *Anopheles* species was greater (88%: 3,753/4,274) from HLC than from PSC (12%: 521/4,274). The same tendency was observed in Lodja, where 96% (6,319/6,601) of *Anopheles* species were collected by HLC and only 4% (282/6,601) by PSC. In Kalemie, 60% (646/1,072) of *Anopheles* were sampled by PSC compared with only 40% (426/1,072) by HLC. Details on the indoor resting densities and biting rates are presented in Sections 3.2 and 3.3. See Tables A1–A3 in the annex for monthly details on species composition and abundance. Molecular species identification is ongoing and is not presented in this report. *An. paludis* was relatively abundant in Lodja, particularly from outdoor HLC, but was not collected in Kabondo, and Kalemie.

FIGURE 3. SPECIES COMPOSITION OF ANOPHELES CAPTURED BY PSC AND HLC (INDOORS AND OUTDOORS) IN KABONDO **FROM MONTHLY COLLECTIONS, JANUARY–DECEMBER 2019**

FIGURE 4. SPECIES COMPOSITION OF ANOPHELES CAPTURED BY PSC AND HLC (INDOORS AND OUTDOORS) IN LODJA **FROM MONTHLY COLLECTIONS, JANUARY–DECEMBER 2019**

FIGURE 5. SPECIES COMPOSITION OF ANOPHELES CAPTURED BY PSC AND HLC (INDOORS AND OUTDOORS) IN KALEMIE FROM MONTHLY COLLECTIONS, JANUARY–DECEMBER 2019

2.2 MALARIA INDOOR VECTOR RESTING DENSITY (BY PSC)

Figure 6 shows the mean indoor resting density of *An. gambiae* s.l. (the predominant species in all sites) per house per day, collected by PSC. In all three sites, the indoor resting density was fairly stable throughout the year, with the biggest peak in December for Kalemie and Kabondo. In Lodja, the mean indoor resting density was less than four *An. gambiae* s.l. per house per day for the entire reporting period (January–December 2019).

FIGURE 6. MEAN INDOOR RESTING DENSITY PER HOUSE PER DAY OF AN. GAMBIAE S.L. CAPTURED BY PSC IN **KABONDO, LODJA, AND KALEMIE FROM MONTHLY COLLECTIONS, JANUARY–DECEMBER 2019**

The abdominal status of malaria vectors collected indoors by PSC between January and December 2019 is presented in Table 4. The majority of *Anopheles* collected were blood-fed in Kabondo and Kalemie. In Lodja, there was a similar proportion of blood-fed and unfed.

Kabondo					
Species	Unfed	Blood-fed	Half-gravid	Gravid	Total
An. gambiae s.l.	115(24%)	366 (76%)	$3(1\%)$	$0(0\%)$	484 (100%)
An. funestus s.l.	10(27%)	27 (73%)	$0(0\%)$	$0(0\%)$	37 (100%)
Total Anopheles	125 (24%)	393 (75%)	$3(1\%)$	$0(0\%)$	521 (100%)
Lodja					
An. gambiae s.l.	154 (57%)	115 (43%)	$0(0\%)$	$0(0\%)$	268 (100%)
An. funestus s.l.	$0(0\%)$	$5(100\%)$	$0(0\%)$	$0(0\%)$	$5(100\%)$
An. paludis	$0(0\%)$	$9(100\%)$	$0(0\%)$	$0(0\%)$	$9(100\%)$
Total Anopheles	154 (55%)	128 (45%)	$0(0\%)$	$0(0\%)$	282 (100%)
Kalemie					
An. gambiae s.l.	58 (11%)	460 (87%)	8(2%)	$2(0\%)$	528 (100%)
An. funestus s.l.	9(8%)	105 (89%)	4(3%)	$0(0\%)$	118 (100%)
Total Anopheles	67 (11%)	565 (87%)	12(2%)	$2(0\%)$	646 (100%)

TABLE 4. ABDOMINAL STATUS OF ANOPHELES COLLECTED BY INDOOR PSC IN KABONDO, LODJA, AND KALEMIE, **JANUARY–DECEMBER 2019**

2.3 MALARIA VECTOR HUMAN BITING RATES (BY HLC)

Figures 7–9 show the mean monthly biting rate per person per night in Kabondo, Lodja, and Kalemie, by vector species (further details are in the Annex, Tables A4–A6). *An. gambiae* s.l. biting rates were particularly

high in Kabondo, with a mean over the 12-month period of 18 bites per person per night indoors and 20 outdoors. *An. gambiae* s.l. biting rates in Kabondo were >10 bites per person per night for 11 months of the year, with two peaks recorded from June to August and November to January (Figure 7). *An. funestus* s.l. was also present, albeit at very low densities (<3 bites per person per night) year-round in Kabondo. The mean *An. gambiae* s.l. biting rates were consistent year round in Lodja, with no clear seasonality. The one exception was April 2019, but this decrease was attributed to heavy rainfall during the collection time. Over the 12 month period, the mean biting rate in Lodja was 11 bites per person per night indoors and 23 bites outdoors (Figure 8). In Kalemie, the biting rates were generally much lower than in Kabondo and Lodja, with a mean *An. gambiae* s.l. biting rate over the 12-month period of 3 bites per person per night indoors and 2 bites outdoors (Figure 9).

FIGURE 7. MEAN MONTHLY INDOOR AND OUTDOOR AN. GAMBIAE S.L. AND AN. FUNESTUS S.L. BITING RATE IN KABONDO, JANUARY-DECEMBER 2019 (N=1,699 INDOORS, N=1,900 OUTDOORS FOR AN. GAMBIAE S.L. AND N=68 **INDOORS, N=84 OUTDOORS FOR** *AN. FUNESTUS* **S.L.)**

FIGURE 9. MEAN MONTHLY INDOOR AND OUTDOOR AN. GAMBIAE S.L. BITING RATE IN KALEMIE, JANUARY-DECEMBER **2019 (N=246 INDOORS, N=170 OUTDOORS)**

2.4 BITING TIMES OF MALARIA VECTORS COLLECTED INDOORS AND OUTDOORS BY HLC

In general, the peak period of *An. gambiae* s.l. indoor biting was late at night, between 10 p.m. and 5 a.m., which mirrored outdoor biting trends in all sites (Figures 10–12). Biting rates in Lodja were substantially greater outdoors than indoors, particularly between 9 p.m. and 2 a.m.

FIGURE 11. MEAN AN. GAMBIAE S.L. HOURLY BITING RATES IN LODJA, JANUARY-DECEMBER 2019 (N=1,044 INDOORS, **N=2,251 OUTDOORS).**

FIGURE 12. MEAN AN. GAMBIAE S.L. HOURLY BITING RATES IN KALEMIE. JANUARY-DECEMBER 2019 (N=246 **INDOORS, N=170 OUTDOORS).**

2.5 INSECTICIDE SUSCEPTIBILITY, PBO SYNERGIST, AND RESISTANCE INTENSITY

WHO insecticide susceptibility and resistance intensity tests were completed with *An. gambiae* s.l. populations that were collected as larvae in all 10 sites. Figure 13 shows the percentage mortality in permethrin intensity tests, with resistance to permethrin (<90% mortality, ×1 dose) observed in all sites. Resistance intensity to permethrin was low (>98% mortality at ×5 dose) in two sites, Mikalayi and Tshikaji; moderate (<98% mortality at ×5 dose) in three sites, Kingasani, Binza-Meteo, and Muanda; and high (<98% mortality at ×10 dose) in five sites, Kimpese, Aketi, Buta, Pawa, and Nebobongo. Resistance to deltamethrin was recorded in all sites, except Kingasani and Muanda where possible resistance was observed (90-97% mortality) (Figure 14). The intensity of deltamethrin resistance was low in one site, Binza-Meteo; moderate in two sites, Buta and Pawa; and high in five sites, Kimpese, Mikalayi, Tshikaji, Aketi, and Nebobongo. Resistance to alpha-cypermethrin was also observed in all sites, except Mikalayi where possible resistance was observed (Figure 15). The intensity of alphacypermethrin resistance was low in one site, Muanda; moderate in four sites, Kingasani, Binza-Meteo, Nebobongo, and Kimpese; and high in four sites, Pawa, Tshikaji, Aketi, and Buta. Despite uncertainty regarding the impact of pyrethroid resistance, WHO states that, "when resistance is confirmed at the 5× and especially at the 10× concentrations, operational failure is likely."

Bioassays with permethrin (x1 dose) following pre-exposure to PBO 4% in WHO tube tests showed an increase in mortality compared with permethrin alone in seven of 10 sites (Figure 16), with no increase in mortality in Aketi, Kimpese, and Mikalayi. Despite an increase in mortality after pre-exposure to PBO, mortality was still <90% in all 10 sites. There was a significant increase in mortality with deltamethrin (x1 dose) following preexposure to PBO 4% in WHO tube tests in all 10 sites. There were particularly large increases in mortality in Buta, Aketi, Kimpese, Nebobongo, and Pawa (Figure 17).

FIGURE 13. PERCENTAGE MORTALITY OF AN. GAMBIAE S.L. AFTER EXPOSURE TO PERMETHRIN AT ×1, ×5, AND ×10 **TIMES THE DIAGNOSTIC CONCENTRATION IN WHO TUBE TESTS IN 10 SITES**

FIGURE 14. PERCENTAGE MORTALITY OF AN. GAMBIAE S.L. AFTER EXPOSURE TO DELTAMETHRIN AT ×1, ×5, AND ×10 **THE DIAGNOSTIC CONCENTRATION IN WHO TUBE TESTS IN 10 SITES**

FIGURE 15. PERCENTAGE MORTALITY OF AN. GAMBIAE S.L. AFTER EXPOSURE TO ALPHA-CYPERMETHRIN AT ×1, ×5, AND **×10 THE DIAGNOSTIC CONCENTRATION IN WHO TUBE TESTS IN 10 SITES**

FIGURE 16. PERCENTAGE MORTALITY OF AN. GAMBIAE S.L. AFTER PRE-EXPOSURE TO PBO FOLLOWED BY PERMETHRIN **AT THE DIAGNOSTIC CONCENTRATION IN WHO TUBE TESTS IN 10 SITES**

Superscript indicates whether % mortality for permethrin is significantly different to % mortality for permethrin + PBO. a, b = significant difference P<0.05, a,a = no significant difference P>0.05.

Superscript indicates whether % mortality for permethrin is significantly different to % mortality for permethrin + PBO. a, b = significant difference P<0.05, a,a = no significant difference P>0.05.

CDC bottle bioassays using the PMI VectorLink recommended dose of 100µg/bottle as the diagnostic dose for chlorfenapyr (until WHO releases further guidance) produced 100% mortality in all 10 sites within 24h of exposure.

2.6 PLASMODIUM FALCIPARUM SPOROZOITE RATE

The number of *An. gambiae* s.l. and *An. funestus* s.l. analyzed for presence of sporozoites from each site is shown in Table 5. All work plan targets for processing of mosquitoes were met, with the exception of Kalemie due to an insufficient number of specimens collected through HLC (all 416 collected were analyzed in the laboratory).

TABLE 5. NUMBER OF AN. GAMBIAE S.L. AND AN. FUNESTUS S.L. SAMPLES COLLECTED BY HLC AND TESTED FOR **PRESENCE OF SPOROZOITES**

*Not enough *An. funestus* s.l. captured in Kalemie for testing.

The mean *An. gambiae* s.l. infection rate over 12 months was 3.2% (95% CI; 2.5-3.9) in Kabondo, 1.5% (95% CI; 1.0-2.0) in Lodja, and 0.5% (95% CI; 0.1-1.0%) in Kalemie. The mean *An. funestus* s.l. sporozoite rate was 2.8% (95% CI; 0.1-5.4) in Kabondo and 3.2% in Lodja (95% CI; 0.1-7.5), while in Kalemie, no *An. funestus* were tested (Table 5). The monthly *An. gambiae* s.l. sporozoite rate for Kabondo and Lodja from HLCs is presented in Figures 18 and 19. There is no figure presented for Kalemie due to the low number of sporozoite positive *An. gambiae* s.l. collected. Although there appeared to be peaks of infection (e.g., Kabondo in May and September) the confidence intervals are quite large as only 200 mosquitoes were tested per month and it is not possible to clearly determine any seasonality in infection rate.

FIGURE 19. MONTHLY P. FALCIPARUM SPOROZOITE RATE OF AN. GAMBIAE S.L. COLLECTED BY HLC IN LODJA IN 2019

2.7 ENTOMOLOGICAL INOCULATION RATE

The combined indoor and outdoor monthly EIRs for *An. gambiae* s.l. in Kabondo and Lodja for 2019 are summarized in Tables 6 and 7. Addition of the monthly EIR gave an annual EIR of 186 infectious bites per person per year for Kabondo and 103 infectious bites per person per year for Lodja. Sporozoite positive *An. gambiae* s.l. were detected in Kalemie only in December 2019, giving an annual EIR of 3.8 infectious bites per person.

As the monthly sporozoite rate has a wide confidence interval, an alternative way to calculate the annual EIR is to multiply the mean sporozoite rate by the mean biting rate. This approach would give an annual EIR of 218 infectious bites per person per year for Kabondo ((3,599 bites/192 trap nights × 365 nights) × 3.18% SR) and 94 infectious bites per person for Lodja ((3,295 bites/192 trap nights \times 365 nights) \times 1.50% SR). For Kalemie, the annual EIR would be 4 infectious bites per person per year ((416 bites/192 trap nights) \times 365 nights) \times 0.50% SR).

Overall, these results demonstrate the extremely high malaria transmission risk faced year round in Kabondo and Lodja, despite the use of pyrethroid ITNs. However, in Kalemie, the malaria transmission risk was relatively low.

TABLE 6. MONTHLY AN. GAMBIAE S.L. EIR IN KABONDO, JANUARY-DECEMBER 2019

Kabondo 12 month EIR Jan–**Dec 2019 = 186 infectious bites per person**

*****Nightly EIR is multiplied by number of nights in that month.

TABLE 7. MONTHLY AN. GAMBIAE S.L. EIR IN LODJA, JANUARY-DECEMBER 2019

*****Nightly EIR is multiplied by number of nights in that month.

3. CAPACITY BUILDING

4. DISCUSSION

The climate of Kabondo and Lodja provinces in central DRC is particularly favorable for the proliferation of malaria vectors, with year-round high temperatures and only a short dry season. *An. gambiae* s.l. biting rates were high in these two provinces throughout the year, but were much lower in Kalemie. The annual EIR of 186 infectious bites per person in Kabondo and 103 infectious bites per person per year in Lodja highlight the extremely high year-round malaria transmission risk in these provinces, but the relatively low transmission risk (EIR of 3.8) in Kalemie in eastern DRC shows that there is heterogeneity across the country. It is clear that, in high transmission areas, multiple interventions are needed to have a significant impact on malaria transmission.

Insecticide susceptibility tests showed that pyrethroid resistance is widespread. In all sites *An. gambiae* s.l. were resistant to permethrin and alpha-cypermethrin, and there was resistance in eight of 10 sites to deltamethrin. Resistance intensity varied by site and by insecticide, but was commonly moderate or high. Despite uncertainty regarding the impact of pyrethroid resistance, WHO states that, "when resistance is confirmed at the 5× and especially at the 10× concentrations, operational failure is likely." Throughout DRC, resistance to the three most common pyrethroids used on ITNs was common at the $5\times$ and $10\times$ concentrations, making it highly likely that pyrethroid ITNs are no longer providing optimal protection against malaria. The high intensity of pyrethroid resistance indicates that the NMCP should consider alternative ITNs that use synergists or mixtures for future net distribution campaigns.

Bioassays with permethrin following pre-exposure to PBO 4% in WHO tube tests showed an increase in mortality compared with permethrin alone in seven of 10 sites. Despite an increase in mortality after preexposure to PBO, mortality was still <90% in all 10 sites. There was a significant increase in mortality with deltamethrin following pre-exposure to PBO 4% in WHO tube tests in all 10 sites. There were particularly large increases in mortality in Buta, Aketi, Kimpese, Nebobongo, and Pawa. The general increase in mortality when a PBO synergist was used indicates that ITNs containing PBO may provide greater control, although susceptibility was not fully restored. A better option may be Interceptor G2 ITNs, as susceptibility to chlorfenapyr was recorded in all 10 sites, although the increased cost may be prohibitive. In 2020, the effectiveness of ITNs containing PBO are being tested in Sud Ubangi through entomological data collection and interpretation.

5. ANNEX

TABLE A1. MONTHLY SPECIES COMPOSITION AND ABUNDANCE OF ANOPHELES COLLECTED IN KABONDO BY PSC AND **HLC, JANUARY –DECEMBER 2019**

TABLE A2. MONTHLY SPECIES COMPOSITION AND ABUNDANCE OF ANOPHELES COLLECTED IN LODJA BY PSC AND HLC, **JANUARY–DECEMBER 2019**

TABLE A3. MONTHLY SPECIES COMPOSITION AND ABUNDANCE OF ANOPHELINAE COLLECTED IN KALEMIE BY PSC AND **HLC, JANUARY–DECEMBER 2019**

TABLE A4. MONTHLY HBR OF MALARIA VECTORS COLLECTED INDOORS AND OUTDOORS BY HLC IN KABONDO, **JANUARY–DECEMBER 2019**

TABLE A5. MONTHLY HBR OF MALARIA VECTORS COLLECTED INDOORS AND OUTDOORS BY HLC IN LODJA, JANUARY-**DECEMBER 2019**

TABLE A6. MONTHLY HBR OF MALARIA VECTORS COLLECTED INDOORS AND OUTDOORS BY HLC IN KALEMIE, JANUARY-**DECEMBER 2019**

