Preliminary Results

In both onchocerciasis and lymphatic filariasis, the RIF+ALB combination demonstrated a favourable safety profile, with mild side effects such as headache, fever, urine discoloration, and reversible liver enzyme elevations.

LF trial

- The Rifampicin plus Albendazole arms demonstrated higher seroreversion rates.
- Notably, all participants who were Og4C3 ELISA positive at baseline became negative by the 18-month follow-up in the 14-day Rifampicin plus Albendazole treatment arm, which was statistically significant.
- The antigenaemia levels in the Rifampicin plus Albendazole treatment arms reduced significantly as early as the 4 month follow up. This change was not seen in the albendazole alone and the no treatment arms until the 12 months follow up, showing that the rifampicin plus albendazole treatments led to faster decline in antigen levels.
- However, all intervention arms had a reduction in the number as well as levels of CFA at all post-treatment follow-up timepoints.
- FTS grading correlated well with Og4C3 ELISA measurements, validating its use as a field diagnostic tool.
- It was shown during this study that it takes about 1-5 years for the CFA to get rid of from the blood after the death of the adult worm.

Onchocerciasis trial

- Albendazole alone achieved sustained reductions in skin microfilaria densities at 4, 18 and 20 months.
- RIF+ALB combination did not outperform ALB monotherapy in reducing worm loads or inhibiting embryogenesis.
    - Anti-*Wolbachia* effects were transient, with significant bacterial depletion observed in treatment arm 2 at 4 months post-treatment, but no sustained effect at 20 months.

This study highlights the potential of albendazole monotherapy for reducing microfilariae density while emphasizing the need for extended or alternative dosing strategies to achieve sustained anti-*Wolbachia* effects.