



Memorandum

Date March 4, 1997



From WHO Collaborating Center for
Research, Training, and Eradication of Dracunculiasis

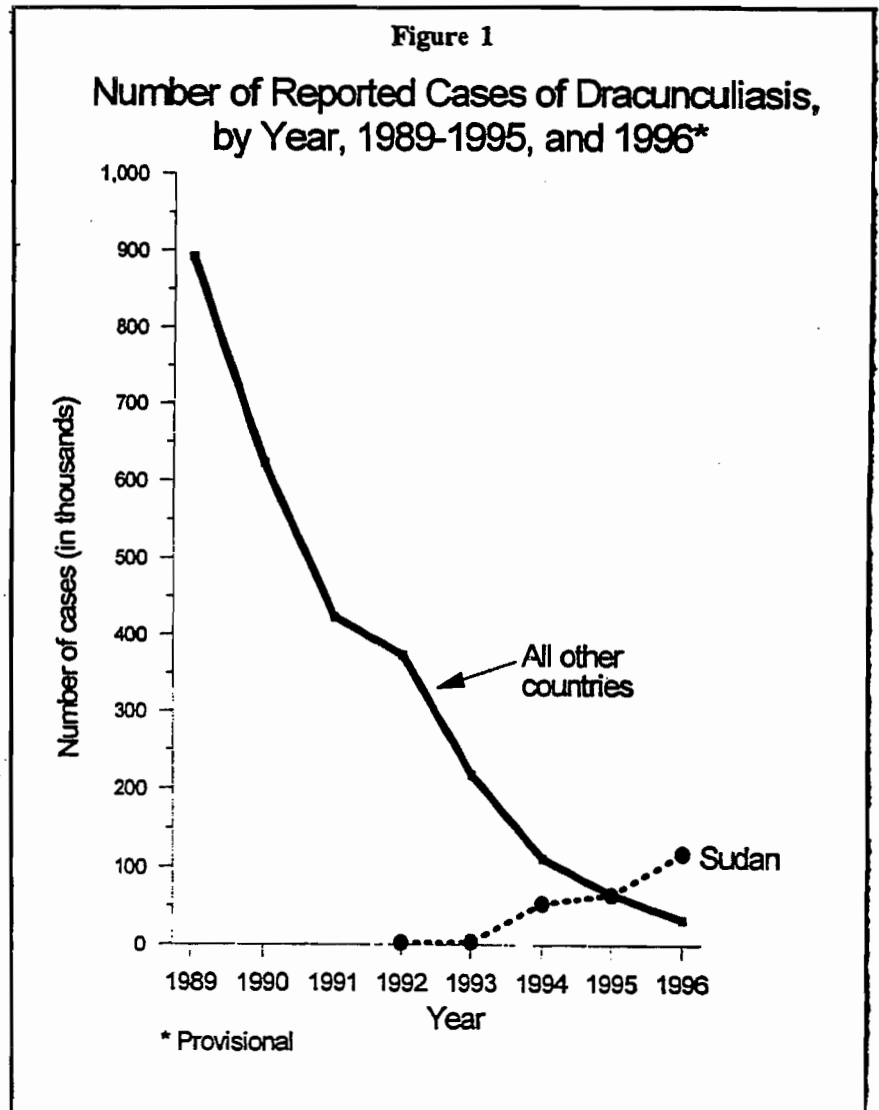
Subject GUINEA WORM WRAP-UP #65

To Addressees

Detect Every Case, Contain Every Worm!

1996 PROVISIONAL TOTAL: 150,584 CASES

So far, a provisional total of 150,584 cases have been reported for 1996: only 32,825 cases (22%) from 18 of 19 endemic countries, but 118,009 cases (78%) from Sudan (Table 1). Figure 1 shows the trend in cases reported from all endemic countries since 1989, and from Sudan since 1992. In 1996 the number of reported cases was reduced by 50% from the previous year in 18 of the 19 endemic countries, but increased by 83% in Sudan (Figure 2).



COTE D'IVOIRE



We include below a memorandum sent by Dr. Pierre Angui, chief medical district officer for Côte d'Ivoire's Bondoukou Rural Health Sector, to health workers in endemic areas of his health sector last October. Bondoukou, the most highly endemic health sector in the country, reported 28% of all cases in Côte d'Ivoire in 1996. The editors of Guinea Worm Wrap-Up believe this circular memorandum is an excellent model of what medical leaders in other endemic areas and countries should be promoting at this stage of the campaign, and we salute Dr. Angui for his approach. Bondoukou reported only 7 cases in the last four months of 1996, compared to 94 cases during the same period of 1995.

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*République de la Côte d'Ivoire
Union - Discipline - Travail*

*Ministry of Public Health
North - East Regional Office
Health District - Bondoukou*

Number 21/96/DS/BKOU

MEMORANDUM

*To Mid-Wives, Peace Corps Volunteers, Village Health Workers,
Health Development Agents, and Nurses working in Guinea Worm areas*

Ladies and Gentlemen:

I am very happy to inform you that this past September, for the first time in the three years since the Guinea Worm Eradication Program began in this District, no new case of Guinea worm was reported. This needs to be emphasized because the Guinea Worm Program in Bondoukou has reached an important milestone for which we should be happy and proud.

But this feat should not make us waiver in our efforts. While I congratulate you on your successes, I am also asking you to maintain your level of commitment, to redouble your efforts, and to continue your activities in the villages and camps where cases were found in 1996. With this, the number of cases should continue to decrease next year as was the situation in 1996.

But those cases that are not contained in the future as they should, can severely damage the fruit of your efforts and accomplishments over the past year. This calls for a tighter surveillance in the endemic villages, so that no cases can slip through your net.

The following activities constitute our action plan for 1997:

The Village Health Workers:

During the first six months of 1997, the Village Health Workers must visit each household to speak with each family so that all know how water is contaminated with Guinea worm, how the disease is spread, and how both individuals and the community can prevent Guinea worm. The Village Health Worker must systematically and periodically examine old cases of Guinea worm and their family looking for the following symptoms: a burning sensation, acute pain, and a blister or if the worm has already emerged. Once the case is detected, case containment must begin immediately. The Village Health Worker must inform the supervisor within a 72-hour period. After the transmission season, the Village Health Worker will maintain surveillance.

The Supervisor and the Nurse:

The Guinea Worm Program Supervisor or the Nurse will visit each endemic village monthly to provide the necessary technical support and to gather the monthly data. Monthly, the Nurse will analyze these data, then send them to the District. The Nurse must provide more feedback to the Village Health Worker to keep them informed and motivated.

The Guinea Worm Supervisor and the Nurse should make monthly trips with the District Team during their monthly visits to endemic villages to supervise and promote Guinea worm awareness.

The major objective during this period is to contain each new case before it emerges or within the 24 hours after the worm emerges so that the chain of transmission can be broken forever.

I know I can count on each one of you; together we can do it!

*Bondoukou, 25 October, 1996
The District Medical Officer*

Dr. Pierre Angui

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Table 1

**NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1996
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1995)**

COUNTRY	NUMBER OF CASES IN 1995	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	% Cont.
		JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		
SUDAN	64608	289 / 1535	279 / 1003	1405 / 3632	1344 / 10388	4526 / 15718	3973 / 13216	4374 / 14718	5928 / 16816	5384 / 14920	3367 / 10743	4255 / 10004	2335 / 5316	37459 / 118009	32
NIGERIA	16374	778 / 1264	926 / 1023	562 / 675	559 / 801	523 / 1153	803 / 1870	546 / 1419	769 / 1009	420 / 491	350 / 353	371 / 382	285 / 289	6892 / 10729	64
NIGER	13821	17 / 25	2 / 5	0 / 0	9 / 10	28 / 74	167 / 210	344 / 508	434 / 886	419 / 757	191 / 329	92 / 130	23 / 44	1726 / 2978	58
GHANA	8894	467 / 611	657 / 863	538 / 728	388 / 535	340 / 502	231 / 386	142 / 235	61 / 100	72 / 87	52 / 68	225 / 263	385 / 499	3558 / 4877	73
BURKINA FASO	6281	25 / 37	36 / 57	72 / 118	96 / 154	308 / 394	512 / 748	472 / 688	283 / 522	206 / 355	95 / 109	12 / 13	2 / 4	2119 / 3199	66
UGANDA	4810	39 / 46	22 / 24	28 / 40	232 / 276	329 / 444	264 / 310	147 / 164	59 / 70	38 / 44	17 / 19	9 / 10	7 / 8	1191 / 1455	82
MALI	4218	49 / 76	13 / 15	14 / 19	55 / 153	78 / 86	132 / 215	202 / 404	261 / 449	279 / 435	162 / 286	80 / 169	63 / 95	1388 / 2402	58
COTE D'IVOIRE	3801	244 / 368	272 / 606	188 / 299	171 / 343	164 / 358	137 / 249	111 / 162	117 / 133	30 / 47	32 / 40	85 / 109	55 / 71	1606 / 2785	58
TOGO	2073	200 / 225	168 / 194	79 / 117	62 / 74	61 / 72	78 / 78	64 / 64	61 / 85	88 / 92	234 / 241	184 / 185	153 / 156	1432 / 1583	90
BENIN	2273	134 / 255	56 / 94	15 / 24	43 / 53	48 / 81	15 / 22	48 / 56	37 / 55	108 / 132	139 / 195	185 / 255	175 / 203	1003 / 1425	70
MAURITANIA	1762	8 / 9	4 / 5	2 / 2	6 / 7	1 / 2	27 / 35	59 / 82	105 / 175	99 / 146	23 / 64	13 / 19	2 / 3	349 / 549	64
ETHIOPIA	514	0 / 1	1 / 4	2 / 2	17 / 29	58 / 64	88 / 110	97 / 106	25 / 25	15 / 15	4 / 4	7 / 7	2 / 5	316 / 372	85
CHAD	149	24 / 24	34 / 34	23 / 23	5 / 5	2 / 2	4 / 4	4 / 4	13 / 16	0 / 0	0 / 0	0 / 0	0 / 5	109 / 117	93
YEMEN	82	0 / 1	7 / 8	12 / 12	14 / 14	5 / 5	6 / 10	4 / 5	1 / 2	2 / 5	0 / 0	0 / 0	0 / 0	51 / 62	82
SENEGAL	76	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	1 / 1	2 / 2	4 / 4	3 / 3	0 / 9	0 / 0	11 / 20	55
INDIA	60	0 / 0	0 / 0	0 / 0	2 / 2	4 / 4	0 / 0	3 / 3	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	9 / 9	100
KENYA	23	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	-
CAMEROON**	15	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	1 / 1	2 / 2	5 / 5	4 / 4	0 / 0	0 / 0	13 / 13	100
TOTAL*	129834	2274 / 4477	2477 / 3935	2940 / 5691	3003 / 12844	6476 / 18960	6438 / 17464	6619 / 18620	8158 / 20347	7169 / 17335	4673 / 12458	5518 / 11555	3487 / 6698	59232 / 150584	39
% CONTAINED		51	63	52	23	34	37	36	40	41	38	48	52	39	

* Provisional
 ** Reported 10 cases imported from Nigeria: 1 case in May, 1 in July, 1 in Aug, 3 in Sept, and 4 in Oct.

Table 2
NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1997
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1996)

COUNTRY	# OF ENDEMIC VILLAGES 1/1/97	# OF CASES IN 1996*	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												% CONT.			
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER		TOTAL*		
SUDAN	5473	118009	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
NIGERIA	1288	10720	983 / 1148	/	/	/	/	/	/	/	/	/	/	/	/	/	983 / 1148	86
GHANA	602	4871	1498 / 1685	/	/	/	/	/	/	/	/	/	/	/	/	/	1498 / 1685	89
BURKINA FASO	337	3199	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
NIGER	416	2978	3 / 4	/	/	/	/	/	/	/	/	/	/	/	/	/	3 / 4	75
COTE D'IVOIRE	203	2785	148 / 156	/	/	/	/	/	/	/	/	/	/	/	/	/	148 / 156	95
MALI	430	2402	6 / 7	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
TOGO	237	1583	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
UGANDA	327	1455	6 / 7	/	/	/	/	/	/	/	/	/	/	/	/	/	6 / 7	86
BENIN	325	1414	92 / 95	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
MAURITANIA	132	549	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
ETHIOPIA	61	372	4 / 5	2 / 2	/	/	/	/	/	/	/	/	/	/	/	/	6 / 7	86
CHAD	12	117	2 / 2	/	/	/	/	/	/	/	/	/	/	/	/	/	2 / 2	100
YEMEN	7	62	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
SENEGAL	7	20	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
CAMEROON	2	13	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
INDIA	3	9	0 / 0	/	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
TOTAL*	9882	150573	2742 / 3109	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2744 / 3111	88
% CONTAINED			88	-	-	-	-	-	-	-	-	-	-	-	-	-	88	

* Provisional

**Table 3 DRACUNCULIASIS ERADICATION CAMPAIGN
REPORTED IMPORTATIONS OF CASES OF DRACUNCULIASIS: 1996**

From	To	Month	Cases		
			Number	Contained	Cross notified
Benin	Nigeria	August	5	?	5
		October	2	?	?
		November	5	?	?
Burkina Faso	Niger	August	2	0	2
	Côte d'Ivoire	June	1	1	?
		August	1	1	?
		September	1	1	?
Côte d'Ivoire	Burkina Faso	Jan.-Sept.	8	?	?
Ghana	Togo	January	2	?	?
		February	6	?	?
		March	1	?	?
		June	1	1	1
	Burkina Faso	Jan.- Sept.	6	?	?
Nigeria	Benin	Jan. - Aug.	11	?	?
	Togo	February	1	?	?
		May	1	?	1
	Niger	June	2	1	2
	Cameroon	May	1	1	1
		July	1	1	1
		August	1	1	1
		September	3	3	3
October	4	4	4		
Niger	Burkina Faso	Jan.- Sept.	2	?	?
	Côte d'Ivoire	August	1	1	?
Mali	Senegal	September	1	1	pending
	Côte d'Ivoire	February	1	1	?
Togo	Benin	Jan.- Aug.	17	?	?
	Côte d'Ivoire	September	1	1	?
	Ghana	June	3	?	?
		November	1	?	?
Senegal	Mali	June	3	?	?
		October ?	1	?	1
Sudan	Uganda	March	1	0	1
		May	3	0	3
		July	1	0	1
	Ethiopia	August	3	3	pending
	C.A.R.	?	1	?	?
Total			106	22	27

IN BRIEF:

Benin. Dr. Aristide Chakirou Paraiso, of the Ministry of Public Health, has been designated National Coordinator of the Guinea Worm Eradication Program. Welcome, Dr. Paraiso.

Ghana. The large number of cases reported in January (Table 2) partly reflects increased and earlier reporting of many pre-emergent cases which would otherwise have been reported in February, as a result of the cash rewards that the program introduced in December (see previous issue of Guinea Worm Wrap-Up). This is, however, nearly as many cases as were reported in Ghana in January (611) and February (863) of 1996, when 76% and 77%, respectively, of cases were contained. It suggests the danger of allowing even a fraction of cases to contaminate major sources of drinking water, such as the large dams serving a few of the district capitals in the Northern Region. Providing safe water sources for such populations, and/or achieving nearly 100% case containment will be required to stop transmission. 89% of the 1,685 cases in January 1997 were contained; 93% of the cases were reported from the Northern Region. In February, 20,000 copies of posters with messages to "Stay out of water if you have Guinea worm" and "Prevent Guinea worm - filter your drinking water", as well as publicizing the reward system, were printed and distributed.

Niger. The Ambassador of Japan in Abidjan, Mr. Hiromi Sato, recently announced his government's decision to award a Small Scale Grant Agreement of approximately \$100,000 to Global 2000/Niger to assist Niger's Guinea Worm Eradication Program. The funds will be presented by an embassy official during the Program Managers' Meeting in Niamey later this month. The grant will be used to purchase two 4-wheel drive vehicles, help produce cloth filters, and purchase Faso Fani-type Guinea worm cloth.



Nigeria. Reported rates of case containment have exceeded 90% nationwide since October 1996. During a seven-day visit to Nigeria in February, Dr. Donald Hopkins joined Prof. Luke Edungbola and Mr. Ben Nwobi, zonal facilitators for NIGEP's Northwest and Northeast Zones, respectively, as well as Global 2000's resident advisor in Nigeria, Mr. Wayne Duncan, in visits to five of the highest endemic states: Bauchi, Gombe, Katsina, Sokoto, and Zamfara. The visits to political and health officials included visits to an endemic village and Local Government Area (LGA) officials in the highest endemic LGA in each of the states except Sokoto. The authorities were urged to help intensify preparations for this year's peak transmission season (May-August), including provision of safe water sources to as many priority endemic villages as possible over the next two months. In 1996, 2 villages in Bauchi State reported 82% of all cases in that state; 16 villages in Katsina reported 10% of all cases in the entire country; and 7 villages in Sokoto reported 84% of all cases in that state.

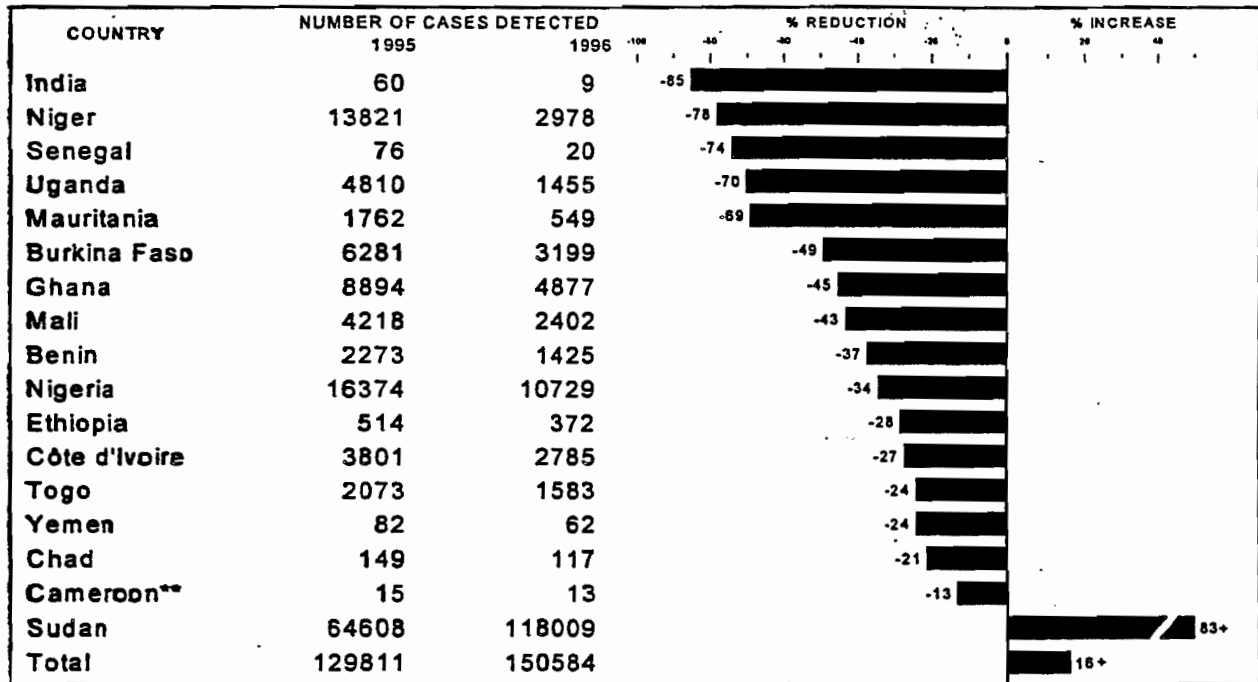
Yemen. Dr. Abdul Hakeem Al Kohlani reports that only 7 of 21 villages with endemic dracunculiasis in 1995 reported one or more cases during 1996. Wells in all 7 villages were protected during 1996 and Abate is being applied monthly. Dr. Al Kohlani also reported the absence of cases in January 1997 (Table 2).

MEETING

The Fourth Program Managers' Meeting will be held in Niamey, Niger, on March 24-26, 1997.

Figure 2

PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS REPORTED DURING JANUARY - DECEMBER 1995 AND JANUARY - DECEMBER 1996,* BY COUNTRY



* Provisional
 ** Cameroon reported 7 imported cases in 1995 and 10 in 1996.

RECENT PUBLICATIONS



WHO, 1997. Dracunculiasis - certification of eradication. *Wkly Epidemiol Rec*, 72:33-35.

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*Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
 In memory of BOB KAISER*

For information about the GW Wrap-Up, contact Trenton K. Ruebush, MD, Director, WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis, NCID, Centers for Disease Control and Prevention, F-22, 4770 Buford Highway, NE, Atlanta, GA 30341-3724, U.S.A. FAX: (770) 488-4532.



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.