



Date: December 14, 1998

From:



WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject:

GUINEA WORM WRAP-UP #85

To: Addressee

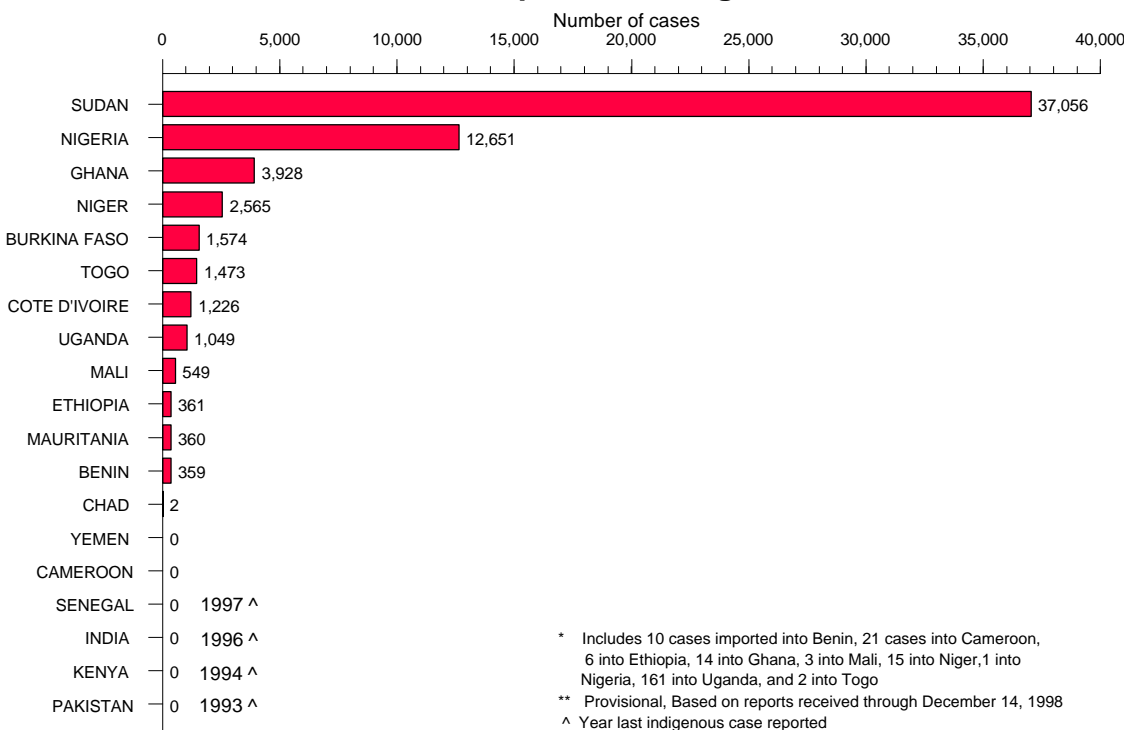
Detect Every Case, Contain Every Worm!

TOGOLESE MINISTER TOURS TWO ENDEMIC VILLAGES

On November 12, the Minister of Health of Togo, Dr. Sama Koffi, visited two endemic villages in the district of Zio, accompanied by his entire technical staff, including the national program coordinator, Mr. K. Ignace Amegbo. Also accompanying the minister were the country representatives of WHO and UNICEF, as well as representatives of U.S. Peace Corps and a consultant from Global 2000/The Carter Center. The minister and his entourage first visited the formerly endemic village of Tsito, which had not had any cases for the past three years. There, the minister congratulated the population of the village on their accomplishment, after having heard the traditional chief describe the history of dracunculiasis in his village and its eradication using only cloth filters and case containment.

Figure 1

Distribution by Country of 63,174* Cases of Dracunculiasis Reported During 1998**



The delegation spent most of their time in the village of Atikoloe, which has been endemic since new cases were introduced in 1991. It is currently the second-most highly endemic village in Togo. The minister conducted a thorough mobilization campaign in the village, patients were cared for, and the population made a strong commitment to work towards eradicating dracunculiasis from the village in 1999. The visitors also distributed cloth filters and Guinea worm t-shirts, demonstrated treatment of a water source with Abate, and surgical extraction of a Guinea worm. The minister vowed to return to Atikoloe in January 1999 to check on its progress. The minister's visit was covered by Togolese television, radio and newspapers. Togo has reported a greater increase in cases during 1998, compared to 1997, than any other country (Table 1, Figures 1, 2). External support for interventions in 1998 has been provided by Global 2000, Health and Development International (see below), the Government of Japan, Peace Corps, and WHO and UNICEF.

IVOIRIAN MINISTER VISITS SEGUELA AND BONDOUKOU



Continuing his mobilization tours of key endemic regions in Cote d'Ivoire, Minister of Public Health Prof. Maurice Kakou Guikahue visited ten villages in the Subprefecture of Kounahiri, Department of Mankono, in Seguela Sanatary District, on November 21-23, and Boahia village in Kouassi-Datekro subprefecture of Bondoukou District on December 3. The visits were part of the minister's actions to mobilize populations in highly endemic areas for the final push to eradicate dracunculiasis in Cote d'Ivoire by December 2000.

He was accompanied by national program coordinator Dr. Henri Boualou, ministry directors (public health, village water supply and education), journalists, and representatives of WHO, UNICEF, U.S. Peace Corps, and MAP International. The minister stressed his government's intention to provide safe drinking water to endemic areas as quickly as possible, but he urged villagers to cooperate with use of cloth filters and treating unsafe water sources with Abate in other endemic areas where safe drinking water is not yet available. The minister made a similar visit to Agnibilekro district in July 1998. Like Togo and Nigeria, Cote d'Ivoire has reported an increase in cases in 1998 (Figure 2).

GENERAL TOURE TRAVELS TO FIVE REGIONS OF MALI



The president of Mali's Intersectorial Group for Guinea Worm Eradication, former Head of State General Amadou Toumani Toure, traveled to Segou, Mopti, Gao, Kidal and Timbuktu Regions on November 12-15. The visits were to promote eradication of dracunculiasis and polio. (General Toure also chairs Mali's steering committee for polio National Immunization Days.) In each region, he met with the regional governor and regional intersectorial group for Guinea worm eradication, and urged them to continue their efforts until dracunculiasis is eradicated. The general was accompanied on all or part of his journey by the national program coordinator, Dr. Issa Degoga, the UNICEF resident representative, a representative of WHO, Global 2000 resident technical advisor Mr. Brad Barker, and others.

Mali has reduced its cases by 49% so far this year, led by reductions in Koulikoro, Segou and Kayes of 100%, 92% and 82%, respectively. Gao has achieved a reduction of 57% (to 110 cases), Mopti 46% (237 cases), and Timbuktu 9% (140 cases) (Figure 3). Koulikoro has reported no cases since July 1997. Segou has had only 3 cases in January-October 1998, and Kayes has had only 20 cases. Case containment rates are low (57% overall), however, primarily because of difficulties in assuring supervisory visits over the vast distances within a short time after each case is reported. Mali aims to stop transmission of dracunculiasis by December 31, 2000.

NIGERIA: SERIOUS DEFICIENCIES IN PARTS OF EBONYI AND BENUE STATES



Three consultants who began work in late October have found serious deficiencies in active surveillance, distribution of cloth filters, use of Abate, and case containment in parts of two of the highest endemic states in the country: Ebonyi and Benue, which together have reported 29% of all cases of dracunculiasis in Nigeria so far this year. Both states are located in Southeast Zone, which, under the leadership of Prof. Eka Braide, has implemented intensive health education and mobilization of unserved endemic communities to dig hand dug wells, and other interventions resulting in more than 95% reduction of reported dracunculiasis incidence over the past decade. However, failure to periodically verify and cross-check a sample of the reports submitted to state and zonal offices is apparently the main flaw which allowed the discrepancy in intervention coverage to continue undetected until now. Other programs should take note: at this critical stage, The Worm will inevitably reveal any such programmatic weaknesses, be they known, unknown, or hidden. Better to find and eliminate them first! The consultants, Ms. Holly Chaney, Ms. Misrak Makonnen, and Dr. Johan Velema, were recruited and supported by Global 2000.

Global 2000 country representative Dr. Emmanuel Miri and his team, including Prof. Braide, began implementing corrective measures in the two states early in the current peak transmission season. Among the counter-measures taken: distribution of cloth filters, re-training of health workers and Abate teams, addition of another senior staff person at zonal level, and other remedial activities. Additional transportation and supplies are also being secured. Nigeria aims to stop all transmission of dracunculiasis by December 31, 2000.

YEMEN: NO CASES FOR MORE THAN ONE YEAR!!!!



According to a report from national program coordinator Dr. Abdul-Hakeem Al Kohlani, Yemen has reported no cases of dracunculiasis between January and the end of September this year, making twelve months since the last case was reported in September 1997. The case reported in September 1997 was the only case of dracunculiasis reported in Yemen in the second half of 1997. Congratulations to Dr. Al Kohlani, his colleagues and supporters! It was only four years ago (November 1994) when dracunculiasis was first discovered to still be endemic in Yemen after the ministry of health, with technical assistance from CDC and funding provided by Health and Development International (HDI), offered a widely publicized cash reward for reporting of a case, in conjunction with the national case search.

BURKINA FASO BEGINS REGIONAL WORKSHOPS



The deputy national program coordinator for Burkina Faso, Dr. Maxime Drabo, reports that Burkina Faso's program convened the first of three regional workshops, at Ouahigouya, on November 19-20. Comprising the endemic area bordering Mali's Mopti Region, the workshop included participants from four sanitary districts of Ouahigouya Sanitary Region: Ouahigouya, Titao, Djibo and Seguenega. Participants from the four regions discussed ways to correct weaknesses in distribution of filters and treatment kits, deficiencies in training and supervision, inadequacies in use of forms for surveillance and supervision, chronic delays in availability of resources for the program, and difficulties in implementing interventions in small hamlets

and newly endemic villages. (Earlier this year, a study of a sample of 51 Burkinabe villages by a WHO consultant reportedly found a significant "under-notification of cases: 38% of villages previously thought to be non-endemic were actually infected and not included in the surveillance system".) The WHO country representative, Dr. Liliane Barry, and Dr. Alhousseini Maiga of WHO also participated in the workshop, as well as representatives of UNICEF. Public health officials from each of the four sanitary districts were charged to complete their district Guinea worm eradication plans for 1999-2000 by December 15. Similar regional workshops are scheduled to be held for the other two main endemic areas of the country: Gaoua Sanitary Region (bordering northeast Cote d'Ivoire and northwest Ghana) on December 13-14, and Kaya Sanitary Region in the center of Burkina Faso, on December 20-21.

The two-year national Plan of Action for eradicating dracunculiasis from Burkina Faso by the end of 2000 is expected to be completed by early January 1999. A national workshop will be convened shortly thereafter to review the national Plan of Action and discuss it with external donors.

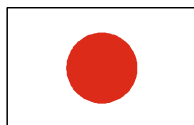
HDI HELPS BENIN, CHAD, COTE D'IVOIRE AND TOGO



Beginning early in 1998, Health and Development International (HDI) has helped provide extra technical and material assistance to the Guinea Worm Eradication Programs in Benin, Cote d'Ivoire and Togo, in cooperation with Global 2000/The Carter Center, by means of a special donation of \$230,000. So far, this source has supported three separate technical consultations to each of the three countries, and will continue to do so during the remainder of the current peak transmission season in 1999. It has also supported grants to each of the programs to help cover various critical operating expenses. The benefits of this timely special assistance should become evident in 1999. Benin and Cote d'Ivoire are aiming to stop transmission of dracunculiasis by December 1999 and December 2000, respectively. Togo has not yet announced a new target date for its program.

HDI has also provided \$20,000 to the program in Chad in 1998 to support that program's secretariat and program field activities during what may be the last year of dracunculiasis in Chad.

JAPAN PROVIDES GRANTS TO ETHIOPIA AND GHANA



JAPAN

The Government of Japan has announced two grants that have been awarded to support eradication of dracunculiasis in Ethiopia and Ghana. The two grants to Ethiopia and Ghana of \$81,911 and \$55,598, respectively, were requested by The Carter Center, and are a part of the \$2.5 million which the Japanese government had earlier committed in support of the eradication activities of The Carter Center (see Guinea Worm Wrap Up #77). The grant to Ghana will support purchase of two vehicles and a generator; the grant to Ethiopia is for office equipment, construction of rainwater collection units and slow sand filters, printing of educational materials, and t-shirts.

IN BRIEF:

Benin. Ten of the 12 most highly endemic villages in Zou Department received new hand pumps in February-May 1998. Monthly Abate treatments of water sources are begun in endemic villages the month before the village had its first case in the preceding year. An entomologist from the water service, Mr.

Alexandre Guidja, routinely visits water points to check them for presence of copepods and thereby confirm the regularity and effectiveness of treatments. Benin aims to stop transmission by December 1999.

Ghana. Atebubu District of Brong-Ahafo Region reported 34% of all cases reported in the country in October. Savelugu, in Northern Region is scheduled to have its safe water supply system completed by the end of February 1999. Ghanaian health authorities decided in October to double the amount of the cash reward provided to patients who have their worms contained through manual or surgical extraction or bandaging, to 5,000 cedis (about US\$2.12). Health and Development International is providing funding for the rewards. Ghana's goal is to stop transmission by December 1999.

Niger. The Niger Guinea Worm Eradication Program convened its 6th annual meeting of program coordinators from around the country at Zinder, on November 16-18. Also attending were representatives of the ministries of public health, water, and the environment, as well as representatives of WHO, Global 2000, Japanese Overseas Volunteer Corps, and U.S. Peace Corps. So far in 1998, the program has achieved significant reductions of -26%, -73% and -76% in Zinder, Dosso and Maradi, respectively, but these have been offset by an increase in cases reported from Tillaberi (+7%) and a small reduction in Tahoua (-8%) (Figure 2). This program aims to stop transmission by December 31, 2000.

Sudan. A coordination meeting for NGOs working to eradicate Guinea worm disease in southern Sudan under the auspices of Operation Lifeline Sudan's Southern Sector met in Lokichokio, Kenya on November 16-18, hosted by Global 2000's Field Coordinator, Kelly Callahan. The goal of the Coordination Workshop was to have participants leave with a better understanding of their role in the Sudan Guinea Worm Eradication Program (SGWEP), and the experiences of fighting Guinea worm in southern Sudan. It was a series of interactive discussions encompassing changes in the implementation of the program, solutions to common problems encountered in the field, NGO-specific achievements for 1998 and NGO-specific work plans for 1999. This was the first such meeting to be held since 1996. The Sudan Guinea Worm Eradication Program has recently prepared maps showing the distribution of villages and cases in 1998, in collaboration with Global 2000's Nairobi office (Mr. Jeremiah Ngondi), CDC and WHO (Figures 4 and 5).

PRESIDENT CARTER IN PUBLIC SERVICE ANNOUNCEMENT WITH TV STAR

On November 18, former President Jimmy Carter filmed a public service announcement with Mr. Noah Wyle, star of the popular television drama ER, in Los Angeles. In January 1998, the hit television show broadcast an episode which included a realistic and accurate portrayal of a man with a Guinea worm emerging from his leg. The public service announcement, which is intended to raise awareness about dracunculiasis and the eradication campaign, will air for the first time on cable channel TNT on December 28, 1998, during a re-run of the original episode that featured the Guinea worm patient.

Recent Publications

WHO, 1998. Dracunculiasis surveillance. Weekly Epidemiological Record, 73:345-346.

Table 1

Number of cases contained and number reported by month during 1998*
(Countries arranged in descending order of cases in 1997)

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	465 / 1328	856 / 1254	889 / 1524	1618 / 2627	2135 / 3485	3580 / 5990	3342 / 7127	3332 / 5586	3671 / 5737	1150 / 2398	/	/	21038 / 37056	57
NIGERIA	1520 / 1549	1166 / 1259	1186 / 1279	847 / 955	948 / 1233	953 / 1484	954 / 1394	800 / 1197	412 / 657	481 / 907	348 / 737	/	9615 / 12651	76
GHANA **	870 / 1277	535 / 709	478 / 554	276 / 382	208 / 263	169 / 226	132 / 178	40 / 58	53 / 67	191 / 214	/	/	2952 / 3928	75
NIGER	7 / 11	4 / 4	5 / 5	42 / 43	129 / 168	277 / 367	411 / 687	378 / 575	315 / 468	153 / 237	/	/	1721 / 2565	67
BURKINA FASO	1 / 1	1 / 6	1 / 17	11 / 158	118 / 289	95 / 489	170 / 535	43 / 79	/	/	/	/	440 / 1574	28
TOGO	78 / 265	25 / 130	36 / 94	32 / 47	30 / 47	57 / 74	59 / 124	73 / 123	101 / 243	158 / 326	/	/	649 / 1473	44
UGANDA ***	7 / 8	3 / 6	24 / 43	164 / 226	204 / 300	154 / 176	116 / 128	64 / 70	45 / 48	31 / 33	11 / 11	/	823 / 1049	78
COTE D'IVOIRE	151 / 251	110 / 138	115 / 184	65 / 195	110 / 158	96 / 121	32 / 40	24 / 39	10 / 53	33 / 34	12 / 13	/	758 / 1226	62
MALI	9 / 10	2 / 5	0 / 0	18 / 24	4 / 8	21 / 63	41 / 94	93 / 149	76 / 101	41 / 95	/	/	305 / 549	56
BENIN	88 / 103	22 / 36	10 / 10	29 / 30	26 / 26	10 / 10	6 / 6	8 / 8	25 / 25	100 / 105	/	/	324 / 359	90
ETHIOPIA	1 / 1	6 / 6	10 / 11	58 / 60	70 / 73	87 / 89	79 / 84	28 / 28	7 / 7	2 / 2	0 / 0	/	348 / 361	96
MAURITANIA	0 / 0	0 / 0	0 / 0	3 / 4	0 / 0	1 / 2	30 / 44	56 / 127	43 / 90	37 / 93	/	/	170 / 360	47
CHAD	0 / 0	2 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	2 / 2	100
YEMEN	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	~
SENEGAL	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	~
CAMEROON ****	0 / 0	0 / 0	0 / 0	0 / 0	1 / 2	4 / 4	8 / 8	5 / 5	2 / 2	/	/	/	20 / 21	95
TOTAL*	3197 / 4804	2732 / 3555	2754 / 3721	3163 / 4751	3983 / 6052	5504 / 9095	5380 / 10449	4944 / 8044	4760 / 7498	2377 / 4444	371 / 761	0 / 0	39165 / 63174	62
% CONTAINED	67	77	74	67	66	61	51	61	63	53	49		62	

* Provisional

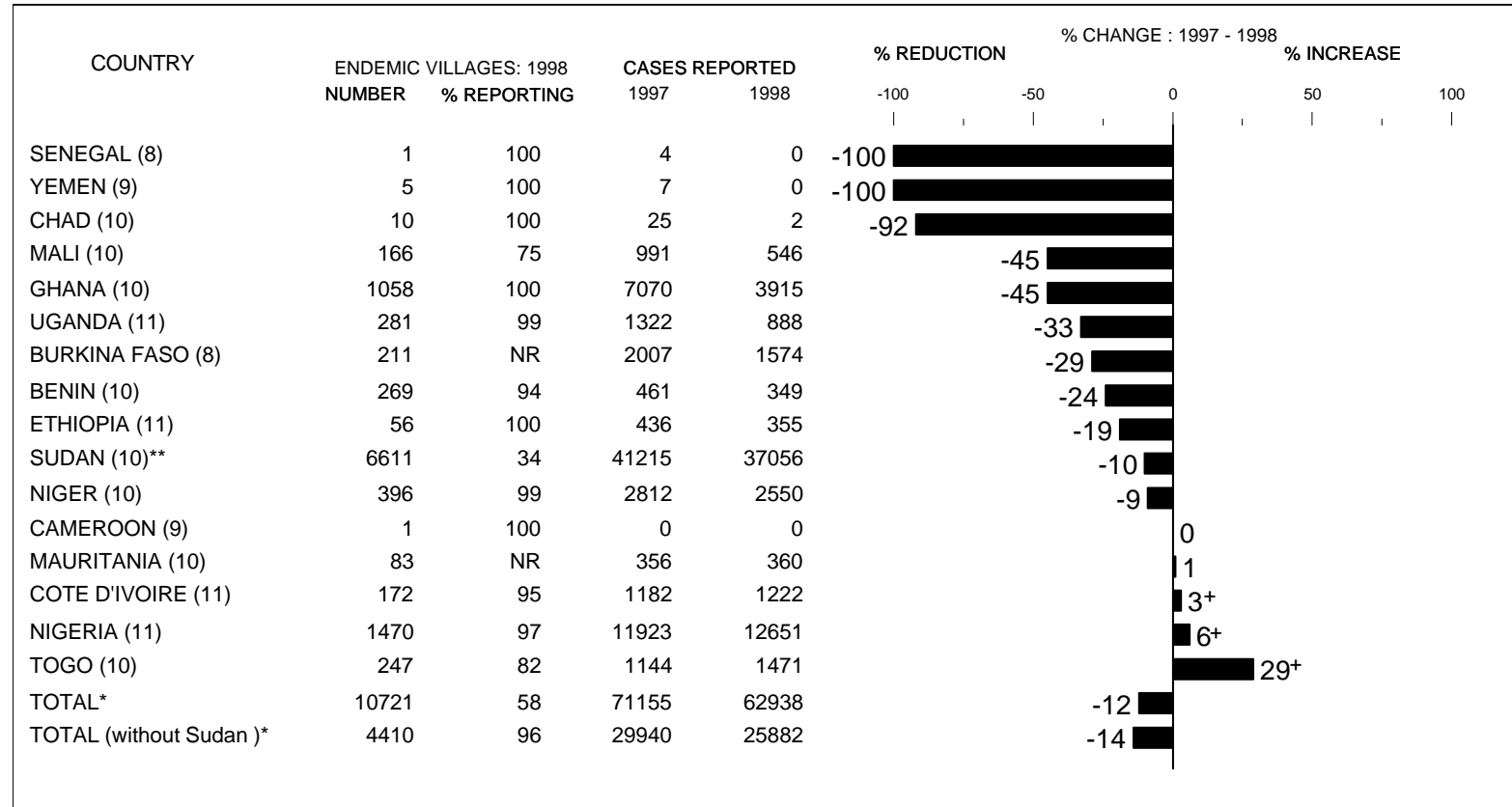
** Reported 1 case imported from Togo in May and 11 in June.

*** Reported 5 cases imported from Sudan in March, 13 in April, 49 in May, 41 in June, 45 in July, 7 in August, and 1 in September.

**** Reported 2 cases imported from Nigeria in May, 4 in June, 8 in July, 5 in August, and 2 in September.

Figure 2

PERCENTAGE OF ENDEMIC VILLAGES REPORTING
AND PERCENTAGE CHANGE IN NUMBER OF INDIGENOUS CASES OF DRACUNCULIASIS
DURING 1997 AND 1998 *, BY COUNTRY



* Provisional. Totals do not include imported cases.

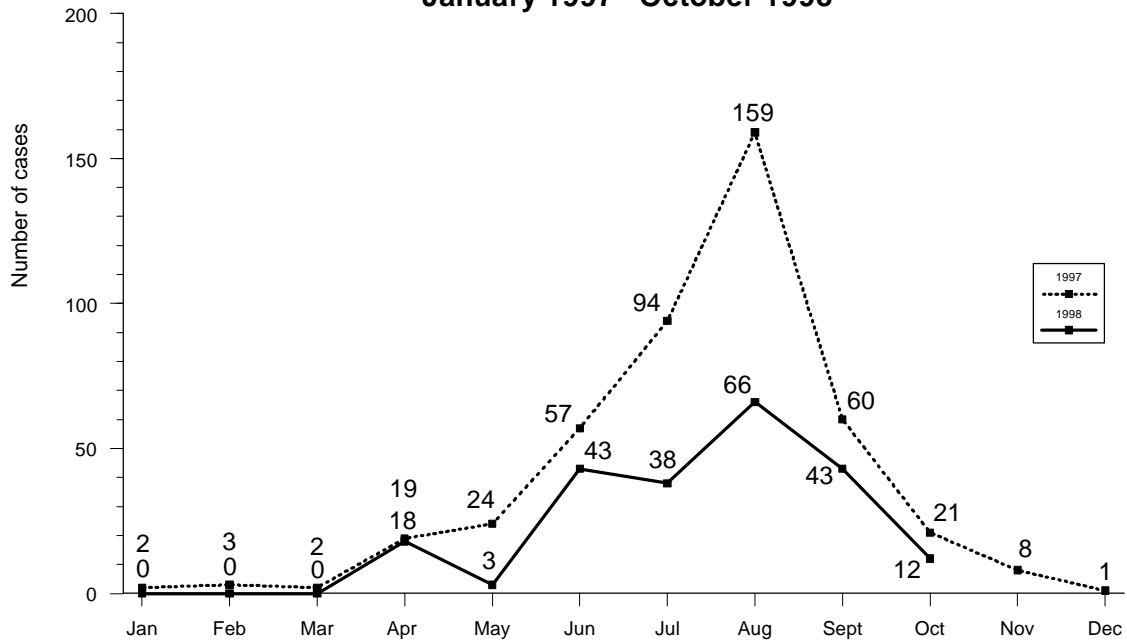
** Countries with low rate of reporting (< 50%) from endemic villages. Percent reductions are over estimates due to under reporting from endemic villages.

(8) Denotes number of months for which reports were received, e.g., Jan. - Aug., 1998

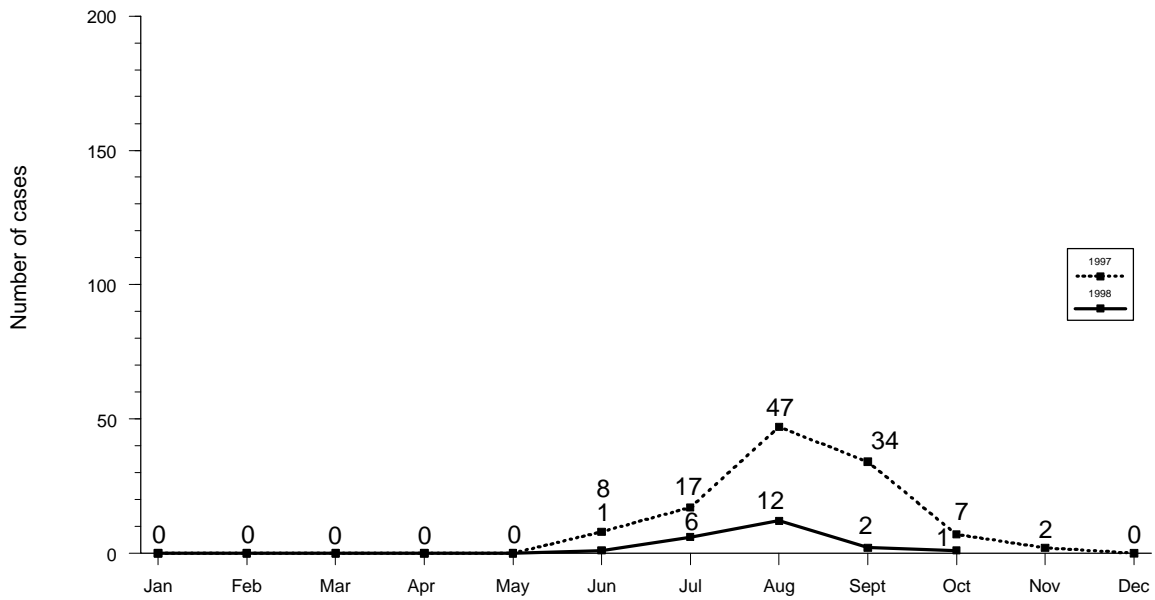
NR Indicates No Reports Received.

Figure 3

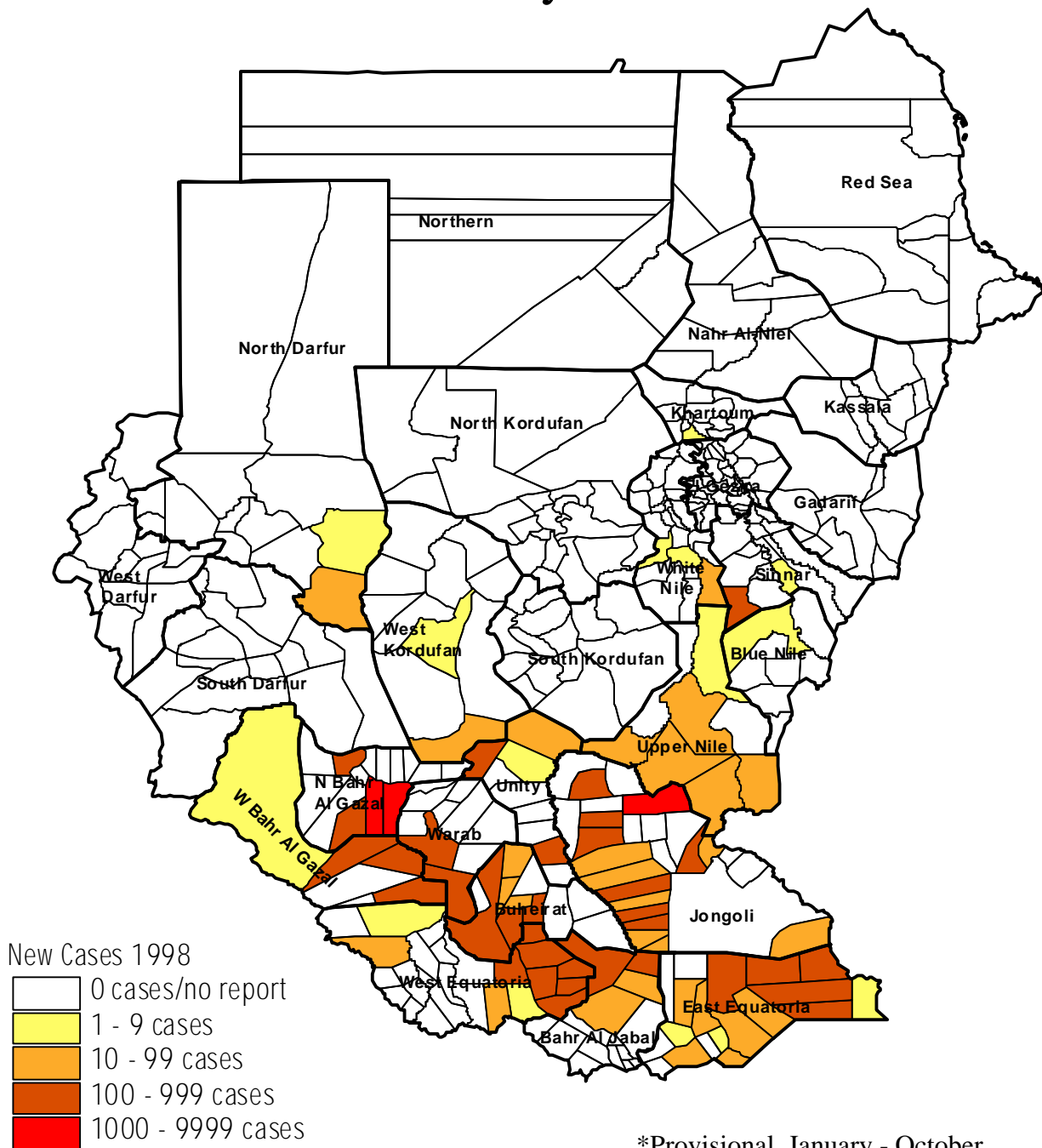
**Mali Guinea Worm Eradication Program
Cases of dracunculiasis reported from Mopti Region:
January 1997 - October 1998**



**Cases of dracunculiasis reported from Kayes Region:
January 1997 - October 1998**



Sudan Guinea Worm Eradication Program Distribution of Cases by Council 1998*



Sudan Guinea Worm Eradication Program Distribution of Endemic Villages by Council 1998*

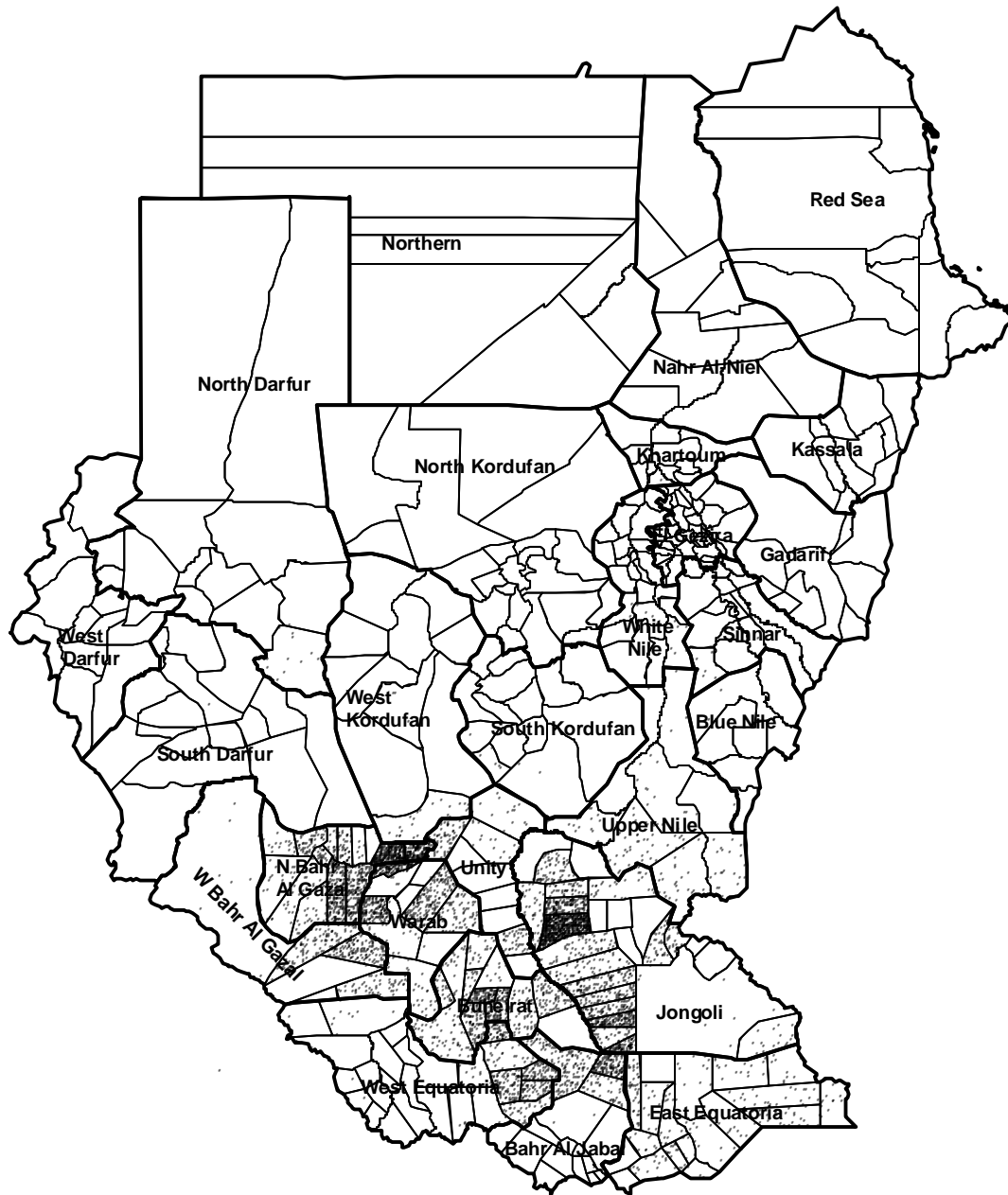


Table 2

Number of endemic villages in 1997 and 1998*, by country and Target year for halting transmission of dracunculiasis, (excluding Sudan) and uncontained cases in 1998*

Country	Endemic villages		Target year	Number of uncontained cases in 1998
	1997 (as of January 1, 1998)	1998* (Reporting 1+ cases)		
Nigeria	1136	985	2000	3036
Ghana	843	588	1999	976
Niger	396	304	2000	844
Burkina Faso	211	211	2000	1134
Togo	204	133	?	824
Uganda	244	159	1999	226
Cote d'Ivoire	115	133	2000	468
Mali	269	178	2000	244
Benin	212	150	1999	35
Ethiopia	45	41	1999	13
Mauritania	83	57	1999	190
Chad	10	1	1998?	0
Yemen	5	0	1997	0
Senegal	1	0	1997	0
Cameroon	1	0	1997	1
Total	3775	2940		7991

*based on reports received through December 14, 1998

*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.

The GW Wrap-Up is also available on the web at http://www.cdc.gov/ncidod/dpd/list_drc.htm.



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