



Date: November 15, 2002



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

Subject: GUINEA WORM WRAP-UP #128

To: Addressees

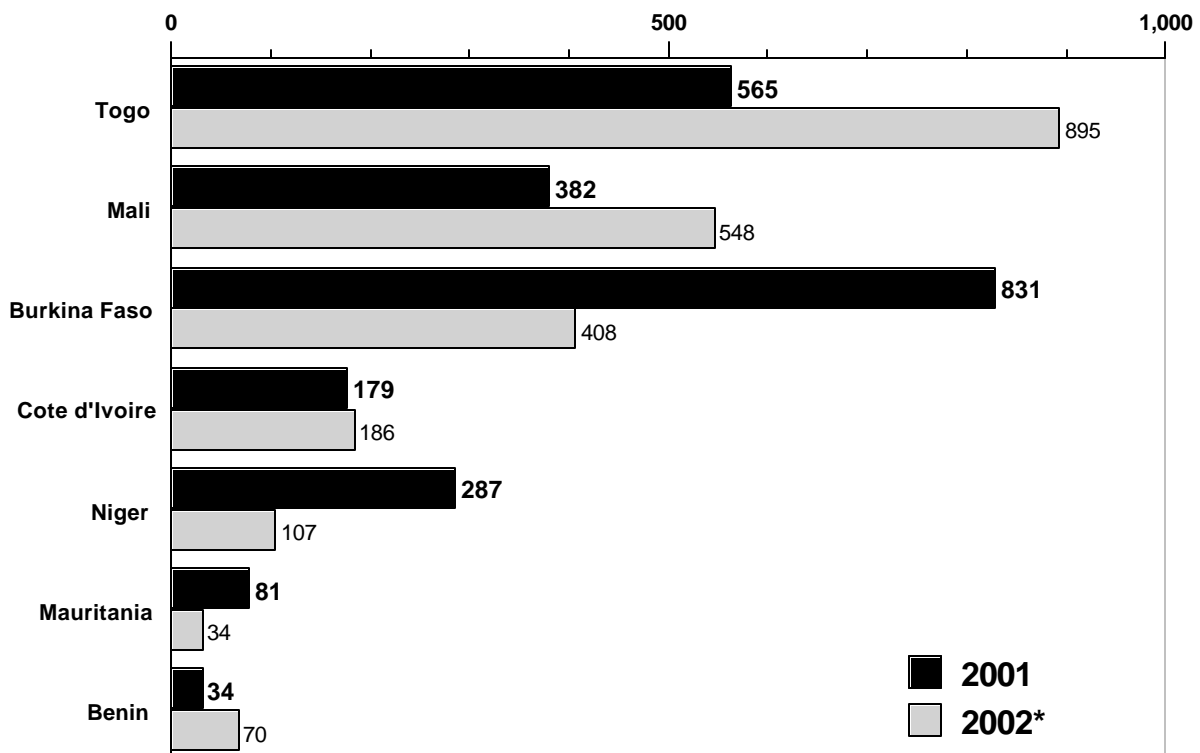
What's New in 2002?

ENDEMIC FRANCOPHONE COUNTRIES MEET IN MAURITANIA

The annual Program Review for endemic francophone countries convened on October 28 – 30 at the Monotel Hotel in Nouakchott, Mauritania. Participants included representatives from Benin, Burkina Faso, Central African Republic, Cote d'Ivoire, Mali, Mauritania, Niger and Togo. This Program Review was hosted by the Ministry of Health of the Islamic Republic of Mauritania, organized by The Carter Center, and co-sponsored by the Government of Mauritania, The Carter Center, the World Health Organization (WHO) and UNICEF. WHO also organized a parallel meeting for data managers from the same programs. In summary, the Review revealed that the Guinea Worm Eradication Programs in Niger, Burkina Faso and Mauritania are doing well, those in Mali, Togo, Benin and Cote d'Ivoire are experiencing problems, and the status of dracunculiasis in Central African Republic is still uncertain.

Some of the key data reported by the endemic countries for the period January-September 2002 are summarized in Figure 1 and in Tables 1- 3. Of the 478 villages that reported one or more cases of Figure 1

Distribution of Indigenous Cases of Dracunculiasis Reported during January - September 2001 and 2002* in Seven Endemic Francophone Countries



dracunculiasis during the first nine months of 2002, half (242) reported only one case each. Mali, Togo and Mauritania reported the lowest overall rates of case containment (53%, 55%, 56%, respectively), while Cote d'Ivoire and Togo reported the lowest rates of endemic villages with filters in all households (74%, 77%) (Table 1). The two countries with the highest numbers of cases among the francophones, Mali and Togo, also recorded the greatest increase in cases between 2001 and 2002 in the villages that had cases in both years, indicating the ineffectiveness of their interventions in those villages in 2001 (Table 2). Some country-specific observations are summarized below.

Togo has increased filter coverage (% of endemic villages with filters in all households) in its twelve highest endemic districts from less than 75% in May 2002 to 94% as of September 2002. Although the overall rate of case containment is still low (55%), a major change is this program's aggressive use of case containment centers, beginning in August 2001. So far this year, 20% of cases in January-October were voluntarily isolated in such centers. Preliminary indications are that this strategy is very effective:

Impact of Case Containment Centers in Togo, 2001 – 2002

(4 villages)		(9 villages)		(15 villages)	
Aug. 2001	Aug. 2002	Sept. 2001	Sept. 2002	Oct. 2001	Oct. 2002
6 cases	0 cases	13 cases	2 cases	185 cases	~9 cases
	-100%		-85%		-95%

[In October 2002, Togo recorded –32% fewer cases (209) than in October 2001 (308 cases), and it reportedly contained 178 (85%) of those cases, 93 (52%) of them in containment centers.]

Mali recorded 93% of this year's cases in three districts: Gao and Ansongo (Gao Region), and Gourma Rharous District (Timbuktu Region). Cases in Mopti Region increased slightly (from 19 to 26) since 2001, while Segou Region reported 6 cases, Koulikoro reported 2, and Kayes reported 1 imported case. The area of concern in eastern Mali borders endemic districts in Niger and Burkina Faso [Figure 2]. All three countries share the challenges posed by insecurity, international boundaries, and the inhabitants' nomadism, but neglect of this area by Mali's program before August 2001 is a major reason why the level of disease is much higher in that part of the tri-border area. WHO plans to hold a mapping workshop focused on the tri-border area for persons from the three countries. Mali plans to convene its next national conference at Gao in January 2003.

Burkina Faso has improved filter coverage in endemic villages from 68% to 90%, and its case containment rate from 73% to 78% since 2001. The number of endemic villages has been reduced by 41% since 2001 (from 354 to 210). After conducting one "Worm Week" of intensive health education and community mobilization in 2001 (April), U.S. Peace Corps has helped the program to implement approximately ten Worm Weeks between April and August 2002. The program is directing special attention to its part of the tri-border area with Mali and Niger.

Cote d'Ivoire in 2002 has detected 85% of its cases in only three villages, all of which are in Tanda District. Tanda is in the area controlled by the central government in the current crisis, but the overall effect of this political crisis on the Guinea Worm Eradication Program is not yet known. With the help of Peace Corps, UNICEF, MAP and The Carter Center/Global 2000, filter coverage, Abate usage and availability of clean drinking water were all sharply increased in endemic villages of Tanda District in November and December 2001. The overall reported rate of filter coverage was raised from 38% to 74%, and the case containment rate from 55% to 90% between 2001 and 2002.

Niger improved its case containment rate from 57% to 71% since 2001, in addition to reducing its dracunculiasis cases by –62% during the first nine months of this year. The program is directing special attention to its part of the tri-border area with Burkina Faso and Mali. (As if to underscore again the dangers inherent in this tri-border area, after the Program Review Niger's Guinea Worm Eradication Program discovered an outbreak of 74 cases in its Tillaberi Region! Tillaberi Region reported only 14 cases in October 2001, and Niger had reported only 107 indigenous cases in January – September 2002.)

Benin has contained 91% of its cases during the first nine months of 2002, including 68% of its cases that were hospitalized. Of 85 cases reported so far this year, 15 were imported from other countries. This program experienced an explosion of cases in Tchetti Zone in common with an adjacent area of Togo (Kpatala) in November and December of 2001. Of the 114 cases reported in that area of Benin in November and December 2001, 112 were believed to have been contained then.

Mauritania improved its use of Abate from 46% to 54%, and its coverage with at least one source of safe water in endemic villages from 73% to over 85% since 2001. Filter coverage was 100% in both years. Case containment remains low, at 56%. The program plans to decentralize its operations and conduct more active case containment in 2003. An evaluation is being planned for January 2003.

Central African Republic reported no new data at this meeting.

The Secretary-General of the Mauritanian Ministry of Health and Social Affairs, Dr. Dah Ould Cheikh, presided over the Closing Ceremony, when two congratulatory messages were read on behalf of the National Program Coordinators. One of the messages congratulated General Amadou Toumani Toure on his election as President of Mali. The other message congratulated Former U.S. President Jimmy Carter on being awarded the Nobel Peace Prize for 2002.

“Promises won't eradicate dracunculiasis; action will.” Don Hopkins

INTERNATIONALLY IMPORTED CASES

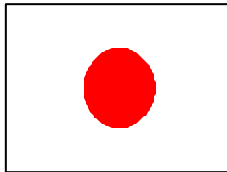
The October 11th issue of the Guinea Worm Wrap-Up reported on a total of 76 international case importations. Hence, it was revealing that data presented during the meeting of endemic Francophone countries in Mauritania on October 28-30 included 34 additional international case importations that were not previously notified to the countries exporting these cases. Complacency about the need and urgency of immediately cross-notifying such cases to the country of origin is not acceptable at this stage of the global campaign, and particularly considering the greatly improved electronic communications provided by WHO and other partner organizations to national secretariats. Hence, we remind and urge all national coordinators to immediately cross-notify all imported cases to the country of origin via telephone, facsimile, or e-mail, and to send without delay the formal cross-notification form to the country of origin through the WHO country representative. WHO country offices are also asked to immediately expedite the relay of these cross-notification forms to the appropriate Guinea Worm Eradication Program(s). Figure 4 shows the latest update of the number of exportations by country of origin.

“If only we could learn to look instead of gawking, If only we could act instead of talking...” Bertolt Brecht

INTERAGENCY COORDINATION GROUP, GATES GUINEA WORM COMMITTEE MEET

The Interagency Coordination Group for Dracunculiasis Eradication, chaired by Dr. Donald Hopkins of The Carter Center, and the Gates Guinea Worm Grant Committee, chaired by Dr. Nevio Zagaria of WHO, met in Nouakchott, Mauritania after the closing of the Program Review, in order to take advantage of senior personnel from major partner agencies, The Carter Center, World Bank, World Health Organization and UNICEF, being present there. Both meetings were held at the World Bank facilities. Mr. Ali Mansoor represented UNICEF. Mr. Bruce Benton of the World Bank participated in the Gates Guinea Worm Committee meeting by video link from Washington. The Interagency Group reviewed the current Guinea worm situation in Sudan, Nigeria and Ghana, and established proposed dates for next year's meeting of Program Managers, in Kampala, Uganda (April 1-3). The Gates GW Committee reviewed the current status of the Trust Fund, and discussed the annual report that is to be sent to the Bill & Melinda Gates Foundation by the end of November. The Group also agreed to allocate funds to WHO so it can work with programs in Burkina Faso, Mali, Nigeria and Togo, especially on developing surveillance in areas that are no longer endemic for dracunculiasis.

JAPAN PROVIDES WELLS IN GHANA'S NANUMBA DISTRICT; ANOTHER WORM WEEK



JAPAN

In March 2002, the Embassy of Japan in Ghana awarded a grant of \$92,732 to Global 2000 (Ghana) of the Carter Center, on behalf of Ghana's Inter-Agency Coordinating Committee (ICC) for the Eradication of Guinea Worm Disease. The purpose of the grant was to provide safe sources of drinking water to Guinea worm communities in heavily-endemic Nanumba District (Northern Region). Jiangsu Geology and Engineering Co. Ltd. has since successfully drilled seventeen bore hole wells in 17 communities. The seventeen communities collectively reported 140, or 19% of the 730 cases reported from Nanumba District last year. The ICC also arranged for authorities in Nanumba District, with the support of UNICEF, to educate the communities about general hygiene, and mobilization to provide sustainable revenue generation towards the operation and maintenance of the bore holes. The impact of these wells will be evaluated in 2003.

"Guinea worm week" number 4 took place in the Northern Region of Ghana during October 21-27. The top six most endemic districts (Zabzugu-Tatale, Nanumba, East Gonja, West Gonja, Tamale and Yendi) were visited and 68 health volunteers from US Peace Corps, BritishVSO, The Netherlands, Ghana Nurses Training College, Ghana School of Hygiene, and Ghana's Community Nursing School participated in the event. A total of 94 endemic communities (including 20 of the 25 most endemic in 2002) benefited from intensive house to house visits, which included searches for new cases and inspections of the cloth filters in the households. These teams distributed 2,236 households and pipe filters in 85 communities, and discovered a number of patent but unrecorded cases in 6 communities in 4 different districts.

IN BRIEF:

In Nigeria, Dr. Mohammed Jabir, consultant to Northwest Zone, has begun reporting monthly a list of new and rehabilitated safe water sources provided in the zone. During October, 25 endemic villages were

Table 1

STATUS OF INTERVENTIONS IN SEVEN ENDEMIC FRANCOPHONE COUNTRIES AS OF SEPTEMBER 2002

Country	Number of villages		Number of cases reported during Jan.-Sept 2002	Percentage of cases contained	Percent change in cases: 2001-2002	Status of interventions in endemic villages			
	Reporting 1+ cases during Jan.-Sept. 2002	Reporting only 1 case				% with filters in all households	% using Abate	% with 1+ source of safe water	% provided health education
Togo	161	84	921	55%	+57%	77%	74%	44%	100%
Mali	125	40	552	53%	+43%	100%	22%	22%	100%
Burkina Faso	80	51	419	78%	-51%	90%	64%	79%	99%
Cote d'Ivoire	25	17	191	96%	+3%	74%	73%	89%	96%
Niger*	52	31	115	71%	-62%	100%	83%	33%	100%
Benin	22	11	85	91%	+70%	100%	100%	77%	100%
Mauritania	13	8	34	56%	-58%	100%	54%	85%	100%
Total	478	242	2317	64%	-5%	89%	60%	49%	100%

* includes 26 villages a 26 localities reporting 1+ cases during January - September 2002

Table 2

CHANGES IN STATUS OF VILLAGES WITH DRACUNCULIASIS CASES DURING JANUARY - SEPTEMBER 2001
AND JANUARY - SEPTEMBER 2001 AND JANUARY - SEPTEMBER 2002 IN ENDEMIC FRANCOPHONE COUNTRIES

Country	Number and percent of endemic villages						Total endemic villages
	Reporting 1+ cases in 2001 and 2002		Reporting 1+ cases in 2001 but zero cases in 2002		Reporting zero cases in 2001 but 1+ cases in 2002		
	Number	%	Number	%	Number	%	
Togo	63	27%	67	29%	101	44%	231
Mali	54	30%	58	32%	71	38%	183
Burkina Faso	62	30%	115	56%	28	14%	205
Cote d'Ivoire	7	15%	22	48%	17	37%	46
Niger	29	17%	119	70%	23	13%	171
Benin	4	11%	14	39%	18	50%	36
Mauritania	6	19%	19	59%	7	22%	32
Total	225	25%	414	46%	265	29%	904

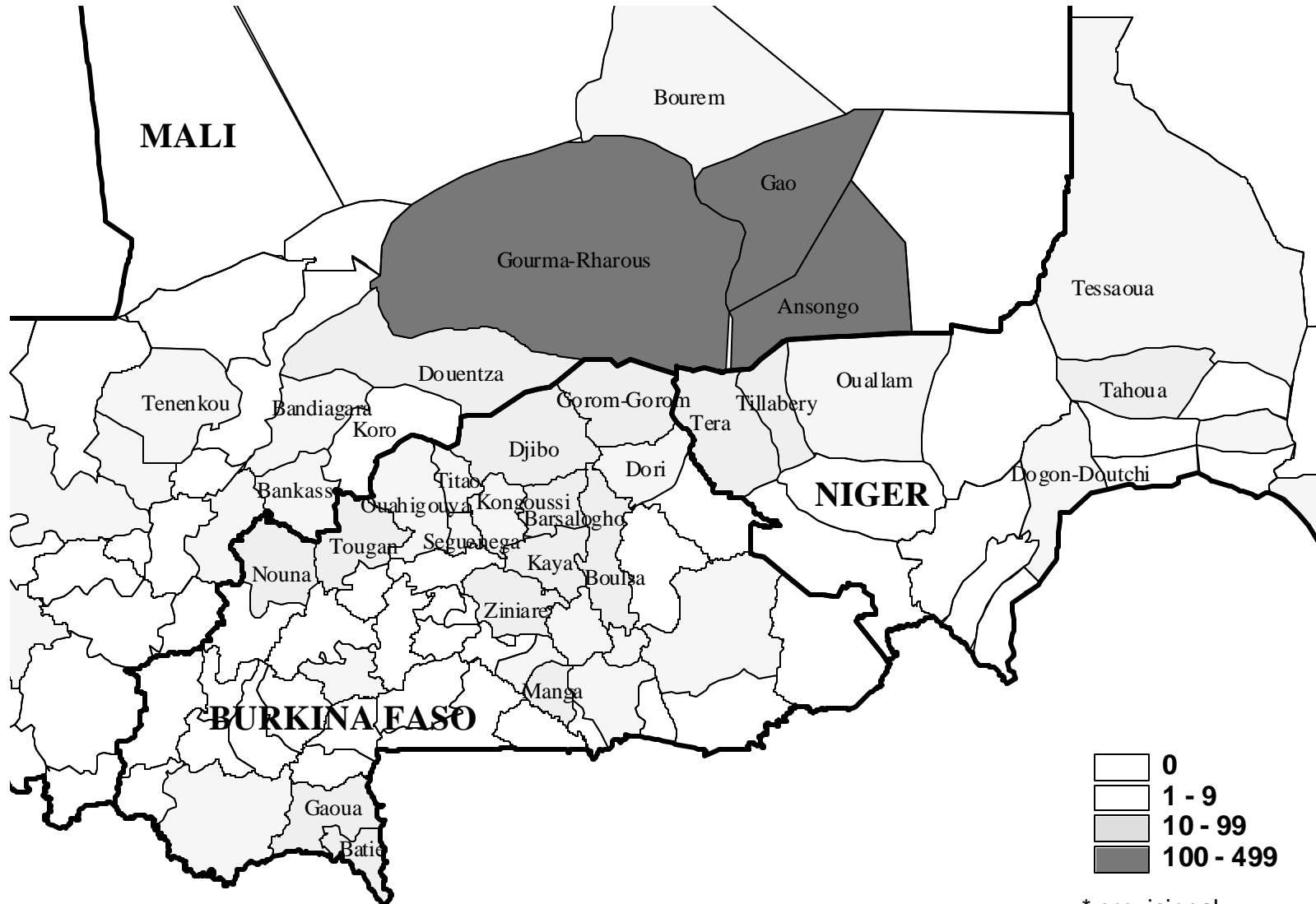
Table 3

CHANGES IN STATUS OF VILLAGES AND REPORTED CASES OF DRACUNCULIASIS DURING
JANUARY - SEPTEMBER 2001 AND JANUARY - SEPTEMBER 2002 IN ENDEMIC FRANCOPHONE COUNTRIES

Country	Villages that reported 1+ cases in 2001 and 2002				Villages that reported 1+ cases in 2001 and zero cases in 2002				Villages that reported zero cases in 2001 and 1+ cases in 2002				Net number of cases and % Change		
	Number	Cases 2001	Cases 2002	% Change	Number	Cases 2001	Cases 2002	% Change	Number	Cases 2001	Cases 2002	% Change	2001	2002	% change
Togo	63	393	567	44%	67	195	0	-100%	101	0	354	~	588	921	57%
Mali	54	205	280	37%	58	187	0	-100%	71	0	272	~	392	552	41%
Burkina Faso	62	594	345	-42%	115	247	0	-100%	28	0	74	~	841	419	-50%
Cote d'Ivoire	7	113	170	50%	22	70	0	-100%	17	0	21	~	183	191	4%
Niger	29	87	74	-15%	119	212	0	-100%	23	0	41	~	299	115	-62%
Benin	4	11	70	536%	14	39	0	-100%	18	0	15	~	50	85	70%
Mauritania	6	47	27	-43%	19	34	0	-100%	7	0	7	~	81	34	-58%
Total	225	1450	1533	6%	414	984	0	-100%	265	0	784	~	2434	2317	-5%

Figure 2

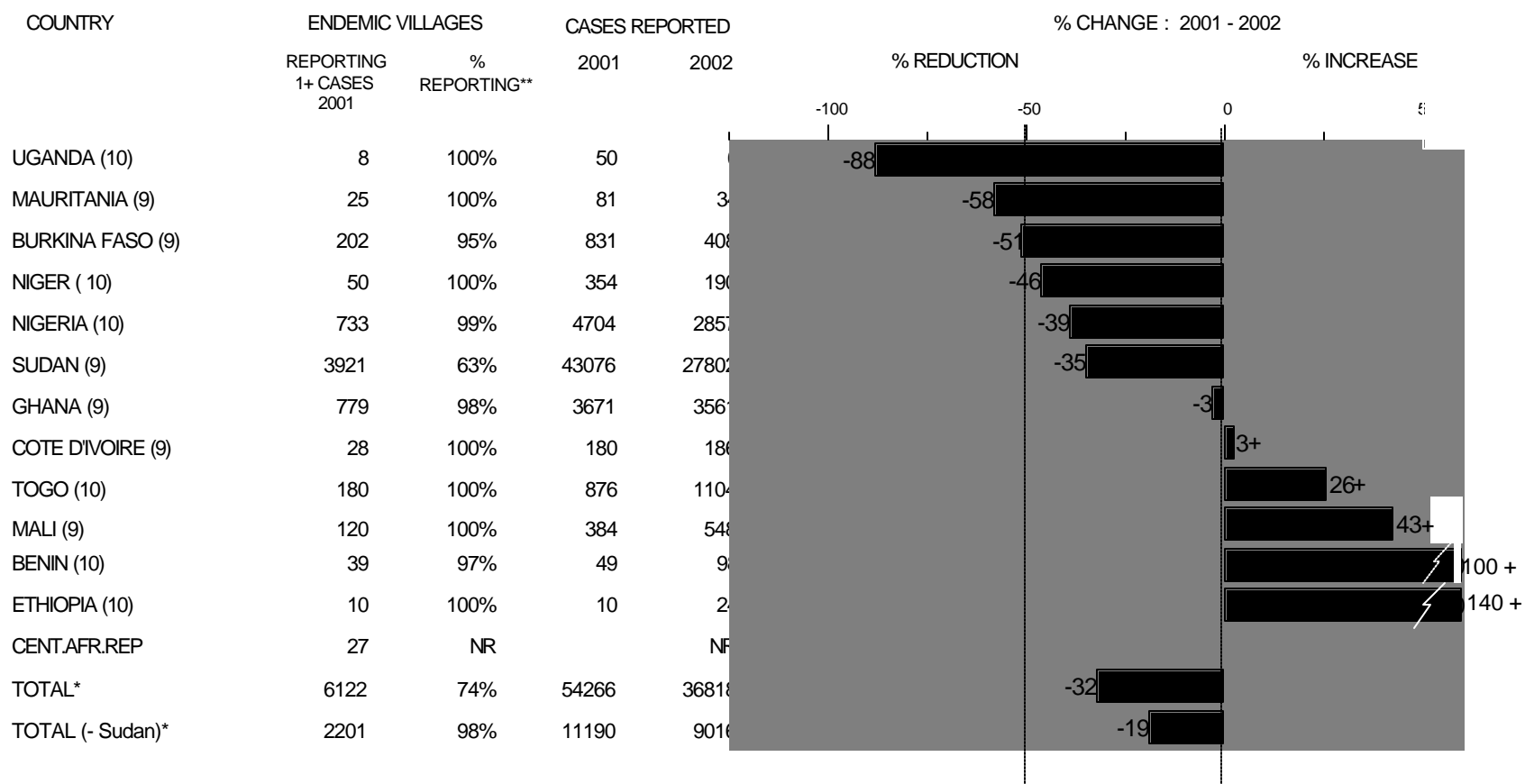
Distribution of 1,086 Cases of Dracunculiasis in Mali, Niger, and Burkina Faso: January - September 2002*



* provisional

Figure 3

Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 2001 and 2002*, by Country



* provisional

(9) Indicates month for which reports were received, i.e., Jan. - Sept. 2002

NR No Report

Table 4

Number of cases contained and number reported by month during 2002*
(Countries arranged in descending order of cases in 2001)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	
SUDAN	674 / 1148	557 / 1083	604 / 1035	848 / 1613	2489 / 4799	2960 / 6259	3152 / 6278	1599 / 3440	1204 / 2147	/	/	/	14087 / 27802
NIGERIA	350 / 647	195 / 336	148 / 220	152 / 232	205 / 244	222 / 314	143 / 198	125 / 246	107 / 175	163 / 245	/	/	1810 / 2857
GHANA	497 / 744	389 / 680	303 / 412	283 / 367	305 / 464	281 / 409	158 / 210	119 / 139	110 / 136	/	/	/	2445 / 3561
TOGO	147 / 191	71 / 103	19 / 40	12 / 27	34 / 92	55 / 81	69 / 236	45 / 81	51 / 70	178 / 209	/	/	681 / 1130
BURKINA FASO	6 / 10	26 / 29	20 / 21	22 / 32	66 / 83	57 / 86	42 / 46	30 / 48	57 / 64	/	/	/	326 / 419
MALI	4 / 5	4 / 5	4 / 5	0 / 0	2 / 6	5 / 9	23 / 43	77 / 178	176 / 301	/	/	/	295 / 552
NIGER	6 / 6	0 / 0	0 / 0	0 / 0	4 / 4	5 / 5	25 / 40	19 / 30	23 / 30	37 / 83	/	/	119 / 198
COTE D'IVOIRE	91 / 91	52 / 52	23 / 24	10 / 10	1 / 3	2 / 5	0 / 1	2 / 3	2 / 2	/	/	/	183 / 191
BENIN	28 / 28	8 / 11	7 / 8	5 / 5	1 / 1	4 / 4	2 / 2	7 / 7	15 / 19	26 / 28	/	/	103 / 113
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 3	5 / 5	7 / 12	5 / 14	/	/	/	19 / 34
UGANDA	0 / 0	0 / 0	1 / 1	1 / 1	2 / 3	3 / 4	4 / 4	2 / 3	5 / 5	0 / 0	/	/	18 / 21
CAR	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	0 / 0	0 / 0	2 / 3	1 / 6	11 / 11	6 / 7	5 / 5	6 / 6	6 / 6	1 / 1	/	/	38 / 45
TOTAL*	1803 / 2870	1302 / 2299	1131 / 1769	1334 / 2293	3120 / 5710	3602 / 7186	3628 / 7068	2038 / 4193	1761 / 2969	405 / 566	0 / 0	0 / 0	20124 / 36923
% CONTAINED	63	57	64	58	55	50	51	49	59	72			55

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Uganda reported 1 case imported from Sudan in April, 2 in May, 2 in August, and 5 in September.

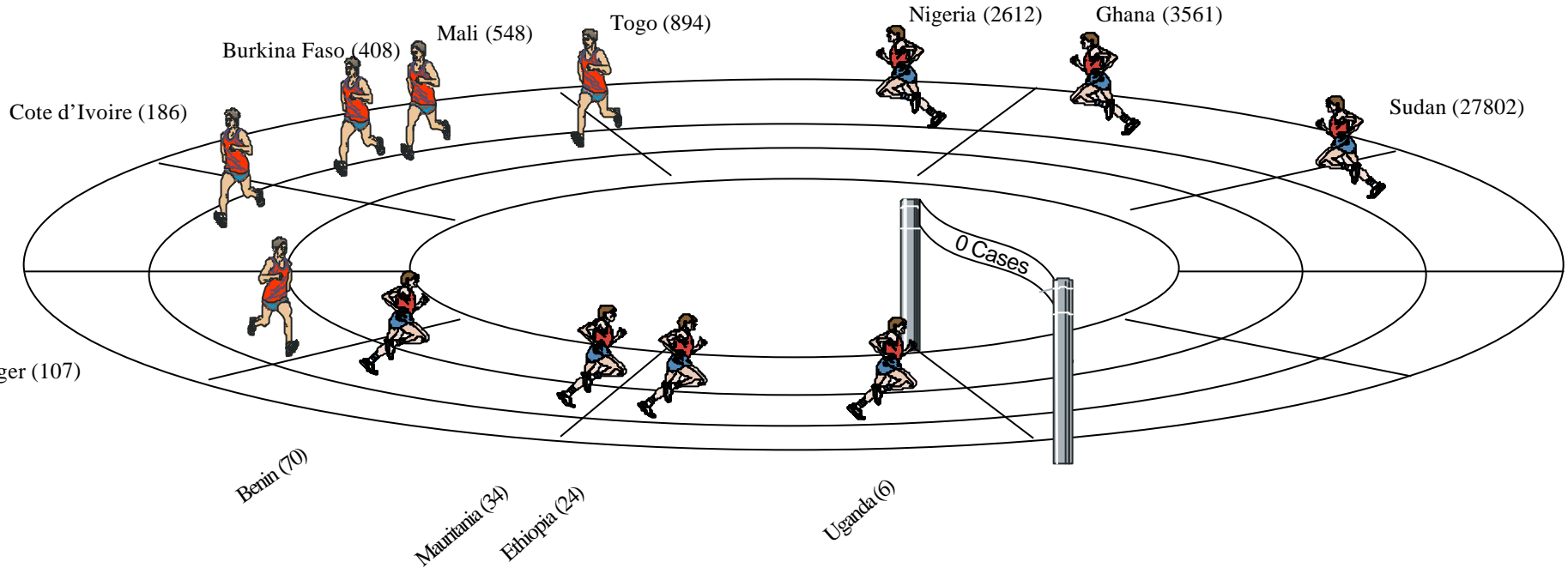
Ethiopia reported 1 case imported from Sudan in March, 5 in May, 4 in June, 3 in July, 4 in August, 3 in September and 1 in October.

Kenya reported 1 case imported from Sudan in January, 3 in March, 3 in April, 4 in May, and 1 in September.

Benin reported 4 cases imported from Togo in March and 1 in June, and 2 in August plus 1 case each imported from Ghana in March and April, respectively.

Figure 4

GUINEA WORM RACE: January – September 2002*



* Indigenous cases, provisional.

provided with at least one new source in Kebbi (13), Katsina (7), Zamfara (3) and Sokoto (2) States. Detailed information naming the beneficiary endemic villages, their endemicity ranking in the line-listing of endemic villages, the nature of the improved water sources (bore hole, hand dug well, etc.), and the agencies concerned is included. The groups that provided these wells included some of the communities themselves, the four state governments, UNICEF and The Carter Center.

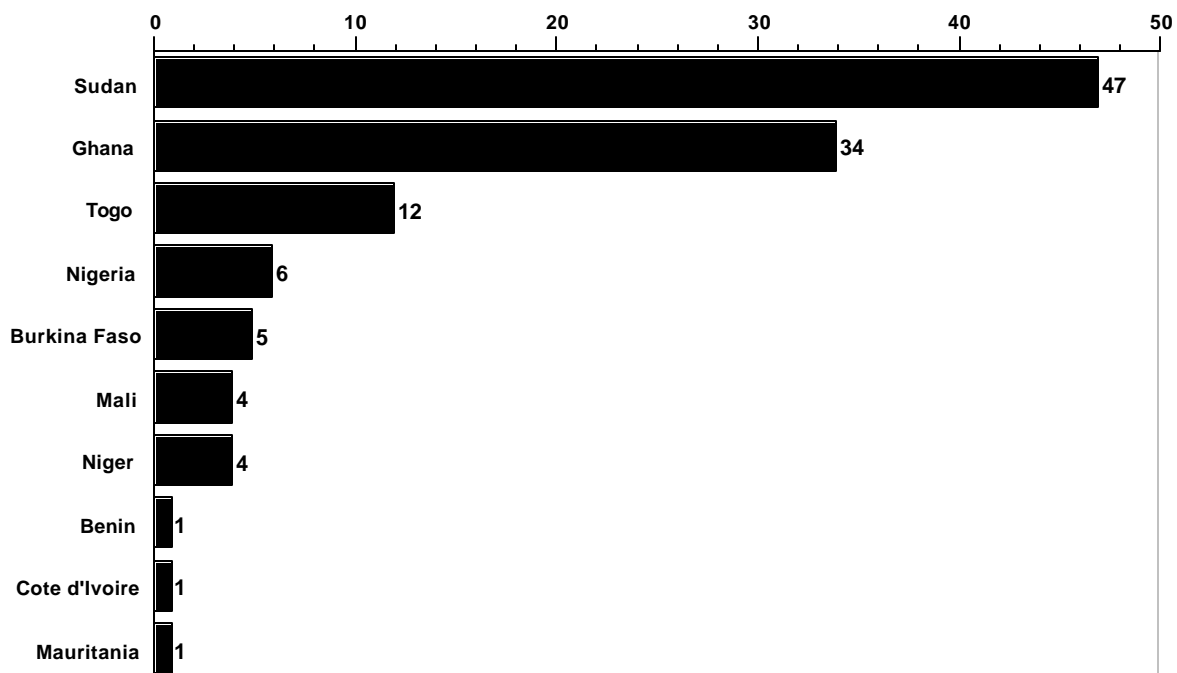
Sudan. In January – September 2002, the northern states of Sudan have reported 31 indigenous cases and 39 imported cases of dracunculiasis. All of the imported cases came from endemic areas of southern Sudan. 77% of the cases were contained. Sudan’s northern states reported 57 indigenous and 40 imported cases during the same period of 2001.

MILESTONE: TWENTY YEARS SINCE THE WORKSHOP ON OPPORTUNITIES FOR CONTROL OF DRACUNCULIASIS

The Workshop on Opportunities for Control of Dracunculiasis met in Washington D.C. on June 16-19,1982. The editor regrets not highlighting this important milestone in issue number 124 published last June, but we rectify that oversight in this issue. Sponsored by the National Research Council (NRC) of the USA, with funding from US AID, staffed by Ms. Karen Bell of the NRC, and chaired by Dr. Myron Schultz of CDC, this was the first international meeting devoted to dracunculiasis and the first meeting of world experts on this disease.

Figure 5

Distribution by Country of Origin of 115 Cases of Dracunculiasis Exported to Other Countries During January - September 2002*



COUNTRIES IN PRE-CERTIFICATION STAGE MEET AT WHO IN GENEVA



A meeting of National Coordinators of the three French-speaking countries (Cameroon, Chad, and Senegal) in the pre-certification stage was organized by WHO and held in Geneva from 12 to 15 November 2002.

During the meeting, the status of pre-certification activities in each country was discussed. The procedure of certification of eradication including the work of International Certification Team (ICT) and the International Commission for Certification of Dracunculiasis Eradication (ICCDE) was reviewed, and the documentation required from countries requesting WHO to certify dracunculiasis free status was specified. The structure of Country Reports for each programme, the major requirements for certification, was prepared by the national coordinator of each country. One country, Senegal is likely to request WHO to certify interruption of transmission on 2003. Chad and Cameroon will request certification when the situation in the level of endemicity in neighboring countries will be such that the risk of resumption of transmission is considered minimal.

A similar meeting is planned to be held in Cairo (18 to 20 December 2002) in collaboration with Eastern Mediterranean Region Office (EMRO) for Kenya and Yemen, the remaining two countries in the pre-certification stage. Sudan will also participate in the meeting in order to benefit from the discussions and develop similar procedures of surveillance in the northern states of the country.

RECENT PUBLICATIONS

Hopkins, DR, Ruiz-Tiben E, Diallo N, Withers PC, and Maguire JH. 2002. Dracunculiasis Eradication: and Now, Sudan. *Am. J. Trop. Med. Hyg.*, 67(4): 415-422.

*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 Dr. James H. Maguire, 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: 770-488-7761. The GW Wrap-Up web location has changed to <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>

