



Date: December 16, 2003



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

Subject: GUINEA WORM WRAP-UP #138

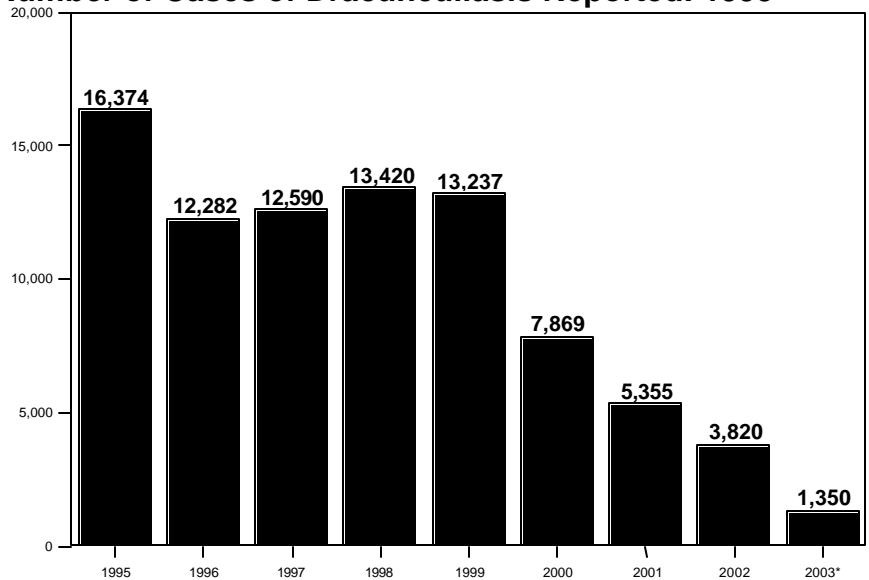
To: Addressees

Does Your Program Have Specific Measurable Objectives For 2004?

NIGERIA: SHUTTING DOWN THE WORM

Nigeria has reported only 63 cases for the entire country for November 2003. This is a reduction of -85% compared to the 427 cases reported in November 2002. Nigeria has now reported 1,350 cases in January-November 2003 or -59% fewer than in the same period of 2002, and November is its fourth straight month of reductions of -80% or more, including the first two months of the peak transmission season. Eighty-four percent (53) of the November cases were contained, including 30 cases contained in case containment centers. Only five of Nigeria's 36 states (Benue: 41 cases, Oyo: 10, Ebonyi: 8, Ogun: 3, Niger: 1) reported cases in November, and 53% of all cases so far in 2003 were reported from only four of the 774 Local Government Areas (Ishielu/Ebonyi, Obi/Benue, Ado/Benue, Ibarapa North/Oyo). Borno State held a Worm Week in all of its remaining endemic villages in October. General (Dr) Yakubu Gowon made advocacy visits to Benue and Kogi States in November.

Figure 1 **Nigeria Guinea Worm Eradication**
Number of Cases of Dracunculiasis Reported: 1995 -



* Provisional: January -

MALI: MISSED OPPORTUNITY IN 2003?

As indicated in Table 1 and Figure 2, Mali continues to experience minimal reductions in cases (-5%) through October this year, compared to the same period of 2002. Almost all of these cases are in the eastern districts of Gao (323), Ansongo (251), and Gourma Rharous (81), although Douentza (24) and Mopti (21) Districts have reported more cases so far this year than in 2002. Despite several measures that have been taken to strengthen Mali's program this year, Mali's low case containment rates reflect continued deficiencies in supervision and planning, logistical inefficiencies, and passive leadership. Next year will tell whether this year's improvements outweigh the remaining weaknesses. It already appears likely that for the first time, Togo might report fewer cases than Mali this year, and if current trends continue, Nigeria may surpass Mali in 2004 (see Figure 1). *Attention, Mali!*

Table 1

Number of cases contained and number reported by month during 2003*
(Countries arranged in descending order of cases in 2002)

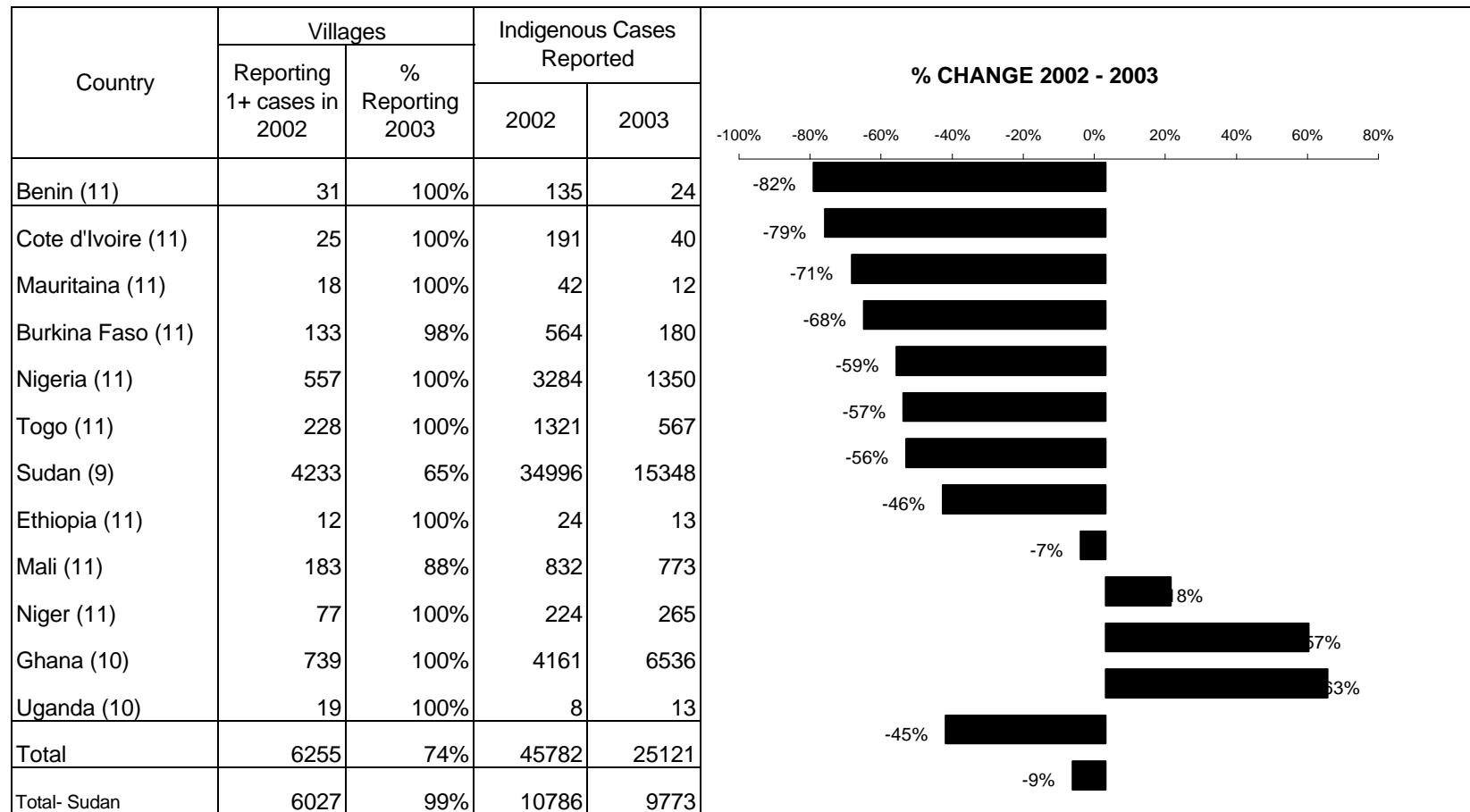
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	260 / 1175	122 / 702	270 / 872	255 / 1183	260 / 2289	238 / 2548	280 / 2556	276 / 2601	289 / 1422	/	/	/	2250 / 15348	15
GHANA	487 / 889	772 / 1338	557 / 946	621 / 937	524 / 774	374 / 552	288 / 472	123 / 200	68 / 154	134 / 276	/	/	3948 / 6538	60
NIGERIA	389 / 568	179 / 243	103 / 125	53 / 60	30 / 52	49 / 58	46 / 68	36 / 50	22 / 31	28 / 32	53 / 63	/	988 / 1350	73
TOGO	110 / 149	28 / 44	21 / 29	38 / 44	73 / 87	53 / 72	53 / 63	14 / 22	18 / 27	24 / 30	25 / 34	/	457 / 601	76
MALI	3 / 3	4 / 4	5 / 5	2 / 3	2 / 3	7 / 8	42 / 85	90 / 158	126 / 249	109 / 205	24 / 54	/	414 / 777	53
BURKINA FASO	6 / 6	1 / 2	0 / 2	3 / 4	15 / 17	26 / 62	23 / 36	15 / 22	11 / 20	9 / 16	4 / 12	/	113 / 199	57
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6 / 6	27 / 37	30 / 47	33 / 71	11 / 73	22 / 38	/	132 / 275	48
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 4	3 / 3	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	18 / 40	45
BENIN	21 / 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	2 / 2	1 / 1	/	28 / 28	100
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7 / 7	5 / 5	1 / 1	1 / 1	4 / 4	0 / 0	0 / 0	/	28 / 28	100
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	1 / 1	3 / 4	2 / 3	0 / 0	/	9 / 12	75
UGANDA	0 / 0	0 / 0	0 / 0	3 / 3	9 / 11	4 / 6	1 / 2	0 / 2	0 / 0	2 / 2	/	/	19 / 26	73
KENYA	/	/	/	/	2 / 2	/	/	/	/	/	/	/	2 / 2	100
TOTAL*	1283 / 2832	1113 / 2343	961 / 1985	985 / 2247	925 / 3245	764 / 3320	765 / 3325	586 / 3104	574 / 1982	321 / 639	129 / 202	0 / 0	8406 / 25224	33
% CONTAINED	45	48	48	44	29	23	23	19	29	50	64		33	

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.
For other imported cases see table of imported cases by month and by country.

Figure 2

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2002, Percentage of Endemic Villages Reporting in 2003*, Number of Indigenous Cases Reported During the Specified Period in 2002 and 2003*, and Percent Change in Cases Reported



(10) Indicates month for which reports were received, e.g., Jan. - Oct. 2003

* Provisional

IN BRIEF:

Ghana UNICEF has provided \$38,000 and 77 bicycles for the program, in addition to printing 42,000 laminated photographs of an emerging Guinea worm for use in doing surveillance for dracunculiasis during the National Immunization Days on December 5-7. Tamale District held another Worm Week in November. The Ghanaian researcher, Dr. Langbong Bimi, returned to CDC in November to continue his work in Guinea worm disease and other parasitic diseases.

Togo Case containment rates in the five most endemic districts in northern Togo have reportedly improved to 76% in January-November this year, compared to 62% in the same period of 2002. Ghana and Togo will conduct joint health education and community mobilization activity in the border village of Tindjassi, Togo on January 8, 2004. Ghana's GWEP will bring a theater group to perform a skit about Guinea worm disease, and Togo's GWEP will organize a football match.

Burkina Faso The Program held a "Fair" in Tambao in Gorom Gorom District in early November, comprised of several educational games intended to educate children about Guinea worm prevention. This was in response to the observation that children in the area were drinking pond water without filtering it. Following the games, which they appeared to enjoy, children were observed to be using their pipe filters. In addition, many women came to observe and learn from the games and associated filter demonstrations. Health and Development International recently provided support to purchase a camel and saddle to facilitate supervision among nomadic populations along the border with Niger.

Niger The recently accessed area of Tillaberi Region is reporting more cases this year, but the program is moving aggressively to control the disease in this last main endemic zone quickly. In one newly discovered endemic village in Kollo District that reported 21 cases in October, the villagers were mobilized to the extent that they decided to build a case containment center themselves.

Uganda has reported 13 indigenous cases in January-October 2003, all of them in Nawapoet village in Kotido District. Another 13 cases were imported from Sudan. 19 (73%) of the 26 cases (reported from 8 villages) were reportedly contained. In the 18 villages that reported 21 cases in 2002, only 3 cases were reported in January-October 2003; a reduction of -81%. UNICEF has provided safe water sources in Nawapoet.

Ethiopia has reported 13 indigenous cases (11 females, 2 males) in January-November 2002, 12 of them from one village: Awoky, in Gog District of Gambella Region. The other indigenous case also occurred in a village in Gog District. Another 15 cases were imported from Sudan. All but one of the 28 cases were reportedly contained. The 11 villages that reported 24 cases in 2002 reported 13 cases in January-October 2003; a reduction of -46%. Awoky has no safe source of drinking water. Akobo District in Gambella Region is still inaccessible to the program, because of insecurity.

Sudan The northern states have reported only 5 indigenous cases between January and October 2003, compared to 51 indigenous cases during the same period of 2002. Another 19 cases were imported from southern Sudan. 20 of the 24 cases were reportedly contained.

*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 is <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>.



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