



# Memorandum

Date June 30, 1987



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

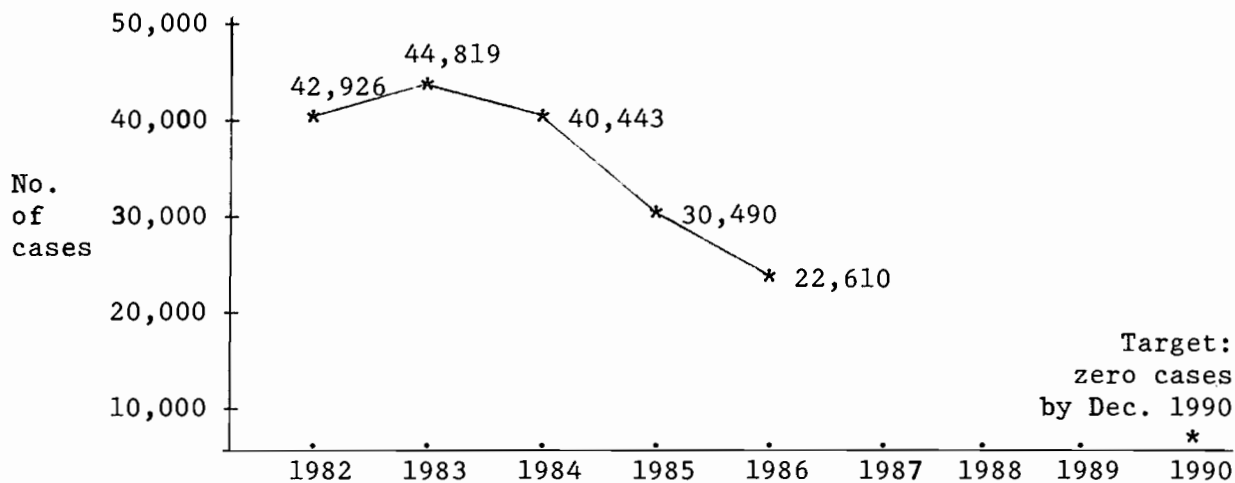
Subject **GUINEAWORM WRAP-UP #16**

To Addressees



## NATIONAL ACTIVITIES

### I N D I A: The Countdown Continues



In 1986, active searchers found only 22,610 cases of dracunculiasis in the six remaining endemic states. This is a significant decline from a high of 44,819 cases found in 1983, and from the 30,490 cases found in 1985. In the meantime, moreover, the number of affected villages in India was reduced from 11,544 on January 1984 to 7,017 as of January 1987 (there are approximately 600,000 villages in India). Bravo!

### G H A N A

The Government of Ghana and Global 2000, Inc. of the Carter Presidential Center have signed a Memorandum of Understanding to formally begin their

collaboration on elimination of dracunculiasis from Ghana. A Plan of Action has been drafted which stresses the initiative's dependence on coordinated action by other donors. The program, which will begin on July 1, 1987 and cover the country in three phases, aims to achieve elimination by June 30, 1993. An official kick-off ceremony and national workshop are being planned for September 1987.

#### M A L I

The British-based non-governmental organization, IMPACT, which seeks to combat preventable causes of disability, has begun a survey in preparation for an anti-dracunculiasis project in the First Administrative Region (Kayes) in northwestern Mali. The three-year program will address a target population of 50,000 to 100,000 people, at an estimated cost of \$150,000 in one of the two most heavily affected areas known in Mali, using vector control (abate), health education, and water supply. WHO will provide some technical consultation, and UNDP will provide financial assistance. The project director is Prof. Philippe Ranque of the National School of Medicine and Pharmacology, in Bamako.

#### N I G E R I A

The Japanese Government has agreed in principle to provide \$5.5 million as a grant-in-aid to Anambra State to help provide borehole wells as a part of the state's guineaworm eradication program. The state government intends to sink a total of 3,000 boreholes in areas of the state affected by guineaworm. Over 200,000 cases of dracunculiasis have been treated in Anambra so far this year (total population, about 5 million). In addition to giving priority to endemic areas in the on-going rural water supply program, the Ministry of Health has begun using vector control and health education to help eliminate the disease. The aggressive health education program includes posters, jingles on the radio several times a day, town criers, and production of an impressive color video showing the impact of the disease on local populations, which has been shown on the local television channel. The citizens of a major local town, Abakaliki, have voluntarily imposed on themselves a "guinea worm tax" to raise funds in support of the guineaworm elimination program.

#### P A K I S T A N

The National Plan of Action for the Elimination of Dracunculiasis in Pakistan is proceeding vigorously and on schedule:

- The Global 2000, Inc. of the Carter Presidential Center has established an office in Islamabad to collaborate with the Pakistani National Institute of Health, Islamabad, the implementing agency of the National Plan;

- An intensive surveillance and active search to identify endemic villages nationwide has been initiated. Provincial managers of the national search met in Islamabad on May 19 to finalize plans for the final stage of the search to be completed in June 1987. Information provided by this search will provide the basis for planning the subsequent eradication strategy and work plan;
- Pilot control projects were started in March in two villages, one (Azghar Khel) in the Bannu District of Northwest Frontier Province, and the other (Chaachi) in Sind Province. These pilot projects, utilizing chemical control of Cyclops in water sources, filtration of Cyclops from drinking water, and behavior modification through health education will serve as models for subsequent intervention on a nationwide scale; and
- A national meeting will be held in Islamabad in July after the results of the national search are known.

INFORMATION CENTER ON GUINEAWORM ESTABLISHED



The Water and Sanitation for Health Project (WASH) and the Vector Biology and Control Project (VBC) are supported by the U.S. Agency for International Development, to improve the quality of life for people in developing countries. VBC is designed to improve the effectiveness of vector control programs by providing technical services to identify weak links in the chain of transmission (both biological and operational). WASH provides short-term technical assistance services for water supply and sanitation projects.

VBC and WASH are now establishing an information center on guinea worm disease or dracunculiasis. Objectives of the information center are to:

- collect and organize publications, reports, and articles pertaining to guinea worm;
- respond to information requests about guinea worm and to distribute or translate periodic bulletins or newsletters;
- develop a database on guinea worm specialists and consultants;
- establish a database on current guinea worm control projects;
- develop a database to monitor and report on occurrence or prevalence of guinea worm; and
- prepare information packets/briefing documents on guinea worm for USAID health officers, Ministry of Health officials, etc.

Questionnaires are now being sent to organizations and individuals that are involved with or interested in guinea worm control activities. For further information, please contact:

Guinea Worm Information Center  
WASH Project  
1611 North Kent Street, Suite 1002  
Arlington, VA 22209 - USA

GUINEAWORM WRAP-UP NOW AVAILABLE IN FRENCH

Beginning with Guineaworm Wrap-Up #15, the WASH Project, supported by USAID, will translate and distribute this administrative communication to Francophone countries.



**RECENT PUBLICATIONS**

Adeloye A, 1983. Extradural compression by guinea worm (Letter). *Surg Neurol*, May;19(5):482.

Azouz EM, Jean JP, 1983. [Dracunculosis or Medina worm filariasis. Apropos of two cases] (in French). *J Can Assoc Radiol*, Dec;34(4):308-10.

Basset A, 1982. [Filariasis] (in French). *Rev Med Suisse Romande*, Jan; 102(1):53-4.

Bollag U, 1982. Problem-based medical education in Nigeria. *Trop Doctor*, Oct 12(4,Pt.1):176-81. (Contains an account of the Babana group experience in Kwara State relative to guineaworm infection as a health problem).

Bollag U, Schmidt H, Fryers T, Lawani J, 1982. Medical education in action: community-based experience and service in Nigeria. *Med Educ*, Sep;16(5):282-9.

Chapard C, Roux FX, George B, et al, 1982. [Intraspinal dracunculosis. Apropos of a case of epidural medullary compression] (in French). *Neurochirurgie*, 28(5):339-42.

Dracunculiasis experts testify before House Select Committee on Hunger, April 1987. *Intl Hlth News*, p. 5.

Dracunculiasis in Africa. Final report on a workshop, Niamey, Niger, July 1-3, 1986. WHO Regional Office for Africa, Brazzaville, 49pp.

Edungbola LD, Kale OO, Watts SJ, 1987. Dracunculiasis in Nigeria: Proceedings of the First National Conference. Enugu: Social Development Directorate, 220pp.

A long awaited, comprehensive summary of papers presented at the First National Conference on Dracunculiasis in Nigeria, which was held at Ilorin in March 1985. It includes the most complete information to date about the extent and impact of guinea worm in Nigeria, and marks the beginning of a new phase in the campaign to eliminate the disease in that country.

Ejezie GC, 1983. The Nigerian environment and parasitic infections. *Folia Parasitol (Praha)*; 30(1):89-95.

Ekeh HE, Adeniyi JD, 1985-86. Using teachers as change agents in the control of tropical diseases - an extra-curricular approach. *Intl Q Comm Hlth Educ*, 6:323-33.

Hopkins DR, 1987. Dracunculiasis eradication; a mid-decade status report. *Am J Trop Med Hyg*, 37:117-20.

Johnson S, Joshi V, 1982. Dracontiasis in western Rajasthan, India. *Trans R Soc Trop Med Hyg*, 76(1):36-40.

Kale OO, Elemile T, Enahoro F, 1983. Controlled comparative trial of thiabendazole and metronidazole in the treatment of dracontiasis. *Ann Trop Med Parasitol*, Apr;77(2);151-7.

Kumar S, 1982. Guineaworm eradication programme and Primary Health Care. *J Comm Dis*, Sep;14(3):212-5.

Mata L, 1982. Sociocultural factors in the control and prevention of parasitic diseases. *Rev Infect Dis*, Jul-Aug;4(4):871-9.

Mathur PP, Dharker SR, Hiran S, Sardana V, 1982. Lumbar extradural compression by guinea worm infestation. *Surg Neurol*, Feb;17(2):127-9.

Odaibo SK, Awogon IA, Oshagbemi K, 1986. Paraplegia complicating dracontiasis, 1986. *Clinical Notes. J Royal Col Surg of Edinburgh*, Dec;31(6):376-8.

Paul RC, Sahai R, Gupta SN, et al, 1983. A note on the relative merits of metronidazole and mebendazole against dracunculiasis in the field. *J Comm Dis*, Mar;15(1):68-70.

Pendse AK, Soni BM, Omprakash R, Gupta SP, 1982. Testicular dracunculosis - a distinct clinical entity. *Br J Urol*, Feb;54(1):56-8.

Rao CK, Kumar S, Jain ML, et al, 1982. Control of cyclops with temephos in guineaworm endemic villages in Andhra Pradesh and Rajasthan. *J Comm Dis*, Mar;14(1):36-40.

Sehgal PN, Ghosh TK, Sharma MID, 1987. Guinea Worm Eradication Programme: Guide for Supervisory Officers. Delhi: National Institute of Communicable Diseases, 56pp.

Select Committee on Hunger, U.S. House of Representatives, 1987. Eradication of Guinea Worm Disease. Washington: U.S. Government Printing Office, 19pp.

This report is one outcome of the Congressional Hearing on Guinea worm disease held on March 17, as described in Guineaworm Wrap-Up #14. In its report, the Select Committee urges the U.S. Agency for International Development to "make eradication of Guinea worm disease a high priority in its country strategies in areas where the disease is endemic" and to encourage private voluntary organizations, other bilateral agencies, and appropriate international organizations to do the same.

Stelling CB, 1982. Dracunculiasis presenting as sterile abscess. Am J Roent, Jun;138(6):1159-61.

Trautmann M, Mravak S, Bruckner O, 1982. [Dracunculosis] (in German). Hautarzt, Sep;33(9):502-4.

Udonsi JK, 1987. Control of endemic dratontiasis by provision of water supply in rural communities of Imo State, Nigeria. Publ Hlth, 101:63-70.

Watts SJ, 1986. The comparative study of patterns of guinea worm prevalence as a guide to control strategies. Soc Sci Med, 23(10):975-82.

Watts SJ, 1987. Dracunculiasis in Africa: Its geographical extent, incidence, and at risk population. Am J Trop Med Hyg, 37:121-7.

World Health Organization, 1987. Dracunculiasis: Côte d'Ivoire. Wkly Epidem Rec, 62:169-70.

World Health Organization, 1987. Dracunculiasis: Sudan. Wkly Epidem Rec, 62:127-129.

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