



Date: April 20, 2000

From:



WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject:

GUINEA WORM WRAP-UP # 100

To: Addressees

Detect Every Case, Contain Every Worm!

BENIN, COTE D'IVOIRE, ETHIOPIA, MALI, MAURITANIA AND UGANDA POISED TO STOP TRANSMISSION IN 2000

Figure 1

DECLINE OF CASES OF DRACUNCULIASIS IN PAKISTAN, INDIA, BENIN, ETHIOPIA, COTE D'IVOIRE, MALI, MAURITANIA, SENEGAL, AND UGANDA: 1987-1999

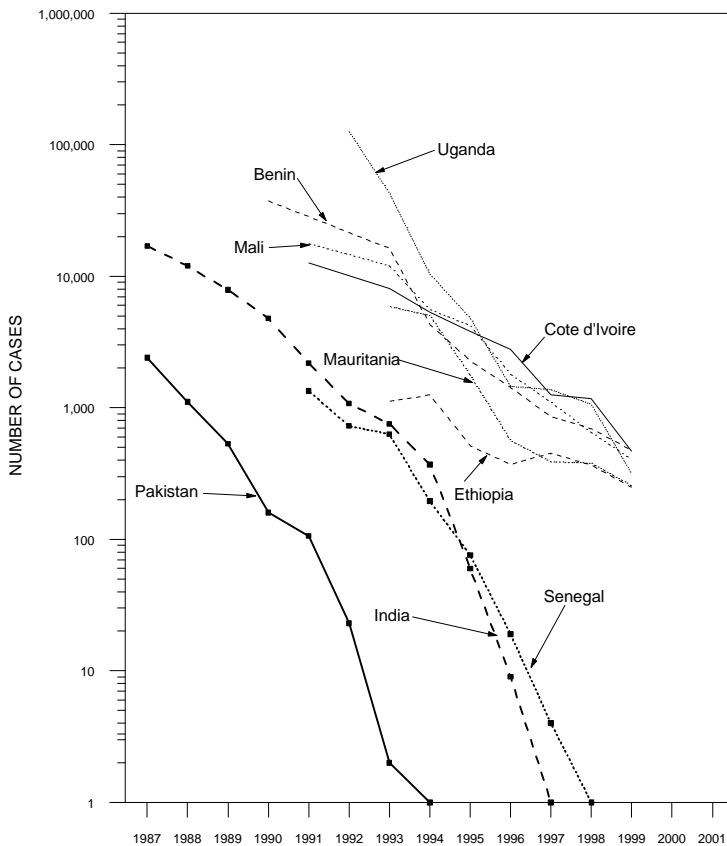
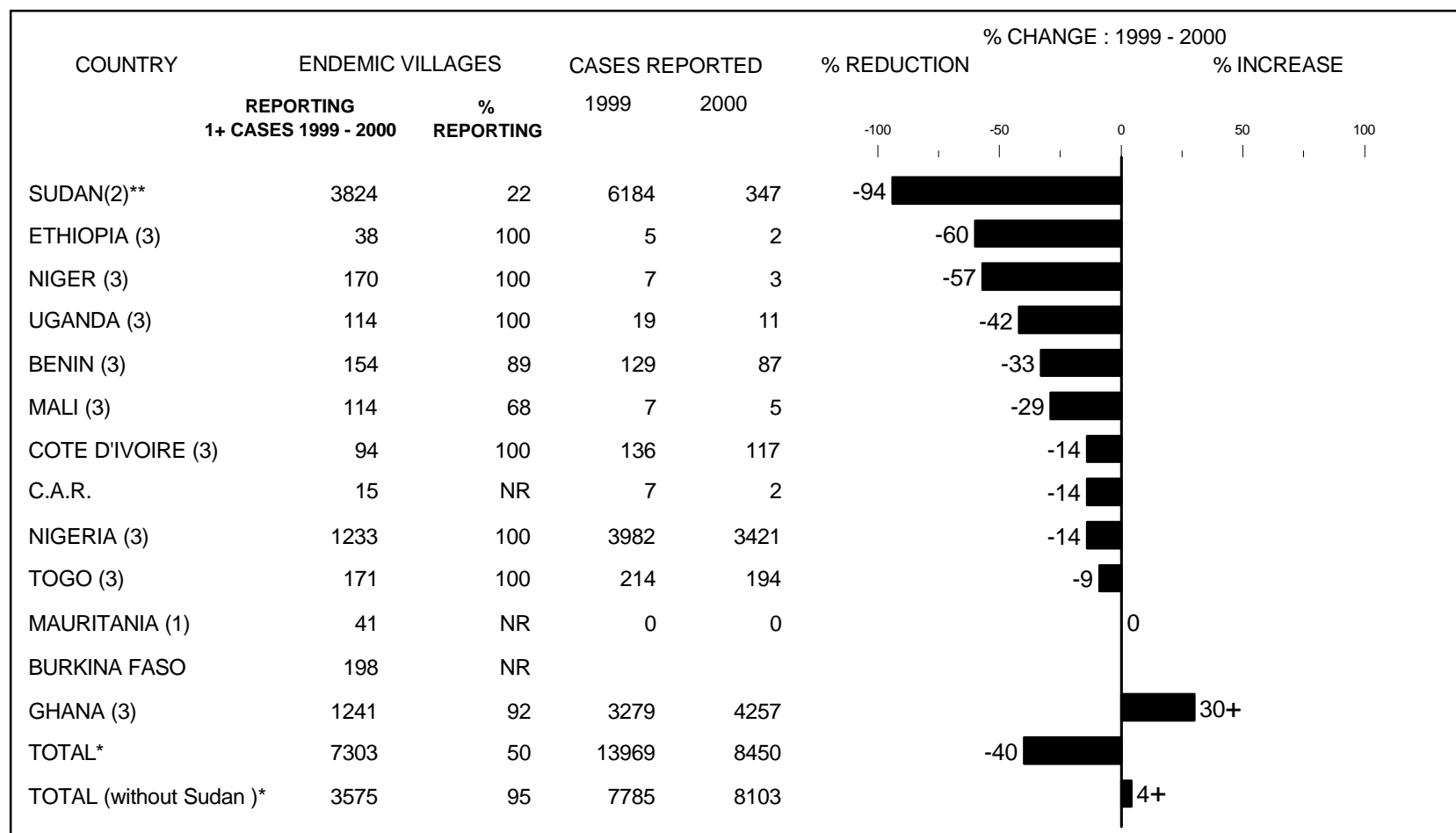


Figure 1 compares the rates of reduction in cases of dracunculiasis in Benin, Côte d'Ivoire, Ethiopia, Mali, Mauritania and Uganda over the past decade with reductions in Pakistan, India and Senegal. Of the 13 endemic countries remaining, these six countries, plus Central African Republic, each reported less than 500 cases in 1999. They thus are closest among the remaining endemic countries to interrupting transmission of dracunculiasis this year. The extent of the disease in Central African Republic is still unclear, and awaits further investigation. Among the other six countries, Mauritania does not normally have cases in the first quarter of the year. Ethiopia and Mali each reported no cases for two successive months during the first quarter of 2000, and they reportedly contained all of the 2 cases and 5 cases respectively that they have detected so far this year. (Ethiopia reported 100% containment of 5 cases in January-March 1999; Mali reportedly contained 6 of 7 cases (86%) in the same period last year.) Uganda has contained 9 (82%) of 11 cases reported so far this year.

Benin and Côte d'Ivoire, however, have allowed 28 and 36 cases to go uncontained in January-March this year, which includes part of their peak transmission season. In order to stop all indigenous transmission, Benin and Côte d'Ivoire need to ensure that village volunteers actively

search for cases, in order to detect each case quickly. They then also need to ensure that each detected case is contained immediately. Benin, Côte d'Ivoire and Togo (which did not contain 120 cases in January-March this

Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 1999 and 2000*, by Country



* provisional

** 2,026 (28%) of 7,290 endemic villages are not accessible to the program

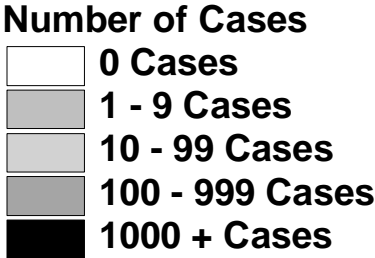
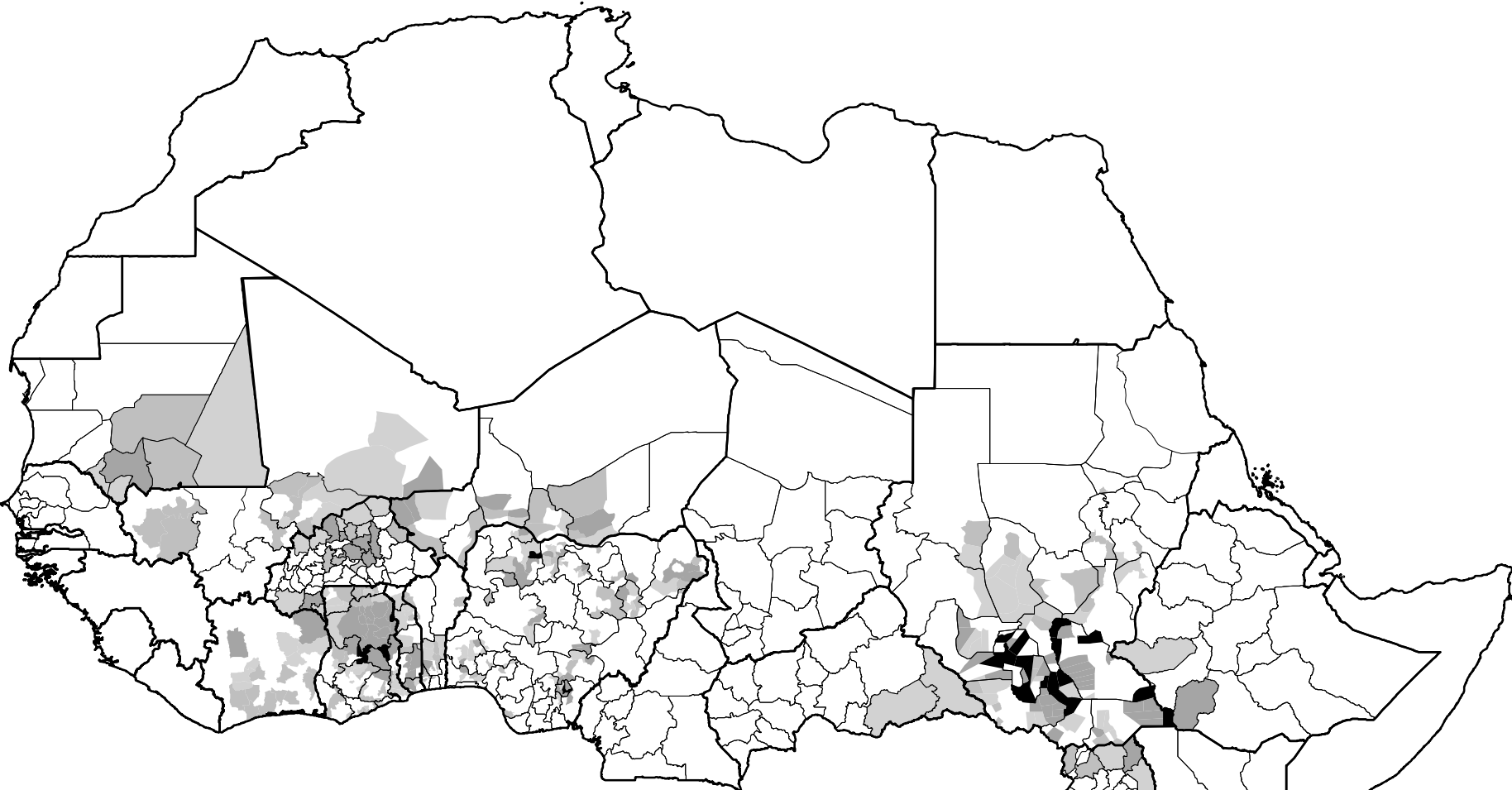
Table 1

Number of cases contained and number reported by month during 2000*
(Countries arranged in descending order of cases in 1999)

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	88 / 280	48 / 67	/	/	/	/	/	/	/	/	/	/	136 / 347	39
NIGERIA	707 / 1263	455 / 1021	651 / 1137	/	/	/	/	/	/	/	/	/	1813 / 3421	53
GHANA	1737 / 1896	1214 / 1523	644 / 838	/	/	/	/	/	/	/	/	/	3595 / 4257	84
BURKINA FASO	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
NIGER	1 / 1	2 / 2	0 / 0	/	/	/	/	/	/	/	/	/	3 / 3	100
TOGO	61 / 87	39 / 53	38 / 54	/	/	/	/	/	/	/	/	/	138 / 194	71
BENIN	40 / 53	20 / 29	9 / 15	/	/	/	/	/	/	/	/	/	69 / 97	71
COTE D'IVOIRE	21 / 25	55 / 60	6 / 33	/	/	/	/	/	/	/	/	/	82 / 118	69
MALI	5 / 5	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	5 / 5	100
UGANDA	3 / 4	2 / 2	4 / 5	/	/	/	/	/	/	/	/	/	9 / 11	82
MAURITANIA	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
ETHIOPIA	0 / 0	0 / 0	2 / 2	/	/	/	/	/	/	/	/	/	2 / 2	100
C.A.R.	/ 4	/ 2	/	/	/	/	/	/	/	/	/	/	0 / 6	0
CHAD	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
CAMEROON	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	
TOTAL*	2663 / 3618	1835 / 2759	1354 / 2084	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	5852 / 8461	69
% CONTAINED	74	67	65										69	

* Provisional

Distribution of 96,293 Cases of Dracunculiasis: 1999



year) should investigate the reasons why each case was not contained so far this year, and prevent those mistakes from being repeated in future cases. Transmission can only be stopped soon by giving thorough attention to detecting and containing every case.

PEACE CORPS SUPPORTS WORM WEEK IN BONDOUKOU, COTE D'IVOIRE



From March 27th-30th, twenty-two U.S. Peace Corps Volunteers participated in a “Worm Week” in the Kouassi-Datekro Sub-Prefecture of Bondoukou Region. Eighteen agents sanitaires communitaires worked as counterparts to the Peace Corps Volunteers for the activity, which covered 9 endemic villages, and was primarily funded by Peace Corps. Kouassi-Datekro Sub-Prefecture had a resurgence of cases last year. The closing ceremony was attended by the deputy chief of the district (sous-prefet), officials from the national program, Peace Corps, the director of public health for the Northeast Region of Côte d’Ivoire, and The Carter Center (Global 2000). MAP International has provided funds to rehabilitate 10 pumps in endemic villages of Bondoukou. The program will host a meeting in Bouake on April 24th-28th for all medecins-chefs from endemic districts, field staff, and partners.

Dr. Henri Boualou, National Program Coordinator for Guinea worm eradication, has been promoted to Executive Director, Guinea Worm Eradication, Water, and Environmental Sanitation. Congratulations, Dr. Boualou!!!

NIGERIA: KEBBI, KATSINA, OYO STATES TARGET WATER SUPPLY

Intensified partnerships between the various stakeholders in water supply and Guinea worm eradication in Nigeria are yielding positive results. In Kebbi Sate, all 22 endemic villages are now covered by safe water supply. Twenty hand dug wells were provided through last year’s Japanese Embassy grant to The Carter Center (Global 2000) for the program, and the Kebbi state government provided 29 borehole wells supported by state funds and UNICEF assistance. Kebbi reported 184 cases in 1999, 124 of which were in Wasagu Danko LGA. In Katsina, which reported 1,002 cases in 1999, the state government has pledged to provide 75 borehole wells for endemic villages, and aims to cover the ten most endemic villages before this year’s rainy season, which is the peak transmission season. In Southwest Zone, a total of 24 hand dug wells and 9 borehole wells were provided to 26 endemic villages by the communities themselves, LGAs and/or UNICEF in March 2000 alone. Paikoro LGA in Niger State and Bama LGA in Borno State have also benefited from the vigorous advocacy efforts of former Nigerian head of state General Yakubu Gowon in this respect. Unfortunately, Zamfara State, which had the second-highest number of cases in 1999 (2,414) has not yet taken similar action to provide safe water to its endemic villages.



Nigeria reports an overall reduction of -14% in cases during January-March 2000, to 3,423 cases, from 3,982 cases reported in January-March 1999. Among the four zones, the cumulative changes in incidence so far this year are -79% (Northeast), -29% (Southwest), -7% (Southeast) and +2% (Northwest). In Southeast Zone, which is ending its peak transmission season, only 36% of endemic villages have coverage of 100% of their households with cloth filters. The Carter Center and CDC are purchasing another 450,000 filters for the Nigerian program, at a cost of \$211,000. General Gowon made follow-up visits to Ogun and Oyo States on April 10th-12th.

“When I posed the riddle surrounding the case distribution to the elders of Daodu village, and asked them why they thought most of their cases were males between the ages of 13-49 [years], their theory was the same as mine: farmers....When we asked the men which ponds were most likely to be used by farmers on the way to/from the local villagers’ fields, they listed for us three [ponds], ...none [of which were] currently on the Abate schedule.” From the report of a technical assistant to the program in Orire LGA, Oyo State.

IN BRIEF:

Burkina Faso Dr. Maxime Drabo is leaving his post of national coordinator of the Guinea Worm Eradication Program. The new national coordinator is Dr. Sankara Dieudonne. Thanks to Dr. Drabo for his hard work on behalf of the program and welcome to Dr. Sankara.

Ethiopia Following its National Program Review Meeting in January, Ethiopia has increased the amount of its cash reward to 100 birr (~US\$12).

Uganda also increased the amount of its reward, to 20,000 Ugandan shillings (~US\$13) at an inter-district meeting held in Moroto on March 28th-29th.

Mali has decided to introduce cash rewards for reporting of a case of dracunculiasis. The reward amount is 5,000 FCFA (~US\$7), and will be divided among the patient, the person reporting the case, and the person who contains the case. The new cash rewards will be publicized on local radio, posters and television. Mali and Burkina Faso held a cross-border meeting at Bankass, Mali on April 12th-14th.

Niger recorded zero cases in March 2000!!! Joy over achieving this milestone has been tempered by the sad news that Mr. Abdou Folga, former Guinea worm coordinator for Mirriah District of Zinder Region, died on April 13th. We extend our sincere condolences to his family.

The 39th Meeting of the Interagency Coordinating Group for Dracunculiasis Eradication met at the Centers for Disease Control and Prevention in Atlanta on March 24, 2000. The meeting was attended by representatives of CDC, The Carter Center (Global 2000), UNICEF, WHO and The World Bank. It was chaired by Mr. Ross Cox, the deputy director of CDC's Global Health unit. The group discussed issues arising from last month's meeting of Program Managers at Ouagadougou, and agreed on a plan to investigate more thoroughly the epidemiological situation in Central African Republic, and to help strengthen control measures there. Participants also agreed that among the major external partners, WHO would focus its efforts on certification and pre-certification activities, The Carter Center (Global 2000) would concentrate on assisting the still endemic countries (except C.A.R., for which WHO will take the lead; Mauritania and Uganda for which UNICEF will take the lead), and UNICEF will take the lead in assisting in providing and rehabilitating safe water sources in endemic communities, as well as in helping programs to monitor water supply interventions by all agencies.

RECENT PUBLICATIONS

Lucas P, Chippaux JP, Zagaria N, Meert JP, Maiga A, and Yameogo D. 1999. Les Nouveaux Villages D'Endemie de la Dracunculose: Reemergence de la Maladie ou Dysfonctionnement du Systeme de Surveillance. *Medecine Tropicale*, Vol 59(2): 141-145.

Sharma R. 2000. India Eradicates Guinea worm disease. *British Medical Journal*. 320(7236): 668.

Aikhomu SE, Brieger WR, Kale OO. 2000. Acceptance and use of communal filtration units in Guinea worm eradication. *Tropical Medicine & International Health*. 5(1):47-52.

100TH ISSUE OF GUINEA WORM WRAP-UP

On January 31, 1983, The Guinea Worm Wrap-Up was first printed and distributed quarterly, in English only, to a readership of less than 50. Beginning with the 15th issue (March 30, 1987), the Guinea Worm Wrap-Up began to be translated and distributed to interested French-speakers in Africa and Europe, and issue # 52 (January 1996) marked the beginning of monthly issues. With the 100th issue we mark 17 years and 4 months of efforts to inform the readership (now close to 1,300) and the coalition of supporting organizations about the status of national efforts to eradicate dracunculiasis in affected countries in Africa and Asia. As the goal of achieving eradication of dracunculiasis looms closer and closer, we re-commit ourselves to continuing to inform all of you about the status of the global campaign. The editor of the Guinea Worm Wrap-Up thanks the national coordinators of eradication programs in all the affected countries who continue to provide much of the substance of this publication and all others who, at one time or another, have helped to chronicle the history of this campaign.

*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. Daniel Colley, Acting 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.