



Date: May 20, 2002



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

Subject: GUINEA WORM WRAP-UP #123

To: Addressees

WHAT'S NEW IN 2002?

TOGO INCREASING ITS INTERVENTIONS

Following an explosive outbreak of dracunculiasis cases in the village of Kpatala, in Ogou District, late in 2001, Togo's Guinea Worm Eradication Program continues to strengthen interventions against the disease. The outbreak of 304 cases in Kpatala (population~3000) included 60% of all (508) cases in Ogou District, and 22% of all 1,354 cases in Togo in 2001. Kpatala is located only 15 kilometers (9 miles) on a direct road from the Beninois commune of Tchetti, which also suffered an unexpected outbreak (108 cases) late last year in four closely grouped localities, that included 72% of the 151 indigenous cases reported in all of Benin in 2001. The two villages share the same ethnic groups and some of the same extended families. At least eight of the 21 cases of dracunculiasis that were imported into Benin in 2001 came from Kpatala.

The latest status of interventions in the 12 highest endemic districts of Togo is summarized in Table 1 (Togo has 30 districts). These 12 districts included 345 of the 351 cases reported in all of Togo in January-April 2002; the top three districts reported 76% of all the cases so far this year. The percentage of villages with filters in all households reflects only new or replacement filters distributed so far in 2002—a process that should be completed by the end of May. A few hundred pipe filters are also being distributed to test their acceptability. The list of health education activities includes some interventions (e.g., "Worm Weeks") that were conducted after July 2001. By July this year, the program will begin systematic spot-checking of a sample of villages where Abate is being used, to help improve the quality, completeness and timeliness of that intervention. Togo has reportedly contained 70% of all cases so far in 2002, compared to 62% in 2001. The program is also working with the country's primary health care system to establish 13 "containment houses," beginning in August 2001, where patients are voluntarily treated and housed in clinics, local hospitals, or specially constructed temporary facilities (where necessary) to facilitate complete interruption of transmission. An increasing proportion of cases is expected to be contained in this manner, beginning in the current low transmission season (April-September). With support from The Carter Center/Global 2000, U.S. Peace Corps also will help to conduct four more "Worm Weeks" of intensive interventions in eight high priority districts, including in Kpatala, in July-September 2002, as well as increased mass health education (radio, theater, etc.) and construction of hand dug wells by residents of endemic villages. Five Peace Corps Volunteers are working with the program full-time in Ogou, Ave, and Agou Districts. Plan International and UNICEF are providing new and rehabilitating old wells and hand pumps in some endemic villages. The Carter Center provided 15.5 person-months of in-country technical assistance in 2001, and is providing 29.5 person-months of assistance in 2002.

Under the leadership of Mr. K. Ignace Amegbo, the program received review visits in May 2002 by Dr. Alhousseini Maiga and Dr. Anders Seim of WHO/AFRO and Health and Development International, respectively, and by Dr. Ernesto Ruiz and Dr. Donald Hopkins of The Carter Center/Global 2000. A new national pre-certification committee (*Comite du Suivi du la Pre-certification*), chaired by Mr. Kampatibe Kombaté, representatives of the national Guinea Worm Eradication Program, WHO, UNICEF, Peace Corps and The Carter Center/Global 2000, met for the first time in April. Following a disappointing increase in cases in 2001, Togo's Guinea Worm Eradication Program may be starting to turn around, with decreases of -52% and -50% in cases in March and April 2002 (vs. March-April 2001), compared to increases of 51% and 10% in January and February 2002.

Table 1

**Togo Guinea Worm Eradication Program
Status of Interventions: January - May 2002**

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Table 3

Dracunculiasis Eradication Campaign: Status of Interventions as of March / April 2002*

Country	Number of cases reported in 2002	Number of villages reporting 1 or more cases in 2001	Percentage of Endemic Villages				% of cases contained
			with filters in 100% of h/h	using Abate	with 1+ sources of safe water	provided H.E.	
Sudan	2755	3921	45%	1%	62%	56%	55%
Nigeria	1435	733	98%	23%	53%	100%	59%
Ghana	2191	799	83%	15%	43%	98%	65%
Togo	351	180	81%	67%	50%	97%	70%
Burkina Faso	58	202					84%
Mali	15	120					73%
Niger	6	50					100%
Cote d'Ivoire	167	28					99%
Benin	47	39					91%
Mauritania	0	25					
Uganda	2	8					100%
Ethiopia	5	10					40%

*Blank spaces mean no current data are available. National Program Coordinators are reminded of their obligation to report on the status of all interventions monthly, in addition to reporting the number of cases detected and contained.

Figure 1

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



DR. FRANK GRANT OF GHANA (1924-2002)

It is with great sadness and regret that we report the passing of Dr. Francis Chapman Grant on Monday, May 6, 2002, after a long illness. Dr. Grant was a strong, effective supporter of Ghana's Guinea Worm Eradication Program, which he also assisted periodically as a consultant to Ghana's Ministry of Health, and to The Carter Center (Global 2000). He participated in President and Mrs. Jimmy Carter's first visit to endemic villages in Ghana in March 1988, during the Second African Conference on Dracunculiasis Eradication, which met in Accra. Despite his illness, he attended the six-monthly review of Ghana's Guinea Worm Eradication Program that was held in Accra in September 2001. Long before his Guinea worm eradication activities, Dr. Grant led Ghana's successful fight to eradicate smallpox in the late 1960s during his service in the ministry of health, where he rose to become deputy director of health services before his retirement. With another consultant, he helped WHO headquarters staff prepare the comprehensive plan for

drinking water; monitor all three of these.

When implemented well, in combination with active surveillance, any one of these three barriers to transmission of dracunculiasis would completely halt further spread of the disease in an endemic area. The fact that transmission continues, or even increases, despite the claimed deployment of all of these in many areas, is a measure of how imperfectly programs have applied the three barriers to transmission.

GENERAL TOURE WINS PRESIDENCY OF MALI!!!!!!

In a run-off election held on May 15th, General Amadou Toumani Toure, who has fought passionately for dracunculiasis eradication over the past ten years, as chairman of Mali's Intersectoral Committee for Dracunculiasis Eradication, was elected President of Mali. As the leader of the military group that overthrew a 23-year dictatorship in 1991, General Toure kept his word by handing over the government to a freely elected civilian, President Alpha Konare, 14 months later with the words, "Mr. President, I give you that which I hold most dear, Mali." After two five-year terms in office, President Konare was not eligible to seek a third term under Mali's constitution. Since he was recruited to make war on Guinea worm disease by former U.S. President Jimmy Carter in September 1992, General Toure made mobilization visits to all endemic areas of Mali, and also visited all of the other nine endemic francophone countries to advocate at the highest levels for Guinea worm eradication. The highly popular and widely respected Malian former head of state also participated vigorously in many of our international meetings and program reviews, where few who heard him speak will soon forget it. At his most recent such appearance, the Program Review for francophone endemic countries that was held in Cotonou, Benin in October 2001, General Toure said he had not yet decided whether to run for president, but that regardless of whether he ran for president or not, and whether he won or not, he would pursue Guinea worm eradication to its end. CONGRATULATIONS, PRESIDENT ATT, AND THANK YOU FOR YOUR WORK ON BEHALF OF DRACUNCULIASIS ERADICATION! Message to those Guinea worms still at large in Ansongo, Gao and Gourma Rharous *cercles*: your end is near.

RECENT PUBLICATIONS

World Health Organization, 2002. Dracunculiasis eradication: Khartoum Declaration on guinea-worm eradication, Sudan, 2002. Wkly Epidemiol Rec 77: 141-143.

World Health Organization, 2002. Dracunculiasis eradication: Global surveillance summary, 2001. Wkly Epidemiol Rec 77: 143-152.

*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>



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