

Date: Aug 23, 2002

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

Subject: GUINEA WORM WRAP-UP #126

To: Addressees

What's New in 2002?

BURKINA FASO REDUCES ITS CASES BY -54% SO FAR THIS YEAR

As indicated in F



Global 2000

This program benefits from the dedicated leadership of Dr. Dieudonne Sankara, the national program coordinator. Dr. Sankara maintains tireless, proactive contact with all districts with frequent field visits to respond to outbreak reports and to provide hands-on guidance. The Carter Center/Global 2000 and U.S. Peace Corps have provided most of the external assistance so far this year. In addition to its resident technical advisor and short-term consultants, The Carter Center has provided assistance by funding the surveillance, supervision, prefabrication filters, nylon filter cloth for filter manufacture and distribution, and Abate supply and treatments in all the endemic districts. It has also supported protection of 47 traditional wells in 7 districts and the repair of 7 hand pumps in four villages of the Gorom-Gorom District that reported 57% of the district's cases in 2001.

Peace Corps Volunteers have helped 9 districts to implement Worm Weeks in 18 villages that focused on the proper use of filters, conducting census of households, and organizing health education events. This ensures that villages at risk acquire the knowledge and skills to filter their drinking water properly. As a result of the Worm Week experience, the program now requires that all filters be distributed door-to-door. Cloth filters provided this year by The Carter Center are highly preferred for household use rather than the *tamis* filters with wooden borders that were more difficult (and more expensive) to manufacture, distribute and use. About 50,000 pipe filters and 20,000 funnel filters are also being distributed. Containment centers are in use in the Gaoua District, with several being readied in Gorom-Gorom for its transmission season. The current status of interventions is summarized in Table2.

“There are always results in Guinea worm eradication. If you do good work, there will be good results. If you do bad work, there will be bad results.” Dr. Dieudonne Sankara.

IN BRIEF:

Nigeria conducted a “Worm Week” in the eight most endemic villages of Kebbi State (7 in Wasagu Danko LGA, 1 in Zuru LGA) during the week of July 15-22. The activities included use of drama and films in the local language. Ebonyi State reported ZERO cases for July 2002—its first Guinea worm-free month! General (Dr) Yakubu Gowon made advocacy and mobilization visits to Zamfara, Sokoto and Kebbi States from July 22-26. The Nigeria-Cameroon cross-border meeting was held on July 25 in Gwoza, Nigeria. So far, no cases of dracunculiasis have been exported from Nigeria to Cameroon in 2002. The reported percentage of endemic Nigerian villages with filters in 100% of their households has risen from 66% in 2000 to an average of 89% in 2001, to 98% so far in 2002.

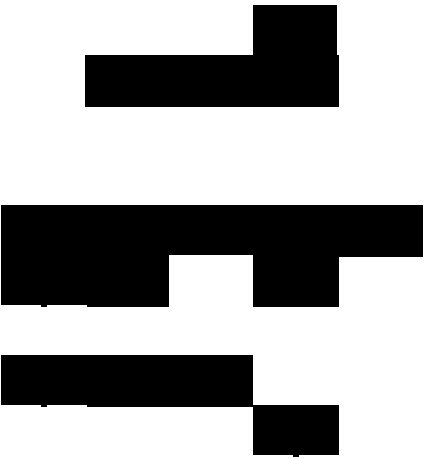
Regrettably, the GW Coordinator for Gwer LGA in Benue State, Mr. Anum Ikyegh, was killed in a motor accident while returning from submitting his July 2002 Guinea worm monthly report.

Uganda has reported only 5 indigenous cases in the first seven months of 2002, compared to 47 indigenous cases during the same period of 2001. This includes all of the peak transmission season in Uganda (April-July). A total of 8 cases have been imported into Uganda from Sudan so far this year. Recently increased insecurity in Kotido and Moroto Districts bordering Sudan is a major concern for the Ugandan program.

In Sudan, the northern states have reported 5 indigenous cases of dracunculiasis, all in one village (Al-Mazmoum West) in Sennar State, during January-June 2002. During the same period of 2001, 17 indigenous cases were reported. Nine cases were imported into the northern states from endemic southern states in the same period of 2002, and 11 imported cases in January-June 2001. Of the 14 cases (indigenous and imported) reported in the first half of 2002, only seven (50%) were contained. The program has established 17 containment centers in the key endemic areas of the northern states.

Togo. This program was surprised by an outbreak of 64 cases in the village of Djarapanga, in Sotouboua District in July. The entire district, which reported only 4 cases in July 2001, reported 139 cases this July. Cloth filters have

Table 1

The table content is completely redacted with black boxes. The redaction consists of three main horizontal blocks. The top block is a single row with a long redacted segment followed by a shorter one. The middle block is a larger section with a long redacted header row, followed by several rows of redacted data. The bottom block is a single row with a long redacted segment followed by a shorter one.

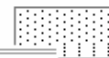
Distribution of Dracunculiasis Cases : January - June 2002

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Number of Cases



0 Cases



1 - 9 Cases



10 - 99 Cases

100 + Cases

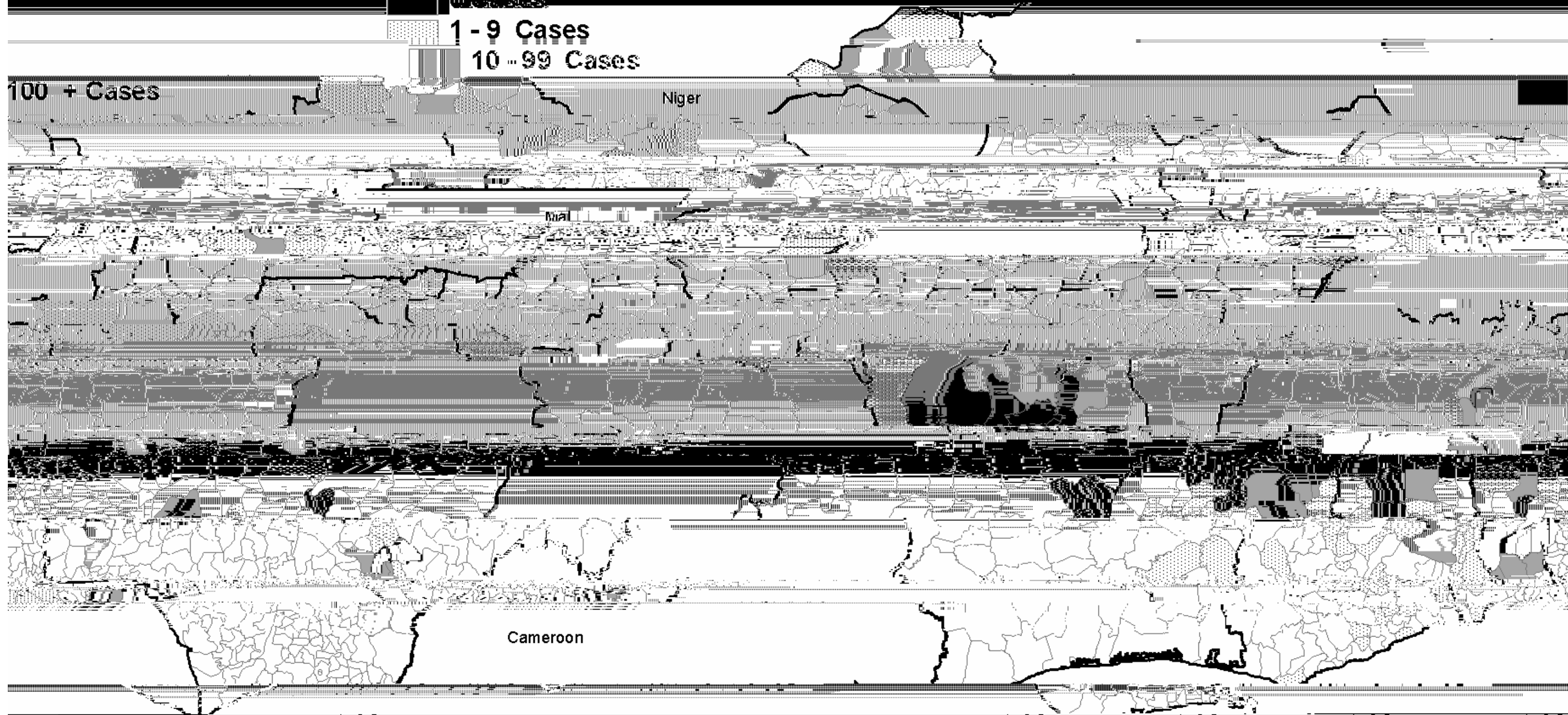
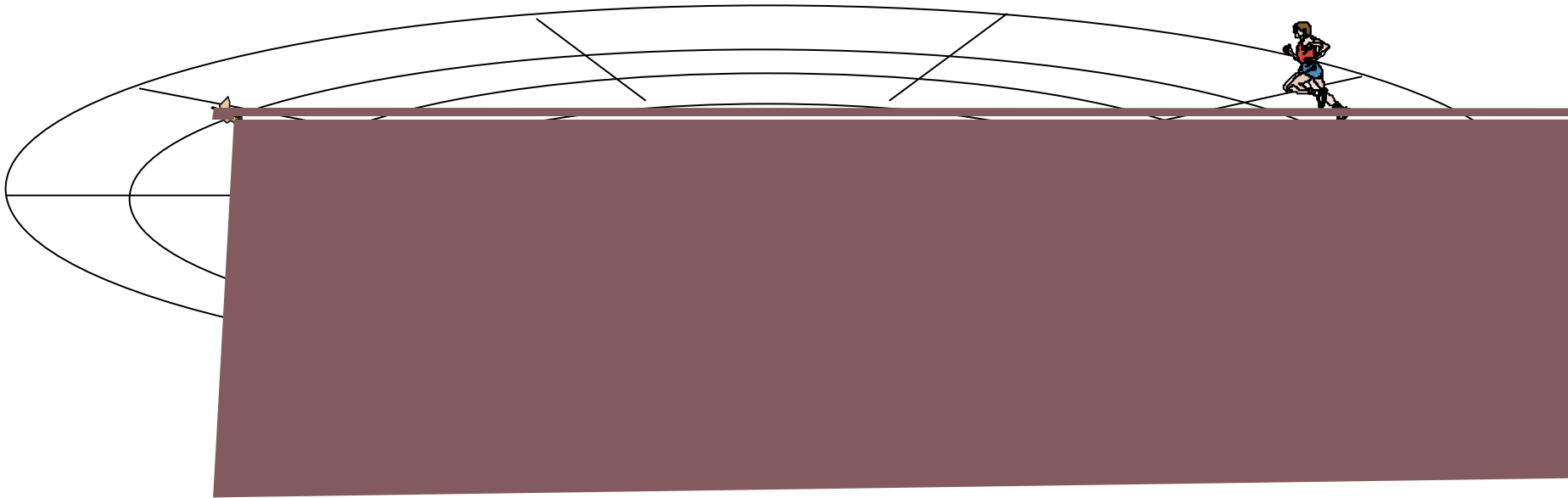


Table 2

Sudan GOS	2657	737	888	78%	63%	6%	30%	86%	1,312	49%		
Sudan OLS	5,799	3,184	4,233	57%	56%	0%	54%	74%	2657	46%		
All Sudan (6)	8,456	3,921	5,121	61%	57%	1%	50%	76%	3,969	47%		
Nigeria (7)	2,191	773	903	99%	99%	33%	61%	100%	1,415	65%		
Ghana (6)	3,286	779	1047	97%	79%	17%	43%	96%	2,216	67%	99	4%
Togo (7)	760	180	203	100%	92%	90%	47%	100%	400	53%	140	35%

* Provisoire

GUINEA WORM RACE: January – June 2002*



been provided to all nine endemic villages in the district. An additional containment center is being established in Djarapanga, in addition to the 16 containment centers already functioning elsewhere in the country. Of the 225 cases reported in July, 142 (63%) were contained, including 41 (18%) in containment centers. U.S. Peace Corps/Togo began helping to conduct more “Worm Weeks” in late July in Haho, Agou and Ave Districts. They have also already helped provide 10 theater sketches in the most highly endemic and/or problematic villages of Ogou District and an equal number in East Mono District.

Ethiopia. All 20 indigenous cases reported in January-July were in Gambella Region.

GHANA HOLDS MID-YEAR REVIEW MEETING

Ghana held its second review meeting of regional Guinea worm coordinators for 2002 at Tamale, Northern Region, on August 14-15. Deputy Minister of Health Mr. Moses Dani Baah and Director of Public Health Dr. George Amofa were the senior representatives of the ministry of health, along with the national coordinator, Dr. Andrew Seidu-Korkor. Dr. Ernesto Ruiz-Tiben represented Carter Center headquarters at this review, which was also attended by the national coordinator of Togo’s program, Mr. K. Ignace Amegbo, and a Carter Center consultant to that program, Ms. Azalia Mitchell. In opening the meeting, the deputy minister of health reminded participants that “the eyes of the international health community are upon Ghana.” He challenged all to “go back to your region or district and ... see that every case is detected and that the right steps are taken to stop transmission from every case.” During the closing ceremony, the regional and district Guinea worm coordinators all signed a Declaration of Commitment to stop transmission from every case of Guinea worm.

During the first six months of 2002, the number of cases reported in Northern Region, which recorded 78% of all cases in the country, has increased by 11% since January-June 2001, while Brong-Ahafo Region reported –36% fewer cases (11% of the national total), and Volta Region reported –64% fewer cases (6% of the national total). Even more remarkably, five contiguous districts in Ghana’s Northern Region—Zabzugu-Tatale, Nanumba, East Gonja, West Gonja, and Tamale—

-June 2002

DRACUNCULIASIS ERADICATION CAMPAIGN
REPORTED IMPORTATIONS AND EXPORTATION OF CASES OF DRACUNCULIASIS IN 2002*

From --> To	Month and number of cases imported									Number of cases
	Jan.	Feb.	Mar.	Apr.	May	Jun	Jul	Aug.	Sept	



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.