Date: July 21, 2003

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

Subject: GUINEA WORM WRAP-UP #134

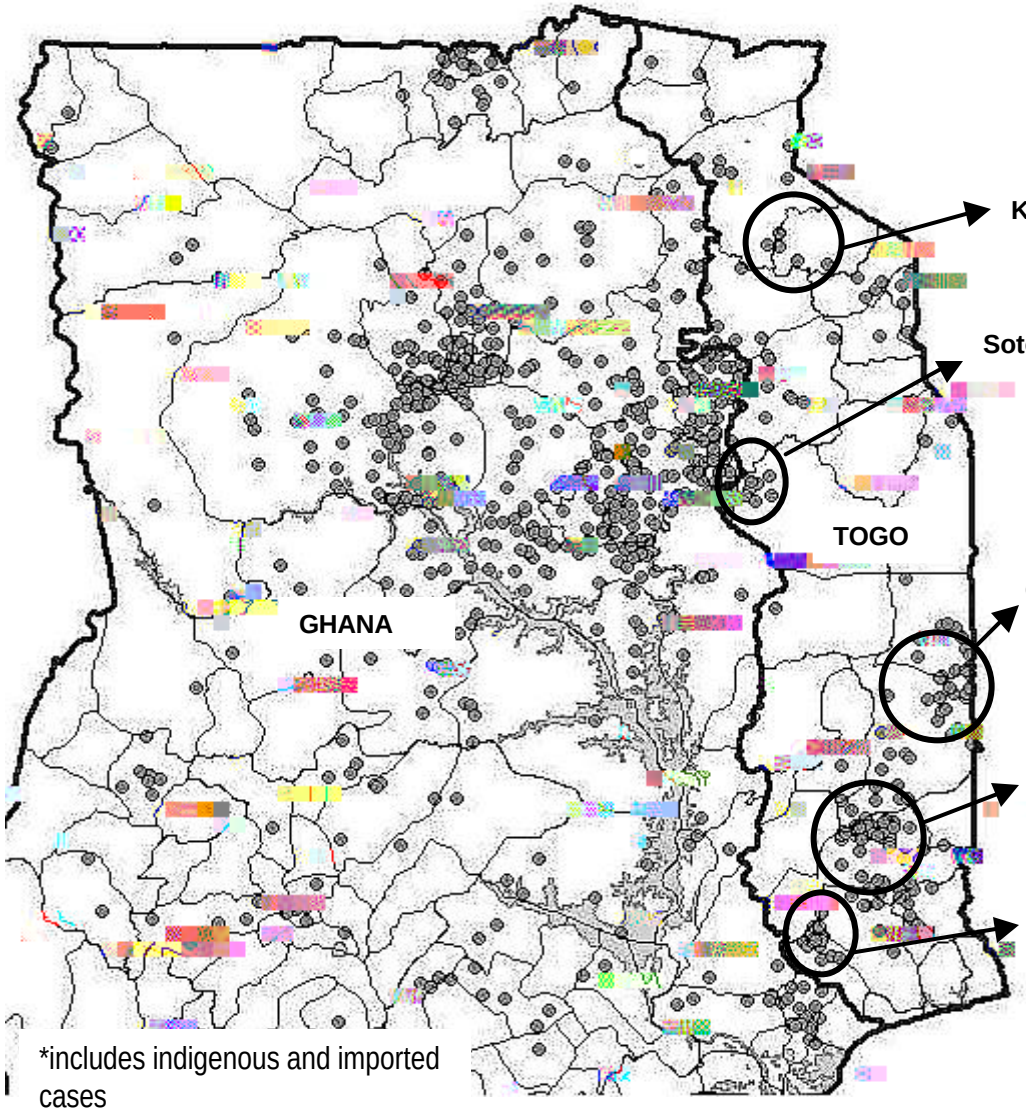
To: Addressees

EDITORIAL: DETECT EVERY CASE AND CONTAIN TRANSMISSION FROM EVERY GUINEA WORM

This message is intended to bring to the attention of all national Guinea Worm Eradication Programs (GWEPs) that past difficulties in implementing effective case containment has been due to the lack of awareness and attention to the need to ensure there is synchrony between the frequency of village – based surveillance (active searches for cases) and the very first requirement (standard) for containing

Togo Guinea Worm Eradication Program

Villages reporting 1+ cases in 2002*



*includes indigenous and imported cases

May-June

	Cases		% change	% Contained	
	2002	2003		2002	2003
Keran	52	45	-14%	39%	69%
Sotouba	36	131	**264%**	72%	92%
Ogou	141	50	-65%	86%	77%
Haho	178	114	-36%	55%	73%
Ave	19	1	-95%	63%	100%

The five Districts of **Keran**, **Sotouba**, **Ogou**, **Haho, and Ave** represent 85% of all cases reported in Togo during May - June 2003

group in Ghana's Northern Region. Togolese and Ghanaian Guinea worm workers in the two border areas are meeting monthly. Sotouba District will implement a Worm Week during the week beginning July 21, and Keran opened a case containment center the week before that. Haho conducted a Worm Week during the week beginning June 23rd, with the help of 15 U.S. Peace Corps Volunteers, in 41 villages. Two theater groups performed 20 theater sketches, and the nation program coordinator, Mr. K. Ignace Amegbo, and the lead technical assistant provided by The Carter Center/Global 2000,

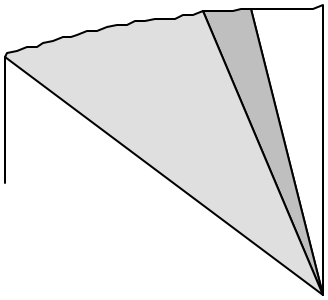


Table 1

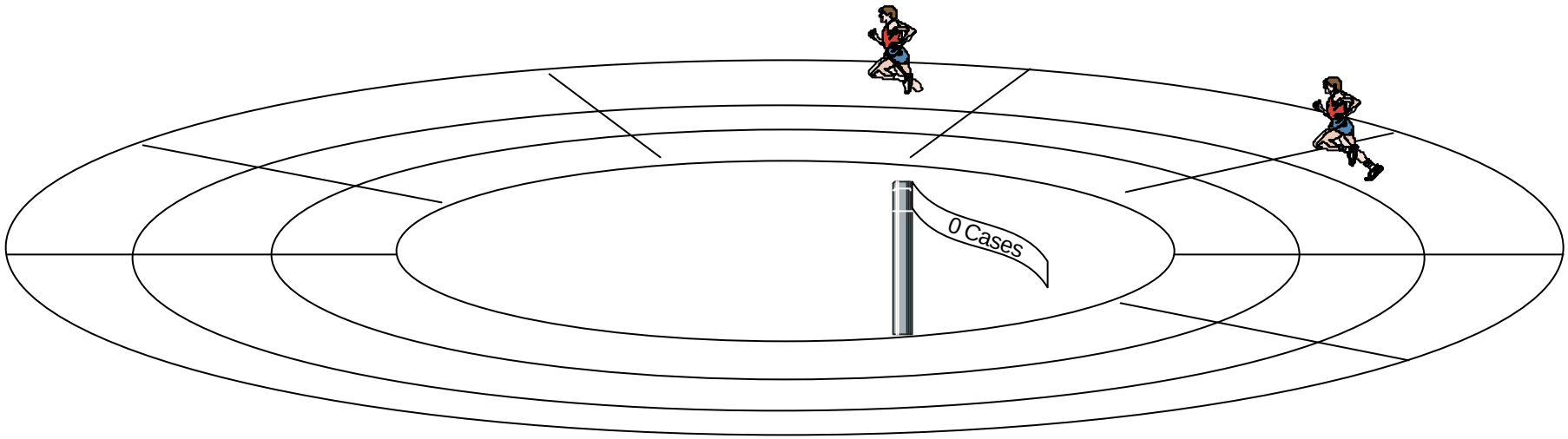
Number of cases contained and number reported by month during 2003*

(Countries arranged in descending order of cases in 2002)

	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	% CONT.
SUDAN	708 /													

[redacted]

GUINEA WORM RACE
OUTSIDE OF SUDAN IN 2003*



*Provisional data, January – June 2003, Indigenous cases

Figure 3

Cote d'Ivoire (6)	25	50%	188	39
Burkina Faso (6)	133	85%	257	93
Niger (6)	77	100%	13	6
Benin (6)	31	100%	45	21
Sudan (5)	4233	64%	10422	5168
Nigeria (6)	557	100%	1996	1109
Mauritania (6)	18	100%	3	2
Mali (6)	183	NR	31	24
Togo (6)	228	100%	519	417
Ethiopia (6)	12	100%	15	12

Ghan20.25 TD 0.1749 Tc -0.4269 Tw (Nigeria n7) Tj -254.25 -20.25 TD 8gd12

2002.

IN BRIEF:

Nigeria reported only 58 cases of dracunculiasis in June (-82%), which was its third straight month with fewer than 100 cases. This latest sharp reduction is doubly important since Nigeria's mid-year peak transmission season, in the north of the country, used to begin in June. Southeast Zone, the highest endemic zone in the country, reported ZERO cases in June for the first time! Congratulations Nigeria!! Borno State opened its first two containment centers in June, to facilitate case containment, with 3 more centers to come. Gombe State is pioneering an alternative "case confinement" strategy, in which Guinea worm patients are placed under 24-hour watch to ensure the affected person does not contaminate a water source.

Sudan Of the estimated 700,000 Sudanese in camps for Internally-Displaced Persons throughout Sudan, over 234,000 have been educated about dracunculiasis prevention so far this year, in preparation for a peace agreement when many will return to their homes. The eight northern states that still have cases reported 1 indigenous case and 2 cases imported from southern Sudan in January-May 2003 (all cases

Health to honor the career and achievements of one of the world's leading figures in public health. Supported by a $5 million endowment, the new fellowship program is housed in the Rollins School of

Shared unsafe source of drinking water with neighboring endemic village.
Established degree of links/movement of population with endemic villages/areas.

Village under surveillance:
In endemic villages: Active surveillance, Village Based Volunteer (VBV) visits household regularly all year round and at least weekly; monthly reporting and monthly supervision. (VBV is active in surveillance and intervention in endemic villages.)

In formerly endemic villages were there is continuous risk of transmission, surveillance should be more proactive during the peak transmission season on a country-by-country basis.

Definition of reporting indicator: Percentage of endemic villages reporting monthly.

Footnotes:
a- All reports should be accurate and complete
b- Reports should be received on time (as set by the program).
c- Scrutiny of reports to ensure that the

b- Availability of filters before the transmission season
c- Spot check of usage
d- Demonstrate correct usage and care.
e- Leave adequate stock of filters in the village.

Definition: Percentage of endemic villages with access to one or more functioning safe source of drinking water.

Footnotes:

a- The source of water should be functional and satisfy the drinking water needs all year round including during the transmission season.
b- Programs should advocate for priority to the most highly endemic communities and those with water supply that are in disrepair.
c- Assure an adequate number of functioning sources for endemic villages, according to their population

Definition: Percentage of endemic villages this month where all eligible ponds were treated with ABATE® larvicide.

Footnote:

In determining the eligibility of ponds for Abate treatment consideration should be given to size, seasonality and location.

Containment Cases

Definition of case containment

A case of Guinea worm disease is contained if all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The containment process, including verification that it is a case of Guinea worm disease, is validated by a supervisor with 7 days of the emergence of the Guinea worm.

MEETINGS

The Fifth Meeting of the International Commission for the Certification of Dracunculiasis Eradication will be held at WHO headquarters in Geneva, Switzerland on March 9-11, 2004.

Burkina Faso has graciously agreed to host the next meeting to review the status of Guinea Worm Eradication Programs in French-speaking countries of West Africa in Ouagadougou, during October 20-22, 2003.

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*](http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm)

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