

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service Centers for Disease Control and Prevention (CDC)

Memorandum

Date: January 26, 2004



From: WHO Collaborating Center for

Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #139

To: Addressees

Did Any Indigenous or Imported Case of Dracunculiasis Escape Detection in Your Area This Month?

TOGO REPORTS -58% FEWER CASES FOR 2003, OVERTAKES MALI

Figure 1

Togo's Guinea Worm Eradication Program has reported only 625 indigenous cases in 2003, compared to 1,473 indigenous cases in 2002, realizing a reduction in cases of -58% for the year. This is the lowest total number of cases of dracunculiasis that Togo has ever reported since its program began, bringing Togo for the first time well below Mali, which has already reported 818 indigenous cases in Togo also reported 47 cases imported from Ghana in 2003, and is now the fifth highest endemic country for dracunculiasis, as a result of its dramatic progress last year. Togo's 669 cases in 2003 were reported from 71 endemic

villages (reporting 514 indigenous cases), and 87 villages (reporting 155 imported cases), including the 47 cases imported from Ghana. A total of 83 villages reported only one case each, and only 30 villages that reported five or more cases. The remaining endemic areas are concentrated in four districts: Haho, Ogou, Sotouboua, and Keran. 74% of the cases reported in 2003 were contained, including [78 (12%)] in case containment centers, compared to 62% of cases that were reportedly contained in 2002. Togo's national Program Coordinator is Mr. K. Ignace Amegbo. US Peace Corps, UNICEF and WHO have assisted this program over the years, in addition to The Carter Center/Global 2000 and The Government of Japan.

Measurable Objectives for Ghana, Niger, and Togo for 2004

In past issues of the <u>Guinea Worm Wrap-Up</u> we have asked "Does your Guinea Worm Eradication Program have specific measurable objectives for 2004?" Most countries have responded. Below are the stated objectives for three endemic countries. Since the goal of the campaign to eradicate dracunculiasis is to stop transmission of the disease everywhere it occurs, we underscore the importance of having sufficient surveillance capacity in each village with endemic transmission to meet the first requirement of the standards for containment of transmission from cases, i.e., to detect all cases of the disease within 24 hours of the emergence of the Guinea worm. This should be the first of all measurable objectives for each of the national Guinea Worm Eradication Programs. Two other important objectives that need to be included in these lists are: 1) Investigate the origin of all imported cases of GWD, and 2) obtain monthly reports from all endemic villages on time.

<u>Togo</u>: proposed 2004 objectives

- 1) Fully contain at least 85% of all cases (76% in 2003).
- 2) Admit at least 75% of cases to case containment centers within 24 hours of worm emergence and 100% within 48 hours. (#?? Admitted within 24 hours in 2003).
- 3) Contain 80% or more of all cases reported in the prefectures of Haho, Yoto, Ogou, Est-Mono, Keran, and Oti, in the containment centers in those prefectures (51% in 2003).
- 4) Monitor GWD in all formerly endemic villages and other at-risk villages in currently endemic prefectures once per quarter. (?? in 2003).
- 5) Ensure that all endemic villages provide cloth filters to 100% of households (82% in 2003).
- 6) Perform spot checks for copepods in sources of drinking water treated with ABATE® in the top 20 endemic villages (0% in 2003).
- 7) Monitor monthly the provision of safe drinking water (or filtered water) and adequate functioning of existing hand pumps in all endemic localities, where these exist.
- 8) Obtain accurate and complete reports from all endemic villages by the 15th of each month (? In 2003).
- 9) Ensure that all primary and secondary schools in the 4 most endemic prefectures teach about GWD prevention. (? In 2003). 1.

-Adm

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

(Countries arranged in descending order of cases in 2002)

COUNTRIES REPORTING CASES		NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED											%	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	260 / 1175	122 / 702	270 / 872	255 / 1185	257 / 2309	240 / 2523	279 / 2591	280 / 2316	304 / 1713	569 / 2448	544 / 1314	/	3380 / 19148	18
GHANA	485	769 / 1339	555 / 944	622 / 940	524 785	374 / 558	288 / 474	126 / 203	81 / 158	150 / 278	352 / 712	426 / 994	4752 / 8285	57
NIGERIA	389 / 568	179	103	53 / 60	30 / 52	49 / 58	46 / 68	36 / 50	22 / 31	28	53	87 / 108	1075	74
TOGO	110	28 / 44	21 / 29	38 / 44	73 / 87	53 / 72	53 / 63	14 / 22	18 / 27	24 / 29	25 / 35	37 / 68	494 / 669	74
MALI	3 / 3	4 / 4	5	2 / 3	3 / 3	8 / 8	42 / 84	92 / 160	122 / 250	106	37 / 73	16 / 23	440 / 822	54
BURKINA FASO	6	1 / 2	0 / 1	3 / 5	14 / 16	27 62	24 / 34	12 / 19	12 / 21	11 / 18	4 / 12	5 / 7	119 / 203	59
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6	27	30 / 47	33 / 71	11 / 73	22 / 38	13 / 18	145 / 293	49
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 4	3 / 3	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	18 / 40	45
BENIN	21 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0				2 / 2	1 / 1	2 / 2	30 / 30	100
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7				4 / 4	0 / 0	0 / 0	0 / 0	28 / 28	100
MAURITANIA			0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	1 / 1	3 / 4	2 / 3	0 / 0	1 / 1	10 / 13	77
UGANDA				3 / 3	9 / 11	4 / 6	1 / 2	0 / 2	0 / 0	2 / 2	/	0 / 0	19 / 26	73
KENYA	/	/	/	/	2 / 2	/	/	/	/	/	/	/	2 / 2	100
TOTAL*	1281 / 2843	1110 / 2344	959 / 1982	986 / 2253	922 / 3275	768 / 3301	765 / 3359	592 / 2821	599 / 2279	905	1038	587 / 1221	10512	34
% CONTAINED	45	47	48	44	28	23	23	21	26	29	46	48	34	

PROVISIONAL

Table 1

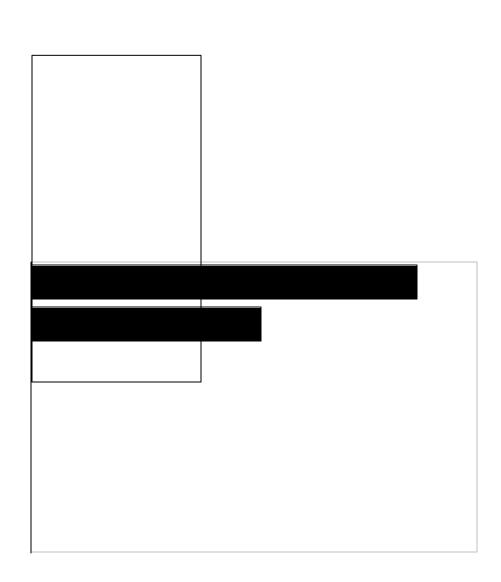
Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month. For other imported cases see table of imported cases by month and by country.

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2002, Percentage of Endemic Villages Reporting in 2003*, Number of Indigenous Cases Reported During the Specified Period in 2002 and 2003*, and Percent Change in Cases Reported

	Villages Reporting %		Indigenous Cases Reported	
Country	Reporting 1+ cases in 2002	Reporting 2003R	2002	2003
Benin (12)	31	100%	135	26
Cote d'Ivoire (12)	25	100%	192	40
Mauritania (12)	18	100%	42	13
Burkina Faso (12)	133	98%	580	178
Nigeria (12)	557	100%	3820	1458
Togo (12)	228	100%	1473	625
Sudan (11)	4233	65%	40479	19148
Ethiopia (12)	12	100%	24	73
Mali (12)	183	88%	858	818
Niger (12)	77	100%	233	279
Ghana (12)	739	100%	5606	8283
Uganda (12)	19	100%	6	13
Total	6255	74%	53448	30894
Total- Sudan	6027	99%	12969	11746

⁽¹¹⁾ Indicates month for which reports were received, e.g., Jan. - Nov. 2003

^{*} Provisional



6.	The national GWEPs should be urged to record, compile, and compare data about the intervals between worm emergence, detection, and beginning containment measures in individual patients. The distribution of such intervals should be monitored and "outliers" investigated, in addition to

DONATION FROM HENRY MCCONNON

Mr. Henry McConnon recently contributed \$469,000 to The Carter Center for its Guinea Worm Eradication activities. This is the 9th donation from Mr. McConnon, who has given more than \$2.5 million to the Center for the program since 1991.

2004 PROGRAM MANAGERS MEETING

This year's Meeting of Program Managers of Dracunculiasis Eradication Programs will be held in, Mali on during March 29 - April 1, 2004.

RECENT PUBLICATIONS

Seim AR.2003. [Guinea worm almost eradicated]. [Norwegian] *Tidsskrift for Den Norske Laegeforening*. 123(16):2312-4, Aug 28.

Anosike JC. Azoro VA. Nwoke BEB. Keke RI. Okere AN. Oku EE. Ogbulie JN. Tony-Njoku RF. Okoro OU. Nwosu DC. 2003. Dracunculiasis in the north eastern border of Ebonyi State, south eastern Nigeria. [Article] *International Journal of Hygiene & Environmental Health*. 206(1):45-51.

Anosike JC. Nwoke BEB. Dozie L. Thofern UAR. Okere AN. Njoku-Tony R. Nwosu DC. Oguwuike UT. Dike MC. Alozie JI. Okugun GRA. Ajero CMU. Onyirioha CU. Ezike MN. Ogbusu FI. Ajayi EG. 2003. Control of endemic dracunculiasis in Ebonyi state, south-eastern Nigeria. *International Journal of Hygiene & Environmental Health*. 206(6):591-596.

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 is http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm.



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