

Date April 10, 1998

From Who Collaborating Center
Research, Training and Eradication of Dracunculiasis

Subject GUINEA WORM WORM WRAP #77

To Addresses

Detect Every Case, Contain Every Worm!

CARTER, TOURE ELECTRIFY SEVENTH AFRICAN REGIONAL CONFERENCE

Conference on Dracunculiasis Eradication at the Palais des Congres in Bamako, Mali, on March 31-April 3, 1998 were treated to stirring addresses at the Closing Ceremony by former U.S. President Jimmy Carter and

former Malian Head of State General Amadou Toumani Touré.

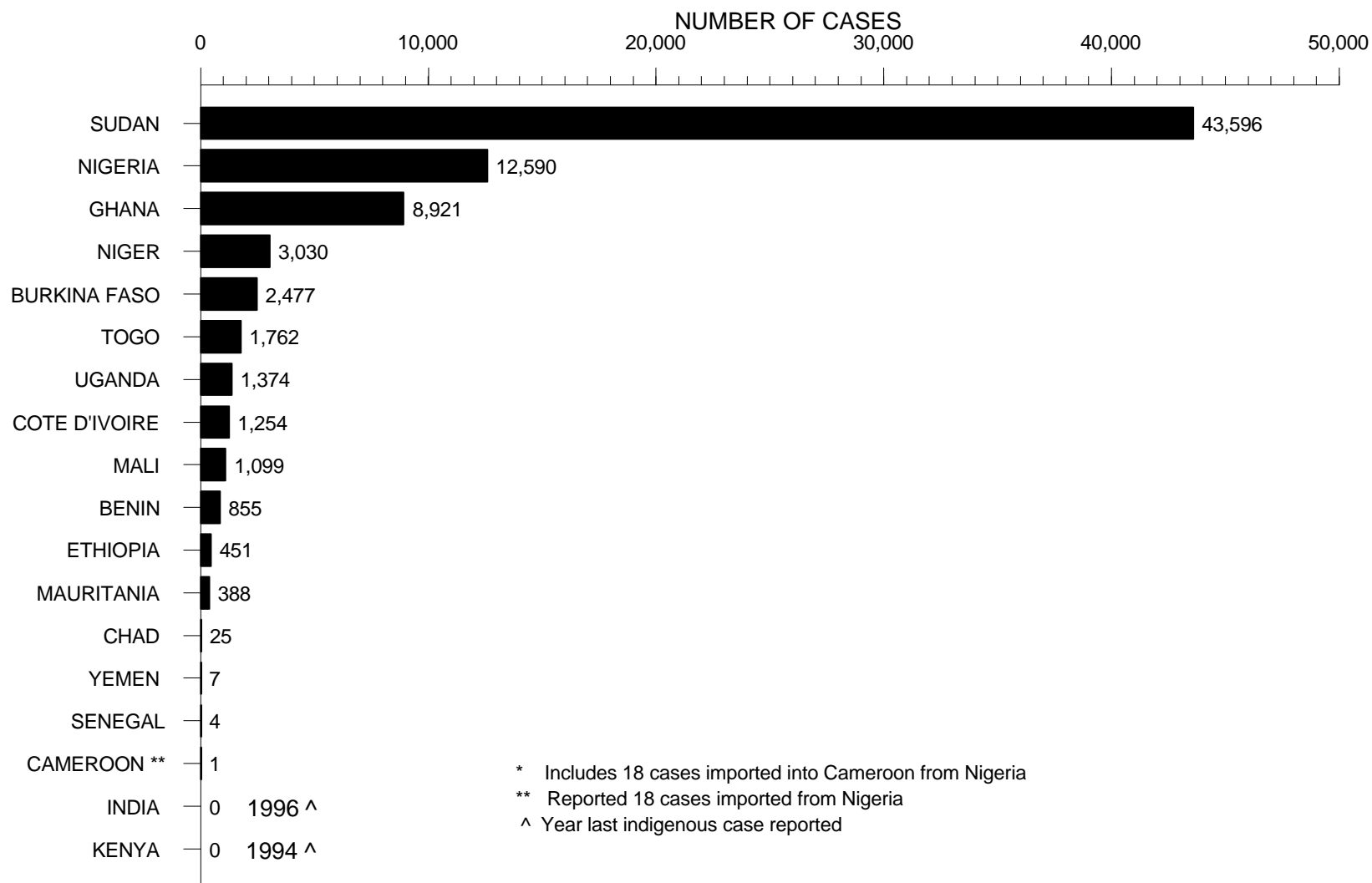
President Carter warned against the dangers of complacency and premature celebration, and congratulated national coordinators on their successes so far. He announced significant new contributions to the eradication program by the Government of Japan (\$2.5 million), by a private citizen (Mr. Henry McConnon, \$0.5 million), and by several other governments through the special World Bank Trust Fund that was established for that purpose last year. General Touré noted that “enthusiasm is contagious”, stressed the importance of the desire to win, and expressed his

**NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH DURING 1997*
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1996)**

COUNTRY	# OF CASES IN 1996	JANUARY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED	%
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DISTRIBUTION BY COUNTRY OF 77,852 CASES OF DRACUNCULIASIS REPORTED DURING 1997*



PERCENTAGE OF ENDEMIC VILLAGES REPORTING
AND PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS
DURING 1996 AND 1997*, BY COUNTRY

COUNTRY	ENDEMIC VILLAGES: 1997		CASES REPORTED		% REDUCTION	% CHANGE : 1996 - 1997	% INCREASE
	NUMBER	% REPORTING	1996	1997			

* Includes 18 cases imported into Cameroon from Nigeria

** Reported 18 cases imported from Nigeria

*** Includes 18 cases imported into Cameroon in 1997

NR Not Reported

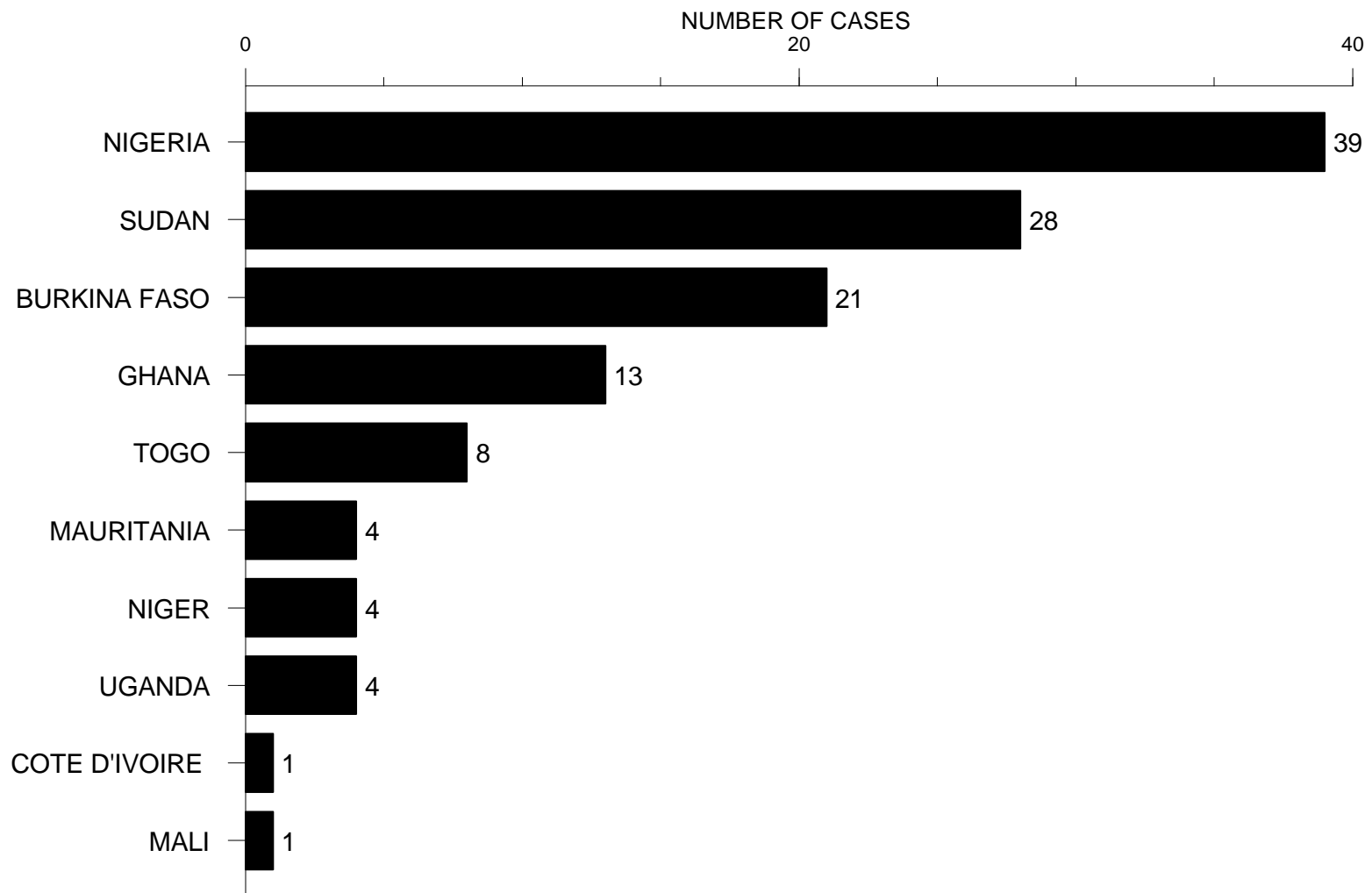
Number of Endemic Villages by Country and % Change:1996-1997*

Country	Number endemic		% Change 1996 - 1997
	as of 1/1/97	as of 1/1/98	
Sudan	5114	5744	12
Nigeria	1353	1136	-16
Ghana	602	765	27
Burkina Faso	337	211	-37
Niger	416	396	-5
Cote d'Ivoire	216	115	-47
Mali	430	269	-37
Togo	249	204	-18
Uganda	327	244	-25
Benin	325	212	-35
Mauritania	142	83	-42
Ethiopia	57	45	-21
Chad	12	10	-17
Yemen	7	5	-29
Senegal	7	1	-86
Cameroon	13	1	-92
India	3	0	-100
Total	9610	9441	-2
Total without Sudan	4496	3697	-18

Dracunculiasis Eradication Campaign
Reported Importations of Cases of Dracunculiasis: 1997

From	To	Month	Cases		
			Number	Contained	Cross notified
Burkina Faso	Mali	January	2	2	0
		June	1	1	1
		July	3	0	3
		Sept.	2	0	2
		October	1	0	1
		December	2	0	?
	Côte d'Ivoire	May	1	1	1
		August	6	6	6
	Niger	May	1	0	1
		July	1	0	0
Ghana	Sept.	1	1	1	
Côte d'Ivoire	Mali	June	1	1	0
	Burkina Faso	July	1	?	?
Ghana	Togo	January	3	1	3
	Benin	??	10	10	10
Mali	Burkina Faso	May	1	?	?
Mauritania	Mali	October	2	2	2
		November	2	0	2
Niger	Nigeria	July	1	1	1
	Mali	July	2	0	0
		October	1	0	1
Nigeria	Niger	March	1	1	1
		April	2	2	2
		June	1	1	0
		July	8	1	8
		August	1	1	1
		Sept.	1	1	1
		October	2	2	?
	Cameroon	June	1	0	1
		July	7	7	7
		August	3	3	3
		Sept.	5	5	5
	October	2	2	?	
	Togo	February	4	4	0
	Benin	November	1	1	1
??		2	2	2	
Togo	Ghana	January	3	3	3
		March	1	1	1
		October	1	1	1
		November	1	1	1
	Benin	??	2	2	2
Sudan	Uganda	March	3	3	3
		July	6	3	6
		August	3	2	3
		October	1	0	1
		November	1	0	1
		December	1	0	1
	Ethiopia	February	2	2	0
		March	2	2	2
		April	1	1	0
		May	2	0	2
		August	2	2	0
		Sept.	2	2	0
		October	1	1	1
	Kenya	August	1	1	1
	Uganda	Kenya	January	1	1
June			2	2	0
July			1	1	0
Total			124	88	96

DISTRIBUTION BY COUNTRY OF ORIGIN OF 124 IMPORTED CASES OF DRACUNCULIASIS DETECTED IN OTHER COUNTRIES DURING 1997



SUDAN: SOME PROGRESS IN NORTH AND SOUTH

The ten northern states of Sudan have recorded a reduction of 62% in cases in 1997, compared to 1996, with an average reporting rate of 74% in 1997. In these 10 states, 91% of cases were reported to have been contained in 1997. More than half (61%) of the cases in the ten states were reported from West Kordofan. Two of the ten northern states (Gazira and North Kordofan) reported no cases in 1997. The Government of Sudan (GOS) allocated about 350 million Sudanese pounds (~\$214,000) to this program in 1997. Dr. Jason Weisfeld consulted with the program from February 17 to April 9, in both GOS- and OLS-accessible areas, on behalf of The Carter Center/Global 2000.

In endemic southern areas, ACROSS, working in Bor County (Jongoli State), recorded an 87% decrease in cases (from 9,513 cases in 1996 to 1,194 cases in 1997), while keeping reporting rates at the same level. [If this can be achieved in a “war zone”, why not elsewhere?]. OXFAM, working in Rumbeck County (El Buheirat/Lakes State), recorded a reduction of 56% in cases there over the same period (from 12,551 cases in 1996 to 5,456 cases in 1997). A total of 589,096 filters were distributed in the entire country in 1997, resulting in full coverage of 30% of known endemic villages.

GHANA: CONTINUED REDUCTIONS OF CASES IN NORTHERN REGION

The GWEP of Ghana notes that the reported incidence of dracunculiasis in the country was reduced by 24% in January 1998 compared to January 1997, and by 55% in February 1998 compared to February 1997. These declines have been led by dramatic reductions of over 90% in transmission of the disease in district capitols of the Northern Region, primarily as a result of vector control with Abate beginning early last year. The president of the Hilton Foundation, Mr. Donald Hubbs, and the vice-president of World Vision, Dr. Cary Paine, will visit Savelugu early in April to help consider options for provision of safe water to that key endemic town.

Dr. Andrew Seidu Korkor, senior medical officer (public health) of the Northern Region, has been appointed as the Deputy Coordinator of Gnana’s Guinea Worm Eradication Program as of late March. *Congratulations !!!*

UGANDA: KAP SURVEY CONDUCTED

Ms. Sue McLaine, graduate student of the Rollins School of Public Health at Emory University in Atlanta, conducted 335 interviews in Kotido and 150 in Moroto (from 20

by sensitizing village elders, training village leaders, both men and women, about dracunculiasis and its eradication. A total of 60 (62%) of 97 endemic villages in Kotido have one or more sources of safe drinking water.

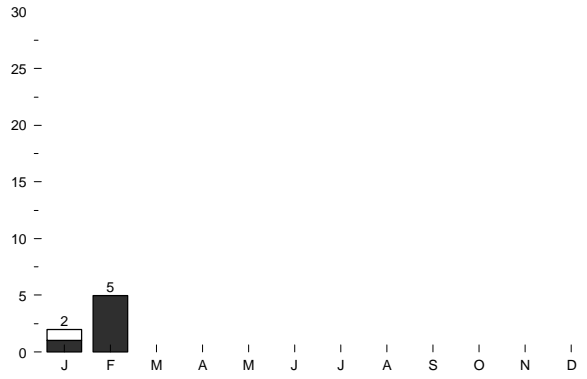
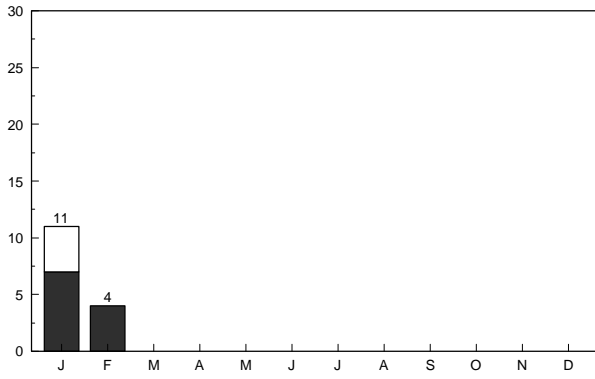
Preliminary observations from Moroto District indicated that knowledge about the eradication program, about dracunculiasis, and about its prevention was lower than in Kotido. In Moroto, 33 (56%) of 59 endemic villages have one or more safe sources of drinking water. In February 1998, UNICEF began drilling 21 borehole wells in endemic villages of that district. Villagers in Moroto felt confident that borehole wells alone would prevent dracunculiasis.

Several specific recommendations to national and district authorities, including increasing the number of women as village volunteers, and intensifying supervision, were made as a result of this study. The routine recording and reporting of the age and sex of cases of dracunculiasis by the Guinea Worm Eradication Program proved valuable in designing the questionnaires for this KAP study and directing program efforts to those at greatest risk.

U.S. PEACE CORPS VOWS TO INTENSIFY EFFORTS

An energetic delegation of Peace Corps Volunteers from nine endemic countries (Benin, Burkina Faso, Chad, Côte d'Ivoire, Ghana, Mali, Mauritania, Niger, and Togo), led by Mr. Scott Tobias from Peace Corps headquarters in Washington, DC, participated in the Seventh African Regional Conference in Bamako. During the conference, Mr. Tobias declared that the Peace Corps is seeking ways to increase its participation with national Guinea Worm Eradication Programs in all endemic countries where its Volunteers are serving. Among the participants were Mr. Ian Moises, who recently began assisting the national coordinator of Côte d'Ivoire, and Mr. Brent Silvers, who contributed to the exhibit a new filter that is





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COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	254 / 1010	/	/	/	/	/	/	/	/	/	/	/	254 / 1010	25
NIGERIA	1982 / 2020	1224 / 1305	/	/	/	/	/	/	/	/	/	/	3206 / 3325	96
GHANA	670 / 1277	535 / 709	/	/	/	/	/	/	/	/	/	/	1205 / 1986	61
NIGER	7 / 11	4 / 4	/	/	/	/	/	/	/	/	/	/	11 / 15	73
BURKINA FASO	1 / 2	5 / 5	/	/	/	/	/	/	/	/	/	/	6 / 7	86
TOGO	66 / 230	17 / 104	10 / 47	/	/	/	/	/	/	/	/	/	93 / 381	24
UGANDA	7 / 8	3 / 6	/	/	/	/	/	/	/	/	/	/	10 / 14	71
COTE D'IVOIRE	151 / 251	110 / 138	/	/	/	/	/	/	/	/	/	/	261 / 389	67
MALI	9 / 10	2 / 5	/	/	/	/	/	/	/	/	/	/	11 / 15	73
BENIN	88 / 99	22 / 36	/	/	/	/	/	/	/	/	/	/	110 / 135	81
ETHIOPIA	1 / 1	6 / 6	/	/	/	/	/	/	/	/	/	/	7 / 7	100
MAURITANIA	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
CHAD	0 / 0	2 / 2	/	/	/	/	/	/	/	/	/	/	2 / 2	100
YEMEN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0	-
SENEGAL	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	-
CAMEROON**	0 / 0	0 / 0	/	/	/	/	/	/	/	/	/	/	0 / 0	254
TOTAL*	3236 / 4919	1930 / 2320	/	/	/	/	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	5166 / 7239	71
% CONTAINED	66	83											71	

* Provisional

RECOMMENDATIONS
7th African Regional Conference on Dracunculiasis Eradication

1. *All the endemic countries involved in the worldwide effort to eradicate dracunculiasis should:*
 - *ensure that this objective continues to be a national priority right until the final certification, and*
 - *ensure that this priority is reflected in the plans of action of the relevant ministries and national agencies.*

2. *The endemic countries should intensify the interventions needed to interrupt transmission in villages, hamlets and nomad camps; i.e.:*
 - *information, education and communication*
 - *early case detection, containment and reporting*
 - *distribution and promotion of the use of filters*
 - *treatment of contaminated and suspected ponds with Abate*
 - *supervision*
 - *monitoring and evaluation*
 - *water supply*

- 3.

11. The ministries involved, in collaboration with their partners, should lighten their administrative mechanisms, while protecting the resources specifically allocated to eradication programs, and releasing them in a timely manner so that national programs can implement all planned interventions appropriately.

12. Eradication programs should ensure that adequate resources are made available in good time to permit the implementation of measures to interrupt the transmission of Guinea worm disease.

13 Guinea worm eradication programs should encourage all willing parties, particularly the Peace Corps, other volunteer agencies and NGOs, to become more involved in Guinea worm eradication activities.

14 Water ministries in endemic countries should facilitate and accelerate the provision of water supplies to all endemic villages and, wherever possible, extend this coverage to endemic hamlets and camps.

* * * * *

PATRICK APOYA, ALHOUSSEINI MAIGA RECEIVE 1998 CARTER AWARDS



During the final day of the African Regional Conference in Bamako on April 3rd, former U.S. President Jimmy Carter presented a 1998 Jimmy and Rosalynn Carter

SENEGAL
CAMEROON *
CHAD
ETHIOPIA
COTE D'IVOIRE
BENIN

RECENT PUBLICATIONS

CDC, 1998. Imported dracunculiasis - United States, 1995 and 1997. MMWR, 47:209-211.

Joshi V, Singhi M, Chaudhary RC, 1997. Studies of dracunculiasis in the Indian Desert. J Arid Environ, 37:181-191.

Stephenson J, 1998. A farewell to harms: experts debate global disease eradication efforts. JAMA, 279:897-899.

*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 Trenton K. Ruebush, MD, 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.

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