DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Date: October 11, 2002

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

Subject: GUINEA WORM WRAP-UP #127

To: Addressees

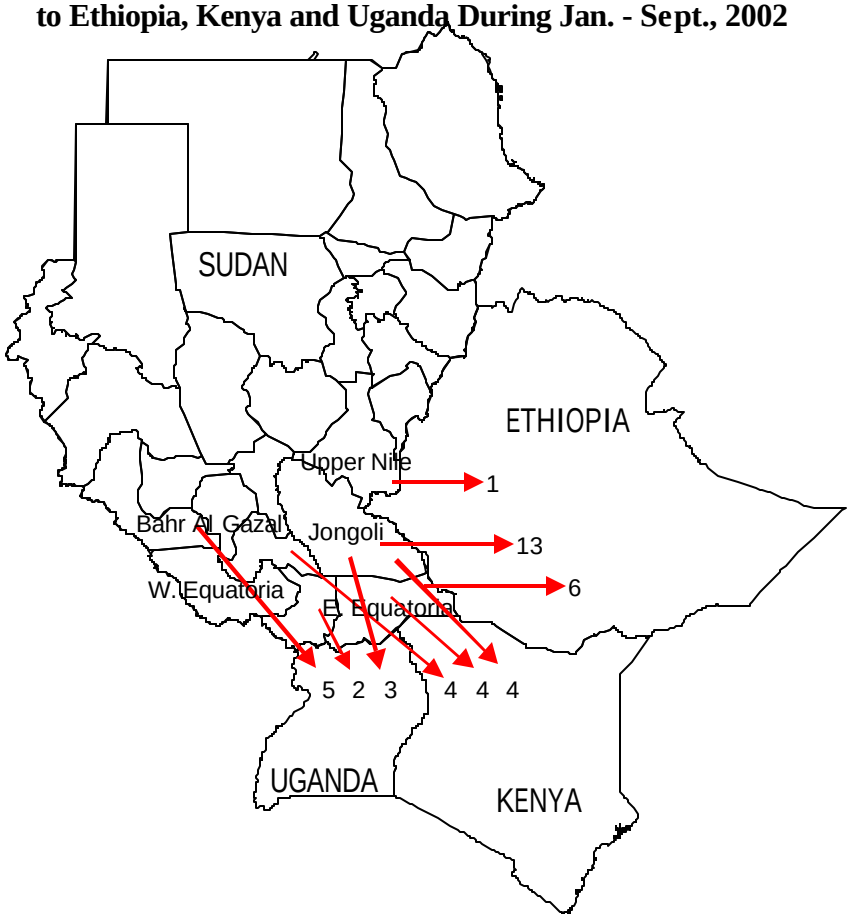
What's New in 2002?

SUDAN GWEP REVIEWS PROGRESS

Sudan has reported 21,433 cases of dracunculiasis in January-July 2002, which is 73% of the global total of cases reported for that period. Whereas 36% of 8,058 endemic villages reported in January-July 2001, 62% of 6,224 endemic villages reported during the same period of 2002. The latest update on the status of the program was discussed during the annual Program Review of the Guinea Worm Eradication Programs of Sudan, Ethiopia and Uganda, which was held in Nairobi, Kenya on September 30 – October 2. The percentage of known endemic villages with nylon filters in every household increased from 29% to 58% between 2001 and 2002, and over 7 million pipe filters were distributed in 2001. Health education talks by village volunteers have increased from 50% to 83% of endemic villages, and are increasingly supplemented by radio broadcasts in local languages. Abate usage is still limited in all but the northern states of the country.

Figure 1

Distribution By state of Origin of 42 Cases Exported by Sudan to Ethiopia, Kenya and Uganda During Jan. - Sept., 2002



Interventions, surveillance, and infrastructures have been strengthened this year in two southern emphasis states (Lakes/Buheirat and West Equatoria). In West Equatoria State, the number of cases reported so far this year increased to 240, compared to 216 during the same seven months of 2001—a difference that is attributed to improved reporting this year (about 80% of endemic villages reported monthly in each of the two periods). Lakes/Buheirat State reports 1,363 cases so far (37% reporting), compared to 1,274 cases (33% reporting) in the same seven months of 2001.

The northern states reported 16 indigenous cases and 10 imported cases in January – July 2002, compared to 27 indigenous and 25 imported cases in January – July 2001. Nearly all the indigenous cases this year occurred in, or derived from, one village: Al Mazmoum, in Sennar State. 81% of all cases in the north so far this year were contained (compared to 67% contained in January – July 2001). Southern Sudan also exported 20 cases to Ethiopia, 12 cases to Kenya, and 10 cases to Uganda in January – September 2002 (Figure 1).

MINISTER OF HEALTH ANNOUNCES ESCALATION OF GHANA'S PROGRAM

From September 23 – 27, the Ghana Guinea Worm Eradication Program carried out various activities to promote the eradication of dracunculiasis. On September 23rd, the Honorable Minister of Health, Dr. Kwaku Afrivie, inaugurated a substantial intensification of eradication activities in the Northern Region. Speaking at a *durbar* in Napkali in Zabzugu-Tatale, which is the most endemic district in Ghana this year, the minister urged the nation to treat each case of dracunculiasis as a medical emergency. Given Ghana's second-to-last position in the international race to eradicate Guinea worm disease (ahead of only Sudan), the minister said Ghana must rectify its undesirable position. He urged everyone with a Guinea worm to seek medical treatment and refrain from entering sources of drinking water. He called on traditional leaders to help ensure peace and stability in the region, remarking that it was no surprise that the Northern Region of Ghana and southern Sudan, both areas of conflict, were the last bastions of Guinea worm disease. Others who participated in the *durbar* included Alhaji Yakubu Bukari, district chief executive; Dr. George Amofa, director of public health; Mr. Owusu-Adjei, chief director for ministry of health; Mr. Adams, public relations officer (MOH); Dr. Sylvester Anemana, regional director of health services (Northern Region); and Dr. Andrew Seidu-Korkor, the national coordinator for Guinea worm eradication. Also present were Mr. Alieu Bello and Mr. Wali Ullah of UNICEF, Mrs. Nwando Diallo of Global 2000/The Carter Center, and Mr. S.S. Mahama of the Ghana Red Cross Society.

In Tamale on September 24, the Honorable Minister of Health also launched the Northern Region Interagency Coordinating Committee (NRICC) for the eradication of Guinea worm disease. The committee is made up of members from various ministries and partner organizations, and is charged to encourage water sector organizations to target Guinea worm endemic communities and to use appropriate and low-cost technologies; to urge district authorities to plan and use district common funds earmarked for Guinea worm eradication; to encourage districts to report monthly to their respective District Assemblies and thereby facilitate greater participation; and to encourage districts to evaluate the sensitivity of surveillance in endemic communities.

In addition to improved transport, supplies and a more urgent attitude, Ghana has mobilized more manpower: over 4,000 members of Ghana Red Cross Society's Mothers Clubs in villages in the six highest endemic districts, 5 technical assistants provided by The Carter Center, and four full-time Peace Corps Volunteers. The program is also implementing the new strategy of voluntary physical quarantine of patients, in 14 containment centers in the six highest endemic districts, and all of these new efforts are being brought to bear in the peak transmission season that begins in October. Additional "Worm Weeks" of intensive health education are scheduled for October 21 – 27. Ghana has reported 3,425 cases from 616 villages in January – August 2002, a reduction of only -6% from the same time last year. Two-thirds of all Ghana's cases are now restricted to only 5 contiguous districts in the Northern Region (out of 110 districts in Ghana).

Table 1

Number of cases contained and number reported by month during 2002*

(Countries arranged in descending order of cases in 2001)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*
SUDAN	674 / 1148	557 / 1083	601 / 1028	822 / 1578	2464 / 4749	2885 / 6163	2844 / 5684	/	/	/	/	/	10847 / 21433
NIGERIA	350 / 647	195 / 336	148 / 220	152 / 232	205 / 244	222 / 314	143 / 198	125 / 246	107 / 175	/	/	/	1647 / 2612
GHANA	497 / 744	389 / 680	303 / 412	283 / 367	305 / 464	281 / 409	158 / 210	119 / 139	/	/	/	/	2335 / 3425
TOGO	147 / 192	71 / 99	18 / 39	12 / 26	32 / 90	55 / 85	65 / 229	48 / 80	51 / 70	/	/	/	499 / 910
BURKINA FASO	7 / 10	26 / 29	20 / 21	22 / 32	66 / 83	57 / 86	38 / 41	28 / 45	/	/	/	/	264 / 347
MALI	4 / 5	4 / 5	4 / 5	0 / 0	1 / 6	7 / 10	22 / 42	78 / 178	/	/	/	/	120 / 251
NIGER	6 / 6	0 / 0	0 / 0	0 / 0	4 / 4	5 / 5	25 / 40	19 / 30	23 / 30	/	/	/	82 / 115
COTE D'IVOIRE	90 / 91	52 / 52	23 / 24	9 / 9	1 / 3	3 / 5	0 / 2	1 / 2	/	/	/	/	179 / 188
BENIN	28 / 28	8 / 11	7 / 8	5 / 5	1 / 1	4 / 4	2 / 2	7 / 7	/	/	/	/	62 / 66
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	2 / 2	4 / 4	7 / 12	/	/	/	/	13 / 18
UGANDA	0 / 0	0 / 0	1 / 1	1 / 1	2 / 3	3 / 4	4 / 4	2 / 3	/	/	/	/	13 / 16
CAR	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0
ETHIOPIA	0 / 0	0 / 0	2 / 3	1 / 6	11 / 11	6 / 7	5 / 5	6 / 6	6 / 6	/	/	/	37 / 44
KENYA	1 / 1	0 / 0	3 / 3	3 / 3	4 / 4	/	/	/	1 / 1	/	/	/	12 / 12
TOTAL*	1804 / 2872	1302 / 2295	1130 / 1764	1310 / 2259	3096 / 5662	3530 / 7094	3310 / 6461	440 / 748	188 / 282	0 / 0	0 / 0	0 / 0	16110 / 29437
% CONTAINED	63	57	64	58	55	50	51	59	67				55

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

Uganda reported 1 case imported from Sudan in March, 2 in May2 in June, 3 in July, and 2 in August.

Ethiopia reported 1 case imported from Sudan in March, 2 in May, 4 in June, 3 in July, 4 in August, and 3 in September.

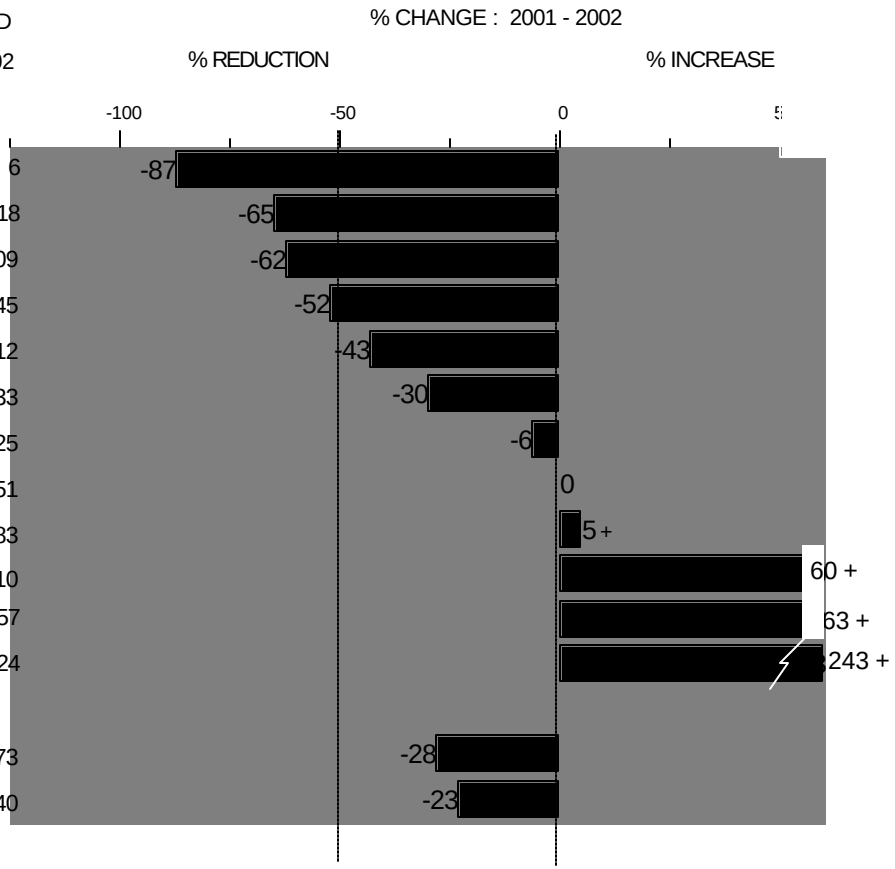
Kenya reported 1 cases imported from Sudan in January, 3 in March, 3 in April, 4 in May, 1 in June, and 1 in September.

Benin reported 4 cases imported from Togo in March and 1 in June, and 2 in August. Additionally, 1 case each imported from Ghana in March and April, respectively.

Figure 2

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

COUNTRY	ENDEMIC VILLAGES		CASES REPORTED		% CHANGE : 2001 - 2002
	REPORTING 1+ CASES 2001	% REPORTING**	2001	2002	% REDUCTION / % INCREASE
UGANDA (8)	8	100%	47	6	-87
MAURITANIA (8)	25	100%	52	18	-65
NIGER (9)	50	100%	289	109	-62
BURKINA FASO (8)	202	95%	724	345	-52
NIGERIA (9)	733	99%	4557	2612	-43
SUDAN (7)	3921	62%	30612	21433	-30
GHANA (8)	779	98%	3632	3425	-6
MALI (8)	120	100%	252	251	0
COTE D'IVOIRE(8)	28	100%	174	183	5 +
TOGO (9)	180	100%	568	910	60 +
BENIN (8)	39	96%	35	57	63 +
ETHIOPIA (9)	10	100%	7	24	243 +
CENT.AFR.REP	27	NR			
TOTAL*	6122	74%	40949	29373	-28
TOTAL (- Sudan)*	2201	98%	10337	7940	-23



* provisional

(8) Indicates month for which reports were received, i.e., Jan. - Aug. 2002

NR No Report

Figure 3

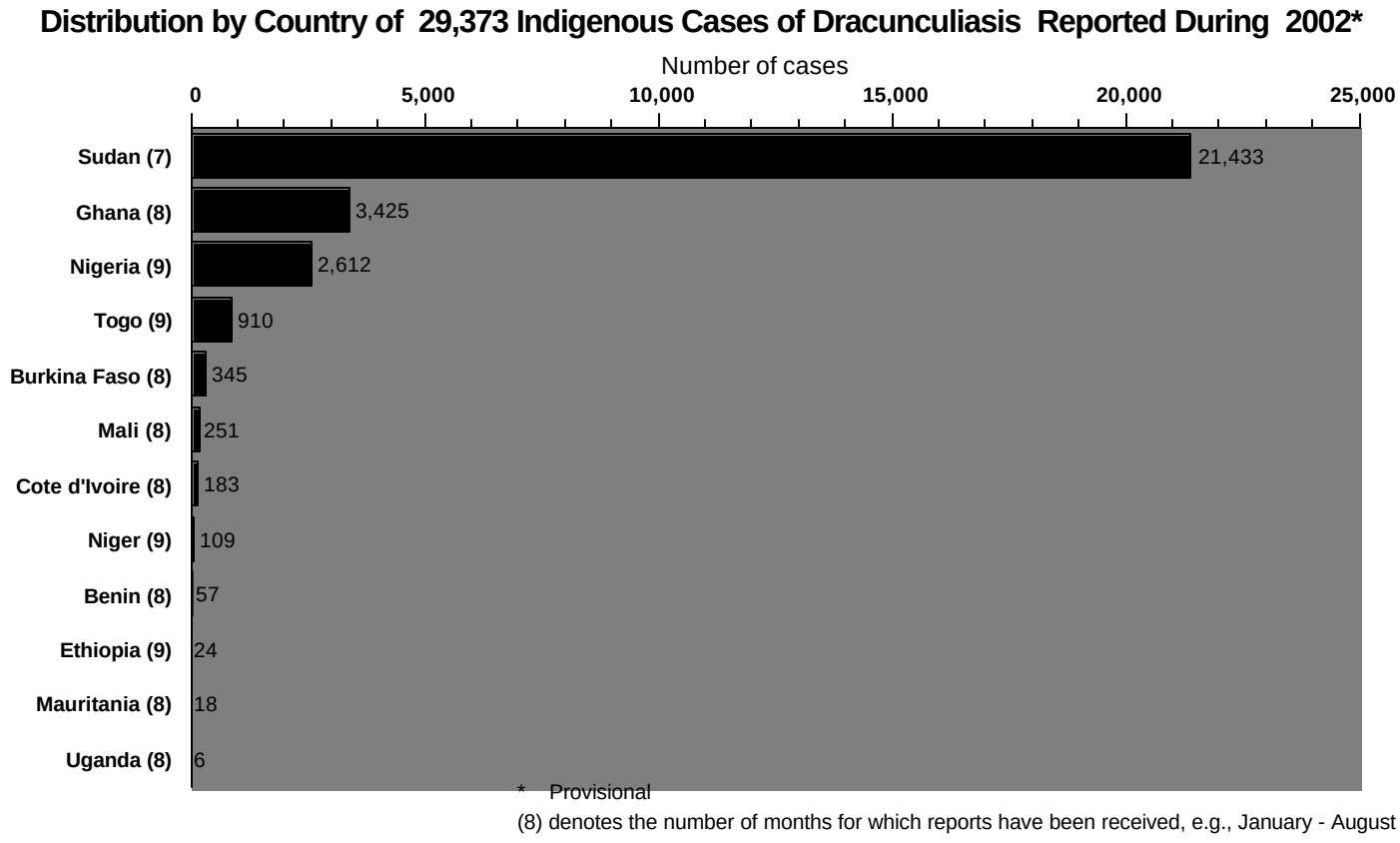
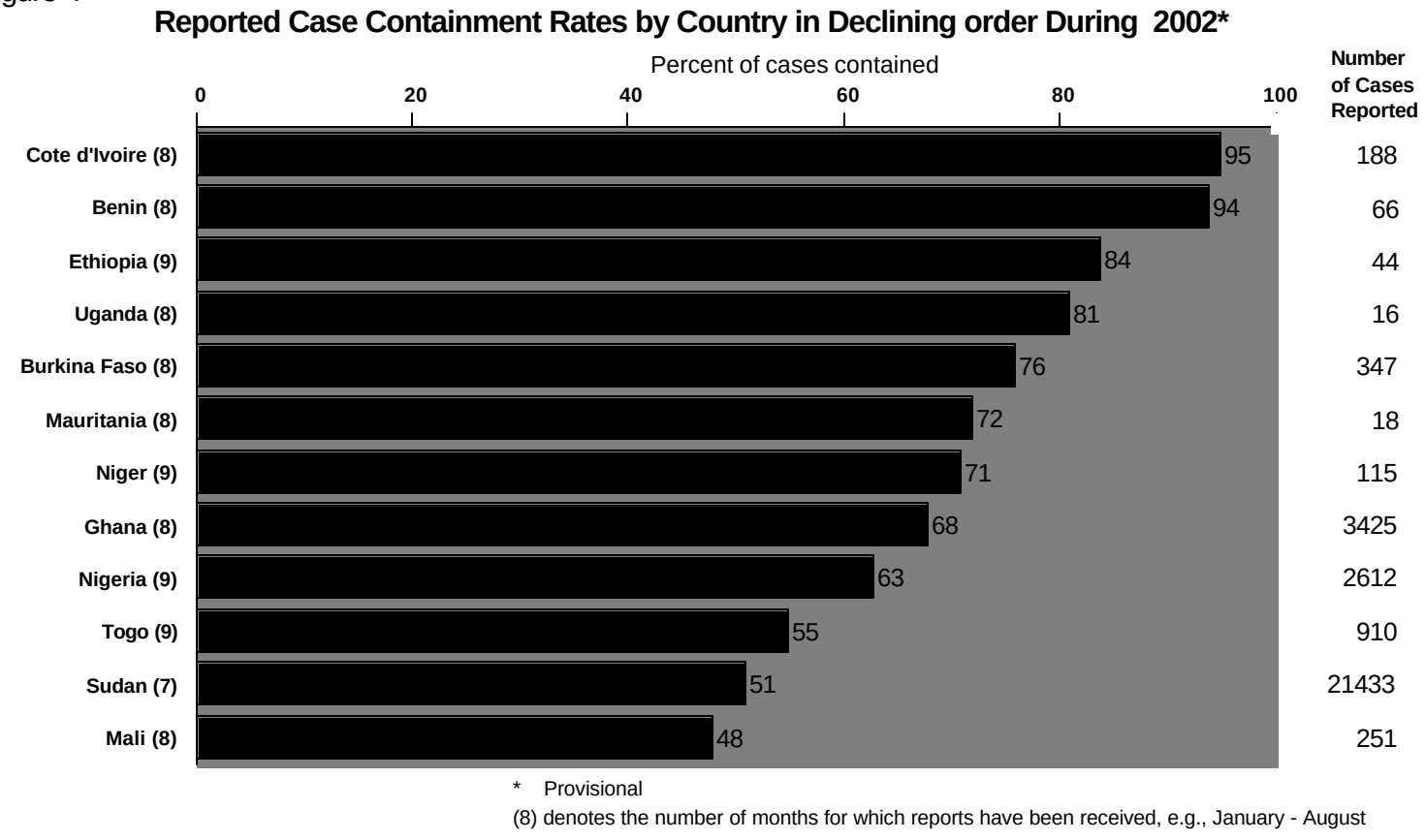


Figure 4



NIGERIA: -43% REDUCTION IN CASES, INCREASED INTERVENTIONS

Nigeria has reported 2,612 cases of dracunculiasis in January – September 2002, which is a reduction of -43% from the 4,557 cases that were reported for the same period of 2001. Twenty-one (21) states and the Federal Capitol Territory are now apparently free of the disease, leaving 15 states still endemic. 69% of all cases remaining are found in only four states (Benue, Oyo, Niger, and Ebonyi) and 70% of cases are located in only 13 Local Government Areas (LGAs). A highly endemic village (Attaliawaga) with 61 cases in August alone was discovered in Niger State in which transmission had been going on unbeknownst to the program for the past three years. However, the latest Nigeria – Cameroon border meeting, held at Tokombere, Cameroon on August 6th, confirmed that no case has been exported from Nigeria to Cameroon so far this year.

By intervening effectively in known endemic villages, Nigeria has reduced the number of new endemic villages in January – August this year to 144 (15% of all villages reporting one or more cases), as compared to 227 such new endemic villages (31% of all villages with one or more cases) during the same period of 2001. Since last year, the program has increased the percentage of endemic villages with filters in all households from 89% to 98%, raised the percentage of endemic villages with at least one source of safe drinking water to 60% (from 52%), intensified health education, and improved the use of Abate. A new national line-listing of priority endemic villages needing improved water supply will facilitate better collaboration with national water authorities and UNICEF. Case containment rates remain about the same (65%, 63%). Several innovations introduced in Nigeria for the first time this year include "Worm Weeks" (additional ones were held in Borno August 14 – 20, in Gombe August 22 – 26, and in Kebbi July 15 – 22 & September 9 – 13) and containment centers for voluntary quarantine of infected persons (in Benue and Oyo States). As a result of General (Dr.) Yakubu Gowon's strong advocacy, the local emir in a particularly difficult LGA (Dukku, in Gombe State) mobilized over 600 women to help fight Guinea worm disease.

The UNICEF mission in Nigeria has graciously replaced ten 20-liter drums of Abate that were lost in an armed hijacking of a program vehicle earlier this year, by donating twenty-four drums of Abate in August!

2002 JIMMY AND ROSALYNN CARTER AWARDS TO ANOSIKE AND THREE OTHERS

During the annual Program Review of all Carter-Center assisted health programs in Nigeria, which was held at the Hill Station Hotel in Jos, Plateau State, on September 23 – 27, Dr. Donald R. Hopkins, associate executive director of The Carter Center, presented the 2002 Jimmy and Rosalynn Carter Awards for Guinea Worm Eradication to Dr. Jude Anosike, Global 2000 local consultant in charge of Ebonyi; and to Mssrs. Gbenga Ajayi, Jide Olaniran and Banji Sallawudeen, field managers in Ebonyi LGA. The citations are "for contributions to the dramatic reduction in incidence of Guinea worm disease in Ebonyi LGA, and consequently in Ebonyi State, Nigeria." As a result of the extraordinary hard work by these four men and others, Ebonyi State, which reported the highest number of cases of all states in Nigeria in 2001, has realized an –84% reduction in cases in January – September 2002, with ZERO cases reported in July (for the first time ever) and September this year. Among many participants in the annual review were Dr. Ernesto Ruiz, Dr. Frank Richards, Dr. Jim Zingeser, and Mr. P. Craig Withers Jr. of Global 2000/The Carter Center, Drs. Alhousseini Maiga and Ahmed Tayeh of WHO, and Mr. Bill Fellows of UNICEF/Nigeria, and the national program coordinator, Dr. K. A. Ojodu.

IN BRIEF:

Ethiopia has established a National Pre-Certification Commission for the Eradication of Dracunculiasis, according to the report presented by the national coordinator, Dr. Gezahegn Tesfaye, during the annual Program Review in Nairobi, Kenya on October 2. The commission has 14 members. All of Ethiopia's indigenous cases so far this year have occurred in Gambella Region, in Gog and Itang Woredas. The program is still unable to access Akobo Woreda, which is also located in this region and is believed to be endemic, due to insecurity.

Uganda now offers a reward of $30 (equivalent) for reporting a case of dracunculiasis. It has detected only six (6) indigenous cases in January – August 2002, compared to 51 indigenous cases in the same period of 2001. Uganda's peak transmission season for this year is now ended. 81% of this year's cases (including the 10 imported cases from Sudan) were contained. 12 of the 13 contained cases were contained in containment centers.

VESTERGAARD-FRANDSEN DONATES FILTER CLOTH

Mr. Torben Vestergaard Frandsen, director of Vestergaard-Frandsen, has informed The Carter Center of his company's intention to donate 3,500 square meters of nylon filter material for the Guinea Worm Eradication Program. The donation, at a total value of about US$11,000, includes the cost of shipping the cloth to Africa. This is the third such donation by Vestergaard-Frandsen, following donations of 3,000 square meters each in November 1998 and June 2000.

CDC AND GLOBAL 2000 PROVIDE MEDICAL KITS TO GHANA

The WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis at the Centers for Disease Control and Prevention and Global 2000 / The Carter Center are providing 1,000 medical kits (back-pack style bags with gauze pads and rolls, cotton, forceps, scissors, Tylenol, antiseptic solution, and topical antibiotic). These kits will be used by village volunteers and supervisors in Ghana's Guinea Worm Eradication Program. The Carter Center's Global 2000 Program staff and volunteers will assemble the kits and ship them to Accra, Ghana during early November.

PRESIDENT CARTER WINS NOBEL PEACE PRIZE

As the whole world now knows, former United States President Jimmy Carter was informed on October 11 that he is the recipient of the 2002 Nobel Peace Prize. He is only the third U.S. President to achieve that great distinction. In announcing the award, the Nobel committee cited his post-presidential work through The Carter Center, including his" outstanding commitment to human rights", and the fact that "he has worked hard on many fronts to fight tropical diseases and to bring about growth and progress in developing countries", among his other accomplishments. CONGRATULATIONS, MR. PRESIDENT!

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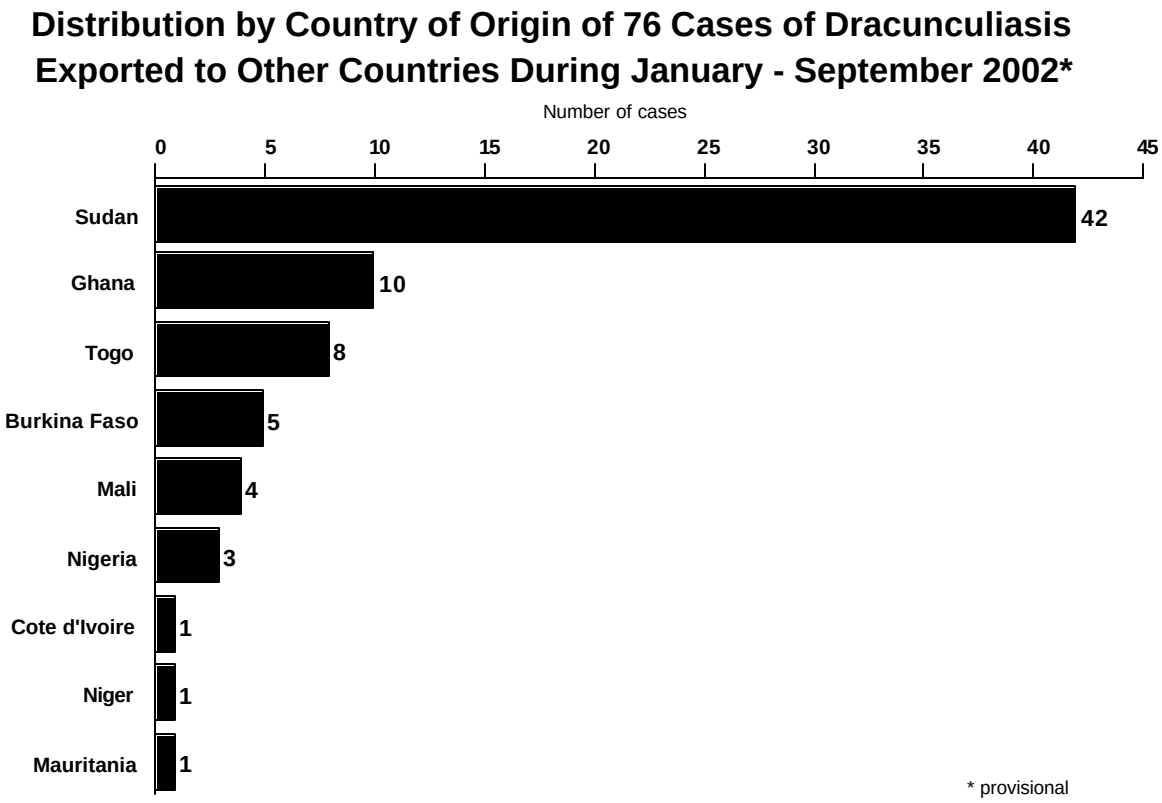
DEFINITION OF CASE CONTAINMENT

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 within 7 days of the emergence of the worm.

Figure 5



RECENT PUBLICATIONS

CDC, 2002. Progress toward global dracunculiasis eradication, June 2002. Morbidity and Mortality Weekly Report, 51: 810-811

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.