DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

# Memorandum

Date May 31, 1991

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

Subject GUINEA WORM WRAP-UP #32

To Addressees

## WORLD HEALTH ASSEMBLY: 1995 TARGET DATE FOR DRACUNCULIASIS

On Monday, May 13, five years after the first resolution that targeted dracunculiasis for "elimination", but which set no target date, the Forty-fourth World Health Assembly (WHA) unanimously approved a resolution (WHA44.5) that "Declares its committment to the goal of eradicating dra cunculiasis by the end of 1995. . . " This is a strengthened version of the draft resolution introduced to the World Health Organization's Executive Board in January 1991 by the Minister of Health of Nigeria, Prof. Olikoye Ransome-Kuti, that was recommended by the Executive Board to this year's WHA for adoption. At the WHA, Dr. Gabi Williams, Director of Disease Prevention in Nigeria's Federal Ministry of Health, proposed two amendments to the Executive Board's resolution, with the strong support of Dr. Mathias Hien of Burkina Faso. Representatives of Italy, the Netherlands, and USA also spoke in support of dracunculiasis eradication during the discussion of the draft resolution.

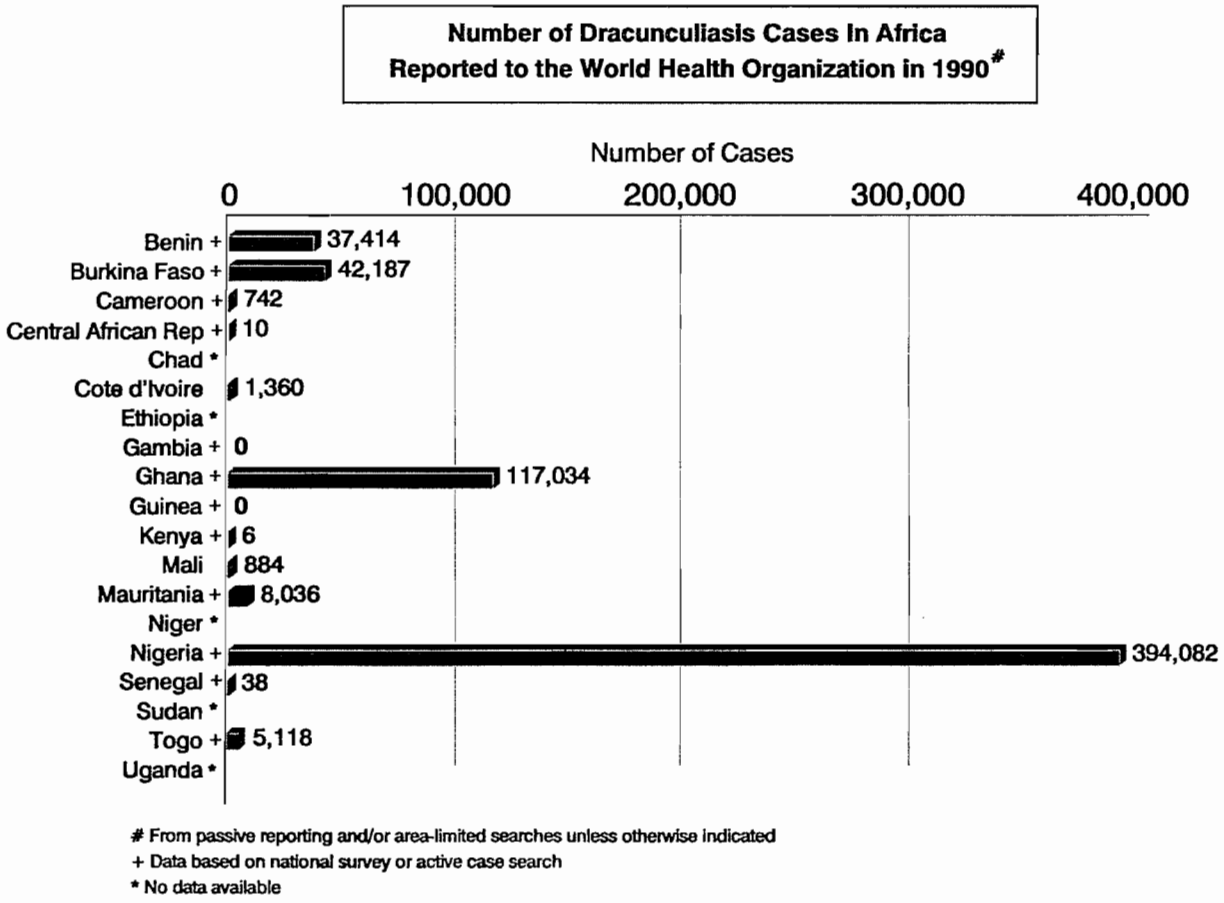
In addition to calling for eradication of dracunculiasis by 1995, the amended resolution also "Urges the Director-General [of WHO] to immediately initiate country-by-country certification of elimination so that the certification process can be completed by the end of the 1990s." The chief delegates of Chad, Ghana, India, Nigeria, and Pakistan also mentioned actions being taken against dracunculiasis in their respective countries in their statements to the main plenary session of the World Health Assembly. The full text of this important resolution is reprinted on the back page of this issue.

This new mandate to WHO and the world community to eradicate dracunculiasis by the end of 1995 is a direct result of the progress achieved by several endemic countries in the past few years, and of the resolution adopted by African Ministers of Health in Brazzaville in 1988. It will facilitate mobilization of more support for eradication programs. It also adds, however, more urgency to the need for ALL remaining endemic countries that have not yet done so to conduct a national search for cases, and to begin village-based interventions immediately. The countries which still have not completed a national search are: Central African Republic, Chad, Cote d'Ivoire, Ethiopia, Mali, Niger, Sudan, and Uganda. This new resolution also adds urgency to the need for donor agencies to respond IMMEDIATELY to requests for assistance in

eradication activities from endemic countries. With only four and a half years to go, and the Guinea worms' incubation period of one year, interventions must begin in as many endemic villages during this year's transmission season as possible.

## UNICEF APPROVES $4.5 MILLION MORE FOR ERADICATION

Two weeks before the World Health Assembly in Geneva, the Executive Board of UNICEF met in New York and considered a proposal from the Executive Director, Mr. James Grant. The Board approved the proposal to provide technical and other support to dracunculiasis eradication programs in 19 countries. This new support is for the period 1992-1994, in the amount of $4.5 million for the three years ($1.5 million per year). This is in addition to any related activities programmed by individual UNICEF missions in endemic countries. As a result of the $1.5 million provided by UNICEF in 1989-1991 for investigation of the status of dracunculiasis in endemic African countries, national searches for cases have been completed in Benin, Burkina Faso, Cameroon, Mauritania, Senegal, and Togo, and are underway or about to begin in Cote d'Ivoire, Mali, and Niger.



## NATIONAL ACTIVITIES

### BENIN: REDUCTIONS IN NORTHERN ZOU PROVINCE

The latest survey conducted in December 1990 by the Benin Rural Water and Sanitation Project in the northern part of Zou Province indicated a reduction of 73% in Guinea worm cases in that part of Benin since 1988: from 14,393 cases in 1988 to 3,891 cases. Reductions in dracunculiasis within this province were directly correlated to the extent of the project's activities in different areas: community mobilization, health education, and provision of potable water. In the districts of Bante, Dassa, and Savalou where the activities cover more than two-thirds of the needs, Guinea worm incidence was reduced 80-90%. In Glazoue and Save, where 25-50% of the needs are met, the decline in incidence is 60-65%; while in Ouesse where activities are limited thus far, the incidence of Guinea worm cases declined only 12%. Monthly surveillance is conducted in the most highly endemic villages.

In its national search conducted between February and June 1990, Benin found 37,414 cases of dracunculiasis in 3,756 endemic villages. An estimnated 19,925 of these cases, or about half, were found in Zou Province (north and south). The project in northern Zou Province is assisted by UNICEF, USAID, and U.S. Peace Corps. With the completion of the national search in 1990, hopefully the level of interventions described in northern Zou Province will be extended to the other endemic areas of the country.

### BURKINA FASO: FIRST NATIONAL SEARCH COMPLETED

Final results of the national search for cases that was conducted in November-December 1990 reveal a total of 42,187 cases in 2,621 endemic villages for 1990. During the national search, 8,068 villages were visited. A total of 45,004 cases were enumerated for 1989. The five most heavily endemic provinces are Sanmatenga (12,436 cases in 1990), Yatenga (6,176 cases), Namentenga (3,432), Ganzourgou (2,786), and Oubritenga (2,266). Together, these five provinces (out of 30 provinces in the entire country) include 64.2% of the cases.

In April, a consultant supported by the United Nations Development Program (UNDP), Dr. Johan Velema, worked with the national program coordinator, Dr. Roger Kambire, to prepare a proposal for support of intervention activities in three provinces to be submitted to the Dutch government for consideration. Dr. Velema also visited Mali later the same month.

## GHANA: MONTHLY REPORTING BEGINS

Almost 15,000 cases of dracunculiasis were reported in Ghana in the first two months of 1991: 7,320 cases in January, and 7,662 cases in February. Of the 5,111 endemic villages, 3,226 had reported for January (63.1%) and 2,983 had reported for February (58.4%). Over 90% of endemic villages reported for February in Northern and Brong Ahafo Regions which, together, include about two-thirds of all the cases of Guinea worm in Ghana. In Volta Region, which has the second highest number of cases (41,265 of the country's 179,483 cases in 1989), only 125 of 1,414 endemic villages, or 8.8%, had reported for February 1991. Volta Region held a training update for its district Guinea Worm Coordinators in early May. The final totals from the 1990 end-of-year survey in Ghana are: 123,793 cases in 5,111 endemic villages.

On April 12, Ghana's second national meeting on dracunculiasis eradication was held at Cape Coast, in Central Region, to review the program's progress to date, including the final results of the 1990 end-of-year survey. The meeting was attended by Regional Guinea Worm Coordinators, all Regional Health Directors (the venue was the quarterly meeting of Regional Health Directors), and the national staff of the program, including the National Program Coordinator, Dr. Sam Bugri, and the Global 2000 Project Director, Mr. Larry Dodd. The conference attendees agreed that the Guinea Worm Eradication Program will provide progress reports on the program as a regular feature of all future quarterly meetings of the Regional Health Directors, until dracunculiasis is eradicated from Ghana (Target: 1993).

Since April 8 this year, 37,000 filters made from nylon donated by DuPont de Nemours Company and Precision Fabrics Group have been distributed to the regions. About 77,000 more will be distributed by the end of May, and it is expected that a total of 150,000 nylon filters will have been distributed by the end of June 1991. Ghana's 1991 shipment of donated filter material is scheduled to arrive in country on June 2.

World Vision International has announced plans to sink 500 boreholes in eight Guinea worm endemic districts in Ashanti, Brong Ahafo and Eastern Regions. This project is estimated to cost 3 billion cedis (US$8.2 million).

## MALI: IMPACT PROJECT UNDERWAY

In 1987, IMPACT, the International Initiative Against Avoidable Disablement, made a grant to the National School of Medicine and Pharmacy at Bamako to assist in the school's investigations of dracunculiasis in an area of northwestern Mali. In response to a funding request submitted by IMPACT, a continuation of these studies was funded during 1988-89 by BandAid/United Kingdom. During 1989, studies were begun in Gossi and Doentza Cercles, an area of northeastern Mali covering a

population of about 150,000 persons. The Doentza investigation found 1,111 cases in an area that had reported only 2 cases of dracunculiasis. Of the 90 villages affected, 29 were considered as foci of intense transmission. Based on this information, the IMPACT International Office, in collaboration with officials of Mali's Ministry of Health, WHO headquarters, and WHO's sub-regional office in Bamako, helped prepare a proposal for an intervention project focusing on Doentza Cercle. This proposal was funded in 1990 in a grant of US$202,000 by the Malaysia National Organizing Committee for Sport Aid. IMPACT's director, Mr. Alexander Rotival, visited Mali in December 1990 to officially sign the project document with the Minister of Health.

Field activities actually began in August 1990 with mobilization and sensitization of health workers and community leaders to the goals of the four-year project. Local social affairs and sanitation technicians and village health workers were trained to assist in undertaking health education activities and provision of safe water to affected communities. Donated nylon cloth filters and Abate will be provided for this project through the Ministry of Health's National Guinea Worm Eradication Program by the Carter Center. The funds provided by the Malaysia Committee through IMPACT will be used for other project materials and equipment, including an all-terrain vehicle and motorcycles, as well as to fund an independent evaluation of the project by WHO. U.S. Peace Corps Volunteers are also working in close cooperation with this project.

[IMPACT also began a smaller one-year project in 1990 to assist the Guinea Worm Eradication Program of India's Maharastra State in eliminating the disease from Thane District.]

## NIGERIA:
## BORNO, GONGOLA PROVIDE FILTERS TO ALL ENDEMIC VILLAGES

Borno State, which reported 5,319 cases in 126 villages in 1990, and Gongola State, which reported 941 cases in 41 endemic villages for the same period, have both provided cloth filters to all households in all known endemic villages in 1991. Both States are located in northeastern Nigeria, and share borders with Cameroon. Gongola State has also targeted all endemic villages for borehole wells by the end of 1991.

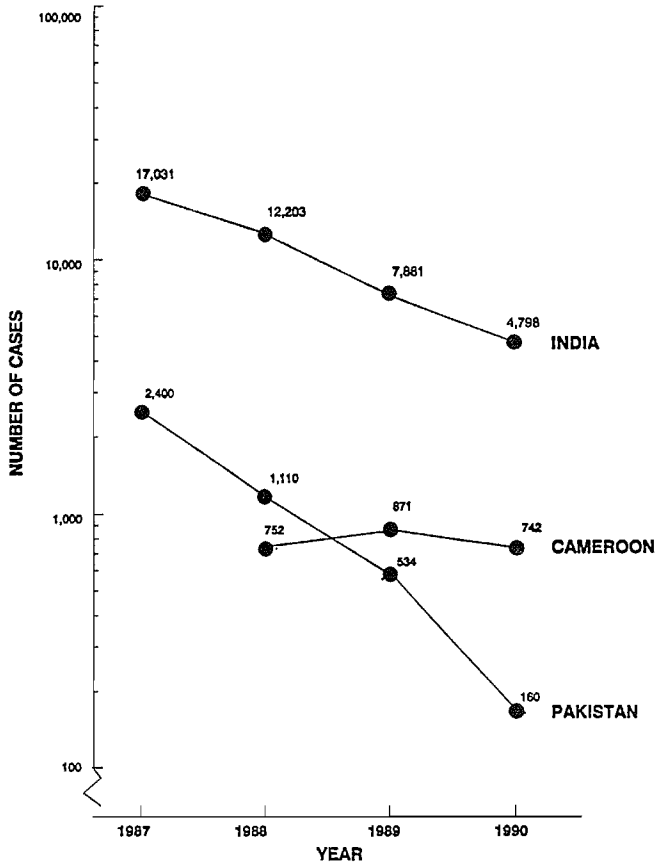
Training for village-based workers in endemic villages began in the South East Zone on 22 April. Similar training began in the other three zones in early May. New surveillance handbooks have been prepared to facilitate monthly reporting by the village-based workers.

## PAKISTAN; TWO CASES IN 1991

As of May 27, only three cases of dracunculiasis have been found in Pakistan in 1991 (as compared to 9 cases during the same period in 1990, and 82 cases in 1989). The three 1991 cases had the worm to emerge on 15 January, 29 April, and 21 May, respectively. The first two cases occurred in known previously endemic villages in Sind Province; the latter case was in a village of North West Frontier Province that had no known previous history of Guinea worm. Thorough case containment measures were promptly taken in all three cases. The main transmission season in Pakistan is April-September. The financial reward for reporting of the first case in a village in 1991 has been widely publicized in newspapers, posters, radio, and television.

Dr. T. Verghese, the director of the National Institute of Communicable Diseases of India, visited the National Guinea Worm Eradication Program in Pakistan on May 20-26, 1991. While in Pakistan, Dr. Verghese, whose institute is responsible for the National Guinea Worm Eradication Program of India, toured an endemic area in D.I. Khan District of North West Frontier Province. He also met with national and regional program officials in Islamabad and Karachi. Financial support for this important visit was provided by the World Health Organization and Global 2000.

**DECLINE OF DRACUNCULIASIS CASES: 1987 - 1990**
**INDIA, PAKISTAN, CAMEROON**



## WORKSHOPS/CONFERENCE

### PEACE CORPS WORKSHOP

The U.S. Peace Corps Second Annual Regional Guinea Worm Eradication Workshop is scheduled to be held June 3-6, 1991 in Cotonou, Benin. About 30 participants are expected to attend.

### DORN WORKSHOP

The Workshop on Dracunculiasis Operations Research Network (DORN) that was to be held in Bobo-Dioulasso, Burkina Faso, in May of this year was postponed. Dates have been set for 23-28 September 1991, so there is still time to submit research proposals.

The workshop will draw together local researchers and public health practitioners in many disciplines from five West African countries, with the purpose of developing specific operations research proposals. The main areas for research are low-cost community-based surveillance systems, development and evaluation of replicable and effective health education interventions, integration of Guinea worm eradication activities within primary health care, and other social programs.

The workshop will be conducted in French. Supporters include UNICEF, USAID, WHO, IDRC, the UK Overseas Development Administration, and the French Government-funded OCCGE. All interested investigators are invited to submit proposals to the DORN review committee, chaired by Dr. Sandy Cairncross at the London School of Hygiene and Tropical Medicine. The DORN committee may be able to put investigators in contact with expert facilitators to help in developing proposals before the workshop. All proposals should be discussed with Guinea Worm Eradication National Coordinators before submission to the DORN, to ensure that proposed research addresses current operational needs.

Contact Dr. Sandy Cairncross, Co-Chair, Dracunculiasis Operations Reserarch Network (DORN), London School of Hygiene and Tropical Medicine (University of London), Keppel Street, London WCIE 7HT, United Kingdom. Tel: 44-77-927 2214/2492. FAX: 44-71-436 4230. TELEX: 8953494.

### FOURTH AFRICAN REGIONAL CONFERENCE

The Fourth African Regional Conference on Dracunculiasis is scheduled to be held March 17-19, 1992 at Nike Lake Hotel in Enugu, Anambra State, Nigeria. In addition to national program coordinators from the public health sector of endemic countries, emphasis at this conference will also be placed on participation by the key persons (as

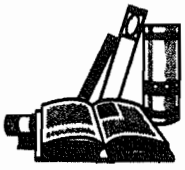
far as Guinea worm eradication is concerned) in the rural water supply and health education sectors of endemic countries.

---

## STATUS OF DRACUNCULIASIS ERADICATION BY COUNTRY MARCH 1991

| Countries | Status |
|---|---|
| Gambia, Guinea, Saudi Arabia, Yemen | Certification of elimination? |
| Cameroon, Kenya, Pakistan | Case containment |
| Ghana, India, Nigeria | Nationwide reductions |
| Benin, Burkina Faso, Mauritania, Senegal, Togo | Completed nationwide search |
| Cote d'Ivoire | Search underway |
| Central African Republic, Niger | Preliminary survey |
| Chad, Ethiopia, Mali, Sudan, Uganda | Searches not begun |

---



## RECENT PUBLICATIONS

CDC, 1991. Update: Dracunculiasis eradication - Ghana and Nigeria, 1990. MMWR, 40:245-247.

Chippaux JP, 1990. [Failure of thiabendazole in the prevention of dracunculosis]. Med Trop (Marseilles), 50(4):455-458.

Same-Ekobo A, Hamidou I, Sam-Abbenyi A, Chippaux JP, Dama Mana, Med Alami, Kollo B, Ripert C, Desfontaine M, 1990. La dracunculose au Cameroun en 1990. Bull Liais Doc OCEAC No. 94 (Novembre).

WHO, 1991. Dracunculiasis - Cameroon. Wkly Epidemiol Rec. 66:101-104.

WHO, 1991. Dracunculiasis: Nigeria. Wkly Epidemiol Rec, 66:149-151.

# LIST OF DRACUNCULIASIS ERADICATION NATIONAL PROGRAM MANAGERS

Benin:
Dossou-Yovo, Julien M.
BP 2791, Cotonou
S/C UNICEF Cotonou
Tel: 300-942, 300-266
Telex: 5083; FAX: 300-697

Burkina Faso:
Dr. Kambire, Sie Roger
Ministere de la Sante et Action Sociale/DCMT
BP 7013, Ouagadougou
Tel: 30-27-90, 33-49-38

Cameroon:
Dr. Sam-Abbenyi, Amos
Ministry of Public Health
Yaounde
Tel: (237) 23-23-72, 22-44-19
Telex: 8564 KN; FAX: (237) 22-38-97

Central African Republic:
Dr. Fleurie Mamadou Yaya
BP 783, Bangui
Tel: 61-59-61

Chad:
Doumde, Nguendeng Mathieu
DMPSR
BP 759, Ndjamena
Tel: 51-44-59, 51-23-70

Cote d'Ivoire:
Dr. Boualou, Henri
Direction de la Sante Communautaire
BP V 16, Abidjan
Tel: 32-41-91

Ethiopia:
Dr. Seyoum, Taticheff
National Research Institute of Health
P.O. Box 1242, Addis Ababa

Ghana:
Dr. Bugri, Sam
Ministry of Health
P.O. Box 99, Tamale
Tel: 667-617; FAX: 668-556

India:
Dr. Kumar, Ashok
National Institute of Communicable Diseases
22 Sham Nath Marg, Delhi - 110 054
Tel: 291-3028, 252-1272, 252-1060

Kenya:
Dr. Sang, David K.
Ministry of Health
P.O. Box 20750, Nairobi
Tel: 725-601

Mali:
Dr. Dembele, Philippe A.
MSP/AS
BP 228, Bamako

Mauritania:
Dr. Sidi, Mohamed Ould Mohamed Lemine
S/C Bureau de l'OMS
BP 320, Nouakchott
Tel: 52402; Telex: 811

Niger:
Dr. Kane, Mohamed Salissou
Ministere Sante Publique
BP 371, Niamey
Tel: (227) 72-37-83

Nigeria:
Dr. Sadiq, Lola Korede
Federal Ministry of Health
Secretariat Phase Two, Rm. 927
Ikoyi, Lagos
Tel: 684-073, 680-111, 680-518
FAX: 680-111

Pakistan:
Dr. Azam, Mohammad
Guinea Worm Eradication Program
National Institute of Health
Islamabad
Tel: 814651; FAX: 820797
Telex: 5811 NAIB PK

Senegal:
Dr. Abou Bekr Gaye
Ministere de la Sante Publique
et Action Sociale
Dakar
Tel: 24-74-34

Sudan:
Dr. El Khitam, Farouk A.
Ministry of Health
BP 303, Khartoum

Togo:
Dr. Edorh, Ananou
Ministere de la Sante Publique
Service des Grandes Endemies
BP 4545, Lome
Tel: 21-33-22, 21-31-28

Uganda:
Dr. Mpigika, Gilbert
ADMS/CDC
Ministry of Health
P.O. Box 8, Entebbe

WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

Forty-fourth World Health Assembly

WHA44.5
13 May 1991

# ERADICATION OF DRACUNCULIASIS

The Forty-fourth World Health Assembly,

Recalling resolutions WHA39.21 and WHA42.29;

Having considered the report of the Director-General on the eradication of dracunculiasis;

Encouraged by the considerable progress achieved in many countries towards elimination of the disease;

Aware that country-by-country elimination of dracunculiasis is considered to be the last step before global eradication can be declared;

Recognizing the support to national control activities provided by the international community;

Deploring, none the less, the continuing adverse effects of dracunculiasis on health, including that of mothers and children, as well as its constraining effects on agriculture, sustainable development and education in endemic areas of Africa and Asia, where over 100 million persons remain at risk of infection;

Aware that in the face of such problems a number of countries have set national goals aimed at ensuring that by the end of 1995 they have no more indigenous cases:

1. EXPRESSES its satisfaction with the progress made by affected Member States in eliminating dracunculiasis;

2. DECLARES its committment to the goal of eradicating dracunculiasis by the end of 1995, this being technically feasible given the appropriate political, social and economic support;

3. ENDORSES a combined strategy of provision of safe water, active surveillance, health education, community mobilization, vector control, and personal prophylaxis;

4. CALLS ON all Member States still affected by dracunculiasis to determine the full extent of the disease and elaborate regional plans of action; establish intersectoral steering committees; initiate certification of elimination; coordinate the contributions of the international community, including multilateral and bilateral agencies and nongovernmental organizations; and explore possibilities for mobilizing additional resources to eradicate the infection within the context of primary health care;

5. INVITES donors, including bilateral and international development agencies, nongovernmental organizations, foundations, and appropriate regional organizations, to continue to support countries' efforts to eradicate dracunculiasis by helping to ensure that funds are available to accelerate and sustain them;

6. URGES the Director-General:

   (1) to immediately initiate country-by-country certification of elimination so that the certification process can be completed by the end of the 1990s;

   (2) to support global efforts to eradicate dracunculiasis during the 1990s particularly by the certification by WHO of the elimination of the disease country-by-country;

   (3) to support Member States in surveillance, programme development, and implementation;

   (4) to continue to seek extrabudgetary resources for this purpose;

   (5) to keep the Executive Board and the Health Assembly informed of progress.



☆ U.S. GOVERNMENT PRINTING OFFICE: 1991–535-221