



Date: March 22, 2004



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

Subject: GUINEA WORM WRAP-UP #141

To: Addressees

**Are you and Your Program Detecting All Cases Within 24 Hours?**

What Proportion of Your Cases Were Detected Within 24 Hours Last Month?

**Nigeria Guinea Worm Eradication Program**

	Number of Cases Reported	Number of Cases Contained	Number of Cases Admitted to CCC within 24 hours
Jan. 2004	101	81	45
Feb. 2004	73	64	43
Total	174	145	88
% Contained within 24 hours		83%	51%

**INTERNATIONAL COMMISSION RECOMMENDS CERTIFICATION OF 17 MORE COUNTRIES, INCLUDING SENEGAL AND YEMEN**



The World Health Organization convened the Fifth Meeting of the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) at WHO headquarters in Geneva, Switzerland on March 9-11, 2004. This was the first meeting of the Commission since February 2000. After thorough review of materials submitted, including reports of International Certification Teams in some instances, the Commission recommended that Senegal and Yemen of the recently endemic countries be certified as now free of dracunculiasis (Guinea worm

disease). Senegal and Yemen detected their last indigenous cases of the disease in 1997. Senegal thus becomes the first of the recently-endemic African countries, and Yemen the last of the recently-endemic Asian countries (India and Pakistan are the others) to be recommended for certification by the Commission. The Commission also recommended that the director-general of WHO certify the following 15 countries: "Cape Verde, Comoros, Congo Brazzaville, Equatorial Guinea, Gambia, Guinea Bissau, Israel, Former Yugoslav Republic of Macedonia, Madagascar, Mauritius, Palestine (West-Bank and Gaza strip), Rwanda, Sao Tome and Principe, Serbia-Montenegro, and Uruguay". A total of 168 countries have now been certified as dracunculiasis free. Among other recommendations, the Commission "reiterated its previous recommendation that continued effort be made on developing diagnostic tools for the discrimination of *D. medinensis* from animal species." Dr. James Maguire participated in this meeting on behalf of the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis at CDC.

**PRIME MINISTER OF TOGO VISITS ENDEMIC VILLAGE**

The Prime Minister of Togo, Monsieur Koffi Sama], and his delegation, including the Minister of Health (Ms. Suzanne Aho), the Minister of Education, the *Prefet* of Haho District, the *Prefet* of Moyen Mono District, approximately 20 canton chiefs from Haho District, the regional Guinea worm coordinator of Plateau Region, the prefectural coordinator for Haho and Moyen Mono Districts and the national coordinator, Mr. K. Ignace Amegbo, visited the village of Azakpe, in Haho District, on March 4, 2004. Azakpe was the highest endemic village in Haho District in 2003, when Haho was the most highly endemic district in Togo. Among the key messages conveyed by the prime minister in his remarks were that all Guinea worm cases must be reported to a village volunteer, that the village volunteer must do

Table 1

Number of cases contained and number reported by month during 2004\*

(Countries arranged in descending order of cases in 2003)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*		
SUDAN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
GHANA	473 / 1211	/	/	/	/	/	/	/	/	/	/	/	473 / 1211	39	
NIGERIA	81 / 101	63 / 72	/	/	/	/	/	/	/	/	/	/	144 / 173	83	
MALI	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1		
TOGO	35 / 46	21 / 28	/	/	/	/	/	/	/	/	/	/	56 / 74	76	
NIGER	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
BURKINA FASO	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
COTE D'IVOIRE	2 / 2	/	/	/	/	/	/	/	/	/	/	/	2 / 2	100	
BENIN	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
ETHIOPIA	0 / 0	1 / 1	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
UGANDA	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
MAURITANIA	0 / 0	1 / 1	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
TOTAL*	594 / 1363	86 / 102	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	680 / 1465	46	
% CONTAINED	44	84											46		

\* PROVISIONAL

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

everything possible to bring cases to the nearest health center, and that all cases of Guinea worm disease must avoid contaminating sources of drinking water.

#### **GHANA: INCREASED HEALTH EDUCATION AND WATER SUPPLY**

Ghana began its Worm Weeks for 2004 in Tamale, West Gonja, East Gonja, Gushegu-Karaga, Tolon-Kumbungu, Savelugu-Nanton, Nanumba, and Saboba-Chereponi Districts, in Northern Region, and in Kintampo District (Brong Ahafo Region), and in Nkwanta, Kete-Krachi Districts, Volta Region. During these Worm Weeks, about 50 US Peace Corps and Dutch Peace Corps Volunteers, and students from the Community Health Nursing School participated in health education and case searches. Moreover, Yendi and Saboba-Chereponi held durbars (town meetings) as a forum for disseminating messages about dracunculiasis, use and care of cloth filters, the importance of reporting all cases, and how communities and the GWEP can work together in 2004 to eliminate the disease. Saboba-Chereponi also used a school drama group to sensitize nine schools in the Wapuli and Sambuli sub-Districts. In West Gonja and Yendi Districts the GWEP showed Gonja GW eradication videos, the Fiery Serpent, and the public service announcement by UN Director-General Kofi Annan. Special case searches were held in Tolon-Kumbungu District (5 communities in Dalum sub-District, and in Chirifoyili and Nyankpala sub-districts ), Northern Region; in Kete Krachi District, (Dente sub-District), Volta Region; in Akatsi District, Volta Region; and in Sene District, Brong Ahafo Region. Meanwhile, the Government of Ghana's drilling team arrived in Kete Krachi District of Volta Region in early March, and has already drilled high yield boreholes in six endemic villages. NORWASP has drilled 4 successful wells in Yendi, UNICEF one successful well in Yendi, and Rotary Club International 3 successful wells in West Gonja. In January 2004, the 5 highest endemic districts in Northern Region (E Gonja, Nanumba, Tamale, Yendi, W Gonja) collectively reported -56% fewer cases than in January 2003 (251 cases vs. 574 cases).

Table 2

Number of Indigenous Cases Reported During the Specified Period in 2003 and 2004\*, and Percent Change in Cases Reported

Country	Indigenous Cases Reported		% Change 2003 - 2004
	2003	2004	
Burkina Faso (2)	7	0	-100%
Benin (2)	21	2	-90%
Cote d'Ivoire (2)	29	2	-93%
Nigeria (2)	811	174	-79%
Togo (2)	181	59	-67%
Mali (2)	7	2	-71%
Niger (2)	1	1	0%
Uganda (1)	0	0	0%
Ghana (1)	900	993	10%
Ethiopia (2)	0	1	~
Mauritania (2)	0	1	~
Sudan	NR	NR	NR
Total	1957	1233	-37%
Total (- Sudan & Ghana)	1057	240	-77%

(2) Indicates month for which reports were received, e.g., Jan. - Feb. 2004

\* Provisional

## FUNDING



USAID/Sudan has agreed to grant \$96,000 from their Quick Impact Fund to The Carter Center for interventions against dracunculiasis in previously inaccessible areas of southern Sudan. This is the second contribution from USAID for Guinea worm eradication activities in Sudan since 2002.



Norsk Hydro has agreed to donate about 600,000 Kroners (~\$87,000) to Health and Development International (HDI) for the purchase of about 451,000 pipe filters with stainless-steel mesh for use in southern Sudan. In 2000 Norsk Hydro donated materials for the fabrication of 9 million pipe filters which were distributed throughout southern Sudan during 2001 and 2002.



The OPEC Fund for International Development has pledged \$350,000 for Guinea worm eradication activities in the remaining endemic countries. The OPEC Fund has been a supporter of the Guinea Worm Eradication Program since 1997.

The Government of Japan, through its grassroots grants assistance program, recently contributed funds to Guinea worm eradication activities in Togo and Niger. This brings the total support received through the grassroots grants mechanism to more than \$1 million.

### IN MEMORIAM: LARRY DODD (1933-2004)

We profoundly regret to report the passing in late February of Mr. Larry Dodd, who was The Carter Center's second Resident Advisor to Ghana's Guinea Worm Eradication Program, where he served from February 1989 to June 1991. Mr. Dodd helped implement Ghana's first nationwide village-by-village search for cases of Guinea worm disease in November 1989-January 1990, which confirmed that Ghana had more cases (180,000) than any other country except Nigeria. He also helped Ghana's program begin monthly reporting of cases by village volunteers, which subsequently became standard procedure for all other national Guinea Worm Eradication Programs. He later helped Ghana attempt to implement a program of mass treatment of intestinal helminths. In 1994 and 1995, he also undertook several short-term consultancies for The Carter Center to assist the GWEP in Uganda. Before coming to The Carter Center, Mr. Dodd had worked as a public health advisor for the Centers for Disease Control and Prevention from 1958 to 1989. He leaves an important and greatly appreciated legacy.

### Recent Publications

Akintunde M, 2004. Finishing the Job. Africa Today. 10(March): 44-45.

*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.