

September 30, 1987



WHO Collaborating Center for
Research, Training, and Control of Dracunculiasis

GUINEAWORM WRAP-UP #17

Addressees



INTERNATIONAL ACTIVITIES

SECOND AFRICAN REGIONAL CONFERENCE

The Government of Ghana and the Regional Office for Africa of the World Health Organization have confirmed that the Second Regional Conference and Workshop on Dracunculiasis in Africa will be held in Accra, Ghana on 14-18 March 1988. The objectives of this meeting are:


- To review the current status of dracunculiasis with particular reference to its occurrence, distribution, surveillance, control, and socioeconomic impact;
- To review the current status of projects for the control or elimination of dracunculiasis as part of primary health care and water supply projects;
- To facilitate the development or strengthening of national plans of action in all endemic African countries; and
- To help mobilize public and international support for anti-dracunculiasis projects by publicizing the extent, deleterious effects, and opportunities for eliminating the disease.

Former U.S. President Jimmy Carter plans to attend the opening session of this conference.

NATIONAL ACTIVITIES



PAKISTAN

 GLOBAL 2000 A nationwide search of about 48,000 villages to locate areas affected by dracunculiasis was conducted between April and June, 1987. Approximately 350 villages were found to be endemic (2/3 in Sind, 1/3 in Punjab and in Northwest Frontier Province) in the entire country. In follow-up to the highly focal distribution of the disease in Pakistan, as revealed by the nationwide search, the Government decided to begin immediately intensive preventive measures in a cluster of 90 highly endemic villages in Sind Province. These include the enumeration and treatment of active cases, chemical treatment of ponds used as sources of drinking water, provision of health education, and distribution of nylon filters for household use. Pilot projects to collect detailed baseline demographic, household, behavioral, and epidemiologic information and to implement integrated interventions are well under way in a village in Bannu district of Northwest Frontier Province, and in a village in Chachro district of Sind province. This national program is assisted by Global-2000, Inc.

T O G O

case study: World Neighbors, a non-governmental international development organization with headquarters in Oklahoma City, U.S.A., recently published an excellent case study of the successful approach to community education and participation in the village of Kati, Togo. World Neighbors began working with the villages in 1980. By helping villages to organize themselves, decide on their own priorities, learn about how guineaworm is transmitted, select and arrange for training of local volunteer health workers, conduct a community fund raising campaign, and arrange for the drilling of several wells, World Neighbors and the Evangelical Church of Togo contributed to a stunningly successful project: in the village of about 3,000 persons, the incidence of dracunculiasis was reduced from 928 cases in 1981 to 2 cases in 1986! The total cost of the project over 5 years was approximately \$40,000. (For further information, contact: World Neighbors Development Communications, 5116 North Portland Avenue, Oklahoma City, OK 73112 U.S.A.)

GUINEA WORM

The USAID-supported WASH/VBC Information Center on Guinea Worm has translated the World Neighbors Case Study on Guinea Worm in Togo into French and will disseminate both French and English versions of this publication to Francophone and Anglophone individuals in the mailing list of the GW Wrap-Up.

N I G E R I A

In response to a request to the U.S. Agency for International Development by the Anambra State Commissioner for Health, two consultants, Dr. Ralph Muller of the Commonwealth International Institute for Parasitology, and Dr. Peter Schantz of CDC visited Anambra in July-August to advise and train local trainers in the use of Abate (temephos) for chemical control of cyclops. The consultants were sponsored by the USAID-funded Vector Biology and Control (VBC) project. The Anambra State government intends to add vector control by means of Abate during the transmission season which begins in October, to previously-instituted water wupply and health education measures in its drive to eliminate guineaworm.

USAID is also considering support for studies to document the agricultural impact of dracunculiasis and the disease's relevance to maternal and child health in Nigeria beginning this Fall.

The August 4 issue of African Concord, a Nigerian-published weekly pan-African newsmagazine, featured a 13-page cover story entitled "G-Worm Plague: The Shame of Nigeria." Liberally illustrated with many photographs of Nigerian victims, the feature story should help to mobilize national opinion against the preventable horror of guineaworm.

DRACUNCULIASIS (GUINEAWORM DISEASE)
Proposed Case Definitions

Definitions of what constitutes a "case of guineaworm" and an "endemic community" are necessary to: (1) ensure comparability of information from different areas; (2) perform prevalence or incidence surveys; (3) carry out surveillance activities; (4) evaluate control measures; and (5) certify eradication of dracunculiasis. The importance of surveillance to the global guineaworm initiative is implicit in the object of the initiative itself--i.e., "zero" cases of guineaworm. A decision that eradication has been achieved implies a sufficiently sensitive surveillance system to discover cases if they are present, and sufficiently specific that other diseases will not be reported as guineaworm. Accurate detection and diagnosis of individuals with infection and measurement of guineaworm prevalence in the community is feasible because: an adult Dracunculus medinensis emerging through an ulcer is distinct from any other communicable disease; transmission of guineaworm and the occurrence of ulcers with protruding worms in endemic villages is seasonal in most areas; in endemic areas lay people are able to accurately diagnose and recall guineaworm infections; and chronic carriers do not exist.

The World Health Organization Collaborating Center for Research, Training, and Control of Dracunculiasis at the Centers for Disease Control, proposes the following as standard "working" case definitions:

FOR AN INDIVIDUAL:

Case - An individual observed to have or with a history of the emergence of a worm through a skin lesion.


FOR AN ENDEMIC COMMUNITY:

Endemic Community - A local administrative or social unit (e.g., community, village, hamlet, province, district, town, city) in which one or more indigeneous cases of guineaworm disease (dracunculiasis) have been documented during the previous 2 years.

To help improve these proposed definitions. we would welcome comments from readers. Send comments to: Dr. Robert L. Kaiser, Director, Parasitic Diseases Division, Center for Infectious Diseases, Centers for Disease Control, Atlanta, Georgia 30333, U.S.A.

S O U R C E S O F F U N D I N G

BAND AID/LIVE AID

BAND AID  This organization emphasizes funding of health- and agricultural-related projects for poor rural and urban populations in six drought-affected African countries: BURKINA FASO, CHAD, ETHIOPIA, MALI, NIGER, and SUDAN. Priorities for funding include preventive aspects of major disease control programs. Sustainable projects which include the active participation of communities in implementation and evaluation are emphasized. Proposals may also include appropriate operational research on "how to foster the intersectoral approach to health development and to refocus health programs towards the creation of health and well-being, rather than only the provision of health services."

Projects related to control and prevention of guineaworm disease, as well as related operational research in any of the eligible six affected countries, would seem to be especially well suited to the criteria for these funds.

For further information, contact: Band Aid, P.O. Box 4TX, London, W1A4TX. Telephone: 01-408 1999; Telex: 28129 BANDAD G. Projects submitted for Burkina Faso should be sent to: Comite de Gestion, Band Aid, c/o FEME, B.P. 108, in Ouagadougou. Projects submitted for Mali should be sent to: Comite de Gestion, Band Aid, c/o CCA ONG, B.P. 1721, in Bamako.

USAID



Program in Science and Technology Cooperation (PSTC), administered by the Office of the Science Advisor of the U.S. Agency for International Development (USAID), is a competitive grants program for new and innovative research on problems that confront developing countries. Funding decisions are made predominantly on the basis of scientific merit, relevance to development, innovativeness, and scientific capacity building. Highest priority is given to submissions from

scientists in those developing countries which receive USAID development assistance. Applicants may be affiliated with universities, government, or other organizations. Among the research areas which may include research topics related to guineaworm are Biotechnology/Immunology and Biological Control. This program does not fund operations research, social sciences research, surveys, or evaluations. Grants range up to a total of \$150,000.

The next deadline for the receipt of preproposals in AID/Washington is 1 February 1988. Investigators should submit their preproposals through their local USAID Mission before 15 January 1988. For more information about this program and for specific instructions on how to prepare the 2- to 3-page preproposal, contact: Office of the Science Advisor, Agency for International Development, Room 720, SA-18, Washington, DC, U.S.A., 20523. Telephone: (703) 875-4444.

DR. HOPKINS' MOVE TO GLOBAL-2000



DONALD HOPKINS:

Effective 1 September this year, Dr. Donald R. Hopkins, former Deputy Director of the Centers for Disease Control and Director of the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis, retired from the U.S. Public Health Service. He immediately began working with the Global-2000 project at the Carter Center of Emory University, mainly on the eradication of dracunculiasis. (His address is: Global-2000, Inc., The Carter Presidential Center, One Copenhill, Atlanta, GA 30307; Telephone: 404-688-8855). Dr. Robert L. Kaiser, Director of the Parasitic Diseases Division of the Center for Infectious Diseases at the Centers for Disease Control, has been nominated Director of the WHO Collaborating Center for Research, Training, and Control of Dracunculiasis.



RECENT PUBLICATIONS

Adeniyi J, Sridhar M, Ramakrishna J, Brieger WR, 1987. Nigerian students study water disease. World Water, Aug; pp.48-9.

Brieger WR, Ramakrishna J, Adeniyi JD, 1987. The relationship between health technologies and health education strategies in primary health care, in: Proceedings, 12th World Conference on Health Education: Health for All - Meeting the Challenge. Dublin: Health Education Bureau, pp. 213-21. (The paper analyzes technological and related behavioral factors that determine feasible guineaworm interventions and the health education strategies needed to promote these factors.)

Anonymous, 1987. Eradicating the guinea worm menace, J Am Water Works Assn, July, p. 128.

Foly A, Caudill D, 1987. Case study: Guinea Worm. Oklahoma City: World Neighbors, 18pp.

G-worm plague; the shame of Nigeria, Aug 4, 1987. African Concord, 153:14-24. (Cover story)
International Task Force, Select Committee on Hunger, U.S. House of Representatives, 1987. Eradication of Guinea Worm Disease (Proceedings of Hearing held March 17, 1987). Washington: U.S. Government Printing Office, 89pp. Serial No. 100-5.

Pendse AK, Sharma AK, Mewara PC, 1987. Dracunculus orchitis: A case report. J Trop Med Hyg, June;90(3)153-4.

Ripert C. et al, 1987. Epidemiologie de la Dracunculose dans les Monts Mandara (Nord-Cameroon): Organisation d'une campagne de lutte. Med Trop, 47:133-9.

Roussel L, 1987. [Lumbar dracunculosis. Apropos of a case] (in French). Med Trop, Jan-Mar;47(1):69-90.

Thompson L, 1987. New attack on ancient, crippling parasite. Washington Post Health, Sept 1, p. 14.

WHO, 1987. Dracunculiasis surveillance: Sudan. Wkly Epid Rec, 62(18): 127-9.

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