Date  April 30, 1983

From  Dracunculiasis Group, CDC

Subject  GUINEA WORM WRAP-UP #2  April 1983

To  Addressees

Ouagadougou (Upper Volta) OCCGE Technical Conference

The delegates to the April meeting concluded that dracunculiasis should be added to OCCGE’s surveillance form, which is now used by all OCCGE countries.

India’s Eradication Schedule Adjusted

An unexpected delay in securing central funding has necessitated scheduling new target date for dracunculiasis eradication—December 1986.

Consultant to UNICEF Water Supply Project in Uganda

The United Nations International Children’s Education Fund (UNICEF) has a project in Uganda’s Acholi District. Priority is to be given “to the development of water supply activities in areas where potable water is less available, and in particular where there have been outbreaks of guinea worm, such as Kitgum.” Dracunculiasis is fairly widespread in northern Uganda. A consultant from CDC began a one-month visit to this project in April.

Report on Washington Workshop on Dracunculiasis

In May the National Academy Press will publish the report of the workshop “Opportunities for Control of Dracunculiasis,” which was sponsored by the Board on Science and Technology for International Development, Office of International Affairs, National Research Council, in collaboration with the World Health Organization, Geneva. This report consists of a current assessment of, and recommendations for, the control of dracunculiasis. Readers who wish to obtain a copy of the report should write to Ms. Karen Bell, Board on Science and Technology for International Development, National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418. There is no charge for this publication.

India’s Annual National Guinea Worm Workshop

India will convene its next National Guinea Worm Workshop at Tirupati (in Andhra Pradesh State) on July 12; the meeting will continue through July 16. As in previous such annual meetings, the main features will be reviews of results of recent research, and of accounts of progress made and problems encountered and solved during the year past. Plans for the
next year's activities will be discussed. Public health and engineering officials from India's National Institute of Communicable Diseases, as well as from the seven Indian States now affected by the parasite, will attend. A consulting authority from Nigeria is also expected to be present.

**Dracunculiasis Reported in Kenya's Turkana District**

A paper given at the Fourth Annual Scientific Conference of Kenya's Kaiser Research Institute at Nairobi (last February) concerns a case of dracunculiasis in Turkana. Five other cases are known, but in unidentified inhabitants of the area. All came from "famine" camps situated a few miles outside Lodwar. All were women who had lived in the area since 1973; all were in a debilitated state, brought on by the infection.

The authors suggest that this area is a suitable habitat for the parasite. This observation, coupled with the nomadic life led by the women's tribe, and its use of water-holes throughout the district, is a strong argument for the possibility that, if no effort is made to contain it, the parasite could become widespread in the district.

**Consultation on Dracunculiasis Control in West Africa**

A consultant epidemiologist from CDC recently visited Benin, Ivory Coast, and Togo on behalf of the WHO African Regional Office. During his stay he conferred with officials of various ministries (Public Health, Public Works, Rural Development, and Planning). These officials produced a mass of valuable information about their countries' "Water Decade" activities and dracunculiasis control programs.

About half of the villages in Benin had by then been visited by hydrologists from the Ministry of Public Works. These field agents collected information on water sources and asked, in each of the areas that they visited, whether the villagers had seen any recent evidence of dracunculiasis. At the time of the survey, 1,412 villages had been visited in Atawra, Atlantique, Mono, Ovène, and Zou. Of that number, inhabitants of 676 (48%) were reported to have volunteered evidence of dracunculiasis in sections. Efforts are now underway to survey the remainder of the country's villages. Construction of 2,400 new wells is planned; completion is scheduled for 1987. About 150 wells are already supplying water.

In Ivory Coast, the hardware phase of the "Water Decade" is well advanced. More than 10,000 rural wells have been built there since 1973. Within another two years, wells are expected to provide the recommended 20 liters per person per day for either most or all of the population. An imposing new health education and training project has just started under the direction of the National Institute of Public Health. It is intended to keep pace with well-drilling in the villages.

In Togo about 280 new wells (of a planned 1,500) had been completed at the end of February. The remainder are scheduled to be flowing sometime in 1985. The plateau and savannah regions (both are hyperendemic dracunculiasis areas) are scenes of impressive health education and promotion projects, which are enhanced by assistance from Peace Corps volunteers as well as "social promotion agents" and supervisory personnel of the Social
Affairs Division of the Ministry of Public Health. Efforts are underway in both regions to evaluate the effect that safe sources of drinking water will have on health.

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