

**Memorandum**

Date January 10, 1996

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

Subject GUINEA WORM WRAP-UP #52

To Addressees

ANTI-DRACUNCULIASIS WARRIORS CELEBRATE IN WASHINGTON

Led by former U.S. President and Mrs. Jimmy Carter, representatives of the endemic countries and their international allies joined in a special celebration of the "near eradication" of dracunculiasis in ceremonies held at the Department of State in Washington D.C. on December 4, 1995. Hosted by the administrator of the U.S. Agency for International Development, Mr. Brian Atwood, the theme for the celebration was "Guinea Worm Eradication: Almost a Reality". The three-part event began with a widely attended Press Conference which featured President Carter of Global 2000/The Carter Center, WHO director-general Dr. Hiroshi Nakajima, acting deputy executive director of UNICEF Mr. Kul Gautam, former Malian head of state General Amadou Toumani Touré, CDC director Dr. David Satcher, USAID administrator Mr. Brian Atwood, WHO regional director for Africa Dr. Ebrahim Samba, and Global 2000 senior consultant Dr. Donald Hopkins.

The main event was a luncheon for 150 invitees in the elegant state dining hall, including remarks by Mr. Atwood, Dupont chairman Edgar Woolard, Ghanaian minister of health Commodore (Rtd) Steve Obimpeh, and President Jimmy Carter. Other ministers of health for endemic countries who attended were from Côte d'Ivoire, Ethiopia, Mali, Mauritania, Pakistan, Senegal, Sudan, and Uganda. Benin, Cameroon, Chad, Kenya, Niger, and Nigeria were represented by their ambassadors to the U.S. or other diplomatic staff. Following the luncheon, President and Mrs. Carter and Mr. Atwood unveiled a striking new exhibit which describes the impact of dracunculiasis and the achievements of the eradication campaign. The exhibit was prepared by CDC and Global 2000/The Carter Center, with contributions by UNICEF, WHO, Peace Corps, Precision Fabrics Group, American Cyanamid, and Dupont, and by photographers Renee Moog and Billy Howard. News of the day's events was broadcast extensively, including nationwide televised transmission of the entire press conference by C-SPAN, and featured in several print publications. President Carter was interviewed on several programs and, the following morning, he and General Touré participated in an hour-long interactive broadcast from U.S. Information Service's WorldNet Studios in Washington, D.C. during which they responded to questions about the eradication campaign asked live by audiences in Bamako, Mali; Nairobi, Kenya; and Niamey, Niger.

And now we move to finish the remaining 3% of cases, after which we can really celebrate!

CASE CONTAINMENT BEGINS TO BITE

Of all the statistics that are becoming available, most impressive are the sharp declines in incidence realized by most countries in October 1995 as compared to October 1994 (Table 1).

Table 1

Updated: 1/10/96

MONTHLY REPORTING OF CASES OF DRACUNCULIASIS IN 1995
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1994)

COUNTRY	NUMBER OF CASES IN 1994	NUMBER OF CASES REPORTED IN 1995												TOTAL*		
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC			
SUDAN	53271	290	61	313	387	13449	10584	9092	4785	7432	3212	3				49608
NIGERIA	39774	1882	1860	1994	1357	843	1802	1642	1134	667	584	471				13636
NIGER	18562	75	42	69	274	1040	2997	3351	2883	1961	691	357				13740
UGANDA	10425	224	225	306	1151	924	890	442	263	162	114	61				4762
GHANA	8432	1971	1986	1517	1004	862	579	341	125	70	59	183				8697
BURKINA FASO	6861	130	227	112	168	283	937	1760	1277	918	279	139	1			6231
MALI	5581	29	20	107	255	185	335	470	1054	643	480	35				3613
COTE D'IVOIRE	5061	498	676	576	446	310	177	105	131	87	138	90	119			3353
TOGO	5044	349	132	85	132	154	92	95	144	84	231	199				1697
MAURITANIA	5029	0	0	3	23	51	76	222	569	235	14					1213
BENIN	4302	439	170	58	62	95	36	37	36	177	287	489				1886
ETHIOPIA	1252	19	9	14	88	95	101	106	26	31	8	1	4			502
CHAD	640	1	20	22	21	3	13	9	15	6	17	17				144
INDIA	371	0	0	2	3	3	14	20	13	3	1	1				60
SENEGAL	195	0	0	0	0	0	2	8	16	8	10	14				58
YEMEN	94	1	1	1	10	8	9	14	34	1	0	3				82
KENYA**	53	0	0	0	0	0	0	21	0	0						21
CAMEROON***	30	0	0	1	0	0	0	2	4	1	0	6				14
PAKISTAN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL*	164977	5908	5429	4580	5381	18305	18644	17737	12529	12486	6125	2069	124			109317

* Provisional
 ** Reported 21 imported cases in July
 *** Reported 2 imported cases in July and 4 in August

Of the five highest incidence countries, for example, Nigeria and Niger have reduced their cases by 72% and 76%, respectively, since October 1994, and Ghana and Uganda have reduced their cases by 86% and 80%, despite their improved reporting in 1995 (however, cases have increased in Sudan for that month in comparison with the same month last year). Globally, except for Sudan, the number of cases reported were reduced from 8,702 in October 1994 to 2,552 in October 1995, a reduction of 71%. In Ghana, five of the ten regions had no indigenous cases in September and October, and four of those had no indigenous cases in November. In Uganda, three of the five most highly endemic districts (Arua, Kotido, and Moroto) had no cases in November. In addition, most endemic countries reportedly contained more than one-half of their cases in 1995 (Table 2). This all gives reason to expect that cases will be sharply reduced in most countries during 1996. As programs take advantage of the declining numbers of endemic villages to improve the quality of their case containment measures in the fewer endemic villages remaining, the rates of reduction of cases should continue to rise.

Table 2

PERCENT OF ENDEMIC VILLAGES REPORTING AND PERCENT OF CASES CONTAINED IN 1995

Country	Percent of endemic villages reporting	Percent of cases contained in 1995
Sudan	22% (Jan.- Oct.)	1% (Jan.-Oct.)
Nigeria	77% (Jan.- Nov.)	33% (Jan.- Nov.)
Niger	88% (Jan.- Nov.)	67% (Jan.- Nov.)
Uganda	94% (Jan.- Oct.)	50% (Jan.- Oct.)
Ghana	99% (Jan.- Nov.)	75% (Jan.- Nov.)
Burkina Faso	78% (Jan.- Nov.)	60% (Jan.- Nov.)
Mali	87% (Jan.- Nov.)	53% (Jan.- Nov.)
Côte d'Ivoire	96% (Jan.- Sept.)	46% (Jan.-Sept.)
Togo	92% (Jan.- Sept.)	80% (Jan.- Sept.)
Mauritania	97% (Jan.- Oct.)	53% (Jan.- Oct.)
Benin	99% (Jan.- Nov.)	33% (Jan.- Nov.)
Ethiopia	87% (Jan.-Nov.)	83% (Jan.- Nov.)
Chad	99% (Jan.-Nov.)	33% (Jan.- Nov.)
India	100% (Jan.-Nov.)	97% (Jan.- Nov.)
Senegal	100% (Jan.-Sept.)	100% (Jan.- Sept.)
Yemen	99% (Jan.- Nov.)	23% (Jan.- Nov.)
Kenya	NR.	---
Cameroon	100% (Jan.-Sept.)	88% (Jan.- Sept.)
Pakistan	100%	---

NR = No Report

The remaining endemic countries may be divided into three groups:

Group 3, which includes only Sudan (see below): almost 50,000 cases through October 1995;

Group 2, which includes Niger, Nigeria, Ghana, Burkina Faso, Uganda, Côte d'Ivoire, and Mali (51,000 cases); and

Group 1, which includes Togo, Benin, Mauritania, Ethiopia, Chad, and Yemen (<5000 total cases) (assuming India, Senegal, Cameroon, Kenya, and Pakistan have interrupted transmission).

SUDAN: CASES MATCH LAST YEAR'S, INTERVENTIONS IMPROVING

Through the end of October 1995, a total of nearly 50,000 cases of dracunculiasis had been reported from Sudan, as compared to 53,271 cases reported for the country in all of 1994 (Table 3).

Although reporting improved in 1995, less than half of endemic villages are reporting monthly. Over 90% of these cases are reported from the three southern zones, as shown in the map that was prepared during the Program Review held in Khartoum in September (Figure 1) and in Table 3. Epidemiologic investigations conducted with the assistance of Dr. David Ashford of CDC during the Cease-Fire have documented distinct differences in peak transmission of dracunculiasis in different parts of the south: April-May at Ebe Ligo (Mundri County, Western Equatoria) and Panthou (Aweil East County, Northern Bahr Al-Ghazal), and June-July at Billing (Rumbeck County, Lakes/Buheirat) (Figure 2). That information will be useful in planning interventions for 1996. Operation Lifeline Sudan's Southern Sector, UNICEF, Global 2000, and several NGOs have completed a Plan of Action for Guinea Worm Eradication activities for the period November 1995-October 1996. In the meantime, as of October, the Sudan GWEP had put case containment in place in nearly one-half of the 612 endemic villages to which it has access (Figure 3).

Figure 1

Sudan Guinea Worm Eradication Program
 Distribution of Guinea Worm Disease: January - September 1995

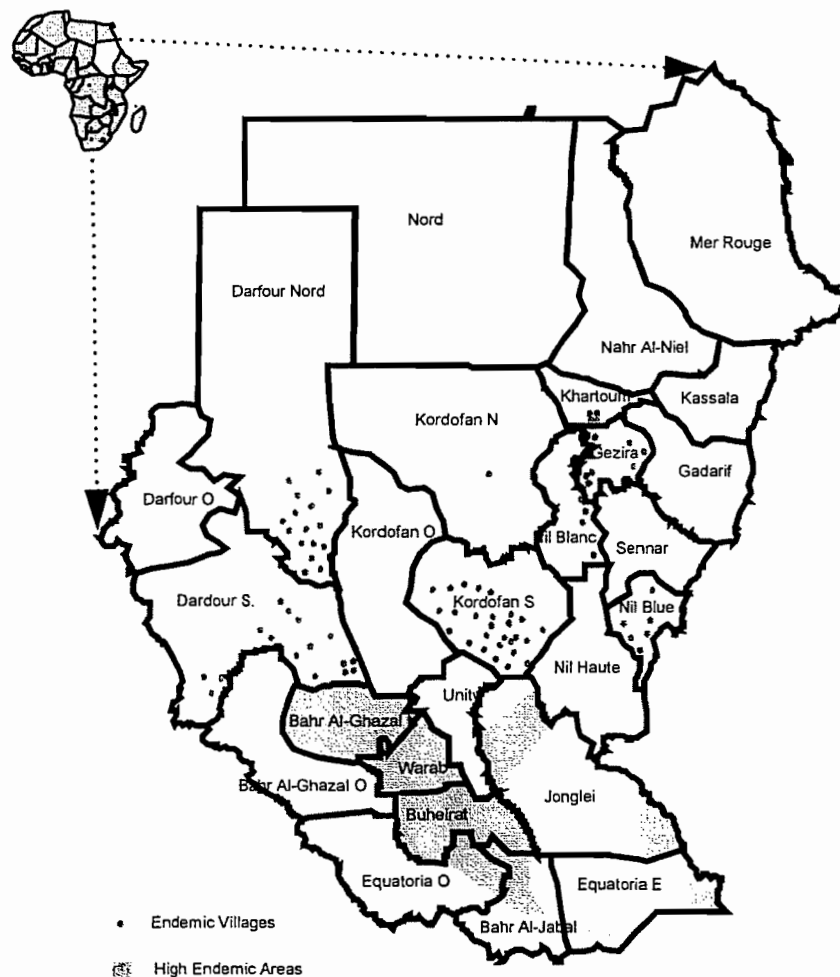
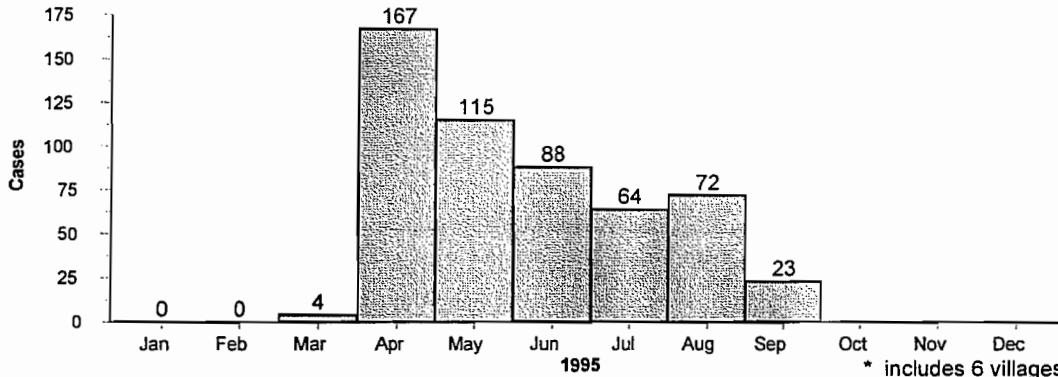


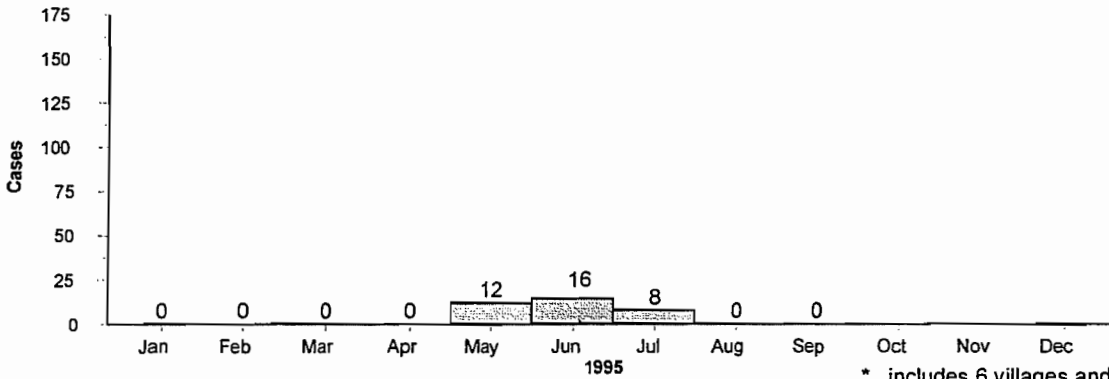
Figure 2 Histograms of reported dracunculiasis cases in selected communities: southern Sudan, 1995

Ebe Ligo area*
(P = 560**/1646 = 34%)



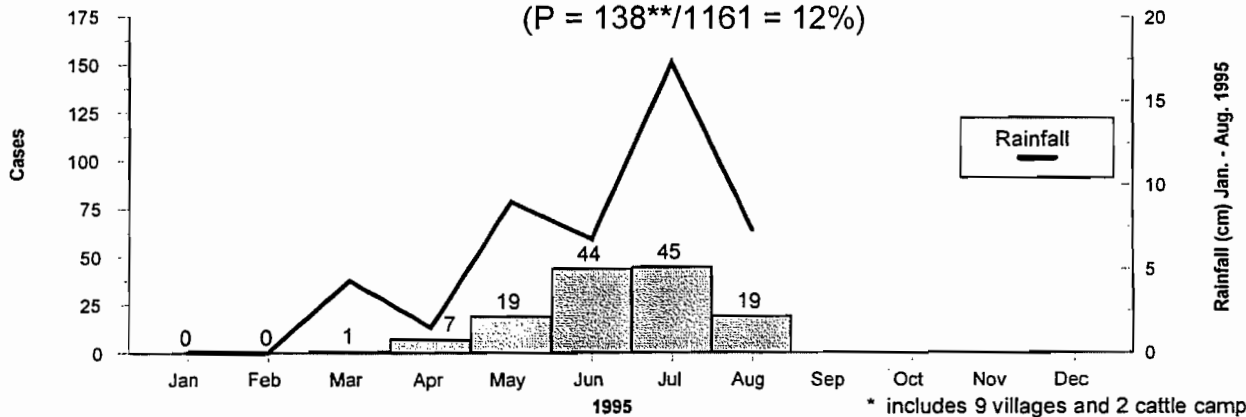
* includes 6 villages
** Date of worm emergence of 27 cases was not reported

Panthou area*
(P = 44**/955 = 5%)



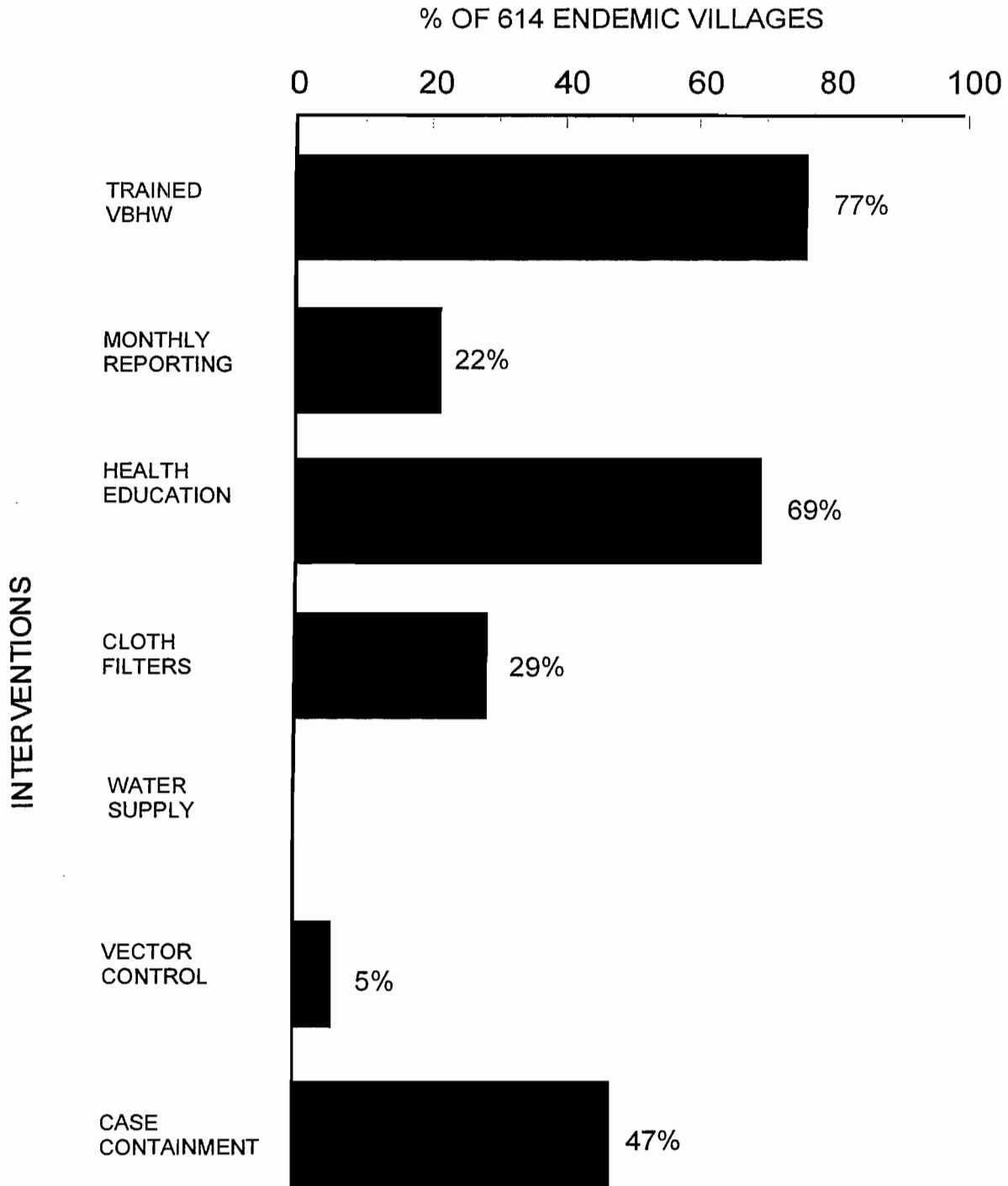
* includes 6 villages and 1 cattle camp
** Date of worm emergence of 8 cases was not reported

Billing area*
(P = 138**/1161 = 12%)



* includes 9 villages and 2 cattle camps
** Date of worm emergence of 3 cases was not reported

**Figure 3 SUDAN GUINEA WORM ERADICATION PROGRAM
STATUS OF INTERVENTIONS (GOS)*: NOVEMBER 1995**



* Government of Sudan

IN BRIEF:

Chad held a National Guinea Worm Day for the first time on October 15, 1995.

An external evaluation team from the Centers for Disease Control and Prevention (CDC) and sponsored by Global 2000 conducted an evaluation of Ghana's GWEP in the four highest endemic regions from October 22 to November 10. Principal among their recommendations were the need to strengthen supervision of village-based workers and improve the quality of case containment.

India conducted an international evaluation of its GWEP from 11 to 20 December, with the assistance of consultants from WHO, CDC, ITECH, and UNICEF, as well as 22 national experts. The evaluators found that the quality of surveillance and case containment appeared to be quite high, and recommended establishing and publicizing a national reward for reporting a case.

Niger held a National Guinea Worm Day in association with the WorldNet broadcast by President Carter and General Amadou Toumani Touré on December 5, 1995. An evaluation of the program that was conducted during the following week emphasized the need to strengthen supervision of village-based health workers, and the importance of ensuring that control measures are extended to affected hamlets surrounding larger villages. OCCGE and Global 2000/CDC provided external consultants for this review.

RECENT IMPORTATIONS

- Cameroon. Between the end of October and 27 November 1995, six cases of dracunculiasis were reported from the village of Sirlawe (population 140) in the Guidiguis arrondissement of Mayo Kani Department. The patients were all adult Cameroonians, and the outbreak was investigated by Dr. Dama Mana. The investigation revealed that this village had been free of dracunculiasis until 1993 when one of the villagers (index case) had a worm emerge. This man had visited his aunt in the village of Youwat, Fianga sub-prefecture, Chad, for one week the previous year (1992). In 1994, three persons suffered from dracunculiasis in this village, including the same man (index case), his daughter, and another adult male. The two adult males infected in 1994 are also among the six cases reported in 1995. Based on the report received of the investigation, it is unclear whether the cases in 1994 and 1995 were the result of importations or local transmission.
- Ghana. In 1995, Ghana reported having three imported cases from Togo, and one each from Benin, Burkina Faso, and Niger. The case from Niger was detected in October.
- Guinea. Dr. Alhousseini Maiga of WHO/ITECH reports that one case of dracunculiasis was imported into the Republic of Guinea from the Seguela Region of Côte d'Ivoire in September 1995.

MEETINGS

- The International Commission for the Certification of Dracunculiasis Eradication will meet at WHO headquarters in Geneva on March 5, 1996.

- The Sixth African Regional Conference on Dracunculiasis Eradication will meet at Accra, Ghana, on March 26-28, 1996.
- The 1996 Program Review for endemic Anglophone countries is tentatively scheduled to be held in Nairobi, Kenya, in September.
- The 1996 Program Review for endemic francophone countries is tentatively scheduled to be held in Nouakchott, Mauritania, in October.

RECENT PUBLICATIONS



Anonymous, 1995. The end of the worm is nigh. The Economist, 337:86 (December 2).

CDC, 1995. Progress toward global eradication of dracunculiasis. Morbidity and Mortality Weekly Report, 44:875, 881-882.

Cairncross S, 1995. Victory over guineaworm disease: partial or pyrrhic? Lancet, 346:1440.

Chippaux JP, 1995. Le ver de Guinee en Afrique: Méthodes de lutte pour l'éradication. OCCGE Informations, no. 102-103 (August-September), pp. 8-9.

Eberhard ML, Brandt FH, 1995. The role of tadpoles and frogs as paratenic hosts in the lifecycle of Dracunculus insignis (Nematoda: Dracunculoidea). J Parasitol; 81:792-793.

Leary WE, 1995. With one disease nearly erased, assault is planned on another. New York Times, A5 (December 6).

Schwartz J, 1995. Worm disease nearing extinction. Washington Post, A11 (December 5).

FILM

"Yoro, The Empty Granary", a new 20-minute long film on dracunculiasis is available on video cassette in English and French from WHO headquarters. (This movie was filmed in Mali.)

ERRATA

In the French version of the Guinea Worm Wrap-Up #'s 49 and 51, the WHA44.5 Resolution had not been accurately translated. We are reprinting the corrected translation of the French version of the Resolution on page 10 in this issue of GW Wrap-Up #52. We regret the error.

ERADICATION DE LA DRACUNCULOSE

La Quarante-Quatrième Assemblée mondiale de la Santé,

Rappelant les résolutions WHA39.21 et WHA42.29;

Ayant examiné le rapport du Directeur général sur l'éradication de la dracunculose;

Encouragée par les progrès considérables réalisés dans de nombreux pays sur la voie de l'élimination de cette maladie;

Sachant que l'élimination de la dracunculose pays par pays est considérée comme la dernière étape avant que l'éradication mondiale de cette maladie puisse être proclamée;

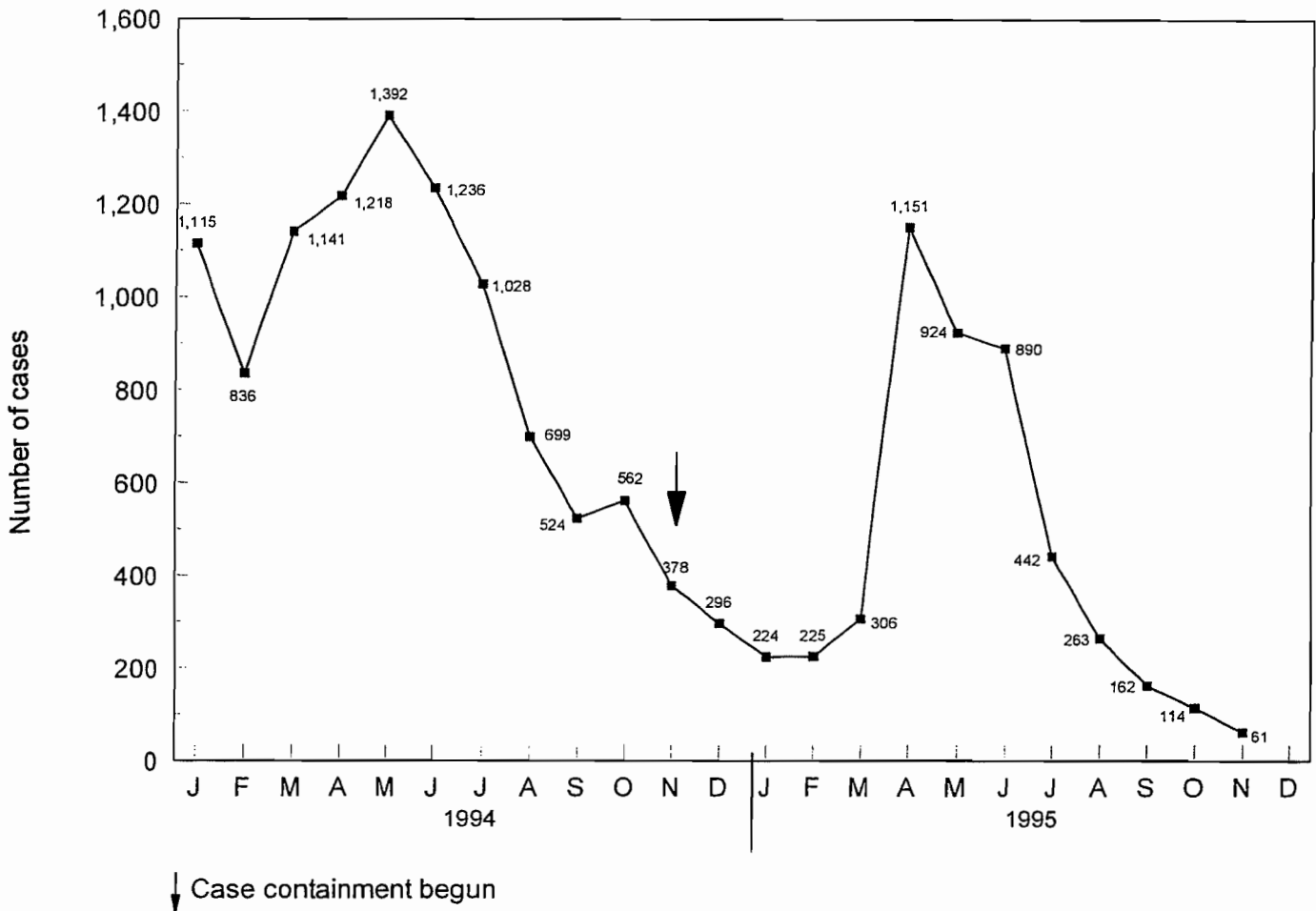
Consciente de l'appui fourni aux activités nationales de lutte par la communauté internationale;

Déplorant néanmoins les effets néfastes persistants de la dracunculose sur la santé, y compris celle des mères et des enfants, et les limitations qu'elle impose à l'agriculture, au développement durable et à l'éducation dans les zones d'endémie d'Afrique et d'Asie, où plus de 100 millions de personnes restent exposées au risque de l'infection;

Sachant que, face à de tels problèmes, un certain nombre de pays se sont fixé comme objectif national de faire en sorte qu'il n'y ait plus de cas indigène sur leur territoire d'ici la fin de 1995;

1. EXPRIME sa satisfaction devant les progrès réalisés par les Etats Membres concernés en vue de l'élimination de la dracunculose;
2. DECLARE son engagement en faveur de l'éradication de la dracunculose d'ici la fin de 1995, cet objectif étant techniquement réalisable sous réserve d'un soutien politique, social et économique approprié;
3. SOUSCRIT à une stratégie mixte combinant l'approvisionnement en eau saine, la surveillance active, l'éducation pour la santé, la mobilisation des communautés, la lutte antivectorielle et la prophylaxie individuelle;
4. DEMANDE à tous les Etats Membres où sévit encore la dracunculose de déterminer avec précision l'étendue de la maladie et d'élaborer des plans d'action régionaux: d'établir des comités directeurs intersectoriels; d'engager le processus de certification de l'élimination; de coordonner les contributions de la communauté internationale, y compris les organismes multilatéraux et bilatéraux et les organisations non gouvernementales; enfin, d'étudier les possibilités de mobiliser des ressources additionnelles pour éradiquer l'infection dans le contexte des soins de santé primaires;
5. INVITE les donateurs, y compris les organismes bilatéraux et internationaux de développement, les organisations non gouvernementales, les fondations et les organisations régionales compétentes, à continuer d'appuyer les efforts faits par les pays pour éradiquer la dracunculose en les aidant à disposer des fonds nécessaires pour accélérer et poursuivre ces efforts;
6. PRIE INSTAMMENT le Directeur général:
 - (1) d'entreprendre immédiatement la certification de l'élimination, pays par pays, pour que la démarche de certification soit terminée d'ici la fin des années 90;
 - (2) de soutenir les efforts déployés dans le monde pour éradiquer la dracunculose dans les années 90, en particulier grâce à la certification par l'OMS de l'élimination de cette maladie pays par pays;
 - (3) de fournir un appui aux Etats Membres pour les activités de surveillance ainsi que pour l'élaboration et l'exécution de programmes;
 - (4) de continuer à rechercher des fonds extrabudgétaires à ces fins;
 - (5) de tenir le Conseil exécutif et l'Assemblée de la Santé informés des progrès réalisés.

UGANDA GUINEA WORM ERADICATION PROGRAM DRACUNCULIASIS CASES REPORTED BY MONTH: 1994 - 1995



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Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.

The GW Wrap-Up is published in memory of BOB KAISER.

For information about the GW Wrap-Up, contact Trenton K. Ruebush, MD, 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: (404) 488-4532.



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.

**WORLD HEALTH
ORGANIZATION**

**RESOLUTIONS
OF THE
REGIONAL COMMITTEE FOR AFRICA**

Forty-fifth session

AFR/RC45/R8
12 September 1995

ORIGINAL : FRENCH

ERADICATION OF DRACUNCULIASIS¹

The Regional Committee,

Noting that the strategy adopted to attain the objective of eradication has, since its inception, led to a spectacular reduction in the incidence of dracunculiasis;

Realizing that, as the incidence of the disease falls, it will be increasingly difficult to maintain the level of commitment of the communities, leaders and other national and international partners;

Having considered the report of the Regional Director contained in document AFR/RC45/R13 ,

1. ADOPTS the report of the Regional Director:
2. ENDORSES the continuation and stepping up of the implementation of a combined strategy involving the supply of safe drinking water, active surveillance, health education, vector control and individual prophylaxis in order to completely eradicate dracunculiasis;
3. URGES all the affected Member States:
 - I) to take appropriate measures to maintain the commitment of communities and other partners until the disease is eradicated;
 - ii) to strengthen community-based active surveillance, while integrating it into primary health care activities;
4. THANKS sincerely once again the bilateral development agencies, international organizations, non-governmental organizations and private foundations for their immense contributions, and invites them to maintain their support to endemic countries in their efforts to eradicate dracunculiasis,
5. REQUESTS the Regional Director:
 - I) to adapt the regional strategy to the present epidemiological context of dracunculiasis;
 - ii) to strengthen the technical support provided to countries in order to speed up the process of eradication of dracunculiasis;
 - iii) to submit a progress report of dracunculiasis eradication in the Region to the forty-sixth session of the Regional Committee.