




Memorandum

Date February 7, 1997

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

Subject GUINEA WORM WRAP-UP #64

To Addressees

Detect Every Case, Contain Every Worm!

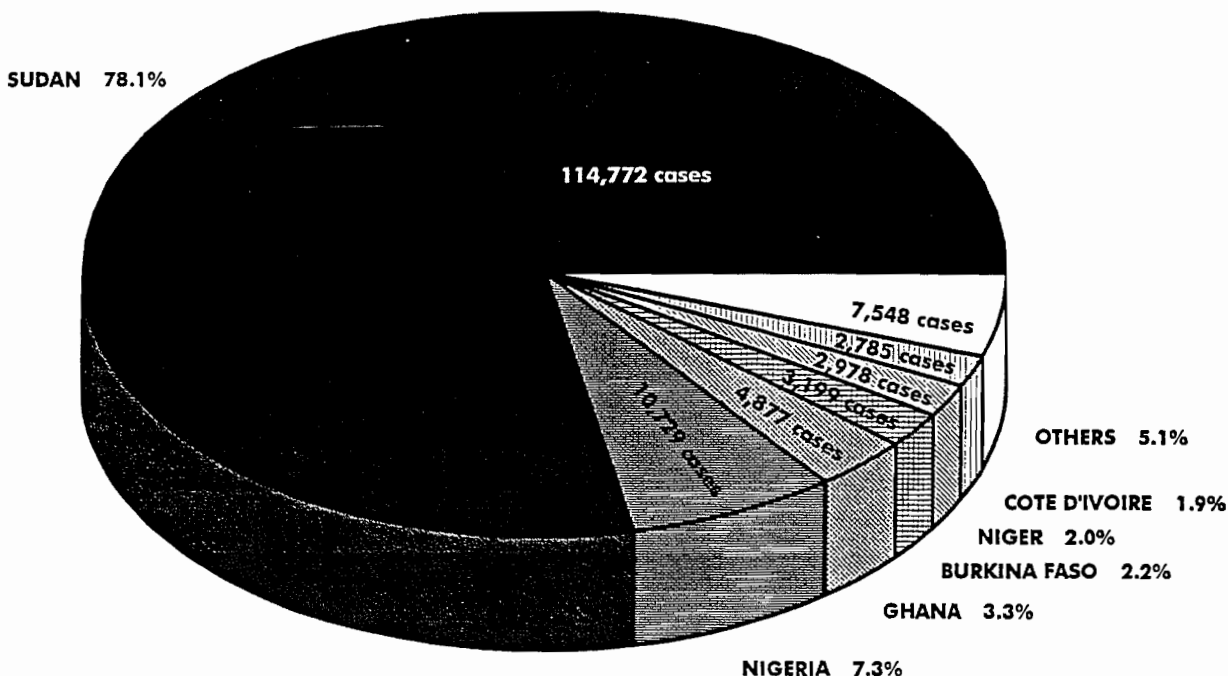
SUDAN: 114,772 CASES; 57% REDUCED INCIDENCE IN NORTHERN STATES



Sudan's Guinea Worm Eradication Program (SGWEP) reports a provisional total of 114,772 cases of dracunculiasis in 5,412 endemic villages in 1996. This is 78% of all cases reported globally in 1996 (Figure 1, Table 1). Only 1,733 cases were reported in 11 northern states in that period, however, representing a reduction of 57% from the 4,053 cases reported in those states during the same period of 1995. Of the cases reported in the northern states so far in 1996, 83% were in West Kordufan State and 92% were contained. For the entire country, the rate of reporting from endemic villages is 45%, and the rate

Figure 1

DISTRIBUTION OF OF 146,888 CASES OF DRACUNCULIASIS REPORTED IN 1996*



*Provisional. Includes reports from Mauritania for January - September only and reports from Cameroon and Benin for January - November 1996.

Table 1

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 1996
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1995)

COUNTRY	NUMBER OF CASES IN 1995	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*
		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	
SUDAN	64608	289 / 1535	279 / 1003	1405 / 3632	1344 / 10388	4526 / 15718	3973 / 13099	4269 / 14595	5779 / 16655	5303 / 14899	3346 / 10163	4019 / 9347	1817 / 3738	36409 / 114772
NIGERIA	16374	778 / 1264	926 / 1023	562 / 675	559 / 801	523 / 1153	803 / 1870	546 / 1419	769 / 1009	420 / 491	350 / 353	371 / 382	285 / 289	6892 / 10729
NIGER	13421	17 / 25	2 / 5	0 / 0	9 / 10	28 / 74	167 / 210	344 / 508	434 / 886	419 / 757	191 / 329	92 / 130	23 / 44	1726 / 2978
GHANA	8894	467 / 611	657 / 863	538 / 728	388 / 535	340 / 502	231 / 386	142 / 235	61 / 100	72 / 87	52 / 68	225 / 263	385 / 499	3558 / 4877
BURKINA FASO	6281	25 / 37	36 / 57	72 / 118	96 / 154	308 / 394	512 / 748	472 / 688	283 / 522	206 / 355	95 / 109	12 / 13	2 / 4	2119 / 3199
UGANDA	4810	39 / 46	22 / 24	28 / 40	232 / 276	329 / 444	264 / 310	147 / 164	59 / 70	38 / 44	17 / 19	9 / 10	7 / 8	1191 / 1455
MAJI	4218	49 / 76	13 / 15	14 / 19	55 / 153	78 / 86	132 / 215	203 / 405	259 / 447	254 / 378	120 / 190	81 / 170	63 / 95	1321 / 2249
COTE D'IVOIRE	3801	244 / 368	272 / 606	188 / 299	171 / 343	164 / 358	137 / 249	111 / 162	117 / 133	30 / 47	32 / 40	85 / 109	55 / 71	1606 / 2785
TOGO	2073	200 / 225	168 / 194	79 / 117	62 / 74	61 / 72	78 / 78	64 / 64	61 / 85	88 / 92	234 / 241	184 / 185	153 / 156	1432 / 1583
BENIN	2273	134 / 255	56 / 94	15 / 24	43 / 53	48 / 81	15 / 22	48 / 56	37 / 55	108 / 132	139 / 195	171 / 237	/	814 / 1204
MAURITANIA	1762	8 / 9	4 / 6	2 / 2	6 / 7	1 / 2	27 / 35	59 / 82	105 / 175	99 / 146	/	/	/	311 / 464
ETHIOPIA	514	0 / 1	1 / 4	2 / 2	17 / 29	58 / 64	88 / 110	97 / 106	25 / 25	15 / 15	4 / 4	7 / 7	2 / 5	316 / 372
CHAD	149	24 / 24	34 / 34	23 / 23	5 / 5	2 / 2	4 / 4	4 / 4	13 / 16	0 / 0	0 / 0	0 / 0	0 / 5	109 / 117
YEMEN	82	0 / 1	7 / 8	12 / 12	14 / 14	5 / 5	6 / 10	4 / 5	1 / 2	2 / 5	0 / 0	0 / 0	0 / 0	51 / 62
SENEGAL***	76	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	1 / 1	2 / 2	4 / 4	3 / 3	0 / 9	0 / 0	11 / 20
INDIA	60	0 / 0	0 / 0	0 / 0	2 / 2	4 / 4	0 / 0	3 / 3	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	9 / 9
KENYA	23	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	0 / 0
CAMEROON**	15	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	1 / 1	2 / 2	5 / 5	4 / 4	0 / 0	/	13 / 13
PAKISTAN	0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	0 / 0
TOTAL*	129834	2274 / 4477	2477 / 3936	2940 / 5691	3003 / 12844	6476 / 18960	6438 / 17347	6515 / 18498	8007 / 20184	7123 / 17457	4587 / 11718	5256 / 10862	2792 / 4914	57888 / 146888

* Provisional
 ** Reported 10 cases imported from Nigeria 1 case in May, 1 in July, 1 in August, 3 in September, and 4 in October.
 *** Reported 1 case imported from Mali in September.

of case containment/management is 32%. In December and January, Mr. Jeremiah Ngondi of the Global 2000 office in Nairobi and Mr. Ayman Elsheit, manager of the Data Management System for the SGWEP in Khartoum, spent several days working to make further improvements in the system.

SGWEP has now extended health education about dracunculiasis prevention to 67% of the endemic villages, a significant increase from 54% in September 1996. 44% of endemic villages have a trained village volunteer, 31% are prepared to conduct case management/containment, and 16% have distributed cloth filters to all households. Safe water supply is known to be available in 6% of endemic villages, and Abate is being used in less than 1%. These indices in part reflect the distribution in 1996 by NGOs working in collaboration with Global 2000, Operation Lifeline Sudan (OLS), and UNICEF of more than 2,100 flip charts, 6,000 posters, and over 2,000 "Guinea worm medical kits". More than 27,000 personal "pipe filters" have been distributed, in addition to 600,000+ cloth filters for households in 1996. A training session for use of Abate in the Southern Sector is being prepared for early 1997. The Ministry of Health, the National Water Corporation, and UNICEF have also targeted several endemic villages for provision and/or rehabilitation of safe water sources in 1997. UNICEF and OLS are working on delivering four vehicles donated by the Keidanren from Khartoum to the Southern Sector.

A senior Guinea worm worker in Upper Nile Zone was briefly detained after he inadvertently crossed into an "inaccessible area" while conducting his duties late in 1996. He was released after he explained his mission and showed his captors that he was wearing Faso Fani Guinea worm cloth.

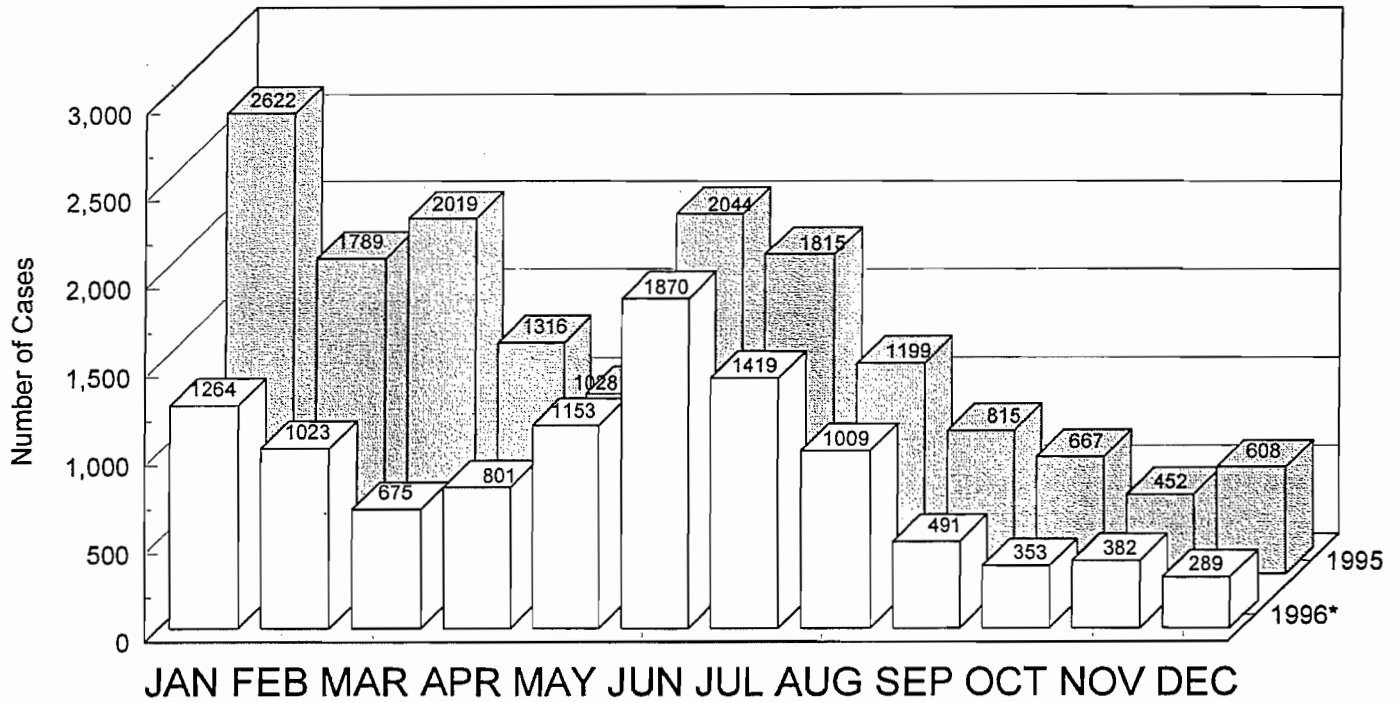
At the Quarterly Review Meeting held in Khartoum on December 10-12, the WHO Country Representative, Dr. Abdulla Assa'Edi, challenged participants from the northern states to reduce their share of the national incidence to zero, and he challenged representatives from the southern states to "ensure that everyone knows what he or she can do to stop transmission". In supporting the challenge, UNICEF Resident Representative Mr. Henk Franken stated that "the ability to move successfully and rapidly toward accomplishing an objective depends in large part on the degree to which the person believes the objective can be accomplished, and the commitment level of the person to accomplishing it". Mr. Franken then added to the WHO representative's challenge, enjoining the participants to "Go from this meeting determined to shorten the time to eradication in your area".

NIGERIA: 34% REDUCTION IN CASES IN 1996



Nigeria has reported a provisional total of 10,729 cases of dracunculiasis in 1996, which is a reduction of 34% from the 16,374 cases it reported in 1995 (Figure 2). As of January 1, 1997, the provisional number of endemic villages in the country stands at 1,288, as compared to 1,846 endemic villages a year earlier. The average reported rate of case containment for the entire country rose to 64% in 1996, compared to 38% in 1995. Among the four zones, Southwest Zone (Prof. Oladele Kale) reported the highest rate of case containment for 1996 (92%), followed by Southeast (80%) (Prof. Eka Braide), Northeast (77%) (Mr. Ben Nwobi), and Northwest Zone (40%) (Prof. Luke Edungbola). The rates of reduction in incidence for the four zones range from 54% (from 8,358 cases in 1995 to 3,813 cases in 1996) in Southeast Zone, to 35% (from 2,794 to 1,821 cases) in Northeast, 6% (from 1,403 to 1,314 cases) in Southwest, and 1% (from 3,819 to 3,781 cases) in Northwest Zone. Three cases were imported into Kwara State from the Republic of Benin in October and five in November; all eight cases were contained, and all were cross-notified to Benin through WHO/Lagos.

**Figure 2 NIGERIA GUINEA WORM ERADICATION PROGRAM
NUMBER OF CASES OF DRACUNCULIASIS REPORTED BY MONTH**



* Provisional

The Royal Netherlands Embassy awarded a "Small Embassy Project" Grant of 750,000 naira (about US\$9,500) to Global 2000/Nigeria to assist in providing 6 wells in endemic villages of Ikenne Local Government Area (Ogun State), 8 wells in Paikoro LGA (Niger State), and 10 wells in Surulere LGA (Oyo State). It is expected that these wells will be completed by June 1997. Mr. Emmanuel O. Abbata, a member of the Nigeria National Youth Service Corps assigned to the Southwest Zone's Guinea worm eradication effort, has been selected as one of the 1996 "NYSC Head of State's Honors Award" winners.

WHO CERTIFIES PAKISTAN HAS ERADICATED DRACUNCULIASIS



At its second meeting, which was held in Geneva on January 23-24, the International Commission for the Certification of Dracunculiasis Eradication (ICCDE) recommended, and the World Health Organization officially certified, Pakistan, Iran, and 19 other countries as "being free of dracunculiasis transmission". Pakistan, which reported its last case of dracunculiasis in October 1993, thus becomes the first of the countries where the disease was still endemic when the global eradication campaign began in 1980 to be officially declared free of the disease. Dr. Trenton K. Ruebush, director of the WHO Collaborating Center at CDC, attended this meeting on behalf of CDC and Global 2000.

As reported in Guinea Worm Wrap-Up #61, the International Certification Team (ICT) that visited Pakistan in September-October 1996, verified the absence of dracunculiasis transmission from Pakistan

for the past three years. Another ICT, consisting of Dr. Mohammad Abdur Rab [former National Program Coordinator (NPC) of Pakistan's GWEP], Dr. Abdul Hakeem Al-Kohlani (NPC of Yemen's GWEP), and Dr. Bheeshma Kumar Sainanee (member of the ICCDE), visited the Islamic Republic of Iran from November 17 to December 14, 1996. There they made in-depth studies of the documentation provided, conducted extensive field visits, and concluded that there was no evidence of the disease having occurred in that country since "about 10 years ago". Pakistan and Iran offered widely publicized cash rewards for reporting a case of the disease in recent years [increased in 1996 to 30,000 rupees (about \$850) in Pakistan and 1 million rials (about \$335) in Iran], which were a major basis for assurance that dracunculiasis no longer occurred in either country. Indeed, the ICT that visited Iran reported that "On one occasion, when one of the ICT members (BKS) offered a sum of 1,000,000 rials to a community member if he showed him a case of dracunculiasis, the respondent in return offered the same amount in US\$ to BKS if he could show him one!" The ICCDE also reviewed information and certified the absence of the disease from 19 other countries where dracunculiasis has not been reported during this century or where the conditions needed for its transmission do not exist: Austria, Barbados, Belgium, Brazil, Bulgaria, Colombia, Cook Islands, Cuba, Dominican Republic, Finland, Kiribati, Mongolia, Papua New Guinea, Romania, Singapore, Solomon Islands, Switzerland, Trinidad and Tobago, and Vanatu.

Of the 18 remaining recently endemic countries, six are already in the "pre-eradication stage", to be taken in charge by WHO. Kenya has reported no indigenous cases of dracunculiasis since May 1994. India, Cameroon, Senegal, and Yemen reported fewer than 70 cases each in 1996, while Chad reported only 117 cases in less than a dozen villages (Table 1). All six countries except Chad are offering cash rewards for reporting of a case of dracunculiasis, mostly through the assistance of Health and Development International (HDI), and Chad plans to begin offering such cash rewards early in 1997. Endemic countries must be free of indigenous dracunculiasis for at least three years in order to become eligible for certification as having eliminated dracunculiasis. According to WHO's workplan, the Dracunculiasis Eradication Unit will this year help Afghanistan, Eritrea, Gambia, Saudi Arabia, Sierra Leone, Somalia, Tadjikistan, and Uzbekistan to prepare for certification. The ICCDE plans to meet again in February 1998.

GHANA: CASH INCENTIVES ACCELERATE CASE REPORTING AND CONTAINMENT IN NORTHERN REGION



The announcement in late December of small cash incentives [up to 2,000 cedis per patient (about US\$1.17) for pre-emergent cases] for reporting of cases of dracunculiasis is having the intended effect by inducing many patients to report for early containment, according to Mr. Patrick Apoya, Field Supervisor for the GWEP in Ghana's Northern Region. Although overall rates of case containment in the region rose slightly between the first quarter of 1996 (75%) and December (81%), the proportion of patients whose worms were extracted rose from 21% to 44% in the same period. Other patients were treated by bandaging and topical antiseptics, with or without controlled immersion. The incentives were announced by radio as part of health education messages on Guinea worm prevention. More complete reporting, earlier reporting, and even higher rates of case containment are all believed to have been achieved in January 1997 as news of the incentives spread. The Northern Region reported 80% of all cases of dracunculiasis in Ghana in 1996.

Delays in receipt of the second installment of funding provided to the program by the British ODA (Overseas Development Administration) via WHO resulted in some patients not being paid their incentives

immediately, as well as other temporary operational impediments in January, but these were corrected by the end of the month. Health and Development International (HDI) also recently agreed to a request from the Ghanaian program to provide \$2,000 to assist in providing and publicizing the incentives for early reporting in 1997.

The Senior Medical Officer/Public Health for Northern Region, Dr. A. Seidu; Mr. Apoya; Mr. Barry Nicholson, a Peace Corps Volunteer working with the GWEP in the Northern Region; and Dr. Donald Hopkins of Global 2000 visited the district capitals of the five most heavily-endemic districts during an eight-day visit by Hopkins to the Northern Region in January. Unlike most other endemic areas, a majority of cases in the region are now occurring in the main towns, as a result of interrupted water supplies, influx of infected refugees during the communal disturbances of 1994 and 1995, and reversion of large populations to surface dams as sources of drinking water. District Assemblymen in Nanumba District recently agreed to facilitate access to safe water in a part of Bimbilla, the district capital, and Global 2000 agreed to help support expanded service by Ghana Water and Sewerage Corporation in Bimbilla and Gushiegu in 1997, beginning immediately. However, major assistance is still needed to provide safe water to the town of Savelugu, whose 17,000 inhabitants currently have no source of safe drinking water. In December, all cases of dracunculiasis reported from Savelugu-Nanton District occurred in the town of Savelugu and, in 1996, that one district reported 9.4% of all cases in Ghana. Efforts are also underway to increase use of Abate and to intensify social mobilization and health education in the region.

CONGRATULATIONS!!! to Dr. Sam Bugri, National Program Coordinator, who was just promoted to Director of Public Health Division in Ghana's Ministry of Health.

IN BRIEF:

Benin. The Ministry of Water has transferred Mr. Julien Dosso-Yovo, the former national coordinator, to a post at its headquarters in Borgou Province. Mr. Dosso-Yovo was appointed national coordinator in 1990 and led the GWEP through the implementation of surveillance and control interventions that resulted in the reductions in incidence of dracunculiasis observed in Benin so far. It is expected that a new national coordinator will be designated soon by the Ministry of Health.

Burkina Faso collected its Abate from Ghana in December.

India. Dr. Gautam Biswas reports that a national Task Force Meeting on the Indian GWEP was held on January 29-30. The meeting was inaugurated by the Union Minister of State for Health and Family Welfare. India reported only nine cases in three villages of Rajasthan State in 1996; all nine cases were contained.

Niger. The annual evaluation was conducted December 9-16. Six teams visited 67 endemic villages and 52 allegedly non-endemic villages in all five endemic departments. 90% of village health workers were found to be working in their villages. All but one of six key indices were found to have improved since the previous evaluation in December 1995: filters were found to be in poorer condition than before, perhaps because they had been used more. Six of the 52 non-endemic villages (12%) reported having had a case in 1996, but evaluators confirmed the cases in only one of the villages.

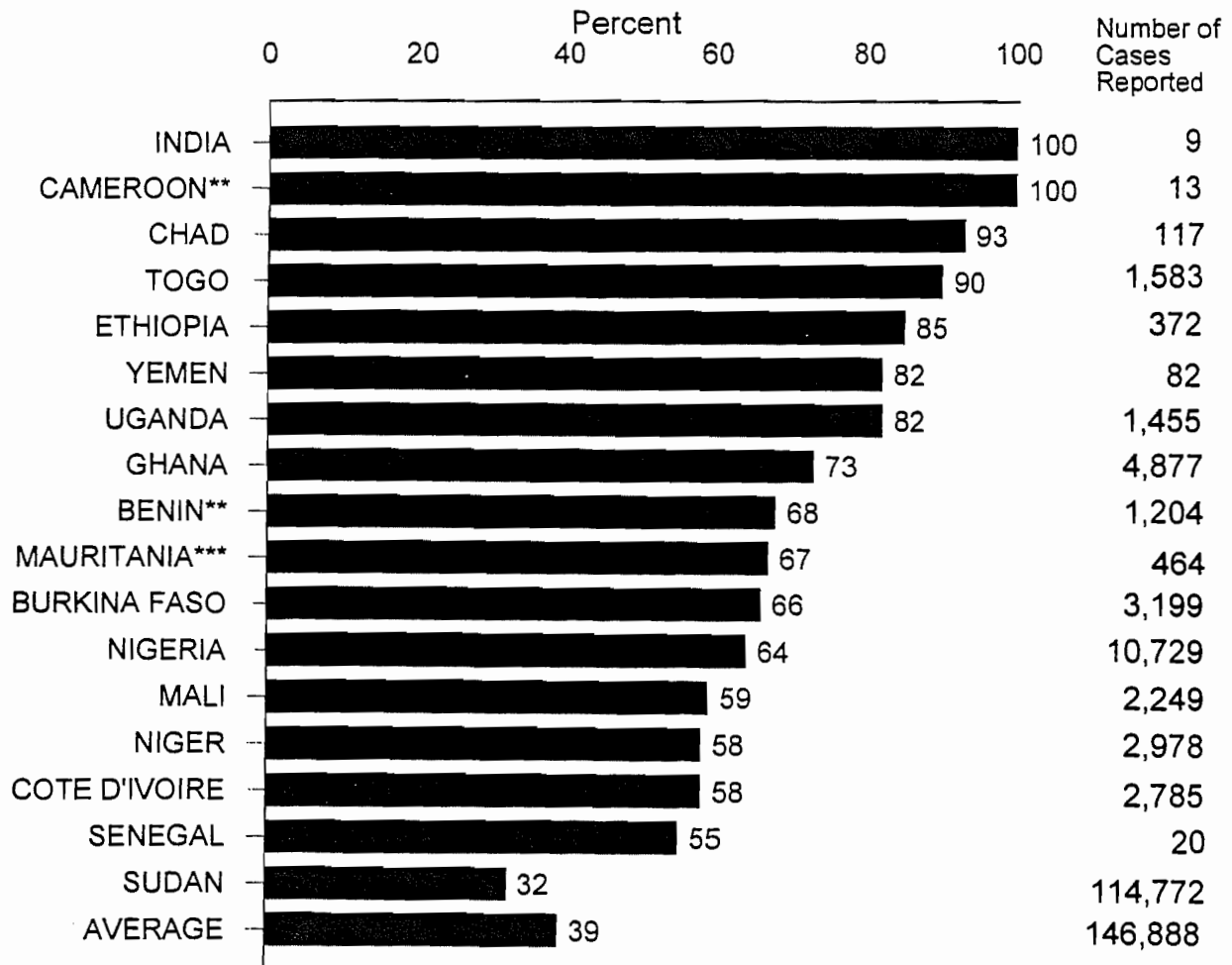
Senegal. In November, Senegal's GWEP discovered that nine cases of dracunculiasis in a village had gone undetected and uncontained. The external evaluation of the GWEP, scheduled for December 1996, may be carried out during the first quarter of 1997.

GUINEA WORM ERADICATORS AT CDC WIN AWARD



The U.S. Public Health Service has awarded its prestigious Outstanding Unit Citation to the Guinea Worm Eradication Group at the U.S. Centers for Disease Control and Prevention. The citation is for "Outstanding contributions to the global dracunculiasis eradication effort". It's nice to be recognized and appreciated!

Figure 3
GUINEA WORM ERADICATION PROGRAMS
PERCENTAGE OF CASES CONTAINED BY COUNTRY: 1996*



* Provisional
 ** Reports from January - November
 *** Reports from January - September

RECENT PUBLICATIONS



Cairncross S, Braide EI, Bugri SZ, 1996. Community participation in the eradication of Guinea worm disease. Acta Tropica, 61:121-136.

Diago JB, Bustillo JD, Cepero Martin JA, 1996. Certification of eradication of dracunculiasis: Evaluation of the risk of reintroduction of the disease in Cuba. World Health Organization CFD/96.14.

Islamic Republic of Iran, 1996. Eradication of dracunculiasis in the Islamic Republic of Iran: Country Report. World Health Organization CTD/96.13.

Ranque P, Peries H, Meert JP, O'Neill K, 1996. Situation actuelle de la campagne d'eradication de la dracunculose. Med Trop, 56:289-296.

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*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 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: (770) 488-4532.



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