

Public Health Service Centers for Disease Control and Prevention (CDC)

Memorandum

Date: August 9, 1999

From:

Subject:



WHO Collaborating Center for Research, Training and Eradication of Dracunculiasis

GUINEA WORM WRAP-UP #93

To: Addressees

Detect Every Case, Contain Every Worm!

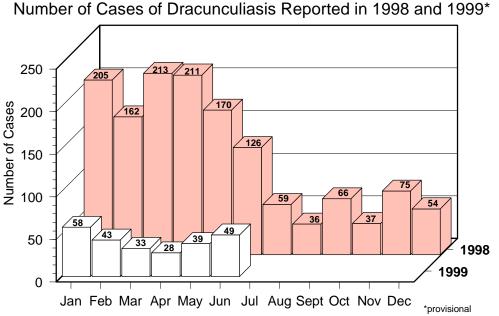
COTE D'IVOIRE: 77% REDUCTION IN 1999 PEAK SEASON



Côte d'Ivoire's Guinea Worm Eradication Program has achieved a reduction of -77% in reported cases of dracunculiasis during the first half of 1999 (248 indigenous cases in January-June 1999 vs. 1,069 cases during the same period of 1998) (Figure 1). The months of peak transmission in Côte d'Ivoire are January-June; in 1998, the program reported a total of 1,414 cases for the entire year. According to monthly reports by the national program coordinator, <u>Dr. Henri Boualou</u>, 235 of this year's 250 cases so far have been reported from

only five sanitary districts: Seguela (67 cases; reduced 86% from 490 cases in January-June 1998), Daloa (52; increased 1200% from 4 cases), Zuenoula (46; reduced 77% from 204 cases), Bouna (41; increased 127% from 18 cases) and Bondoukou (29; decreased 83% from 172 cases). The increase in cases in Bouna is especially noteworthy. Thirty-seven (37) of that district's 41 cases were reported in June 1999, when a total of only 49 cases were reported for the whole country. The rate of endemic villages reporting in 1999 is 98%, and 82% of this year's cases were reportedly contained (Figure 2, Table 1). So far this year, two cases have been imported: one each from Burkina Faso and Ghana. Global 2000 consultant <u>Ms. Cyndi Stover</u> is assisting the GWEP to assess the status of dracunculiasis in Bouna and Daloa this month.

Figure 1



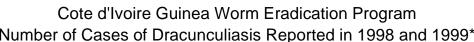


Table 1

Number of cases contained and number reported by month during 1999* (Countries arranged in descending order of cases in 1998)

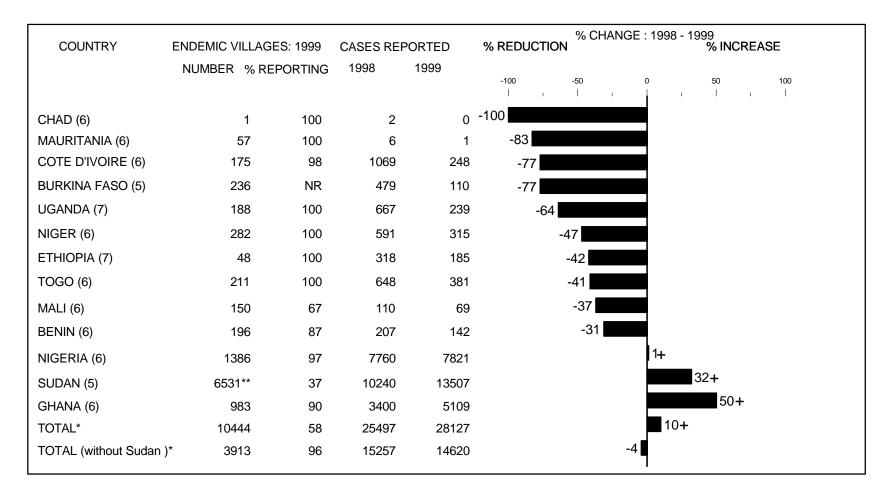
COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	1076 / 2169	1433 / 2596	1269 / 2223	1343 / 2437	2299 / 4082	7	1	/	/	/	/	/	7420 / 13507	55
NIGERIA	596 / 1358	752 / 1432	902 / 1131	887 / 1111	1112 / 1369	1097 / 1420	7	7	/	/	1	/	5346 / 7821	68
GHANA	921 / 1140	616 / 1139	546 / 1000	450 / 771	378 / 650	231 / 412	/	/	/	7	7	/	3142 / 5112	61
NIGER	2 / 2	3 / 3	2 / 2	5 / 5	35 / 41	149 / 265	7	7	/	7	/	/	196 / 318	62
BURKINA FASO	1 / 1	0 / 2	2 / 5	5 / 32	56 / 70	7	7	7	/	1	1	/	64 / 110	58
TOGO	87 / 102	57 / 84	15 / 28	32 / 34	48 / 71	55 / 66	7	1	/	1	/	/	294 / 385	76
COTE D'IVOIRE	58 / 58	32 / 43	31 / 33	16 / 28	36 / 39	32 / 49	7	1	/	1	/	/	205 / 250	82
UGANDA	3 / 6	7	7	20 / 21	65 / 70	99 / 102	/ 29	7	/	7	7	/	201 / 242	83
BENIN	84 / 	22	14 / 15	9 / 9	11 / 12	2 / 3	1	/	/	/	/	/	142 / 154	92
MALI	1 / 2	2 / 2	3 / 3	2 / 2	10 / 14	33 / 46	7	1	/	1	/	/	51 / 69	74
MAURITANIA	0 / 0	0	0 / 0	0	0 / 0	1 / 1	7	/	/	/	/	/	1 / 1	
ETHIOPIA	0 / 0	0 / 0	5 / 5	14 / 15	38 / 42	68 / 68	56 / 56	7	7	7	7	/	181 / 186	97
CHAD	0 / 0	0 / 0	0 / 0	0	0 / 0	0 / 0	/	7	/	/	/	/	0	
CAMEROON**	1 / 1	0 / 0	0 / 0	0 / 0	1 / 1	1 / 1	1	7	/	/	/	/	3 / 3	100
C.A.R. ***	0	2 / 3	3 / 5	0 / 0	0 / 1	0 / 0	1	/	/	/	/	/	5 / 10	50
TOTAL*	2830 / 4927	2924	2796	2783 / 4465	4089 / 6461	1768 / 2433	56 / 85	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	17246	61
% CONTAINED	57	55	63	62	63	73	66					Ŭ	61	

* Provisional

** Cameroon reported one case imported from Nigeria during January, May, and June.

*** Central African Republic reported 10 alleged (unconfirmed) cases of dracunculiasis for the period January - June, 1999. These cases are not included in the totals.

Figure 2 Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 1998 and 1999 *, by Country



* Provisional. Totals do not include imported cases.

** Includes 1,830 known endemic villages that are not accessible to the program because of insecurity.

(5) Denotes number of months for which reports were received, e.g., Jan. - May, 1999

NR Countries with unknown or low rate of reporting.

IN BRIEF:

The minister of health of <u>Niger</u> launched a second Social Mobilization Day for the Guinea Worm Eradication Program on July 30th, in the arrondissement of Tera, in Tillabery Department. In addition to local administrative and health authorities, and national program officials, he was accompanied on this visit by representatives of World Vision and Global 2000. The minister made a similar launching in Zinder Department in early July.

In <u>Nigeria</u>, former head of state <u>General (Dr.) Yakubu Gowon</u> made his first advocacy visit to the Northeast Zone's Gombe State (Dukku Local Government Area; villages of Walla Kahi and Malalaye) on July 15th-16th. The general met with the governor, who is himself an engineer, and who promised to purchase a drilling rig in order to provide safe water to endemic communities. The governor also released 1.5 million naira (~US\$18,000) to the program: 1 million for provision of water, and 0.5 million for repairing vehicles and other logistical supplies. General Gowon and his entourage also met with the Emir of Gombe and with the chairman of Dukku LGA. He also paid a return visit to Borno State (Bama LGA; this time to Chur-Chur and Malarire villages) on July 16th-18th.

TRANSITIONS

<u>Dr. Trenton Ruebush</u>, Director of the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis since August 1993, and currently Chief of the Malaria Epidemiology Section of CDC's Division of Parasitic Diseases, will relinquish those posts in September. He has accepted a position as CDC liaison at the Naval Medical Research Unit in Lima, Peru. Dr. Ruebush has been devoted to the cause of dracunculiasis eradication, undertaking two evaluations to the program in Ghana, and attending several Program Reviews for anglophone countries and other international meetings on The Worm, despite his many other duties. He will be greatly missed for his wise advice and steadfast support to the cause. <u>Dr. Daniel Colley</u>, Director of the Division of Parasitic Diseases, will serve as Acting Director of the Collaborating Center until a new director is chosen.

<u>Mr. Andrew Agle</u>, Director of Operations at Global 2000 of The Carter Center since 1990, has resigned from The Carter Center to become Associate Executive Director at the Task Force for Child Survival and Development, effective September 1st. Mr. Agle was especially effective in helping to involve francophone countries in the eradication effort, and in providing administrative and technical support to all endemic countries. As a distinguished veteran of the Smallpox Eradication Program, he was particularly aware of the special pitfalls and challenges which are unique to eradication programs. Polio eradication's gain is our loss. <u>Mr. P. Craig Withers, Jr.</u> will serve as Acting Director of Operations of Global 2000.

RECENT PUBLICATIONS

Ruiz-Tiben E, Gutierrez Y, 1999. Dracunculiasis. In: Tropical Infectious Diseases: Principles, Pathogens & Practice. Richard L Guerrant, David H. Walker, Peter F. Weller, eds. Philadelphia: Churchill Livingstone, pp. 903-906.

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. Daniel Colley, Acting 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. The GW Wrap-Up is also available on the web at http://www.cdc.gov/ncidod/dpd/list_drc.htm.



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