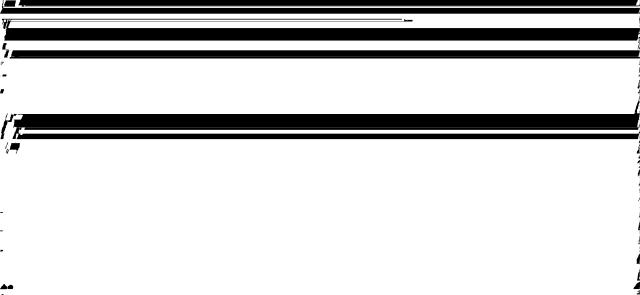
Research/Recherche

Strategies for dracunculiasis eradication

D.R. Hopkins¹ & E. Ruiz-Tiben²

In 1991 the Forty-fourth World Health Assembly declared the goal of eradicating dracunculiasis (guinea worm disease) by the end of 1995. This article summarizes the recommended strategies for surveillance and interventions in national dracunculiasis eradication programmes. It is based on personal experience with dracunculiasis programmes in Ghana, Nigeria and Pakistan. Three phases are described: estab-



tions; and case containment. The relevance of dracunculiasis eradication activities to strengthening of primary health care in the three countries is discussed briefly. Similar strategies would help eradicate this disease in the remaining endemic countries.

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own lives and other benefits resulting from the eliminecessary to develop plans of action for each nation of this disease. Priority should be given to endemic state or region. In most instances, it will be those endemic villages or areas that marifast the adirinable for the magnetices to class accolition as

The fundamental difference between an eradi-

cation programme and a control programme is criti-

cal to understanding the need for some of the

strategies recommended in this paper. While a

control programme may aim to reduce the incidence

of a disease until the disease is no longer a public

national task force in order to facilitate mobilization

and coordination of the diverse governmental and

other agencies whose contributions are needed, such

as the government ministries concerned with health,

National secretariate in support of the national

water supplies, and information.

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	known endemic village, to maintain village-based case registers and provide monthly reports of cases as they occur. The advantages of the latter system are that it provides more accurate surveillance,	The third Nigerian survey in 1990–91 covered the known endemic local government areas only, and included intervention measures, after which that programme began converting to village-based monthly reporting, using primary health care workers where

	Fig. 1. Schema for a dracuncullasis eradica	ition programme.
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vious strategy in Pakistan, were the use of new case investigation forms for VIs and sector supervisors, which ensured that all the appropriate questions were asked and all the prescribed control measures years following the last indigenous case, so that they may qualify for certification of elimination. Thus surveillance is also the key to documenting the eradication process.

in Pakistan from the beginning of 1990 (6); orienta-

tion to the new strategy began in February, two months before the onset of the transmission season.

Key elements of this strategy, compared to the pre-

were carried out, whenever a case occurred, and use of revised performance criteria to encourage and

monitor the promptness with which these measures

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Discussion

it is expected that Pakistan will probably have no

WHO will expect recently endemic countries to maintain adequate surveillance for at least three

more indigenous cases of dracunculiasis.

	Strategies for dracunculiasis eradication
45 000 cases in 1983, had reduced its annual cases by	country, while the UNICEF mission to Nigeria and the
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