


Date: June 16, 2000

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

Subject:  GUINEA WORM WRAP-UP # 102

To: Addressees

**Detect Every Case (within 24 hours), Contain Every Worm (immediately)!**

**GHANA: SERIOUS REDUCTIONS BEGINNING AGAIN?**

As seen in Figure 1, Ghana's Guinea Worm Eradication Program reports a total of 668 cases in April 2000, which is a reduction of -14% from the 771 cases reported in April 1999. This follows the provisional reduction of -10% in Ghana's cases in March. These are the first monthly reductions in cases in Ghana since January 1999. As Figure 1 shows, however, these modest reductions, although welcome, still exceed the numbers of cases reported in Ghana for those months of 1998. Meanwhile, Ghana's Northern Region reports that a UNICEF-funded project has now completed rehabilitation of borehole wells in several endemic villages of Nanumba District. As of April 2000, the percentage of endemic villages that have at least one source of safe water in the four highest endemic districts of Northern Region are 44% (Nanumba), 22% (Savelugu/Nanton), 25% (East Gonja) and 14% (Zabzugu/ Tatala). Also as of April, 78% of endemic villages in Northern Region had all households provided with cloth filters, and Abate was applied in 4% of endemic villages. But much more remains to be done. For example, many villages in Kete-Krachi District of Volta Region remain to be investigated for Guinea worm. Dr. Alhousseini Maiga of WHO visited the latter district in May. Consultants from Global 2000 are currently assisting this program in Kete-Krachi and Atebubu (Brong-Ahafo Region) Districts.

## NIGERIAN REDUCTIONS CONTINUE



Nigeria reports only 630 cases (346, or 53% of them contained) for May, a reduction of -56% from the 1,437 cases reported in Nigeria in May 1999 (Table 1). This means a cumulative reduction of -26% for the period January-May 2000. The cumulative reductions for NE, NW, SW, and SE Zones of Nigeria so far this year are -80%, -52%, -48%, and -1%, respectively. The program in NE Zone's Nasarawa State conducted an intensive health education campaign in 15 endemic villages in May, using video presentations and posters, and distributing workbooks in the schools. Program personnel from NE Zone attended a cross-border meeting with Cameroonian workers on May 2, in Cameroon. The next meeting will be held in Nigeria on July 6. Dr. Ernesto Ruiz-Tiben of the Carter Center consulted with the programs in Nasarawa and Zamfara States in May.

### IN BRIEF:

Benin reports ZERO cases in May 2000!! This is the first zero case month since that program began. Benin reported twelve cases in May 1999. Congratulations to Dr. Aristide Paraiso and colleagues!

Sudan's GWEP reports that only 3 cases were detected in the 8 endemic northern states in January-April 2000, and one of those was imported from the southern part of the country. This is a reduction of -88% from the 24 cases reported from the northern states during the same period of 1999. All three cases were contained. Of the 78 endemic villages in the northern states, as of April 2000, 83% (65) had full coverage of all households with cloth filters, 74% (58) had at least one source of safe water, 42% (33) had had recent health education, and abate had been used in 5% (4).

Niger detected three cases imported from Nigeria's Sokoto State into the district of Madaoua in Tahoua Region in May.

Togo has lost a hard working friend of its Guinea Worm Eradication Program. Mr. Yao Ketekou, who was supervisor in Glitto Zone of Ogou District, died in early June. He had made a large impact in Akpare Zone over the years, and was transferred to Glitto last year because of his effectiveness. We extend our condolences and gratitude for his service to his family.

## VESTERGAARD-FRANSDEN DONATES MORE FILTER CLOTH

**KVF**

**DCT**

Disease Control Textiles

Mr. Torben Vestergaard Frandsen, director of Vestergaard-Frandsen, has notified The Carter Center of his company's donation of 3,000 square meters of nylon filter cloth for use in the Guinea Worm Eradication campaign. The donation also includes the cost of shipping the filter cloth to Africa. This is the second such donation by Vestergaard-Frandsen, and follows a previous donation in November 1998. Thank you Torben!

## PROGRAM REVIEWS

The Program Review for Sudan's Guinea Worm Eradication Program will be held in Nairobi, Kenya on September 25-26, as announced in the previous issue. It will be followed by reviews of the Ethiopian and Ugandan programs on September 27, also in Nairobi.

Table 1

**Number of cases contained and number reported by month during 2000\*  
(Countries arranged in descending order of cases in 1999)**

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.		
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER				



## RECENT PUBLICATIONS

Watts S, 2000. Dracunculiasis in the Caribbean and South America: a contribution to the history of dracunculiasis eradication. *Medical History*, 45:227-250.

Table 2

### Dracunculiasis Eradication Campaign Reported Importations of Cases of Dracunculiasis: 2000

From	To	Cases			
		Month	Number	Contained	Notified*
Burkina Faso	Cote d'Ivoire	January	1	1	?
	Niger	May	1	1	1
Nigeria	Niger	May	3	3	3
Ghana	Benin	January	6	4	6
		March	3	2	3
Togo	Benin	January	4	1	4
Total			18	12	17

\* Notified to country of origin through WHO.

*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](http://www.cdc.gov/ncidod/dpd/list_drc.htm).*




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