




Date: November 13, 2000

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

Subject:  GUINEA WORM WRAP-UP # 107

To: Addressees

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

"The deeds of yesterday and today make possible the dreams of tomorrow." Anonymous

FRANCOPHONE COUNTRIES REPORT 40 % REDUCTION IN CASES

About 80 persons attended the annual Program Review for endemic francophone countries, including about 40 health workers from Niger, Niger's Minister of Health Mr. Assoumane Adamou, U.S. Ambassador Ms. Barbro A. Owens-Kirkpatrick, WHO country representative Dr. Bernard Lala, as well as representatives of UNICEF, U.S. Peace Corps, the Japan International Cooperation Agency (JICA), Japanese Overseas Volunteers, The Carter Center, and Health and Development International. The meeting was held at the Palais des Congres in Niamey, Niger on October 23-26.

Overall, the seven main endemic countries represented (Benin, Burkina Faso, Côte d'Ivoire, Mali, Mauritania, Niger, Togo) have recorded a total of 3,341 cases in January-September 2000, compared to 5,611 cases in the same period last year – a reduction of -40%. The same countries have reported 571 endemic villages so far this year (through September), compared to 911 villages that reported cases in these countries in all of 1999 (Table 1). Another team will help evaluate the status of dracunculiasis in Central African Republic early next year. Ghana and Burkina Faso are now identified as the two highest dracunculiasis-exporting countries, ahead of third place Sudan (Figure 1). The participants made recommendations for each country (see page 9), including the need to aim to end transmission of dracunculiasis in these countries by December 31, 2001. Benin, Mali and Mauritania are especially close to eradication; Benin and Togo have the highest rates of case containment so far this year. At the Closing Ceremony, Dr.

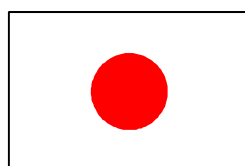
Donald Hopkins emphasized the need for a greater sense of urgency in completing the eradication campaign in these countries. Details on each endemic country are given below and in the accompanying tables. Data for Côte d'Ivoire are incomplete because the political situation there did not allow the national coordinator to attend or to get information to those who did.

Table 1

**Guinea Worm Eradication Program Indicators In Seven Francophone Countries
January-September 2000**

Country	Cases				Villages				
	Total	Imported	% Contained	% Change '99-'00	1+ case in 2000	Only 1 case in 2000	% with filters	% with Abate	% with safe water
Burkina Faso	1278	3	61%	-30%	196	67	70%	19%	63%
Niger	913	7	60%	-45%	104	22	100%	100%	50%
Togo	499	13	69%	-35%	103	30	75%	71%	53%
Côte d'Ivoire	277	2	61%	-29%	109			98%	
Mali	168	10	58%	-47%	55	26	100%	59%	38%
Benin	122	20	72%	-32%	48	28	40%	58%	63%
Mauritania	84	0	56%	-59%	16	9	100%	38%	75%

Mauritania has had 84 cases in only 16 villages, including 9 villages with only 1 case each. The peak season ends in October. Japan's provision of safe water here has targeted 216 wells for endemic areas in 1999-2001, 150 of which are completed (raising percentage endemic villages with safe water to 75%, from 60%). This is the only one of the countries with more than a 50% reduction in cases since 1999. Thirty-eight (45%) of Mauritania's cases are in one locality (Hassi Atila), where transmission is apparently limited to a few wells which are susceptible to Abate usage, but which only reduced its cases by 33% between 1999 and 2000. A line-listing of the five endemic villages is given in Table 2.



JAPAN

Table 2

**Mauritania Line-Listing Status Of Interventions In Five Highest Endemic Localities
(January-September 2000)**

Locality (District)	# of GW cases	# of Households	% of households with filters	# of Abate applications	# of Health Education Sessions	Water supply
Hassi Atila (Hodh El Chargui)	38	200	100%	7	6	4+, 2-
Azgueilem Tiyab (Gorgol)	11	80	100%	0	ND ¹	1+
Argoub ² (Gorgol)	9	ND	100%	ND	ND	ND
Barkeol Lakhdar (Assaba)	7	300	100%	2	7	5+, 1-
Hassi Chegar (Guidimakha)	6	873	100%	2	ND	9+

¹ ND = No Data

² new endemic village

4+2- = 4 functioning wells and 2 in disrepair

Benin has had 122 cases (20 of them imported from other countries) in 48 villages, including 28 villages with only 1 case each. However, 3 of Benin's 4 peak season months are still to come (October-December). So far 54 of the 122 cases are in only 6 endemic villages. As of mid-June 2000, UNICEF had sponsored 28 new borehole wells in 28 endemic localities of Zou (the highest-endemic department in the country), and aims to complete wells in 8 localities of Borgou Department before the end of this year. Benin is conducting 2-3 health education sessions in each endemic locality per month, supplemented by periodic video showings. Abate is being used in all 11 villages with 2 or more cases in Zou; and 10 of those 11 villages have filters in all households. Benin plans to introduce rewards for reporting of cases very soon, in concert with adjoining Togo. A line-listing of the six highest endemic villages is given in Table 3.

Table 3

**Benin Line-Listing Status Of Interventions In Six Highest Endemic Localities
(January-September 2000)**

Togo has reported 499 cases in 103 villages, including 30 villages that have reported only 1 case each. The peak season here is September through January. Togo plans to introduce rewards this year, in concert with Benin. Global 2000 is helping this program to put 10 new borehole wells in 9 endemic villages of Ogoou District, which is the highest-endemic district in the country,

Côte d'Ivoire was unable to present recent data for the reasons explained above.

Mali has had 168 cases in 55 villages, including 26 villages with 1 case each. Mali's peak season ends in October. Mali has had the second-highest reduction in cases since 1999 among this group. It introduced rewards for reporting of a case in four less- or non-endemic regions (Kayes, Koulikoro, Sikasso, Segou) this year. The four highest endemic villages in Mali include 56 (33%) of the country's cases. UNICEF has provided 10 wells in 10 endemic villages in Mopti this year. Mali is using Abate "presumptively" in potential endemic-villages, based on forecasting from last year's reports, or actual appearance of disease this year. A line-listing of the eight highest endemic villages is given in Table 4.



Table 4

**Mali Line-Listing Status Of Interventions In Eight Highest Endemic Localities
(January-September 2000)**

Village (Region)	# of GW Cases	# of Cases Contained	# of Households	% of h/h with Filters	# of Abate Applications	# of HE Sessions	Water Supply
Gossi-Est (Tombouctou)	19	13	580	94%	0	16	0
Ebang Imalen (Tombouctou)	14	4	470	55%	0	16	0
Songobia (Mopti)	13	13	110	100%	2	16	2+
Kaygouroutane (Gao)	10	2	140	100%	1	16	0
Argo (Gao)	7	0	80	100%	1	16	0
Niangassagou (Mopti)	6	5	550	100%	6	16	2+
Sarabangou (Mopti)	5	2	50	100%	3	16	1+
Diougani Dogon (Mopti)	5	5	250	100%	3	16	3+

GHANA INAUGURATES INTERAGENCY COMMITTEE; NORTHERN REGION HOLDS FIRST "WORM WEEK"

Ghana held the first meeting of its Inter-agency Coordinating Committee for Guinea Worm Eradication in Ghana on November 6 at the Ministry of Health in Accra. The inaugural meeting of the committee began under the chairmanship of Dr. E.N. Mensah. The minister of health, Prof. Kwaku Danso-Boafo, noted that a lot remained to be done, especially in the Northern, Volta, and Brong-Ahafo Regions. Other ministries represented on the committee include finance, local government and rural development, and works and housing. Other invited members include the rural water and sanitation agency, Ghana Water and Sewerage Company, Global 2000/The Carter Center, UNICEF, UNDP, World Bank, DFID, DANIDA, World Vision International, Ghana Red Cross, USAID, JICA and Rotary Ghana/Rotary International. The Guinea Worm Secretariat will serve as the secretariat for the committee, with oversight from the national coordinator, Dr. Sam Bugri, and his deputy, Dr. Andrew Seidu Korkor. The next meeting is scheduled for November 14.

From October 7-13, the Northern Region Districts of Tamale, Savelugu/Nanton, and Kolon/Kumbungu held the first “Worm Week” in Ghana, with the support of the Northern Region’s regional health authorities, U.S. Peace Corps, and Global 2000/The Carter Center. The coordinator of the project, third year Peace Corps Volunteer, Ms. Meredith Casella, helped mobilize 32 Peace Corps Volunteers (PCVs) and 13 village volunteers in an intensive health education and community mobilization effort in 13 endemic communities of the three districts. Participants distributed 3,700 cloth filters and demonstrated their proper use and care, painted murals with Guinea worm prevention messages on the outside of school buildings and health facilities, built bridges, piers or docks at dams used for collecting drinking water, and played “Guinea worm games” with members of the communities as a summary of educational presentations and demonstrations that were given during the week. Ms. Casella drew on her experiences as a participant in worm weeks in Niger, as well as on experiences of other Peace Corps-initiated worm weeks in Côte d’Ivoire. The individual communities and districts concerned also supported this project, which was a great success.

In August, Ghanaian graduate student Mr. Langbong Bimi received a travel award and stipend to come to CDC in Atlanta and work on the development and evaluation of laboratory markers for the identification of Dracunculus medinensis. Mr. Bimi will work and train with Dr. Norman Pieniazek and Dr. Mark Eberhard in the Division of Parasitic Diseases. He is scheduled to be at CDC for at least 6-8 months.

DANISH COOPERATION TO PROVIDE \$350,000 FOR NIGER

The Danish Cooperation mission in Niger will soon award a grant in the amount of approximately U.S. \$350,000 over two years to The Carter Center for support of Niger’s Guinea Worm Eradication Program. The grant will be used to support field interventions. The grant begins on December 1, 2000. Niger’s Guinea Worm Eradication Program will hold its National Review Meeting in Tillabery on 13-15 November. Denmark previously provided a grant of approximately \$600,000 to the Carter Center for support of similar activities in Niger in 1998 to 1999.

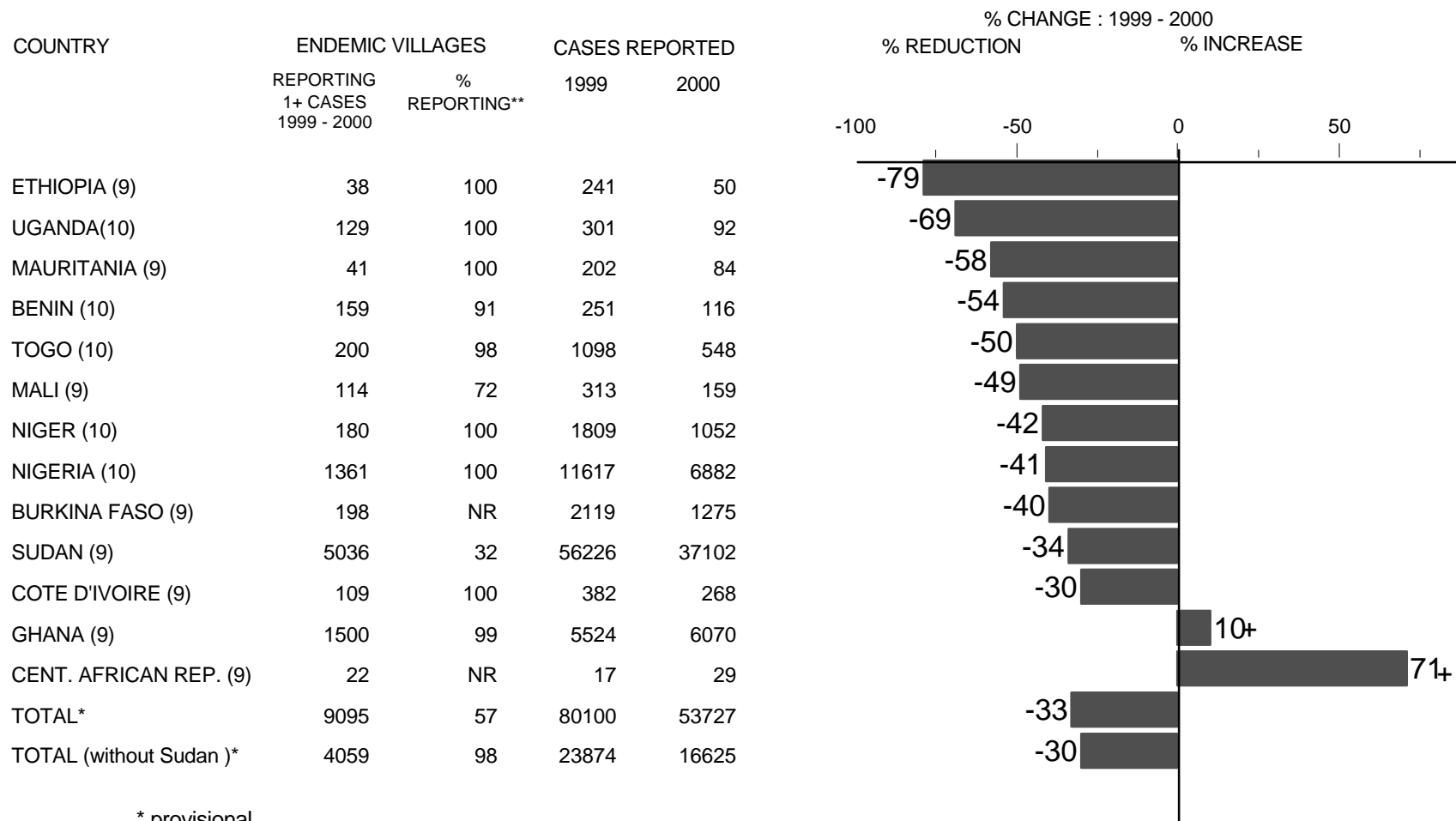
Table 5

**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*	%	
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
SUDAN	457 / 1200	525 / 966	467 / 836	501 / 1131	1770 /										



Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 1999 and 2000*, by Country



* provisional

** %endemic villages in 2000 reporting monthly

*** 2,596 (35%) of 7,392 endemic villages are not accessible to the program

YEMEN: WHO INVESTIGATES RUMORS OF CASES

In September, WHO consultant Dr. A. Nadim, member of the International Commission for Certification of Dracunculiasis Eradication, assisted the Ministry of Health of Yemen in the delayed investigation of some 330 rumors of cases of dracunculiasis resulting from questions about the presence of the disease during the polio National Immunization Day (NID) conducted in November 1999. The allegations were investigated via a questionnaire and thru visits to the Governorates of Sadah, Lahj, Taiz, and to the cities of Aden and Sana'a. A total of 154 (47%) of the 330 alleged cases reported from Sadah were investigated by a local surveillance officer (20 cases) and by the consultant (134 cases) and none could be verified as dracunculiasis. The sources of drinking water in Sadah are from wells with motorized pumps. Similarly, none of the rumored cases reported from Sana'a and Taiz could be confirmed as dracunculiasis. Rumors of two cases from Aden turned out to be from the adjacent Governorate of Lahj, where an additional 5 alleged cases had been reported from the village of Alsuqua, on the sea shore about 10 kilometers east of Bab-el Mandab, during the November 1999 NID. Investigations of these cases revealed those residents of Alsuqua knew about dracunculiasis and how to pull Guinea worms out. Moreover, a young shepherd claimed having had one Guinea worm emerge in 1998 and another in 1999. This is the first report of historical cases from Lahj since the beginning of the national eradication program in Yemen in 1994. Zero transmission of dracunculiasis in the known endemic areas in Yemen was achieved in 1997. The consultant concluded that that all aspects of surveillance for cases of dracunculiasis in Yemen should be strengthened immediately, and recommended deferring the decision to certify Yemen until 2002 to permit improvement of the quality of surveillance of dracunculiasis. Dr. Ahmed Tayeh, who recently joined the Dracunculiasis Unit at WHO in Geneva, is currently in Yemen assisting the GWEP to improve surveillance and to help develop a plan of action and budget for activities in 2001.

RECOMMENDATIONS OF THE REVIEW OF NATIONAL GUINEA WORM ERADICATION PROGRAMS IN FRANCOPHONE COUNTRIES: NIAMEY, NIGER, OCTOBER 23-26, 2000

General recommendations

- All countries are urged to implement all interventions against dracunculiasis to ensure that transmission of the disease is halted by 31 December 2001.
- Partners of the national eradication programs are urged to be timely in making available the financial and material resources needed by the programs.
- All countries are urged to advocate with donor organizations for the provision of safe sources of drinking water to endemic villages.

Niger

The Guinea Worm Eradication Program should

- Adhere to the established international standards for containment of cases.

- Continue training supervisors in the use and application of Abate.
- Initiate operational research in non-endemic villages.
- Continue mobilizing people through the use of radio messages, films, or slide shows before the onset of the transmission season.
- Target the endemic villages for the provision of safe sources of drinking water.
- Reactivate the Guinea worm coordinators in formerly endemic areas so as to benefit from their

Burkina Faso

The Guinea Worm Eradication Program should

- Report monthly to WHO and all partners on the status of the program using the form recommended by WHO.
- Integrate Guinea worm eradication activities at village-base and de-integrate those at national level.
- Advocate with the Ministry of water resources for the provision of safe sources of drinking water in endemic areas.
- Create an inter-agency steering committee that includes the Ministry of Health and external partners, and meet monthly to help plan and coordinate program activities.
- Develop a complete plan of action for 2001 and prepare to implement all disease control interventions in all endemic villages by January 1, 2001.
- Make use of the national youth corps volunteers and other similar resources to identify all villages with endemic transmission of dracunculiasis, which are currently not known to the GWEP.

DECLARATION OF OGOU (ABSTRACT): TOGO'S "WAR COUNCIL" FOR THE ERADICATION OF GUINEA WORM DISEASE

We, the participants of this special meeting to mobilize the population for the final battle in the eradication of Guinea worm disease, form the "War Council" organized by the Ministry of Health in collaboration with WHO, Global 2000, UNICEF, and US Peace Corps, which met in Atakpame, Togo during August 16-18, 2000;

Declare guerilla warfare on Guinea worm disease, and re-affirm our unshakeable will to complete its eradication from the District of Ogou by the end of 2001

Launch operation "Guinea worm eradication" and undertake the strategies and tactics shown below:

- Ø Hold a war council in each endemic sub-district as soon as possible under the authority of the District Chief Administrator, (the Préfet) and in coordination with the district medical director;
- Ø Mobilize all villagers, specially those that are young and the women to participate in all aspects of this operation;
- Ø Ensure the protection all sources of drinking water in all endemic villages;
- Ø Rigorously apply the case containment strategy in all villages which report cases;
- Ø Reinforce health education and social mobilization activities, especially inter-personal communications, group discussion and meetings, etc.;
- Ø Undertake the repairs of all permanent water works in all the endemic villages and sensitize the committees which manage the installation of water supply facilities;
- Ø Organize quarterly coordination and monitoring meetings under the co-presidency of the district Chief Administrator (the Préfet) and the DRS, with the participation of the DPPS, the Chief of the DHE regional services and that of the regional chief of health education and community mobilization.

Invite all partners and bilateral and multilateral donor organizations to lend their assistance to make this initiative possible.

Appeal to leaders and spokespersons, politicians, civil servants, the media, religious leaders, national and local authorities, public health and water sector professionals, populations in endemic areas, as well as youth and women movements to lend their solidarity to the implementation of this important operation so it becomes the "final blow" against transmission of the disease in Ogou.

Exhort all local communities in endemic areas to actively participate in efforts to eradicate Guinea worm disease from their communities.

Invite the Minister of Health, the DRS, the Préfet, and all concerned partners to monitor and facilitate all of the decisions of this "War Council" in order to ensure the interruption of transmission of Guinea worm disease in Ogou by 31 December 2001.

Encourage all other endemic districts in Togo to follow in the footsteps of Ogou so that Guinea worm disease is definitively driven out of Togo.

MEETINGS

The 40th Meeting of the Interagency Coordinating Group for Dracunculiasis Eradication met at The World Bank in Washington on October 31. Participants included representatives from The Carter Center, CDC, UNICEF, WHO, The World Bank, and the UN Foundation. This meeting reviewed results of the Program Reviews held in September and October for most of the endemic countries, and coordinated plans to assist the remaining endemic countries. The meeting of the Interagency Coordinating Group was preceded by the first meeting of the Gates Guinea Worm Grant Committee, in which representatives of WHO, The Carter Center, UNICEF, and The World Bank discussed activities and plans for use of the funds granted for Guinea worm eradication by the Bill and Melinda Gates Foundation in May 2000.

RECENT PUBLICATIONS

Aylward B. Hennessey KA. Zagaria N. Olive JM. Cochi S. When is a disease eradicable? 100 years of lessons learned. *American Journal of Public Health*. 90(10):1515-20, 2000 Oct.

Anonymous. From the Centers for Disease Control and Prevention. Progress toward global dracunculiasis eradication, June 2000. *JAMA*. 284(14):1778-9, 2000 Oct 11.

*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 web location has changed to <http://www.cdc.gov/ncidod/dpd/parasites/guineaworm/default.htm>



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