



Memorandum

Date: December 11, 2000

From:

Subject:



WHO Collaborating Center for Research, Training and Eradication of Dracunculiasis

GUINEA WORM WRAP-UP # 108

To: Addressees

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

The goal of the global campaign to eradicate dracunculiasis is to stop transmission of this disease in all countries outside Sudan by 31 December 2001. The 17,146 cases of dracunculaisis reported from these 12 countries so far in 2000 is an indication of how close we are to achieving that goal. Efforts to stop transmission of dracunculiasis now will determine whether we achieve the goal. Ensuring that we finish this part of the job by the end of 2001 will require obtaining the highest level of political support and undivided attention to all technical details. The resources and technical know-how necessary to achieve the goal are available, but the urge to finish the job must become a national and international priority. The end is in sight. Do your part! Onwards!!

FIVE COASTAL COUNTRIES REDUCE CASES BY -66% IN OCTOBER

In October, the southern West African countries of Nigeria, Benin, Togo, Ghana and Cote d'Ivoire collectively reduced their cases of dracunculiasis by –66%, from 1,461 cases in October 1999 to 496 cases in October 2000. The individual reductions for the five countries in October were –44%, -85%, -81%, -74%, and –79%, respectively. This is especially significant since all five

countries have begun or are about to begin their peak transmission season. All who care about this campaign will be eager to see November's results for these five countries. (Nigeria reports a reduction of –69% in November; Togo –67%.) The monthly reductions for all remaining endemic countries outside of Sudan are illustrated in Figure 1. The cumulative reductions for all countries so far this year are summarized in Figure 5, and the total number of cases so far in Figure 4. Figure 1

The improvement in Ghana is especially welcome. That country has also acted recently to strengthen its program even more. Ghana's new Inter-agency Coordinating Committee met for the second and third times on November 14 & 27, and is giving fresh impetus and urgency to providing and improving safe water supplies in endemic communities. Dr. Andrew Seidu Korkor has been appointed National Coordinator of Ghana's Guinea Worm Eradication Program effective December 1, 2000. Nigeria's reductions continue to be led by the Northeast, Northwest, and Southwest Zones. The Southeast Zone's turn around is still awaited. As of October, 84% of Nigeria's endemic villages had filters in every household, including 78% in Southeast Zone (Figure 3). The UN Foundation recently awarded \$300,000 to UNICEF/Nigeria for improving water sources in endemic communities. Benin is the closest to interrupting transmission among these five countries. Both Benin and Togo plan to introduce cash rewards for reporting of cases very soon. Togo's dramatic decline is believed to result from its door-to-door distribution of filters in endemic villages and intensification of its use of Abate last year. The Carter Center/Global 2000 has awarded a grant of \$16,000 to Togo's U. S. Peace Corps to support health education and community mobilization activities against Guinea worm in 2001. Table 2 shwos the location of the ten new wells provided by The Carter Center in nine endemic villages. Cote d'Ivoire has supplemented its report given at October's Program Review, but still does not know what proportion of its endemic villages have received cloth filters in all households. Fully 77% (213) of the 276 cases reported in Cote d'Ivoire in January-September 2000 were located in only nine (9) villages! Peace Corps Volunteers plan to conduct a Worm Week in Prikro, M'Bahiakro District in late February 2001.

IN BRIEF:

Ethiopia's Dracunculiasis Eradication Program has prepared a Plan of Action for 2001. It was reviewed by all the partners in a meeting with WHO's <u>Dr. Nevio Zagaria</u> in Addis Ababa on December 7, 2000.

<u>Niger</u> His Majesty <u>El Hadji Aboubacar Oumarou Sanda</u> Sultan of Damagaram (territory of Zinder,) visited the office of Niger's Guinea Worm Eradication Program in Niamey on December 4. His purpose was to learn about the Guinea worm situation in Zinder Region and how he can help to eliminate the disease in Zinder and the entire country.

<u>Nigeria</u> Former head of state <u>General (Dr.) Yakubu Gowon</u> has been conferred the honor of Grand Commander of the Federal Republic (of Nigeria). CONGRATULATIONS General Gowon for this much deserved honor! General Gowon also visited Zamfara State again on November 27-29, to urge provision of safe water to endemic communities. He was accompanied by representatives of the Federal Ministry of Health, WHO, UNICEF and The Carter Center.

<u>Sudan</u> The Government of the Netherlands has awarded a grant of \$250,000 to The Carter Center to support Guinea worm eradication activities in Sudan in 2000-2001. This is a renewal of the previous annual grants made by the Government of Netherlands to The Carter Center for the same purpose since the "Guinea Worm Cease Fire" in 1995. Sudan reports only 43 indigenous cases in the northern states in January-October 2000, compared to 171 indigenous cases in the same period of 1999. Of the 90 cases (total) in the northern states in January – October, 73 (81%) were contained.

Togo



Dracunculiasis Eradication Campaign Distribution of 61,680 Indigenous Cases of Dracunculiasis Reported During January - October 2000* by Country



Table 2 Line-Listing For Ogou District, Togo (November 2000)

Village	# of GW Cases 1999	# of Households	% of Households with Filters	# of Months Abate Applied	Safe Water Supply
Telekope	73	148	100%	7	2-*

GATES FOUNDATION SUPPORTS REVIVAL OF ERADICATION TASK FORCE

The Bill and Melinda Gates Foundation has provided a grant of \$741,000 to The Carter Center for the reactivation of the International Task Force for Disease Eradication (ITFDE). Based at The Carter Center, the ITFDE will re-evaluate the most likely disease candidates for eradication, and make suggestions for research that could increase opportunities for eradicating and controlling selected diseases. The initial Task Force, which was also established by The Carter Center, operated from 1989-1993, and identified six potentially eradicable diseases, including dracunculiasis (Guinea worm), polio, and lymphatic filariasis. The 11 members of the original Task Force, which was funded by the Charles A. Dana Foundation, included persons from The Centers for Disease Control and Prevention (CDC), the Dana Foundation, Harvard School of Public Health, the Institute of Medicine, the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the Swedish Academy of Sciences, The World Bank, World Health Organization (WHO), United Nations Development Program (UNDP), and UNICEF. The new Task Force will meet for the first time early in 2001.



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

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COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED										%			
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	CONT.
SUDAN	511	602	512 / 896	563 / 1309	1951 / 6061	3302 / 8577	3396 / 7383	3864 / 8576	3443 / 9017	1817 / 3465	/	/	19961 / 47574	42
BODAN	709	451	651	368	346	324	337	321	274	228	202	/	4211	
NIGERIA	1265 1737	993 1214	706	755 450	630 485	201	512 94	493 30	365 21	283 125	284	,	7166 5063	59
GHANA	1896 7	/ 1523 7	902	661 93	596 231	237	125 53	68	62	128	,	/	6198	82
BURKINA FASO	12	17	36	181	341	306	236	123	10	1	1	/	1262	48
NIGER	1 /	2 / 2	0 / 0	2 / 3	23 / 39	67 / 106	116 / 177	187 / 363	148	108 / 146	1	/	654 / 1059	62
	63	39	36	15	48	45	46	20	30	52	97	,	491	
TOGO	90	51 19	53 10	34 8 /	0	55 3	70 3 /	0	45 7 /	65 14	110	,	104	73
BENIN	53 25	29 63	17	5	6	4	3	23	7 8	14	4	,	136	76
COTE D'IVOIRE	26	69	42	32	17	45	12	26	8	6	5	/	288	64
MALI	5 / 5	0 / 1	0 / 0	5 / 5	5 / 13	6 / 11	14 / 28	19	32 / 73	61 / 76	23	/	170 / 273	62
	4	2 /	3	11	14	10	12	8	4	4	0	/	72	
UGANDA	0	0	0	0	16	10 4	3 /	15 27	2	5	0	,	95 37 /	76
MAURITANIA	0	0	2	26	11	5	8	1	26	2	1		57 57	44
ETHIOPIA**	0	0	0	26 0	12	4	9	2	1 0	2	1	/	59	97
C.A.R.	13	6	1	0	1	8	4	0	0	/	1	/	33	0
CAMEROON ***	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 /	0 / 0	2 / 2	/	/	3 / 3	
	0 /	0 /	0 /	0 /	0 /	0 /	0 /	0 /	/	/	1	/	0 /	
CHAD	3102	2399	1954	1546	3121	0 4178	4095	4501	3970	2419	327	0 /	31612	
TOTAL*	4626	3722	3090	3026	7799	9817	8591	9772	9840	4192	429	0	64904	49
% CONTAINED	67	64	63	51	40	43	48	46	40	58	76		49	

^{*} Provisional

 $[\]ensuremath{^{**}}$ Ethiopia's only case in September was imported from Sudan.

^{***} Cameroon reported 1 case imported from Nigeria in August, and 2 in October.

So far, 3 of the 33 cases reported by Central African Republic as Guinea worm disease were confirmed to be onchoceriasis. One case of dracunculiasis was imported from Sudan in January.

Figure 5

COUNTRY	ENDEMIC VILLAGES		CASES REPORTED		% REDUCTION		% INCR	% INCREASE			
	REPORTING 1+ CASES 1999 - 2000	% REPORTING**	1999	2000	-100	-50	0	50)		
						1 1		1 1	1		
ETHIOPIA (11)	38	100	245	53	-78						
UGANDA(11)	130	100	309	92	-70						
TOGO (11)	205	98	1428	568	-	60					
MAURITANIA (9)	41	100	202	84	-	-58					
BENIN (10)	159	91	251	116		-54					
NIGER (10)	180	100	1809	1052		-42					
NIGERIA (11)	1368	100	12397	7166		-42					
BURKINA FASO (9)	198	NR	2119	1259		-41					
COTE D'IVOIRE (11)	110	100	445	278		-38					
MALI (11)	116	80	395	264		-33					
SUDAN (10)	4665	36	60571	47574		-21					
GHANA (10)	1503	99	6025	6198			3				
CENT. AFRICAN REP. (9)	32	NR	17	29					71		
TOTAL*	8745	58	86213	64733		-25					
TOTAL (without Sudan)*	4080	98	25642	17159		-33					

^{*} provisional

^{** %}endemic villages in 2000 reporting monthly
*** 2,596 (35%) of 7,392 endemic villages are not accessible to the program

DEFINITION OF CASE CONTAINMENT

A case of Guinea worm disease is contained if all of the following conditions are met:

- 1. The patient is detected before or within 24 hours of worm emergence; and
- 2. The patient has not entered any water source since the worm emerged; and
- 3. The village volunteer has <u>properly managed</u> the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
- 4. The case is <u>verified by a supervisor</u> within 7 days of worm emergence (to confirm that the case is Guinea worm, and that it has been properly contained).

MEETINGS

The next meeting of the National Program Managers of Guinea Worm Eradication Programs will be held in Lomé, Togo on March 26-29, 2001.

RECENT PUBLICATIONS

Progress Toward Global Dracunculiasis Eradication, June 2000. JAMA. 284(14):1778-1779, October 11, 2000.

Electronic Resources: Web Sites Related to Disease Eradication American Journal of Public Health. Disease Elimination and Eradication. 90(10):1646-1647, October 2000.