



A
S
E

Date: April 15, 2002



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

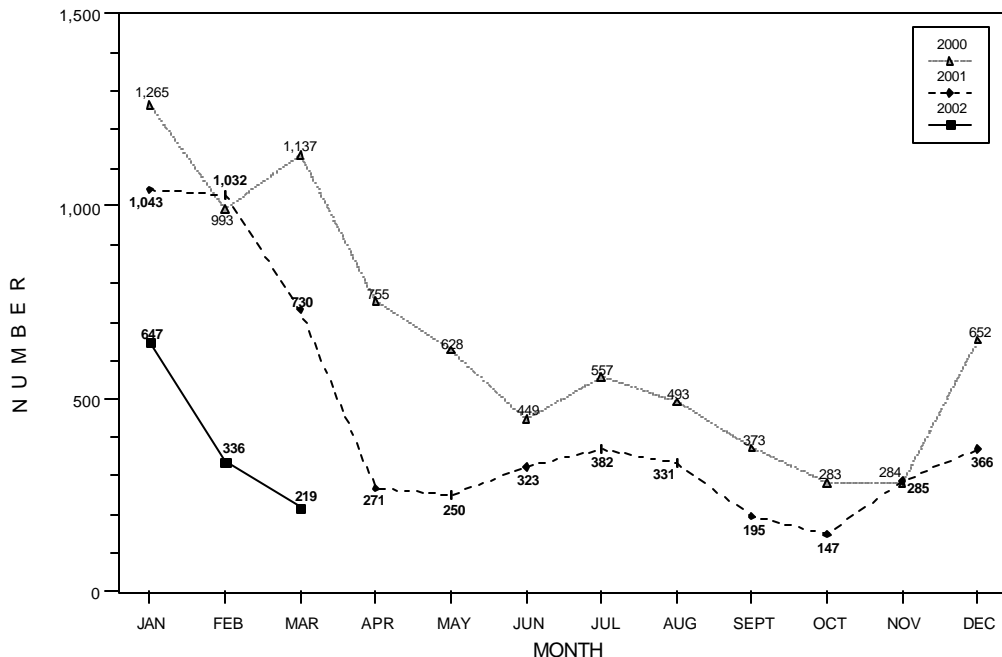
Subject: GUINEA WORM WRAP-UP #122

To: Addressees

The Nigerian Guinea Worm Eradication Program (NIGEP) has reported a total of only 1,202 cases of dracunculiasis during the first three months of 2002, as compared to 2,805 cases reported during the same three months of 2001 (Figure 1). This -57% reduction in cases covers the three months of highest dracunculiasis incidence in Nigeria for the entire calendar year. The monthly reductions in Nigeria's cases were -38%, -67%, and -70% for the three months, respectively. These reductions were led by dramatic declines in cases in the Southeast Zone, especially in Ebo

Figure 1

NIGERIA GUINEA WORM ERADICATION PROGRAM
MONTHLY DISTRIBUTION OF CASES OF DRACUNCULIASIS REPORTED DURING 2000 - 2002*



* Provisional

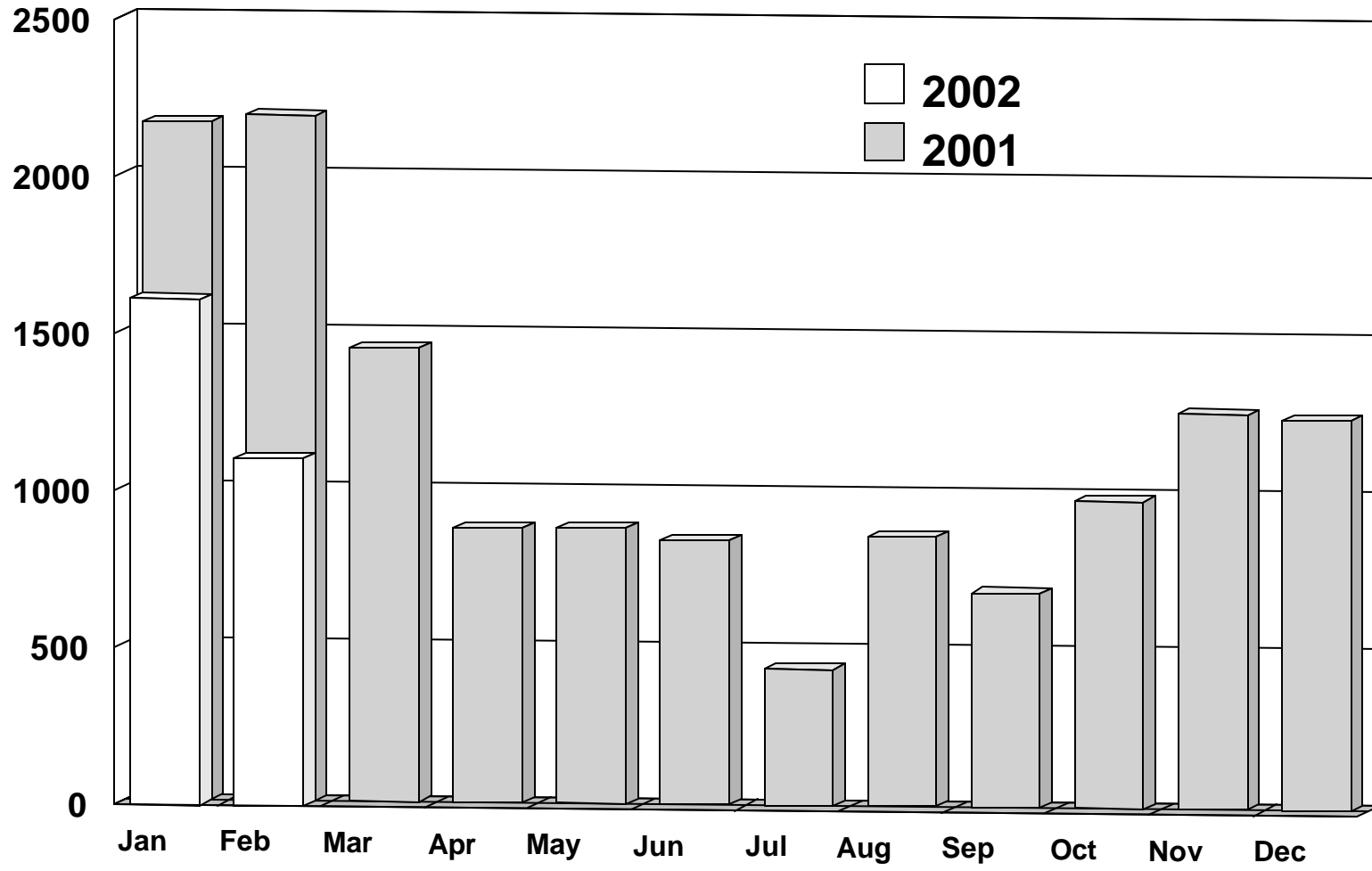
The unprecedented reductions in Southeast Zone were partly offset by increases in cases in Nigeria's Southwest Zone, where dracunculiasis transmission also peaks during the first three months of the year. Oyo has reported more cases (342) than any other state in the country so far this year, for an increase of 317%. Within Oyo State, Ibarapa North Local Government Area (LGA) reported 192 cases in January and February alone, of which 140 cases were from one village: Igangan. Of the 24 endemic villages in Ibarapa North, none has an adequate supply of safe drinking water. A Guinea worm video was shown in 15 of the villages, and two seminars were conducted, one each for local chiefs and all religious leaders in the LGA. Eleven new National Youth Service Corpers have been assigned to Southwest Zone for Guinea worm work. The increased cases are a result of active surveillance undertaken in Southwest Zone since Mr. Joshua Ologe began working as the Global 2000 consultant there last November.

Bravo Nigeria!!!! This is truly new in 2002! Congratulations to General Yakubu Gowon and the Nigerian gladiators!

Ghana continues to improve the monthly reporting of interventions from its endemic states and districts. However, case containment rates in Northern (63%) and Brong Ahafo (28%) Regions are still much lower than they need to be in order to achieve the national goal of interrupting transmission by the end of 2002. In Brong Ahafo Region, Kintampo District reported filter coverage in all households for only 29% of its endemic villages, with a case containment rate of only 37%. Table 1 shows the cases in Kintampo District increased from 53 in January-February 2001 to 190 (13% of the national total), in the same period of 2002. Two districts in Northern Region have also reported significant increases in cases so far this year: Zabzugu-Tatale (from 70 to 226 cases; 16% of the national total) and Tamale (from 89 to 149 cases; 10% of the national total). In Zabzugu-Tatale, a Worm Week was held in 36 endemic villages March 11-16, 2002; another Worm Week will be held April 22-27; 80 Guinea worm paintings were delivered for distribution in March; video shows are to begin in April, and 3 drama troupes are planned to begin performances in May. Of the ten most endemic villages of Zabzugu-Tatale District, containing 72% of cases reported so far in 2002, nine are scheduled to get safe drinking water in 2002 (wells in three of these have already been drilled successfully by the Church of Christ). Ghana's cases have been reduced by -23% overall in January-February 2002. At the end of February, Ghana reportedly had filters in all households of over 70% of its endemic villages, was using Abate in 19%, health education in 69%, and had at least one source of safe drinking water in 51%.

As of the end of March, MAP International had repaired all the broken hand pumps targeted for repair in the highest endemic villages of Tanda and Bondoukou Districts (see line-listing of eight top endemic villages in _____). As of March 21st this year, no cases of dracunculiasis had been reported outside of Tanda District. Although Tanda District began reporting cases again in December 2001, a representative of the national program only visited the area in mid-March 2002. A meeting of the major partners was held in Abidjan on March 19th, attended by representatives of the national Guinea Worm Eradication Program, the national water supply agency (_____), MAP, CRAS (Centre Rural d'Animation Sociale), U.S. Peace Corps, UNICEF and Global 2000/The Carter Center. A team from WHO, UNICEF and CDC will assist the national program in early May to conduct an active case search in at risk districts that have not completed such a search recently.

Figure 2



As indicated on the map (Figure 3), 16 cases of dracunculiasis that were exported from Sudan into Ethiopia in 2001 came from Jonglei and Upper Nile States, which share a border with Ethiopia's Gambella Region. Kenya received five cases from four Sudanese states, while the four cases imported into Uganda originated in East Equatoria and W. Bahr Al-Ghazal States. By and large, the 25 cases that were imported into northern Sudanese states among persons displaced from southern Sudan came mostly from states that share a border with one or more of the northern states. The Sudan Guinea Worm Eradication Program and its neighbors need to continue tracking these data in order to help forecast and reduce such exportations as much as possible before the disease is eradicated from southern Sudan.

It is with sadness and regret that we report the death on April 10, 2002 of Francis Ombija Olwago, who worked at The Carter Center office in Nairobi, Kenya during the last 7 years. His wife Grace, and their five children survive Francis. He was a good man and a true Guinea worm warrior. We express our profound sympathy to his family.

Assuming that all national Guinea Worm Eradication Programs receive and use available resources in a timely and effective manner, why is it that transmission of Guinea worm disease continues to occur? Below is a questionnaire that can help you answer that question. Each question is worth 5 points. A score of 100% would indicate that there should not be ongoing transmission of the dracunculiasis in your country. How high does your Guinea Worm Eradication Program (GWEP) score? Let the editor of the Guinea Worm Wrap Up know. This questionnaire may also be adapted to evaluate the status of programs at regional or district levels.

1. Has the head of state or minister of health visited an endemic village in the past year?
2. Do you brief or send monthly reports to the minister of health on the status of the program?
3. Does the GWEP hold coordination meetings with its major partners at least every other month?
4. Do village volunteers receive constructive supervision, at least twice monthly, by their superiors using a supervisory checklist?
5. Do you receive accurate monthly reports on the status of all interventions in all endemic areas?
6. Are line-listings and maps showing currently endemic villages being used to forecast appearance of cases, monitor interventions, and are these line-listings updated monthly in every endemic district as well as at regional and national levels?
7. Do village volunteers conduct active surveillance for cases of Guinea worm disease in all known endemic villages?
8. Do you ensure that supervisors train village volunteers (as often as necessary) to teach others about the origin and prevention of dracunculiasis, encourage the village volunteers to do active surveillance, help them to fill out case registers accurately, and provide supplies and materials to enable them to contain transmission from all cases of the disease so that the containment process meets the international standards?
9. Does the program use drama, market talks, video or slide shows about Guinea worm disease in all of the highest endemic areas during peak transmission season?

10. Are primary and secondary students taught about Guinea worm disease prevention in all schools located in all endemic districts?
11. Has the program used “Worm Weeks” in at least half of the highest endemic villages during the past year?
12. Are radio messages about prevention of Guinea worm disease broadcast in local languages to the highest endemic areas at least weekly during the peak transmission season?
13. Do more than 90% of known endemic villages report having cloth filters in 100% of households?
14. Are supervisors teaching filter users how to use and care for cloth filters, pipe filters, etc., each time they visit their endemic villages?
15. Are containment houses or comparable facilities for ensuring that patients do not contaminate water available in each of the endemic districts?
16. Are villagers in remaining endemic areas fully engaged in protecting themselves from Guinea worm disease?
17. Are Abate applications reaching all appropriate water sources, every 30 days during the transmission season, and subject to spot checks of copepod levels in a random sample of treated water sources each month?
18. Is there a national list of priority endemic villages that need new or repair of old sources of safe drinking water that is updated monthly, shared with agencies responsible for providing water, and used for prioritizing this intervention?
19. Are all reported cases in never endemic, formerly endemic, and low endemic areas always investigated as to their origin and containment status, and data on them sent to the national program headquarters?
20. Is there a system for continued surveillance of dracunculiasis in areas of the country that are no longer endemic?

Cairncross S, Muller R, Zagaria N, 2002. Dracunculiasis (Guinea worm disease) and the eradication initiative. [Clin Microbiol Rev](#) 15: 223-246.

World Health Organization, 2002. Dracunculiasis eradication in selected African countries. [Wkly Epidemiol Rec](#) 77: 9-13.



770-488-7761



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