


Date: January 10, 2000

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

Subject:  GUINEA WORM WRAP-UP # 97

To: Addressees

*“A Guinea Worm Eradication Program needs two eyes: one (surveillance) to see where the Guinea worms are, and the other (line-listing, monthly reporting) to see where its own interventions are.”*  
*Don Hopkins*

*“If you don’t know where you’re going, any road will get you there.”* Lewis Carroll

### **37% FEWER CASES OUTSIDE OF SUDAN, NIGERIA AND GHANA IN 1999**

Analysis of provisional reports for most of calendar year 1999 show that the endemic countries remaining outside of Sudan, Nigeria and Ghana have reduced their numbers of cases by about –37% since 1998. The overall number of cases outside of Sudan was reduced by only –5% (due mainly to a 54% increase in cases detected in Ghana), but the number of endemic villages outside of Sudan is expected to decrease by about –20%, from 3,267 to ~2,700 villages (Figures 1&2, Table 1). Chad was confirmed to have broken transmission in 1998, apparently detecting no cases at all for a full calendar year for the first time in 1999. Cameroon, meanwhile, recorded a significant reduction in imported cases from Nigeria: 8 in January-August 1999, vs. 19 in the same period of 1998 ( Table 3).



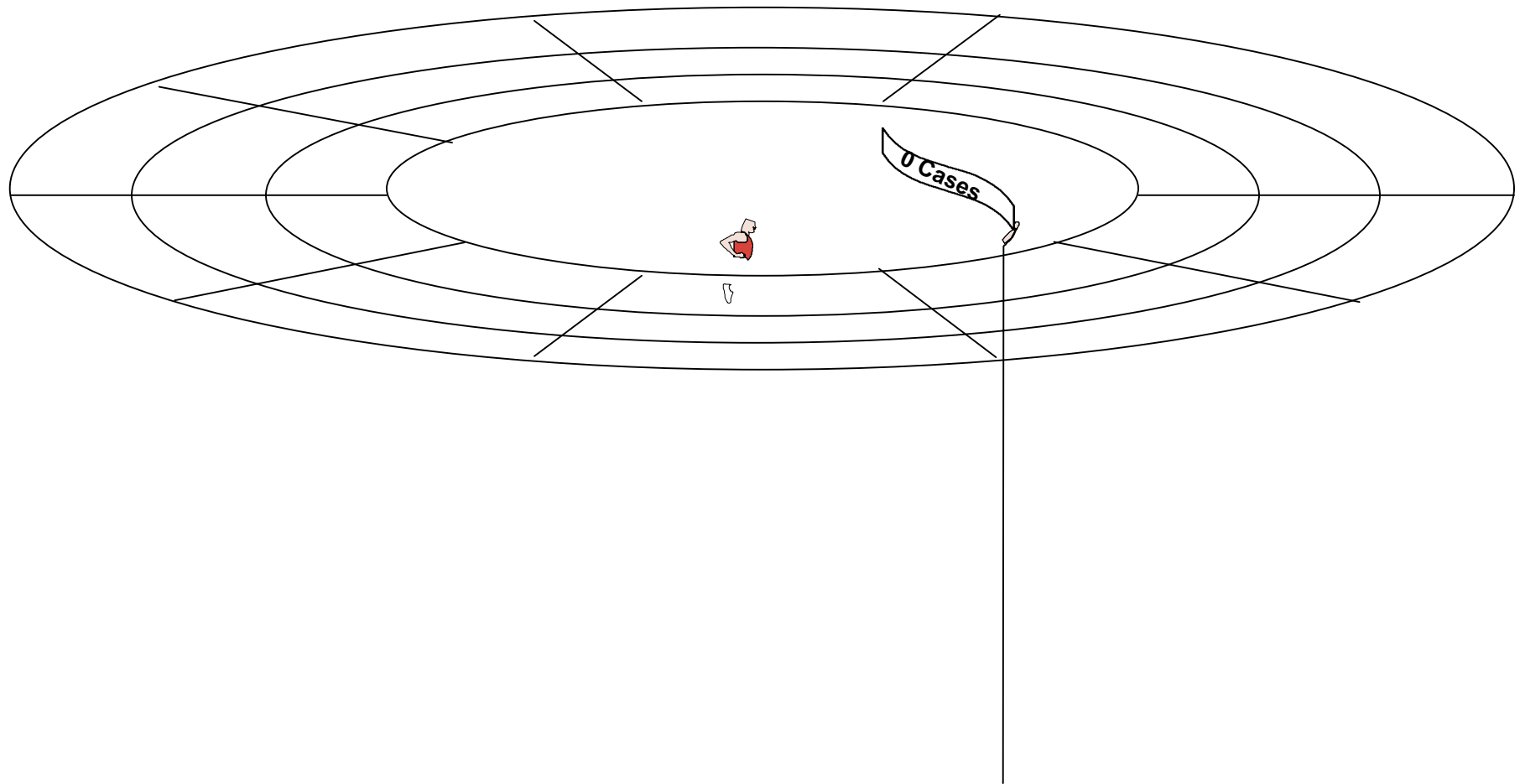
CHAD (9)	1	100	3	0
COTE D'IVOIRE (11)	183	100	1356	450
UGANDA (11)	192	100	888	312
MAURITANIA (10)	60	100	361	214
MALI (12)	128	75	646	386
BENIN (11)	207	90	581	370
ETHIOPIA (12)	45	100	359	247
NIGER (12)	280	100	2684	1916
TOGO (12)	229	100	2126	1585
NIGERIA (11)				

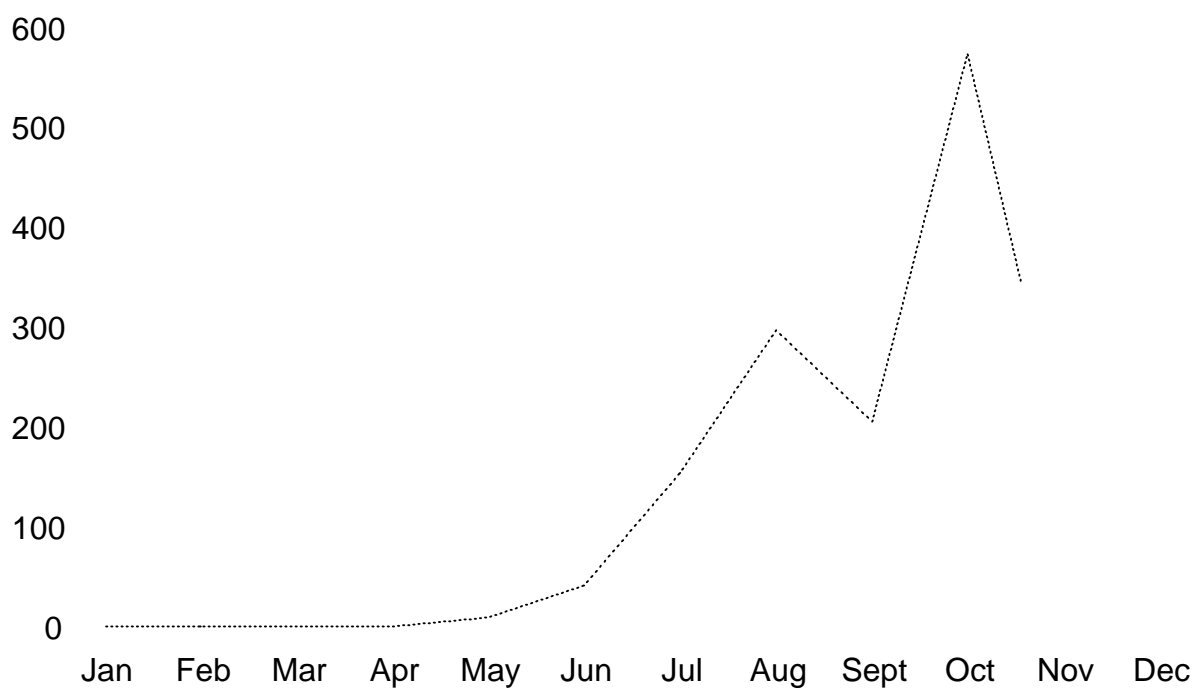
The relative positions of endemic countries in Guinea Worm Race 1999 are now established. In 1999, Mauritania overtook Ethiopia, Uganda sped past Benin and Mali, and Niger passed Burkina Faso (centerfold). Seven countries have now crossed the finish line, and probably six of the dozen endemic countries remaining will report fewer than 500 cases each in 1999 (Figure 1). Those six countries should have less than 250 cases each to detect and fully contain during 2000 in order to stop all transmission in 2000. Togo, Niger, Burkina Faso, Ghana and Nigeria need to run much harder and smarter this year, and avoid any stumbling or pauses to tie their shoelaces. Who will be winners in Guinea Worm Race 2000? Will Nigeria beat Ghana to the finish?

*“What gets measured, gets done.”*



*village level..... we are entering into contracts with chiefs, elders and villagers in the use of filters and commitment to containment. The change is significant in that this is not merely another government handout program. We are requiring a quid pro quo from the villagers in exchange for filters, free medical support, assistance in obtaining safe water, etc. We make them understand that they have an active role in the eradication program. In the past, we were seen as bringing gifts..... The sense of our mission is much clearer in the minds of the people we serve, and their role is established. The entire village is engaged in keeping their water free of Guinea worm. The immediate response from the villagers is wholly positive. They are treated as partners..... To the question, 'Do we have a deal?', people respond enthusiastically with hand clapping and a buzz of talking."*





Olusegun Obasanjo. On November 18<sup>th</sup>, the Japanese Ambassador to Nigeria visited the SW Zonal Office in Ibadan to commission the materials donated by the Government of Japan towards Guinea worm eradication in that zone.

## **BENIN**

The village of Allee ( in Zou Department), which with 72 cases was the highest endemic village in Benin in 1998, registered a total of only 6 cases in 1999 (-92%). The Department of Oueme, which recorded 110 cases in 1997 and 18 cases in 1998, has recorded zero cases in January-November 1999. Mono Department reported only 35 cases in the first eleven months of 1998, but 107 cases for the same period of 1999 (Figure 4). The national team, led by Dr. Aristide Paraiso, is taking vigorous steps to end the outbreak in Mono, which is confined to two villages. A few additional imported cases were detected in November and December from Togo and from Nigeria. Broadcasts of health education messages in local languages began on November 24<sup>th</sup> in Savalou Sub-prefecture of Zou Department, with the support of Health and Development International. The sub-prefecture of Djidja in Zou Department, and the outbreak in Mono Department are the two main problem areas.

## **WHO REVIEWS KENYA ERADICATION PROGRAM**

Following recommendations made to the Kenyan Guinea Worm Eradication Program (KGWEP), during national Guinea Worm Eradication Programme co-ordination meetings, the Ministry of Health of Kenya, with the technical and financial support of the World Health Organization (WHO), organised and conducted from 13 to 24 September 1999 a joint review of all programme activities. The review was conducted in three districts of the Rift Valley Province: Trans-Nzoia, West Pokot and Turkana. No active cases were identif(ied) during the review. The surveillance system was found to be weak and the following recommendations were made:

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interventions;

4. The national programme (KGWEP) should strengthen its collaboration with the Environmental Health Division and revitalise the National Committee for Certification of Dracunculiasis Eradication.
5. The programme should consider using the opportunities given by the National Immunisation Days, markets days (big markets in border areas) and the district disease surveillance team members to inform and (sensitize) people about the disease.
6. The national co-ordinating programme (KGWEP) should promote inter-districts and cross-border meetings to strengthen local and inter-

Table 3

**Dracunculiasis Eradication Campaign**

Benin	Togo	Month	Cases	
			Number	Contained Notified*

by Operation Lifeline Sudan (OLS)'s Southern Sector (from 22 villages). UNICEF's Water and Environmental Sanitation Program (WES), and The Carter Center (Global 2000) have combined the two data bases showing the locations of endemic villages and safe water supplies in the OLS area. WES will use the new joint database to prioritize provision of safe water to endemic villages, where possible. The Sudan Guinea Worm Eradication Program held its bimonthly coordination meeting in Khartoum during December 6<sup>th</sup> – 8<sup>th</sup>, 1999. Mr. P. Craig Withers Jr., Director of Program Support, represented Global 2000 headquarters in this meeting.

## FUNDING



The **United Nations Foundation** has approved an additional grant of \$1.5 million for Guinea worm eradication to UNICEF over the next two years (2000-2001). The award was based on a proposal developed jointly by UNICEF and The Carter Center, who will collaborate in implementing the proposed activities in Ghana, Mali, Niger, Nigeria and Sudan (The Carter Center), and Togo and Uganda (UNICEF).

## RECENT PUBLICATIONS

Muller R., 1999. Slaying the little dragon. Biologist, 46:57-60

Muller R, 1998. Dracunculiasis. In: Topley and Wilson's Microbiology and Microbial Infections. 9<sup>th</sup> edition. Vol. 5. Parasitology. FEG Cox, JP Kreier, D Wakelin, eds. London: Arnold.

Sheik-Mohamed, A. Velema, Johan P.. Where health care has no access: the nomadic populations of sub-Saharan Africa. Tropical Medicine & International Health, 4 (10); 695-707 October 1999.

Lucas P. Chippaux JP. Zagaria N. Meert JP. Maiga A. Yameogo D. 1999. Endemic dracunculiasis in new villages: re-emergence of the disease or failure of the surveillance system. Medecine Tropicale. 59(2):141-5.

Ogunniyi TAB. Oni PO. Juba A. Asaolu SO. Kolawole DO. 2000, Jan 5.. Disinfectants/antiseptics in the management of guinea worm ulcers in the rural areas. Acta Tropica. 74(1):33-38.

*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).*



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