DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date October 17, 1997

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

Subject GUINEA WORM WRAP-UP #72

To Addressees

Detect Every Case, Contain Every Worm!

SEVEN COUNTRIES ATTEND PROGRAM REVIEW IN YEMEN

Yemen hosted the annual Program Review for English-speaking endemic countries in Sana'a on September 29-October 2. The Opening and Closing Ceremonies were chaired by the National Program Coordinator of the Yemen Guinea Worm Eradication Program, Dr. Abdul-Hakeem Al-Kohlani. The Minister of Health, Dr. Mohammad Mohammad Hajar, welcomed participants at the Opening Ceremony. The current status of the seven programs is summarized in Table 1, Figures 1 & 2.

YEMEN

(Report presented by the National Program Coordinator, Dr. Abdul-Hakeem Al-Kohlani)

Yemen has reported only seven cases in 1997, at least four of which were completely contained. The three uncontained cases were from a newly-identified endemic village (1 case) in a known endemic governorate, and from a village volunteer who had left his post (2 cases). All interventions are in place in all known endemic villages.

GHANA

(Report presented by the Regional Director of Health Services for the Northern Region, Dr. Sylvester Anemana)

Ghana has reported 6,844 cases in January-August 1997, which is an increase of 73% from the same period of 1996; 78% of cases are from the Northern Region, and 14% are from the Volta Region. Of this year's cases, 79% were contained. Two of the ten regions (Greater Accra and Upper East) have reported no indigenous cases so far this year. The cash reward that was introduced starting in December 1996 for reporting of a case is the main reason for the unexpected increase in cases. The Canadian International Development Agency (CIDA), Global 2000, and UNICEF are helping to improve municipal water supplies in three of the four district capitols that are the source of 50% of all cases in the Northern Region, but more funding is needed. All four water supplies were treated with Abate beginning early this year.

Table 1

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH DURING 1997*
(COUNTRIES ARRANGED IN DESCENDING ORDER OF CASES IN 1996)

COUNTRY	# OF ENDEMIC VILLAGES: 1/1/97	# OF CASES IN 1996	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													% CONT.
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	5114	118578	1965 / 3590	851 / 1328	5554 / 8709	2591 / 7000	3165 / 7069	1657 / 2336	1802 / 2313	/	/	/	/	/	17585 / 32345	54
NIGERIA	1353	12282	1056 / 1211	1406 / 1425	976 / 1117	806 / 918	952 / 1113	1089 / 1478	1150 / 1649	933 / 1199	/	/	/	/	8368 / 10110	83
GHANA	602	4877	1498 / 1685	1182 / 1625	904 / 1226	680 / 909	583 / 652	272 / 376	194 / 274	73 / 97	/	/	/	/	5386 / 6844	79
BURKINA FASO	337	3241	6 / 7	30 / 37	45 / 79	39 / 73	49 / 322	122 / 366	108 / 477	19 / 151	/	/	/	/	418 / 1512	28
NIGER	416	2956	3 / 7	0 / 0	2 / 4	5 / 14	33 / 59	218 / 435	312 / 731	500 / 857	315 / 485	/	/	/	1388 / 2592	54
COTE D'IVOIRE	216	2794	148 / 156	166 / 177	109 / 140	130 / 171	134 / 153	59 / 60	96 / 96	54 / 54	14 / 14	/	/	/	910 / 1021	89
MALI	430	2402	25 / 44	11 / 11	4 / 4	8 / 18	23 / 30	75 / 104	133 / 180	183 / 292	/	/	/	/	462 / 683	68
TOGO	249	1626	31 / 121	22 / 33	45 / 57	42 / 68	54 / 113	48 / 63	83 / 140	76 / 76	129 / 140	/	/	/	530 / 811	65
UGANDA	327	1455	6 / 7	1 / 6	27 / 36	110 / 197	295 / 596	160 / 241	84 / 124	35 / 44	/	/	/	/	718 / 1251	57
BENIN	325	1427	98 / 112	38 / 39	15 / 19	74 / 77	28 / 28	17 / 17	4 / 10	18 / 21	/	/	/	/	292 / 323	90
MAURITANIA	143	562	1 / 1	0 / 0	1 / 1	/	/	/	/	/	/	/	/	/	2 / 2	100
ETHIOPIA	57	371	4 / 5	3 / 5	8 / 8	40 / 43	78 / 108	110 / 128	62 / 65	56 / 57	/	/	/	/	361 / 419	86
CHAD	12	127	2 / 2	2 / 2	6 / 6	1 / 1	1 / 1	4 / 4	/ 3	/ 4	/ 0	/	/	/	16 / 23	70
YEMEN	7	62	0 / 0	0 / 0	0 / 0	1 / 1	2 / 4	1 / 1	0 / 0	0 / 0	0 / 1	/	/	/	4 / 7	57
SENEGAL	7	19	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	3 / 3	1 / 1	0 / 0	0 / 0	/	/	/	4 / 4	-
CAMEROON**	13	17	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	/ 7	/ 3	/	/	/	/	1 / 11	9
INDIA	3	9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	0 / 0	-
TOTAL*	9611	152805	4843 / 6948	3712 / 4688	7696 / 11406	4527 / 9490	5397 / 10248	3836 / 5613	4029 / 6070	1947 / 2855	458 / 640	0 / 0	0 / 0	0 / 0	36445 / 57958	63
% CONTAINED			70	79	67	48	53	68	66	68	72	-	-	-	63	

* Provisional

** Reported 1 case in June and 7 cases in July imported from Nigeria.

NIGERIA
(Report presented by Dr. K. A. Ojodu, the National Program Coordinator, and by the four Zonal Facilitators: Prof. Eka Braide (Southeast Zone), Prof. Luke Edungbola (Northwest Zone), Mr. Ben Nwobi (Northeast Zone), and Prof. Oldele Kale (Southwest Zone)

Nigeria has reported 10,110 cases in January-August 1997, which is an increase of 1% from the same period of 1996 (data through July were presented at the Review), Of this year's cases, 83% were contained, and Abate is now being used in 46% of all endemic villages. More than two-thirds of cases (71%) are from only six states: Ebonyi, Benue, Zamfara, Oyo, Gombe, and Katsina. Access to some highly endemic areas after months of ethnic conflict, which ended earlier this year in parts of Southeast Zone, is the main reason for the increase in cases in 1997. Interventions have improved significantly in each zone except Northeast Zone, which has continued to export cases to Cameroon from Borno State.

SUDAN
(Report presented by Dr. Nabil Aziz, the National Program Coordinator, and by Mr. Ross Cox, representing Operation Lifeline Sudan)

Sudan has reported 32,345 cases in January-July 1997, 60% of the global total so far this year. Of the cases in Sudan, 55% are from Jongoli State. There is significant under-reporting this year in Northern Bahr Algazal, which is known to be highly endemic because of increased fighting there. At least 4,317 villages have already reported one or more case(s) in 1997 (January-July). So far this year, 60% reductions in cases have been reported from the ten northern states, and from West Equatoria and Buheirat/Lakes States in the south of the country (and 25% reduction in cases in East Equatoria), despite reporting rates that are equal or better this year to reporting rates in 1996 in those areas. Abate use is increasing, and the quality of case containment is improving. The Undersecretary of the Federal Ministry of Health, Mr. Mohamed Ali Qurashi, also attended the Program Review and read a statement of support on behalf of his government.

ETHIOPIA
(Report presented by the National Program Coordinator, Dr. Desta Alamerew)

Ethiopia has reported 419 cases in January-August 1997, an increase of 23% from the 340 cases reported during the same period of 1996. Of this year's cases, 86% have reportedly been contained; 91% are from South Omo and the remainder from Gambella. The Program has made several improvements to tighten interventions in South Omo, with the help of UNICEF. Efforts are underway to ensure that all necessary materials and resources for stopping transmission in 1998 are in place for this program before the end of this year. A suspected endemic area in Gambella (Akobo) is still inaccessible to the program because of insecurity.

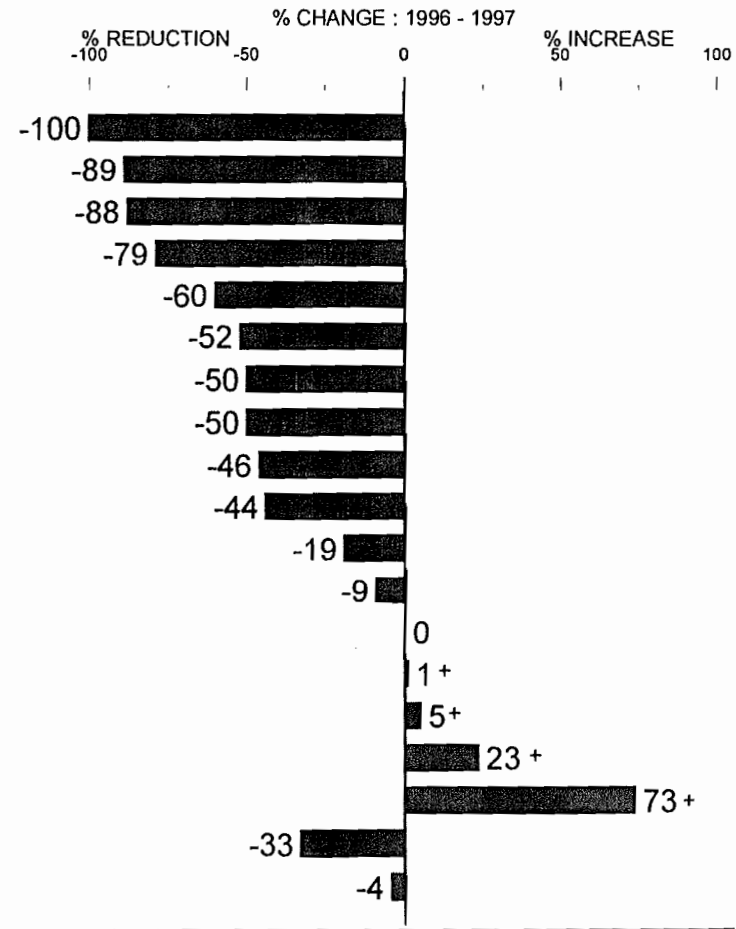
KENYA
(Report presented by the National Program Coordinator, Dr. David Sang)

Kenya reported six new cases for the first time, at least five of which were allegedly imported from Sudan or Uganda. Five of the cases were said to have been contained; the other case reportedly absconded. One case occurred in January 1997, two in June, one in July, and two in August.

Figure 1

PERCENTAGE OF ENDEMIC VILLAGES REPORTING AND PERCENTAGE CHANGE IN NUMBER OF CASES OF DRACUNCULIASIS DURING 1996 AND 1997*, BY COUNTRY

COUNTRY	ENDEMIC VILLAGES: 1997 NUMBER	ENDEMIC VILLAGES: 1997 % REPORTING	CASES REPORTED 1996	CASES REPORTED 1997	% CHANGE : 1996 - 1997
INDIA (8)	3	100	9	0	-100
YEMEN (9)	9	100	62	7	-89
MAURITANIA (3)	142	NR	16	2	-88
CHAD (9)	13	100	112	23	-79
COTE D'IVOIRE (9)	226	92	2565	1021	-60
MALI (8)	395	81	1417	683	-52
SENEGAL (9)	7	100	8	4	-50
BENIN (8)	341	91	640	323	-50
SUDAN (7)	5657	37	60211	32345	-46
BURKINA FASO (8)	349	26	2718	1512	-44
TOGO (7)	249	NR	997	811	-19
UGANDA (8)	392	99	1374	1251	-9
CAMEROON (8)**	13	100	0	0	0
NIGERIA (8)	1630	96	10053	10110	1 +
NIGER (9)	416	99	2457	2592	5+
ETHIOPIA (8)	57	99	340	419	23 +
GHANA (8)	1034	100	3960	6844	73 +
TOTAL***	10933	64	86939	57958	-33
TOTAL WITHOUT SUDAN ***	5276	92	26728	25613	-4

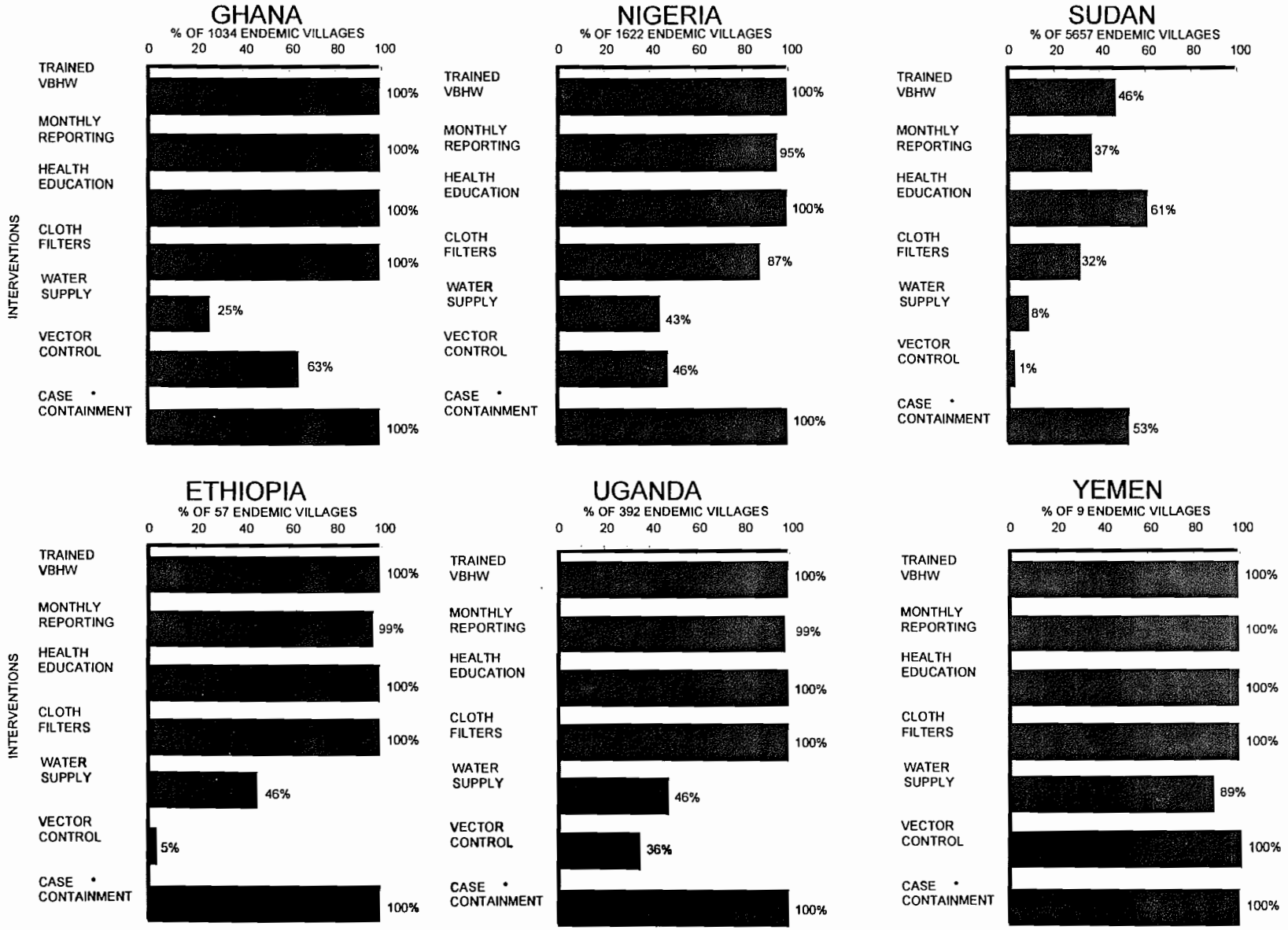


(3) Reports for Jan. - Mar. 1997
(7) Reports for Jan. - July 1997
(8) Reports for Jan. - Aug. 1997
(9) Reports for Jan. - Sept. 1997

NR Not Reported
* Provisional
** Reported 11 cases imported from Nigeria.
*** Includes 11 cases imported into Cameroon

Figure 2

Dracunculiasis Eradication Campaign Interventions: August 1997



• Village-based health workers trained and supplied to do case containment.

USAID/MALI AWARDS ANOTHER $400,000 FOR MALIAN GWEP

In September, the US Agency for International Development's (USAID) mission to Mali concluded an amendment to an existing agreement between USAID and The Carter Center that awarded an additional $400,000 for the Guinea Worm Eradication Program in Mali through September 30, 1998. These funds will be used to purchase equipment and spare parts, and to support interventions, including intensification of efforts in all endemic regions, as Mali prepares to halt all remaining transmission. USAID/Mali has previously provided $1.3 million to the Guinea Worm Eradication Program of Mali, from the beginning of the Malian program in 1993. Abate was used in more than 37 endemic villages (9%) in August.

JAPAN PROVIDES $6.5 MILLION FOR WATER IN ENDEMIC AREAS OF NIGER

On September 25, the governments of Niger and Japan signed an agreement under which the Government of Japan will provide 3.775 billion FCFA (about US $6.5 million) in assistance. The funds will be used for a project to provide safe drinking water in endemic areas of the country in order to help Niger eradicate dracunculiasis. All of the work will be done in Mirria Arrondissement, Zinder Department. The agreement was signed at a ceremony in Niamey by the Minister of Justice, Mr. Boubey Oumarou, on behalf of the Government of Niger, and by Ambassador Hiromi Sato, on behalf of the Government of Japan. It is expected that the project will provide 90 new borehole wells, rehabilitate 77 old boreholes, vehicles, and materials to intensify health education. Two Japanese volunteers are expected to help with the execution of the project. In September, the Niger GWEP reported a reduction of 36% in cases of dracunculiasis, from 757 cases in September 1996 to 485 cases during the same month of this year. The program also treated 113 water sources with Abate in 55 endemic villages (13%) during September.

OPEC FUND, GOVERNMENT OF NETHERLANDS SUPPORT ERADICATION ACTIVITIES THROUGH THE CARTER CENTER

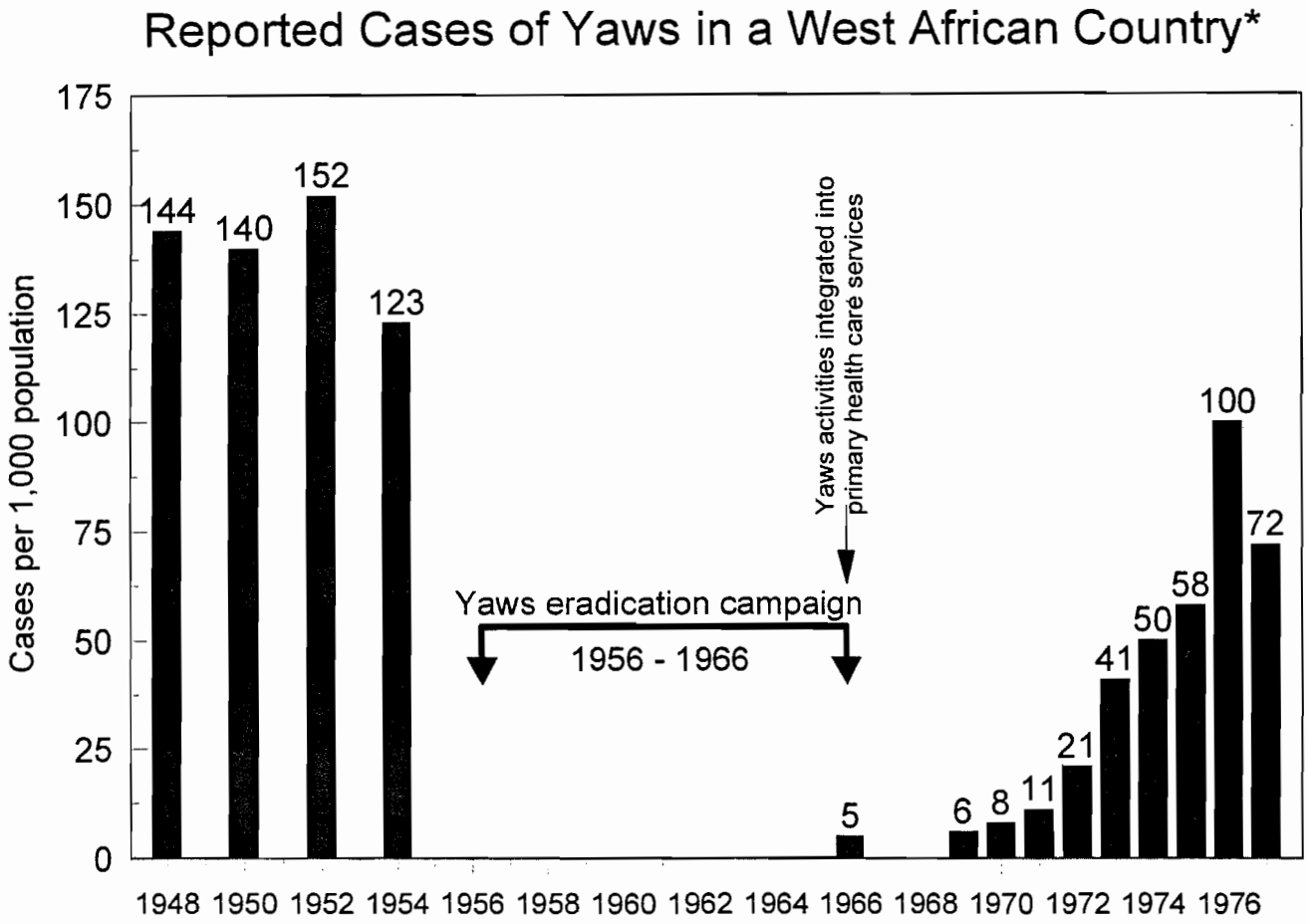
The OPEC Fund for International Development recently awarded a grant in the amount of US $150,000 to The Carter Center in support of the Center's efforts to complete the eradication of dracunculiasis in the remaining endemic countries as soon as possible. The grant is for the period 1997-2000. In September, the Government of the Netherlands also announced an award of $250,000 in support of The Carter Center's health initiative in Sudan, in which Guinea worm eradication is the primary focus.

IN BRIEF:

During a visit to Ouagadougou for the African Program for Onchocerciasis Control, Dr. Donald Hopkins of the Carter Center met with the Minister of Public Health of Burkina Faso, Mr. Alain Ludovic Tou, to discuss the status of dracunculiasis eradication in Burkina Faso. Dr. Hopkins was accompanied by the Acting WHO country representative, and by Drs. Alhousseini Maiga and Jean Baptiste Roungou of WHO/AFRO.

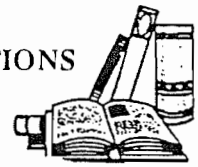
EDITORIAL NOTE: Mention has been made in recent months of the unfortunate consequences that followed when activities of the Yaws Eradication Program were integrated into primary health care services in several West African countries during the late 1960s, after specialized teams had reduced the incidence of yaws to very low levels. The primary health care services were still too weak to continue the level of surveillance, treatment, and containment of yaws that was still necessary. The epidemio-logic experience of one West African country is summarized in Figure 3. Guinea Worm Eradication Programs must take care not to repeat this mistake 30 years later.

Figure 3



* Years without numbers indicate data not available to Guinea Worm Wrap-Up

RECENT PUBLICATIONS



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Hopkins DR, Ruiz-Tiben E, Ruebush TK, 1997. Dracunculiasis eradication: almost a reality. Am J Trop Med Hyg, 57:252-259.

WHO, 1997. Dracunculiasis and onchocerciasis, Sudan. Wkly Epidemiol Rec, 72:297-301.

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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 Trenton K. Ruebush, MD, 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.

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