DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Memorandum

Date August 1, 1997

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

Subject GUINEA WORM WRAP-UP #70

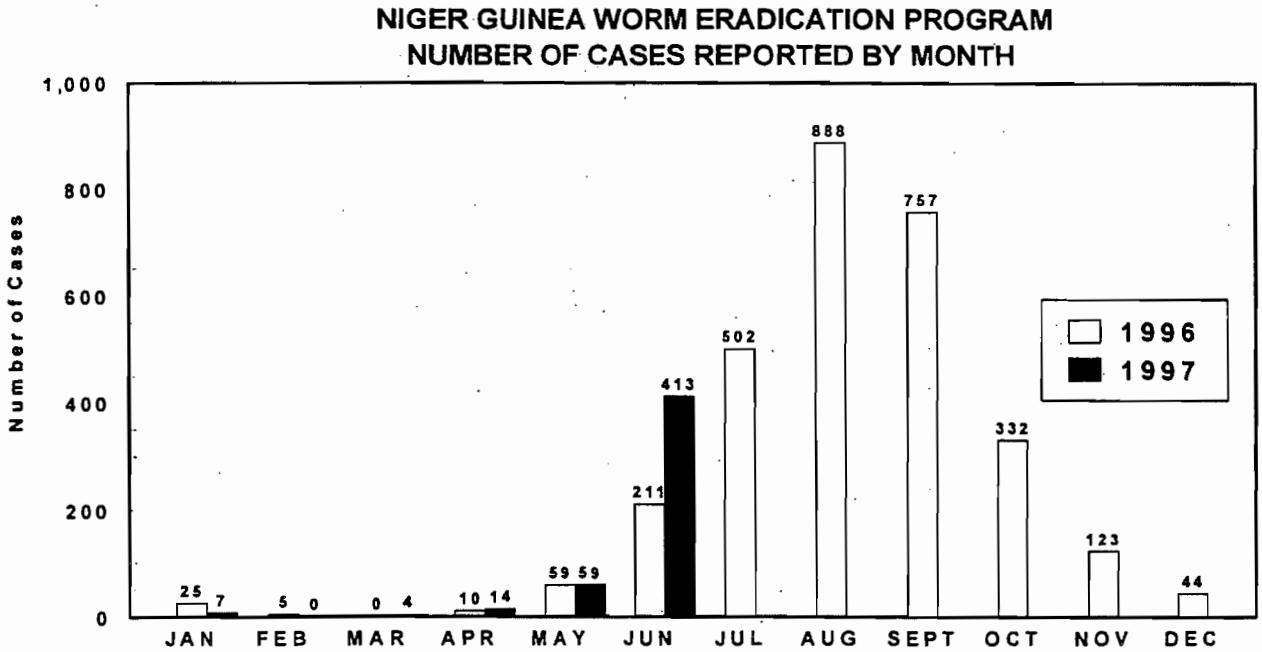
To Addressees

Detect Every Case, Contain Every Worm!

A NEW LESSON FROM NIGER

Throughout 1996, the Guinea Worm Eradication Program of Niger blazed a new trail for highly-endemic countries by reducing the incidence of dracunculiasis nationwide by 79%, from 13,821 cases reported in 1995 to only 2,956 cases reported in 1996. As we highlighted in Guinea Worm Wrap-Up #58 (July 1996), the spectacular achievements that were manifest in 1996 reflected the program's effective work in 1995. So far this year, however, Niger has recorded 497 cases in January-June, as compared to 310 cases during the same period of 1996, which is an increase of 60% (Figures 1 and 2, Table 1). The main reason for the disappointing increase in cases in 1997 is no mystery: last year, the Niger program was badly handicapped by inadequate funding, which forced the program to do the best it could with less than 50% of the funding which it needed, and for which it had budgeted. Improved surveillance has likely played only a minor role in these unfortunate results.

Figure 1



Even more tragically, however, a similar unnecessary delay in funding has occurred again in the first six months of 1997, for which the program will surely suffer the consequences again next year. The delayed funding in 1997 disrupted supervision and surveillance activities, prevented timely social mobilization of endemic villages, and forced the program to rush to conduct many activities in a short period just before the rains and peak transmission season began, thus over-burdening the field staff, impairing their morale, and reducing the quality of their work. At this stage of the global Guinea Worm Eradication Program, such avoidable delays in deployment of resources are disastrous. So far this year, extended delays in funding have also occurred in Benin, Burkina Faso, Cameroon, Ethiopia, and Togo. All external partners should act now to prevent similar catastrophies in 1998. The penalty for not doing so is one more year of eradication efforts.

Figure 2

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 (5)	3	100	6	0	-100
MAURITANIA (3)	142	NR	16	2	-88
YEMEN (6)	9	100	50	6	-88
CHAD (6)	13	100	92	14	-85
BURKINA FASO (5)	349	30	760	198	-74
MALI (6)	439	78	564	211	-63
COTE D'IVOIRE (6)	228	91	2223	857	-61
TOGO (5)	249	NR	682	342	-50
BENIN (6)	272	55	529	292	-45
SUDAN(5)	5251	35	32276	22290	-31
UGANDA (6)	379	99	1140	1085	-5
CAMEROON (6)**	13	100	1	1	0
SENEGAL (5)	7	100	0	0	0
NIGERIA (5)	1531	91	5455	5511	1+
ETHIOPIA (6)	57	100	210	291	39+
NIGER (6)	416	99	310	497	60+
GHANA (6)	1016	100	3625	6473	79 +
TOTAL	10374	60	47939	38070	-21
TOTAL WITHOUT SUDAN	5123	87	15663	15780	1+

* Provisional
(3) Reports for Jan. - Mar. 1997
(5) Reports for Jan. - May 1997

** Reported one case imported from Nigeria in June
(4) Reports for Jan. - Apr. 1997.
(6) Reports for Jan. - June 1997

INDIA: ONE YEAR WITHOUT A CASE?!

India may have finally slain the dragon worm! Although we do not have confirmation that no cases occurred in India in June or July, it appears that is indeed so. India's last known case occurred in Jodhpur District of Rajasthan State in July 1996. All nine cases reported in India last year were in three villages of the same district. All nine were contained. We hope our congratulations to Dr. Gautam Biswas, his colleagues, and predecessors are not premature. M.I.D. Sharma must be smiling!

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	SEPTEMBE	OCTOBER	NOVEMBER	DECEMBER	TOTAL*	
SUDAN	5114	118578	1965 / 3591	776 / 1267	5089 / 7762	2017 / 5677	1514 / 3993	/	/	/	/	/	/	/	11361 / 22290	51
NIGERIA	1353	12282	983 / 1148	1294 / 1332	878 / 1020	797 / 901	970 / 1110	/	/	/	/	/	/	/	4922 / 5511	89
GHANA	602	4877	1498 / 1685	1182 / 1625	904 / 1226	680 / 909	583 / 652	272 / 376	/	/	/	/	/	/	5119 / 6473	79
BURKINA FASO	337	3241	1 / 1	16 / 20	0 / 24	45 / 68	1 / 85	/	/	/	/	/	/	/	63 / 198	32
NIGER	416	2956	3 / 7	0 / 0	2 / 4	5 / 14	33 / 59	216 / 413	/	/	/	/	/	/	259 / 497	52
COTE D'IVOIRE	216	2794	148 / 156	166 / 177	109 / 140	130 / 171	134 / 153	59 / 60	/	/	/	/	/	/	746 / 857	87
MALI	430	2402	25 / 44	11 / 11	4 / 4	8 / 18	23 / 30	75 / 104	/	/	/	/	/	/	146 / 211	69
TOGO	249	1626	/ 120	39 / 55	/ 43	/ 52	/ 72	/	/	/	/	/	/	/	39 / 342	11
UGANDA	327	1455	6 / 7	1 / 6	27 / 36	110 / 197	295 / 596	160 / 243	/	/	/	/	/	/	599 / 1085	55
BENIN	325	1427	98 / 112	38 / 39	15 / 19	74 / 77	28 / 28	17 / 17	/	/	/	/	/	/	270 / 292	92
MAURITANIA	143	562	1 / 1	0 / 0	1 / 1	/	/	/	/	/	/	/	/	/	2 / 2	100
ETHIOPIA	57	371	4 / 5	2 / 2	7 / 7	40 / 43	76 / 106	110 / 128	/	/	/	/	/	/	239 / 291	82
CHAD	12	127	2 / 2	2 / 2	6 / 6	1 / 1	1 / 1	2 / 2	/	/	/	/	/	/	14 / 14	100
YEMEN	7	62	0 / 0	0 / 0	1 / 1	1 / 1	2 / 4	0 / 0	/	/	/	/	/	/	4 / 6	67
SENEGAL	7	19	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	-
CAMEROON**	13	17	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	/	/	/	/	/	/	1 / 1	100
INDIA	3	9	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	-
TOTAL*	9611	152805	4734 / 6879	3527 / 4536	7043 / 10293	3908 / 8129	3660 / 6889	912 / 1344	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	23784 / 38070	62
% CONTAINED			69	78	68	48	53	68	-	-	-	-	-	-	62	

* PROVISIONAL

** Reported one case imported from Nigeria in June

IN BRIEF:

Burkina Faso has reportedly exported three cases of dracunculiasis to Mali so far this year: two cases to Gao Region in January, and one case to Mopti Region in June. All three cases were contained.

Ethiopia's Dracunculiasis Eradication Program held a Regional Review Meeting in Gambella on June 27. The meeting was chaired by the national program coordinator, Dr. Desta Alamerew. The program plans to hold a "Regional Guinea Worm Day" in Gambella in November or December. 1997 funding for this program has been delayed, as were supplies of Abate and filter material.

Benin. Dr. Alhousseini Maiga of WHO arrived in Benin for a consultation to that country's program in late July. He will also assist the Togo GWEP immediately after Benin.

Nigeria. Dr. Jason Weisfeld, a consultant for Global 2000/The Carter Center, provided technical assistance to Mr. Ben Nwobi, Zonal Facilitator, and his colleagues in Nigeria's Northeast Zone during July.

HOPKINS ELECTED TO ACADEMY OF SCIENCES

In April 1997, Dr. Donald R. Hopkins, Associate Executive Director of Health Programs at The Carter Center, was elected to the American Academy of Arts and Sciences. Congratulations Don!!

RECENT PUBLICATIONS

World Health Organization, 1997. International Commission for the Certification of Dracunculiasais Eradication. Second Meeting: Report and Recommendations. WHO/FIL/(DRA)/97.192, 13pp.

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.