DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Memorandum

Date June 9, 1997

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

Subject GUINEA WORM WRAP-UP #68

To Addressees

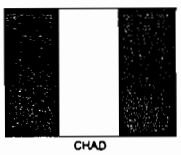
Detect Every Case, Contain Every Worm!

50th WORLD HEALTH ASSEMBLY ADOPTS RESOLUTION ON DRACUNCULIASIS

On May 14, the Fiftieth World Health Assembly adopted a resolution (WHA 50.35) on dracunculiasis eradication that was recommended by WHO's Executive Board. The resolution, which is reprinted on page 7, *Urges all Member States, international and nongovernmental organizations, and other appropriate entities to continue to ensure appropriate political support and the availability of much-needed resources for completion of eradication of dracunculiasis as quickly as technically feasible . . .* Discussion of the resolution at the Assembly featured strong statements of support by delegates from Canada, Ethiopia, Ghana, India, Niger, and Pakistan.

The number of cases reported so far in 1997, as well as the rates of case containment, are given in Table 1. Except for the three highest endemic countries of Sudan, Ghana, and Nigeria, all other endemic countries have reduced their incidence by 58% so far this year, compared to the same period of 1996. It is encouraging that reported rates of cases contained now average 81% outside of Sudan, where nearly two-thirds of reported cases are reportedly "contained or managed" (given first aid care). The status of program indicators during January-April 1996 and January-April 1997 are compared in Table 2. The relatively low rates of cases contained so far this year in Togo, Burkina Faso, Niger, Uganda, and Mali still need significant improvement (Figure 1). At this final stage of the eradication campaign in most countries, programs should be making more use of Abate to help interrupt transmission as quickly as possible (Figure 2). As we have repeated many times before, case containment, surveillance, use of Abate, and careful supervision are the keys to successful eradication of dracunculiasis.

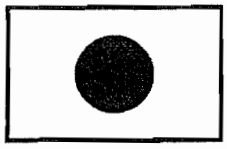
IN BRIEF:



Chad has begun offering rewards for reporting of a case, using support provided by Health and Development International. The coordinators from Chad and Cameroon held their first border meeting in April.

Mali. So far this year, Mali, among the moderately endemic countries, has the highest rate or reduction (-71%), with 73% of endemic villages reporting and 62% of the cases contained, both of which should be improved further. Mali and Senegal held a joint border meeting to discuss issues related to dracunculiasis eradication at Tambacounda, Senegal, on May 26-27.

In Ghana, Mr. Eiichi Suzuki, Counselor at the Embassy of Japan in Accra, represented the Ambassador of Japan at a ceremony presenting a grant of approximately $60,000 (equivalent) to Dr. Frank Grant, who represented Global 2000/Ghana, for use in Ghana's Guinea Worm Eradication Program. The grant was made under Japan's Grant Assistance for Grassroots Projects (GGP). The funds will be used to purchase filter material. The program in Ghana is producing a poster to highlight the progress made to date and what still remains to be done (Figure 3) The Ghanaian poster is similar to the one produced in Nigeria last month.



WHO has notified the Government of Sudan that it will make available another $121,000 to help purchase commodities for use by that program in 1997. This is in addition to the $100,000 already committed by WHO in March (see Guinea Worm Wrap-Up #66) for the program in Sudan this year.

Côte d'Ivoire. To increase the impact of dracunculiasis eradication efforts in Kouassi-Datekro Sub-Prefecture, Bondokou Sanitary District, the program staff and U.S. Peace Corps Volunteers organized a competition among 14 endemic villages, lasting from November 1995 through January 1997. With much fanfare, community health workers promoted the competition for which the winning village would receive three new wells and spare parts for repairs, notebooks for students, and a trophy. The second prize included two new wells and spare parts. A third prize included one new well and spare parts. A point system was developed to determine the winning village. Points were given for filter use, treatment of lesions and case management, rapid notification of cases (within 24 hours of worm emergence), confirmation of the case by a supervisor within seven days, use and maintenance of existing wells, and vector control. The competition focused community efforts to eliminate dracunculiasis, and the villages vied with their neighbors to eliminate the disease. Cases of dracunculiasis in Kouassi-Datekro declined from 476 during January-April 1996 to 263 during the same period in 1997, a reduction of 45%. Another competition, lasting from October 1997 to January 1999, is planned in another 18 villages to provide the final impetus for eradication of dracunculiasis from Kouassi-Datekro.

Yemen. A total of six cases were reported through May 1997. This is a reduction in cases of 85%, compared to the same period in 1996. Two of the cases detected in May were reported from new villages. Al Sudah District, Sana'a Governorate, has reported zero cases for 18 months.

PHS AWARD FOR CDC GUINEA WORM TEAM

The U.S. Department of Health and Human Services Scretary's Award for Distinguished Service has been awarded to the Guinea Worm Eradication Team at CDC's National Center for Infectious Diseases. Dr. Karl Kappus accepted the award on behalf of the group at a ceremony held in Washington, DC, May 13, 1997.

Table 1

NUMBER OF CASES CONTAINED AND NUMBER REPORTED BY MONTH, 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	1966 / 3590	683 / 1039	4775 / 6998	/	/	/	/	/	/	/	/	/	7424 / 11627	64
NIGERIA	1288	12282	983 / 1148	1294 / 1332	878 / 1020	797 / 901	/	/	/	/	/	/	/	/	3952 / 4401	90
GHANA	602	4877	1498 / 1685	1182 / 1625	904 / 1226	680 / 909	/	/	/	/	/	/	/	/	4264 / 5445	78
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	/	/	/	/	/	/	/	/	10 / 25	40
COTE D'IVOIRE	216	2794	148 / 156	166 / 177	109 / 140	130 / 171	/	/	/	/	/	/	/	/	553 / 644	86
MALI	430	2402	25 / 44	11 / 11	4 / 4	8 / 18	/	/	/	/	/	/	/	/	48 / 77	62
TOGO	249	1626	/ 122	39 / 39	/	/	/	/	/	/	/	/	/	/	39 / 161	24
UGANDA	327	1455	6 / 7	1 / 6	26 / 35	110 / 197	/	/	/	/	/	/	/	/	143 / 245	58
BENIN	325	1427	98 / 112	37 / 37	/	/	/	/	/	/	/	/	/	/	135 / 149	91
MAURITANIA	143	562	1 / 1	0 / 0	1 / 1	/	/	/	/	/	/	/	/	/	2 / 2	-
ETHIOPIA	57	371	4 / 5	2 / 2	7 / 7	40 / 43	76 / 106	/	/	/	/	/	/	/	129 / 163	79
CHAD	12	127	2 / 2	2 / 2	6 / 6	1 / 1	/	/	/	/	/	/	/	/	11 / 11	100
YEMEN	7	62	0 / 0	0 / 0	1 / 1	1 / 1	2 / 4	/	/	/	/	/	/	/	4 / 6	67
SENEGAL	7	19	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	-
CAMEROON	13	17	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	0 / 0	-
INDIA	3	9	0 / 0	0 / 0	0 / 0	0 / 0	/	/	/	/	/	/	/	/	0 / 0	-
TOTAL*	9546	152805	4735 / 6880	3433 / 4290	6713 / 9466	1817 / 2323	79 / 195	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	16777 / 23154	72
% CONTAINED			69	80	71	78	41	-	-	-	-	-	-	-	72	

* PROVISIONAL

Table 2

Status of Program Indicators: January-April 1996 vs January-April 1997

Country	January-April 1996			January-April 1997			
	Cases Reported	Cases Contained	% Contained	Cases Reported	% change (1996-1997)	Endemic villages	% End. Vill. Reporting
India	2	2	100	0	-100	3	100
Burkina Faso	366	229	63	113	-69	349	30
Chad	86	86	100	11	-87	12	100
Mali	263	131	50	77	-71	430	73
Cote d'Ivoire	1644	875	53	644	-61	220	87
Niger	40	28	70	25	-38	416	99
Uganda	386	321	83	245	-37	348	100
Senegal	0	0	~	0	~	7	100
Nigeria	4308	2825	66	4401	2	1487	90
Ethiopia	36	20	56	57	58	57	100
Ghana	2737	2050	75	5445	99	954	100
Yemen	21	19	90	2	-90	7	100
Cameroon	0	0	~	0	~	13	100
Mauritania*	16	14	88	2	-88	142	NR
Sudan*	6170	1973	32	11627	88	5164	30
Togo**	419	368	88	161	-62	249	NR
Benin**	349	190	54	149	-57	272	61
Total	16843	9131	54	22959	36	10130	59

* Based on reports received for January-March, 1997

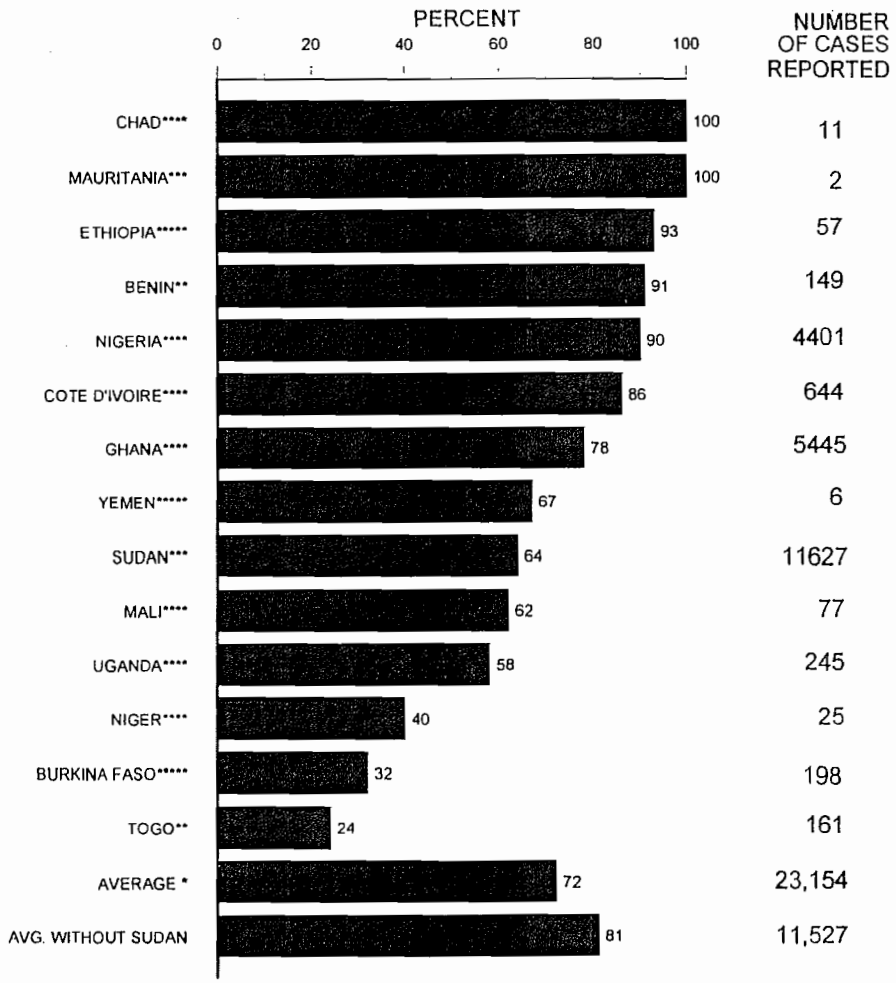
** Based on reports received for January-February, 1997

NR = Not Reported

~ Not applicable

Figure 1

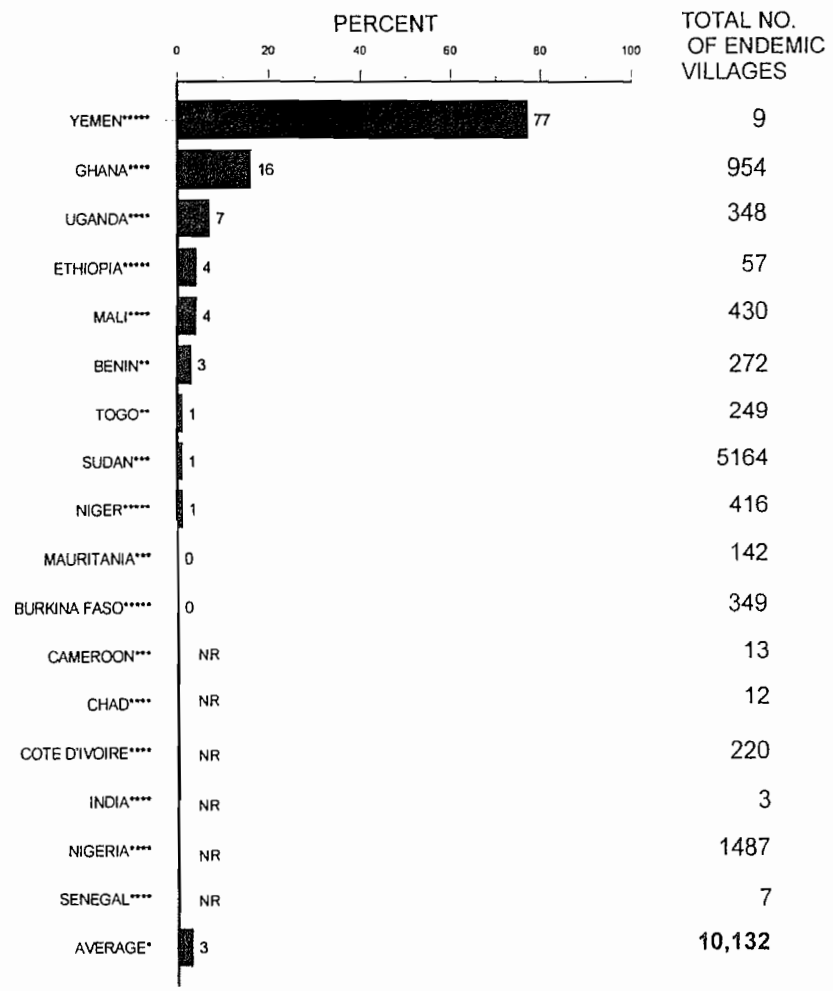
PERCENTAGE OF CASES CONTAINED BY COUNTRY: 1997



* Cameroon reported 0 cases for Jan.-May. 1997;
India and Senegal reported 0 cases for Jan.-Apr. 1997
** Reports for Jan.-Feb. 1997
*** Reports for Jan.-Mar. 1997
**** Reports for Jan.-Apr. 1997
***** Reports for Jan.-May 1997

Figure 2

PERCENTAGE OF ENDEMIC VILLAGES UNDER VECTOR CONTROL: 1997

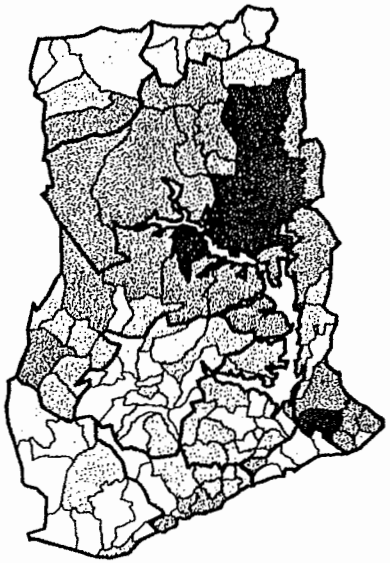


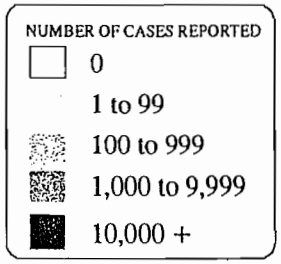
** Reports for Jan.-Feb. 1997
*** Reports for Jan.-Mar. 1997
**** Reports for Jan.-Apr. 1997
***** Reports for Jan.-May 1997
NR No report

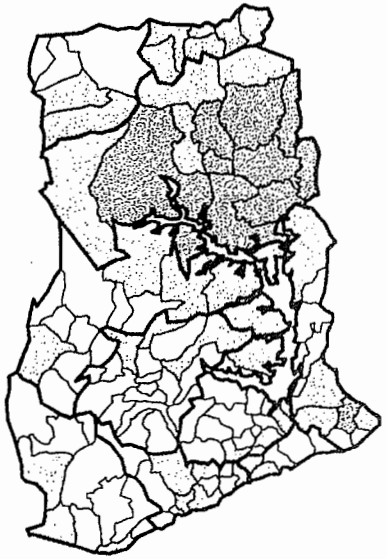
GHANA GUINEA WORM ERADICATION PROGRAMME

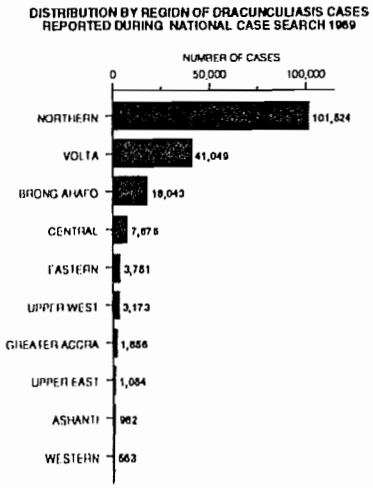
NATIONAL CASE SEARCH 1989: 179,556 CASES, BY DISTRICT

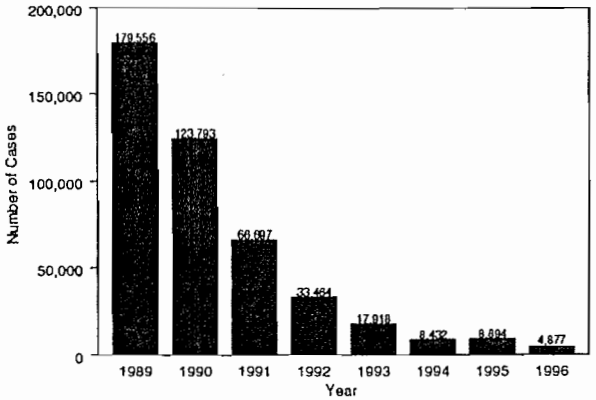
4,877 CASES REPORTED BY DISTRICT: 1996

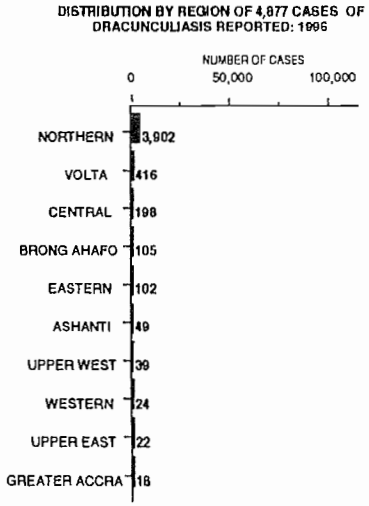












LET'S FINISH THE JOB !

Fiftieth World Health Assembly WHA 50.35
Agenda Item 20

ERADICATION OF DRACUNCULIASIS

The Fiftieth World Health Assembly,

Recalling resolutions WHA39.21, WHA42.29, and WHA44.5;

Encouraged by the finding of an international certification team that one country is no longer endemic for dracunculiasis, and indications that a number of other previously endemic countries are no longer affected;

Encouraged by the good progress made through community participation towards global dracunculiasis eradication, including the significant reductions in the number of cases and high levels of case-containment being reported;

Commending the Director-General on the important step taken to establish the International Commission for the Certification of Dracunculiasis Eradication;

Appreciative of the commitment to dracunculiasis eradication shown by endemic countries, and of the help from those who have been supporting national programmes with integrated surveillance and with the case-containment phase of dracunculiasis eradication;

Concerned about the risk of dracunculiasis resurgence unless interventions are maintained with at least the current intensity in all remaining endemic countries until there are no more cases of the disease;

Concerned that more than 70% of the world's dracunculiasis cases remain in a single country, which is currently experiencing particular difficulties and where insufficient funds for programme activities are available,

URGES all Member States, international and nongovernmental organizations, and other appropriate entities to continue to ensure political support and the availability of much-needed resources for completion of eradication as quickly as technically feasible and for the International Commission for the Certification of Dracunculiasis Eradication and its work.

Tenth plenary meeting, 14 May 1997
A50/VR/10

RECENT PUBLICATIONS

Brieger WR, Oke GA, Otusanya S, Adesope A, Tijanu J, Banjoko M, 1997. Ethnic diversity and disease surveillance: Guinea worm among the Fulani in a predominantly Yoruba district of Nigeria. Trop Med & Int'l Hlth, January; 2(1):99-103.

Hunter JM. An introduction to Guinea worm on the eve of its departure: Dracunculiasis transmission, health effects, ecology and control. Soc. Sci Med, Nov;43(9):1399-1425.

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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.