

**Memorandum**

Date December 31, 1984

From Dracunculiasis Group, CDC

Subject GUINEAWORM WRAP-UP #7

To Addressees

NATIONAL ACTIVITIESNATIONAL CONFERENCE ON DRACUNCULIASIS

The Nigerian Ministry of Health has scheduled a national conference on dracunculiasis during February 20, 21, and 22, 1985 at the Kwara Hotel in Ilorin, Kwara State, in cooperation with WHO and UNICEF. Its theme: Dracunculiasis is easily preventable; its elimination can be a simple, easily achievable sub-goal of the "International Drinking Water Supply and Sanitation Decade" (IDWSSD) and the project "Health for All by AD 2000."

The conference will be attended by officials of the Federal Ministries of Health (including epidemiology, primary health care, and National Health Plan); Agriculture and Water Resources; Education, and Science and Technology. Officials of State Ministries of Health, Agriculture, Water Resources, and Education will also participate, as will officials of Local Government and Rural Development, and of Finance and Economics. National universities and research institutes will also be represented.

The assembly's purpose will be to formulate a national policy of action and commitment. Accomplishment of this purpose will be facilitated by the conferees' awareness that the provisions of the IDWSSD and established national commitments to "Primary Health Care for All by AD 2000" provide a sound basis for national action against this disease.

KENYA

As an outgrowth of the IMPACT seminar held in Nairobi during November 1984, a "Nairobi Declaration" was issued which draws attention to the importance of dracunculiasis as a significant preventable cause of crippling in Africa. Dr. L.D. Edungbola (Nigeria) and Dr. Michael Dalmat (U.S.A.) collaborated on a presentation of the dracunculiasis situation in Africa. Extracts from this portion of the Declaration follow:

The annual toll of this preventable disease reaches 15 million infected persons, another 6 million are disabled up to 3 months; 3 million crippled temporarily, and 75 thousand are permanently disabled. One third of these are children--their education is severely hampered.

Because most of the remainder are subsistence farmers (and the disabling stages of dracunculiasis coincide with both the planting and harvesting seasons) the annual forfeit of up to 160 million work days imposes huge agricultural losses and consequent undernourishment, particularly in that segment of the population.

Recent history of the disease and its transmission were outlined; contemporary means of control and eradication were described as a function of Primary Health Care.

R E C E N T P U B L I C A T I O N S

Bourne, P.G. 1984 Status of the water decade. *Aqua*, No. 5, 287-288

The International Water and Sanitation Decade is now three years old, and successful despite the worldwide recession--particularly in Asia. Since the inception of this undertaking, 100 million persons who did not before, now have access to clean water. Emphasis has shifted from relief of urban situations to solutions for rural problems, from capital-intensive installations to simple, easily maintained equipment. The World Bank has funded a project to produce hand pumps that exemplify the most modern design. India has identified her every village in which the disease remains, and expects to eliminate it by 1986. One means is the 100,000 hand pumps per year now in manufacture--enough to put one in every village long before 1990. Low-cost sanitation projects are in process of development; progress is being made toward the dracunculiasis eradication sub-goal. Seven years hence, the Decade should have become an extraordinary success.

Hopkins, Donald R. Guinea worm and the decade. *World Health* Nov. 1984
Dracunculiasis is an ideal example for demonstrating that consumption of safe water only can confer dramatic as well as important benefits.

Perrudet-Badoux, A. et al. (1984) Filaria medinensis: differential serodiagnosis using ELISA *Pathological Biology* March 32(3): 182-4

There is as yet no generally accepted immunological test that will differentiate among the organisms that cause helminthiases, particularly the filiaroses. However, an immunoenzymatic technique has been used to confirm clinical diagnoses of Dracunculus medinensis infection. The reaction has been performed with anti-G human globulin marked with peroxydase. A homologous antigen of D. medinensis is prepared. Sera (1/1,000 dilution) and the 25-micrograms/ml antigen-extract are put on microtiter plaques. The results have showed that there is no cross-reactivity between D. Medinensis and other helminths, including the Filariae.

Subramanian, A. (1984) Guinea-worm disease: getting the agencies together. *World Health Forum* (Reader's Forum) Volume 5.

An outline of the history of India's guineaworm eradication program is followed by a thesis: The most challenging task of establishing a strategy of eradication is the creation of an organization that can

realize the potential of several other public agencies efficiently and effectively, avoiding the mutual interference common to such joint enterprises. Obstacles include the traditional difficulty of inducing a preference for voluntary collaboration in the organizations affected.

An example from the Indian effort is described, and distilled into, "...the question ...is not so much what is to be done...as how it is to be done." Suggestions are offered for preventing and resolving dissension, and for maintaining impetus.

Watts, S.J. 1984 Population mobility, urban development and dracunculiasis in Kwara State, Nigeria. *Social Science Medicine* Vol 19, No.4; 471-473

This interim report is introduced by a description of the effects of dracunculiasis, and the conditions that favor and permit transmission of the disease. The distribution of the disease in Kwara 20 years ago is compared to the present distribution. Evidence of the increased mobility of the citizens of Kwara is presented in parallel with evidence of the increased incidence of the disease.

Evidence of incidence of the disease in urban areas is contrasted with the traditional concept of dracunculiasis as a characteristic of remote rural areas. The effects of governmental intervention (as construction of dams and priority of control being accorded urban areas) are related to the changing statistics of the incidence of the disease.

The difficulties of eradication, ranging from citizen's resistance to non-traditional ideas, to shortages of funds, are listed; suggestions for dealing with these obstructions are presented.

Dracunculiasis Surveillance. Benin, Ivory Coast, Togo. Weekly Epidemiological Record 19 October 1984.

Dracunculiasis Surveillance. Nigeria. Weekly Epidemiological Record 21 September 1984.

NOTE

Nigerian national conference on dracunculiasis has been rescheduled for March 25-26, 1985.