

Date: Aug. 18, 2000

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

Subject:

Table 1

**Number of cases contained and number reported by month during 2000*
(Countries arranged in descending order of cases in 1999)**

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
	457	460	429	446	1360	1811	375	/	/	/	/	/	5338	/	
SUDAN	/ 1200	/ 878	/ 757	/ 1060	/ 4927	/ 4781	/ 1528	/	/	/	/	/	15131	35	
	707	455	651	368	346	323	336	321	/	/	/	/	3507	/	
NIGERIA	/ 1263	/ 1021	/ 1137	/ 754	/ 630	/ 444	/ 497	/ 493	/	/	/	/	6239	56	
	1737	1214	706	450	485	201	94	/	/	/	/	/	4887	/	
GHANA	/ 1896	/ 1523	/ 902	/ 661	/ 596	/ 237	/ 125	/	/	/	/	/	5940	82	
	7	7	19	93	231	196	53	/	/	/	/	/	606	/	
BURKINA FASO	/ 9	/ 7	/ 44	/ 187	/ 325	/ 269	/ 211	/	/	/	/	/	/	/	

CDC TEAM VISITS CENTRAL AFRICAN REPUBLIC, FINDS A SURPRISE

A two person team from the Centers for Disease Control and Prevention (CDC), Mr. Aaron Zee and Dr. Marc Weisskopf, visited the Central African Republic from July 8-August 4, 2000, at the invitation of C.A.R.'s minister of health. They were asked to assist in clarifying the status of dracunculiasis in the country, and make recommendations to the national program. The team visited 29 of 32 villages with recent suspect cases near the southeastern borders with Sudan and Democratic Republic of Congo, as well as the Mboki camp for Sudanese refugees. They interviewed a person who had been filmed earlier in the year with an active case of dracunculiasis, and found other evidence to suggest that there probably is indigenous dracunculiasis in C.A.R. They also found widespread confusion between dracunculiasis and onchocerciasis. They obtained worms from just beneath the skin of 3 suspect cases in 3 different areas, all of which were found to be Onchocerca upon microscopic examination at CDC. Suspect cases were more common in men than women, but more than half of emergence sites were at or above the level of the thigh. There is little active surveillance in the suspected endemic areas, and this plus the confusion with onchocerciasis made it impossible to determine at this time the extent to which dracunculiasis may be under-or over reported. The team made several recommendations in preparation for the next apparent peak season for Guinea worm transmission (October-December), including that a team of international consultants should return to the C.A.R. then. Additional support for this mission was provided by The Carter Center and UNICEF.

IN BRIEF:

Niger. Lions Club Niamey Lantana has donated 200 tubes of antibiotic ointment, 175 packets of 10 units of gauze, and 150 packets of 10 units of bandages for use in case containment kits, to the national Guinea Worm Eradication Program. Staff from the Guinea Worm Eradication Programs of Niger and Nigeria held a cross-border meeting in Maradi, Niger on 26-27 July. Nigeria was represented by GW workers from Kano, Jigawa, and Katsina States, as well as the Local Government Areas (LGAs) bordering Niger, consultants from NW and NE zones, the desk officer from the Yakubu Gowon Center and the Carter Center country representative. Niger was represented by regional coordinators from Dosso, Tahoua, Maradi, and Zinder, the national coordinator, ministry of health staff and the Global 2000 resident technical advisor. The participants reviewed recommendations from their previous meeting in Sokoto, and identified specific activities to be implemented on both

was told that the state had recently paid 10 million naira (~US\$100,000) for a new drilling rig, to provide safe water to endemic areas. In Kebbi, he congratulated the deputy governor, state cabinet, and chairmen of 3 endemic LGAs on having provided 29 borehole wells and 44 hand dug wells to cover all endemic villages in the state, since his previous visit. In Sokoto, he met with the state commissioners for