




Date: December 11, 2000

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

Subject:  GUINEA WORM WRAP-UP # 108

To: Addressees

**Detect Every Case (within 24 hours), Contain Every Worm (immediately)!**

*The goal of the global campaign to eradicate dracunculiasis is to stop transmission of this disease in all countries outside Sudan by 31 December 2001. The 17,146 cases of dracunculiasis reported from these 12 countries so far in 2000 is an indication of how close we are to achieving that goal. Efforts to stop transmission of dracunculiasis now will determine whether we achieve the goal. Ensuring that we finish this part of the job by the end of 2001 will require obtaining the highest level of political support and undivided attention to all technical details. The resources and technical know-how necessary to achieve the goal are available, but the urge to finish the job must become a national and international priority. The end is in sight. Do your part! Onwards!!*

**FIVE COASTAL COUNTRIES REDUCE CASES BY -66% IN OCTOBER**

In October, the southern West African countries of Nigeria, Benin, Togo, Ghana and Cote d'Ivoire collectively reduced their cases of dracunculiasis by -66%, from 1,461 cases in October 1999 to 496 cases in October 2000. The individual reductions for the five countries in October were -44%, -85%, -81%, -74%, and -79%, respectively. This is especially significant since all five

countries have begun or are about to begin their peak transmission season. All who care about this campaign will be eager to see November's results for these five countries. (Nigeria reports a reduction of -69% in November; Togo -67%.) The monthly reductions for all remaining endemic countries outside of Sudan are illustrated in Figure 1. The cumulative reductions for all countries so far this year are summarized in Figure 5, and the total number of cases so far in Figure 4.

Figure 1

The improvement in Ghana is especially welcome. That country has also acted recently to strengthen its program even more. Ghana's new Inter-agency Coordinating Committee met for the second and third times on November 14 & 27, and is giving fresh impetus and urgency to providing and improving safe water supplies in endemic communities. Dr. Andrew Seidu Korkor has been appointed National Coordinator of Ghana's Guinea Worm Eradication Program effective December 1, 2000. Nigeria's reductions continue to be led by the Northeast, Northwest, and Southwest Zones. The Southeast Zone's turn around is still awaited. As of October, 84% of Nigeria's endemic villages had filters in every household, including 78% in Southeast Zone ( Figure 3). The UN Foundation recently awarded \$300,000 to UNICEF/Nigeria for improving water sources in endemic communities. Benin is the closest to interrupting transmission among these five countries. Both Benin and Togo plan to introduce cash rewards for reporting of cases very soon. Togo's dramatic decline is believed to result from its door-to-door distribution of filters in endemic villages and intensification of its use of Abate last year. The Carter Center/Global 2000 has awarded a grant of \$16,000 to Togo's U. S. Peace Corps to support health education and community mobilization activities against Guinea worm in 2001. Table 2 shows the location of the ten new wells provided by The Carter Center in nine endemic villages. Cote d'Ivoire has supplemented its report given at October's Program Review, but still does not know what proportion of its endemic villages have received cloth filters in all households. Fully 77% (213) of the 276 cases reported in Cote d'Ivoire in January-September 2000 were located in only nine (9) villages! Peace Corps Volunteers plan to conduct a Worm Week in Prikro, M'Bahiakro District in late February 2001.

#### **IN BRIEF:**

Ethiopia's Dracunculiasis Eradication Program has prepared a Plan of Action for 2001. It was reviewed by all the partners in a meeting with WHO's Dr. Nevio Zagaria in Addis Ababa on December 7, 2000.

Niger His Majesty El Hadji Aboubacar Oumarou Sanda Sultan of Damagaram (territory of Zinder,) visited the office of Niger's Guinea Worm Eradication Program in Niamey on December 4. His purpose was to learn about the Guinea worm situation in Zinder Region and how he can help to eliminate the disease in Zinder and the entire country.

Nigeria Former head of state General (Dr.) Yakubu Gowon has been conferred the honor of Grand Commander of the Federal Republic (of Nigeria). CONGRATULATIONS General Gowon for this much deserved honor! General Gowon also visited Zamfara State again on November 27-29, to urge provision of safe water to endemic communities. He was accompanied by representatives of the Federal Ministry of Health, WHO, UNICEF and The Carter Center.

Sudan The Government of the Netherlands has awarded a grant of \$250,000 to The Carter Center to support Guinea worm eradication activities in Sudan in 2000-2001. This is a renewal of the previous annual grants made by the Government of Netherlands to The Carter Center for the same purpose since the "Guinea Worm Cease Fire" in 1995. Sudan reports only 43 indigenous cases in the northern states in January-October 2000, compared to 171 indigenous cases in the same period of 1999. Of the 90 cases (total) in the northern states in January – October, 73 (81%) were contained.

Togo



**Dracunculiasis Eradication Campaign**  
**Distribution of 61,680 Indigenous Cases of Dracunculiasis**  
**Reported During January - October 2000\* by Country**



Table 2

**Line-Listing For Ogou District, Togo (November 2000)**

<b>Village</b>	<b># of GW Cases 1999</b>	<b># of Households</b>	<b>% of Households with Filters</b>	<b># of Months Abate Applied</b>	<b>Safe Water Supply</b>
Telekope	73	148	100%	7	2-*

**GATES FOUNDATION SUPPORTS REVIVAL OF ERADICATION TASK FORCE**

The Bill and Melinda Gates Foundation has provided a grant of \$741,000 to The Carter Center for the reactivation of the International Task Force for Disease Eradication (ITFDE). Based at The Carter Center, the ITFDE will re-evaluate the most likely disease candidates for eradication, and make suggestions for research that could increase opportunities for eradicating and controlling selected diseases. The initial Task Force, which was also established by The Carter Center, operated from 1989-1993, and identified six potentially eradicable diseases, including dracunculiasis (Guinea worm), polio, and lymphatic filariasis. The 11 members of the original Task Force, which was funded by the Charles A. Dana Foundation, included persons from The Centers for Disease Control and Prevention (CDC), the Dana Foundation, Harvard School of Public Health, the Institute of Medicine, the Japan International Cooperation Agency (JICA), the Rockefeller Foundation, the Swedish Academy of Sciences, The World Bank, World Health Organization (WHO), United Nations Development Program (UNDP), and UNICEF. The new Task Force will meet for the first time early in 2001.

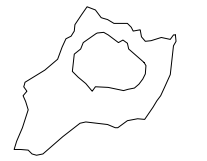
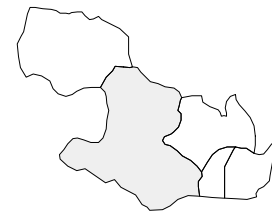
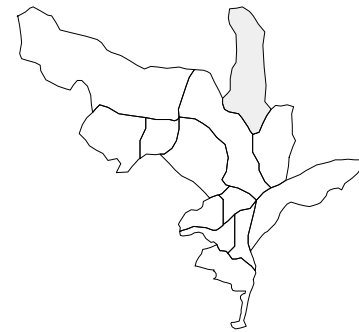
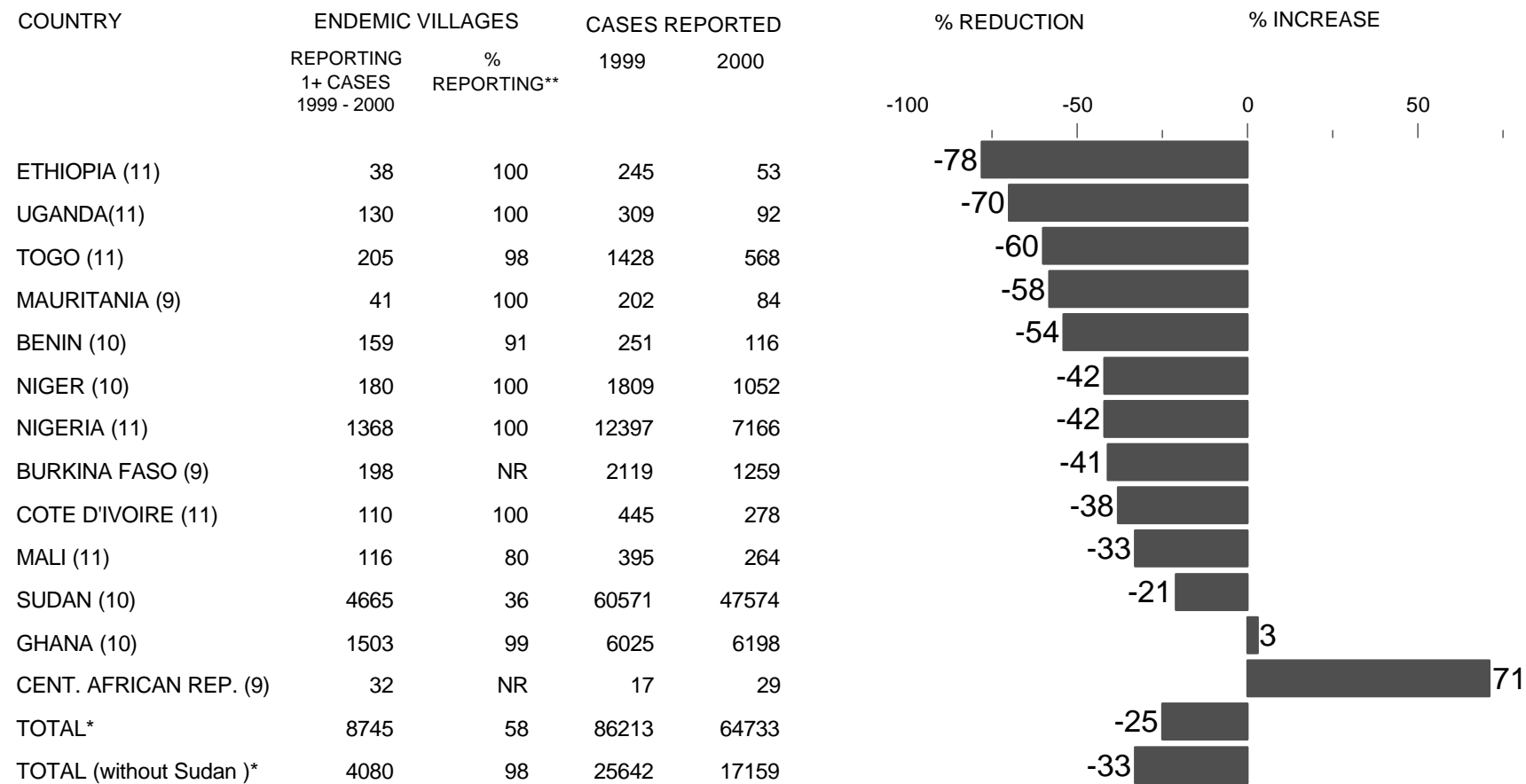


Table 1

## 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			
SUDAN	511 / 1261	602 / 1029	512 / 896	563 / 1309	1951 / 6061	3302 / 8577	3396 / 7383	3864 / 8576	3443 / 9017	1817 / 3465	202 / 202	19961 / 47574	42		
NIGERIA	709 / 1265	451 / 993	651 / 1137	368 / 755	346 / 630	324 / 449	337 / 512	321 / 493	274 / 365	228 / 283	202 / 284	4211 / 7166	59		
GHANA	1737 / 1896	1214 / 1523	706 / 902	450 / 661	485 / 596	201 / 237	94 / 125	30 / 68	21 / 62	125 / 128	5063 / 6198	82			
BURKINA FASO	7 / 12	7 / 17	19 / 36	93 / 181	231 / 341	196 / 306	53 / 236	187 / 123	148 / 10	108 / 108	654 / 1262	48			
NIGER	1 / 63	2 / 39	0 / 36	3 / 15	39 / 48	106 / 45	177 / 46	363 / 20	222 / 30	146 / 52	97 / 97	491 / 1059	62		
TOGO	40 / 90	19 / 51	10 / 53	8 / 34	0 / 72	3 / 55	3 / 70	0 / 29	7 / 45	14 / 65	110 / 110	104 / 674	73		
BENIN	25 / 53	63 / 29	15 / 17	5 / 9	6 / 0	16 / 4	12 / 3	23 / 0	8 / 7	6 / 14	4 / 4	183 / 136	76		
COTE D'IVOIRE	5 / 26	0 / 69	0 / 42	5 / 32	5 / 17	6 / 45	14 / 12	19 / 26	32 / 8	61 / 6	23 / 5	170 / 288	64		
MALI	4 / 5	2 / 1	3 / 0	11 / 5	14 / 13	10 / 11	12 / 28	8 / 32	4 / 73	4 / 76	0 / 29	72 / 273	62		
UGANDA	0 / 4	0 / 2	0 / 4	0 / 11	1 / 16	4 / 10	3 / 24	27 / 15	2 / 4	2 / 5	1 / 0	37 / 95	76		
MAURITANIA	0 / 0	0 / 0	2 / 0	26 / 0	11 / 1	4 / 5	9 / 8	1 / 44	1 / 26	2 / 2	1 / 1	57 / 84	44		
ETHIOPIA**	0 / 0	0 / 0	0 / 2	0 / 26	0 / 12	0 / 4	0 / 9	0 / 2	0 / 1	0 / 2	0 / 1	0 / 59	97		
C.A.R.†	0 / 13	0 / 6	0 / 1	0 / 0	0 / 1	0 / 8	0 / 4	0 / 0	0 / 0	0 / 2	0 / 2	0 / 33	0		
CAMEROON ***	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	0 / 0			

Figure 5



\* provisional

\*\* %endemic villages in 2000 reporting monthly

\*\*\* 2,596 (35%) of 7,392 endemic villages are not accessible to the program



## **DEFINITION OF CASE CONTAINMENT**

A case of Guinea worm disease is contained if all of the following conditions are met:

1. The patient is detected before or within 24 hours of worm emergence; and
2. The patient has not entered any water source since the worm emerged; and
3. The village volunteer has properly managed the case, by cleaning and bandaging until the worm is fully removed, and by giving health education to discourage the patient from contaminating any water source (if two or more emerging worms are present, the case is not contained until the last worm is pulled out); and
4. The case is verified by a supervisor within 7 days of worm emergence (to confirm that the case is Guinea worm, and that it has been properly contained).

## **MEETINGS**

The next meeting of the National Program Managers of Guinea Worm Eradication Programs will be held in Lomé, Togo on March 26-29, 2001.

## **RECENT PUBLICATIONS**

Progress Toward Global Dracunculiasis Eradication, June 2000. JAMA. 284(14):1778-1779, October 11, 2000.

Electronic Resources: Web Sites Related to Disease Eradication American Journal of Public Health. Disease Elimination and Eradication. 90(10):1646-1647, October 2000.