

Date: February 23, 2004

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

Subject: GUINEA WORM WRAP-UP #140

To: Addressees

CARTER IS JOINED BY DR LEE OF WHO AND GAUTAM OF UNICEF IN HISTORIC VISIT TO GHANA; HE VISITS TOGO AND MALI ALSO

Former U.S. President and Mrs. Jimmy Carter visited Togo, Ghana and Mali during February 2-8, 2004 on behalf of The Carter Center. The visits were part of the Center's stepped up advocacy campaign ("Stop Guinea Worm Now!") for completing the eradication of Guinea worm disease. WHO Director-General Dr. Jong-wook Lee and UNICEF Deputy Executive Director Mr. Kul Gautam joined the chairman of The Carter Center in the visit to Ghana, which reported 8,285 cases of dracunculiasis in 2003 (only Sudan reported more), and is now the highest endemic country remaining in West Africa. In Ghana, the distinguished visitors flew with the Honorable Minister of Health Dr. Kwaku Afriyie to Tamale, the capital of the Northern Region, where they made a field visit to the endemic village of Dashei, in East Gonja District, met with over 200 Guinea worm workers and political leaders from all of the endemic regions and representatives of key partner and donor agencies, and held a press conference. The minister said that Ghana would do more to raise public awareness about the disease and gain a sense of urgency at all levels. Later in Accra, Drs. Lee and Gautam joined President and Mrs. Carter in a visit to President John Kufuor. President Kufuor pledged his government's enthusiastic support, stated his intention to make the program a top priority, and indicated that he would try to visit the endemic area in Nkwanta District of Volta Region in order to show that this is a priority. President Carter was accompanied by Carter Center Executive Director, Dr. John Hardman, and by the Technical Director of The Carter Center's Guinea Worm Eradication Program, Dr. Ernesto Ruiz-Tiben. Dr. Lee was accompanied by Dr. Anarfi Asamoah-Baah, WHO's Assistant Director-General for communicable diseases.

In Togo, President Carter and his team met with President Gnassingbe Eyadema, the Honorable Minister of Health, Ms. Suzanne Aho, as well as with leaders of Togo's Guinea Worm Eradication Program, other political leaders and representatives of donors and partner agencies. President Eyadema pledged his full support for the program. President Carter and Minister of Health Ms. Suzanne Aho also held a press conference shortly before President Carter departed to fly to Ghana. At his final stop, in Mali, President Carter met with President Amadou Toumani Toure, who expressed his disappointment that Mali's program has not progressed faster. He promised to lend more personal support, including a visit to Gao Region.

Throughout his trip, President Carter stressed the need to intensify efforts at all levels in order to eradicate the final 1% of cases that remain (from an estimated 3.5 million cases when The Carter Center took up this cause in 1986, to less than 35,000 cases reported in 2003). The presidents of all three countries promised to videotape additional Public Service Announcements that can be broadcast in association with the message by UN Secretary-General Kofi Annan, to help increase awareness of their Guinea worm progra

GHANA DOCUMENTS IMPACT OF RED CROSS SOCIETY MOTHERS CLUBS

Ghana's Guinea Worm Eradication Program began working with the Ghana Red Cross Society's (GRCS) Mothers Clubs in mid-2002, as a source of additional volunteers to help conduct surveillance and health education about dracunculiasis in endemic villages of the highest endemic districts in the country. By the end of 2003, over 6,000

Table 2

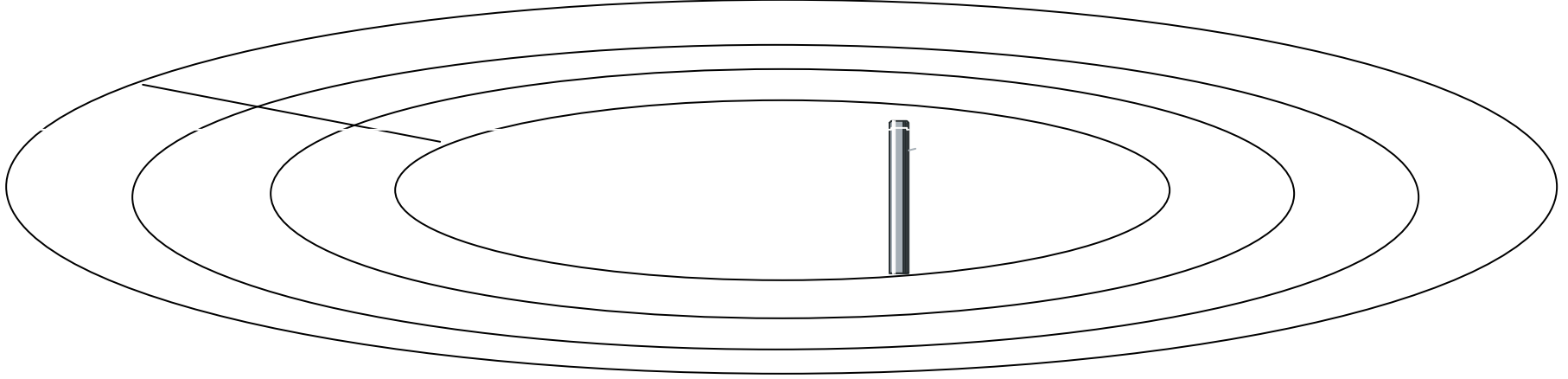
Number of cases contained and number reported by month during 2003*
(Countries arranged in descending order of cases in 2002)

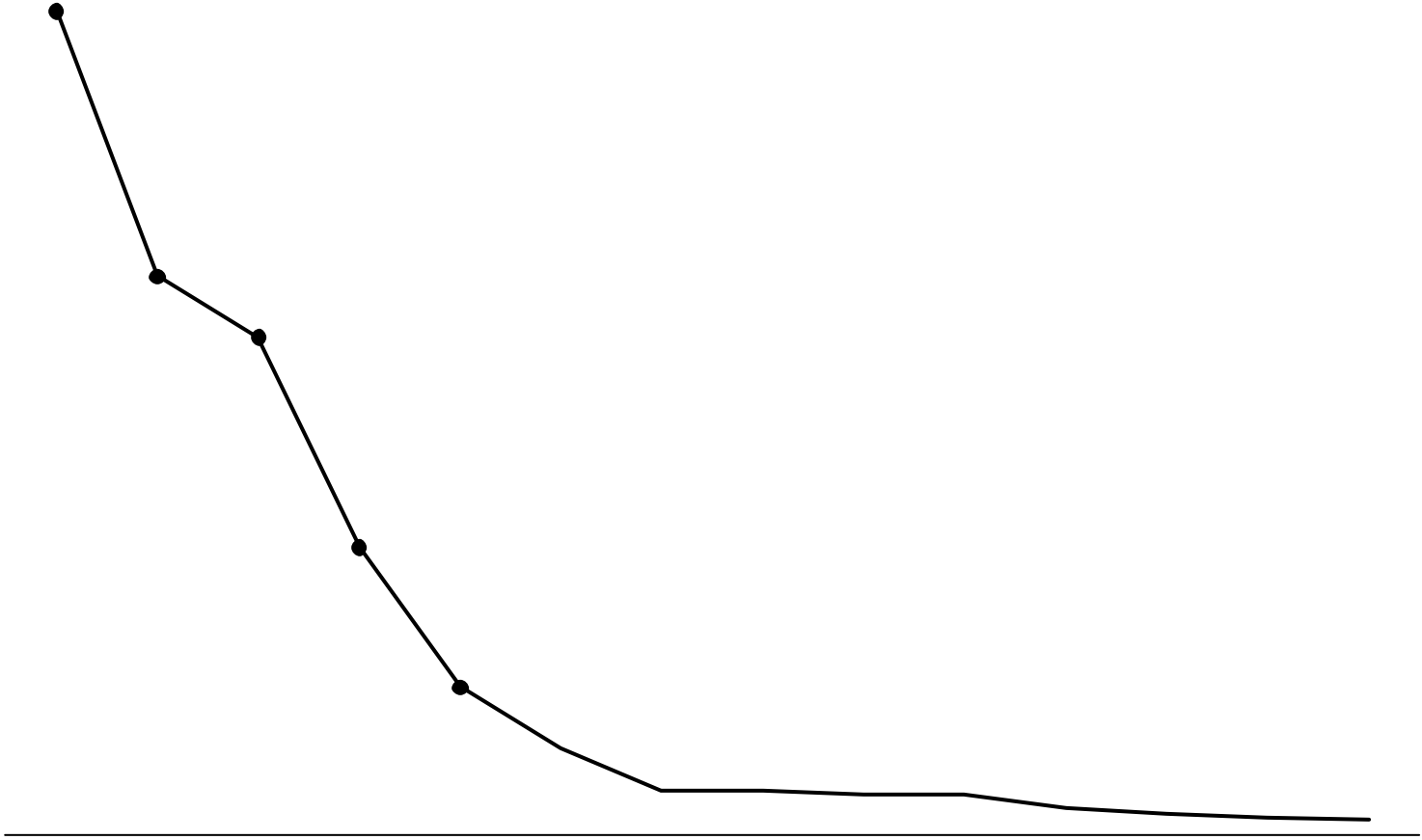
COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*		
SUDAN	260 / 1175	122 / 702	270 / 872	255 / 1185	257 / 2309	240 / 2523	279 / 2591	280 / 2316	304 / 1713	569 / 2448	544 / 1314	163 / 336	3543 / 19484	18	
GHANA	485 / 900	769 / 1339	555 / 944	622 / 940	524 / 785	374 / 558	288 / 474	126 / 203	81 / 158	150 / 278	352 / 712	426 / 994	4752 / 8285	57	
NIGERIA	389 / 568	179 / 243	106 / 128	53 / 61	30 / 52	49 / 58	49 / 68	34 / 48	22 / 31	28 / 32	53 / 63	87 / 108	1079 / 1460	74	
TOGO	110 / 149	28 / 44	21 / 29	38 / 44	73 / 87	53 / 72	53 / 63	14 / 22	18 / 27	24 / 29	25 / 35	37 / 68	494 / 669	74	
MALI	3 / 3	4 / 4	5 / 5	2 / 3	3 / 3	8 / 8	42 / 84	92 / 160	122 / 250	106 / 206	37 / 73	16 / 23	440 / 822	54	
BURKINA FASO	6 / 6	1 / 2	0 / 1	3 / 5	14 / 16	27 / 62	24 / 34	12 / 19	12 / 21	11 / 18	4 / 12	5 / 7	119 / 203	59	
NIGER	0 / 0	1 / 1	0 / 0	2 / 2	0 / 0	6 / 6	27 / 37	30 / 47	33 / 71	11 / 73	22 / 38	13 / 18	145 / 293	49	
COTE D'IVOIRE	7 / 21	5 / 8	1 / 2	1 / 4	3 / 3	1 / 2	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	18 / 40	45	
BENIN	21 / 21	1 / 1	1 / 1	0 / 0	0 / 0	0 / 0	2 / 2	0 / 0	0 / 0	2 / 2	1 / 1	2 / 2	30 / 30	100	
ETHIOPIA	0 / 0	0 / 0	3 / 3	7 / 7	7 / 7	5 / 5	1 / 1	1 / 1	4 / 4	0 / 0	0 / 0	0 / 0	28 / 28	100	
MAURITANIA	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	1 / 1	2 / 3	1 / 1	3 / 4	2 / 3	0 / 0	1 / 1	10 / 13	77	
UGANDA	0 / 0	0 / 0	0 / 0	3 / 3	9 / 11	4 / 6	1 / 2	0 / 2	0 / 0	2 / 2	0 / 0	0 / 0	19 / 26	73	
KENYA	1 / 1	1 / 1	1 / 1	1 / 1	4 / 4	1 / 1	2 / 2	2 / 2	1 / 1	1 / 1	1 / 1	1 / 1	0 / 12	0	
TOTAL*	1281 / 2844	1110 / 2344	962 / 1985	986 / 2254	920 / 3277	768 / 3302	768 / 3361	590 / 2821	599 / 2280	905 / 3091	1038 / 2249	750 / 1557	10677 / 31365	34	
% CONTAINED	45	47	48	44	28	23	23	21	26	29	46	48	34		

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

For other imported cases see table of imported cases by month and by country.





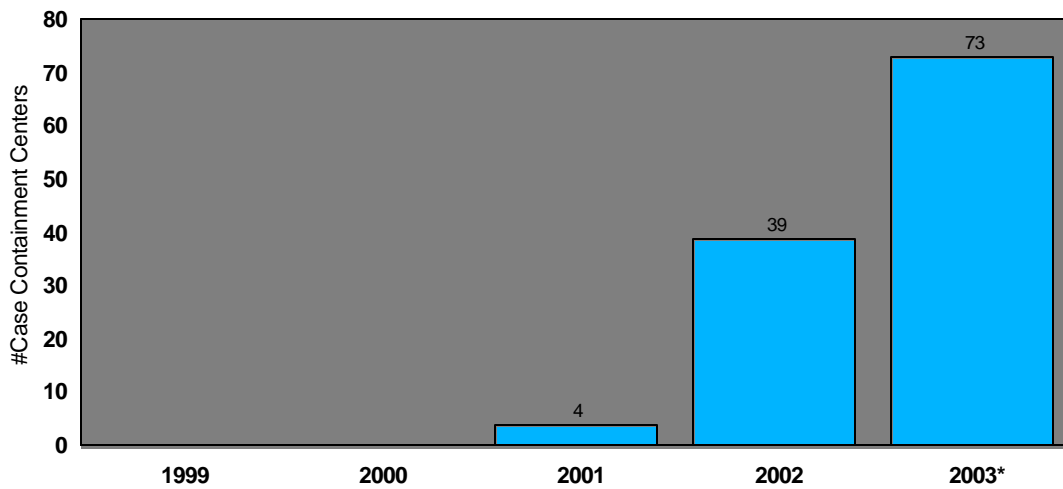
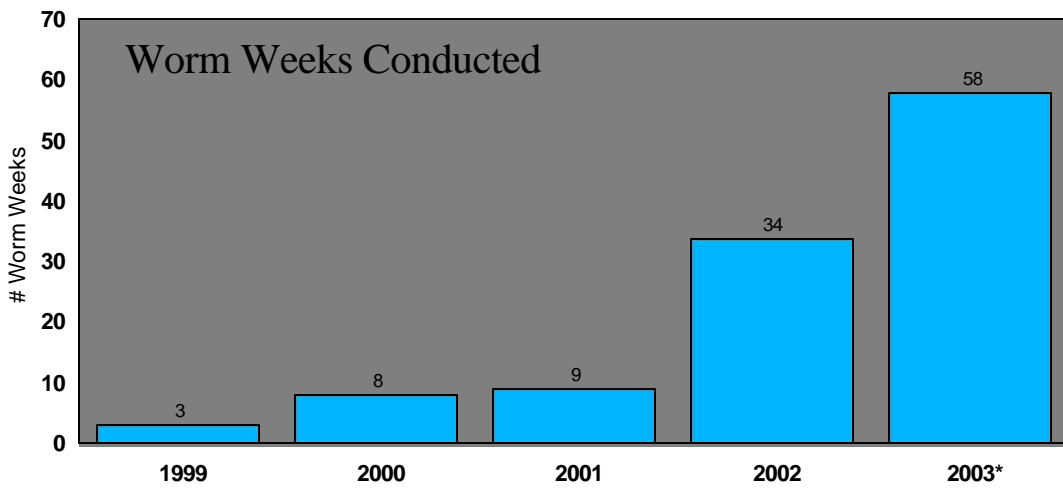
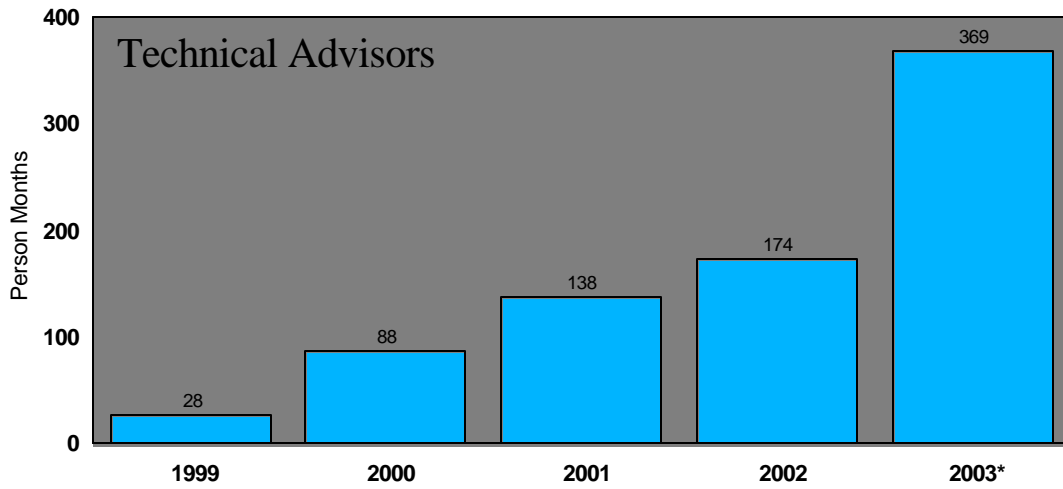


Table 3

Number of cases contained and number reported by month during 2004*
(Countries arranged in descending order of cases in 2003)

COUNTRIES REPORTING CASES	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED													CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL*		
SUDAN	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
GHANA	473 / 1211	/	/	/	/	/	/	/	/	/	/	/	473 / 1211	39	
NIGERIA	81 / 101	/	/	/	/	/	/	/	/	/	/	/	81 / 101	80	
MALI	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1		
TOGO	36 / 46	/	/	/	/	/	/	/	/	/	/	/	36 / 46	78	
NIGER	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
BURKINA FASO	1 / 1	/	/	/	/	/	/	/	/	/	/	/	1 / 1	100	
COTE D'IVOIRE	2 / 2	/	/	/	/	/	/	/	/	/	/	/	2 / 2	100	
BENIN	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
ETHIOPIA	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
UGANDA	0 / 0	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
MAURITANIA	/	/	/	/	/	/	/	/	/	/	/	/	0 / 0		
TOTAL*	595 / 1363	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	0 / 0	595 / 1363	44	
% CONTAINED	44														

* PROVISIONAL

Shaded cells denote months when zero indigenous cases were reported. Numbers indicate how many imported cases were reported and contained that month.

BURKINA FASO'S GUINEA WORM ERADICATION PROGRAM MEASURABLE OBJECTIVES 2004

- Detect 100% of all of Guinea Worm Disease (GWD) in Burkina Faso [now 100%]
- Contain 100% of GW cases of GWD in known endemic localities [now 60%]
- Admit 75% of cases of GWD containment centers (where available) within 24 hours of emergence of the worm [now 57%]
- Cross-notify 100% of imported cases of GWD upon receiving information at the district and the national level (either domestically or internationally imported cases) [now 100%]
- Ensure 100% household filter coverage in all endemic villages before the peak transmission season [now 100%]
- Train (and re-train when necessary) community health workers in endemic and under- surveillance villages
- Ensure 100% of regional and district health teams include GWD surveillance activities in their yearly action plans and carry out active surveillance activities [now 60% for the whole country]
- Construct 35 new pumps in endemic villages [by end of 2003 = 24 pumps]
- Apply ABATE® larvicide on a timely basis to 100% of treatable drinking water sources [now 100%]
- Ensure that 100% of endemic villages benefit from health education activities during the peak of transmission season (national TV /radio, local radio) [now media are not used regularly]
- Create and distribute two educational films on GWD and community mobilization [no educational films currently in use]
- Conduct Guinea Worm Weeks in the four most endemic districts [9 Worm Weeks conducted in 2003]
- Officially investigate and document 100% of rumors about alleged cases of GWD. [now 75%]

NIGERIA'S GUINEA WORM ERADICATION PROGRAM MEASURABLE OBJECTIVES 2004

- Detect 100% of all Guinea Worm cases within 24 hours of the emergence of the Guinea worm. [No data]
- Contain 100% of all cases of GWD [now 74%]
- Admit 80% of all cases of GWD to case containment centers (CCCs) within 24 hours. [now 43%]
- Contain all cases admitted to CCCs. [now 73%]
- Obtain 100% of monthly reports from all endemic villages (EVs) on time. [now 100%]
- Investigate the origin of all imported cases of GWD. [now 85%]
- Provide filters to 100% of households in every endemic village (EV). [now 95%]
- Monitor the status of safe water monthly in the top 100 endemic villages (20 top EVs per Zone). [now 86%]
- Conduct spot checks for copepods after ABATE® larvicide treatments in the top 100 EVs where ABATE is used. [now None]
- Conduct Worm Weeks in highest endemic districts (LGAs) at least once annually. [now 67%]
- Conduct health education in schools of top 100 Evs. [No data]
- Disseminate GW messages via radio twice per week during peak transmission season in endemic districts (LGAs). [No data]

NEWS FROM THE WORLD HEALTH ORGANIZATION



The Gambia. At the request of the International Commission for Certification of Dracunculiasis Eradication (ICDDE), a WHO team visited The Gambia from 13 to 19 October 2003 to assess whether transmission of dracunculiasis occurs in this country. A total of 26 villages, representing various parts of the country, were selected, visited, and 157 persons were interviewed. The report of this assessment will be presented to the ICCDE during its March 9-11, 2004 meeting in Geneva.

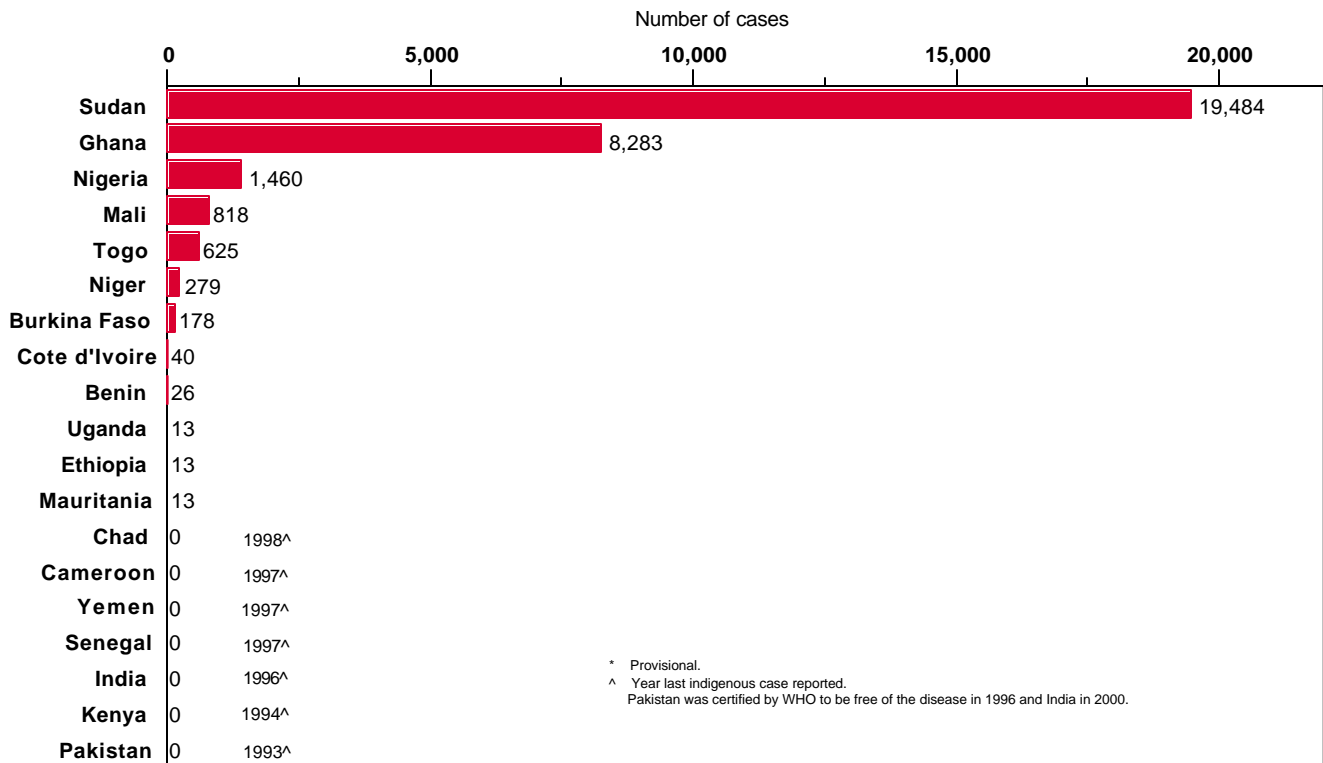
Senegal. An International Certification Team (ICT) commissioned by WHO visited Senegal from 19 October to 2 November 2003 to ascertain the interruption of transmission of dracunculiasis, and prepare a report for review by the ICCDE at its next meeting. The ICT visited areas which were recently endemic along the Falemé river as well as the area

RECENT PUBLICATIONS

Greenway C, 2004. Dracunculiasis (guinea worm disease). *Canadian Med Assoc J.* ; 170(4):495-500.

Figure 5

Distribution by Country of 31,232 Indigenous Cases of Dracunculiasis Reported during 2003*



For information about the GW Wrap-Up, contact Dr. James H. Maguire, 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: 770-488-7761. The GW Wrap-.,a2T4F