



Date: December 14, 1998

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

Subject: GUINEA WORM WRAP-UP #85

To: Addresses

Detect Every Case, Contain Every Worm!

TOGOLESE MINISTER TOURS TWO ENDEMIC VILLAGES

On November 12, the Minister of Health of Togo, Dr. Sama Koffi, visited two endemic villages in the district of

The delegation spent most of their time in the village of Atikoloe, which has been endemic since new cases were introduced in 1991. It is currently the second-most highly endemic village in Togo. The minister conducted a thorough mobilization campaign in the village, patients were cared for, and the population made a strong commitment to work towards eradicating dracunculiasis from the village in 1999. The visitors also distributed cloth filters and Guinea worm t-shirts, demonstrated treatment of a water source with Abate, and surgical extraction of a Guinea worm. The minister vowed to return to Atikoloe in January 1999 to check on its progress. The minister's visit was covered by Togolese television, radio and newspapers. Togo has reported a greater increase in cases during 1998, compared to 1997, than any other country (Table 1, Figures 1, 2). External support for interventions in 1998 has been provided by Global 2000, Health and Development International (see below), the Government of Japan, Peace Corps, and WHO and UNICEF.

IVOIRIAN MINISTER VISITS SEGUELA AND BONDOUKOU

Continuing his mobilization tours of key endemic regions in Cote d'Ivoire, Minister of Public Health Prof. Maurice Kakou Guikahue visited ten villages in the Subprefecture of Kounahiri, Department of Mankono, in Seguela Sanitary District, on November 21-23, and Boahia village in Kouassi-Datekro subprefecture of Bondoukou District on December 3. The visits were part of the minister's actions to mobilize populations in highly endemic areas for the final push to eradicate dracunculiasis in Cote d'Ivoire by December 2000. He was accompanied by national program coordinator Dr. Henri Boualou, ministry directors (public health, village water supply and education), journalists, and representatives of WHO, UNICEF, U.S. Peace Corps, and MAP International. The minister stressed his government's intention to provide safe drinking water to endemic areas as quickly as possible, but he urged villagers to cooperate with use of cloth filters

NIGERIA: SERIOUS DEFICIENCIES IN PARTS OF EBONYI AND BENUE STATES

Three consultants who began work in late October have found serious deficiencies in active surveillance, distribution of cloth filters, use of Abate, and case containment in parts of two of the highest endemic states in the country: Ebonyi and Benue, which together have reported 29% of all cases of dracunculiasis in Nigeria so far this year. Both states are located in Southeast Zone, which, under the leadership of Prof. Eka Braide, has implemented intensive health education and mobilization of unserved endemic communities to dig hand dug wells, and other interventions resulting in more than 95% reduction of reported dracunculiasis incidence over the past decade. However, failure to periodically verify and cross-check a sample of the reports submitted to state and zonal offices is apparently the main flaw which allowed the discrepancy in intervention coverage to continue undetected until now. Other programs should take note: at this critical stage, The Worm will inevitably reveal any such programmatic weaknesses, be they known, unknown, or hidden. Better to find and eliminate them first! The consultants, Ms. Holly Chaney, Ms. Misrak Makonnen, and Dr. Johan Velema, were recruited and supported by Global 2000.

Global 2000 country representative Dr. Emmanuel Miri and his team, including Prof. Braide, began implementing corrective measures in the two states early in the current peak transmission season. Among the counter-measures taken: distribution of cloth filters, re-training of health workers and Abate teams, addition of another senior staff person at zonal level, and other remedial activities. Additional transportation and supplies are also being secured. Nigeria aims to stop all transmission of dracunculiasis by December 31, 2000.

YEMEN: NO CASES FOR MORE THAN ONE YEAR!!!!

According to a report from national program coordinator Dr. Abdul-Hakeem Al Kohlani, Yemen has reported no cases of dracunculiasis between January and the end of September this year, making twelve months since the last case was reported in September 1997. The case reported in September 1997 was the only case of dracunculiasis reported in Yemen in the second half of 1997. Congratulations to Dr. Al Kohlani, his colleagues and supporters! It was only four years ago (November 1994) when dracunculiasis was first discovered to still be endemic in Yemen after the ministry of health, with technical assistance from CDC and funding provided by Health and Development International (HDI), offered a widely publicized cash reward for reporting of a case, in conjunction with the national case search.

BURKINA FASO BEGINS REGIONAL WORKSHOPS



The deputy national program coordinator for Burkina Faso, Dr. Maxime Drabo, reports that Burkina Faso's program convened the first of three regional workshops, at Ouahigouya, on November 19-20. Comprising the endemic area bordering Mali's Mopti Region, the workshop included participants from four sanitary districts of Ouahigouya Sanitary Region: Ouahigouya, Titao, Djibo and Seguenega. Participants from the four regions discussed ways to correct weaknesses in distribution of filters and treatment kits, deficiencies in training and supervision, inadequacies in use of forms for surveillance and supervision, chronic delays in availability of resources for the program, and difficulties in implementing interventions in small hamlets

and newly endemic villages. (Earlier this year, a study of a sample of 51 Burkinabe villages by a WHO consultant reportedly found a significant "under-notification of cases: 38% of villages previously thought to be non-endemic were actually infected and not included in the surveillance system".) The WHO country representative, Dr. Liliane Barry, and Dr. Alhousseini Maiga of WHO also participated in the workshop, as well as representatives of UNICEF. Public health officials from each of the four sanitary districts were charged to complete their district Guinea worm eradication plans for 1999-2000 by December 15. Similar regional workshops are scheduled to be held for the other two main endemic areas of the country: Gaoua Sanitary Region (bordering northeast Cote d'Ivoire and northwest Ghana) on December 13-14, and Kaya Sanitary Region in the center of Burkina Faso, on December 20-21.

The two-year national Plan of Action for eradicating dracunculiasis from Burkina Faso by the end of 2000 is expected to be completed by early January 1999. A national workshop will be convened shortly thereafter to review the national Plan of Action and discuss it with external donors.

HDI HELPS BENIN, CHAD, COTE D'IVOIRE AND TOGO

Beginning early in 1998, Health and Development International (HDI) has helped provide extra technical and material assistance to the Guinea Worm Eradication Programs in Benin, Cote d'Ivoire and Togo, in cooperation with Global 2000/The Carter Center, by means of a special donation of \$230,000. So far, this source has supported three separate technical consultations to each of the three countries, and will continue to do so during the remainder of the current peak transmission season in 1999. It has also supported grants to each of the programs to help cover various critical operating expenses. The benefits of this timely special assistance

Alexandre Guidja, routinely visits water points to check them for presence of copepods and thereby confirm the regularity and effectiveness of treatments. Benin aims to stop transmission by December 1999.

Ghana. Atebubu District of Brong-Ahafo Region reported 34% of all cases reported in the country in October. Savelugu, in Northern Region is scheduled to have its safe water supply system completed by the end of February 1999. Ghanaian health authorities decided in October to double the amount of the cash reward provided to patients who have their worms contained through manual or surgical extraction or bandaging, to 5,000

Table 1

**Number of cases contained and number reported by month during 1998*
(Countries arranged in descending order of cases in 1997)**

COUNTRY	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED												TOTAL*	CONT.	%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
	465	856	889	1618	2135	3580	3342	3332	3671	1150			21038		
SUDAN	/ 1328	/ 1254	/ 1524	/ 2627	/ 3485	/ 5990	/ 7127	/ 5586	/ 5737	/ 2398			/ 37056		57
NIGERIA	1520 / 1549	1166 / 1259	1186 / 1279	847 / 955	948 / 1233	953 / 1484	954 / 1394	800 / 1197	412 / 657	481 / 907	348 / 737		9615 / 12651		76
GHANA **	870 / 1277	535 / 709	478 / 554	276 / 382	208 / 263	169 / 226	132 / 178	40 / 58	53 / 67	191 / 214			2952 / 3928		75
NIGER	7 / 11	4 / 4	5 / 5	42 / 43	129 / 168	277 / 367	411 / 687	378 / 575	315 / 468	153 / 237			1721 / 2565		67
BURKINA FASO	1 / 1	1 / 6	1 / 17	11 / 158	118 / 289	95 / 489	170 / 535	43 / 79							

SENEGAL (8)

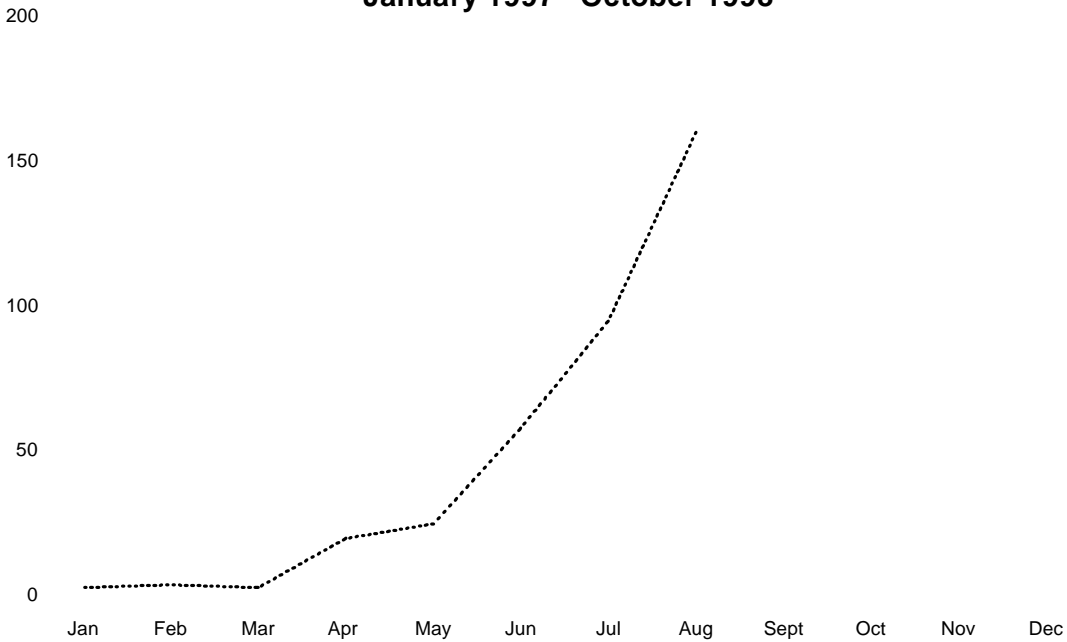
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**Mali Guinea Worm Eradication Program
Cases of dracunculiasis reported from Mopti Region:
January 1997 - October 1998**



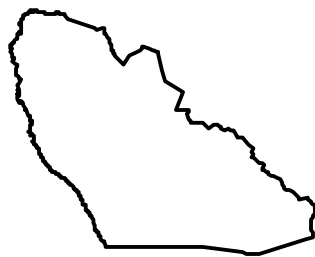
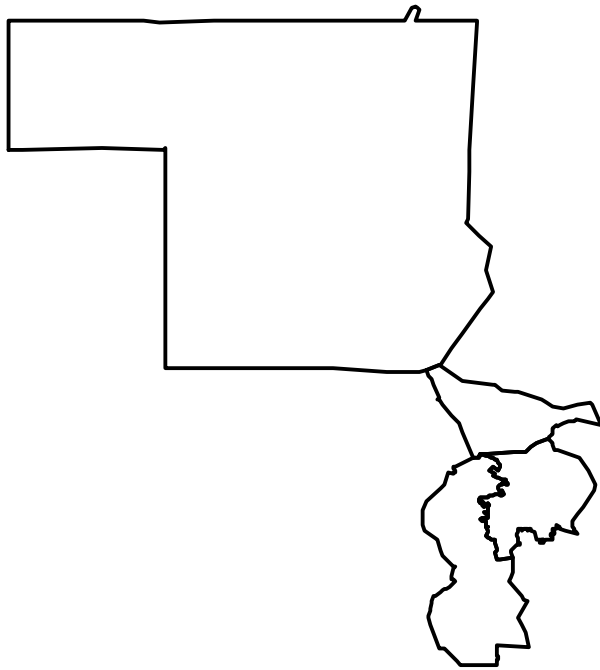


Table 2

Number of endemic villages in 1997 and 1998*, by country and Target year for halting transmission of dracunculiasis, (excluding Sudan) and uncontained cases in 1998*

Country	Endemic villages		Target year	Number of uncontained cases in 1998
	1997 (as of January 1, 1998)	1998* (Reporting 1+ cases)		
Nigeria	1136	985	2000	3036
Ghana	843	588	1999	976
Niger	396	304	2000	844
Burkina Faso	211	211	2000	1134
Togo	204	133	?	824
Uganda	244	159	1999	226
Cote d'Ivoire	115	133	2000	468
Mali	269	178	2000	244
Benin	212	150	1999	35
Ethiopia	45	41	1999	13
Mauritania	83	57	1999	190
Chad	10	1	1998?	0
Yemen	5	0	1997	0
Senegal	1	0	1997	0
Cameroon	1	0	1997	1
Total	3775	2940		7991

*based on reports received through December 14, 1998

*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.

The GW Wrap-Up is also available on the web at http://www.cdc.gov/ncidod/dpd/list_drc.htm.



CDC is the WHO Collaborating Center for Research, Training, and Eradication of Dracunculiasis.