

FINAL

Summary of the Fifth Meeting of the ITFDE (II) October 14, 2003

This fifth meeting of the International Task Force for Disease Eradication (ITFDE) was convened at The Carter Center from 9:00am to 4:00pm on October 14, 2003. The Task Force reviewed the status and strategies of the Dracunculiasis Eradication Program, and discussed potential ways to strengthen broader disease control, eradication and primary health services.

The Task Force members are: Sir George Alleyne, Pan American Health Organization (PAHO); Dr. Pascal Villeneuve, UNICEF; Dr. Robert Hecht, The World Bank; Dr. Julie Gerberding, Centers for Disease Control and Prevention (CDC); Dr. David Heymann, World Health Organization (WHO); Dr. Donald Hopkins, The Carter Center; Dr. Adetokunbo Lucas, Nigeria; Professor David Molyneux, Liverpool School of Tropical Medicine; Dr. Mark Rosenberg, Task Force for Child Survival and Development; Dr. Harrison Spencer, Association of Schools of Public Health; Dr. Dyann Wirth, Harvard School of Public Health, and Dr. Yoichi Yamagata, Japan International Cooperation Agency (JICA). Seven of the Task Force members (Alleyne, Hopkins, Molyneux, Rosenberg, Spencer, Wirth, Yamagata) attended this meeting, and two others were represented by alternates (Dr. James Hughes for Gerberding, and Dr. Ahmed Magan for Villeneuve). Resource persons attending this meeting were Drs. James Maguire and Frank Richards of CDC; Dr. Nevio Zagaria of WHO; Dr. James Zingeser and Mr. Craig Withers of The Carter Center, and Dr. Stanley Foster of the Rollins School of Public Health at Emory University.

Dracunculiasis Eradication

The presentations on dracunculiasis eradication were given by Drs. Ernesto Ruiz-Tiben and Donald Hopkins of The Carter Center.

Dracunculiasis is contracted by persons who drink water from stagnant ponds or wells containing tiny water fleas (copepods) that harbor infective larvae of *Dracunculus medinensis*. The meter-long adult worms emerge through the skin, usually of a lower extremity, about 10-14 months later. The pain and secondary infections associated with the emerging worm disable many victims, rendering them unable to farm, attend school, or undertake other tasks for periods averaging 2-3 months. There is no vaccine or curative treatment, but the infection can be prevented by teaching villagers to filter their water through a fine cloth, to avoid entering drinking water sources when they have a worm emerging, by treating water sources with ABATE® larvicide, or by providing safe water sources from borehole wells.

The global Dracunculiasis Eradication Program (DEP) began under the auspices of the International Drinking Water Supply and Sanitation Decade (1981-1990) in 1980. Only

four countries (India, Pakistan, Ghana, Nigeria) began national programs by 1990; all but one of the others (Central African Republic) began in 1991-1995. Since 3.5 million persons were estimated to suffer from the disease in 1986, the number of cases has been reduced by more than 98% (to ~55,000) and endemi

Uganda, and it will give programmatic priority to detecting and intervening in newly accessible high endemic villages as quickly as possible. The program is already intervening in about 6,400 of an esti

Perhaps public health services in Sudan should be built around the existing successful dracunculiasis eradication and onchocerciasis control programs, while focusing on health as an entry point to broader rural development.