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From: WHO Collaborating Center for

Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #129

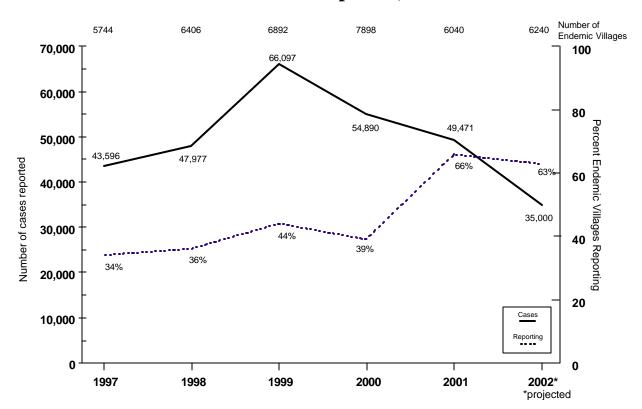
To: Addressees

What's New in 2003?

SUDAN: FEWER CASES REPORTED, PREPARING FOR PEACE

Sudan is expected to report a total of about 35,000 cases of dracunculiasis in 2002, which would be a reduction of – 30% from the 49,471 cases which it reported in 2001, despite similar rates of reporting from endemic villages (66%, 63%) in the two years (Figure 1). Much of the reported reduction in cases is from the areas controlled by the Government of Sudan in the south (68%), compared to the areas controlled by the Sudan Peoples Liberation Movement (SPLM) in the south (-15%) of the country. The reasons for the substantial reduction in reported cases are not entirely clear, but this is the largest such reduction reported since Sudan's program intensified during the "Guinea Worm Cease Fire" in 1995: reported cases fell by –17% in 2000 and by –10% in 2001. In January-October 2002, the northern states have reported 57 indigenous cases, plus 27 cases imported from villages in the south of the country. In addition to the cases exported to northern Sudan, endemic areas in southern Sudan have exported 50 cases to Ethiopia, Uganda and Kenya in January-November 2002.

Sudan: Percentage of Endemic Villages Reporting and Number of Guinea Worm Cases Reported, 1997 - 2002*



In 2001, Sudan distributed more cloth filters for household use (848,576), and far more pipe filters for personal use (7.8 million) than ever before. The program has already distributed more cloth filters than that in January-October 2002: 978,245. (About 3 million additional pipe filters and 860,000 pipe filter replacement clothes were distributed in 2002.) The proportion of accessible endemic villages with cloth filters in all households increased from 63% in 2001 to 68%

OUTSIDE SUDAN: MOSTLY GHANA, NIGERIA, TOGO AND MALI

As indicated in Table 2, Gh ana, Nigeria, Togo and Mali together have reported 89% of all cases of dracunculiasis outside of Sudan so far in 2002. And one half (50%) of all those cases are concentrated in only 13 districts: 7 in Ghana, 3 in Nigeria, 2 in Mali and 1 in Togo (Table 2; map). The Carter Center/Global 2000 is providing technical assistance to each of these thirteen districts.

Data reported so far in 2002 are summarized in table 3, figures 3 and 4, and the map of West Africa (see insert).

Table 2

Status of Selected Interventions in Key Endemic Districts*

District	Country	Cases		Case Contai	nment Centers	Radio Messages	Worm Weeks	
		reported	(# months)	began	quantity	Radio illessages	completed	projected
Zab-Tat	Ghana	777	(10)	12/02	3		10/02	2/03
Haho	Togo	556	(11)	3/02	1	Yes		8/03
Nanumba	Ghana	542	(10)	12/02	2	Yes	10/02	2/03
Tamale	Ghana	487	(10)	12/02	2	Yes	10/02	2/03
East Gonja	Ghana	427	(10)	12/02	3	Yes	10/02	2/03
West Gonja	Ghana	387	(10)	12/02	3	Yes	10/02	2/03
Ibarapa North	Nigeria	387	(11)	12/02	1	Yes		none
Ado	Nigeria	322	(11)		0	Yes		1/03
Gao	Mali	315	(10)	11/02	1			none
Guma	Nigeria	311	(11)		0			3/03
Atebubu	Ghana	264	(10)		0	Yes		1/03
Kintampo	Ghana	261	(10)	12/02	1		6/02	1/03
Ansongo	Mali	241	(10)		0			none

^{*} these 13 districts reported 5,277, or 50% of all cases outside Sudan for this period (10,638)

In Ghana, increased assis(it -.hdTDt2

Table 3

Number of cases contained and number reported by month during 2002*

COUNTRIES REPORTOSOS	NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED											
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBERDECEMBER	TOTAL*
SUDAN	674 / 1148	567 / 1103	607	854 / 1612	2728 / 5422	3106 / 6429	3391 / 6589	1708 / 3618	2845 / 4391	1367	92 / 178	17939 / 33970
NIGERIA	350 / 647	195 / 336	148 / 220	152	205	222	143 / 198	125 / 246	107 / 175	163 / 245	319 / 427	2129 / 3284
GHANA	497 / 744	389 / 680	303 / 412	283 / 367	305 / 464	281 / 409	158	119 / 139	105 / 128	368 / 534	432	3240 / 4863
TOGO	147 / 191	71 / 103	19 / 40	12 / 27	34 / 92	55 / 81	69 / 236	45 / 80	51 / 70	178 / 209	136 / 212	817 / 1341
BURKINA FASO	6 / 10	26 / 29	20 / 21	22 / 32	66 / 83	57 / 86	42 / 46	30 / 48	57 / 64	63	31 / 37	420 / 558
MALI	4 / 5	4 / 5	4 / 5	0 / 0	2 / 6	5 / 9	23 / 43	77 / 178	176 / 301	139 / 205	45 / 72	479 / 829
NIGER	6	0 / 0	0 / 0	0 / 0	4 / 4	5 / 5	25 / 40	19 / 30	23 / 30	37 / 83	22 / 38	141 / 236
COTE D'IVOIRE	91 / 91	52 / 52	23 / 24	10 / 10	1 / 3	2 / 5	0 / 1	2 / 3	2 / 2	0 / 0	5 1	187 / 197
BENIN	28 / 28	8 / 11	7 / 8	5 / 5	1 / 1	4 / 4	2 / 2	7 7	15 / 19	26 / 28	43 / 44	146 / 157
MAURITANIA		0 / 0	0 / 0		0 / 0	2 / 3	5 / 5	7 / 12	5 / 14	4 / 5	0 / 1	23 / 40
UGANDA	0 / 0	0 / 0	1 / 1	1 / 1	2 / 3	1 / 4	3 / 4	2 / 3	5 / 5	0 / 0	0	15 / 21
CAR	/	/	/	1	1	1	/	/	/	/	/ /	0 / 0
ETHIOPIA	0 / 0	0 / 0	3	1 / 6	11 / 11	7	5 / 5	6	6	1 / 1	2 0	40 / 47
CAMEROON	/	/	/	/	/	/	/	1 / 1	/	/	/ /	1 / 1
KENYA	1 / 1	/	3 / 3	3 / 3	4 4	1	1 / 1	/	/	/	/ /	12 / 12
TOTAL*	1804 / 2871	1312	1137	1343	3363 / 6337	3746 / 7356	3867 / 7380	2148	3397 / 5205	2346	1125 1 / 1792 1	25589 / 45556
% CONTAINED				59	53	51	52	49	65	63	63 100	56

^{*} PROVISIONAL

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

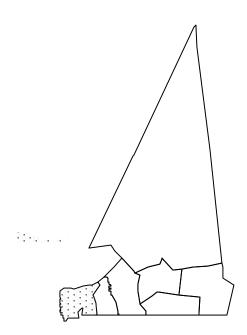
Benin reported 4 cases imported from Togo in March and 1 in June, and 2 in August plus 1 case each imported from Ghana in March and April, respectively.

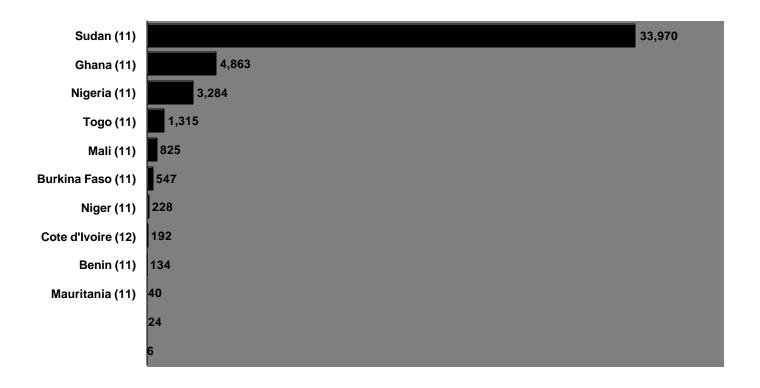
Uganda reported 1 case imported from Sudan in April, 2 in May, 2 in June, 2 in August, and 5 in September.

Ethiopia reported 1 case imported from Sudan in March, 5 in May, 4 in June, 3 in July, 4 in August, 3 in September, 1 in October, and 2 in November.

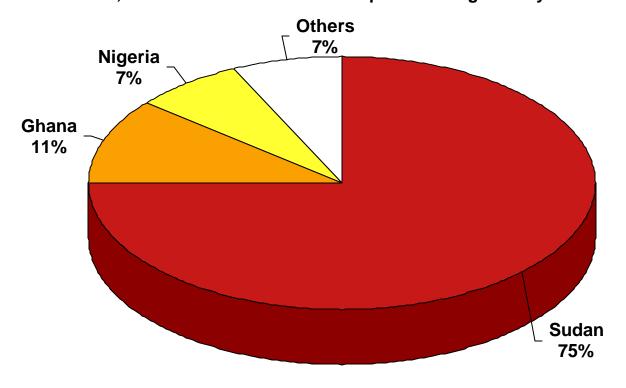
Cameroon reported 1 case imported from Nigeria in October.

Kenya reported 1 case imported from Sudan in January, 3 in March, 3 in April, 4 in May, and 1 in September.





Distribution of 45,555 Cases of Dracunculiasis Reported During January - November 2002*



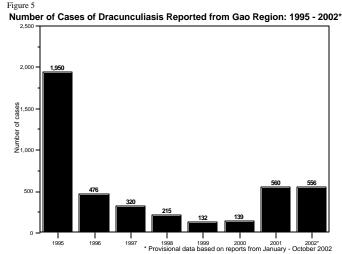
UGANDA (11) 8 100% 51 6

challenges in these three states as in Ghana and other programs' residual endemic areas: poor supervision, bad surveillance, and failure to contain effectively those Guinea worm cases that the program does know about. Overall, Nigeria reduced its cases by -34% in January-November 2002.

In **Togo**, where the peak transmission season extends from October through February, the number of cases reported was reduced by -24% in November, following a reduction of -32% in October 2002. Following monthly increases for most of the year, this downturn may reflect the impact of more effective isolation of cases in case containment centers, which Togo began using in August 2001. The 15 villages where this strategy was employed in November 2001 reported -89% fewer cases in November 2002. The village of Kpatala (Ogou Region), which experienced an explosive outbreak of 115 cases in November 2001, detected only 4 cases in November 2002, and Ogou Region, which reported more cases (830) than any other region in the country in 2001 has reduced its cases by -49% in January-November 2002. Togo's main endemic area now is Haho District, where reported cases have increased 369%, to 558, so far in 2002. Togo reportedly contained 85% of its cases in October 2002, but only 64% in November. Of the 136 cases that were contained in November, 96 were referred to a containment center. Overall, Togo reportedly contained 62% of its cases in 2001 and 61% so far in 2002. The presence of so many cases in Ghana's Zabzugu - Tatale District, on the border with Togo, is an extreme danger to Togo's Program, which has been surprised several times before as a result of weak surveillance and inattention in non-endemic or low endemic districts.

Mali's Gao and Tinmuktu Regions have reported increases in cases since 2001, eg. see figure 5, and are now the areas where transmission of the disease is the most intense. A total of 829 cases have been reported from Mali so far during 2002 and 93% of these cases have been reported from contiguous Gao (Gao Region), Ansongo (Gao Region), and Gourma Rharous (Timbuktu Region) Districts, where cases among nomadic Tamashek populations occur in common with similar groups in neighboring parts of Niger and Burkina Faso (see Guinea Worm Wrap-Up #128). Dr. Ernesto Ruiz-Tiben of The Carter Center/Global 2000 visited Mali from 26 November to 3 December to meet with officials in Bamako and Gao, including the national coordinator (Dr. Issa Degoga), and Global 2000's resident technical advisor (Dr. Mamdou Bathily), and to assess epidemiologic and programmatic aspects of activities in this area. He also attended a monthly meeting of Mali's Intersectoral Committee for Guinea Worm Eradication. He made

several urgent recommendations that are intended to strengthen the focus and effectiveness operations in this difficult area. Mali's Guinea Worm Eradication Program will hold its annual national review meeting in Gao during the week of January 21-25, and will invite national coordinators from the programs in Niger and Burkina Faso to attend. The U.S. Peace Corps has agreed to have four of its volunteers in Gao Region participate in eradication activities there. Mali has halted transmission of dracunculiasis in most of the remainder of the country. Of the 16 indigenous cases reported in Mopti Region in January-October 2002, 15 occurred in one village, and all but one were reportedly contained. Another 20 cases were imported into Mopti from Timbuktu or Gao Region.



reportedly contained 51% of its cases in 2001 and 57% so far in 2002.

VESTEERGARD-FRANDSEN DONATES FILTERS FOR MALI AND GHANA

Mr. Torben Vestergaard Frandsen, director of Vesteergard-Frandsen, has agreed to fabricate and ship free of charge 14,000 conical-shaped nylon filters to Mali and provide 500 square meters of nylon cloth to Ghana. This is Vestergaard-Frandsen's 2003 donation of 3,500 square meters of nylon cloth to the global campaign to eradicate dracunculiasis, and the third such donation, following donations of

3,000 square meters each in November 1998 and June 2000. Thank you Torben!!

IN BRIEF:

Benin reported 37 indigenous cases and 7 imported cases (6 from Togo, 1 from Ghana) in November. This is a