



Date: June 17, 2003



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

Subject: GUINEA WORM WRAP-UP #133

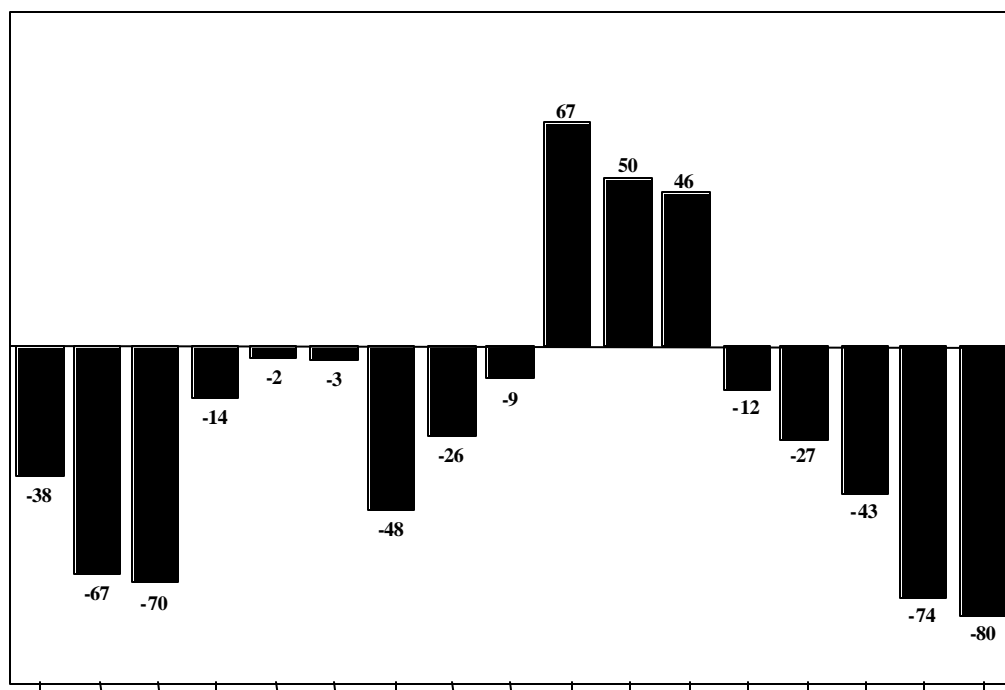
To: Addressees

### NIGERIA REDUCES ITS CASES BY -37% IN JANUARY-MAY

Nigeria reported only 61 cases of dracunculiasis in April 2003, and only 52 cases in May. These are the first months since the Nigerian Guinea Worm Eradication Program (NIGEP) began in 1988 that less than 100 cases were reported in any month. Although the cumulative percentage reduction in Nigerian cases of -37% between January and May 2003 is less than it was in the same period of 2002 (-50%), the monthly trend in reduction of cases so far this year is very different. There has been a steady increase in the rate of reduction each month in 2003 so far, and the rates of reduction in April (-74%) and May (-80%) 2003 are higher than those seen in any of the past 17 months in Nigeria (Figure 1). *Will the big reductions continue in October, November and December this year?* Progress is also evident in the observation that 70% of Nigeria's dracunculiasis cases are now found in only 5 Local Government Areas (LGAS; Ibarapa North, Ado, Obi, Ishielu, Iseyin) of three states: Benue, Oyo and Ebonyi.

Figure 1

Nigerian GWEP: Percentage Change in Cases Reported by Month  
(from previous year), 2002-2003



Nigeria is also intensifying its interventions compared to last year. The overall reported rate of case containment has increased from 66% in 2002 to 72% so far this year, and the percentage of endemic villages with at least one source of safe drinking water now stands at 66%, compared to 60% in 2002 and 49% in 2001. The most recent increases in water supply to endemic villages is the result of new hand dug wells, bore hole wells and solar activated wells that were supported by several external agencies (Carter Center/Global 2000, United Nations Development Program, UNICEF, DFID), state water and sanitation agencies (Enugu, Katsina), and by strong advocacy by former head of state General (Dr.) Yakubu Gowon. Thirty-two of the 109 cases reported in April and May 2003 were contained in case containment centers.

Additional "Worm Weeks" were conducted in Ishielu (Ebonyi State) and in Saki-West (Oyo) LGAs in May. A radio discussion on Guinea worm eradication issues was broadcast in the Tiv language on Nasarawa State Radio during May. The first NIGEP Steering Committee meeting of the year was convened at Makurdi, Benue State, on May 26-27, chaired by the national program coordinator, Dr. K.A. Ojodu.

#### **BURKINA FASO REDUCES ITS CASES BY -84% IN JANUARY-MAY**

Currently the sixth-highest endemic country, Burkina Faso has reported only 27 indigenous cases of dracunculiasis in January-May 2003, compared to 174 cases in the same period of 2002 (Figure 2). Although its peak transmission season has just begun, the Burkinabe may be about to break the back of Guinea worm disease in their country. The annual rates of reduction in recent years were –

## Is Your Program Distributing Filters Door to Door and Demonstrating Their Proper

### SUDAN'S GWEP CONDUCTS GUINEA WORM DAYS IN TWO KEY CITIES

The Sudan GWEP held a Guinea Worm Day in Malakal (Upper Nile State) on April 6, and in Wau (West Bahr Al-Ghazal) on May 30, 2003. During the associated festivities in Malakal, participation by a popular singer from the local Shilluk ethnic group, Vivian James, helped boost attendance to about 5,000 persons. She also recorded a few songs about Guinea worm at the local radio station that are being distributed to other radio stations in the south. Participants included the acting governors and the state ministers of education in each of the two states, as well as the national program coordinator, Dr. Nabil Aziz. The program has also conducted over 16,000 health education sessions, with more than 125,000 attendees, in Internally Displaced Persons (IDPs) camps so far in 2003 (there are an estimated 4 million IDPs in all of Sudan, including almost 2 million in camps around Khartoum).



MedHu 2003

Medical students from four Norwegian universities have decided to raise funds to purchase at least 6,000 medical kits and some pipe filters for Sudan's GWEP. This will be this year's Humanitarian Action Campaign, which happens every other year in Norway. The students plan to raise approximately US\$300,000. Bravo Norway!

## Is Your Program Conducting Spot Checks Each Month of Copepod Levels in a Random Sample of Water Sources that Were Treated With ABATE@ Larvicide?

### IN BRIEF:

**Cote d'Ivoire** has reported only 38 indigenous cases during January – May 2003, a reduction of 79% in cases compared to the 181 indigenous cases reported during this same period in 2002. However, the ongoing civil conflict has made much of the central and northern parts of the country inaccessible to the national GWEP. Most (92%) of the cases in 2002 were reported from Tanda District, and 29 (76%) of the cases so far in 2003 have been reported from that same district. Of concern are the 5 cases in February and 4 cases in May cases from 3 villages reported in Bondokou District, which reported zero cases during 2002. The probable origin of these nine cases has not yet been investigated, but it is critical to determine whether transmission in these three villages was entirely missed during 2002, whether these cases originated in adjacent Tanda District, or from elsewhere. The map on page 9 shows the location of all of the villages reporting cases during January – May 2003.

**Ghana.** The Ghana country offices of UNICEF and the World Health Organization (WHO) are providing a total of about \$85,000 to support expansion of the Ghana Red Cross Society's mobilization of its Women's Clubs into nine of the fifteen highest endemic districts in the country. The Carter Center began supporting this activity in the six highest endemic districts last year. Drs. Alhousseini Maiga and Ahmed Tayeh of WHO led a mission on June 1-13 to evaluate prospects for strengthening Ghana's Integrated Community-Based Surveillance System to reliably detect and report cases of dracunculiasis (as well as other diseases) in areas of the country that are no longer endemic, and which thus are not covered by the Ghana Guinea Worm Eradication Program.

**Mali** has established 11 new zones, making a total of 28, in the key endemic districts (*cercles*) of Ansongo, Gourma Rharous, and Gao to facilitate eradication activities and supervision. The three districts conducted their first "Worm Weeks" ever early in May, with the assistance of U.S. Peace Corps

Table 2

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

|               | NUMBER OF CASES CONTAINED / NUMBER OF CASES REPORTED |            |           |            |           |      |      |        |           |         |          |          | TOTAL*      | CONT. | % |
|---------------|--|------------|-----------|------------|-----------|------|------|--------|-----------|---------|----------|----------|-------------|-------|---|
|               | JANUARY  | FEBRUARY   | MARCH     | APRIL      | MAY       | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |             |       |   |
| SUDAN         | 709 / 1199   | 353 / 689  | 541 / 858 | 467 / 1060 | /         | /    | /    | /      | /         | /       | /        | /        | 2070 / 3806 | 54    |   |
| GHANA         | 470 / 870  | 741 / 1322 | 510 / 931 | 602 / 936  | 498 / 767 | /    | /    | /      | /         | /       | /        | /        | 2821 / 4826 | 58    |   |
| NIGERIA       | 389 / 568  | 179 / 245  | 103 / 125 | 53 / 61    | 30 / 52   | /    | /    | /      | /         | /       | /        | /        | 754 / 1051  | 72    |   |
| TOGO          | 109 / 147  | 36 / 50    | 22 / 30   | 37 / 40    | 77 / 87   | /    | /    | /      | /         | /       | /        | /        | 281 / 354   | 79    |   |
| MALI          | 3 / 3  | 4 / 4      | 5 / 5     | 2 / 3      | 3 / 3     | /    | /    | /      | /         | /       | /        | /        | 17 / 18     | 94    |   |
| BURKINA FASO  | 6 / 6  | 3 / 4      | 0 / 2     | 3 / 3      | 6 / 15    | /    | /    | /      | /         | /       | /        | /        | 18 / 30     | 60    |   |
| NIGER         | 0 / 0  | 1 / 1      | 0 / 0     | 2 / 2      | 0 / 0     | /    | /    | /      | /         | /       | /        | /        | 3 / 3       | 100   |   |
| COTE D'IVOIRE | 7 / 21   | 5 / 8      | 1 / 2     | 1 / 3      | 4 / 4     | /    | /    | /      | /         | /       | /        | /        | 18 / 38     | 47    |   |
| BENIN         | 21 / 21  | 1 / 1      | 1 / 1     | 0 / 0      | 0 / 0     | /    | /    | /      | /         | /       | /        | /        | 23 / 23     | 100   |   |
| ETHIOPIA      | 0 / 0  | 0 / 0      | 3 / 3     | 7 / 7      | 7 / 7     | /    | /    | /      | /         | /       | /        | /        | 17 / 17     | 100   |   |

Figure 3

### Distribution by Country of 10,154 Indigenous Cases of Dracunculiasis Reported During 2003\*

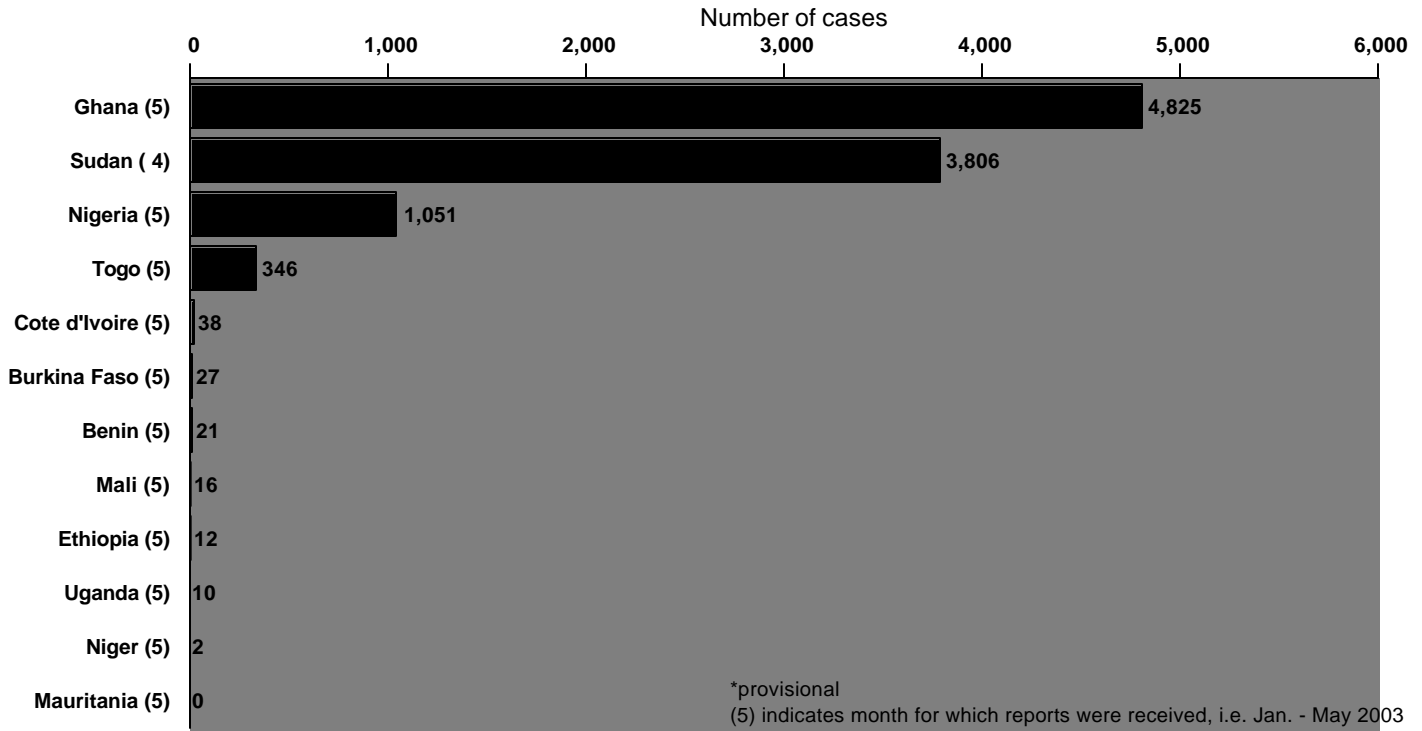


Figure 4

### Distribution by Country of Origin of 26 Cases of Dracunculiasis Exported to Other Countries During 2003\*

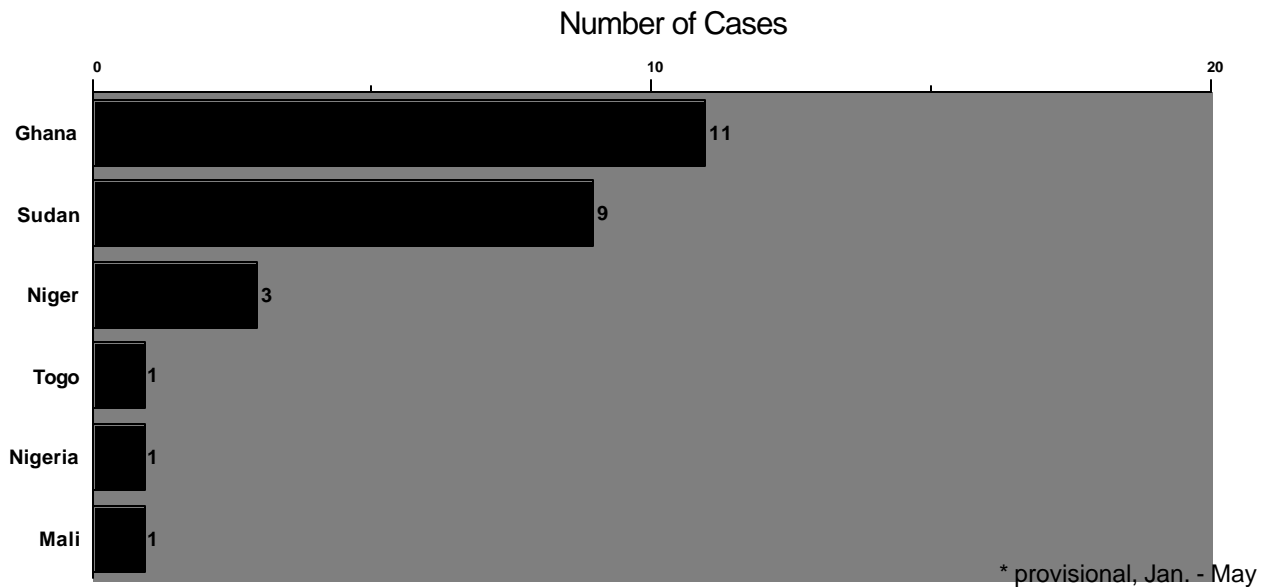
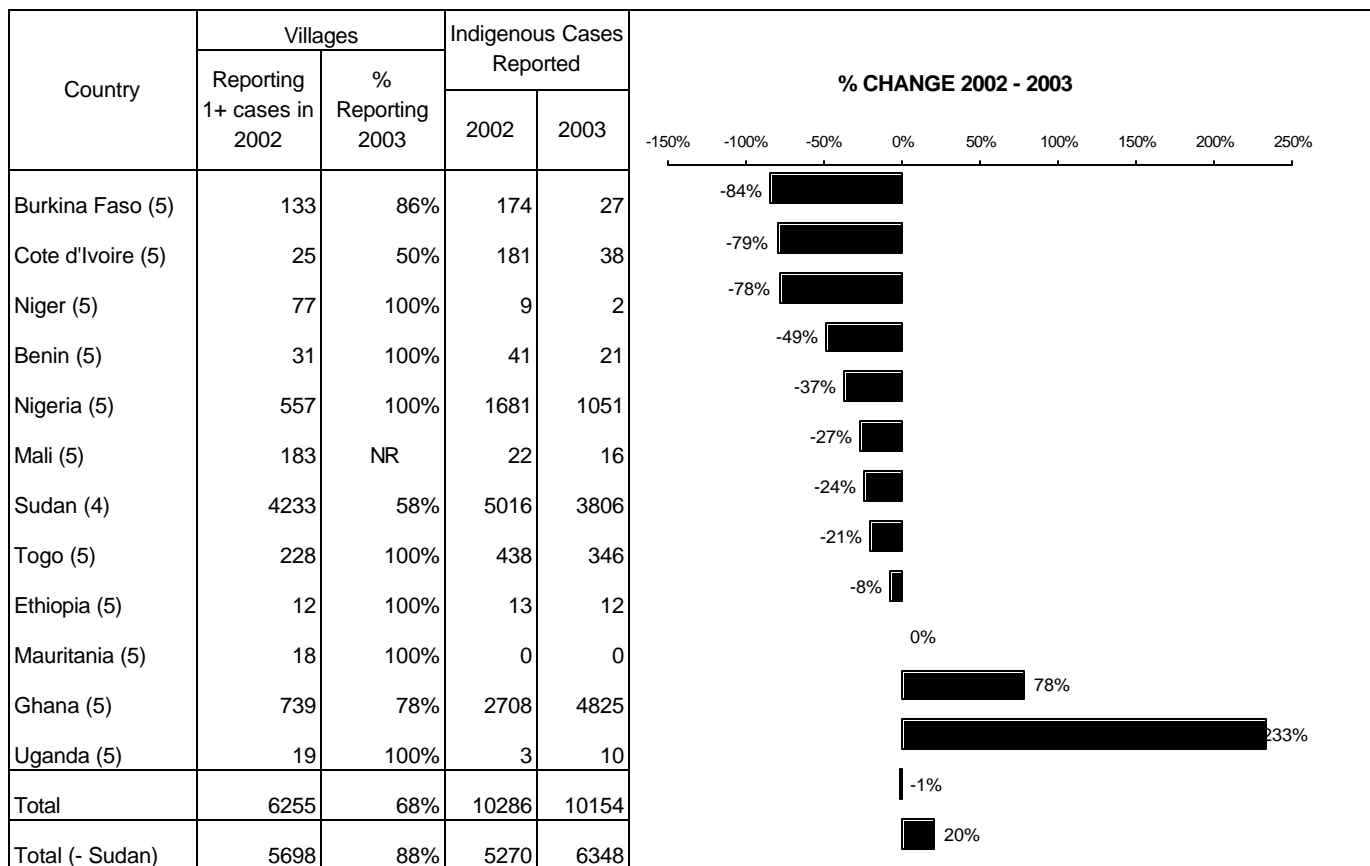


Figure 5

Number of Villages/Localities Reporting Cases of Dracunculiasis in 2002, Percentage of Endemic Villages Reporting in 2003\*, Number of Indigenous Cases Reported During the Specified Period in 2002 and 2003\*, and Percent Change in Cases Reported



(5) Indicates month for which reports were received, i.e., Jan. - May. 2003

\* Provisional

Table 3

DRACUNCULIASIS ERADICATION CAMPAIGN  
STATUS OF INTERVENTIONS IN SELECTED COUNTRIES: 2001-2003\*

|              |                                      | 2001 | 2002 | 2003*  |
|--------------|--------------------------------------|------|------|--------|
| SUDAN        | 4,233 FILTERS IN 100 % OF HOUSEHOLDS | 62%  | 64%  | 60%    |
|              | ABATE USAGE                          | 2%   | 2%   | 1%     |
|              | HEALTH EDUCATION                     | 85%  | 92%  | 68%    |
|              | 1+ SOURCE OF SAFE WATER              | 61%  | 59%  | 54%    |
|              | % CASES MANAGED                      | 49%  | 52%  | 57%    |
| GHANA        | 739 FILTERS IN 100 % OF HOUSEHOLDS   | 85%  | 95%  | 75%    |
|              | ABATE USAGE                          | 20%  | 26%  | 20%    |
|              | HEALTH EDUCATION                     | 100% | 100% | 29%    |
|              | 1+ SOURCE OF SAFE WATER              | 34%  | 44%  | 35%    |
|              | % CASES CONTAINED                    | 68%  | 66%  | 57%    |
| NIGERIA      | 557 FILTERS IN 100 % OF HOUSEHOLDS   | 88%  | 98%  | 99%    |
|              | ABATE USAGE                          | 33%  | 35%  | 43%    |
|              | HEALTH EDUCATION                     | 100% | 100% |        |
|              | 1+ SOURCE OF SAFE WATER              | 49%  | 60%  | 66%    |
|              | % CASES CONTAINED                    | 65%  | 66%  | 72%    |
| TOGO         | 228 FILTERS IN 100 % OF HOUSEHOLDS   | 78%  | 89%  |        |
|              | ABATE USAGE                          | 76%  | 78%  | 65%    |
|              | HEALTH EDUCATION                     | 100% | 100% | 100%   |
|              | 1+ SOURCE OF SAFE WATER              | 47%  | 43%  | 48%    |
|              | % CASES CONTAINED                    | 62%  | 62%  | 79%    |
| MALI         | 183 FILTERS IN 100 % OF HOUSEHOLDS   | 99%  | 90%  | 94%    |
|              | ABATE USAGE                          | 21%  | 22%  | 1%     |
|              | HEALTH EDUCATION                     | 100% | 100% | 100%   |
|              | 1+ SOURCE OF SAFE WATER              | 15%  | 22%  | 21%    |
|              | % CASES CONTAINED                    | 51%  | 58%  | 100%   |
| BURKINA FASO | 133 FILTERS IN 100 % OF HOUSEHOLDS   | 68%  | 90%  |        |
|              | ABATE USAGE                          | 59%  | 64%  | 21%    |
|              | HEALTH EDUCATION                     | 82%  | 99%  | 61%    |
|              | 1+ SOURCE OF SAFE WATER              | 78%  | 79%  | 80%    |
|              | % CASES CONTAINED                    | 73%  | 75%  | 84INED |



# Conflict Zone

## Cote d'Ivoire Cases of Dracunculiasis Reported Jan. – May 2003

### Key

Reported Cases

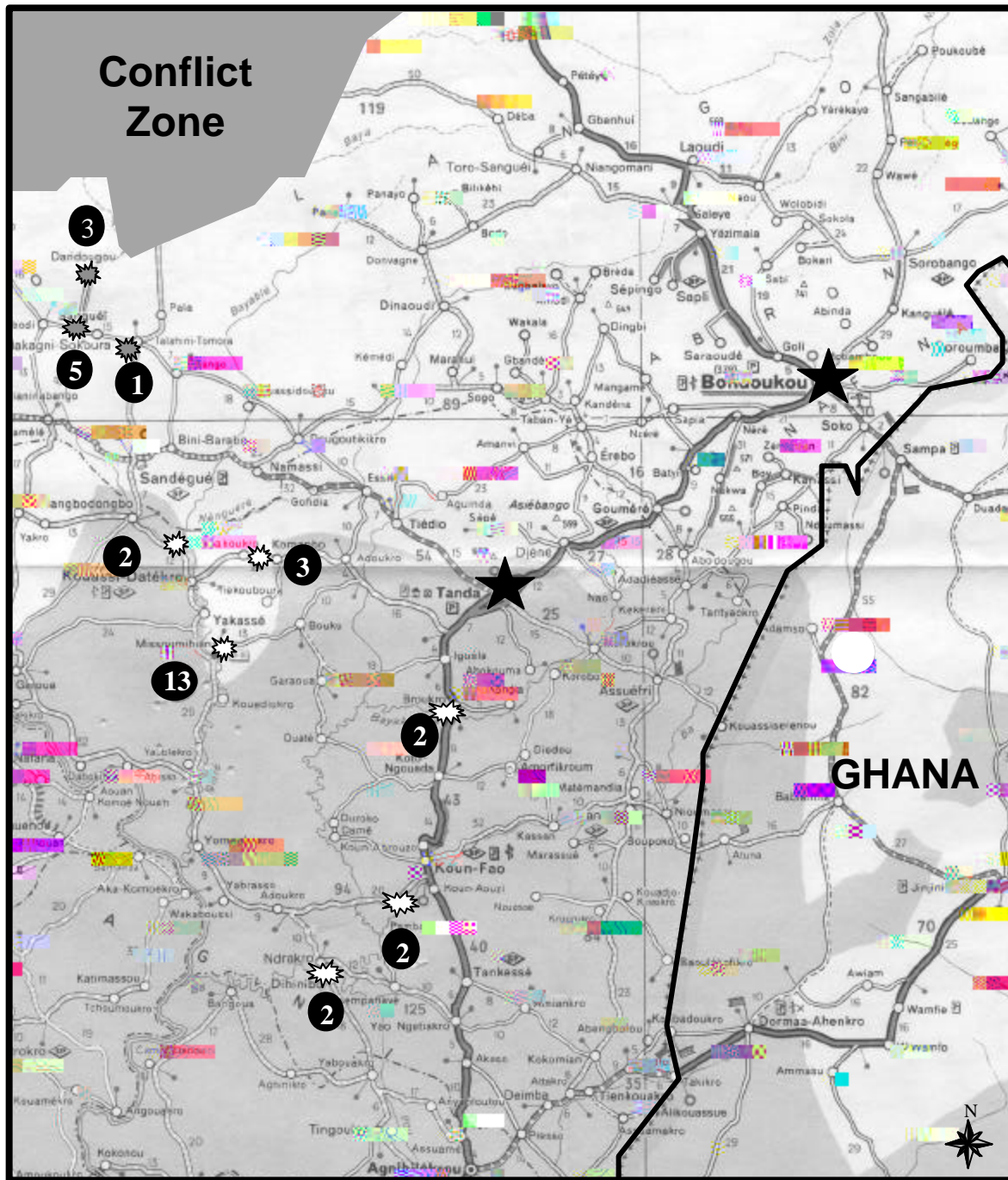
★ - Bondoukou

★ - Tanda

■ - Conflict Zone

★ - District Capital

② - # cases reported



## NEW PUBLIC SERVICE ANNOUNCEMENTS BEING PREPARED

The Voice of America (VOA) has partnered with the Carter Center since 2001 to develop 12 Public Service Announcements (PSAs) regarding prevention of Guinea worm disease. The VOA has promised to air such announcements as long as necessary, until dracunculiasis is eradicated. The PSAs include some recorded by former President Jimmy Carter, former Nigerian Head of State General Yakubu Gowon, President Amadou Toumani Toure of Mali, and President Tandja Mamadou of Niger. Messages are being aired at least three times a week on VOA's English, French and Hausa language broadcasts and some are also being broadcast by local radio stations in endemic countries. PSAs are now available in Kanuri, and are currently being recorded in Arabic, Bambara, Dinka, Fulani, Konkomba, Nuer, and Tamachek. United Nations Secretary-General Kofi Annan also recently agreed to record a message.

Most of the messages have been built around four key points, urging listeners to:

- **Prevent it:** to prevent Guinea worm, stop everyone with the disease from entering any water source.
- **Avoid it:** Avoid drinking water that may contain Guinea worms. Think before you drink! Drink safe water only.
- **Filter it:** Filter all drinking water that may contain Guinea worms.
- **Report it:** Report all Guinea worm cases to your village health worker

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## **CANADA MAKES GRANT TO THE CARTER CENTER**

The Government of Canada has approved a grant of CAD \$3.1 million (about US \$2.1 million) to The Carter Center to help in the final push to eradicate dracunculiasis. The grant was announced by the Canadian International Development Agency (CIDA) during a meeting in Ottawa on June 18 between CIDA's Minister for International Cooperation Susan Whelan; Carter Center Executive Director Dr. John Hardman; and Dr. Donald Hopkins, Associate Executive Director for the Center's Health Programs. The three-year grant will be administered by CIDA. Specific activities to be supported by this grant include containment of transmission of Guinea worm disease cases, active surveillance, health education, and community mobilization, with emphasis on the remaining endemic countries in West Africa. Through this grant, particular attention also will be given to the impact of the disease on women and girls, as well as women's participation in the implementation of interventions against the disease. In announcing the grant, Minister Whelan stated that "Working through The Carter Center, Canada's support will make a significant difference to the lives of the sufferers and to the communities in which they live."

## **INTERAGENCY COORDINATING GROUP MEETS IN GENEVA**

The World Health Organization hosted the 47th meeting of the Interagency Coordinating Group for Dracunculiasis Eradication in Geneva on May 14-15, 2003. This meeting was convened mainly to consider some issues that arose during the annual meeting of program managers of GWEPs in Kampala in April. Participants included the national program coordinators of Ghana (Dr. Andrew Seidu-Korkor), Burkina Faso (Dr. Dieudonne Sankara), Niger (Alhaji Sadi Moussa), and Uganda (Dr. J. Bosco Rwakimari), as well as Prof. Oladele Kale of Nigeria and representatives of WHO, UNICEF, Health and Development International, and The Carter Center. Participation by the national coordinators was supported by WHO. The main topics covered included a review of the definitions of the indices used to monitor national GWEPs and plans to help certain endemic countries improve surveillance for

## **RECENT PUBLICATIONS**

Hopkins, DR, 2003. Dracunculiasis. In: The Cambridge Historical Dictionary of Disease, K.F. Kiple, ed. Cambridge: Cambridge University Press. Pp 98-100.