











stays were associated either with serious subcutaneous infections at sites of perforation, or with multiple or complex concurrent disease cases in the same patient.

Sharma, M.I.D. 1982 Safe water will defeat guinea worm disease. World Health Forum (Readers' Forum) Vol 4, 142

A correspondent's letter titled "Complexities of Guinea Worm Disease" is paraphrased:

(1) Piped-water in towns in which dracunculiasis is endemic does not flow continually, and it does not reach all citizens; (2) infection can be acquired in a neighboring town or village; (3) if treatment is not available, and if water supplies are susceptible to re-introduction of the infective agent, endemic levels of infection can be re-established in a locality that has previously been freed of the disease; (4) the behavioral, cultural, and mobility patterns of community members should be considered in planning eradication.

Then, the following points (inferred from, and attributed to, conclusions reached in a workshop) are commended as essential to control and eradication:

Use paramedical personnel to perform case-search operations that will identify places in which dracunculiasis cases have occurred during the past two years.

The etiologic agent is spread by persons who have the disease and who step into water sources to fill their vessels.

When actual and potential endemic areas are known, safe water supplies are either to be provided, and infective water supplies are to be either denied, converted into wells, or treated to kill the host Cyclops.

Cases of dracunculiasis must be treated, either as a medical relief measure, or (with occlusive bandages) to prevent spread from lesions, or both; and patients' stepping into water supplies must be discouraged.

The public must be educated in the epidemiology, the prevention, and the treatment of this disease.