Public Health Service
Centers for Disease Control
DEPARTMENT OF HEALTH & HUMAN SERVICES and Prevention (CDC)

Memorandum

Date: January 22, 1999

From: 

WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP #86

To: Addresses

Detect Every Case, Contain Every Worm!

ETHIOPIA: NO CASES IN NOVEMBER, AIMING TO BREAK TRANSMISSION IN 1999

After three years of almost unchanged incidence (Figure 1), Ethiopia's Dracunculiasis Eradication Program (EDEP) expects to achieve a significant decrease in incidence of the disease in 1999, and it is going all-out to prevent any transmission from cases this year. The program reported zero cases in November 1998, which was its first month with zero cases since the program began. In 1998, 83% of all cases were reported from the region of South Omo, which borders Kenya and Sudan, and is home to the semi-nomadic, pastoral Nyangaton (Bume) people. The status of interventions in the thirty settlements that were considered endemic in the region in 1998 is summarized in Table 1. The program constructed six new rainwater catchment tanks among the nine most highly endemic villages of South Omo during 1998, with funding provided by the Government of Japan, UNICEF and Global 2000. Abate treatments of standing water sources were also increased in 1998. Although the EDEP reported an overall case containment rate of 96% in 1998,

Figure 1

Table 1

Village code	Village name	No. of households	No. of new cases*	No. of cases contained	No. of filters distributed	No. of ponds treated	No. of safe water points	No. of health education sessions	Medical**[1] kits available	Medical kits refilled	Frequncy of supervisory visits	
16	Ejem	568	61	59	1440	1	3	weekly	3	3	weekly	
29	Kopria	164	54	50	245	1	2	2/month	1	1	2/month	Majority displaced
14	Ariapa	153	25	25	393	0	2	weekly	1	1	weekly	
19	Lomotoy	60	22	22	166	1	0	weekly	0	0	weekly	Med. kits shared
10	Lopeto	126	21	21	208	0	2	weekly	1	1	weekly	
20	Kawleona	84	16	16	215	0	1	weekly	0	0	weekly	Med. kits shared
15	Lobor	69	12	11	263	0	0	weekly	0	0	weekly	Med. kits shared
30	Kakuta	90	12	11	257	1	2	weekly	0	0	2/month	Med. kits shared
21	Achuka	57	11	11	153	1	3	weekly	2	2	weekly	
22	Kangalen	61	11	10	157	0	3	weekly	2	2	weekly	
23	Aipa	59	10	10	199	1	1	weekly	1	1	weekly	Med. kits shared
18	Lowus	40	8	8	81	1	0	weekly			weekly	Med. kits shared
27	Napolokoit	216	6	6	216	0	3	weekly	1	1	2/month	
7	Loger	108	6	6	176	0	1	weekly			weekly	Med. kits shared
11	Arong	90	4	4	107	0	4	weekly			weekly	Med. kits shared
28	Kakerzia	88	4	4	185	1	0	weekly	1	1	weekly	
5	Kalle	136	3	3	217	0	0	weekly	1	1	weekly	
8	Lopiding	85	3	2	137	0	0	weekly			weekly	Med. kits shared
17	Nachelete	24	3	3	73	1	0	weekly	1	1	weekly	
4	Jonai	235	2	2	333	0	1	weekly			weekly	Med. kits shared
12	Lokorna	28	2	2	40	0	0	weekly			weekly	Med. kits shared
1	Mechar	74	1	1	50	0	1	weekly			weekly	Med. kits shared
2	Lokodo	39	1	1	58	0	0	weekly			weekly	Med. kits shared
9	Esekon	58	1	1	84	0	0	weekly			weekly	Med. kits shared
24	Lekawi	17	1	1	57	0	0	weekly			weekly	Med. kits shared
25	Lolome	59	1	1	70	0	0	weekly			weekly	Med. kits shared
13	Kapoko	65	1	1	108	0	2	weekly				

the reported containment rate of 87% in 1997 clearly did not reflect the true state of case containment then, since incidence was reduced by only 18% between 1997 and 1998. At the regional review meeting for Gambella on November 9, it was reported that "case containment efforts during 1998 were very reliable as compared to...previous years." South Omo and Gambella are the only endemic regions in Ethiopia.

In 1999, the program is receiving increased attention and support from the office of the Prime Minister and the Minister of Health. A regional meeting (South

Figure 2

GUINEA WORM CASE THAT IS NOT CONTAINED

Beginning in January 1999, complete this form for each case of Guinea worm that is not contained, and submit it along with the monthly data reports to the National Coordinator/Secretariat.

State _____ Month of report_____

Patient name_____ Age _____ Sex _____

Village_____ Village Volunteer _____
Council_____ Council Supervisor _____
Province _____ Province Supervisor _____

1. Describe the circumstances that resulted in this case not being contained. See definition below. Specify which criteria were not met and clarify; for example, if the case was detected more than 24 hours after the worm emerged, discuss why you think that happened._____
   _____

2. In your opinion, what needs to be done to ensure that the next case in this village is contained?_____
   _____

3. What actions have been taken by you, other supervisors, and/or the village volunteer to ensure that the next case in this village is contained?_____
   _____

4. Did the person enter a drinking water source when the blister broke or while the worm was emerging? YES_____ NO ____
   If YES, which water source _____.

5. Has it been treated with Abate? YES _____ NO _____ If YES, date for treatment _____.

6. Have the province and council supervisor for this area and the village volunteer for this village been trained in case containment? YES ____ NO_____.

7. In your opinion, do they understand the steps for case containment? YES ____ NO _____.

8. Was this case imported into the village in which the worm emerged? YES ____ NO _____.
   If YES, complete the import form (even if just from another village in the state).

DEFINITION:
A case is considered contained if all the following criteria are true:
1. Detected before or within 24 hours of worm emergence.
2. Appropriately bandaged with 24 hours of worm emergence.
3. Education is provided to the patient and family (and others as needed).
4. Did not enter a water source (or if entered, the source is treated with Abate within 7 days and filters provided to each household).
5. Verified by Supervisor or other reliable source* within 7 days of detection.
   * May include a medical person, community health worker, midwife, or even very well trained, experienced, and reliable village volunteers in cases where it is not practical for a supervisor to be involved.

To ensure full containment of each case after the initial bandaging of Guinea worm lesion(s), national programs need to find ways of keeping each patient under observation and providing care of the lesion(s), i.e., "containment", until the worm(s) are manually extracted.

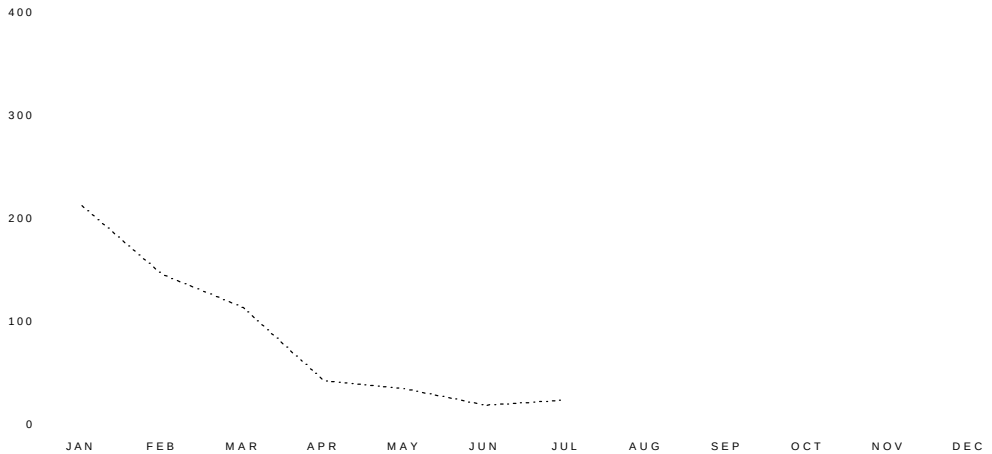
_____	_____	_____
Name of State Coordinator	Signature of State Coordinator	Date

surveillance in 1998. South Darfur has reported no cases in January-November 1998, despite 100% of

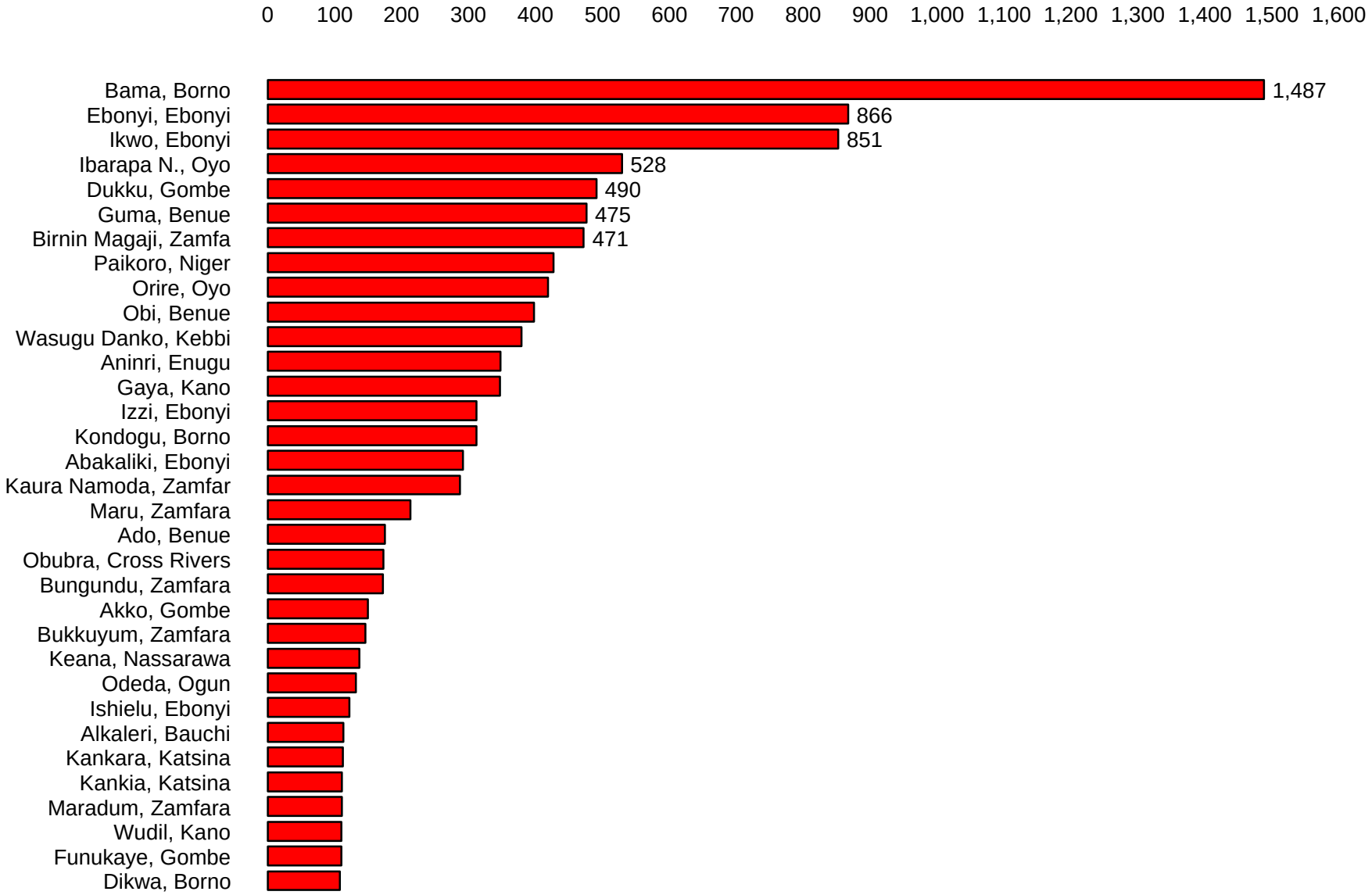
Figure 3

Nigeria Guinea Worm Eradication Program
Number of cases of dracunculiasis reported from Ebonyi State during 1997-1998*

Number of cases of dracunculiasis reported from Oyo State during 1997-1998*



* provisional


0
100
200
300
400
500
600
700
800
900
1,000
1,100
1,200
1,300
1,400
1,500
1,600
Bama, Borno
1,487
Ebonyi, Ebonyi
866
Ikwo, Ebonyi
851
Ibarapa N., Oyo
528
Dukku, Gombe
490
Guma, Benue
475
Birnin Magaji, Zamfa
471
Paikoro, Niger
Orire, Oyo
Obi, Benue
Wasugu Danko, Kebbi
Aninri, Enugu
Gaya, Kano
Izzi, Ebonyi
Kondogu, Borno
Abakaliki, Ebonyi
Kaura Namoda, Zamfar
Maru, Zamfara
Ado, Benue
Obubra, Cross Rivers
Bungundu, Zamfara
Akko, Gombe
Bukkuyum, Zamfara
Keana, Nassarawa
Odeda, Ogun
Ishielu, Ebonyi
Alkaleri, Bauchi
Kankara, Katsina
Kankia, Katsina
Maradum, Zamfara
Wudil, Kano
Funukaye, Gombe
Dikwa, Borno

material (cost: ~US$38,000) provided by Global 2000 arrived in Lagos on January 7. Two of the four external consultants who assisted the program in October-December 1998 returned to Nigeria in mid January. The Global 2000 RBP in Southeast Zone has loaned 10 motorcycles for use by the Guinea Worm Program in Benue and Ebonyi States until March 1999. In Southwest Zone, Dr. Fola Osigbogun has been appointed deputy zonal facilitator.

In the northern states, Borno alone reported 2,053 (15%) of all cases reported in Nigeria during November 1998. Bama Local Government Area (LGA), the part of Borno State which exported most of the cases reported by Cameroon last year, reported 1,487 cases in 1998. A village-to-village case search began in Bama LGA on December 3rd. UNICEF/Nigeria recently provided a grant of about $7,700 for use by the program in North East Zone, which includes Borno State. Former President Jimmy Carter will discuss the latest developments in the program with Nigerian Head of State General Abdulsalami Abubakar during a pre-election visit to Nigeria in late January.

NIGER EVALUATION HELPS PROGRAM PREPARE FOR 1999

National Program Coordinator Mr. Sadi Moussa has forwarded results of the latest annual evaluation of the Niger GWEP, which was conducted in December 1998. In the endemic villages sampled, over 92% of households had attended a health education session, all had at least one trained village health worker, and 95% of households had a cloth filter. However, many water sources that should have been treated with Abate were not treated (some sources in 21% of endemic villages were treated), and not all village health workers had medical kits to use in containing individual cases. Supervision of village health workers was judged to be regular, but its quality needed to be improved.

The Niger GWEP reduced cases by only 11%, but it reduced the number of endemic villages by 29%, from 396 endemic villages on 1/1/98 to 282 by 1/1/99. The program is taking steps to ensure that first aid kits are delivered and training is completed before the onset of the rains in 1999, as well as to extend the use of Abate to all appropriate endemic villages and hamlets. The government of Japan will install the remainder of 83 new wells and rehabilitate 68 others in Zinder's

communications and learn more about migratory movements of border populations. Senegal has apparently interrupted transmission of dracunculiasis, with no cases reported since July 1997. Mali has reduced its cases by -45% overall in 1998 (-80% in Kayes Region, which adjoins the formerly endemic area of Senegal and currently endemic areas in Mauritania). Mauritania has reported 373 cases in January-November 1998 compared to 388 cases in 1997 (Figure 5).

The meeting also included a thank you ceremony for 20 health workers in Kayes Region who began working in the Guinea Worm Eradication Program of that region in February 1994, with the support of USAID and Global 2000, and were released from service in October 1998. Dr. Zagaria, the Regional Governor, and the Regional Director of Public Health distributed certificates from General Amadou Toumani Toure, thanking them for their service and expressing appreciation for their success (Kayes Region reported only 29 cases in 1998). The health workers thanked General Toure and the program for the experience and for making them a part of the success story. The Regional Governor, who is President of the Regional Intersectorial Group, represented General Toure at the ceremony.

Mr. Michael Ashcroft, a business executive and philanthropist who attended the African Regional Conference on Dracunculiasis Eradication in Bamako last year, has donated $150,000 to The Carter Center in support of the eradication program in Mali. This follows a gift of $100,000 made last year by Mr. Ashcroft to assist the global campaign.

IN BRIEF:

Burkina Faso successfully completed the final two of three regional workshops in December, and has completed a draft Plan of Action (1999-2000), which is currently under review. A total of 209 villages are known to have reported one or more cases of dracunculiasis in 1998 (vs 211 in 1997). A date for the national workshop and re-launching of the program has not yet been announced.

In Ghana, which achieved a 42% reduction in cases in 1998, Atebubu District (Brong-Ahafo Region) alone accounted for 34% of cases reported by Ghana in October, and 43% of November's cases. Kete Krachi District (Volta Region) reported 14% of November's cases. Overall, 80% of the cases reported in Ghana in November were from only 6 of the country's 110 districts.

Togo's minister of health announced on national television that Togo is working to stop transmission of dracunculiasis in the country by December 31, 2000. Global 2000 resident advisor in Niger, Mr. Mohammed Salissou Kane, spent a week in Togo in January reviewing the status of Togo's program at the invitation of Togo's national program coordinator, Mr. K. Ignace Amegbo.

36TH INTERAGENCY MEETING HELD AT WORLD BANK HEADQUARTERS

The 36th Meeting of the Interagency Coordinating Group for Dracunculiasis Eradication met at the headquarters of The World Bank in Washington D.C., on January 13, 1999, under the chairmanship of Mr. Bruce Benton. The meeting, which included representatives of The Carter Center/Global 2000, Centers for Disease Control and Prevention, U.S. Peace Corps, the UN Foundation, UNICEF and the World Health Organization (WHO), was also linked by video-conferencing to WHO headquarters in Geneva, Switzerland. Mr. Benton opened the meeting by reporting that The World Bank would like to step up its efforts in support of the dracunculiasis eradication campaign. In a televised message, WHO director-

SENEGAL (11)	1	100	4	0	-100
YEMEN (11)	5	100	7	0	-100
CHAD (11)	10	100	25	2	-92
MALI (12)	175	75	1080	606	-44
GHANA (11)	605	100	7876	4583	-42
UGANDA (12)	159	99	1359	895	-34
BENIN (12)	150	94	839	680	-19
ETHIOPIA (12)	41	100	439	359	-18
NIGER (12)	282	99	3014	2684	-11
BURKINA FASO (12)**	209	NR	2477	2310	-7
MAURITANIA (11)**	59	NR	382	373	-2
COTE D'IVOIRE (12)	174	92	1247	1232	-1
CAMEROON (10)	1	100	0	0	0
SUDAN (11)**	6493	33	42777	44042	3
NIGERIA (12)	985	93	11923	12651	7
TOGO (12)					21
TOTAL*					-3
TOTAL (without Sudan)*					-12

PERCENTAGE OF ENDEMIC VILLAGES REPORTING

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						%
	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	

general Dr. Gro Harlem Brundtland stated that WHO remains "fully committed" to eradicating dracunculiasis, pledged WHO's intention to work more closely with other partners in the program, and urged the agencies to develop a coordinated workplan and plan for mobilization of the necessary resources. She also promised to work with other United Nations agencies to continue to plead for an end to the war in Sudan. WHO's executive director for communicable diseases, Dr. David Heymann, also expressed his views that a unified workplan and advocacy would help, and that dracunculiasis eradication should not be left to the routine health services. Participants reviewed needs and problems of the remaining endemic countries, heard a report on the status of WHO activities regarding certification and pre-certification countries (Cameroon, C.A.R., Chad, India, Kenya, Senegal, Yemen), and discussed plans for conducting the delayed Program Review for francophone countries at Dakar, Senegal.

RECENT PUBLICATIONS

Sharma RC, and Biswas G. 1998. Guinea Worm Eradication Programme in India. Report and recommendations of the sixth independent evaluation (January 1998). Delhi: Division of Helminthology, National Institutes of Communicable Diseases, 124 pages.

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.