DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)

Memorandum

Date: February 15, 2000

From: 

WHO Collaborating Center for
Research, Training and Eradication of Dracunculiasis

Subject: GUINEA WORM WRAP-UP # 98

To: Addressees

Detect Every Case, Contain Every Worm!

NIGER PREPARES TO SMASH THE WORM

Having reduced its cases of dracunculiasis by –29% in 1999 to 1,920 (including 4 imported cases), Niger's Guinea Worm Eradication Program is preparing to finish the job in 2000. The "Kurkunu Crew" and its allies also saw the number of villages reporting one or more cases reduced by –40%, from 282 in 1998 to 170 in 1999. A total of 216 hamlets reported cases in 1999, among the 170 endemic villages remaining. A map showing the location of the five major endemic districts (Mirriah, Tera, Tillabery, Tahoua, and Bouza) was included in *Guinea Worm Wrap-Up #95*. The numbers of cases reported monthly in 1998 and 1999 are illustrated in Figure 1.

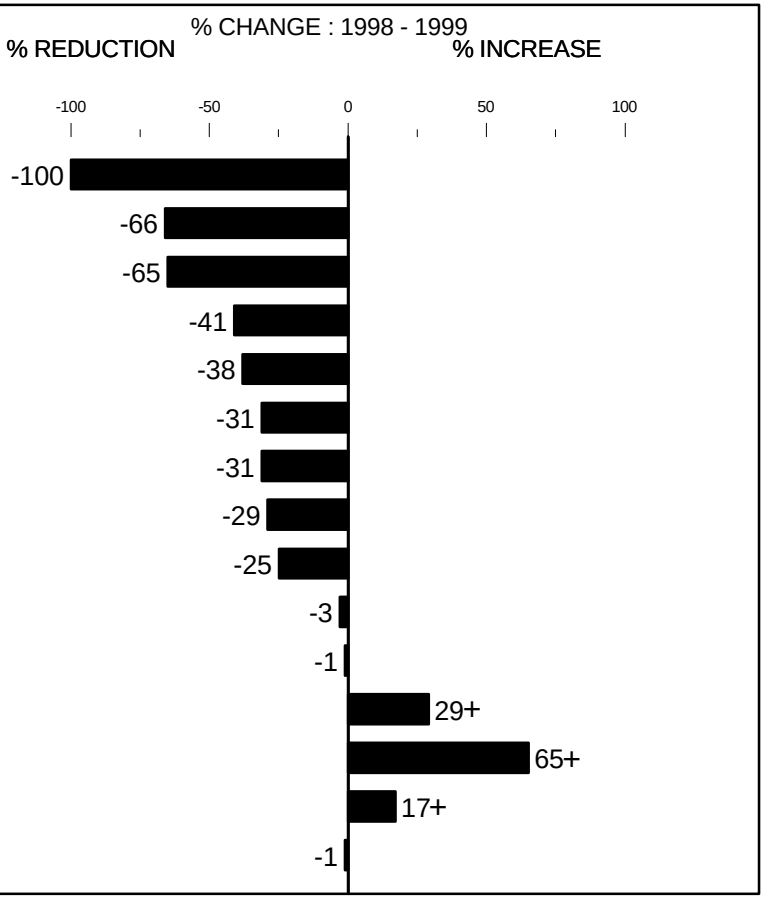
Figure 2 shows the status of case containment and Abate usage by month during 1999, and the timing of some key activities. It is seen that no more than 116 villages reported a case of the disease in any month during the peak season. The program reports that all endemic villages had 100% filter coverage during 1999. The Japan International Cooperation Agency (JICA) completed 44 new bore hole wells in 37 villages that were endemic or under surveillance for dracunculiasis in 1998-1999, and rehabilitated 51 wells in 40 such villages during the same period. US Peace Corps provided two full time volunteers in Tera, Tillaberi, one in Mirriah, Zinder, and one in Tessaua, Maradi. The program plans to ask political leaders at highest level to help mobilize affected populations to take action against dracunculiasis. Programmatic weaknesses during 1999 included low rates of case containment during the peak transmission season (averaging only 48% for the year), and delayed training of village volunteers at the beginning of the peak season, due to delays in funding. Although high rates of case containment were achieved during the first five months, when there were few cases, the absence of rainfall during February – May precluded the use of Abate, as all ponds were dry (Figure 2). The program plans to focus its efforts more specifically on currently endemic villages and hamlets in 2000, introduce small rewards (or

General (Dr.) Yakubu Gowon's dedicated mobilization efforts during 1999 (including 22 visits to 16 endemic states), as well as the great support manifest by the head of state, President Olusegun Obasanjo, and by senior officials in the Federal Ministry of Health. The committee noted several increased efforts to bring safe water to endemic communities, and agreed to monitor progress in doing so against the national list of priority endemic villages at each subsequent meeting. The National Council on Water Resources has endorsed the principle of giving priority to villages with dracunculiasis. UNICEF announced that it had received $200,000 for providing and rehabilitating water supplies to endemic villages in Nigeria during 2000 from the United Nations Foundation, in collaboration with The Carter Center. The Steering

Figure 4

Percentage of Endemic Villages Reporting and Percentage Change in Number of Indigenous Cases of Dracunculiasis During 1998 and 1999 *, by Country

COUNTRY	ENDEMIC VILLAGES: 1999		CASES REPORTED	
	NUMBER	% REPORTING	1998	1999
CHAD (12)	1	100	3	0
COTE D'IVOIRE (12)	185	100	1410	480
UGANDA (12)	193	100	899	316
MAURITANIA (10)	60	100	361	214
MALI (12)	128	75	646	398
BENIN (12)	207	90	685	474
ETHIOPIA (12)	45	100	359	247
NIGER (12)	280	100	2684	1916
TOGO (12)	229	100	2126	1585
BURKINA FASO (12)	253	62	2227	2184
NIGERIA (12)	1542	97	13419	13236
SUDAN (11)	7296*	44	46327	59860
GHANA (12)	1237	92	5457	9011
TOTAL*	11539	62	76603	89921
TOTAL (without Sudan)*	4243	93	30276	30061



* Provisional. Totals do not include imported cases.

** Includes 2,026 known endemic villages that are not accessible to the program because of insecurity.

(11) Denotes number of months for which reports were received, e.g., Jan. - Nov., 1999

COTE D'IVOIRE CRUSHES THE WORM IN ZUENOULA DISTRICT

During January 2000 the endemic district of Zuenoula reported zero cases, the first time since the Cote d'Ivoire Guinea Worm Eradication Program began in 1993. The January 2000 report of zero cases compares with 55 cases reported in January 1999 and 68 cases in January 1998. The District of Zuenoula has reduced the number of cases of dracunculiasis from 1,123 reported in 1993 to 59 reported during 1999, a reduction of 95%. This success is due to the hard work of Dr. El Adj Bouabre, Medicin-Chef of Zuenoula District and his team, and Dr. Henri Boalou, National Coordinator and his team. Various local and international collaborating organizations also supported this effort. **Keep up the good work!!**

IN BRIEF:

Benin Decreased the number of villages reporting one or more cases from 181 in 1998 to 135 in 1999, (-25%), and 69 of the latter villages reported only one case each. Global 2000 provided a grant of $16,000 to support the national secretariat of the program during 2000.

Côte d'Ivoire Only 88 villages reported one or more cases in 1999, and 37 reported only one case each.

Ethiopia This program held its national review meeting in Addis Ababa on January 25th. Mr. Colin Davis, the outgoing chief of UNICEF's Water and Sanitation unit in Ethiopia, gave the keynote address. 38 villages reported one or more cases in 1999, including 17 villages that reported only one case each.

Ghana The Carter Center is providing two more 4 wheel drive vehicles to this program.

Sudan A UN assessment team plans to visit the Nuba Mountains area of South Kordofan State in mid February, in part to provide immunizations against poliomyelitis. This visit may provide the opportunity to assess the current status of dracunculiasis in the area. The team expects to visit the epicenter of dracunculiasis endemicity that was identified in the last previous survey over 15 years ago. The Nuba Mountains area has been inaccessible to Guinea worm workers in recent years. Sudan has reported 68% of the provisional total of cases in 1999.

Uganda Reported 316 indigenous cases in 1999, a decrease of 65% from the 899 cases reported in 1998. Only 108 villages reported one or more cases in 1999, and 58 of these reported only one case each.

MEETINGS

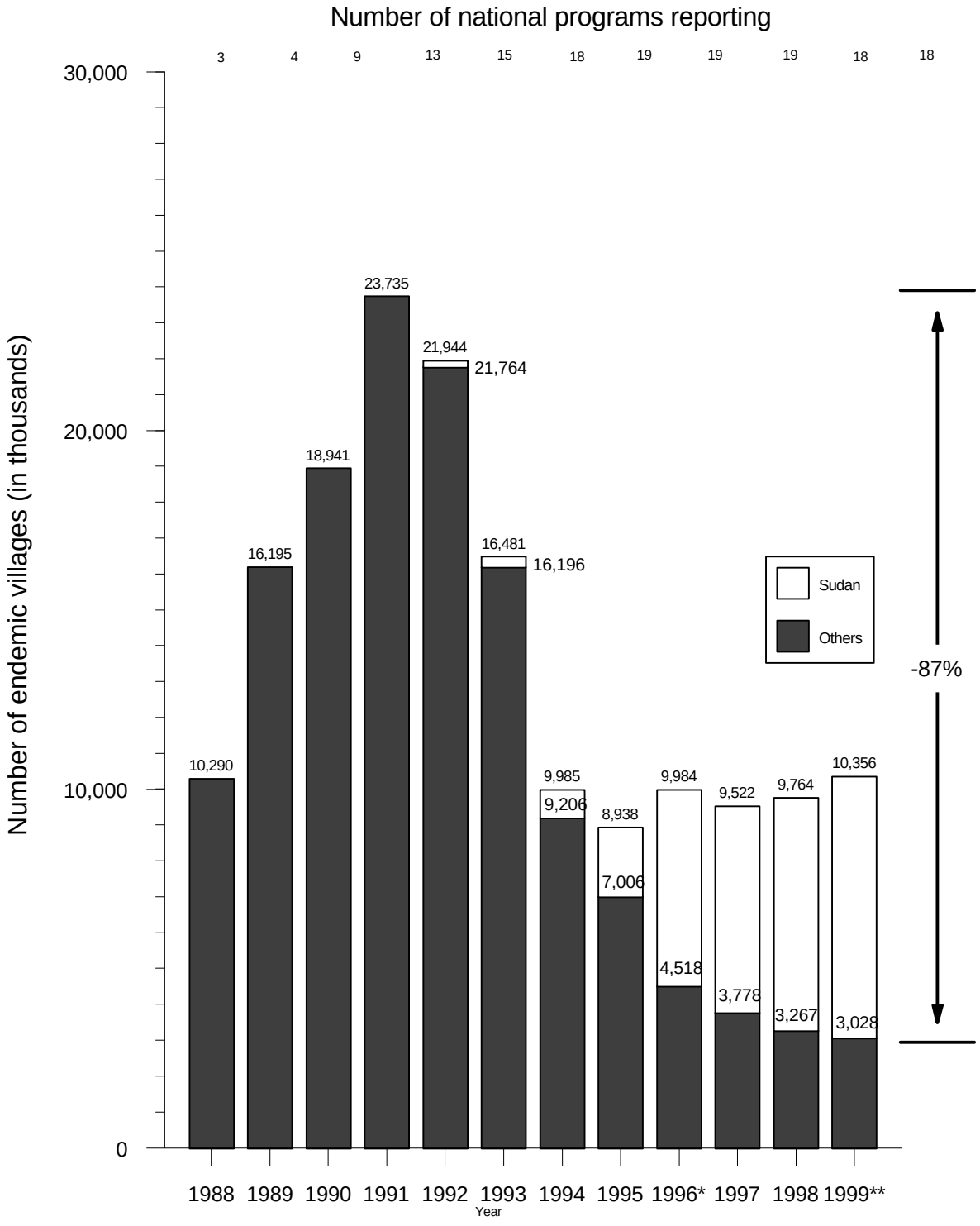
The next meeting of the National Program Managers of Guinea Worm Eradication Programs will be held in Ouagadougou, Burkina Faso on March 6-9, 2000.

OBITUARY

With sadness and regret we announce the unfortunate passing of Mr. William DiDiego, US Peace Corps Volunteer in the Republic of Cote d'Ivoire. Mr. DiDiego spent 3 years working in the village of Zorofla, in Zuenoula District, and one year as a Volunteer Leader in Bondokou District. While in Zuenoula he led a successful sanitary latrine program and helped other Peace Corps Volunteers work on Guinea worm eradication projects. Moreover, he supervised and provided valuable advice to many new Volunteers who worked on Guinea worm eradication activities in the districts of Bondokou and Bouna. He died on Monday, February 7, 2000 in a vehicle accident.

Figure 5

Year, Number of National Programs Reporting, and Number of Villages with Endemic Dracunculiasis



* WHO certifies the absence of dracunculiasis from Pakistan

** provisional

RECENT PUBLICATIONS

Cairncross S, Anemana SD, and Olsen A. 1999. Towards the eradication of Guinea worm: a Danish-Ghanaian Collaboration. Parasitology Today, Vol. 15 (4): 127-129.

Homeida MMA, Goepp I, Magdi A, Hilyer E, and Mackenzie CD. 1999. Medical achievements under civil war conditions. Lancet, Vol. 354 (9178): 601.

Van der Werf T, Van der Graaf WTA, Tappero JW, and Asiedu K. 1999. Mycobaterium ulcerans infection. Lancet, Vol 354 (9183): 1013-1018. [The authors mention village-based surveillance for cases of dracunculiasis as a possible model for surveillance of cases of Buruli ulcer].

Table 2 **Dracunculiasis Eradication Campaign**
Number of Villages Reporting one or more Cases of Dracunculiasis
During 1998 - 1999*

Country	Number of villages reporting 1+ cases		%
	1998	1999*	Change
Sudan (11)	3123	3770	21
Nigeria	1177	1059	-10
Ghana	625	934	49
Niger	282	170	-40
Burkina Faso	209	182	-13
Togo	203	164	-19
Benin	181	135	-25
Mali	177	114	-36
Uganda	160	108	-33
Cote d'Ivoire	154	88	-43
Mauritania (10)	57	36	-37
Ethiopia	41	38	-7
Chad	1	0	-100
Cameroon (8)	0	0	0
Total	6390	6798	6
Total without Sudan	3267	3028	-7
Without Sudan, Ghana, and Nigeria	1465	1035	-29

* Provisional
(11) denotes number of months for which data was received, e.g., January - November 1999

Inclusion of information in the Guinea Worm Wrap-Up does not constitute "publication" of that information.
In memory of BOB KAISER.

For information about the GW wrap up, contact Dr. Daniel Colley, Acting 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.