

Date August 10, 1998

From WHO Collaborating Center
Research, Training and Eradication of

In the first seven months of this year, Mauritania has reported a reduction of 63% in the incidence of dracunculiasis (Figures 1,2). The peak transmission season is July-October. The review team also helped the Ministry and UNICEF to conduct a two-day session to train 20 trainers from the eight endemic regions and 10 of the 15 endemic districts in the use of Abate. Abate has not been used in the Mauritanian program since 1994. In addition to the primary external support being provided to this program by UNICEF, other external support is or has been provided by the UN Foundation (through UNICEF), the Japan International Cooperation Agency (JICA), WHO, U.S. Peace Corps, the French volunteer agency AFVP, the Government of Spain, Global 2000, and CDC.

BURKINA FASO APPOINTS DEPUTY COORDINATOR, INVESTIGATES SURVEILLANCE

The Government of Burkina Faso has appointed Dr. Draho Maxim as deputy national coordinator for their GWEP. Dr. Maxim was formerly coordinator for malaria control. He will now work full-time for the eradication of dracunculiasis in Burkina Faso, under the direction of Dr. Sanou Souleymane, head of the World Bank-assisted OCP devolution activity responsible for control of oncho-cerciasis and trypanosomiasis and eradication of dracunculiasis in the country.

As noted in Table 1 and Figure 2, Burkina Faso has so far reported 548 cases of dracunculiasis during the first six months of 1998, but the rate of reporting from villages under surveillance is unknown. Niger reported two cases of dracunculiasis imported from Burkina Faso in June (Table 2). Dr. Sanou and Dr.

CHAD (7)	10	100	19	2
MAURITANIA (7)	83	86**	86	32
SUDAN (6)***	6009	28	30863	12857
MALI (6)	246	78	214	106
GHANA (6)	1015	100	6469	3399

INCREASE IN REPORTED IMPORTATIONS OF CASES OF DRACUNCULIASIS

During January-July 1997, endemic countries declared only 49 imported cases of dracunculiasis, whereas a provisional total of 149 imported cases have been reported during the same period in 1998 ([Table 2](#)). Because of the significant increase in reported importations of cases of dracunculiasis this year, beginning with this issue, [Figure 2](#) will show the percentage reductions in autochthonous (indigenous) cases by country, rather than the percentage reductions based on all cases reported during the comparable periods in 1997 and 1998.

		Month	Cases		
			Number	Contained	Notified*
Burkina Faso	Niger	January	1	1	1
		June	2	1	2
Ghana	Benin	January	4	4	4
		March	1	1	1
	Togo	June	1	?	?
Libya??	Ghana	January	1	1	1
Nigeria	Cameroon	May	2	2	2
		June	3	?	3
	Benin	January	1	1	?
		April	1	1	1
	Niger	February	2	2	?
		April	1	1	1
		May	1	?	?
Sudan	Ethiopia	May	2	2	?
		June	3	3	?
		July	1	1	1
	Uganda	March	5	5	5
		April	13	2	13
		May	49	17	49
		June	41	41	1
Togo	Benin	April	1	1	1
		May	1	?	?
	Ghana	May	1	1	?
		June	11	11	?
			149	99	86

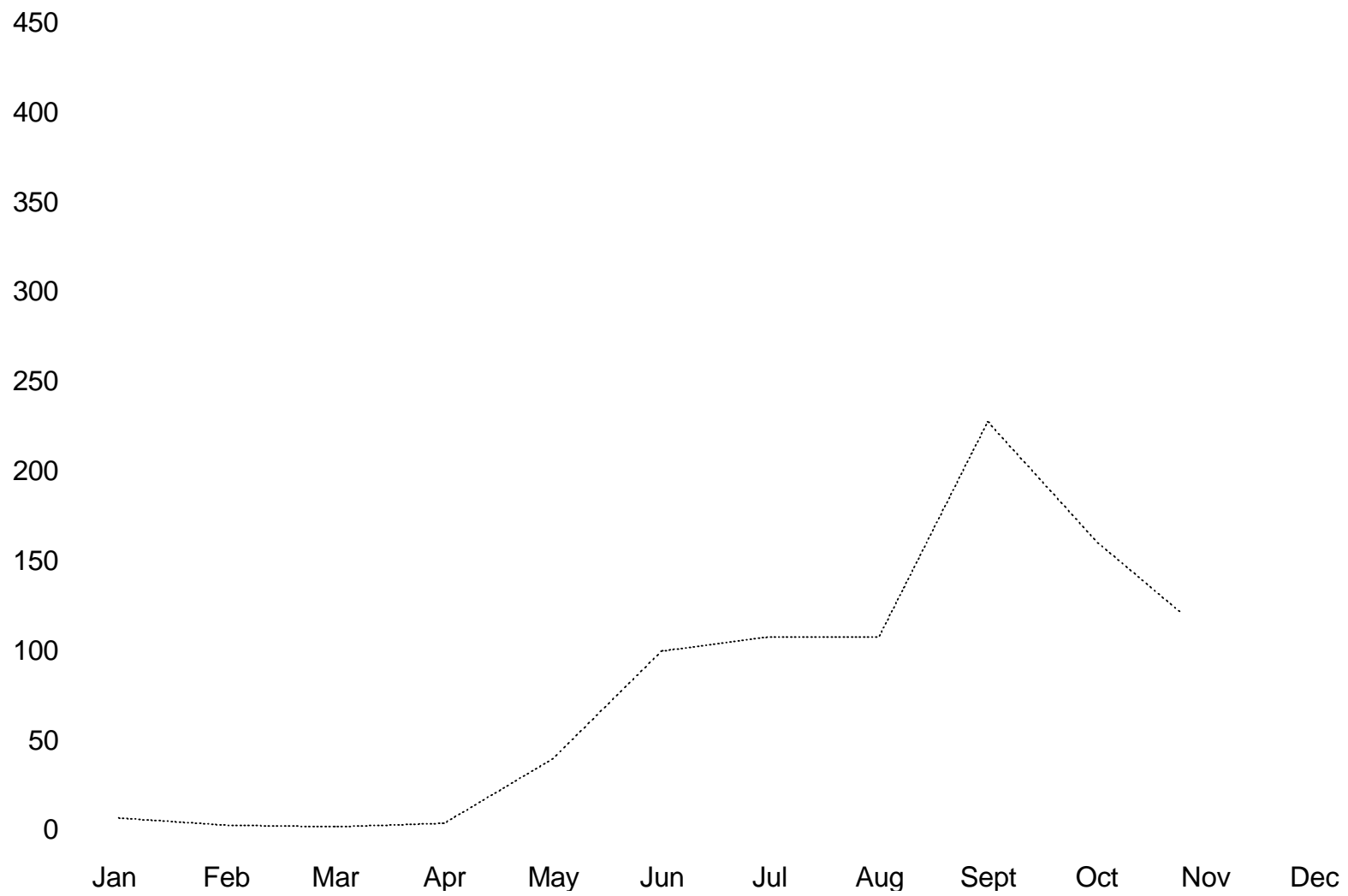
* Notified to country of origin through WHO.

COTE D'IVOIRE CELEBRATES GUINEA WORM ERADICATION DAY

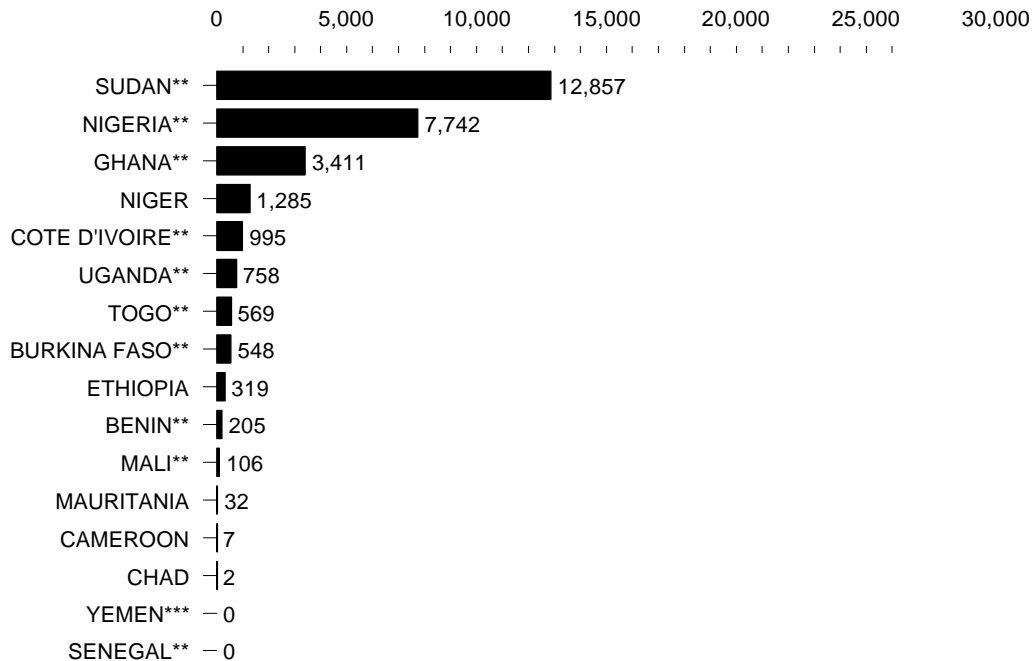
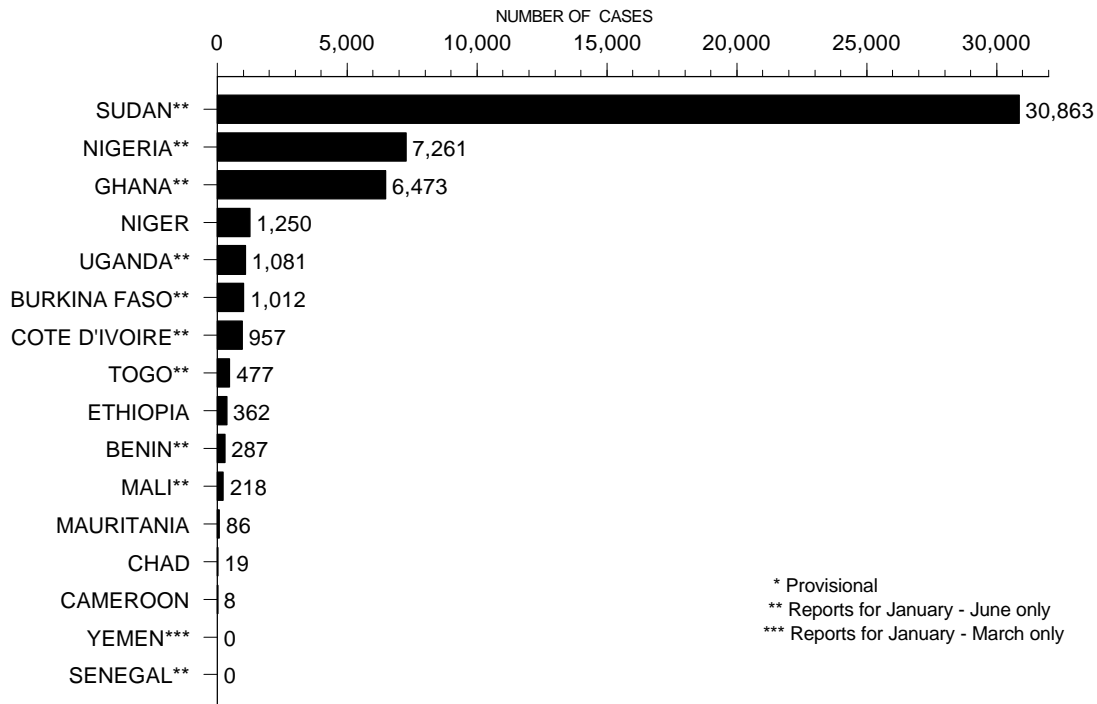
The Minister of Public Health of Côte d'Ivoire, the Honorable Professor Maurice Kakou Guikahue, led a long list of dignitaries at the fifth annual celebration of Côte d'Ivoire's National Day of Mobilization for the Eradication of Guinea Worm Disease, on July 10. The main event occurred in the village of Bangoua in Agnibilekro Sanitary District. Also attending, in addition to the villagers themselves, were the National Program Coordinator, Dr. Henri Boualou; other officials of the Ministry of Public Health and other ministries; representatives of WHO, UNICEF, and U.S. Peace Corps; and national press (radio, television, and print). During the celebration, the representative of UNICEF presented the village health workers (Agents de Santé Communautaire) with machetes and files for sharpening them, soap, and cooking oil, as non-monetary incentives. The NGO MAP International presented medicines for the first aid kits used to tend to patients. The minister also plans to visit endemic areas in the sanitary districts of Seguela and

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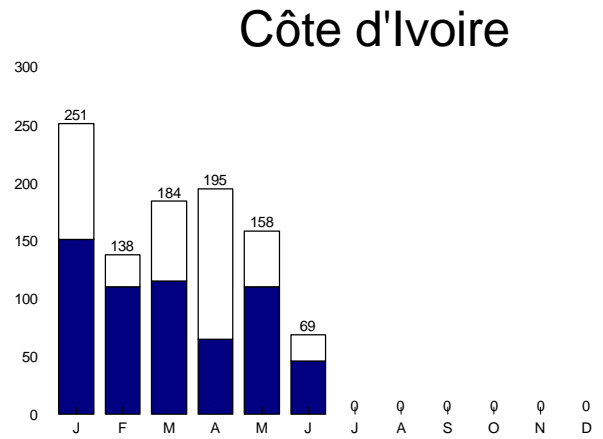
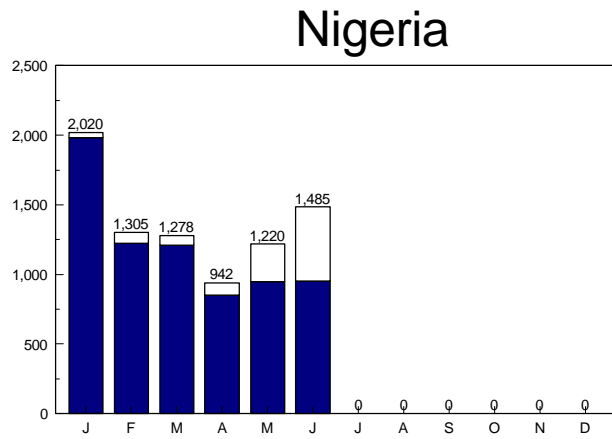




**DISTRIBUTION OF 50,354 CASES OF DRACUNCULIASIS
REPORTED: JANUARY - JULY 1997***



NUMBER OF CASES OF DRACUNCULIASIS REPORTED: 1998
 (Number of cases reported that were contained are shaded black)



Sudan

Togo

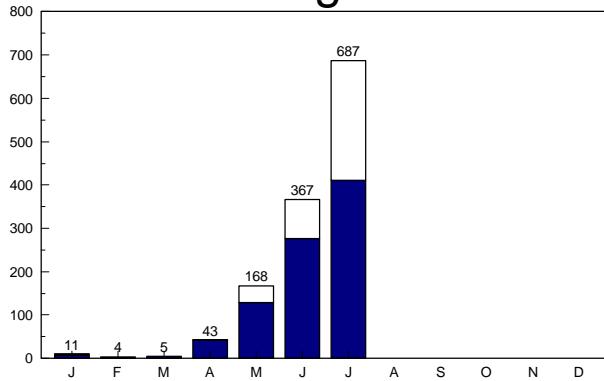
Ghana

Benin

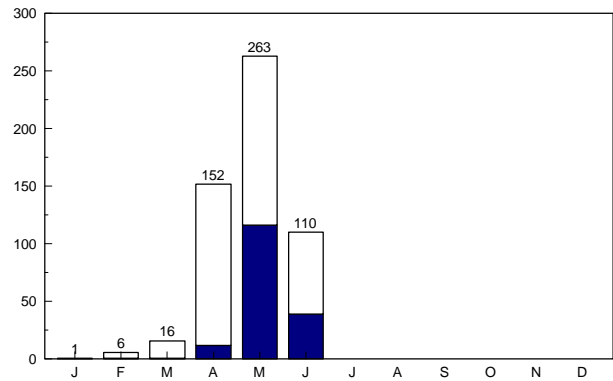
NUMBER OF CASES OF DRACUNCULIASIS REPORTED: 1998

(Number of cases reported that were contained are shaded black)

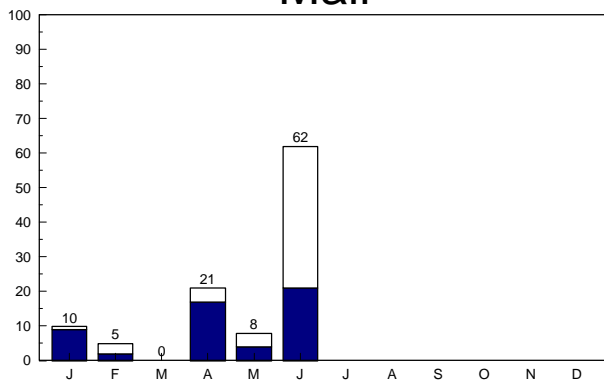
Niger



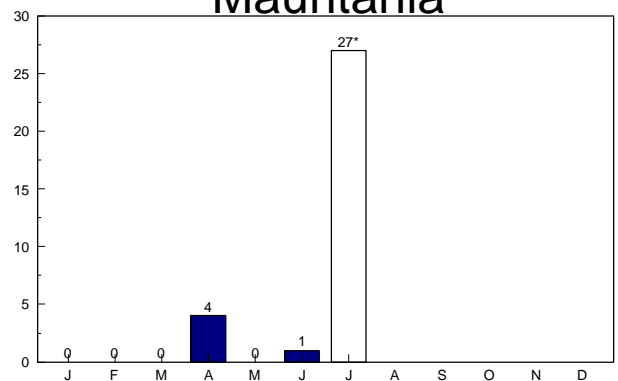
Burkina Faso



Mali

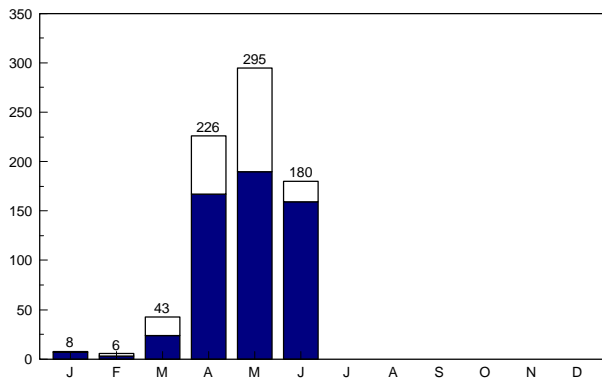


Mauritania

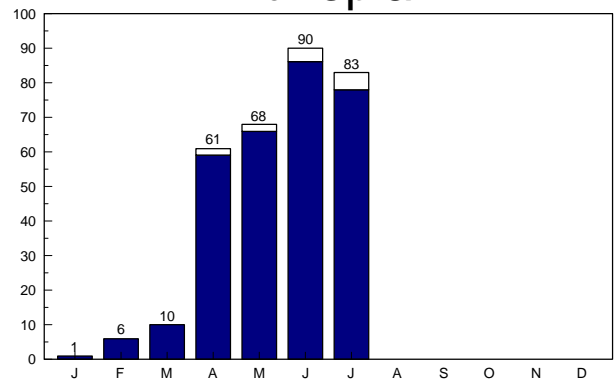


* number of cases contained not reported

Uganda



Ethiopia



INTERAGENCY MEETING CONSIDERS TARGET DATES

Representatives of the Agency for International Development (AID), The Carter Center/Global 2000, Centers for Disease Control and Prevention (CDC), Peace Corps, World Bank, World Health Organization (WHO), and the United National Childrens' fund (UNICEF), convened in Washington, DC on July 31 for the 35th meeting of the Interagency Coordinating Group for Dracunculiasis Eradication. Dr. Joel Breman, member of the International Commission for the Certification of Dracunculiasis Eradication also attended. The meeting was hosted by AID. Participants reviewed the status of the program in each endemic country, and considered potential solutions for various